



**Mother and Baby Unit – Auckland Region Women's
Corrections Facility**
OPCAT Monitoring Report





Kia kuru pounamu te rongō

All mokopuna* live their best lives

*Drawing from the wisdom of Te Ao Māori, we have adopted the term mokopuna to describe all children and young people we advocate for, aged under 18 years of age in Aotearoa New Zealand. This acknowledges the special status held by mokopuna in their families, whānau, hapū and iwi and reflects that in all we do. Referring to the people we advocate for as mokopuna draws them closer to us and reminds us that who they are, and where they come from matters for their identity, belonging and wellbeing, at every stage of their lives.

Contents

Contents	3
Introduction	4
About this report	4
About this visit	4
About this facility	4
OPCAT definitions	5
Monitoring Framework	6
How OPCAT is reflected in the way we monitor	6
How we work	7
Key Findings	8
Findings	8
Recommendations	9
Systemic Recommendations	9
Facility Recommendations	9
Treatment	10
Protection Systems	12
Material Conditions	15
Activities and access to others	17
Medical services and care	20
Personnel	22
Improving outcomes for Wāhine and Mokopuna Māori	24
Appendix 1	26
Gathering information	26

Introduction

Who we are

The Children's Commissioner is a National Preventive Mechanism (NPM) under the Optional Protocol to the Convention Against Torture and Other Cruel, Inhuman, Degrading Treatment or Punishment (OPCAT).

The New Zealand legislation relating to OPCAT and the role of the NPM is contained in the Crimes of Torture Act (1989). Our role as a NPM is to visit places of detention, including facilities run by Ara Poutama Aotearoa, to:

- Examine the conditions and treatment of mokopuna
- Identify any improvements required or problems needing to be addressed
- Make recommendations aimed at strengthening protections, improving treatment and conditions, and preventing ill-treatment.

About this report

This report shares the findings from our monitoring visit to the Mothers with Baby Unit (MBU) based in the Auckland Region Women's Corrections Facility (ARWCF), that occurred in June 2022 and recommends actions to address the issues identified. We describe the quality of the experience of women and mokopuna at the facility and provide evidence of our findings based on information gathered before, during and after the visit.

About this visit

Office of the Children's Commissioner (OCC) staff carried out an announced monitoring visit to the MBU at ARWCF.

The purpose of this visit was to fulfil our responsibilities under OPCAT to monitor the safety and wellbeing of mokopuna detained in places of detention.

About this facility

Facility Name: MBU – Auckland Region Women's Corrections Facility.

Region: Auckland

Operating capacity: 8

Status under which women are detained: s34 of the Corrections Act 2004.

Note: The Ombudsman's Office hold the designations to monitor the adult prisons and the Mother Baby Units (MBU) in the women's prisons. OCC have been invited to do a joint inspection of the Mother Baby Units. However, on this occasion, the Office of the Ombudsman

was not scheduled to visit AWRCF and gave permission for OCC to monitor the MBU without Ombudsman staff.

OPCAT definitions

The main objective of OPCAT¹ is to prevent torture and ill-treatment and:

- Establish a system of regular visits to places of detention in order to prevent torture and other cruel, inhuman or degrading treatment or punishment
- Provide constructive recommendations aimed at improving the conditions and treatment of detained persons
- Mitigate risks of ill-treatment and build an environment where torture is unlikely to occur. We have adopted the following definitions of torture and other, cruel, inhuman, or degrading treatment or punishment in accordance with international human rights practice relating to mokopuna in places of detention.

Torture

Severe physical or mental pain or suffering, intentionally inflicted to obtain a confession, punish a child or young person for something they or someone else committed or is suspected of committing, or intimidating or coercing a child or young person for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity.

Cruel, inhuman, or degrading treatment

Any treatment which offends a child or young person's dignity may be considered cruel, inhuman, or degrading treatment, regardless of whether it causes pain or suffering.

Cruel, inhuman, or degrading punishment

Any punishment intended to cause pain or discomfort. This includes non-physical punishment that belittles, humiliates, denigrates, scapegoats, threatens, scares, or ridicules a child or young person.

¹ OHCHR | [Optional Protocol to the Convention against Torture](#)

Monitoring Framework

Our monitoring is conducted under seven domains, six of which are informed by the Association for the Prevention of Torture.² The seventh domain, 'Improving Outcomes for Mokopuna Māori' was developed for the Aotearoa New Zealand context by the Office of the Children's Commissioner (OCC) to assess how mokopuna Māori are supported to have a positive connection to their identity and whakapapa.

The domains are:

- Treatment.
- Protection Systems.
- Material Conditions.
- Activities and access to others.
- Medical services and care.
- Personnel.
- Improving outcomes for mokopuna Māori.

How OPCAT is reflected in the way we monitor

Using the seven domains as a framework we:

- Rigorously examine the treatment and conditions using a range of methods and information sources.
- Describe these treatment and conditions in terms of their impact on women and their mokopuna.
- Clearly identify anything that constitutes torture or other cruel, inhuman, or degrading treatment or punishment.
- Clearly identify any problems to be addressed and improvements required, along with our expectations for action.
- Make recommendations aimed at improving treatment and conditions and preventing future ill-treatment.

² Our monitoring methodology is informed by, but not limited to, the Association for the Prevention of Torture's publication *Monitoring places of detention: A practical guide (2004)*, the United Nations Rules for the Protection of Juveniles Deprived of their Liberty (the Havana Rules) and domestic legislation and regulations.

How we work

Methodology

We use several methods to engage with women and their mokopuna, whānau and staff to hear about their experiences.³ We also want to understand the group dynamics at the facility.

Observing

We spend time in facilities seeing how women and their mokopuna and staff interact and what their daily routines are.

Joining In

We join in activities and mealtimes to experience what access women and their mokopuna have to good food and meaningful activities.

Informal Conversations

We have informal chats with women and staff who tell us about their thoughts and experiences.

Interviews

We conduct formal interviews with women and staff who are happy to speak with us confidentially.

Our analysis

We analyse information we have gathered by coding it according to each of the OPCAT domains. We identify themes within each domain in relation to the treatment and conditions experienced by women and their mokopuna. We then identify any treatment or conditions that constitute ill-treatment as well as any areas where preventive measures could be strengthened.

Finally, we review the recommendations made in the previous OPCAT report and formulate new recommendations based on our findings in relation to current treatment and conditions.

³ See Appendix 1 for a list of our information sources.

Our findings

Findings are categorised under each of the seven OPCAT domains. Some findings relate to two or more domains – for the purposes of reporting, they are placed in the most significant domain.

Key Findings

Key findings are addressed in our recommendations along with other issues relating to the prevention of torture and other cruel, inhuman, or degrading treatment or punishment (ill-treatment), identified in our analysis.

We found no evidence that women and their mokopuna had been subjected to torture or ill-treatment. Our findings from the visit are outlined below.

Findings

We acknowledge the effect the COVID-19 pandemic has had on prisons and the prison population across Aotearoa. There continues to be a significant shortage of Corrections Officers across all prisons and this has obvious impact on prison operations.

However, despite the continued limitations on prison operations, such as activity and programme delivery as well as face to face whānau visits and contact, the visit was positive and it is encouraging to see mothers and their babies bonding and developing attachments.

The main findings from our visits are:

- Mothers in the MBU are supportive of each other and make their living environment the best it can be for their babies.
- Mothers identified their midwife and staff from Te Hā Oranga o Ngāti Whātua as protective factors.
- Mothers said they felt isolated with a lack of interaction with staff and other women in the low-security area of the prison (which happened pre the COVID-19 pandemic).
- Staff work long shifts and have little time to meaningfully interact with mothers in the MBU.
- Staff are not required to have specific training when looking after mothers in the MBU.
- There is a lack of child-minding options for mothers.
- There is no face to face contact with whānau.
- The physical units of the MBU are warm, inviting and bright. They enable the women to be self-sufficient and provide a loving environment for their babies.

Recommendations

Our recommendations are based on:

- Key findings from our monitoring and analysis
- Any issues relating to ill-treatment
- Progress against recommendations from the previous monitoring visit

We identify systemic issues that impact on the effective functioning of the facility and make recommendations to address these. Our recommendation is that action to address the facility recommendations occurs within 12 months after the date of our visit. We will monitor progress against those and the systemic recommendations at our next monitoring visit.

Systemic Recommendations

1	Operationalise the Hōkai Rangi Strategy ⁴ .
2	Implement the agreed recommendations from Erin Judge's report ⁵ to ensure independence and impartiality.
3	Develop a nation-wide training programme specifically for Corrections Officers who supervise the MBU.
4	Create a co-ordination role that has oversight for the care and protection of babies in the MBU and ensures their transition to the community is well supported.
5	Review policy which dictates that babies cannot be treated by on-site health professionals.

Facility Recommendations

1	Provide appropriate supervision including cultural supervision for all staff.
2	Open the baby bonding area to allow face to face bonding for mothers and their babies from the MBU with community based whānau.
3	Develop and implement a strategy that safely allows volunteers to mind babies in the MBU.

⁴ [Hokai Rangi Strategy.pdf \(corrections.govt.nz\)](#)

⁵ [Redesigning the Ara Poutama Complaints System - Report Jan 2022 Corrections Response FINAL.pdf](#)

Treatment

This focuses on any allegations of torture or ill-treatment, use of seclusion, use of restraint, and use of force. We also examine models of therapeutic care provided to women and their mokopuna to understand their experience.

Interactions between Corrections Officers and mothers are respectful

During the visit we saw limited interaction between the mothers and staff. The interactions we saw were short and to the point but respectful.

Both the Corrections Officers and the mothers said that due to staff shortages, interactions between them is limited. There is also no consistency in the staff allocated to look after the MBU which makes building rapport and trust hard. Mothers in the MBU said they felt isolated due to a lack of interaction which included interaction with staff.

Due to the national Ara Poutama Aotearoa COVID-19 Custodial Resilience Operating Framework (CCROF)⁶, mothers in the MBU also cannot mix or interact with other women in the low security self-care units and are restricted to staying within their MBU unit and yard adding to this sense of isolation.

Corrections Officers told us that they would like to spend more time with the mothers and their babies, however this is not possible with the current staffing levels.

There is a shortage of baby-minding options

Prison staffing levels is an issue when mothers need a break from caring for their child or when they have appointments.

Often mothers in the unit babysit each other's baby's when required or the Pou Tūhono⁷ will help out when they can.

Whilst we were there, one mother was looking after both babies (one baby was sleeping in their room). However, that mother then got called for her Court appearance via Audio Visual Link (AVL). She asked to drop her baby off in the staff hub leaving us in the unit alone with a sleeping baby. We were alone with the baby for 12 minutes before the baby's mother arrived back.

We made our concerns known to the Prison Director at the inappropriateness of 'strangers' looking after a baby. If we were not there, that baby may have been left in the unit alone.

Mothers in the MBU support each other

The mothers in the unit get on well. They have established good routines and they are respectful of each other's choices. They support each other at mealtimes by cooking together as well as working

⁶ [Managing COVID-19 at Corrections | Department of Corrections](#)

⁷ This is a role within women's prisons to support wāhine and help them maintain connection or

reconnect with their whānau, hapū and iwi in the community to guide their future reintegration.

together to keep their whare clean and orderly.

We also saw how the mothers support each other after calls with their lawyers and when court sentencing hasn't gone the way they thought it would.

It was good to see women from very different backgrounds and life experiences coming together to support each other and creating a caring environment for their babies to grow in.

Baby bonding area is under utilised

The baby bonding unit had recently been reinstated for breastfeeding mothers not in the MBU but is not available to mothers and babies housed in the MBU.

Babies need to keep an established bond with whānau. This is especially important if the babies are likely to transition away from the prison whilst mum continues a sentence. One mother in the MBU said her baby has not seen their father or other siblings face to face for six months due to the CCROF.

The worker from Te Hā Oranga o Ngāti Whātua⁸ agreed that seeing whānau face to face is important for baby's development and she was strongly advocating for the baby bonding area to

be reinstated immediately so that those in the MBU could also use it.

The OCC supports whānau face to face contact for the MBU and believes the baby bonding area would be a good place for this to resume safely within a COVID environment.

Restraints are not used for hāpu wāhine over 30 weeks gestation

The mothers and the midwife working in the prison confirmed that restraint practice was being upheld in line with policy. No women over 30 weeks gestation were mechanically restrained.

This is extended to women who are receiving intimate examinations and whilst breast feeding. The midwife said that she sometimes has to remind escorting Corrections Officers of the policy and whilst most are comfortable, there are some who are reluctant to comply with removing restraints during examinations (under 30 weeks gestation).

Continued monitoring of the policy and its application is required in order to ensure that all Corrections Officers know that restraining women outside of policy guidelines constitutes inhuman treatment.

⁸ This is the organisation contracted to deliver Kaupapa Māori intensive Parenting Support programmes for the women in the MBU.

Protection Systems

This examines how well-informed women are upon entering the facility. We also assess measures that protect and uphold the rights and dignity of women and their mokopuna, including complaints procedures and recording systems.

Admission process into the MBU

Mothers must apply to the Prison Director to be in the MBU. The application is considered by a multidisciplinary team (MDT)⁹. The mother's prison allocated social worker presents the completed application which is based on the Whare Tapa Wha model. It covers all four pou and the decision to accept or decline the application is centred around the best interests for the child. The final decision rests solely with the Prison Director.

Application assessments for the MBU are held monthly. However, out of cycle emergency applications are considered as required.

The process is robust and all professionals have a say in whether they support the application.

Appeals if the MBU application is declined

Declined applications for the MBU can be appealed. The appeal goes to the Northern Regional Office and is reviewed by regional staff independent of the prison. The Prison Director said in the last month there have been two appeals and the decisions he and his team made were

upheld. The appeal process is made known to the women via their social worker.

The complaints process is generic and lacks operational independence

Mothers in the MBU use the generic prison complaints system. All women in the prison have to request a PC01 form (for complaints other than health complaints) which is filled out and handed to a Corrections Officer. The complaint is then lodged into IOMS¹⁰ and picked up by a Principal Corrections Officer. If a Principal Corrections Officer cannot resolve the complaint within three days, it is passed to the most appropriate person to address the complaint. The Prison Director determines the most appropriate person to deal with complaints against individual Corrections Officers.

There is no operationally independent oversight of the complaint unless it is escalated to the Ombudsman, the Office of the Inspectorate, the Health and Disability Commission (health complaints) or the Privacy Commission (privacy breach complaints).

It is well documented in Erin Judge's report¹¹ that the complaints system has

⁹ The MDT consists of The Prison Director, healthcare team, social worker, Principal Case Manager, the Residential Manager of the MBU, Oranga Tamariki representative (if appropriate) and a cultural advisor.

¹⁰ Integrated Offender Management System (IOMS)

¹¹ [Redesigning the Ara Poutama Complaints System -](#)

challenges and is not aligned with the Hōkai Rangi Strategy. The people we spoke to said the system is not fit for purpose, is lengthy and sometimes multiple PC01 forms are filled in before there is action.

It is encouraging to see that Ara Poutama Aotearoa is already working on improving the complaints system with a work programme developed to specifically address documented recommendations and recruitment specifically targeted to roles to work on this workstream.

We look forward to seeing improvement in this area at our next visit with women able to articulate the changes and the benefits they can see from those system changes.

Access to independent advocacy and support is lacking

Mothers we spoke to in the MBU said they felt isolated. Due to COVID-19 and the CCROF, there has been no external contractors/ volunteers allowed into the prison. These are slowly re-commencing however, access to independent advocacy is still lacking.

Te Hā Oranga o Ngāti Whātua staff are now back conducting face to face visits. The mothers in the MBU identify staff from this organisation as a protective factor, someone they can relate to, and someone they can talk to about anything.

The visiting midwife is also someone the mothers identify as influential and able to affect change. The midwife believes it was her advocacy that led to a recent mouse issue in the MBU being sorted after the

mothers had complained several times themselves.

There are cultural advisors as part of prison staff, however they are not independent of the prison.

Plunket are resuming face to face visits

Due to the CCROF, Plunket services had not been in the prison face to face even after government mandates had been relaxed in Auckland. Plunket visits have only recently re-commenced. One mother said her baby's first Plunket appointment was at three months old so therefore missed the six week check.

Plunket play an important role in identifying mental health and wellbeing needs for women and specific health needs for babies. For example, hip checks, feeding issues, lip and tongue ties, food introduction and ensuring appropriate weight gain.

We encourage ARWCF to consider classing Plunket as a critical service to enable them to keep face to face visits throughout all COVID-19 traffic light settings¹². Policy should be future proofed to enable consistent practice throughout any number of significant events, like global pandemics.

There is a lack of cohesive co-ordination for care and services for babies

Many staff we spoke to said there is a lack of service co-ordination for the babies.

[Report Jan 2022 Corrections Response FINA L.pdf](#)

¹² [COVID-19-Protection-Framework-traffic-lights-table.pdf \(covid19.govt.nz\)](#)

This includes service co-ordination whilst in the prison and when they transition out.

It is down to individual mothers to organize routine appointments for their babies, any specialist follow-ups and scheduled immunisations.

A mother's suitability to care for her child is assessed in the application for the MBU and part of that application looks at their ability to co-ordinate care for the baby. However, the added stresses of prison, having no respite (in the form of regular baby-minding) and lack of whānau contact, could contribute to baby missing essential appointments or access to services that ensure baby is developing within normal parameters. There is no safety-net to ensure babies get the checks or services they need.

Prison staff at all levels and other external agencies we spoke to, said a co-ordination service specifically for babies in prison that also supported their transition after they left, should be a priority.

This idea is supported by the OCC. Transitions for mother and baby need to be carefully managed which includes substantial wrap-around support for mother, baby and the community based whānau caring for baby.

Material Conditions

This assesses the quality and quantity of food, access to outside spaces, hygiene facilities, clothing, bedding, lighting, and ventilation. It focuses on understanding how the living conditions in secure facilities contribute to the wellbeing and dignity of women and their mokopuna.

The MBU is clean and tidy throughout

There are two, four bedroom units that make up the MBU. There was one unit in operation at the time of our monitoring visit.

Mothers are responsible for keeping their own where clean. This includes the communal areas as well as the bathroom, shower, toilet and kitchen. Cleaning products are supplied for the mothers to use.

The MBU feels like a home

The MBU is a homely environment and the mothers take pride in how their space looks. The unit is kept warm with a heat pump, has new curtains and is clean and tidy. There is good natural light in the units.

The main communal area is spacious with couches and a TV and plenty of floor space for babies to play. There are age appropriate toys and books for the babies.

The MBU has its own grassed area with shade sail and its own playground equipment. The yard is fenced and safe for babies.

Mothers are confined to their own yard for exercise

Due to the CCROF, mothers in the MBU were confined to just using their own yard area for exercise. The yard has a concrete

pathway around 20 meters in length that is used to push their prams along.

Previously mothers could push their prams around the low security areas of the prison and they could walk further and interact with other prisoners.

The mothers said that without other access to exercise programmes, this was their only way to keep fit.

Mothers can bring their own equipment from home

Each mother has their own bedroom with a cot for baby. Mothers can also bring in, via whānau, their own equipment like bassinets, prams, clothing, toys, particular nappy brands and formula brands or creams for their baby.

Everyone we spoke to said, materially, babies lack for nothing whilst in the prison. Anything whānau cannot supply is supplied by the prison. Lists for baby items can be given to Corrections Officers who arrange for supplies from local supermarkets.

Mothers in the MBU can wear their own clothes rather than prison issue clothing.

Mothers in the MBU are self-sufficient

The MBU is run like a regular where. It has its own kitchen and the mothers make their own food. They can make hot drinks and snacks and bake if they want to. A

grocery list is sent to the prison kitchen and those items are then delivered to the MBU. The mothers can plan meals and make their own nutritious food for themselves and their babies.

The mothers said one of their favourite activities was to participate in cooking lessons with Te Hā Oranga o Ngāti Whātua. They said the kai they made together was delicious and the recipes were there for them to follow next time.

Activities and access to others

This focuses on the opportunities available to women and their mokopuna to engage in quality activities inside and outside secure facilities, including education and vocational activities. It is concerned with how the personal development of women and their mokopuna is supported, including contact with friends and whānau.

MBU maintain contact with whānau with access to daily phone calls

Mothers in the MBU have a communal phone outside the front door of their whare. They can use it to call pre-approved numbers when they like.

Unfortunately due to COVID-19 and the CCROF, whānau cannot come into the prison at all for visiting. This means that babies in the MBU have not seen whānau face to face for long periods of time, some for the entire time they have been in the MBU.

Access to AVL is limited and is staff dependent

Mothers said they currently have access to a 10 minute AVL link on a Sunday to see whānau. This is subject to Corrections Officers having the capacity to escort them to the AVL area.

There have been occasions when no AVL time was possible for mothers and their baby due to lack of available Corrections Officers. This means that there are occasions where mothers and their baby are not able to see whānau for multiple weeks in a row.

Mothers in the MBU do not mix with other women in the low security areas

Mothers in the MBU only have themselves for company. They look after their babies without help or respite. Before COVID-19 became a risk for the prison, mothers and their babies could walk around the low security areas, talk to other women, engage in off-site visits and build relationships with other staff. However, because the women and their babies are classed as vulnerable to the effects of COVID-19, they cannot mix in this way with other prisoners.

Mothers told us that it is lonely and isolating and they are lucky they get on well with others in the MBU. The mothers were excited to hear there was going to be another mother joining them in the MBU the next day.

Access to others, prisoner safety and mental wellbeing is a fine balance

On numerous occasions the mothers said they felt isolated. They have been told that the reason they have limited access to others is due to COVID-19 and the guidance from the CCROF.

However, the OCC is concerned that the mental wellbeing of mothers and their baby could be at risk. There is a lack of

staff connected to mothers in the MBU and mental wellbeing and care could easily fall through the cracks.

Mothers and their babies need regular face to face access to whānau and an ability to socialise with other people (both with and without their baby).

Re-opening the baby bonding unit so that whānau can visit those in the MBU, will go a long way to ensuring these women feel connected and supported.

Access to programmes is problematic for mothers in the MBU

The Kōwhiritanga programme is the main programme run in the prison. This programme runs for four days a week for 15 weeks. It has eight components and is based around addressing criminogenic and re-offending risk factors. Components consist of:

- Whakawhānaungatanga
- Distress tolerance
- Offence mapping
- Emotions – management, specifically linked to their offending
- Thinking and Thoughts – based on a CBT approach
- Relationships – communication styles, relationship management
- Substances
- Safety Plan

We were told that all women (which includes mothers in the MBU) require attendance and completion of the Kōwhiritanga programme for parole hearings.

There are shorter forms of this programme available for women who are not yet ready to engage in the longer Kōwhiritanga programme. This includes a shorter, motivational programme to enhance a women's motivation to address their offending behaviours.

However, there are no volunteers from the community to babysit in the MBU, so mothers cannot attend any programmes, including the Kōwhiritanga programme because they cannot take their baby to group sessions.

Programmes that focus on parenting skills are all that is available

Currently, the only programmes accessed by mothers in the MBU are those focused on parenting skills. The mothers get to focus very little on themselves. One mother said she has asked about business related studies but cannot get an answer from her social worker and said it just doesn't seem likely.

While the mothers are appreciative of the work Te Hā Oranga o Ngāti Whātua do with them, they would also like activities that aren't centred around caring for baby. Even being able to exercise alone and focus on their own physical and mental wellbeing would be welcome.

The Pou Tūhono provides some variety to the day

Visits from the Pou Tūhono are welcome and give the mothers a rare chance to do something for their personal development. Through the Pou Tūhono, women can, if they wish, learn about their whakapapa, connect back into Te ao Māori, and practice their reo. In the absence of volunteers to help with child-minding, the

Pou Tūhono has stepped into this role to help the mothers when they can. However, this is not regular and cannot be relied upon.

The midwife remains a trusted friend

Mothers said they enjoy the visits from the midwife and recognise that she goes over and above by continually checking in with them in the MBU sometimes after her 6 week post-natal mandate. The mothers thrive on any contact from people outside their unit.

Activities for mokopuna

Due to the CCROF, all off-site recreational visits for babies have stopped. There are no music sessions or outings to the local parks or zoo as had been in the past. Babies are also confined to the MBU with only limited access to other adults.

Again, this reinforces the difficult and isolating challenge the mothers have in being their baby's everything 24/7. The mothers enjoy the privileges of being in the MBU but said there are few opportunities to take care of their own wellbeing.

Medical services and care

This domain focuses on how the physical and mental health of women and their mokopuna are met, in order to uphold their decency, privacy and dignity.

Mothers have access to primary health care services

Accessing prison health care is like accessing a medical centre in the community. Prisoners fill out a health request form requesting an appointment and place it in the health request box. Nurses clear the box daily.

Nurses triage the request forms and see those who need the most urgent care first. Appointments can take between one and two weeks for non-urgent care. Prisoners have access to both nurses and General Practitioners (GPs). GPs are there a few mornings a week.

If pregnant women need to see the doctor or midwife, this is expediated through the health referral/ triage processes.

Nurses visit pregnant women daily

Nurses administer pre-natal vitamins daily to pregnant women. This also allows nurses to check on mood, to conduct mental health screens and to see if there is anything the woman needs generally.

If more intensive mental health support is required, the prison has access to an Interventional and Support Practice Team (ISPT). The psychologists within this team are available to all women in the prison including pregnant women and mothers in the MBU.

Dental care should be a priority for pregnant and post-natal women

Mothers and staff we spoke to said access to dental care could be better. The mothers in the MBU said dental referrals take a long time. Referrals for dental checks were also regularly made by the Midwife. These referrals can require follow up and advocacy from the Midwife who often needs to explain the importance of dental health during and post pregnancy, and the complications that can arise if dental work is neglected for pregnant women.

Babies are not treated by prison health staff

Prison policy states that only people in prison and detained under the Corrections Act 2004 can be treated by prison healthcare services. This means that babies (who are not detainees) have to access their healthcare off-site.

Mothers and their babies should be considered as a single 'unit'. It is stressful for mothers needing to be escorted off-site when their baby is sick, knowing there are registered nurses and access to GPs within the prison. There are no other instances where mothers and babies currently leave the prison and they are generally confined to the MBU.

We understand the nurses do not currently have specialist paediatric training, however this could be something to explore when there is an opportunity to recruit nursing staff. All staff we spoke to said there should be a one-stop-shop for both mother and baby when they are in the MBU and this is especially important given the current COVID-19 environment and the measures already in place to protect mothers and their babies.

Mothers in the MBU told us that they also do not have access to Health Line or Plunket Line from their unit phone. These should be added to the MBU phone as approved numbers so that mothers can have access to these services from the MBU rather than having to make private calls in the staff hub.

Support from external agencies is good

Medical notes are stored in MedTech and the nurses and midwife have access to this prison system. All medical staff can see these notes to ensure continuity of care.

The midwife has been in her role for over seven years and is a staunch advocate for pregnant women and those in the MBU. The midwife conducts visits one to two times per week and co-ordinates all pre and post-natal care which includes referrals for obstetric care and she attends appointments with women for scans and specialist services. Hospital midwives are the ones present for actual births. For post-natal care, the midwife would see a woman and her baby on average ten times in the six week post-natal period.

Discharge notes from hospital have been variable and the health care manager is working on improving this process going forward. For example, a phone call with the discharging professional (rather than just relying on often scant notes) has been identified as something to work through.

Medical grade equipment is available

Staff told us that the prison is pro-active when equipment for mothers and babies is required. We heard that good electric breast pumps are purchased as required. Women often come in with only manual pumps or nothing at all which can often mean lactation is not sustained to an appropriate level.

Breast milk is stored appropriately in both the MBU and the baby bonding area. Storage bags are available to women when required.

Transporting breast milk to the community is a challenge

Transporting stored breast milk is an issue and the current situation requires Corrections Officers to deliver the milk to the whānau in the community. Courier options able to transport human products are required if whānau continue to be unable to enter the prison. It is not sustainable or appropriate for already stretched Corrections Officers to also be asked to transport breast milk across Tāmaki Makaurau.

Personnel

This focuses on the relationships between staff and women and their mokopuna, and the recruitment, training, support and supervision offered to the staff team. In order for facilities to provide therapeutic care and a safe environment for women and their mokopuna, staff must be highly skilled, trained and supported.

Recruitment and the effect of COVID-19

The COVID-19 pandemic has had a significant impact on prison operations. During the height of the pandemic, prison staffing levels at ARWCF went down to just over 30% capacity.

The current staffing level sits around 70% of what is required. Despite recent recruitment drives, Corrections Officers are still low in numbers across the country.

Recruitment strategies have devolved to a regional approach in the hope of attracting more Corrections Officers into the roles. Prisons can target their recruitment drive towards their local communities.

The prison runs on a reduced staffing roster

Staff told us they were running an 'emergency roster' which meant staffing levels were at a minimum required for the safe running of the prison. Management confirmed that the 'reduced roster' was required due to available staff.

The staffing levels had a direct impact on the MBU. There were only two Corrections Officers stationed in the low security hub that covered the self-care units as well as the MBU. The Unit Manager said they spend very little time in the MBU.

Corrections Officers could not meaningfully interact with the women and

was limited to required muster checks.

One of the reasons given for this was the sheer amount of paperwork required each shift with only one or two staff rostered on for that area.

The lack of available staff and the long, sometimes twelve hour shifts, were the dominant topics when we spoke to Corrections Officers.

No specific training for Corrections Officers working in the MBU

All Corrections Officers attend a general induction training – the Corrections Officer Development Pathway.

However, they do not receive any additional training working in the MBU. Several staff we spoke to said that training in baby development, attachment theory, bonding and maternal mental health were areas identified as useful for those working in the MBU. This training should be included in professional development plans and would provide additional layers of protection both for mothers and their baby.

Staff have little time for interactions beyond core duties

During our visit we saw little meaningful interaction between Corrections Officers and mothers in the MBU. There was a quick muster check at prescribed times and escorts to and from phone calls with professionals.

One of the mothers had received a phone call from her lawyer who relayed bad news regarding an appeal. This mother was visibly upset when she returned to us in the unit. The Corrections Officers allocated to her unit conducted a risk assessment check which took less than two minutes. The mother said she was simply asked if she was planning on self-harm and left to return to the unit when she answered no. She told us there were no follow up questions and we did not see the low-security Corrections Officers return to check on the mother whilst we were there.

The lack of staff and the time they have to invest in the mothers and their babies was evident. The lack of immediate care and support in this case was concerning and Corrections Officers should have the time to complete comprehensive well-being and risk assessments.

Staff are so short on time and say they have so much paperwork to complete that they have little time for anything else.

Staff supervision was not top of mind

Staff told us that the sheer shortages of available Corrections Officers means that they are living shift to shift. Often there was only one staff member in the hub closest to the MBU. Regular supervision was not on the radar and the Corrections Officers we spoke to said they were more concerned about how to manage potentially dangerous situations with few available staff.

Social work staff said they had supervision with their manager when required but there was a gap when it came to external supervision.

All staff should have regular formal, professional supervision. This is vital to ensure consistency of practice and professional development and wellbeing.

There is a general lack of ongoing training and professional development

Apart from induction training and annual certificates in courses such as first aid, staff mentioned very little about training opportunities for their roles.

Staff said that on-going training is something that is needed, but with the staffing shortages, the focus for them is on getting through their shifts.

All staff need on-going training and professional development to ensure consistency of practice.

The Hōkai Rangi strategy needs to be a focus

The Hōkai Rangi strategy was mentioned by the leadership team and that initial hui were set up to workshop how the strategy would be operationalised. However, since the COVID-19 pandemic, this focus has been lost and senior staff acknowledge this needs to be reinvigorated.

It is clear that the prison is in survival mode with little opportunity to do anything outside of the bare minimum.

Improving outcomes for Wāhine and Mokopuna Māori

This focuses on identity and belonging, which are fundamental for all wāhine and their mokopuna to thrive. We assess commitment to Mātauranga Māori and the extent to which Māori values are upheld, cultural capacity is expanded and women are supported to explore their whakapapa.

Cultural connections are important for wāhine and mokopuna Māori

It is important for wāhine and mokopuna Māori to have the opportunity to learn about their whakapapa and build or restore cultural connections.

Wāhine and (and by default their mokopuna) should not be deprived of their cultural rights because they are detained. They should be free to practice and enjoy their culture and language.

The current CCROF and operating structure for the prison, is not whānau centric and does not align to Te ao Māori.

Learning whakapapa and exploring Te ao Māori is important to mothers in the MBU

Wāhine we spoke to said they valued the time the Pou Tūhono and other kaiako, kuia and mentors spend with them. They enjoy learning about their whānau connections and re-engaging with te reo.

In a time when the lack of connection with others was stressful, having korero with these staff members was a comfort.

Having regular access to people and programmes who can progress this sense of self for wāhine Māori in the MBU is a must.

Re-focus for the Mirimiri Unit

We heard that this unit was well liked and the kaupapa was respected. However, funding for the unit was not sustainable and the prison is looking at how to re-focus the kawa. Currently the kawa and tikanga were upheld by one or two key people (prisoners) and when they leave, there is a sense the kawa and tikanga leaves with them. In comparison, the equivalent unit in male prisons has tagged funding and is staffed.

Access to women and activity in the Mirimiri unit for wāhine in the MBU is not possible at the moment.

Access to external agencies is positive

Wāhine in the MBU value the input staff from Te Hā Oranga o Ngāti Whātua had on their day to day life in the MBU. They like how the staff member worked in a holistic way, lifted the mauri of their whare and operated with a Te ao Māori lens.

Access to local kuia is also something wāhine look forward to and want more of. The wāhine in the MBU are impatient to have this resource back in the prison.

Wāhine and the midwife said access to a choice of Plunket providers is preferable so that wāhine Māori can chose a Māori Tamariki Ora provider if they wished.

The OCC supports a choice of Tamariki Ora provider to ensure they are a good match for both wāhine and pēpi Māori.

Hōkai Rangi Strategy

This strategy aims to lower the proportion of Māori in the care of Ara Poutama. It focuses on improving the wellbeing of prisoners and delivering great outcomes with and for Māori in the care of Ara Poutama and their whānau.

We understand that COVID-19 and working through the pandemic has been challenging for Ara Poutama, however this strategy needs to be re-invigorated and operationalised. Corrections Officers we spoke to did not mention the strategy or how it was influencing their work with wāhine Māori. Corrections Officers were preoccupied with getting through long shifts with reduced rosters.

We look forward to seeing evidence of change the next time we visit.

Appendix 1

Gathering information

We gather a range of information and evidence to support our analysis and develop our findings in our report. These collectively form the basis of our recommendations.

Method	Role
Interviews and informal discussions with mokopuna (including informal focus groups) with mokopuna	
Interviews and informal discussions with staff	<ul style="list-style-type: none"> • Prison Director • Operations Manager • MBU Manager • Principal case manager • Social work staff • Programme co-ordinator • Health manager • Corrections Officers
Interviews with external stakeholders	<ul style="list-style-type: none"> • Te Hā Oranga o Ngāti Whātua • Midwife
Documentation	<ul style="list-style-type: none"> • MBU applications • Offender plans
Observations	<ul style="list-style-type: none"> • Morning and afternoon observation of MBU routines • MBU Emergency Application process • Baby bonding unit