



MANAAKITIA A TĀTOU TAMARIKI

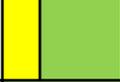
Children's Commissioner

Mothers with Babies Unit (MBU) Visit

Arohata Women's Prison, Wellington

Visit date: s 9(2)(a) OIA 2015. Report date: 6 April 2016

| | | |
|---------------------------|---|-------------|
| Overall assessment |  | Well placed |
|---------------------------|---|-------------|

| OPCAT* domains | |
|------------------------------------|--|
| Treatment |  |
| Protection system |  |
| Material conditions |  |
| Activities and contact with others |  |
| Medical services and care |  |
| Personnel |  |

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



Detrimental



Minimally effective/weak



Developing



Well placed



Transformational/ outstanding

Released under the Official Information Act

Contents

| | |
|---|----|
| Introduction | 2 |
| Findings and recommendations..... | 5 |
| Department of Corrections' response to OCC's findings and recommendations | 7 |
| Treatment..... | 9 |
| Protection system | 9 |
| Material conditions..... | 10 |
| Activities and contact with others..... | 11 |
| Medical services and care..... | 12 |
| Personnel | 13 |
| Appendix One: Why we visit (legislative background) | 15 |
| Appendix Two: Interviews conducted..... | 16 |

Introduction

Purpose of visit

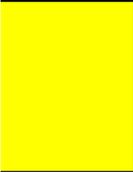
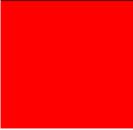
1. On **s 9(2)(a) OIA** 2015, the Office of the Children's Commissioner (OCC) conducted an unannounced monitoring visit to the Mothers with Babies Unit (MBU) at Arohata Women's Prison in Wellington. This was a joint visit with the Ombudsman's Office, whose staff conducted a three day, unannounced visit to the prison from **s 9(2)(a) OIA**. The purpose of our visit to the MBU was to assess the prison's performance against the six domains relevant to our role as a National Preventive Mechanism (NPM) under the Optional Protocol to the Convention Against Torture (OPCAT – refer to Appendix 1 for more detail). These domains are: treatment, protection system, material conditions, activities and contact with others, medical services and care, and personnel.
2. **s 9(2)(a) OIA** from the OCC interviewed staff about the MBU, from the perspective of the wellbeing and treatment of the child¹. Inspectors from the Ombudsman's Office attended some of the same interviews but focused on the broader prison environment from the perspective and wellbeing of female prisoners.

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

Purpose and Structure of the Report

- This report shares our findings about the MBU and makes recommendations for actions to address identified areas for development. We first list our key findings and overall recommendations. The remainder of the report is structured under the headings of the OPCAT framework. For each domain, we commend the strengths we observed, and identify areas for development.
- Appendix one outlines the legislative background to our visit, and Appendix two describes the interviews we conducted. Table 1 below provides a quick reference to the meanings of ratings given in the report.

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

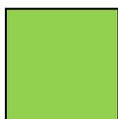
| Rating | Assessment | What it means |
|---|------------------------------|--|
|  | Transformational/outstanding | Exceptional, outstanding, innovative, out of the norm |
|  | Well placed | Strong performance, strong capability, consistent practice |
|  | Developing | Some awareness of areas needing 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 |

Context

5. There were no mothers with babies in the Arohata MBU at the time of our visit, nor had there been any for the previous 16 months. We were told there had been only five mothers with babies in the Arohata MBU over the last three years. There are several reasons for the lower occupancy rate of the MBU at Arohata compared with the MBUs in Auckland and Christchurch:
 - Arohata has a smaller prison population than Auckland and Christchurch women's prisons, and therefore houses fewer pregnant women.
 - The majority of the women in Arohata are either on remand or on short sentences (ie, 6-12 months), and therefore tend not to be in the prison long enough to make a stay in the MBU practical.
 - Due to the grounds being unsuitable for toddlers, mothers with babies can only stay in the Arohata 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.
 - The Arohata MBU is one of the prison's four self-care villas which are located together in the self-care unit 'outside the wire', while the Auckland and Christchurch MBUs are located 'inside the wire'. To be eligible for entry to the Arohata MBU, women must have a minimum security classification. There are no exceptions to this rule. In comparison, women in the Auckland and Christchurch prisons may have either low or minimum security classifications, and special exemptions are possible for women with higher security classifications. This means that the entry criteria for the Arohata MBU are narrower than the criteria for the Auckland or Christchurch women's prisons.
 - Relatively few of the women in Arohata are from the Wellington region. This potentially makes it more difficult for mothers to fulfil one of the entry criteria related to finding a family or whānau member in the community who is prepared to act as a caregiver to their child.
6. As a designated NPM, the focus of our recommendations is on preventing mistreatment and other problems from occurring. Therefore, even though there were no mothers with babies living in the MBU at the time of our visit, our recommendations aim to ensure that the unit runs smoothly when there are women with babies living in the unit.

Findings and recommendations

Overall assessment



Well placed

7. The MBU at Arohata prison is compliant with all OPCAT domains. Our overall assessment is that it is well placed.

Key findings

8. Based on our interviews with Department of Corrections staff, health stakeholders and a female prisoner, we found that babies and mothers have been well-treated in the MBU. The rights of babies to be nurtured and cared for have been met by providing suitable supports to their mothers. Babies and their mothers are housed within a pleasant villa with good quality furnishings. We were impressed by the opportunities mothers had been given to attend baby-centred activities outside of the prison, and the programmes they had been offered for their wellbeing and development within the prison. Our assessment is that the health services provided to pregnant women and to mothers and their babies were equal to or better than they would have accessed in the community.
9. We found three areas for development that would ensure that the residence is ready to provide an optimal environment for babies and their mothers when next it is needed. The first of these relates to the outdoor environment at the MBU. Currently only babies up to the age of 9 months can safely be housed at Arohata. To make the environment safe for toddlers would require attention to the path to the villa, and enclosing an outdoor play area within the self-care unit as a whole. Until these alterations are made, women in Arohata's catchment area do not have the same opportunity to have their babies with them as women in other parts of the country who can stay in an MBU until their babies are two years old. The age restrictions potentially undermine babies' attachment to their mothers and also serve to limit the use of the Arohata MBU.
10. The second area for improvement is in the provision of training for the Senior Corrections Officers (SCOs) who staff the MBU. Although Brainwave Trust was commissioned to provide training to staff when the unit was first established (over 4 years ago), there has been no refresher training. While we understand that it is not the role of Department of Corrections staff to teach mothers how to parent, we believe that training in child development and meeting the needs of babies is important to enable custodial staff to recognise potential developmental issues and provide appropriate support and supervision to mothers.
11. A third area for development is related to the lack of guidance for the case management of women in the MBU. Case management for women in the MBU involves multiple tasks and can be complex. It should not be left to trial and error. Case managers could benefit from a

clear guide on how to optimally support mothers and babies during the different stages of their entry into and stay in the MBU. We believe that the provision of a best practice guide for this work would help ensure consistently high standards of practice across all the MBUs.

Recommendations

Rec 1: The Department of Corrections installs child-proof fencing within the boundary of Arohata's self-care unit to make the area safe for toddlers, thereby enabling Corrections to:

- uphold their policy of allowing mothers to keep their babies with them in the MBU until they turn two;
- better support babies' bonding and attachment with their mothers; and
- increase the likelihood of the Arohata MBU being used.

Rec 2: The Department of Corrections ensures that all custodial staff receive a formal induction on supporting healthy child development prior to working in a MBU, and regular training updates thereafter on related topics.

Rec 3: The Department of Corrections develops a best practice guide for case managers on:

- the processes involved in mothers with babies' entry into a MBU;
- appropriate offender plans to support mothers with babies in the MBU;
- the processes involved in mothers with babies' transitions back to the community.

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

12. A draft copy of this report was provided to the Department of Corrections on 23rd December 2015 for comment. OCC received a response from Julie Miller, Manager Ministerial Services, dated 21 March 2016. The response is reproduced in full below.

Dear Dr Wills

The Department of Corrections' response to the Children's Commissioner Report into Arohata Women's Prison Mothers with Babies Unit.

Thank you for a copy of your report into a visit at the Arohata Mother and Babies Unit (MBU).

This report is the result of an unannounced visit conducted on s 9(2)(a) OIA 2015. The report's overall assessment was that the Unit was "well placed," with three recommendations to be addressed. The report also made helpful comments on the operation of the MBU at Arohata, including comments on good practice, which can be applied to the other two Mothers with Babies Units at Auckland Region Women's Corrections Facility and Christchurch Women's Prison.

Recommendation one

The Department of Corrections installs child-proof fencing within the boundary of Arohata's self-care unit to make the area safe for toddlers, thereby enabling Corrections to:

- uphold their policy of allowing mothers to keep their babies with them in the MBU until they turn two;
- better support babies' bonding and attachment with their mothers; and
- increase the likelihood of the Arohata MBU being used.

Response to Recommendation one

The Department accepts and welcomes this recommendation from the Children's Commissioner. A request was submitted to the Department's contractor, Spotless Services, on 18 February 2016 to assess the level of work that would be involved and the cost of that work. This work will be commenced as soon as possible if the work assessment determines that it can be done at a reasonable cost to the Department. The Department will inform the Children's Commissioner of the outcome of the assessment and the progress of the work.

Recommendation two

The Department ensures that all custodial staff receive a formal induction on supporting healthy child development prior to working in a MBU, and regular training updates thereafter on related topics.

Response to Recommendation two

The Department accepts and welcomes this recommendation from the Children's Commissioner. When the MBUs were first able to house babies up to 2 years all staff working in the units received training from the Brainwave Trust in child development and management. The Department accepts that this kind of training should continue to be delivered to custodial staff working in the unit, as well as more formal inductions are ensured given the specialist nature of the MBU. Custodial staff are carefully selected to work in Mothers with Babies Units with consideration given to the staff member's interest in working in the unit as well as their suitability to undertake the placement.

To take action on this recommendation the Chief Custodial Officer's Team has engaged with the Learning and Development Team to discuss possible training options. This work is on-going and the Department would welcome input from the Children's Commissioner about the content of the induction and training package during its development.

Recommendation three

The Department of Corrections develops a best practice guide for case managers on:

- the process involved in mothers with babies' entry into a MBU;
- appropriate offender plans to support mothers with babies in the MBU;
- the process involved in mothers with babies' transitions back to the community.

Response to Recommendation three

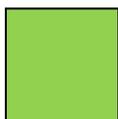
The Department welcomes this recommendation from the Children's Commissioner and will further investigate the need for best practice guidance about MBUs for case managers.

Case managers' practice is governed by an Integrated Practice Framework (IPF) which went live on 1 July 2014. The IPF provides case managers with Standards of Practice, Supported Decision Frameworks and a Knowledge Bank. The intent of practicing under this framework was to shift the practice of case managers from a largely prescriptive practice to practice that is founded on evidence based professional decision making. The six Standards of Practice set the baseline expectations of case managers while the Supported Decision Framework supports case managers to make good professional decisions in their management of prisoners. To do this, case managers are provided with considerations to guide them in each section of their offender planning. In each section, additional considerations are often provided to account for the differences of remand prisoners, young prisoners and Māori prisoners.

The approach to practice briefly described above applies equally to prisoners who are mothers and housed in the MBU. Currently, there is no additional guidance held in the Case Management Practice Centre for managing these prisoners. The Director of Case Management has confirmed that her team will investigate whether specific guidance is required to fit within the current practice framework or whether another type of guidance is required on the areas highlighted by the Children's Commissioner. The Department will inform the Children's Commissioner of the result of this work.

I trust this information is of assistance.

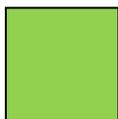
Treatment



Well placed

13. Our interviews revealed that when babies and mothers have previously been resident in the Arohata MBU, they have been well-treated and supported by staff. We found no evidence of cruel, inhumane or degrading treatment in the MBU. One female prisoner we interviewed who had been in the adjacent self-care villa when the MBU was last occupied told us that babies and their mothers were given everything they needed by prison staff. We heard about how female prisoners in the self-care unit enjoyed having mothers with babies in the MBU and how they provided both emotional and practical support to the mothers. When one mother was the sole occupant of the MBU, the prison manager had identified an appropriate female prisoner to transfer to the self-care unit in order to ensure the mother in the MBU did not feel isolated and to provide her with emotional support. We were told about one mother, who had been in the MBU for six months, who told staff that she loved the opportunity to focus on the needs of her newborn without the stress of the demands of her other children; she could breastfeed and loved the quality time with her children.

Protection system



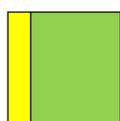
Well placed

14. The best protection for babies in the MBU is having mothers who are able to nurture and care for them. Department of Corrections' criteria for mothers' entry into the MBU specify that mothers have no convictions for sexual or violent offences involving children, are drug free, and have no serious misconducts. A staff member commented, *'if they can't manage themselves, how can they manage a baby?'* As well as meeting Department of Corrections' criteria, the mother, and two named alternative caregivers available in the community must be approved by Child Youth and Family (CYF). We understand that several applicants for the MBU over the past year have been declined due to CYF's concerns. These eligibility criteria are appropriately designed to ensure that only women who can provide adequate care for their babies are admitted into the MBU.
15. We note an additional constraint related to mothers' eligibility to enter the Arohata MBU. As explained earlier (in paragraph 5), because the MBU is 'outside the wire', only women who have a minimum security classification can be admitted. It is not ideal that Arohata's MBU has a more restricted range of women's security classifications than the MBUs at Auckland or Christchurch women's prisons. Potentially suitable mothers of higher security classifications are not eligible for entry into the Arohata MBU, effectively reducing the use of the Arohata MBU. The MBU national policy intention to uphold babies' rights to stay with safe, nurturing mothers can therefore not be fully realised at Arohata prison. We believe that future development of MBUs and implementation of associated policy should seek to ensure that

the rights of babies to stay with safe, nurturing mothers are consistently maintained across the country, regardless of women's security classification.

16. Mothers who have been declined admission to the MBU can appeal the decision. If this occurred, we were told that an alternative panel would be convened to provide an independent review of the material provided in the application. It is good to see that mothers with babies now have recourse to an independent appeals process. This helps to ensure that the process is fair and that the best decisions are made for both mothers and their babies.
17. Mothers' rights are also protected via the prison complaints system. To make a complaint, a woman completes a prisoner complaint form (PC01) which is logged and receipted within 24 hours. A Principal Corrections Officer (PCO) responds within 72 hours, interviewing the complainant, and investigating the complaint. Prisoners are notified of the result of complaints within seven days. A resident of the self-care unit told us the PCO who deals with complaints responds quickly and fairly. Should a mother be unhappy with the outcome of her complaint, the complaint can be escalated, first to prison management who would meet with the mother to attempt to resolve the complaint, and then to the Prisons Inspectorate and finally to the Ombudsman. We were told that women are encouraged to speak directly to the staff concerned, but that no serious complaints had been made by women in the MBU.
18. Babies are also protected by ensuring visitors to the MBU are subject to rigorous approval processes. Fathers and other visitors to the MBU must meet the prison's approval process, which involves background checks on identity and past violence. Young people over sixteen years of age are also required to go through the approval process. These processes help to protect the safety of babies in the MBU when family members visit them.
19. Protection for visiting children and young people at Arohata is being strengthened by training all prison staff in the Department of Corrections' child protection protocol (CPP). The training alerts staff to the signs of abuse, and, amongst other things, outlines the actions staff can take to ensure visiting children and young people are kept safe.

Material conditions



Well placed with a developing element

20. The MBU at Arohata is a four bedroom, two bathroom villa. It sits adjacent to three other self-care villas which are all enclosed together within the prison's self-care unit. The MBU is comfortably furnished with standard single beds for mothers, and cots and a bassinet for babies. Two of the bedrooms are larger than those in the other self-care villas to allow space for babies to room-in with their mothers. One of the bathrooms has a wet-area shower. The furnishings are pleasant and the cots and bassinet for babies in good condition. We saw a range of toys suitable for infants including soft toys and brightly coloured activity toys. We were told that the previous manager of the prison had provided the things needed to make the unit safe and attractive for the babies and their mothers. For example, she had requested

testing of baby car seats by Plunket, and replaced them promptly when they failed the test. The MBU provides a safe, comfortable environment for babies and their mothers.

21. The self-care unit is situated on a grassy hill, with attractive and well-maintained grounds. However, the developing element is that the grounds are currently unsafe for toddlers. The pathways into the MBU and other villas in the self-care unit have steep drops on both sides that are hazardous for toddlers. This is the reason for the current policy of housing babies at Arohata MBU only up to the age of nine months. This Arohata-specific policy disadvantages the babies and the mothers residing in the Arohata MBU. Removing a baby from its mother at nine months is likely to be incredibly disruptive to the baby's bonding and attachment to its mother, with the potential for negative mental health consequences in the future. The prison MBU manager and case managers have a good understanding of the importance of babies' early attachment, so the age restrictions contribute to the relatively low usage of the MBU at Arohata. While women with babies who are over nine months can apply for admission to the Christchurch or Auckland units, taking them out of their home communities may make it more difficult for them to access alternative caregivers. Further fencing within the self-care unit boundaries could make the MBU suitable for toddlers, and enable the Department of Corrections to uphold their national policy of allowing eligible mothers to keep their babies with them until they turn two. Although the cost of installing such a fence is a relevant factor in the Department of Corrections' decision making, it need not be exorbitant. After all, the fence does not need to be a full security fence, rather it just needs to be child proof.
22. While at the prison we also inspected the baby bonding facility and visitors' room. Mothers who are not eligible to be in the MBU can spend time with their babies in the bonding facility. Children can also spend time with their mothers in the visitors' room. Both of these rooms are family friendly, although the walls in the baby bonding facility are rather stark, with no posters or decorations suitable for young children. We did not see any toys, but were told that these are available, and set out by a group of volunteers for children on visitors' days. The bonding facility is particularly useful for women on short sentences, when there is insufficient time to make admission to the MBU appropriate. It provides a comfortable, relaxed environment, with good access to outdoors for mothers and babies to spend time together. Breast pumps are available for women who wish to ensure their babies receive breast milk. Although these have rarely been used, it is positive that Arohata staff are prepared to support women who wish to do this.

Activities and contact with others



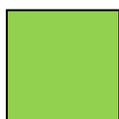
Well placed

23. Babies and mothers previously in the MBU have had access to a range of activities, according to their interests and needs. Babies' early socialisation needs have been partly met by spending time outside the MBU, in the community. Mothers have attended play-group in the community, and taken their babies to age appropriate activities such as § 9(2)(a) OIA [REDACTED] playland for young children), and events at the local library. There is a

pram available for mothers to use to take their babies for walks. Mothers have access to services in the prison that would be available in the community. For example, Plunket and Family Start providers visit mothers and babies in the MBU.

24. Mothers attend appropriate programmes in the prison. Each prisoner has an offender plan, which we heard tends to be quite detailed for mothers in the MBU. One mother used her time in the MBU to complete NCEA credits in the prison's 'Get Ahead' programme. Offender plans for mothers also include plans for their transition from the prison. Before they leave the prison, women are linked with the community organisations and groups who will support and help them and their babies after they leave the prison.
25. Women potentially have access to cultural activities and advice if they request it. Arohata shares a kaumatua with Rimutaka prison. Although we heard about one mother being linked with s 9(2)(i) OIA we were told that there had never been a request from a mother in the MBU to speak to a kaumatua or to access specific cultural activities. The availability of cultural support and guidance is important to facilitate the development of mothers' and babies' cultural identity. We encourage the prison to ensure that they actively inform mothers in the MBU about the availability of cultural support.
26. Babies and mothers have good access to other people while they are in the MBU. They have contact with other women in the self-care unit who visit each other's villas for shared meals. The mother's family or whānau may also visit the mother and her baby once they have passed the required prison approval process. Mothers are able to prepare meals for visiting family or whānau in their villa, and additional visits can be approved for their alternative caregivers and children outside of the prison's normal visiting hours.

Medical services and care



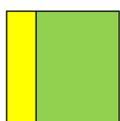
Well placed

27. Access to health care for babies and mothers is similar to or better than many of them would access in the community. Babies and mothers have excellent access to both primary and specialist health services. We were impressed that many health and mental health services are available within the prison itself, including: a full-time nursing service, a GP visiting one day a week, a forensic nurse visiting twice a week, a psychologist visiting one morning a week and a psychiatrist visiting once a week, who is also readily available by phone for nurses to consult. The health service within the prison stocks emergency equipment suitable for use with infants, though these have never been needed.
28. Women receive antenatal care, tailored to their needs. We were told that many of the women who come into the prison pregnant have not previously accessed antenatal care. As well as giving the women a full health assessment on arrival, they are referred to either local midwifery services or if their baby will be delivered after release, to a midwife in their area of residence. Pregnant women have access to a full range of scans and any other health care services required, based on the needs identified in their initial assessment. They receive the

same number of midwifery visits, as they would if they were in the community. The local midwifery service can refer women to antenatal classes available through the local hospital, but we understand that none of the women who had been in the MBU had attended antenatal classes, preferring instead to have individual sessions with their midwife.

29. Mothers and babies also receive postnatal care as they would in the community. After completing postnatal midwifery visits, the midwife refers mothers to the well child service of their choice (Plunket or Ora Toa). Plunket nurses visit the prison according to the Well Child Schedule with many receiving the higher number of visits available to at-risk babies. Mothers and babies are assisted to access a GP or emergency services by prison staff if such help is required.

Personnel



Well placed with developing elements

30. The self-care unit is staffed by a roster of Senior Corrections Officers (SCOs). When mothers and babies are in residence there are two shifts: 6.00am to 2.00pm, and 2.00pm to 10.00pm. Between 10.00pm and 6.00am, the self-care unit is patrolled once every two hours by staff, and women have intercom connection to the prison communication centre for help at any time. We were told that staff who worked in the self-care unit were generally more experienced, often mothers themselves, and good communicators. The female prisoner we spoke to in the self-care unit was generally positive about the staff at the unit.
31. Each mother is also given a case manager, often a qualified social worker. Case managers are responsible for case planning and ensuring prisoners' needs are met both during their stay in prison and when they are released back into the community. Case managers liaise with CYF and inform women about panel decisions regarding their applications for entry into the MBU. We were pleased with the relatively high level of contact between mothers in the MBU and their case managers, with case managers previously visiting 'every second day or so'.
32. A key area for development is related to a lack of best practice guidance for the case management of mothers with babies in the MBU. Case management for women in the MBU involves multiple tasks and can be complex. It involves careful planning to ensure babies' and mothers' smooth entry into the MBU and successful transitions back into the community. It requires specialist knowledge of child protection and social services available to babies and mothers. We were told that case managers had to learn by 'trial and error' and the whole process could be quite 'disjointed'. We believe that the provision of a best practice guide on the role of case managers in relation to mothers with babies would help to ensure consistently high standards of practice across all the MBUs. The provision of high quality case management helps to ensure that mothers and babies receive the services they need to maintain their wellbeing.

33. Another area for development is related to the level of training in child development for custodial staff working in the MBU. When the MBU was established, interested SCOs were given training in child development and management by Brainwave Trust. However, there has been no additional, or refresher training since. Neither is there any specific induction for new MBU staff before they begin working in the MBU. While we understand that Department of Corrections staff *'are not here to teach them, [we are] here to support them'*, Corrections Officers (COs) have a crucial role to play in supporting a healthy relationship between babies and mothers and positive child development. We believe that custodial staff should receive a formal induction to working in the MBU and regular training updates. We encourage the prison to ensure that such training is made available to MBU staff when babies and their mothers are next admitted to the unit.
34. Staffing resources at Arohata can be stretched when COs are unavailable due to illness, secondment, or leave requirements. If the custodial officer on duty in the self-care unit needs to accompany a woman to another venue, or is called to other duties, then the women who remain in the unit are in 'lockdown'. They are not actually locked into the villas, but are requested to remain inside. We were told that the prison only called SCOs away from the MBU as a last resort, however we would be concerned if staffing pressures meant that mothers and babies were regularly confined to their villas during the day.

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Appendix One: Why we visit (legislative background)

35. The Children's Commissioner has a statutory responsibility to monitor and assess the services provided under the Children, Young Persons and Their Families Act 1989 (CYP&F 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.
36. 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: Interviews conducted

Our visit to the MBU at Arohata Women's Prison included interviews with²:

- MBU Manager
- Case Manager
- Principal Corrections Officer (PCO)
- Health Care Team Leader
- Female prisoner living in the self-care unit

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

Released under the Official Information Act

² We would usually interview the Prison Director as well, but he was away on the day of our visit.