

Department of Corrections

Office of the Children's Commissioner
Monitoring Report

Arohata Women's Prison

Mothers with Babies

Visit Date: s 9(2)(a) OIA 2020

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Introduction

On s 9(2)(a) OIA 2020, s 9(2)(a) OIA from the Office of the Children's Commissioner (OCC) conducted a pre-arranged monitoring visit to the Mother's with Babies Unit (MBU) at Arohata Women's Prison (Arohata) in Tawa, Wellington. The MBU at Arohata has not had a mother and baby stay for a significant amount of time.

The OCC and the Office of the Ombudsman are designated as National Preventive Mechanisms (NPMs) under the Crimes of Torture Act (1989). This Act contains New Zealand's practical mechanisms under 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. Appendix One provides further information on the legislative background for our visits to places of detention.

Initially this was to be an OPCAT visit carried out in conjunction with the Ombudsman's Office who hold the OPCAT designation for prisons. When the Office of the Ombudsman advised they were unable to visit Arohata in s 9(2)(a) OIA 2020, it was agreed with the Department of Corrections that the visit would proceed with OCC conducting the monitoring alone. We undertook our visit in accordance with the OPCAT domains. We also focused on what it would take for the MBU to be operational so mothers and babies can remain together while they are at Arohata. The only other MBUs nationally are in Auckland and Christchurch Women's Prisons, which

Purpose of visit

OCC and the Department of Corrections decided to proceed with the visit due to the urgent need for an MBU at Arohata. The purpose of the visit was to:

- assess the current condition and operation of the Mothers and Babies Unit (MBU)
- identify barriers to the MBU being operational
- make recommendations to enable the MBU to be accessible and supportive for mothers and their babies.

While the primary focus of this visit was to make recommendations relating to the operation of the MBU, we also spoke to pregnant mothers in order to:

- understand their lived experiences of being pregnant in prison
- understand the extent to which pregnant mothers are aware of the services provided by the MBU
- hear directly from pregnant mothers about what is needed in order to establish a safe, supportive MBU for mothers and their babies
- identify any issues relating to the conditions for, and treatment of mothers and their babies, in order to prevent harm from occurring.

As a result of talking to pregnant mothers, we learnt about strengths and areas for development at Arohata, in relation to the OPCAT domains.

The six domains from the OPCAT are:

- Treatment
- Protection System
- Material Conditions
- Activities and Contact with Others
- Medical Services and Care
- Personnel

In the Aotearoa, New Zealand context, we have included an additional domain:

- Improving outcomes for mokopuna Māori

This will be referred to as the seventh OPCAT domain in this report.

In evaluating the current condition and operation of the MBU and making recommendations, we recognise that the MBU and Arohata operate within a wider network of women's prisons in the Department of Corrections system.

Structure of this report

In this report, we list our overall findings and recommendations. The remainder of the report is structured as follows:

- our findings in relation to establishing an operational MBU
- our findings in relation to the OPCAT domains

In relation to our findings for mothers and their babies, we have identified both strengths and areas for development.

In Appendix Two, we describe the interviews conducted and evidence gathered.

Context

We last visited the MBU at Arohata in s 9(2)(a) OIA 2015, reporting on that visit in April 2016. There were no mothers with babies in the prison at the time of that visit - Arohata has not had any mothers with babies in the MBU since 2014. During this time, mothers who wished to remain with their babies, especially those with babies over nine months, had to move to the MBU at Christchurch or Auckland Women's Prison.

There have been several changes of leadership at Arohata since our last monitoring visit in 2015. At the time of that visit, Arohata operated independently. However, Arohata was subsequently 'coupled' with Rimutaka Prison (Rimutaka), a men's prison also in the Wellington region, for a short

period. This meant all decisions relating to movement and placement of men and women went to a shared panel. Women applying to go to the MBU, or to the self-care unit at Arohata, had their applications considered at the same time as other applications from Rimutaka. Arohata was 'de-coupled' in 2020, meaning there is now a Prison Director with sole responsibility for Arohata and a dedicated leadership team based on site. The Prison Director now makes decisions specific to the conditions and treatment of women at Arohata.

At the time of our visit, there were [redacted] pregnant mothers and [redacted] s 9(2)(a) OIA [redacted]. This baby was [redacted] s 9(2)(a) OIA [redacted] in the community. [redacted] s 9(2)(a) OIA [redacted] the baby [redacted] s 9(2)(a) OIA [redacted] visited Arohata regularly, to have access with the mother in the Baby Bonding Unit. The mother's application for placement in the MBU had been declined.

The MBU at Arohata is located in the external self-care units where there are four two-bedroom units. We were told that one of the four units in the self-care area could be used to house two mothers and two babies. At present the unit allocated for the MBU is not being used, we were told of the four units in the self-care area only one of these is currently available to house two mothers and two babies. At the time of our visit, there were [redacted] women residing in the self-care units.

We have previously been told, and reported in our 2016 report, that due to the grounds being unsuitable for toddlers, mothers with babies can only stay in the MBU until their babies reach nine months of age. This is a shorter length of stay than mothers with babies at the Auckland or Christchurch Women's Prisons, where babies can reach two years of age before their mothers have to leave the MBU. We were informed at the accuracy meeting for this report that the Department of Corrections no longer considers the grounds at Arohata to be unsuitable for toddlers older than nine months. This subsequent information means that Arohata MBU can have babies up to two years of age.

A substantial building project (the 'new build') has been underway at Arohata since 2016. We were told by staff this unit is expected to be in operation by the end of 2020. This 'new build' consists of 69 beds where women with high security classifications are double bunked. We note that this 'new build' fails to adequately address the needs of pregnant mothers and women who have already given birth.

Over the past two years, the Department of Corrections has released *Hōkai Rangī*, a strategy to achieve better outcomes for Māori and their whānau, with a focus on developing approaches that are humanising and healing. The Department has also developed *Te Ara Mana Wāhine*, a pathway specifically designed to enhance and expand kaupapa Māori services available to wāhine Māori in prison.

Overall findings and recommendations

Overall findings

We found the MBU has potential to be used for mothers and their babies. Many of the barriers identified to the MBU being operational for babies up to the age of two years appear to have short term, achievable solutions. For example, building a fence inside the self-care unit, adjusting the height of the balcony to ensure the safety of babies, deciding how many units should be made available within the MBU and the criteria for accessing them. We could not always ascertain why these barriers exist or why they have not been resolved. Historical decisions seem to have been perpetuated and reinforced, meaning it is unclear who made the initial decision and why, and whether the decision still applies today.

As a result of talking to pregnant mothers at Arohata, we identified several strengths and areas for development in relation to the treatment of and conditions for women at Arohata. We acknowledge that there is a social worker who is well utilised to support women. Women also identified some staff that they can trust and approach for help, and there are a range of programmes available which are run by both Corrections and volunteers.

However, many challenges remain. These need significant investment and effort to ensure there is real and sustained change in the treatment of mothers and their babies. We heard about harmful practices in relation to handcuffing women shortly after giving birth and while in the late stages of pregnancy. Urgent action is needed to ensure that Correction's policy and practices for the use of handcuffs are clear, humane and prioritise the wellbeing of mothers and their babies. Some women told us they can be locked in their cells for up to 21 hours a day. In our view the practice of extended lock up hours, in particular for pregnant women, is harmful and inhumane and poses many risks to their health and safety. We look forward to seeing progress from the 'Making Shifts Work' project to increase unlock hours for pregnant women in prison at our next visit.

Our view is that many of the findings in this report do not align with the vision and strategic areas for change that Hōkai Rangī commits to. There is an urgent need for the Department of Corrections to prioritise implementing the goals and realising the vision of Hōkai Rangī. This includes reviewing the alignment between current funding and resources with the goals of Hōkai Rangī, as well as genuinely understanding the extensive organisational, cultural and structural changes required. A sustained focus is needed at all levels of Corrections, to ensure that the disparities Māori, including wāhine Māori and their pepi, face in the Corrections system are truly addressed. Until there is a sustained focus, Māori will continue to be seriously disadvantaged in the current Corrections system.

Recommendations

Our recommendations are focused on:

- urgently establishing an operational, safe and supportive MBU at Arohata, and
- identifying the changes required to strengthen protections, improve conditions and prevent ill-treatment of mothers and their babies across the prison, pre and postnatally

We recommend the Department of Corrections:

- Rec 1: Urgently undertakes a child-centred¹ review to identify and implement changes to ensure babies, up to the age of two years, can be safely cared for at the MBU. This review needs to determine whether the barriers identified in our monitoring visit still exist, whether they constitute health and safety hazards and if so, how these matters can be addressed. For example, the requirements relating to fencing, balcony height, and how many units can be practically used for mothers and babies. (Ref. pages 10-12)
- Rec 2: Actively engages mothers in Arohata in the re-establishment and subsequent operation of the MBU by embedding processes for mothers to contribute to decision-making and see change as a result. (Ref. pages 10-12)
- Rec 3: Ensures mothers at Arohata receive comprehensive support from community and Māori providers, as well as the Department of Corrections, to:
- Experience a strong kaupapa Māori approach and expertise in te ao Māori parenting practices.
 - Have te ao Māori centred activities and programmes for babies.
 - Access local early childhood centres and kohanga reo to enable off-site care for babies.
 - Transition from MBUs, into the community, across Aotearoa New Zealand. (ref. pages 22 & 23)
- Rec 4: Ensures all staff working with mothers and their babies, pre and postnatally, receive dedicated and ongoing training and support that:
- Is centred in te ao Māori practices which aligns with the vision and goals of Hōkai Rangī, taking account of the specific needs of wāhine Māori and their pēpi.
 - Is trauma informed and gender responsive.
 - Includes on-going supervision to support and embed effective practice (ref. page 21)
- Rec 5: Ensures there are indoor and outdoor spaces, equipment, and supports for mothers and babies to play, explore, and bond together, this includes:
- accessible spaces which meet the needs of MBU-based mothers and babies and visiting whānau.
 - Urgently purchasing dedicated equipment for the MBU. (ref. pages 9,10,18)
- Rec 6: Ensures the eligibility and admission process for the MBU is clear and easy to follow for staff and women, this means having:

¹ We see children and young people in the context of their family, whānau, hapū, iwi and family group. We focus on nurturing those relationships and supporting the provision of better services, not only to children and young people, but to their families and support networks as well. The participation of children and young people, and their whānau, in decisions that affect them, is an integral component of a child-centred approach. All references in this report, to child-centred practice, are based on this definition.

- A consistent and time-framed admission process.
- Active involvement of women, their whānau and other support people in admission decisions.
- Clear communication about the process for reconsideration of a baby's placement in, or removal from, an MBU. (ref. pages 11 & 12)

- Rec 7: Develops national guidance for situations where there are serious concerns about the immediate safety and wellbeing of a baby living in the MBU which draws on specialist knowledge and is gender and culturally responsive (ref. page 11).
- Rec 8: Implements clear processes for transporting babies to off-site medical care and appointments. These processes need to be communicated to staff and women. (ref. page 19)
- Rec 9: Prioritises adequate resourcing and focus for the genuine implementation of Hōkai Rangi in the MBU, and recognising the unique needs of wāhine Māori and their pēpi. (ref. pages 22 & 23)
- Rec 10: Urgently enacts changes to relevant policies in relation to the use of mechanical restraints for women who are in the late stages of pregnancy, in labour or receiving post-natal care. These policies need to ensure practices are humane, in line with Hōkai Rangi, and prioritise the wellbeing of mothers and their babies (ref. pages 14 & 15).
- Rec 11: Ensures all staff are adequately trained and understand the discretion for mechanical restraints for escorting pregnant women and practice requirements to record and review subsequent decisions to restrain pregnant and postnatal mothers (ref. page 14 & 15).
- Rec 12: Prioritises single bed units and ensures pregnant women are given the option of being placed in a single bed unit or the MBU (ref. page 17).
- Rec 13: Updates practices and processes within Arohata to ensure that all complaints are actioned, remain confidential, the complainant's privacy is upheld and that women have the opportunity to safely report any situations where this fails to occur (ref. page 16)
- Rec 14: Ensures staff and women in Arohata are aware of requirements to provide pregnant mothers with additional care during pregnancy and postnatally including:
- Appropriate bedding,
 - Access to additional food during pregnancy and postnatally.
 - And reviewing the national diet in relation to pregnant women in order to offer a range of food to pregnant women who may be experiencing pregnancy related nausea and food aversions (ref. page 14 - 17).
- Rec 15: Ensures women have timely and proactive access to Department of Corrections-based health care for primary health needs during pregnancy and while at the MBU (ref. page 19).
- Rec 16: Undertake a gender responsive review of unlock hours, taking into account the specific needs of pregnant women and mothers in the MBU (ref page 14 & 15).

Findings in relation to establishing an operational MBU

Overall, the MBU had potential to be used for mothers and babies. In this section we describe our findings about the current conditions at the MBU and the barriers that were identified by Corrections staff for the MBU becoming operational for babies up to the age of two years.

When viewed as individual problems, many of these barriers appear to have short term, achievable solutions. We could not ascertain by whom and how some of these barriers were identified. Historical decisions seem to have been perpetuated and reinforced, even when it is unclear who made the initial decision and why, and whether the decision still applies today.

Physical Environment

Our findings

The MBU housing is of a good standard, however improvements are required

The current unit proposed for the MBU is spacious with natural light. A shared indoor area is available close by for those in the self-care units and MBU to use. There are no cots, bedding or appropriate toys available for mothers and babies in the MBU. In addition, parts of the unit need to be baby-proofed, for example, the installation of baby gates and childproof locks on drawers.

The MBU is located in the external self-care units at Arohata. These are a 5-minute walk away from the main prison and have been built on a hillside. Entry to the units is via paths on the hill and each unit has a balcony with a drop created by the gradient of the hill.

Staff told us there is currently one unit with two rooms that could be used to house mothers and babies. This unit has been selected because the bedrooms have sufficient space for babies to stay in the room with their mothers. The MBU unit also has a bath, however baths have been removed from the other units due to maintenance upgrades. Some staff told us that one other two-bedroom unit could potentially be used to house more mothers and babies, if required.

Due to the previous assumption that the MBU will only provide care for babies up to nine months, a playground has not been installed. However, there is a large area of garden with some vegetables growing and flax bushes.

We heard about a number of barriers to the MBU being operational

During our visit we heard from staff and mothers at the prison that having a MBU onsite would be a positive addition to the facility. We also heard various reasons from staff about why the MBU was not able to be utilised.

Baby equipment is urgently needed

The MBU has not been used for at least five years and does not have the necessary equipment for mothers and babies.

New equipment was recently purchased for the baby bonding room in the main part of the prison. We heard that if a baby were to stay at the MBU, this equipment (including the cot and the change table) would need to be taken from the baby bonding unit for use at the MBU.

Fencing at the MBU was previously considered an issue

Due to the gradient of the slope where the unit is located, we heard of worries that walking babies would be at risk of falling down the hill. This was also identified in our 2016 OPCAT report as a reason why babies over the age of nine months cannot stay in the MBU. We were unable to ascertain who made this decision and whether it has been reviewed in the five years since we originally heard about it. We note that the slope identified is neither extreme nor any more dangerous than many home environments in Aotearoa New Zealand and it is the intention to have babies up to two years of age at the MBU in the future.

We also note that there has been a substantial 'new build', as well as refurbishments to the other self-care unit bathrooms. We heard these decisions do not sit with site and the decision for the new build was made approximately 5 years ago. However, both these decisions were made within Corrections. If the fence was deemed vital at the time for the MBU to be operational for babies up to two years, we question why a child-safe fence has not been constructed, but a 69 bed (double bunked) 'new build' has been prioritised.

The balcony height is a potential hazard for walking babies

The living space of the assigned MBU unit opens onto a balcony that runs along the length of the unit. The balcony is on the side of the building that faces down the hill and has a drop of approximately two metres. The balcony has a high barrier designed to protect people from falling over the edge, however we heard from some staff about concerns that babies might walk or crawl onto the balcony and fall off. This does not seem like an insurmountable problem. Solutions might include the installation of a baby gate and further barrier protection, for example, netting.

Other units in self-care are not suitable for mothers and babies

We heard that the rooms are not big enough in other self-care units to accommodate mothers and babies, which was the reason for only one of the units being identified as suitable. This means that the MBU will be unable to house more than two mothers with babies. However, some staff told us that one other unit could be used to house additional mothers and babies, if needed.

MBU application process

Our findings

Corrections has a MBU admission process and there is room for flexibility

Any mother who is pregnant in Arohata can apply for admission to the MBU, provided she does not have a conviction history related to the safety of children. A mother's security classification does not prohibit her from applying - mothers on remand or classified as high security can also apply.

Women in the self-care unit must meet the requirement listed under *M.03.04 Eligibility Criteria for External Self-Care Units* in the Prison Operations Manual. Women applying for the MBU must meet the criteria under *M.03.02.08 Children in Prisons Application Assessment*.

The leadership at Arohata had recently used the *M.03.06. Res.01 External self-care decision making framework* in relation to a woman who had been recalled just prior to COVID-19 lockdown. The leadership were hopeful that this woman could stay with her young baby by being admitted to the MBU. This decision-making framework was used to support the risk assessment for the placement given the MBU is part of the external self-care unit. Unfortunately, the woman and her baby were unable to be placed at Arohata, because the pressure of imminent lockdown meant there was not enough time to resolve barriers to the MBU being used. The woman and her baby went to s 9(2)(a) OIA Women's Prison instead, resulting in further separation between the woman and her family.

We understand that lockdown resulted in constraints on the MBU being made operational, however we would hope that in the time since there has been consideration for the importance of keeping women and babies near their whānau. Hōkai Rangi makes a commitment that whanaungatanga (quality connections to whānau, whakapapa, and whenua) will drive decisions in the Corrections system (For example, placements near to whānau).

Barriers to the MBU being used

Misunderstandings about eligibility and application for the MBU

Currently, the Arohata social worker speaks with mothers, who they believe are eligible for the MBU, and submits an application. This is reviewed by the Prison Director and a panel of Corrections staff from Arohata. However, there have been very few applications to the MBU. Staff and women gave us several reasons for this, including:

1. Staff were not aware that mothers and babies could stay at Arohata.

2. Staff have limited knowledge of the MBU criteria and were therefore unwilling to encourage women to apply in case they were declined.
3. Women were unsure about how the application process works and relied on the social worker to provide information and assistance on the process. One of the women we spoke to, who may have been eligible for the MBU, told us she would not apply because it was her understanding that there wasn't a MBU operating at Arohata.
4. Arohata did not have a clear time-framed process for how applications would be handled and how outcomes would be arrived at and shared with women.
5. Some women did not have a clear understanding about who could apply and who decides which women can access the MBU. One woman, whose application was declined, was still not clear on the reasons her application wasn't successful.
6. Staff and women we spoke to did not know the process for requesting an application to be re-considered if it was declined.
7. The impacts of Arohata being 'coupled' with Rimutaka meant that up until recently, women applying for the MBU or the self-care unit had to go to a panel that was shared with Rimutaka prison. Discussions about men's placements appear to have taken precedence over considerations for women and babies at Arohata.
8. Staff and women expressed uncertainty about whether the security status and offending history of women in the self-care units is an issue in re-establishing the MBU (for example whether someone has Child Protection Protocol alerts). However, the eligibility criteria for both the external self-care and MBU units exclude women who are 'convicted of a sexual or violent offence involving children' (Prison Operations Manual M.03.04.04, 5; M.03.02.08, 2b). Therefore, the security status of women in self-care should not have negative implications on women intending to apply to the MBU.

Staffing

Our findings

The self-care unit has a mix of experienced and new staff

Once operational the MBU would be staffed by the same staff as the self-care units where there is a mix of experienced and newer staff. We heard that there were many staff who had come to Arohata from Rimutaka. Many of the staff that we spoke with noted how different it is working with women and working in a women's prison.

Barriers to the MBU being used

There are currently insufficient staff to support a MBU

We heard that there is only one staff member based at the self-care unit continuously. Staff were concerned about the level of support they would need to provide in order to care for mothers with

babies. They were also worried about the number of staff needed to keep babies supported and safe, if the MBU was to be operational.

Released under the Official Information Act 1982

Findings in relation to the treatment of, and conditions for mothers and their babies

As a result of talking to pregnant mothers at Arohata, we identified several strengths and areas for development in relation to the treatment and conditions women experience at the prison. These impact on the re-establishment of the MBU as they affect mothers' early experiences with their baby and also impact on the decision-making processes that mothers' go through during the process of applying for the MBU. Our findings are grouped according to each of our OPCAT domains.

Domain 1: Treatment

Strengths

Women have staff they can trust and approach for help

All the women we spoke to said there was at least one staff member they could trust and found easy to approach for help. Each of the women gave examples of individual staff who had been particularly helpful, either when the women were pregnant or when they had returned to Arohata after giving birth. They spoke of staff who offered additional food and proactively offered access to counselling and/or additional phone calls. One woman told us the staff at Arohata 'treat us like people.' Another woman spoke of staff sitting with women during lunch and eating with them. However, we understood from the women that this philosophy of care and treatment is not consistent with all staff.

The Arohata social worker supports women to make comprehensive plans for their babies

The prison social worker supports all pregnant women in Arohata. This includes attending case consults and assisting with applications to the MBU, along with arranging whānau visits. Some of the women and staff spoke very highly of the support provided by s 9(2)(a) OIA

s 9(2)(a) OIA

Areas for Development

Women continue to be handcuffed during pregnancy and immediately post birth

More than one woman told us they were intermittently handcuffed while off site, either while they were pregnant or over the period they were in hospital prior to birth and/or soon after giving birth. One woman told us that while she was in hospital some staff handcuffed her, while other staff opted not to. We also heard from some staff who said they had received instructions to apply handcuffs to heavily pregnant women, even though they were of the belief that certain women were not security risks and handcuffs were not needed.

We have serious concerns about this unacceptable treatment, as well as the mixed messages amongst staff, and the women themselves, about the use of restraints.

Throughout 2020 we were told by Department of Corrections national office that changes are soon to be made to the Prison Operations Manual about use of restraints. Changes to the relevant policies must be humane and in line with Hōkai Rangi, prioritising the wellbeing of mothers and their babies. These changes need to take place urgently and implemented as soon as possible, so that instructions are clear for all women and staff, and further women do not experience inhumane care and treatment.

Security escort instructions are confusing and inconsistently applied

Staff and women spoke about problems with offsite escorts, specifically that staff are applying security escort instructions inconsistently. We asked to look at the relevant forms and discovered that they come with pre-populated instructions that have been automatically uploaded. We understand that when staff enter additional notes, for example specific instructions for pregnant women or those going to hospital to give birth, the new information sits alongside the pre-populated information on the form. This results in inconsistent decision making on the use of restraints by Corrections staff while offsite.

Staff described requirements that have a strong focus on documenting information in the security escort instructions, but less emphasis on recording what happened in any particular situation, or how the instructions were actually applied. This means these discrepancies are not identified and reviewed.

Staff do not always treat women with respect

Women told us that Corrections Officers treat them inconsistently. Some women said officers often give them a 'hard time' if they make requests for basic needs such as phone calls, additional food or appointments. Several women felt extremely cautious about being honest with us in relation to treatment from Corrections staff, for fear of negative consequences. One woman said she was scared that she may be recalled to prison upon her release, based on some of the information she told us.

Some women do not feel safe and supported in the units

Some women, as well as staff, told us about women feeling physically unsafe and concerned for their unborn babies while pregnant - these feelings were of particular concern for women in the Tizard unit (a high security unit for remand prisoners). The physical environment of Tizard, along with double bunking and the behaviours of some of the women in this unit, were factors that contributed to some women feeling unsafe.

Some staff described the prison environment as a barrier to the provision of adequate, humane treatment and care for pregnant women, especially for women who return to Arohata after giving birth or when they have miscarried. We heard from staff about how hard it is to shut and lock the doors on women when they returned from hospital without their babies, or when they had miscarried.

Pregnant women are locked in cells for extended periods

Women told us about the long lock up hours spent in their cells and how uncomfortable and unsafe this made them feel when pregnant. Women told us they can be locked in their cells for up to 21 hours a day. They said time periods can vary, sometimes shorter or longer, depending on what is going on in the prison. In our view the practice of extended lock up hours, particularly for pregnant women, is harmful, inhumane and poses risks to their health and safety. We look forward to seeing progress from the 'Making Shifts Work' project to enable increased unlock hours for women in prison at our next visit.

Domain 2: Protection system

Strengths

Processes for reconsideration of placement and removal decisions have improved

On 29 October 2019 the Corrections Act 2004 was amended to enable mothers to request a review of any decision by the Chief Executive of the Department of Corrections, regarding their baby's placement in, or removal from, an MBU. However, mothers we spoke to did not know about this amendment, neither did the **s 9(2)(a) OIA**. This legislative change needs to be clearly communicated to staff and women, and the correct process followed. At our next visit we will expect to see more progress in mothers' and staff understanding and use of this process.

Areas for Development

The complaints process is not effective

Women told us they are often reluctant to use formal complaints processes. Making a complaint requires them to request a form from an officer then hand it back to be signed before submitting it. Women said they don't bother engaging with the complaints process as it can be a lot of effort and stress. They said they prefer to put up with the problems and wait to engage with a helpful staff member instead. Effective complaints processes are an important part of a detainee's human rights when in prison. Women need to have easy access to complaints forms and be able to submit their complaint confidentially and in good faith.

Domain 3: Material conditions

Strengths

The Baby Bonding Unit is comfortable but requires further improvements

We last visited the Baby Bonding Unit in s 9(2)(a) OIA 2015. The indoor area is clearly more welcoming and appropriate to its purpose than in the past. There are comfortable furnishings in the lounge area, a kitchenette, a range of books and toys, a bassinet and a good breastfeeding chair. There is also access to an outdoor area which has a colourful mural, room for seating and a small garden area. We heard that pets such as kittens are sometimes housed in the outdoor area as part of one of the programmes offered at the unit. Despite these improvements, the outdoor area needs refurbishment to be more baby and whānau-friendly.

Areas for Development

Pregnant and breastfeeding women do not always have appropriate and/or sufficient food

Women told us that they were often hungry while pregnant or breast feeding and did not always receive extra food when they asked for it, whilst others were unaware that they could even ask for additional food. Some women told us that due to pregnancy-related sickness they did not feel like or want to eat the food that was on offer. Arohata management told us that pregnant mothers can receive extra food, however this contradicts what we heard from women. This matter needs to be urgently addressed so staff and women are aware that all pregnant mothers can receive access to extra food as well as to food that meets their nutritional needs. While we were told that the diets of all women are based on nutritional advice from District Health Boards, some staff said they find it difficult to believe that the food offered, including food available at the canteen, is either sufficiently nutritious or suitable for pregnant mothers and women who are breastfeeding.

Pregnant women do not always have suitable beds and/or bedding

The bedding in the main units is very thin. Women told us the mattresses were particularly uncomfortable, especially when they were pregnant. Women can request additional bedding and pillows via the health team, who then need to authorise the request. However, we were told additional bedding is not always available, and different bedding is not proactively offered to pregnant women.

Most of the women we spoke to said they were either in bottom bunks or side-by-side beds. In situations where mothers are pregnant, standard beds are necessary to provide a comfortable and safe sleeping environment. For safety reasons, double bunks should not be used for pregnant women and sleeping arrangements for pregnant women should prioritise single bed units or units in the MBU.

Domain 4: Activities and contact with others

Strengths

Women who live locally have good access to their babies and whānau

We heard that women's whānau can visit weekly, or in special circumstances, more often. However, women who had children said due to expense and travel distances it was difficult for their families to visit if they did not live locally. Some women suggested it would be helpful if petrol vouchers were available for whānau who couldn't meet travel expenses, so that mothers can see their children more often.

Pregnant women have access to a wide range of programmes

Programmes for pregnant women are run by volunteers and community groups, and are available regardless of whether women are sentenced or on remand. These included: Brainwave Trust development programmes; tikanga Māori courses; Storytime Foundation programmes; parenting programmes; barista training; and Good Bitches Baking courses. There are several volunteer services which offer help and education in a range of areas. For example: free legal aid; reintegration support; and educational tutoring. Women told us education opportunities and parenting programmes were extremely important to them.

Areas for Development

Programme availability is sometimes subject to delays

When women come into Arohata they receive an information pack which includes information about the programmes available. It is the role of the Case Manager to ensure women are put on waiting lists for programmes. Decisions about accessing programmes are determined by the Programme Coordinator. We were told by some staff that women can be given priority based on their situation. For example, if they are pregnant or are mothers of babies and young children, Arohata will try to ensure they are given priority access to a parenting programme.

However, we also heard that parenting programmes are not consistently run, and access is not guaranteed as it depends on how many women are on the waiting list. It also depends on whether they are on remand or sentenced, as the two types of classifications are not allowed to 'mix'. We heard that due to Covid-19 restrictions there have been disruptions to some programmes, which has impacted women's access to programmes at Arohata.

Domain 5: Medical services and care

While Arohata has basic health services in place for pregnant women, including access to a trauma counsellor, we have identified a number of 'Areas for Development' in relation to women struggling to access proactive medical services, including specialist services.

Areas for Development

Provision of specialised health and counselling services is reactive and unplanned

Women can access the onsite medical team on admission to Arohata by talking with Corrections staff, or as a follow-up to their initial health assessment. We understand that specialised health support is not proactively offered to women at Arohata. Instead, they must ask for any health services over and above the basics. This system also applies to women who return to Arohata without their babies after giving birth.

Although staff were willing to investigate specific supports such as trauma counselling or culturally appropriate health support for the women, however this only happens if it is requested. Counselling is also an 'opt in' service unless women are in crisis, in which case staff can contact a counsellor on their behalf.

Staff are not always informed that women are pregnant

The women are offered pregnancy tests on admission, which for some is when they first discover they are pregnant. The health team told us once they are aware of a woman's pregnancy, they request a specialised diet and try to ensure staff are aware that restraints should not be used and sleeping arrangements should not include top bunks. However, we understand from our discussions with staff and women that this information is not consistently communicated to all staff.

The health team told us that they immediately implement aftercare instructions when they receive them from the hospital. We heard that when a woman returns to Arohata after giving birth, this information is clearly communicated to all staff. However, when speaking to some staff it was apparent that they were not aware of women who had recently given birth or women who were currently pregnant.

Women do not have the option of choosing their midwife

When the health team become aware that a woman is pregnant, they immediately contact a midwife. The health team choose a midwife from a list provided by Capital Coast District Health Board (CCDHB) and women do not get to choose their own midwife. Staff said they have used the same midwife for some time and if she is not available then the CCDHB will provide a different midwife.

It is important for women to be able to choose their own midwife, who not only provides support for women and baby's physical health, they also support the emotional, mental health and cultural needs of women and help them to feel confident about their pregnancy and birth. It is important to

ensure women find someone who they can connect with and feel able to be open and honest about all aspects of their health.

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Domain 6: Personnel

Strengths

Staff have good working relationships within teams and with stakeholders

Most staff said they had good working relationships within their teams and felt their role in the prison, self-care units and MBU (when it is operating) was an important one. Many staff we spoke to expressed a strong desire to ensure the MBU can become operational as soon as possible, providing the best possible service. Staff said they want to prevent mothers in the custody of Arohata being separated from their babies at birth.

The Women's Strategy provides useful guidance for staff

Some staff at Arohata have previously worked at Rimutaka Prison. Many we spoke to were relatively new to working in a women's prison. There was a general sense that working with women is significantly different from working with men, and the Women's Strategy was helpful in understanding and advocating for women-focused approaches within the Corrections system.

Areas for Development

Staff want training to work effectively with mothers and babies

We heard from many staff that training provided by the Brainwave Trust has been beneficial, as well as training on trauma-informed care. However, these types of training are delivered infrequently. We heard from a number of staff that those working in the MBU will need to receive relevant and regular training in relation to pregnant mothers, as well as mothers and babies. It is integral that professional development and training is prioritised to align with the vision and goals of Hōkai Rangī taking into consideration the specific needs of wāhine Māori and their pēpi.

Corrections staff, especially Corrections Officers, lack supervision and practice support

Corrections Officers do not receive support to embed training and knowledge into their practice. Such support has the potential to enhance the effectiveness of any training delivered and to promote consistent understanding and approaches to practice in the main prison and in the MBU. We encourage the Prison Director to find ways for staff to come together to reflect on their interactions with the women and in the future, babies. This would enable them to identify things they are doing well and could do differently, and set goals for practice that continue to promote babies' and mothers' attachment and wellbeing.

Domain 7: Improving outcomes for mokopuna Māori

We believe the strategic direction provided by Hōkai Rangī has the potential to enable the systemic and institutional changes needed, to address the disparities for Māori in the corrections system and thereby improve outcomes for Māori, especially wāhine Māori and their pepi. We note, from our visit to Arohata and to Christchurch Women's Prison in s 9(2)(a) OIA 2020, there has been slow progress to implement Hōkai Rangī and minimal outcomes as a result. Many of our findings in this report do not align with the vision and strategic areas for change that Hōkai Rangī has set out to achieve.

There is an urgent need for the Department of Corrections to prioritise implementing the goals and realising the vision of Hōkai Rangī. This includes reviewing the alignment between current funding and resources with the goals of Hōkai Rangī, as well as genuinely understanding the extensive organisational, cultural and structural changes required. A sustained focus is needed at all levels of Corrections, to ensure that the disparities Māori face in the Corrections system are truly addressed. We look forward to seeing these much-needed changes demonstrated at our next visit.

Areas for Development

Women have limited access to tikanga Māori programmes

Tikanga Māori is a short programme, which runs for one week, however it is often not available, and there is a long waiting list. At the time of our visit the provider was based in Auckland and the programme had not happened all year due to lockdown and various Covid-19 restrictions. There are no other kaupapa Māori programmes currently operating at Arohata.

Women need more support to connect with whānau, hapū and iwi

There is a Pou Tūhono role at Arohata to support women to access and connect with whānau, hapū and iwi. We heard women had positive experiences when they could access this support. However, there were limitations to the support offered, including women needing to ask for permission to speak with the Pou Tūhono and being questioned by staff about why they wanted to. An additional constraint was the Pou Tūhono was expected to provide a wide range of cultural supports across Arohata in response to a variety of staff and organisational needs. We heard that this role was not put in place to provide this level of support and therefore is not resourced and supported to do so.

Hōkai Rangī is not yet fully understood, operationalised or embedded at Arohata

Some staff are aware of the vision and goals of Hōkai Rangī, however there is a need for these to be properly understood and resourced so they can be embedded into practice. This requires sustained support from leadership to challenge everyday practices. Significant investment in specialised Māori roles is also required along with clarity around the expectations placed on Māori staff. It is important that staff are recognised for additional work and responsibilities arising from the implementation of Hōkai Rangī.

A number of staff saw Hōkai Rangi as an important initiative. Some told us Hōkai Rangi is helpful when trying to advocate for change, however this initiative is yet to have a discernible effect on staff, or most importantly on wāhine Māori in custody at Arohata. Other staff had little or no knowledge about how to support wāhine Māori neither did they recognise or understand the importance of this. For meaningful change to occur, genuine recognition for not only adequate resourcing, but understanding the extensive organisational, cultural and structural changes required to implement Hōkai Rangi is needed from the Department of Corrections. Strategic planning from leadership, dedicated resource and increased expectations for all staff are all urgently required.

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Appendix One: Why we visit (legislative background)

The Office of the Children's Commissioner and the Office of the Ombudsman are designated as National Preventive Mechanisms (NPMs) under the Crimes of Torture Act (1989). This Act contains New Zealand's practical mechanisms under 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.

As a NPM, OCC's role is to visit youth justice and care and protection residences to examine the conditions and treatment of children and young people, identify any improvements that are required or problems that need to be addressed, and make recommendations aimed at strengthening protections, improving treatment and conditions, and preventing torture or ill treatment. The Ombudsman's Office has responsibility for monitoring prisons and court cells, immigration detention facilities, and health and disability places of detention (e.g., hospitals and secure care facilities).

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Appendix Two: Interviews and evidence

Our visit to Arohata Women's Prison included interviews with:

- [redacted] women (s 9(2)(a) OIA birth in custody of Arohata and [redacted] pregnant women)
- Prison Director
- Residence Manager (in charge of self-care)
- Principal Corrections Officer (2)
- Case Managers (2)
- Programme Coordinator
- Gym instructor
- Social Worker
- Trauma Counsellor
- Health care nurse
- Security Manager
- Pou Tuhono
- Corrections Officers (2)

We reviewed

- Removal instruction forms for pregnant women and women giving birth
- Previous MBU applications
- Example of completed *M.03.02 Assessment report for admission to a self-care unit for mothers with children under 24 months*
- Equipment list for baby bonding room
- Relevant sections of the Prison Operation Manual
- Example of completed *Arohata Birth Plan*
- Health and nutrition guidelines and information for women
- Example of completed *M.03.03 Application form for use of the baby bonding facilities*
- Example of completed *M.03.02 Mother and child healthcare plan*

We also conducted observations and inspected the current MBU set-up in the external self-care unit.

Appendix Three: Department of Corrections Response



16 August 2021

Judge Andrew Becroft
Children's Commissioner
The Office of the Children's Commissioner
PO Box 5610
Wellington 6145
Contacts: § 9(2)(a) OIA

Sent via email to: children@occ.org.nz

Dear Andrew

Re: Monitoring Report for the Arohata Women's Prison Mothers and Babies Unit (MBU)

Thank you for the email received from § 9(2)(a) OIA on 23 June 2021, attaching the above report, following the Office of the Children's Commissioner's (OCC) visit to Arohata Women's Prison in § 9(2)(a) OIA 2020. Please see attached a table setting out the Department of Corrections' (Corrections) responses to recommendations made in the report.

I want to acknowledge the helpful and collaborative way in which your staff approach the delivery of these reports. Early receipt of the draft report, and the accuracy meeting that follows, enables my staff to respond quickly and effectively to your initial findings. I am pleased to note work has been completed or commenced in relation to all accepted recommendations. While some of the improvements identified will take time to complete, others have been dealt with relatively quickly.

I appreciate the comments in the report acknowledging the positive work at Arohata Prison. There have not been any mothers with babies in the Mothers and Babies Unit for some time. Even so, your advisors observed that women at the site are well supported by a social worker, have staff they can trust and are willing to approach for help, and have access to a range of programmes. The site has provided care and support to mothers to date through a range of means, including the Baby Bonding Unit.

We will continue to build on this work. As set out in the response table, we have already addressed a number of the potential barriers identified to making the Mothers and Babies Unit fully available to eligible mothers and their babies. The report noted there is work to do to implement and deliver the relevant outcomes in Hōkai Rangī. It also points to areas for practice improvement, clearer communication, and enhanced training. Without detracting from the good work of

staff at Arohata Prison, I accept there is more to do, and we are committed to a culture of continuous improvement. We face the constant challenge of balancing our obligations and competing priorities against the time and resources available.

I would like to take this opportunity to talk about Corrections' Women's Strategy, Wāhine - E rere ana ki te Pae Hou, and the key women's programmes underpinning the strategy. Together with Hōkai Rangī, the Women's Strategy and supporting programmes will guide and enable Corrections to make the positive changes we all wish to see in the lives of the women we manage, and in their children's lives.

Wāhine - E rere ana ki te Pae Hou is a five-year plan from 2017 to 2021. It contains the vision and underlying principles for the ways we work with women. We are currently updating this strategy. The refreshed strategy will be more closely aligned with Hōkai Rangī and integrate mātauranga Māori. It will also ensure we are continuing to take a gender-responsive, tikanga informed approach to the services we provide to women and their whānau.

This year, as a key piece of work that will support the strategy, I've established a Women's Prisons Network Improvement Programme. I'm leading this programme, alongside the Prison Directors from the three women's prisons, and with input from our union partners. The team is developing a work programme that includes immediate and short-term changes, as well as laying foundations to pave the way for longer-term initiatives. One of the early actions we have taken is to review the three most recent OCC reports on Mothers and Babies Units and to identify common themes to help us focus and prioritise our work.

Feedback and the experiences of the women in our prisons will also inform this mahi. Many of the women in our system are highly traumatised as a result of their experiences before coming to prison. Women in prison have different needs to men, so the programme will focus on developing initiatives that work specifically for women. This is vital because when women receive the support they need, they are empowered to engage pro-socially in society.

We will also be focusing on our staff being well supported, to enable them to work effectively with women. I'm keen to ensure that the three prisons work together, with staff supporting each other and sharing their experiences, passion and knowledge.

The programme will complement and learn from Te Mana Wāhine. Te Mana Wahine is an end-to-end kaupapa Māori pathway for women in prison and the community and their whanau. The pilot is underway at Christchurch Women's Prison. We touch on this in more detail in the response table.

Thank you for the feedback provided in this report. We will use your recommendations to implement improvements at Arohata Prison, and particularly in the MBU. Corrections cannot support mothers and primary caregivers on their path to rehabilitation, keep our communities safe, and enhance people's wellbeing alone. We need to work together with iwi, whānau, local communities, social service providers and other agencies, as well as monitoring agencies such as your office. I appreciate your support and perspective in this regard.

I trust our responses to the recommendations made in your report are helpful. I look forward to hearing from you should you wish to discuss any aspect of our response.

Yours sincerely



Jeremy Lightfoot
Chief Executive

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Arohata Prison has recently met to review the work of the past twelve months and to draw up an action plan with clear priorities for the site, including the MBU. The Prison Director has said that *'Arohata is a healing village'*. This concept is the starting point from which the management team has determined what the plan needs to include and achieve. The plan also incorporates feedback from the Office of the Children's Commissioner's report and the Office of the Inspectorate's *Arohata Prison inspection report 2020* to enhance the site's practice.

More broadly, Corrections is currently working on a refreshed version of our Women's Strategy, *Wāhine - E rere ana ki te Pae Hou*, and the key women's programmes underpinning the strategy. The updated strategy will be more closely aligned with Hōkai Rangī and integrate mātauranga Māori. It will also ensure we are continuing to take a gender-responsive, tikanga informed approach to the services we provide to women and their whānau. Together with Hōkai Rangī, the Women's Strategy and supporting programmes will guide and enable us to make the positive changes we all wish to see in the lives of the women we manage, and in their children's lives.

This year, Corrections established a Women's Prisons Network Improvement Programme. Led by our Chief Executive, alongside the Prison Directors from the three women's prisons, and with input from our union partners, the programme will make immediate and short-term changes, as well as laying foundations to pave the way for longer-term initiatives.

One of the early actions we have taken is to review the three most recent OCC reports on Mothers and Babies Units and to identify common themes to help us focus and prioritise our work. A critical change implemented at the beginning of the programme, in May 2021, was our new policy on mechanical restraints. We no longer use these restraints on expectant mothers who are 30 weeks or more pregnant, or for any mother who has begun labour. More information about the new policy is set out in the response table.

Feedback and the experiences of the women in our prisons will continue to inform this mahi. Many of the women in our system are highly traumatised as a result of their experiences before coming to prison. Women in prison have different needs to men, so the programme will focus on developing initiatives that work specifically for women. This is vital because when women receive the support they need, they are empowered to engage pro-socially in society.

We will also be making sure our staff are well supported to work effectively with women. The three women's prisons will work together, with staff supporting each other and sharing their experiences, passion and knowledge.

The Women's Prisons Network Improvement Programme will complement and learn from Te Mana Wāhine. Te Mana Wāhine is an end-to-end kaupapa Māori pathway for women in prison and the community and their whānau. The pilot is underway at Christchurch Women's Prison. We touch on this in more detail in the response table below.

Recommendation	Accept/ Partial/ Reject	Corrections' Response
<p>1. Urgently undertakes a child-centred review to identify and implement changes to ensure babies, up to the age of two years, can be safely cared for at the MBU. This review needs to determine whether the barriers identified in our monitoring visit still exist, whether they constitute health and safety hazards and if so, how these matters can be addressed. For example, the requirements relating to fencing, balcony height, and how many units can be practically used for mothers and babies. (Ref. pages 10-12)</p>	<p>Partially accept</p>	<p>The Mothers with Babies Unit (MBU) at Arohata Prison can provide a safe and supportive environment for mothers and babies to reside. We do not consider a formal review is required to establish that this is case.</p> <p>Your report relates that staff and mothers identified several potential barriers to full utilisation of the MBU. We have resolved, or we are continuing our work to address, these issues as follows:</p> <p>Baby equipment - Necessary baby equipment has been purchased in readiness for a baby to be in the unit.</p> <p>Fencing – Funding for a footpath safety fence was approved July 2021. We expect the new fence will be completed this financial year.</p> <p>Balcony height - A new balustrade for the balcony was completed on 28 April 2021.</p> <p>Baby gates and childproof locks on drawers - Locks and gates have been purchased and installed in the unit.</p> <p>Other units in the self-care accommodation – As in all of our sites, there is provision for mothers and babies to be housed in other self-care units. Approval for this would be determined on a case-by-case basis.</p> <p>We note comments on page 5 and 11 of your report relating to concerns about eligibility and utilisation of the MBU which we believe it will be helpful to address here. Historically, staff have incorrectly understood that the MBU was restricted to wāhine with a minimum-security classification who were eligible for external self-care placement, and to children under nine months of age for health and safety reasons because the unit is located on a rise.</p> <p>However, the official entry criteria are that mothers must undergo a risk assessment, be drug free, have no serious misconducts, and be motivated to live in the unit and care for their child. The long-held beliefs of staff about the MBU may help explain why the unit was under-utilised in the past. As we note later in this response, the 'New Beginnings' booklet is being updated which will provide clear and accurate information for wāhine.</p> <p>Any future applications for the MBU will be considered against the official entry criteria. The potential issues mentioned would not be a reason for an application being declined as these can all be well managed or mitigated.</p>

Recommendation	Accept/ Partial/ Reject	Corrections' Response
<p>2. Actively engages mothers in Arohata in the re-establishment and subsequent operation of the MBU by embedding processes for mothers to contribute to decision-making and see change as a result. (Ref. pages 10-12) operation of the MBU by embedding processes for mothers to contribute to decision-making and see change as a result. (Ref. pages 10-12)</p>	Accept	<p>Corrections acknowledges it is important to engage mothers in decision making.</p> <p>If an application is approved in future, we will seek the mother's input into decisions regarding her introduction into the unit, and on the operation of the unit, on an ongoing basis.</p>
<p>3. Ensures mothers at Arohata receive comprehensive support from community and Māori providers, as well as the Department of Corrections, to:</p> <ul style="list-style-type: none"> • Experience a strong kaupapa Māori approach and expertise in te ao Māori parenting practices. • Have te ao Māori centred activities and programmes for babies. • Access local early childhood centres and kohanga reo to enable off-site care for babies. • Transition from MBUs, into the community, across Aotearoa New Zealand. (ref. pages 22 & 23) 	Accept	<p>Corrections believes that a strong kaupapa Māori approach in the unit, and support from community and Māori providers, would help us achieve our goal of providing mothers and babies with a 'healing village'. However, we do wish to highlight that there are no mothers and babies in the unit presently and it is difficult to put a support service in place and have this wait on standby.</p> <p>We are talking to mana whenua to establish their interest in delivering services for māmā and pēpi at Arohata Prison, including in the MBU when this is required. Negotiations are in the early stages and timeframes for this are not yet finalised. Follow-up support as wāhine transition into the community will be part of the korero.</p> <p>We anticipate services delivered may change over time to involve a commissioning approach more regularly. There is also the possibility of increasing our knowledge and ties to services and groups in the community and connecting māmā and pēpi with these using a referral pathway.</p> <p>We note that the two other women's prisons have kaupapa Māori support services within their MBUs from which we can draw knowledge and support.</p>

Recommendation	Accept/ Partial/ Reject	Corrections' Response
<p>4. Ensures all staff working with mothers and their babies, pre and postnatally, receive dedicated and ongoing training and support that:</p> <ul style="list-style-type: none"> • Is centred in te ao Māori practices which aligns with the vision and goals of Hōkai Rangī, taking account of the specific needs of wāhine Māori and their pēpi. • Is trauma informed and gender responsive. • Includes on-going supervision to support and embed effective practice (ref. page 21) 	Partially Accept	<p>Corrections recognises the importance of ensuring all staff working with mothers and babies received dedicated support. There are two social workers on site with knowledge around child development that is both trauma informed and gender responsive. In line with their professional development requirements they continue to work on upskilling in te ao Māori practices. The discussions with mana whenua (referenced above in point 3), include what support and training they may be to provide, taking into account the specific needs of wāhine Māori and their pēpi. Knowledge about the needs of mothers and babies is specialist. However, we remain mindful of our Prison Director's korero, <i>everyone in the village is responsible for healing</i>. We want to work towards having training and ongoing support available for corrections officers that is tailored to the unique demands of this type of care.</p> <p>As we have noted above, Arohata Prison has engaged with mana whenua on services they may support for our wāhine and pēpi both in the prison and community. Discussions are ongoing.</p> <p>Corrections' custodial staff are supported to work in ways that are trauma-informed and people-centric to uphold the dignity of people in prison. Corrections' Learning and Development team in collaboration with the Health team have created 'Trauma Informed Care' workbooks to assist staff, this includes working with consideration of dignity and respect.</p> <p>A one-day introduction to trauma informed practice was undertaken by all staff (i.e. custodial and non-custodial) at Arohata Prison between April and June 2021. The training looks at the prevalence of traumatic experiences among people on sentence, and the impact of the prison environment on people with these backgrounds of trauma.</p> <p>Staff look at how to recognise trauma and why this is important to our work. They also look at how to respond to people in prison who have had traumatic experiences. There are simple things staff can do every day to become more trauma informed. Working with women with traumatic experiences can influence staff wellbeing. The training addresses how staff can exercise self-care in this respect.</p>

Recommendation	Accept/ Partial/ Reject	Corrections' Response
<p>5. Ensures there are indoor and outdoor spaces, equipment, and supports for mothers and babies to play, explore, and bond together, this includes:</p> <ul style="list-style-type: none"> • accessible spaces which meet the needs of MBU-based mothers and babies and visiting whānau. • Urgently purchasing dedicated equipment for the MBU. (ref. pages 9,10,18) 	Accept	<p>We agree that spaces and facilities in the MBU should support mothers and babies to positively interact and bond.</p> <p>An enhanced outdoor area would be a valuable addition to the MBU. A playground has recently been procured for Auckland Region Women's Corrections Facility and so we have experience and knowledge to draw from there. As your report acknowledges, this site presents challenges due to the slope.</p> <p>Beyond simply introducing a playground, we want to ensure that a te ao Māori and kaupapa Māori approach is applied here that:</p> <ul style="list-style-type: none"> • centres māmā and pēpi; • draws on Māori parenting approaches; • is harmonious with te taiao - the natural environment; and • connects with pūrākau – traditional Māori stories. <p>Potential play opportunities for māmā and pēpi are still being explored. Site leadership are working with Te Herenga Waka on concept design for gardens in this area. Subject to appropriate consultation and agreement there is the potential to put this matter forward for funding consideration in 2022.</p> <p>As noted in the response to recommendation one, dedicated equipment for babies in the MBU has been purchased.</p>
<p>6. Ensures the eligibility and admission process for the MBU is clear and easy to follow for staff and women, this means having:</p> <ul style="list-style-type: none"> • A consistent and time-framed admission process. • Active involvement of women, their whānau and other support people in admission decisions. • Clear communication about the process for reconsideration of a baby's placement in, or removal from, an MBU. (ref. pages 11 & 12) 	Accept	<p>Corrections' Women and Youth team is working with internal and external partners to review and update processes related to all MBUs. Priority work for review includes the admissions process and the exit/removal process. We expect that we will test new processes from late 2021.</p> <p>The 'New Beginnings' booklet, which provides information about the MBUs for women upon reception into prison, is being updated. The updates include making the document more reader friendly, reducing jargon and more effectively addressing the intended audience. A draft of that revision has been provided to internal stakeholders and women in prison for feedback. The next draft will also be shared with external stakeholders for feedback.</p>

Recommendation	Accept/ Partial/ Reject	Corrections' Response
7. Develops national guidance for situations where there are serious concerns about the immediate safety and wellbeing of a baby living in the MBU which draws on specialist knowledge and is gender and culturally responsive (ref. page 11).	Accept	This links to the review and update to processes discussed above, which includes a priority focus on the exit/removal process. The Ministry of Health and Oranga Tamariki are assisting us in developing this guidance.
8. Implements clear processes for transporting babies to off-site medical care and appointments. These processes need to be communicated to staff and women. (ref. page 19)	Accept	<p>Corrections accepts this recommendation on the basis that we believe the existing documentation, and legislation, for these processes are clear.</p> <p>Staff may not be immediately familiar with these processes because these events are not happening regularly, with no babies in the MBU. Staff and wāhine will be supported to ask any questions they may have at the time of a future escort with a baby to an off-site medical appointment takes place.</p> <p>Your report identifies that "<i>Staff described requirements that have a strong focus on documenting information in the security escort instructions, but less emphasis on recording what happened in any particular situation, or how the instructions were actually applied.</i>" The Instructions for Escorts form (M.04.01) includes a section for recording any incident or issue that may arise during an escort. The Escort Log also supports staff to keep a note of all activities and key events, behavioural matters, complaints and relevant observations. In addition to these forms, our Integrated Offender Management System facilitates the recording of file notes.</p> <p>Arohata Prison did not, at the time of your visit, have a car seat for transporting babies. The site had refrained from purchasing one until there was a baby in the unit due to changing safety standards. We have since revisited this decision and a car seat has been purchased.</p>

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Recommendation	Accept/ Partial/ Reject	Corrections' Response
<p>9. Prioritises adequate resourcing and focus for the genuine implementation of Hōkai Rangi in the MBU, and recognising the unique needs of wāhine Māori and their pēpi. (ref. pages 22 & 23)</p>	<p>Partially accept</p>	<p>We see this recommendation as having links to our responses to other recommendations in your report. Particularly recommendation three, where we have noted that initial discussions are underway with mana whenua on partnering to pilot a support service for māmā and pēpi at Arohata Prison.</p> <p>We are in the early stages of a long-running and ambitious strategy. Hōkai Rangi applies within and beyond the bounds of the MBU and it is unclear what the prioritisation of adequate resources would look like for this small unit. Corrections and Arohata Prison are committed to upholding te oranga o te iwi - the wellness and wellbeing of people. We will continue to ensure that resources allocated to the MBU are used in a way that aligns with Hōkai Rangi.</p> <p>Any decision making; guidance documents and forms; policy, practice, or process changes; facilities enhancements; development of relationships and support networks in the community and with mana whenua; staff training; and care and management for wāhine Māori and their pēpi in the MBU will consider their needs and contribute to our work towards bringing the outcomes in Hōkai Rangi to life.</p> <p>Corrections recently launched Te Mana Wāhine Pathway. This programme will support us to increase our use of kaupapa Māori and whānau-centred approaches to our rehabilitation and reintegration work with women.</p> <p>Budget 2021 included \$10.018 million over four years for Māori Pathways – Kaupapa Māori Services for Wāhine. This is in addition to the \$98 million over four years for the Māori Pathways programme in Budget 2019. Information about the announcement of Te Mana Wāhine Pathway and what the programme will include can be found on our website here.</p> <p>Te Mana Wāhine Pathway is being trialled at Christchurch Women's Prison and the wider Southern Region. The evaluation approach for the trial will be developed in 2021/22. The focus will be on better wellbeing outcomes for Māori wāhine and their whānau as well as increased education, training, employment and accommodation. The evaluation will inform wider department operational policies and could lead to successful initiatives being extended to Arohata Prison, and where relevant, the MBU specifically.</p>

Recommendation	Accept/ Partial/ Reject	Corrections' Response
<p>10. Urgently enacts changes to relevant policies in relation to the use of mechanical restraints for women who are in the late stages of pregnancy, in labour or receiving post-natal care. These policies need to ensure practices are humane, in line with Hōkai Rangī, and prioritise the wellbeing of mothers and their babies (ref. pages 14 & 15).</p>	<p>Accept</p>	<p>Corrections published a new policy for the temporary removal from prison of pregnant wāhine on 17 May 2021. We will no longer use handcuffs on women who are 30 weeks or more pregnant. Instead, Corrections Officers will use risk assessment processes to ensure the safety and security of the woman, her baby, staff, and the public. These risk assessments will inform the number of staff required, the skillsets required of our staff and if any other risk mitigation responses are needed.</p> <p>Corrections staff will also be required to position themselves outside the door of an examination or birthing room when an expectant mother is undertaking an appointment or is in labour. The labour, birthing and postpartum time is special and should be as stress-free as possible for mothers.</p> <p>We are committed to the wellbeing of women in custody and ensuring that their babies have the best start possible. We recognise that our previous policy was not fit for purpose. Other changes include:</p> <ul style="list-style-type: none"> • consideration of the use of alternate transport other than prison escort vehicles for expectant mothers who are 30+ weeks pregnant, in labour, giving birth and postpartum; • that from the onset of labour, no matter at which stage of pregnancy an expectant mother is at, and until the new mother is transported back to prison following the birth, mechanical restraints are not used or are to be removed if in use; • clarification of the process an escorting officer must take when removing restraints for a woman who has been diagnosed as in labour (if she is less than 30 weeks pregnant); and • that a Birthing Support Plan be completed between a pregnant woman and Social Worker identifying support people to be present during intimate examinations, in labour and giving birth. <p>These changes were made to ensure the needs of women and babies are foremost and are in line with our humanising and healing outcome in Hōkai Rangī.</p>

Recommendation	Accept/ Partial/ Reject	Corrections' Response
<p>11. Ensures all staff are adequately trained and understand the discretion for mechanical restraints for escorting pregnant women and practice requirements to record and review subsequent decisions to restrain pregnant and postnatal mothers (ref. page 14 & 15).</p>	Accept	<p>Further to the response to recommendation 10, clear messaging was developed and delivered to staff when the updated policy was introduced.</p>
<p>12. Prioritises single bed units and ensures pregnant women are given the option of being placed in a single bed unit or the MBU (ref. page 17).</p>	Partially accept	<p>Pregnant women who apply for and are accepted into the MBU have access to single beds in that unit. For women in other units, we consider that the suitability and compatibility assessments in the Shared Accommodation Cell Risk Assessment (SACRA) already support the best decision to be made in each individual case.</p> <p>We note that the OCC report does not specify the basis for determining that a bottom bunk is insufficiently comfortable or safe as a sleeping environment for a pregnant woman. We also note that some women may prefer to have the company and support of another woman during pregnancy, which a shared cell can accommodate.</p>
<p>13. Updates practices and processes within Arohata to ensure that all complaints are actioned, remain confidential, the complainant's privacy is upheld and that women have the opportunity to safely report any situations where this fails to occur (ref. page 16)</p>	Accept	<p>In line with the Minister of Corrections' letter of expectation in March 2021, work has begun on a full review of Corrections' complaints process. The Chief Inspector appointed an external individual into the role of Director: Review and Response, to lead the complaints review process from 10 May 2021. The review will seek input from a variety of different groups, including prison advocates, men and women in prison and Corrections Officers.</p> <p>Corrections' National Office Health team is conducting an internal review of the health complaints process which will align with the work of the Inspectorate</p> <p>In the meantime, lockable boxes reserved specifically for complaints are being installed in all units. This will remove the need for wāhine to hand completed forms to staff members when submitting complaints. We will continue to look at ways to improve the complaints process locally while the nation-wide review proceeds.</p>

Recommendation	Accept/ Partial/ Reject	Corrections' Response
<p>14. Ensures staff and women in Arohata are aware of requirements to provide pregnant mothers with additional care during pregnancy and postnatally including:</p> <ul style="list-style-type: none"> • Appropriate bedding, • Access to additional food during pregnancy and postnatally. • And reviewing the national diet in relation to pregnant women in order to offer a range of food to pregnant women who may be experiencing pregnancy related nausea and food aversions (ref. page 14 - 17). 	Accept	<p>Corrections Health Services' <i>healthcare for pregnant women</i> pathway document is in development. The document is being drawn up in consultation with health centre managers from the three women's prisons, the College of Midwives and the College of Māori Midwives. The consultation process will also include Māori wāhine in prison who are hapū.</p> <p>Within the document, entitlements for pregnant women include:</p> <ul style="list-style-type: none"> • one additional mattress; • one additional blanket; • either two additional pillows, or, one additional pillow and one tri-pillow; • maternity wear (to be offered); and • a pregnancy diet. <p>The pathway also includes information about food that is not to be provided to pregnant women to avoid risks associated with their consumption during pregnancy. It also details additional foods to be provided during pregnancy and postnatally, including for the purpose of managing nausea and food aversions.</p> <p>We anticipate the consultation and approval process for the pathway will be completed by the end of August 2021.</p> <p>The project for making maternity wear available is still underway without a known date of completion at this stage.</p> <p>Our Health Services team are working on providing recipes for prison kitchens to follow for pregnant women. Delays have arisen due to difficulties in securing the services of a registered dietician. We anticipate having this work completed by the end of 2021.</p>
<p>15. Ensures women have timely and proactive access to Department of Corrections-based health care for primary health needs during pregnancy and while at the MBU (ref. page 19).</p>	Accept	<p><i>Healthcare for pregnant women</i>, outlines expectations on pregnancy care, access to kaupapa Māori approaches to hapūtanga, maternity providers, post-natal care, pregnancy loss, maternal mental health and addictions, and pregnancy with long term conditions.</p> <p>Alongside the pathway, we have the following additional resources:</p> <ul style="list-style-type: none"> • pregnancy checklist / care plan • pregnancy screening tool in local patient management system • pregnancy notification (to custody) template • warning signs in pregnancy information to custody <p>The screening tool and pregnancy notification are complete and available for use.</p>

Recommendation	Accept/ Partial/ Reject	Corrections' Response
<p>16. Undertake a gender responsive review of unlock hours, taking into account the specific needs of pregnant women and mothers in the MBU (ref page 14 & 15).</p>	<p>Partially accept</p>	<p>Ara Poutama Aotearoa is currently rolling the Making Shifts Work project across the network. This is a multi-faceted project that is looking to ensure we keep staff safe, improve work-life balance and improve the operational day. The Making Shifts Work project team and the Women's Prison Network Improvement Programme are working together to look at specific requirements for women.</p> <p>Making Shifts Work will create an overall increase in unlock hours. Changes made will help to normalise meal and medication times, introduce more whanau friendly-visiting times, and create more opportunities for programmes or other constructive activities.</p> <p>The project is progressing well. We currently have nine sites on the new Making Shifts Work rosters. Plans for the rollout to the remaining sites, including Arohata Prison, are being developed. The project is expected to complete in 2022.</p>

Comments:

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