

Mothers and Babies

Thematic Report

Prison management of pregnant women and mothers of infants



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Office of the Inspectorate

Te Tari Tirohia

Our whakataukī

Mā te titiro me te whakarongo ka puta mai te māramatanga

By looking and listening, we will gain insight

Our vision

That prisoners and offenders are treated in a fair, safe, secure and humane way.

Our values

We acknowledge the values of Ara Poutama Aotearoa (the Department of Corrections): **rangatira** (leadership), **manaaki** (respect), **wairua** (spirituality), **kaitiaki** (guardianship) and **whānau** (relationships).

Office of the Inspectorate values:

Respect	We are considerate of the dignity of others
Integrity	We are ethical and do the right thing
Professionalism	We are competent and focused
Objectivity	We are open-minded and do not take sides
Diversity	We are inclusive and value difference

Foreword

He hono tangata e kore e motu: kā pā he taura waka, e motu

Unlike a canoe rope, a human bond cannot be severed (loving human bonds cannot be broken)

Despite significant investigation and inspection work being undertaken by the Office of the Inspectorate | *Te Tari Tirohia* in recent years, with a specific focus on women in prison in New Zealand, I concluded there was an important area requiring more detailed examination than had previously been considered.

I commissioned this thematic inspection to review the operating environment in the Mothers with Babies units in all three women's prisons. It was also essential to examine the management of pregnant women in prison, those in prison with a child in the community, and opportunities for mothers with children in the community to maintain supportive parental relationships.

Not to examine the broader context would have been a missed opportunity to see beyond the present. I have adopted this approach to the work of my Office more generally; being visionary realises potential. I consider this approach a critical feature of any enabling, effective oversight body.

The fieldwork for this investigation was undertaken in two phases, at the beginning and towards the end of 2022. This was in part due to the challenges of operating during the COVID-19 pandemic but also a determination to better understand, and report on, progress that had been made to the environment and operating practices at each of the three women's prisons since the commencement of our inspection activities.

I want to particularly acknowledge the women in prison and staff who shared their experiences and insights; their personal and professional reflections have been invaluable.

I acknowledge the significant commitment by Corrections in responding to my publicly released thematic report: *The Lived Experience of Women in Prison* with the release of its refreshed *Wāhine - E rere ana ki te pae hou: Women's Strategy 2021-2025*.

I welcome the continued commitment of the Chief Executive to drive the action plan to deliver on the recommendations made, and the work plan arising from the strategy.

The Office of the Children's Commissioner has published reports of its inspections of Mothers with Babies units in New Zealand. I trust this report will also be of value to its continued important work.

I hope this report, with its overarching recommendations and areas for consideration, will be of value to Corrections to help focus and strengthen its efforts in managing women in prison who are pregnant, have a baby in prison or have children in the community. Corrections has come too far not to go further with its management of women in prison.

I will monitor Corrections' progress on my recommendations and report publicly on this in due course.



Janis Adair
Chief Inspector of Corrections

Executive Summary

1. This report is the outcome of a thematic inspection into how pregnant women and those with children under 24 months are managed in New Zealand's three women's prisons.
2. Women have been able to have babies aged up to six months with them in prison since at least the 1960s. The 1989 Ministerial Committee of Inquiry into the Prisons System (the Roper Report) recommended mother-child units on the grounds of women's prisons and visiting centres for children. In 2011, Corrections opened Mothers with Babies units in women's prisons, for mothers and their children under 24 months. There are also special feeding and bonding facilities in prison where children under 24 months can visit their mothers.
3. As well as Mothers with Babies units, the scope of this report includes the management of women in prison who have children under 24 months in the community. Little information has been collected about the children of prisoners.
4. All three women's prisons provide warm and comfortable environments for mothers to care for their children under 24 months, both for those children residing in prison in the Mothers with Babies units and those children who are visiting their mothers in the feeding and bonding rooms.
5. There is an urgent need for better information-gathering in the receiving offices when women arrive at site. Women arriving at site with children under 24 months should be informed about the Mothers with Babies units and feeding and bonding facilities. They should be supported to make applications to have their children reside in the units or visit in the feeding and bonding room. This should include, when requested by the mother, emergency applications.
6. Generally, pregnant women in prison received the same standard of maternity care as pregnant women in the community, and in some cases would have seen their midwife more often than they would have in the community. However, many of the pregnant women had drug and alcohol issues, and limited support was offered to address this. One of the three meals provided to pregnant women are sandwiches, and the fillings are neither nutritious nor palatable. Not all of the sites provide supper to pregnant women, and some are hungry during the night.
7. The children in the Mothers with Babies units generally had access to healthcare in the community. However, staff and mothers were unsure how to respond if a child became sick during the night or over the weekend.
8. For women returning to site after a miscarriage or termination, or who have given birth to a child who is residing in the community, there was limited evidence of welfare checks or other support being provided.
9. While the Mothers with Babies units and the feeding and bonding facilities are appropriately furnished and welcoming, they appear to be underused. A significant contributing factor is the limited information collected by Corrections when women arrive at prison. Our impression was that in practice the facilities were used primarily for women who gave birth while

in prison, rather than for women who arrive at prison with a child in the community.

10. More could be done to fulfil the potential of both the Mothers with Babies units and the feeding and bonding facilities, to ensure that children with mothers in prison are able to develop and maintain attachments with all family and whānau members. This would reflect the importance from a Māori worldview of attachments with all whānau members, including but not limited to the primary caregiver. This directly promotes three areas for change in the Hōkai Rangi strategy (Corrections' long-term organisational strategy to achieve better outcomes): supporting whānau to walk alongside Māori in the care of Corrections, incorporating a Te Ao Māori worldview, and promoting a sense of identity through connection to whakapapa.

NORTHERN REGION

- A. Northland Region Corrections Facility
- B. Auckland Prison
- C. Mt Eden Corrections Facility
- D. Auckland Region Women's Corrections Facility
- E. Auckland South Corrections Facility

CENTRAL REGION

- F. Spring Hill Corrections Facility
- G. Waikeria Prison
- H. Tongariro Prison



LOWER NORTH REGION

- I. Whanganui Prison
- J. Hawkes Bay Regional Prison
- K. Manawatu Prison
- L. Rimutaka Prison
- M. Arohata Prison

SOUTHERN REGION

- N. Christchurch Men's Prison
- O. Christchurch Women's Prison
- P. Rolleston Prison
- Q. Otago Corrections Facility
- R. Invercargill Prison

Recommendations and areas for consideration

Overarching recommendations

1. Corrections must develop a Practice Centre* setting out guidance for the management of women who reside in a Mothers with Babies unit, are pregnant or who have children in the community under 24 months, from when they arrive at prison through to when they are released.
2. Corrections must ensure better collection of information about women who arrive at site with children under 24 months in the community, having regard to the privacy interests of the children.
3. Corrections must better support women to maintain relationships with their children in the community, including both in-person visits and telephone and video calls.
4. Corrections must better support, including through welfare checks, women who return to prison from hospital having miscarried, terminated a pregnancy or who have given birth where the child remains in the community.
5. Corrections must develop criteria for selecting those staff most suitable for working in the Mothers with Babies unit, and appropriate training package for staff in the unit, and ensure that all staff who work in the unit have completed this and ongoing training.
6. Corrections must develop and implement an assurance framework to ensure its policies for pregnant women and women with children under 24 months are being consistently applied across all three women's sites.
7. Corrections must consider how comparable overseas jurisdictions manage visits for children, and consider the report of the Ministerial Committee of Inquiry into the Prison System, *Te Ara Hou: the New Way*, including the recommendation for visiting centres for children up to the age of five, and that assistance with transport and accommodation be provided across the entire prison network.

* A Corrections practice centre is a "one stop shop" which brings together policy, guidance and tools on its intranet related to a specific area of Corrections' operation.

Areas for consideration

Arrival at prison

1. Corrections should consider how to ensure that women's prisons routinely offer pregnancy tests at the time of reception into prison.

Management of pregnant women

2. Corrections should consider how to ensure that alcohol and drug addiction support is provided to pregnant women where indicated.
3. Corrections should consider how to ensure that custodial staff managing pregnant women are aware of the pregnancy entitlements.
4. Corrections should consider requiring the provision of pregnancy entitlements to be recorded in offender notes.
5. Corrections should consider how to ensure that pregnant women are informed about the pregnancy entitlements.
6. Corrections should consider how to ensure that pregnant women receive food that is nutritious, palatable and culturally appropriate.
7. Corrections should consider how to ensure that pregnant women receive supper, as prescribed in the Pregnancy Diet, across all three sites.
8. Corrections should consider how to ensure that the sites make maternity and breastfeeding clothing available.
9. Corrections should consider how to ensure that pregnant women have sufficient time out of their cell, including where there are staff shortages.
10. Corrections should consider how to ensure that escorting staff are aware when a woman is 30+ weeks pregnant, to ensure that handcuffs are not used.
11. Corrections should consider how to ensure that women who are less than 30 weeks pregnant are only handcuffed when the security risks justify this.
12. Corrections should consider including more detail in the escort documentation about the type of vehicle used to transport pregnant women.
13. Corrections should consider providing extra telephone calls in private to women who have recently learned they are pregnant, to enable them to speak with family and whānau.
14. Corrections should consider how to ensure that pregnant women are informed that they may apply for compassionate release after giving birth.

Women with children in the community

15. Corrections should consider alternative options for transporting expressed breastmilk, including how this is funded.

16. Corrections should consider how to encourage the use of the feeding and bonding rooms, including for women who arrive at prison with young children in the community.
17. Corrections should consider placing screens in the feeding and bonding rooms to provide privacy for women who are breastfeeding.

Giving birth in prison

18. Corrections should consider how to provide culturally appropriate practices for women to store and collect their baby's placenta.
19. Corrections should consider how to ensure that midwives record their visits and relevant information in the electronic health notes.

Applications for the Mothers with Babies unit

20. Corrections should consider how to ensure all women are able to apply to the Mothers with Babies unit, including those with a CPP alert.
21. Corrections should consider how to ensure women have all relevant information about the Mothers with Babies unit, and are supported during the application process.
22. Corrections should consider how to ensure the Mothers with Babies units are available to women who arrive to prison with a child under 24 months in the community.
23. Corrections should consider providing mothers with an opportunity to spend time in the Mothers with Babies unit before they are due to give birth.
24. Corrections should consider developing written terms of reference for the decision-making process, setting out who should be on the multidisciplinary advisory panels, what factors should be taken into account, and prescribing timeframes for the application and decision process.
25. Corrections should consider liaising with Oranga Tamariki as to how its social workers can best provide input into the decision-making process, including for emergency applications.
26. Corrections should consider how to ensure its written decisions declining an application to the Mothers with Babies unit include sufficient detail explaining the basis for the decision, which would enable consideration for the woman to appeal.
27. Corrections should consider how to develop robust processes for emergency applications to the Mothers with Babies units.

Mothers with Babies units

28. Corrections should consider the volume of the intercoms in the Mothers with Babies units, and the frequency with which they are used.
29. Corrections should consider the development of written guidance setting out clear processes for women to purchase baby supplies.
30. Corrections should consider whether to fund and supply items of baby necessities (such as nappies, wipes and baby food).

31. Corrections should consider how to support women to apply for the income assistance they are entitled to.
32. Corrections should consider providing increased access to cameras in the Mothers with Babies units.
33. Corrections should consider the development of written guidance setting out clear processes for the use of babysitters when women attend court or programmes, including who can be a babysitter.
34. Corrections should consider the need to provide mothers with respite care and opportunities such as community groups for children to socialise with other adults and children.
35. Corrections should consider how to provide consistency across different sites for how women in the Mothers with Babies units interact with women in the self-care units.
36. Corrections should consider developing written inductions for the Mothers with Babies units.
37. Corrections should consider how to provide clarity about the overlapping roles of social workers, case managers and Mothers with Babies unit support service providers.
38. Corrections should consider developing clear written processes for both the women and custodial staff, setting out how mothers access afterhours healthcare for their babies.
39. Corrections should consider providing access to a telephone in each of the Mothers with Babies units without the mothers needing to be unlocked and leave the unit.
40. Corrections should consider providing detailed guidance for transition planning in the event that the child reaches 24 months and the mother remains in prison.
41. Corrections should ensure that planning is completed before mothers and their children transition into the community together.

Data collection and information sharing

42. Corrections should consider how to ensure that the health notification form is completed appropriately.
43. Corrections should consider reviewing the Mothers with Babies database, including how it might be used for women who have not applied to the Mothers with Babies unit.
44. Corrections should consider in its development of the Practice Centre a range of guidance, operational practice and resources for staff as outlined in this report.

Introduction

1. This report is the outcome of a thematic inspection into how pregnant women and those with children under 24 months are managed in New Zealand's three women's prisons.
2. New Zealand legislation has, since at least the 1960s, provided for women prisoners to have their babies up to the age of six months with them in prison. In 1989 the then-Minister of Justice, Sir Geoffrey Palmer, commissioned a Ministerial Committee of Inquiry into the Prisons System. Its report, *Te Ara Hou – The New Way* (known as the Roper Report) recommended parent-child units be provided in the grounds of the women's prisons, and visiting centres for children. In 2011, Corrections built, or refurbished existing, buildings at all the three women's prisons to create specially-designated Mothers with Babies units. Since then mothers have been able to have their children with them up to the age of 24 months.¹ There are also special feeding and bonding facilities for children under 24 months to visit their mothers. Upon opening the new Mothers with Babies units, then-Corrections Minister, the Hon Judith Collins, said: "*Being able to form a strong bond with their baby will ... help their mother's rehabilitation*".² The ability for babies to be with their mothers in prison is also important for the child, to avoid the potential effects of being separated from their primary caregiver.³
3. As well as the Mothers with Babies units, the scope of this report includes the management of women in prison who have children under 24 months in the community. There has long been dissatisfaction with the limited information available about the children of prisoners. The Roper Report in 1989 noted: "*To date the lack of adequate information ... as to the fate of inmates' children conceals the extent of the problems which occur*".⁴ The lack of information about children in the community under 24 months, in particular, means that it is not clear whether the Mothers with Babies units and feeding and bonding spaces are being used to their full potential.
4. The Inspectorate conducted inspections at all three women's prisons in 2020, and publicly released the inspection reports.⁵ In 2021 the Inspectorate completed a thematic inspection *The Lived Experience of Women in Prisons*. These reports included commentary about Mothers with Babies units, and the management of pregnant women. The

¹ The legislation was passed in 2008, but did not come into effect until 2011.

² [New units to benefit prison mums, babies | Beehive.govt.nz](https://www.beehive.govt.nz/news/new-units-to-benefit-prison-mums-babies)

³ For example, "*For those who experience childhood traumas such as primary carer separation through incarceration, there can be a greater predisposition to psychiatric disorders in adulthood. These were listed in Dr Karleen Gribble's submission to the Inquiry as: depression, bipolar disorder, generalized anxiety disorder, panic disorder, phobias, posttraumatic stress disorder, schizophrenia, eating disorders, and personality disorders.*" From Inquiry into Children Affected by Parental Incarceration, Parliament of Victoria Legislative Council, Legal and Social Issues Committee, August 2022, page 25. Dr Gribble is Adjunct Associate Professor, School of Nursing and Midwifery, Western Sydney University.

⁴ Prison Review: *Te Ara Hou – The New Way*. New Zealand. Committee of Inquiry into the Prisons System. [Wellington, N.Z.]: Crown, 1989 in a chapter entitled "The Forgotten Children".

⁵ Available at: https://inspectorate.corrections.govt.nz/reports/prison_inspection_reports

inspection reports identified specific areas of concern with each prison, but found generally that the Mothers with Babies units and the visiting areas provided suitable, well-maintained environments. There was a lack of information about the units provided to women who arrived at prison pregnant or who had a baby in the community. Women at all three sites received good access to midwifery support.

5. The Children's Commissioner has also inspected the Mothers with Babies units as part of their role as the National Preventive Mechanism under the Optional Protocol to the Convention Against Torture and Other Cruel, Inhuman, Degrading Treatment or Punishment.⁶ We have drawn on these site-specific reports where relevant.
6. On 22 March 2021, the Corrections Minister issued a letter of expectations to the Department which read, in part: *"The corrections system and network was built to suit the needs of male prisoners. I believe we need to review the system and network to ensure we operate our women's prisons based on the needs of female prisoners."*
7. In 2017, Corrections released its Women's Strategy 2017-2021 | *Wāhine E Rere Ana Ki Te Pae Hou* (Women Rising Above a New Horizon). Changes introduced included women in prison having access to social workers, trauma counsellors, and a wider range of rehabilitative, education and training opportunities.
8. The strategy was refreshed in 2021, following the release of three Inspectorate reports about the management of women in prison. Corrections said then: *"This strategy seeks to support restoration and reclamation for women and their whānau through ora, or wellbeing. In following this path, we will work together towards breaking the cycle of offending, leading to better outcomes for women and their family while ensuring our communities are safe."* Achievements to date include kaupapa Māori parenting support services, new playgrounds in Mothers with Babies units, refurbished feeding and bonding spaces, improving the menu for pregnant women, and a Pregnancy Healthcare Pathway has been released. Further enhancements to the Mothers with Babies units are planned, along with more support for mothers in the community.
9. The Mothers with Babies units and the feeding and bonding facilities are well-resourced and provide cosy, supportive environments for mothers to bond with their babies. There are appropriate resources for mothers to express and store breastmilk. Pregnant women and mothers are for the most part provided with health care comparable to that which they would receive in the community.
10. However, some of the issues that have been raised in previous Inspectorate and Children's Commissioner reports persist. The information collected when women arrive at site remains inadequate. There remains limited training for staff in the Mothers with Babies units. And the full potential of the Mothers with Babies units and the feeding and bonding rooms remains unrealised, particularly for women who arrive at site with a child in the community under 24 months (as opposed to those women who give birth while in prison).

⁶ Available at: <https://www.manamokopuna.org.nz/>

11. Both the Inspectorate and the Children's Commissioner have raised concerns about the lack of use of Arohata Prison's Mothers with Babies unit.⁷ Until recently, prison staff incorrectly believed that children over nine months old could not reside in the unit, because of the steep slope the unit was built on. The unit remained empty between 2014 and 2021. During 2022 a mother and her baby were accepted into the Arohata unit, but at the time of this report the unit was unoccupied.
12. When the Roper Report in 1989 recommended visiting centres for children, it envisaged *"all-day visiting for children at weekends", "sponsors who would transport children to the prison and accommodate them overnight when they had travelled long distances", and "travel assistance"*. It said:

We consider that simply putting toys and equipment into existing visiting rooms and leaving parent and child to work on their often uneasy relationship alone would be an inadequate substitute for thoughtfully planned weekend visits.
13. The Roper Report's recommendation to provide transport and accommodation recognises that because there are only three women's prisons, women are often remanded some distance from their community and children. While we acknowledge that such an approach would require significant resourcing and inter-agency co-operation, we believe Corrections should consider how it could better realise the Roper Report's vision. Such an approach should take into account the importance from a Māori worldview of the attachments between a child and all whānau members: children in the Mothers with Babies units should be connected with their wider whānau and family. We consider such an approach would align with Corrections' *Hōkai Rangi: Ara Poutama Aotearoa Strategy 2019-2024*, to *"make kaupapa Māori-based approaches ... the foundation of our practice, processes, and pathways"*.

The purpose of this thematic inspection

14. The purpose of this thematic inspection was to assess the adequacy and effectiveness of Corrections' practices and processes when managing women in prison who meet one or more of the following criteria:
 - a. have a child or children 24 months or under
 - b. are pregnant
 - c. are housed in a Mothers with Babies unit.
15. We focussed on the following areas:
 - Receiving Office practices

⁷ Following the Inspectorate's 2018 Arohata Prison inspection we were advised that the site would "work to address health and safety concerns that preclude women with a child over the age of nine months from residing in the Mothers with Babies Unit". However, no progress had taken place by the time of the Inspectorate's 2020 inspection. In 2021, the Children's Commissioner reported that mothers at Arohata Prison who wished to remain with their babies had to move to the women's prisons in Christchurch or Auckland. The Children's Commissioner found that the Arohata unit had the potential to be used for mothers and their babies. It could not ascertain why barriers existed to prevent mothers from using the unit: "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".

- induction and unit routines
 - placement
 - application and approval processes for the Mothers with Babies unit
 - feeding and bonding
 - information recording and sharing
 - support services including health care
 - staffing and training
 - pre-natal care options
 - transition planning where the baby reached 24 months and the mother remains in prison
 - the Mothers with Babies unit environment.
16. The thematic inspection did not include women whose children were over 24 months old.
17. Like all our prison inspections, our review was guided by four key principles:
- a. **Safety:** Prisoners are held safely.
 - b. **Respect:** Prisoners are treated with respect for human dignity.
 - c. **Rehabilitation:** Prisoners are able, and expect, to engage in activity that is likely to benefit them.
 - d. **Reintegration:** Prisoners are prepared for release into the community and helped to reduce their likelihood of re-offending.

Inspection process

18. This report is based on information gathered from a range of custodial and health records, and through observations and interviews during site visits in 2022.
19. We conducted site visits between February and June 2022, with a number of visits to each of the three women's prisons.
20. At the end of 2022, the inspectors (including a clinical inspector) completed a further round of visits. This further round of visits was scheduled to ensure that this report reflected improvements that had been made by the sites, and to provide for a health focus into the investigation.
21. The inspectors interviewed the women in the Mothers with Babies units, those who were identified as pregnant at the time of any site visit, and those who had been identified as having been pregnant in prison during 2021 (the review period). We also interviewed Corrections staff, including custodial officers, site social workers, health staff, management staff and staff in the Women's team at Corrections' national office. We also interviewed providers, which are externally contracted to provide support services to the women in the Mothers with Babies units.
22. To identify women for our interviews, we relied on Corrections records, including the Integrated Offender Management System, the electronic patient record, the Mothers with Babies database (used by Corrections social workers) and the social workers' caseload spreadsheets.

23. We have referred, where relevant, to the Inspectorate Standards⁸ and the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders, known as the Bangkok Rules.⁹ We have used these as indicators of good practice regarding the treatment and conditions we expect a prison to achieve.

⁸

https://inspectorate.corrections.govt.nz/__data/assets/pdf_file/0004/49747/Inspection_Standards_V2.0.pdf

⁹

Available at: https://www.unodc.org/documents/justice-and-prison-reform/Bangkok_Rules_ENG_22032015.pdf

Arrival at prison

24. This chapter outlines the experience of women when they first arrive at prison, either pregnant or having been the primary caregiver of a baby in the community (i.e. a child aged under 24 months).

Identifying pregnancy

25. Early confirmation of pregnancy for women coming into custody is important for the timely initiation of health care, and to explore options for the management of their pregnancy (which may include a decision to terminate a pregnancy) and the care of their baby after birth. Corrections' Pregnancy Healthcare Pathway requires that *"Wāhine/woman aged 50 years or less are offered a pregnancy test on arrival into a custodial setting, or near after"*.
26. All prisoners are inducted to the prison through the Receiving Office, where they meet with a nurse from the Health Centre for a Reception Health Screen. One of the standard questions of this assessment is *"are you, or do you think you might be pregnant?"* We were advised that pregnancy tests are not offered in the Receiving Office because there is a lack of space and insufficient privacy. However, if a woman tells the nurse she is pregnant or might be, she will be prioritised with a triage score of one (immediate health need) or two (semi urgent health need) and will be scheduled to be reviewed by a nurse within 24 hours or one week with a more comprehensive Initial Health Assessment being completed.
27. From our review it appeared that women were only offered pregnancy tests if they thought they may be pregnant or advised they were pregnant. They were not being proactively offered a pregnancy test as required by Corrections' Pregnancy Healthcare Pathway. While we understand that the Receiving Office may not be an appropriate place to undertake a pregnancy test, it is important that women are informed of the option of having a pregnancy test soon after their reception into prison. We have therefore included as an area for consideration that Corrections ensures this happens.
28. We reviewed the health files for all pregnant women in prison in 2021, and found that pregnancies were identified within an acceptable timeframe, less than two weeks from being received into prison. For the year 2021, 29 women arrived at prison either pregnant or having delivered a baby within eight weeks prior to imprisonment. All pregnant women had blood tests and scans completed as appropriate to their stage of pregnancy and presentation.
29. The women we spoke with were largely positive about their access to pregnancy tests. A number of the women had been unaware they were pregnant until after they were remanded in custody.

Collecting information about children in the community

30. The women's prisons do not collect information about children in the community in a timely manner.¹⁰ Mothers with a child or children under 24 months in the community may be eligible to apply to reside in the Mothers with Babies unit.¹¹ Some of these children may have been breastfed prior to their mother being remanded in custody; identification of these children is therefore time-sensitive. These women may need to express milk or require health care to manage the sudden cessation of breast-feeding.
31. Given the lack of record-keeping, we were unable to identify and interview those women who arrived at prison with dependent children in the community. We interviewed women who were pregnant or in the Mothers with Babies unit, who sometimes seemed unaware that the unit was also available for children in the community. The focus of the unit appeared to be for mothers who gave birth while in prison, rather than women who arrived at prison with a baby in the community.
32. Some information about children in the community is collected in various places on the electronic files when women are received at site, including the induction page and the Immediate Needs Checklist assessment. This information collection is ad hoc and ineffective for identifying whether an application should be made to the Mothers with Babies unit. The information is not consistently collected in the same place, it is sometimes not collected at all, and sometimes critical details such as the age of the children is missing. We have therefore included improved collection of information as an overarching recommendation for Corrections, while acknowledging that the privacy interests of the children will need to be carefully considered.
33. There is no screening for women with children under 24 months specifically. For example, the Immediate Needs Checklist has one child-related question: "*Do you need to arrange child care for your children?*", and there is an induction page that includes a question about identifying dependent children. However, it is important that the sites identify women with children under 24 months because they may be eligible to reside in the Mothers with Babies unit.
34. Some staff told us that site social workers or case managers would collect information about children in the community. Social workers do not routinely visit every new arrival, and a first meeting between a case manager and a new arrival may not be scheduled for several weeks.¹² Where women have been separated from a young child, collecting the information is time-sensitive and should be completed within days, not

¹⁰ This is contrary to rule 3(1) of the Bangkok Rules: The number and personal details of the children of a woman being admitted to prison shall be recorded at the time of admission. The records shall include, without prejudicing the rights of the mother, at least the names of the children, their ages and, if not accompanying the mother, their location and custody or guardianship status.

¹¹ See section 81A of the Corrections Act 2004.

¹² A case manager is only required to meet with a new arrival within 20 working days
Corrections' Case management practice centre.

weeks. Given that social workers and case managers are unlikely to meet with women immediately after they arrive at site, this information should routinely be collected in the Receiving Office.

35. Staff at Arohata Prison told us that an initiative was being developed where women would meet with a case manager and chaplain, Pou Tūhono and other cultural support workers within 24 to 48 hours of arriving, which would include women being asked if they have any children. While this initiative is promising, there should be a clear requirement for all three sites to collect this information in a time-sensitive way as part of the Receiving Office process, and to inform women about the Mothers with Babies unit and feeding and bonding facilities.

Case study Ms A – identifying children in the community

Ms A, a first-time prisoner, had a baby under 12 months in the community. No information about the child was recorded during the Receiving Office process. Ms A was due to appear in court for a bail application eight days after her arrival in prison.

Two days after Ms A arrived at site an officer entered a file note that she was upset, because she was “*missing her children*”, and staff should be vigilant, observing her every 60 minutes. There is no record of any follow-up about Ms A’s children at this time.

Four days after Ms A arrived at site the Kia Rite Navigator met with her.¹³ The file note from this meeting was the first entry recording that Ms A had a child under 24 months in the community. There is no evidence of information being given about the Mothers with Babies unit or the feeding and bonding facility.

The following day the site Social Worker met with Ms A, and they discussed the Mothers with Babies unit. Ms A said she would like to apply to the unit if her bail application was unsuccessful. Ms A was not granted bail.

Four weeks after arriving at site, the Social Worker met with Ms A to complete the application to the Mothers with Babies unit. One week later Ms A asked for an update, and was told a panel would be convening the next day. After a further week she was advised by the Social Worker that her application had been approved. Her baby arrived at the prison five days later, a month and half after Ms A was first remanded in custody.

Summary

36. Generally, pregnancy is identified within an appropriate timeframe, and women are provided with a pregnancy test if they request it. The sites were not proactive in asking women if they wished to have a pregnancy test, as required by Corrections’ policy.
37. There were insufficient processes at the women’s prisons to identify mothers who had dependent children in the community under 24 months. This information is time-sensitive, especially if the woman has been breastfeeding.

¹³ Kia Rite is a culturally responsive information and skills training programme designed for women who are new to prison.

Area for consideration

1. Corrections should consider how to ensure that women's prisons routinely offer pregnancy tests at the time of reception into prison.

Management of pregnant women

38. This chapter is about the management of women who arrive at site pregnant. This includes healthcare, food, bedding, clothing, placement (i.e. which cell the woman is placed in), telephone and video calls, and the use of handcuffs.

Health care

39. Generally, pregnant women in prison received the same standard of maternity care as pregnant women in the community, and in some cases would have seen their midwife more often than they would have in the community.¹⁴ Once pregnancy has been confirmed, health staff refer women to the community midwifery team and, if required, obstetric specialists. We found that referrals to midwifery care occurred within an appropriate timeframe, and there was evidence of ongoing follow-up. The midwife coordinated maternity care and postnatal care up to six weeks after childbirth (if the baby remained on site). Many of the women required specialist obstetric care for high-risk pregnancies, and we found that these referrals were completed appropriately.
40. Women spoke positively of the assistance they received from health staff and felt that they were able to reach out to the nurses if they were experiencing difficulties or were anxious about their pregnancy. One woman, who arrived at prison four months pregnant, told us that *"health was onto it"*, and her midwife appointment in prison was the first time she had been seen by a midwife. She said that during her hospital visits, staff tried their best to make her comfortable.
41. Many of the women we interviewed had arrived in prison with addiction issues, but we found limited evidence of support being provided for alcohol and drug addiction. Many pregnant women were in prison on remand and, like other remand prisoners, had limited access to rehabilitation programmes, including addiction counselling. We have therefore included as an area of consideration that Corrections ensures that alcohol and drug addiction support is provided.

Pregnancy entitlements

42. Corrections' health policy prescribes various entitlements for pregnant women: an additional mattress, blanket, and pillows, maternity clothing, and a special pregnancy diet. The pregnancy entitlements were set out in the Pregnancy Healthcare Pathway rather than the Prison Operations

¹⁴ Corrections OIA response 4 August 2021 at 3, https://www.corrections.govt.nz/_data/assets/pdf_file/0003/45480/21_08_04_-_C135071_-_Babies_born_in_prison.pdf

Manual, which custodial staff rely on for guidance in managing prisoners. In December 2022 the pregnancy entitlements were added to Prison Operations Manual.

43. Custodial staff at all three sites were unfamiliar with the pregnancy entitlements. The location of the pregnancy entitlements information may have influenced the assumption held by some custodial staff that pregnancy entitlements were a matter for health staff, because at the time of our interviews the information was not in the Prison Operations Manual but was in the Pregnancy Healthcare Pathway
44. Custodial staff (including site management) told us that unit staff would provide the entitlements when directed to do so by health staff, but unit staff did not have a clear knowledge as to what pregnant women were entitled. Given that it is custodial staff, not health staff, who are responsible for providing women with bedding, clothing and food, custodial staff should be aware of the pregnancy entitlements. Once health staff have confirmed a woman is pregnant, there should not need to be any further input from health staff to ensure women receive their pregnancy entitlements. We have therefore included as an area for consideration that Corrections ensures that custodial staff managing pregnant women are aware of the pregnancy entitlements.
45. The entitlements are set out in a pregnancy notification form (which was introduced in July 2021, see Appendix B), which should be completed by health staff and provided to the principal corrections officer of the unit where the pregnant woman resides, after pregnancy has been confirmed. The form notes that *"discussions with the woman to ascertain her specific requirements is strongly encouraged"*. From the files we reviewed it appeared that the pregnancy notification form was not being completed by health staff.¹⁵ During one of our site visits at the end of 2022, the health staff we spoke with at one site were unaware of the form.
46. There was no assurance process to ensure that women were receiving the pregnancy entitlements. We were told that information about what each woman received should be documented in the Integrated Offender Manager System (IOMS) offender notes. We reviewed the offender notes for all women recorded as pregnant in the review period of 2021, but were unable to establish a consistent practice of recording pregnancy entitlements. We have therefore included as an area for consideration that Corrections requires the provision of pregnancy entitlements be recorded in offender notes.
47. Most of the women we spoke with had only a vague understanding of the pregnancy entitlements. Some women told us they learnt about the entitlements from other prisoners, and they had to request the entitlements before receiving them. Pregnant women should be informed about their entitlements shortly after their pregnancy is confirmed, for example, in the form of a pregnancy information booklet. It should be unnecessary for pregnant women to advocate for themselves to receive

¹⁵ The form was not created until July 2021, halfway through the review period for this thematic inspection. The process in place prior to the introduction of the form was not consistently completed. Of the 16 women who were pregnant in that year, two had a pregnancy notification form completed, four had Advice of Prisoner Health Status forms completed advising unit staff the woman was pregnant but not outlining entitlements. No notifications were completed for nine of the women.

their pregnancy entitlements. We have therefore included as an area for consideration that Corrections ensures that pregnant women are informed about pregnancy entitlements.

Meals

48. Eating healthy food during pregnancy is important for both the woman and the baby's health. Nutritional needs are higher during pregnancy.¹⁶ There is a Pregnancy Diet to ensure these nutritional needs are met. However, we found that in practice the sandwiches provided to pregnant women as one of the three daily meals were often unpalatable with insufficient protein. We have therefore included as areas for consideration that Corrections ensures that pregnant women receive food that is nutritious, palatable and culturally appropriate, and that supper is provided as required by the Pregnancy Diet.

The Pregnancy Diet

49. Corrections has developed a national diet with specific provision for pregnant women, which was last updated in May 2022. The Pregnancy Diet requires that certain foods, such as processed meats, be excluded from the meals provided to pregnant women and that alternative food is substituted to ensure that women receive sufficient protein. We reviewed the updated diet and it appropriately provided for pregnant women.

The sandwiches

50. Despite the Pregnancy Diet, the most common complaint from the pregnant women we interviewed was about the "*cabbage sandwiches*" they received. Staff echoed the women's concerns.
51. The sandwiches were usually provided as the lunch meal, or alternatively as dinner if the hot meal were provided at lunchtime. In practice, the sites appeared to be focussed on removing unsuitable foods for pregnant women, such as processed meat, without substituting appropriate alternatives. This led to sandwiches that contained insufficient protein and were unpalatable.
52. It appeared possible that the processed meat and mayonnaise were being removed from ham and coleslaw sandwiches, as many of the pregnant women complained about receiving sandwiches with a filling of raw cabbage and carrot. This is contrary to the national Pregnancy Diet, which prescribes safe sandwich fillings, none of which contain cabbage.¹⁷
53. Given the small number of pregnant women at each site, it would not be onerous for pregnant women to be given an individualised diet that meets their specific nutritional and cultural needs.

¹⁶ See nutritionfoundation.org.nz/healthy-eating/pregnancy-and-breastfeeding/

¹⁷ The "safe sandwich fillings" include cheese, onion and salad, cream cheese & apricot jam, tomato, mayonnaise and salad. These include mayonnaise, and under the heading "Food Safety for Pregnant Women" it specifies: "*Pasteurised mayonnaise is safe, this includes all NZ commercial mayonnaises*".

The timing of the evening meal

54. Dinner at one site was provided as early as 4.00pm, creating a long gap between the evening meal and breakfast the following day at 8.00am. The main option for women to eat during the evening (if they had money) was to purchase extra food from the prison canteen, for example potato chips or two-minute noodles. Filling up on canteen food is not a healthy option for women who are pregnant, as many of the items are high calorie and low nutrition.
55. One site developed a site-specific practice, where pregnant women were provided with extra food including a fruit salad and extra sandwiches, and a 'night bag' with extra food, after dinner was served at 4.30pm. This appears to be a sensible approach, and consistent with the national Pregnancy Diet (which specifies that *"Supper includes an addition of a single serving of fresh fruit, a pottle of yoghurt, and a sandwich that meets safety requirements, alongside the current muffin"*). We have included as an area for consideration that all sites provide a 'night bag'/supper so women do not have to rely on canteen food during the period between dinner and breakfast.
56. Two women told us that when they were hungry, other women tried to help by giving them extra food: *"it is the women who band together and make sure everyone has enough."*

Bedding

57. Corrections' Pregnancy Healthcare Pathway prescribes that pregnant women are entitled to an extra mattress and blanket, and two extra pillows (or one pillow and one tri-pillow). This policy reflects the discomfort pregnant women are likely to experience with only a regular prison mattress and pillow.
58. We observed that across the three sites, pregnant women were not consistently provided with extra bedding. The majority of the women we spoke with had received the extra mattress, but only some also had an extra pillow. There was no clear process to ensure that women received the extra bedding to which they were entitled. In practice, the provision of extra bedding was sometimes dependent on the women requesting it. One woman told us she would need to get approval from health staff before custodial staff provided the bedding. The pregnancy entitlements should be provided by unit custodial staff once health staff have confirmed pregnancy, without requiring a further direction from health staff.

Clothing

59. Although Corrections prescribes that pregnant women are entitled to maternity clothing *"of the correct size"*, we found that only one site had maternity clothing available, which had been sourced by the Mothers with Babies unit support service provider. The women at other sites were required to wear standard unit clothing, which they told us was uncomfortable. One woman said that she got cold in the unit issued clothing.
60. Women also complained about the lack of comfortable underwear and bras when they were pregnant.

61. Corrections has confirmed that maternity and breastfeeding clothing are available to the sites, but some staff appear to lack awareness of this. We have therefore included as an area for consideration that Corrections ensures that the sites make maternity and breastfeeding clothing available.

Placement of pregnant women

62. We observed that pregnant women were generally accommodated appropriately at the sites, with the exception of the remand unit at Auckland Region Women's Corrections Facility.

The remand unit at Auckland Region Women's Corrections Facility

63. Some of the pregnant women were in prison because they had been remanded in custody prior to conviction; these women were therefore separated from convicted prisoners and placed in the remand unit.¹⁸ Remand prisoners do not receive a security classification, and are usually managed as high security prisoners. The regime in remand units is typically restrictive, with more limited unlock hours than in units that accommodate sentenced prisoners who have a lower security classification.
64. During our site visits at the end of 2022, the remand unit at Auckland Region Women's Corrections Facility was operating a very restrictive regime due to staff shortages, and remand prisoners, including pregnant women, were being unlocked from their cells for only an hour a day. Women were sympathetic towards the staff, who they acknowledged were overworked, but complained about the strict one hour unlock regimes and the cells being cramped.
65. The limited unlock hours raised a number of challenges for pregnant women. There were practical difficulties for women who had insufficient time out of their cells to telephone family and whānau or other support persons. There were also potential adverse health consequences.¹⁹ Pregnant women who are unable to exercise or walk around, and who spend much of their time lying down or sitting, are at risk of gestational obesity, diabetes and potentially requiring a caesarean section.²⁰ We have therefore included as an area for consideration that Corrections ensures that pregnant women have sufficient time out of their cell, including where there are staff shortages.

¹⁸ Accused prisoners must be separated from convicted prisoners: clause 186, Corrections Regulations 2005.

¹⁹ See the information provided by the Health Navigator Charitable Trust: healthify.nz. Physical exercise while pregnant "increases the likelihood of giving birth to a healthy baby and can speed up your recovery after birth". It can reduce the risks of (among other things) gaining too much weight, a long labour, the need for pain relief, pre-eclampsia or high blood pressure, pregnancy-induced high pressure, or gestational diabetes.

²⁰ Accessed from: <https://ifwip.org/sedentary-lifestyle-pregnancy/>

Accommodation

66. The pregnancy notification form notes that pregnant women should not be double-bunked (that is, share a cell)²¹ unless they want to be.²² We did not identify issues with women being double-bunked contrary to their wishes, but one woman who was double-bunked on a top landing told us she felt unsafe due to the type of steps and the high security unit. She said that she did not mind sharing a cell, but said the cell was cramped and due to the limited unlock time she needed to move around to help with comfort.

Use of handcuffs

67. In May 2021, Corrections introduced a policy that handcuffs must not be used for women who are 30+ weeks pregnant.²³ For women who are less than 30 weeks pregnant, the authorising manager has a discretion whether or not to use handcuffs when the women are escorted off-site.
68. Due to privacy concerns, the authorising manager is likely to have limited health information about pregnant women, including how advanced the pregnancy is, when deciding whether or not to use handcuffs. There is a risk that handcuffs are inadvertently used during the late stages of pregnancy because of a lack of information. When we reviewed Corrections files for pregnant women, many files noted that handcuffs should not be used if the woman was 30+ weeks pregnant, but did not note how advanced the woman was in her pregnancy.²⁴
69. We were unable to find evidence that authorising managers were exercising the discretion not to use handcuffs when escorting women who were less than 30 weeks pregnant. It does not follow from the prohibition on using handcuffs at 30+ weeks, that women who are less than 30 weeks pregnant must always be escorted off-site in handcuffs. We are concerned that, for these women, authorising managers are not always turning their minds to whether handcuffs may be unnecessary, if the security risks do not justify the use of handcuffs.
70. Corrections has a range of vehicles available for escorting prisoners, and some are more appropriate than others for pregnant women. With some exceptions, the escort paperwork was insufficiently detailed for us to identify what vehicles were used. We have therefore included as an area for consideration that Corrections includes more detail in the escort paperwork about the vehicle used, to enable appropriate scrutiny of this part of the escort process.
71. We have also included as areas for consideration that Corrections ensures that escorting staff are aware when a woman is 30+ weeks pregnant to

²¹ Before any prisoner is placed in a cell with another prisoner, the site will conduct a Shared Accommodation Cell Risk Assessment, or SACRA (see POM I.08). This is intended to "reduce the level of risk prisoners pose to each other when placed in shared accommodation cells".

²² As explained above under the heading "Pregnancy entitlements", this form should be set out by health staff, but in practice this does not occur.

²³ https://www.corrections.govt.nz/news/2021/use_of_mechanical_restraints_with_pregnant_women

²⁴ Although there were exceptions. One file, for example, stated: "Prisoner is 31 weeks pregnant, and therefore SHOULD NOT BE HANDCUFFED."

ensure that handcuffs are not used, and that women who are less than 30 weeks pregnant are only handcuffed when the security risks justify this.

Contact with family and whānau

72. Pregnant women in prison are separated from their partners, family and whānau,²⁵ and the women we spoke with deeply felt the lack of family and whānau support. Some of the women had learned of their pregnancy once in prison, and were unable to speak to their family and whānau, including to tell their partner that they were pregnant. There is an increased risk of mental illness during pregnancy, and ensuring access to social supports helps to reduce this risk.²⁶
73. Telephones are available to women in the yards and wings, where women are unlocked together with other prisoners. There is no privacy and limited telephones. Some women told us they were unable to access the telephones because of limited unlock times and the number of women wanting to use the small number of telephones.
74. One woman said when she found out she was pregnant she did not have money for a phone card. She suggested that it should be normal practice to provide women in her situation with compassionate telephone calls, because it was a “scary time” and being able to talk through the situation would help. Another woman said when she found out she was pregnant she had to borrow a phone card to call her mother. We spoke with a woman who had yet to be able to speak to her partner or her mother several weeks after learning (while in prison) that she was pregnant.²⁷ She wanted to have an opportunity to discuss with her partner whether to continue with the pregnancy. We have therefore included as an area for consideration that Corrections provides extra telephone calls in private to women who have recently learned they are pregnant.
75. Remote video calls are an important alternative to face-to-face visits, allowing for meaningful interactions with family, and for children to stay in their home environment. We heard from some women who had regular access to video calls, but they told us how difficult it was getting a booking for these calls. Some women said they were not told about the option of video calls and had heard about it from other prisoners. One social worker said bluntly that “video calls don’t happen”. Another social worker told us that the lack of video calls “breaks bonds when a woman comes to prison”.
76. We have included an overarching recommendation that Corrections must better support women to maintain relationships with their children in the community, including both in-person visits and telephone and video calls.

²⁵ A 2022 Australian study of the experiences of 75 pregnant women and mothers in custody found that: “for most mothers, imprisonment adds vulnerability and isolation during pregnancy and childbirth”: Diksha Sapkota et al *Navigating pregnancy and early motherhood in prison: a thematic analysis of mothers’ experiences* Health Justice. 2022 Dec; 10: 32 at <https://doi.org/10.1186/s40352-022-00196-4>.

²⁶ Bedaso A, Adams J, Peng W, Sibbritt D. The relationship between social support and mental health problems during pregnancy: a systematic review and meta-analysis. *Reprod Health*. 2021 Jul 28;18(1):162.

²⁷ Phone cards are no longer used on sites, so these issues are unlikely to be ongoing, although there can still be limited access to telephones in units with limited unlock hours, for example because of staff shortages.

Facilitating contact with whānau and family promotes Corrections' Hōkai Rangi strategy. Corrections has identified whānau as a key strategic area for change: *"Where they are willing, whānau will be supported to walk alongside Māori in our care and management on their rehabilitation and reintegration journey. These whānau will be supported in this by our staff. Ara Poutama Aotearoa will proactively communicate with whānau Māori, involve them, and keep them close and connected to those in our care and management. We will streamline communication processes so whānau can contact those in our care"*.

Staff support for pregnant women

77. Women spoke warmly about the support they received from staff, especially the site social workers, Mothers with Babies unit support service providers, and midwives. One woman said she noticed that she was treated differently as a pregnant woman compared to her previous time in custody, and that staff had a more positive attitude towards her: *"I don't feel like a number and am treated nicely"*. This is a good example of Corrections' Hōkai Rangi strategy in practice, with its emphasis on a *"humanising and healing"* approach.
78. We heard from staff that some pregnant women were reluctant to receive assistance with their pregnancies, because they were worried that the baby would be taken off them, and were reluctant to make an application to have their child with them in prison because they knew that Oranga Tamariki would become involved. One woman described having Oranga Tamariki involved as *"like having a target on your back"*. One social worker noted that although necessary, the involvement of Oranga Tamariki is frightening for a lot of the women.

Case study Ms B – support for a pregnant woman

Ms B learned she was pregnant three weeks after arriving at prison. Her other children had been removed from her care. She told us that when she found out she was pregnant, she felt shocked, confused and she did not know what to do. She described feeling emotionally disconnected from the baby as a defence mechanism because she thought it was unlikely she would be able to have the baby in her care.

She decided at four months pregnant that she wanted to deliver and care for her baby. Ms B said the prison should provide information and support to women as early as possible, so they can make informed decisions and *"not let fear guide them"*.

Ms B's application to the Mothers with Babies unit was approved, and eight days later she moved into the unit. She gave birth a month later and was released with her baby five months later into accommodation in the community.

Advising pregnant women about the ability to apply for compassionate release

79. None of the women's prisons appear to have processes in place to ensure pregnant women are aware of their ability to apply for compassionate

release after giving birth. We have therefore included as an area for consideration that Corrections ensures that pregnant women are informed of this.

80. Section 41 of the Parole Act 2002 provides that the Parole Board may, on referral by the chairperson, direct that an offender be granted compassionate release where she has given birth to a child. The Prison Operations Manual (POM) provides that the principal corrections officer is responsible for ensuring that pregnant women are aware of their right to apply for compassionate release and are provided with a copy of the application form within 72 hours of being made aware of the pregnancy.²⁸ A case note confirming this conversation is to be made in IOMS.
81. We saw no evidence in IOMS that the release options under s 41 were discussed with pregnant women, or that women were released under this section. We made enquiries with the Parole Board, and no application for compassionate release on this ground has been made since at least 2020.²⁹
82. We asked each of the three women's prisons what processes they had to advise pregnant women of their ability to apply for compassionate release:
 - a. Arohata Prison advised that all pregnant women were discussed at a fortnightly multidisciplinary team meeting. We were told that eligibility for compassionate release would be discussed at that meeting and the appropriate person would then discuss it with the woman. Of note, Arohata Prison has largely accommodated remand prisoners since October 2022. With fewer sentenced prisoners, these discussions would be less likely to arise.
 - b. Auckland Region Women's Corrections Facility advised that information about the availability of release on compassionate grounds would be addressed through the Mothers with Babies unit application process. It is unclear how pregnant women who do not apply for the Mothers with Babies unit become aware of their ability to apply for compassionate release.
 - c. Christchurch Women's Prison advised that it had no process for considering eligibility for compassionate release, but that it now intends to have a process that mirrors the requirements in POM and it is now included as an agenda item at its weekly Mothers with Babies unit meeting.

Summary

83. Pregnant women for the most part receive the health care that they would receive in the community. We saw limited evidence of access to alcohol and drug addiction support, although most of the pregnant women whose health files we reviewed had alcohol or drug issues.
84. Handcuffs are not permitted for women who are 30+ weeks pregnant, but some of the IOMS records we reviewed did not make it clear how many weeks pregnant the women were. We are not confident that authorising managers were turning their minds to whether handcuffs were always necessary for women who were less than 30 weeks pregnant.

²⁸ POM M.03.02.01 Supporting pregnant women.

²⁹ We have no information that any applications were made before 2020.

85. We spoke with a number of pregnant women in the remand unit at Auckland Region Women's Corrections Facility who were on very restrictive unlock regimes, including being unlocked for only one hour a day, which is not appropriate for pregnant women.
86. Across all three sites, custodial staff and prisoners had limited awareness of pregnancy entitlements. Women were not always provided with the bedding, appropriate food or clothing to which they were entitled. The sandwiches provided to pregnant women were often unpalatable and contained insufficient nutrition. More could be done to provide telephone and video calls to pregnant women, especially those who have recently learned they are pregnant. All three sites did not have processes to ensure women are informed about their ability to apply for compassionate release.

Areas for consideration

2. Corrections should consider how to ensure that alcohol and drug addiction support is provided to pregnant women where indicated.
3. Corrections should consider how to ensure that custodial staff managing pregnant women are aware of the pregnancy entitlements.
4. Corrections should consider requiring the provision of pregnancy entitlements to be recorded in offender notes.
5. Corrections should consider how to ensure that pregnant women are informed about the pregnancy entitlements.
6. Corrections should consider how to ensure that pregnant women receive food that is nutritious, palatable and culturally appropriate.
7. Corrections should consider how to ensure that pregnant women receive supper, as prescribed in the Pregnancy Diet, across all three sites.
8. Corrections should consider how to ensure that the sites make maternity and breastfeeding clothing available.
9. Corrections should consider how to ensure that pregnant women have sufficient time out of their cell, including where there are staff shortages.
10. Corrections should consider how to ensure that escorting staff are aware when a woman is 30+ weeks pregnant, to ensure that handcuffs are not used.
11. Corrections should consider how to ensure that women who are less than 30 weeks pregnant are only handcuffed when the security risks justify this.
12. Corrections should consider including more detail in the escort documentation about the type of vehicle used to transport pregnant women.

13. Corrections should consider providing extra telephone calls in private to women who have recently learned they are pregnant, to enable them to speak with family and whānau.
14. Corrections should consider how to ensure that pregnant women are informed that they may apply for compassionate release after giving birth.

Women with children in the community

87. This chapter is about the management of women who arrive at prison with a child under 24 months in the community, for whom they were previously the primary caregiver. This includes the feeding and bonding spaces for visiting children, and resources for expressing and transporting breastmilk.

Breastfeeding support

88. During our first site visits, we were concerned about the limited support available to women who were breastfeeding. When we returned to the women's prisons at the end of 2022, the sites appeared much better equipped to support women who arrived at prison having previously been breastfeeding. All three sites had breast pumps, and designated freezers for the storage of breastmilk. Staff were able to explain the site's processes for breastfeeding.
89. We identified three women who had arrived at prison in 2021 between five and seven weeks after giving birth. Breastfeeding was challenging for all three women. One was advised that there was no breast pump available; another was advised there was nowhere to store breastmilk. One woman, who had given birth while in prison and whose child was living in the community, was able to express breastmilk and store it in a freezer. When she was advised that she would need to arrange transportation at her own expense, she decided to cease expressing.
90. Given the improvements we observed between our two sets of site visits in 2022, these barriers to breastfeeding should now be resolved, although transporting breastmilk appears to be an ongoing issue. We consider that more should be done to facilitate the transportation of expressed breastmilk, and have included this as an area for consideration.

Feeding and bonding facilities

91. The feeding and bonding rooms provide spaces for caregivers to bring children onto site to visit their mothers.³⁰ If a child is in the Mothers with Babies unit, the room can also be used for other family and whānau to visit and bond with the child. The feeding and bonding rooms are intended to

³⁰ At the second reading of the Corrections Amendment Bill in Parliament, Dame Tariana Turia said: "*Whānau, to be quite frank, is more than merely a mum. A child who is born to a whānau belongs to us all... bonding can take place within the wider whakapapa and that it must not be undermined by a reliance on one birth parent...*"
Corrections (Mothers with Babies) Amendment Bill — Second Reading;
https://www.parliament.nz/en/pb/hansard-debates/rhr/document/48HansD_20080521_00000925/corrections-mothers-with-babies-amendment-bill-second

*"replicate a domestic lounge setting".*³¹ There is an application process, for which the site social worker provides assistance, although the application process is inconsistent across the three sites. Women who are approved to use the feeding and bonding facility must sign an agreement for their use (see Appendix F)

92. The feeding and bonding facilities at all three sites appear to be underused. This may reflect that, with only three women's prisons, it is likely that women may be imprisoned away from their community. The sites also appeared to be less focussed on those mothers who arrived at site with young children in the community, than on those who gave birth while in prison. The feeding and bonding facilities would be discussed as a back-up option if a pregnant woman's application to the Mothers with Babies unit was declined. The facilities should also be available to women who arrive at site with a baby in the community.
93. A review of the Mothers with Babies database showed only one feeding and bonding unit application for 2021, and four in 2020.³² The principal case manager at one of the sites told us there was a lack of understanding of the feeding and bonding facilities and they were treated as *"too much work"*, and that *"security and risk were often used as what felt like an excuse"* to decline the application. We have therefore included as an area for consideration that Corrections encourages the use of feeding and bonding rooms, including for women who arrive in prison with a young child in the community.
94. For children in the Mothers with Babies unit, feeding and bonding spaces should be used to develop attachments with other family and whānau members. This would reflect the importance from a Māori worldview of attachments with all whānau members, beyond the primary caregiver. Facilitating access to telephone and video calls would also assist, although these are not substitutes for in-person visits. Assisting children to develop and maintain attachments with all members of their whānau, including mothers, directly promotes three of the Hōkai Rangi strategic areas for change: supporting whānau to walk alongside Māori in the care of Corrections, incorporating a Te Ao Māori worldview, and promoting a sense of identity through connection to whakapapa.
95. The agreement women must sign for the use of feeding and bonding facilities includes a condition that the room will be subject to CCTV recording. At one site there is a frosted screen to provide privacy when breastfeeding. We have included as an area for consideration that Corrections installs screens in all feeding and bonding rooms, to ensure privacy while breastfeeding.
96. In 1989 the then-Minister of Justice, Sir Geoffrey Palmer, commissioned a Ministerial Committee of Inquiry into the Prisons System. Its report, *Te Ara Hou – The New Way* (known as the Roper Report) recommended parent-child units be provided in the grounds of the women's prisons, and visiting centres for children. When the Roper Report in 1989 recommended

³¹ POM M.03.03.01.

³² Although this may not include women who applied unsuccessfully to the Mothers with Babies unit, and were approved to use the feeding and bonding unit as part of that process. The acting prison director at one site said they rely on social workers to advise women about feeding and bonding facilities, but the social worker at that site told us that they were unsure that women were aware they were able to apply.

visiting centres for children, it envisaged *"all-day visiting for children at weekends"*, *"sponsors who would transport children to the prison and accommodate them overnight when they had travelled long distances"*, and *"travel assistance"*. It said:

We consider that simply putting toys and equipment into existing visiting rooms and leaving parent and child to work on their often uneasy relationship alone would be an inadequate substitute for thoughtfully planned weekend visits.

97. The Roper Report's recommendation to provide transport and accommodation recognised that because there were only three women's prisons, women were often remanded some distance from their community and children. We understand that in comparable jurisdictions greater emphasis is placed on maintaining family connections, including holding family days in prisons.
98. We have therefore included an overarching recommendation that Corrections must consider how comparable overseas jurisdictions manage visits for children up to the age of five, and whether assistance with transport and accommodation be provided across the entire prison network.

The feeding and bonding unit at Auckland Region Women's Corrections Facility

99. During our first site visits, the feeding and bonding unit at Auckland Region Women's Corrections Facility was shabby and had limited resources; it was being used by staff to rest during long shifts. While it may be appropriate that staff are provided with space for this purpose, the feeding and bonding unit should be kept separate for its distinctive purpose – for families to bond with their children.
100. When we returned to Auckland Region Women's Corrections Facility in late 2022, there had been significant improvements to the feeding and bonding room. It was welcoming and cosy.³³ There were appropriate toys and books for young children, comfortable furniture and soft furnishings. One woman we spoke with described the improved space as *"awesome"*.

Other facilities for contact with family and whānau

101. With only three women's prisons in New Zealand (in Christchurch, Auckland and Wellington), many families and whānau live too far to be able to have regular visits with mothers in custody.³⁴ The alternatives to in-person visits are telephone and video calls, and writing letters.
102. As described in the earlier chapter about managing pregnant women, there may be restrictions on access to telephone and video calls. Telephone calls are usually in the wings or yards and lack privacy. Limited unlock time may make it difficult to access the telephones. We also heard that there was sometimes limited access to video calls.

³³ Rule 28 of the Bangkok Rules requires that the rooms be *"conducive to a positive visiting experience"*.

³⁴ Rule 26 of the Bangkok Rules says measures should be taken to *"counterbalance disadvantages faced by women detained in institutions located far from their homes."*

Summary

103. Prior to 2022, the sites did not have adequate support for women who were breastfeeding, or measures for women in custody to provide breastmilk to their babies in the community. There have been significant improvements to breastfeeding resources at sites, although there is potential to improve the transportation of breastmilk off-site.
104. The physical environments of the feeding and bonding rooms are welcoming and cosy, although some lack privacy screens for breastfeeding. During our visits it did not appear that they were often used. Given there are only three women's sites, the women are often not placed near their community and child, which may limit the potential of the feeding and bonding rooms. However, it appeared that there was potential to promote more use of these rooms.

Areas for consideration

15. Corrections should consider alternative options for transporting expressed breastmilk, including how this is funded.
16. Corrections should consider how to encourage the use of the feeding and bonding rooms, including for women who arrive at prison with young children in the community.
17. Corrections should consider placing screens in the feeding and bonding rooms to provide privacy for women who are breastfeeding.

Giving birth in prison

105. Fifteen women in prison gave birth during the review period. This chapter describes how those women were managed when they gave birth, including the birth plan setting out important information for when labour commenced, healthcare provided, how the women were escorted to the hospital, and post-partum care.

Birth plan

106. Pregnant women in prison are expected to develop a birth support plan with the site social worker or their case manager, a policy introduced by Corrections in May 2021. The birth plan template sets out important information such as who can be present at the birth, and any relevant cultural or religious practices.³⁵ Corrections requires that the woman's partner or support person(s)/whānau is advised when the woman is in labour, as set out in the birth support plan.³⁶
107. Given the issues with information-sharing addressed elsewhere in this report,³⁷ the birth plan is an important mechanism for locating information needed when a woman goes into labour, especially if this occurs when those staff most familiar with the woman are not on site. While there is no national guidance about how birth plans are to be shared with relevant staff, from our inquiries it appeared that the birth plans were generally available to the appropriate staff, including overnight and at the weekends.

Healthcare

108. From our review of the health information held by Corrections, of those women who gave birth while in custody in 2021 it appeared that appropriate health care was provided, including regular follow-ups by midwifery services and early transfer to hospital once labour had commenced or concerns were raised about the movement of the unborn baby.
109. Women in prison often experienced complications during pregnancy. Eleven of the 15 women who gave birth in 2021 required a specialist referral, which was appropriately made. One woman delivered her baby – prematurely – inside her cell, and notified staff once this occurred. The mother and baby were transferred to hospital by ambulance.
110. Eleven of the 15 women were appropriately offered contraception post-partum.
111. Corrections has a policy that after giving birth, women should be offered options for placenta management in line with their cultural or religious

³⁵

https://www.corrections.govt.nz/news/2021/use_of_mechanical_restraints_with_pregnant_women

³⁶ POM M.03.02.05 Temporary removals for women 30+ weeks pregnant, in labour, giving birth or post partum.

³⁷ See especially the final chapter on "Data collection and information sharing".

beliefs.³⁸ The placenta can be taken home by family or whānau, or arrangements may be made to store it on-site. In te reo Māori, the word for placenta, whenua, is also the word for land. In traditional Māori practice *"the whenua was taken after the birth and buried on ancestral whenua, which linked the baby with their tribal land"*.

Escorting women when in labour

112. We found that women in labour were generally escorted to hospital appropriately, without handcuffs and by female custodial officers, consistently with Corrections policy.
113. Corrections policy requires that all women in labour are to be escorted by female custodial staff except under exceptional circumstances, and handcuffs are not to be used for women who are in labour, or who remain in hospital with their child after giving birth.³⁹ This must be identified on the escort instruction. Should a risk of escape or another risk be identified, the risks must be managed by the approving officer using steps other than handcuffs, and these should be recorded on the escort instruction.
114. Escorting staff are not to remain in the hospital room unless:
 - the woman has specified this in her birth support plan or requested it,
 - health professionals have requested it, or
 - the risk of escape or other identified risk is unacceptably high and cannot be managed in a less restrictive way, in which case the prison director will have authorised staff to remain in the room which will be clearly stated on the instructions for escort.

Post-partum care

115. Women who returned to site with their child reported good follow-up care from midwives, although the midwife visits were not always recorded in the offender notes or electronic health notes.⁴⁰ Corrections' Pregnancy Healthcare Pathway provides that the lead maternity carer (a midwife) continues follow-up care with the woman as often as required, up to six weeks postnatally. At the end of the six-week period the midwife is to provide Corrections Health Services with a summary of the services provided, including any concerns. We have included as an area for consideration that Corrections ensures that midwives record their visits and relevant information in the electronic health notes.
116. For women who returned to site leaving their baby in the community there was limited evidence of ongoing follow-up for both physical and mental health, whether from a midwife, or health or custodial staff through a welfare check.
117. At some sites, there appeared to be a disconnect between the Health Centre and midwifery teams. One woman returned to prison with her newborn baby but without any healthcare follow-up. She did not attend

³⁸ Pregnancy Healthcare Pathway.

³⁹ POM M.03.02.05 Temporary removals for women 30+ weeks pregnant, in labour, giving birth or post partum.

⁴⁰ Midwives have access to electronic health notes.

the Health Centre to receive her (non-pregnancy) medication for nine days, because she did not want to take her baby out of the Mothers with Babies unit. There was no mention in her health record of any midwifery or nursing follow-up. We would have expected some record of a follow-up, especially after she did not attend for medication.

118. Of the 15 women who gave birth in 2021, two were diagnosed with post-partum depression following the delivery of their baby. Only one had the appropriate code entered on her electronic health record. One woman, whose baby was in the community with whānau, was expressing breastmilk and then discarding it. It is unclear why she did this; there was no evidence of midwifery follow-up post-partum and the woman may not have understood that the consequence of continuing to express was that she would continue to produce breastmilk. We would have expected someone to provide her with information and support to cease expressing.

Summary

119. Women are generally taken to hospital in good time to give birth.
120. Women who returned to site with their child reported good follow-up care from the midwives, but we were unsure of the frequency of these visits, which were not recorded in the offender notes or electronic health notes. The midwives have access to the electronic health notes and we would expect them to record their visits.
121. There was limited evidence of welfare checks for women who returned to site without their babies, from either a physical or mental health perspective.

Areas for consideration

18. Corrections should consider how to provide culturally appropriate practices for women to store and collect their baby's placenta.
19. Corrections should consider how to ensure that midwives record their visits and relevant information in the electronic health notes.

Applications for Mothers with Babies units

122. This chapter is about the application process for women who wish to have their child with them in the Mothers with Babies unit, including making an application, the decision-making process and emergency applications.

Who can make an application?

123. Section 81A(1) of the Corrections Act 2004 sets out statutory criteria for those women who “may” request approval to keep their child with them in the Mothers with Babies unit (see Appendix A). The statutory criteria includes that women do not have any convictions for sexual or violent offending against children. The statute does not, however, preclude women who do not meet the statutory criteria from submitting an application.
124. There is no requirement to be of a particular security classification or sentence status. Women in the Mothers with Babies unit are required to sign a parenting agreement.

Excluding some women from applying

125. Some staff we interviewed appeared to have an understanding that those women who would be unable to meet the criteria in section 81A(1), because they had previous violence convictions relating to children, were not permitted to make an application.
126. If no application is made, because staff consider that the woman does not meet the statutory criteria and the application is bound to fail, the prison director – the statutory decision-maker – has no role in the decision-making process. Precluding women from making an application means that they do not gain the benefit of receiving written reasons for the application being declined. Given there is no decision, there is no ability to appeal. If an application is made but declined – because the woman does not meet the statutory criteria – she will be given reasons and the opportunity to apply for that decision to be reconsidered under section 81A(5A).

Child Protection Policy alerts

127. If a prisoner is charged with, or has any convictions for, offending against a person under 16, a Child Protection Policy (CPP) alert is added to their profile in IOMS, the electronic database that holds prisoner information. Sometimes a CPP alert is applied as a proxy for having a conviction for sexual or violent offending against a child, and is treated as a barrier to applying to the Mothers with Babies unit. As explained above, the grounds for declining an application should not become a barrier to making an application.

128. Not all CPP alerts are for violent or sexual offending against a child, although any CPP alert is likely to reflect a conviction that would make an application to the Mothers with Babies unit more challenging (for example, a conviction for neglect may not involve physical or sexual violence, but is likely to weigh against admission to the Mothers with Babies unit).
129. We have included as an area for consideration that Corrections ensures all women are able to apply to the Mothers with Babies unit, including those with a CCP alert.

Case study Ms C – applying to the Mothers with Babies unit

Ms C arrived in prison six months pregnant, and was provided with information about the Mothers with Babies unit.

Two months later, the social worker advised Ms C that due to her conviction for assaulting a child seven years earlier she was unable to apply to the Mothers with Babies unit.

Ms C told us she had not received anything in writing and felt it was unfair to use her previous conviction to deny her entry, without any context about the previous offending.

Management staff advised us that Ms C *“is not eligible for MBU due to her CPP alert. This was canvassed a while ago, and an application was not put forward as she does not meet eligibility criteria”*.

While Ms C was likely ineligible to have her child with her because she had a previous conviction for assaulting a child, she should still have been given the opportunity to make an application.

Support for women during the application process

130. Across all three sites, the application for the Mothers with Babies unit is completed by the site social workers. POM provides that the social workers should meet with the woman to gather relevant information, such as family and whānau details, key support people, and the wellbeing status of the mother and her child. The application form requires the woman to record alternative care options should the application be declined.⁴¹
131. We spoke with the site social workers about their processes for completing applications. Each site had adopted different processes, which may include asking the woman to write a letter setting out why she wanted to go to the Mothers with Babies unit, or organising whānau hui. The women we spoke with appreciated the support and assistance of the social workers through this process.
132. However, women also spoke about how stressful the application process could be. At times they felt unsupported and uninformed about the application process. One woman said that the questions felt aimed at proving *“you were good enough to raise your baby”*. She said that she did not know who the panel was or how it worked, or how long she would have to wait for a decision.

⁴¹ POM M.03.08.01.

133. The 2021 Office of the Children's Commissioner Report into the Mothers with Babies unit at Arohata Prison identified that misunderstandings about eligibility and the application process was a significant barrier to the unit being properly utilised.⁴²
134. Women are provided with a booklet (which was updated in June 2022) about the Mothers with Babies unit (see Appendix E). The booklet does not include information about how long the application process is likely to take. Nor does it set out the criteria in section 81A(1) of the Act, including that women with convictions for violent or sexual offending against children are unable to have their children with them in prison (this may be to avoid discouraging women from applying, although it appears that this has happened in practice: see the discussion above under "Who can make an application?"). We have therefore included as an area for consideration that Corrections ensures women have all relevant information about the Mothers with Babies unit and are supported in the application process.
135. The focus of the Mothers with Babies units appeared to be on women who gave birth during a period of imprisonment. Some of the women we interviewed appeared to be unaware that the unit was available for all children under 24 months, including those in the community who were born before the woman arrived at prison. We have therefore included as an area for consideration that Corrections ensures the units are available to women who arrive in prison with a child under 24 months in the community.

Timeframes for the application process

136. There is no national guidance as to when an application should be made; nor are there any mandated timeframes for making a decision once an application is submitted. The sites were unable to advise us on the average wait time for deciding an application. Both women and social workers were dissatisfied with how long the decision-making process took. One woman said that she was worried about her application being declined and that the application process should be quicker so that women did not get their hopes up. Delays reduce the available time for women to make alternative care arrangements, or to prepare for their babies to come into the site.
137. If the application is successful, women do not generally move into the Mothers with Babies unit until after giving birth, which may contribute to the lack of urgency in decision-making by management. Both women and staff felt that it would be helpful for women to be able to move into the Mothers with Babies unit before birth, to provide time to settle and to alleviate any anxiety if the baby arrived early, and we have included this as an area for consideration.
138. A social worker at one site said she did not complete applications until the second trimester, because usually the women were on remand and it was not known at that stage whether they would still be in prison when the child was born.

⁴² Office of the Children's Commissioner, Arohata Women's Prison Monitoring Report, 7 October 2021 at 11
https://www.occ.org.nz/documents/534/20211007_Arohata_MBU_Report_Redacted.pdf

The decision-making process

139. The decision whether to approve an application to the Mothers with Babies unit sits with the prison director.⁴³ POM provides that, where possible, a multidisciplinary admission panel will meet and provide recommendations to the prison director,⁴⁴ and that, where feasible, the mother and whānau voices should be present in the panel.⁴⁵
140. There was no consistency in how the different multidisciplinary panels operated at the three different sites, including whether Oranga Tamariki was involved. Each site's panel was differently constituted (one site social worker said it was "*who was available on the day*"). We found no evidence of women or family and whānau being involved in the panels. However, we acknowledge that POM was only amended in November 2022 to encourage the inclusion of family and whānau at panel meetings.
141. The Corrections Act and the Care of Children Act set out a number of factors that must be taken into account in determining whether a woman may have her child with her in prison, including the best interests of the child.⁴⁶ The requirement to centre the best interests of the child is consistent with rule 49 of the Bangkok Rules.⁴⁷
142. Only one of the sites had a written terms of reference to guide its decision-making process and to ensure that the statutory considerations were taken into account consistently, we therefore have included as an area of consideration that Corrections develops written terms of reference setting out who should be on the multidisciplinary advisory panels, what factors should be taken into account, and prescribing timeframes for the application and decision process.

Case study Ms D – applying to the Mothers with Babies unit

Ms D's application to the Mothers with Babies unit was finalised three days after her due date, which was four and a half months after she was remanded in custody.

Ms D, who was pregnant, spent the first two and a half months of her time in custody in hospital.

When she returned to prison, the site social worker wrote to Ms D the next day to let her know that support for her and her children was available. She met with a social worker and expressed her interest in the Mothers with Babies unit.

The site social worker made a number of enquiries with Oranga Tamariki and Ms D's whānau. The social worker and principal case

⁴³ POM M.03.08.01.

⁴⁴ POM M.03.08.02.

⁴⁵ POM M.03.08.02.

⁴⁶ See section 81A of the Corrections Act, which sets out a number of factors including the best interests of the child, and requires regard be had to the principles in section 5 of the Care of Children Act 2004.

⁴⁷ "*Decisions to allow children to stay with their mothers in prison shall be based on the best interests of the children. Children in prison with their mothers shall never be treated as prisoners.*"

manager twice met with Ms D to complete the application (including meeting her two days after her due date).

The next day, the social worker finalised the application, which was presented to the panel on three days over the next two weeks due to more information being required and the need to have senior management in attendance. More than a week after Ms D's due date, the application was declined by the prison director, who wanted further information. Use of the feeding and bonding room was approved.

Two days later Ms D gave birth. At this time there was still uncertainty about the care plan moving forward. A panel was held four days later to support the baby visiting the prison and a feeding and bonding plan was approved. The baby's first visit took place a week later. Ms D was released into the community the following month.

Corrections' relationship with Oranga Tamariki

143. Section 81A(4) of the Corrections Act requires that the chief executive consults with Oranga Tamariki before deciding whether to approve an application. We found that the sites' relationships with the local Oranga Tamariki offices were generally underdeveloped. For example, two sites told us they did not have a specific contact at Oranga Tamariki to speak to about applications for the Mothers with Babies units, and relied on the general public 0800 number. We expected more coordination to ensure that Oranga Tamariki social workers familiar with the Mothers with Babies units were available to provide input into the decision-making process.⁴⁸
144. A recurring theme in our interviews with Corrections staff was that Oranga Tamariki lacked an understanding of the Mothers with Babies units. One woman said Oranga Tamariki was initially not supportive of her application because it thought her baby would stay with her in a cell (this was confirmed with the Corrections social worker). In contrast, some staff felt that Oranga Tamariki had unrealistic expectations of the unit, assuming that women would have more support than the site was able to offer. We have therefore included as an area for consideration that Corrections liaises with Oranga Tamariki as to how its social workers can best provide input into the decision-making process, including for emergency applications.

Sharing the decision

145. Where an application to the Mothers with Babies unit is declined, the Act requires that the prison director must provide reasons for their decision, and inform the woman of the process for reconsideration.⁴⁹ Women are able to apply for reconsideration within 14 days of receiving the decision in writing.⁵⁰

⁴⁸ Corrections and Oranga Tamariki have a written Relationship Agreement dated September 2018. This has various schedules including, for example, an "Agreement on any information sharing", but there is nothing specific about the Mothers with Babies units.

⁴⁹ Section 81A(5A).

⁵⁰ The process for reconsideration of a decision is set out at s 81AB of the Corrections Act 2004.

146. We reviewed a number of written decisions. Many were generic and did not provide sufficient detail for the woman to understand why her application had been declined, or whether to consider applying for reconsideration. The sites are not assisted by the decision template (see Appendix C), which sets out generic reasons for approving or declining an application, with the decision-maker able to tick whichever reasons apply. The reasons in the template are:

"It is considered to be in the best interest of your child"

"To create as many opportunities as possible for you to develop and exercise your parental responsibilities, duties and skills and to maximise the potential for your child's development"

"It is not considered to be in the best interest of your child".

There is then some space given for other reasons or comments, although that was not often completed in the decisions we reviewed.

147. There were exceptions. We reviewed one example that set out various factors in support of declining the application, including that Oranga Tamariki did not support it, that the woman had a history of untreated drug abuse and family violence, *"poor impulse control and difficulty moderating behaviour when distressed"*, and a lack of family and community support.
148. Although the written decisions often included insufficient detail, there was evidence of staff sitting down with women to explain the decision. The prison director at one site told us that she would speak directly to women to inform them of her decision, and that she ensures that support is provided afterwards. At another site, it is the site social worker who talks women through the decision. While these practices appear sensible, they are not a substitute for appropriately detailed written decisions. We have therefore included as an area for consideration that Corrections ensures this happens.
- We heard from one woman that she never received any documents regarding her application to the Mothers with Babies unit, despite the panel having twice considered it and her application being declined. She was not aware that a review of the decision could be requested.

Emergency applications

149. The sites lacked established processes for responding to emergency applications. Given the delays of the usual application process, it is important that sites are able to process time-sensitive applications urgently, for example when a woman arrives at site with a young baby in the community. POM provides that *"the prison director may approve the emergency reception of a baby into prison following a check by the statutory child protection agency (Oranga Tamariki) and pending the consideration of the formal application"*.⁵¹ However, emergency applications are seldom made. Four women made emergency applications in 2021, of whom three were successful.
150. There is no national guidance as to when the emergency application process should be used, or what criteria applies for emergency

⁵¹ POM M.03.08.02.

applications. The social worker at one site described the sites as being too risk averse when it came to considering emergency applications.

151. As discussed earlier in this report (in the chapter on women with children in the community), we do not know how many women in prison have a child in the community under 24 months, who may be eligible for the Mothers with Babies unit. It may be that, were the emergency application process better established and communicated, some of those women may have been able to have their babies with them in the unit.
152. We reviewed the management of a woman who had been in the Mothers with Babies unit with her child (born while the mother was in custody) and was then released. She returned to custody four months later, but we found no evidence of any consideration that the child would return to site with her. This was a situation where an emergency application may have been appropriate.
153. We have included as an area for consideration that Corrections develops robust processes for emergency applications for the Mothers with Babies units.

Summary

154. The application process takes a long time, and when an application is denied the decisions do not contain sufficient detail. The decision-making processes should be formalised, with consistency across the sites about membership of the multidisciplinary advisory panels, with written terms of reference providing guidance as to the relevant factors when determining an application. Women should not be prevented from making an application because staff consider the application will be declined. There are no clear processes for emergency applications.
155. The relationship between the sites and Oranga Tamariki should be formalised. There should be a dedicated Oranga Tamariki social worker with knowledge of the Mothers with Babies unit, who is available to advise the site on applications.

Areas for consideration

20. Corrections should consider how to ensure all women are able to apply to the Mothers with Babies unit, including those with a CPP alert.
21. Corrections should consider how to ensure women have all relevant information about the Mothers with Babies unit, and are supported during the application process.
22. Corrections should consider how to ensure the Mothers with Babies units are available to women who arrive to prison with a child under 24 months in the community.
23. Corrections should consider providing mothers with an opportunity to spend time in the Mothers with Babies unit before they are due to give birth.
24. Corrections should consider developing written terms of reference for the decision-making process, setting out who

should be on the multidisciplinary advisory panels, what factors should be taken into account, and prescribing timeframes for the application and decision process.

25. Corrections should consider liaising with Oranga Tamariki as to how its social workers can best provide input into the decision-making process, including for emergency applications.
26. Corrections should consider how to ensure its written decisions declining an application to the Mothers with Babies unit include sufficient detail explaining the basis for the decision, which would enable consideration for the woman to appeal.
27. Corrections should consider how to develop robust processes for emergency applications to the Mothers with Babies units.

Mothers with Babies units

156. This chapter is about Mothers with Babies units, including the physical environment and how the units operate in practice.

The physical space

157. At all three sites the Mothers with Babies units are located alongside the self-care units (sometimes referred to as villas). Both the self-care and Mothers with Babies units are stand-alone small houses, with between two and five bedrooms around a central lounge area, each with a shared kitchen and bathroom.⁵²
158. Mothers have their own bedrooms in the villas, which they share with their child. The kitchen and lounge is shared with up to three other mothers and their children. Women do their own cooking and cleaning. The women we spoke with were positive about the facilities.
159. During our second round of site visits at the end of 2022, we found that the Mothers with Babies units generally provided appropriate facilities as required by the Act.⁵³ Previously, when we had visited in the first half of 2022, the Mothers with Babies unit at Auckland Region Women's Corrections Facility had a number of problems. Furniture was in disrepair and broken, or was not appropriate for children (for example, there were tables with sharp corners, and television cables on the floor). There were rodents and ants in the unit; the women had requested pest control. These issues have now been resolved, and the Auckland Mothers with Babies unit provides appropriate facilities for mothers to look after their babies.
160. Many of the women we spoke with in the Mothers with Babies units complained that the intercoms in the villas were loud and there were announcements over the intercoms that were not relevant to the Mothers with Babies unit, which disturbed the babies. The intercoms are not localised to the Mothers with Babies units, and information relayed on them is not always relevant to the mothers in the unit. The women sometimes cover the intercoms to try and reduce the volume.
161. This issue has previously been raised in the Officer of the Children's Commissioner's 2018 report about the Christchurch Women's Prison's Mothers with Babies unit. The Children's Commissioner commented that the intercoms were loud enough to wake a sleeping baby and could be heard frequently.⁵⁴ We have also included this as an area for consideration.

⁵² Self-care units accommodate prisoners towards the end of their sentence, who have completed significant rehabilitation and reintegration programmes. Prisoners in the self-care units often work.

⁵³ Section 81C(1) of the Corrections Act 2004 requires that: *"The chief executive must ensure that, to the extent practicable within the resources available, every prison in which female prisoners are imprisoned provides appropriate facilities for the accommodation of children under the age of 24 months, and that those facilities support the development needs of those children"*. Rule 51(2) of the Bangkok Rules states: *"The environment provided for [the] upbringing [of children in prison] shall be as close as possible to that of a child outside prison."*

⁵⁴ Office of the Children's Commissioner, CWP MBU Report, March 2018 at 11 https://www.occ.org.nz/documents/533/2018_Chch_MBU_report_Redacted.pdf

Access to baby supplies

162. The sites provide furniture and some necessities such as cots, car seats, and toys for the children. The women we spoke with were grateful that the villas already had most things they needed for their baby when they arrived. Toys and baby clothes were sometimes supplied through donations to the site, but this was dependent on the relationships the social workers and Mothers with Babies unit support service providers had with community groups.
163. The women are expected to supply other necessities for their child, such as nappies, clothing and food. Staff purchase these items on behalf of the women. At one site, mothers could take their baby shopping in the community, and the staff escorting them did not wear uniform. The women are expected to fund this, usually either through money from family or whānau, or through income assistance from Inland Revenue.⁵⁵ There was no consistency across the three sites as to how mothers applied for income assistance.⁵⁶ The social workers at one site assisted mothers to apply for applicable income support, and at another site this was done by the Mothers with Babies unit support service provider, but at one site the women were expected to do this themselves by calling Inland Revenue's 0800 number.
164. Women told us there was no consistency in relation to the shopping process and timings, so it was difficult to plan ahead and budget for necessities. Women told us they received different responses depending on which staff they spoke with, including about whether they were able to request specific brands for their babies. Some women told us that if they asked for a specific product and the brand was unavailable, staff would return to the site without purchasing an equivalent product. Women borrowed formula and food from each other when they ran out of baby supplies. If a mother runs out of nappies, the social workers have some supplies or the site can purchase emergency supplies.
165. At one site, we observed a monthly Mothers with Babies multidisciplinary team meeting where the issue of shopping on behalf of women was discussed. We heard that staff had previously developed processes for shopping, including around whether mothers were able to request specific brands and what to do when the brands were unavailable, but those staff had left and the processes were undocumented. The Residential Manager at that site said guidance would be useful so staff had a clear process to follow when shopping on behalf of women, including whether women were able to request specific brands, and what to do if the brand requested was unavailable.
166. The children in the Mothers with Babies unit should not be disadvantaged by the fact they are in prison. If a mother used a specific brand in the

⁵⁵ M.03.02.Res 13 provides that prisoners who are the primary caregivers of their child in a self-care unit are eligible to apply for either child support or family assistance for the child, and it is the prisoner's responsibility to provide food, clothing and other necessities for her child from the financial assistance received.

⁵⁶ Women in the Mothers with Babies units are eligible to receive the Best Start and Family Tax Credit payment from Inland Revenue, now worth \$205 a week (for one child). Once approved, this is paid to their trust account.

community and wished to purchase it in prison, she should be able to do so, as far as practicable.

167. We consider that the provision of necessities such as nappies, wipes and baby food should not be solely dependent on the mothers applying for and securing income assistance. We have included as an area for consideration that Corrections funds and supplies these necessities. We have also included that Corrections consider how to assist mothers to apply for relevant income support, and provide clear processes for women to purchase baby supplies.

Photographing children

168. Women in the Mothers with Babies units have access to cameras to take photographs of their children. This enables them to record significant milestones, as would usually occur in the community. However, each site had different practices restricting access to the cameras, and mothers requested the opportunity to take more photographs.
169. At one site the camera was only accessible when the Mothers with Babies unit support provider was at the site. At another site, staff took the photographs rather than allowing the women to use the camera, and they were limited to five photographs per month.
170. We have therefore included as an area for consideration that Corrections provides increased access to cameras for mothers.

Babysitting for women attending programmes or court

171. Women in the Mothers with Babies units are able to attend programmes on site at the prisons, for example for alcohol and drug issues.⁵⁷ These programmes can involve a significant time commitment for the women, and their children require babysitters while the women attend the programme.⁵⁸ Babysitting may also be required when women have court appointments.
172. There is no national guidance on babysitting, and we found there was no consistency in how the different sites provided babysitting. We heard from women who were frustrated with the lack of rules around babysitting, including a lack of clarity at one site around whether the women were able to babysit for each other.
173. One woman told us that one of the other women acted as a babysitter while she attended an alcohol and drug course five days a week; the woman had signed an agreement confirming this arrangement. At one site babysitting was provided by volunteers organised by the chaplain, although the prison director told us the volunteers were not always available at the times required by the women, and there were times when

⁵⁷ This is a requirement under section 81B of the Corrections Act 2004. In the parenting agreement that women must sign prior to entering the Mothers with Babies units, the sites are required to "facilitate the mother's access to any treatment or counselling required to support the mother to care for her child".

⁵⁸ Rule 42(2) of the Bangkok Rules requires that "Childcare facilities or arrangements shall be provided in prisons in order to enable women prisoners to participate in prison activities".

the staff had to step in as babysitters when women had court appearances. Another site had contracts with external childcare providers.

174. We have included as an area for consideration that Corrections develops written guidance for the use of babysitters when women attend court or programmes, including who can be a babysitter.

Respite from childcare and socialisation opportunities for children

175. Women in the Mothers with Babies unit are with their babies 24 hours a day. While babysitting is provided to facilitate women attending programmes and court, consideration should be given to the challenges of solo parenting in prison, and whether babysitting should be used to provide respite care to mothers.
176. This issue was raised by a number of staff and mothers. It affects both the mothers, who are unable to hand their baby to another adult to hold, and the children in the units, who have limited contact with other adults. The regimes in the Mothers with Babies units sometimes include rules that staff or other women should not hold babies (at one site, staff were told to turn on their on-body cameras when going into the unit). In the community, women would from time-to-time be able to obtain some respite from childcare by handing their child to another adult, and babies would be able to develop trust in other adults beyond their primary caregiver.⁵⁹
177. Access to playgroups, or programmes like Mainly Music, may also provide socialisation opportunities for children. Access to such groups was facilitated prior to the restrictions introduced in response to the COVID-19 pandemic, but were yet to be re-introduced during our site visits. We have included as an area for consideration that Corrections provides mothers with respite care and opportunities such as community groups for children to socialise with other adults and children.

Contact with prisoners in the self-care units

178. The Mothers with Babies units are located alongside the self-care units, with a low fence or similar barrier separating them. There is a lack of consistency across the sites about the extent that women in the Mothers with Babies unit and the self-care units are able to interact. Only one site

⁵⁹ The Office of the Children's Commissioner's report on Christchurch Women's Prison observed that, in addition to rehabilitative programmes, women in the Mothers with Babies unit were also able to participate in activities like kapa haka and church, and that: "this is important because it gives mothers a break from their babies, which is normal and healthy" Office of the Children's Commissioner, CWP MBU Report, March 2018 at 17: https://www.occ.org.nz/documents/533/2018_Chch_MBU_report_Redacted.pdf. Johnson, Jacqui. Monitored Mothering: The Experience of Mothers who Parent within New Zealand Women's Prisons. A thesis submitted in partial fulfilment of the requirements for the degree of Doctor of Philosophy in Social Work at the University of Canterbury. University of Canterbury 2019: *"Although staff and other mothers in the unit were able to help care for children for short periods, mothers were the primary caregivers and expected to be responsible for their child at all times when in the unit. This meant motherhood for some was experienced as demanding and lonely. Mothers commonly spoke about having no one to pass their child to when upset, teething or just hard to settle. Experiences that could have been shared with partners or family when new babies arrived were dealt with alone."*

allows women from the self-care units to enter the Mothers with Babies unit.

179. The women in the self-care units are likely to be of low risk to women and babies in the Mothers with Babies unit. To be eligible for placement in self-care units, women must have no convictions for sexual or violent offending against children,⁶⁰ and have a security classification of low-medium, low or minimum.⁶¹ In practice, women with these convictions are sometimes placed in self-care units, but are moved out if there are children in the Mothers with Babies unit.
180. We have therefore included as an area for consideration that Corrections provides consistency across different sites for how women in the Mothers with Babies units interact with women in the self-care units.

Mothers with Babies units' expectations

181. Some women told us they felt scrutinised by staff over parenting decisions. We heard about staff being critical of women for leaving a baby without a nappy on, or giving a baby pre-made food.
182. In November 2022 POM was amended to include guidance for staff that *"Mothers assume full responsibility of their child's care and will be supported to exercise parental responsibility"*.⁶²
183. The women we spoke with were uncertain about the behaviours expected of them in the Mothers with Babies units.⁶³ Given that under the Corrections Act mothers can be required to leave the unit if they do not comply with the parenting agreement they are required to sign, women were understandably concerned about the lack of clear rules for the units (the parenting agreement is set out in Appendix D). Women said they knew they were privileged to be in the Mothers with Babies unit, and were concerned that if they questioned staff they might be removed from the unit.
184. The women we interviewed said that not having clear rules was also frustrating when it came to sharing living spaces with others, especially when it came to cleaning. Women suggested that rules about contributing to cleaning could be included in a unit induction. We have therefore included as an area for consideration that Corrections provides inductions for the Mothers with Babies units.

Custodial staff in the Mothers with Babies units

185. During the review period there was no staff-training specific to the Mothers with Babies units, although one site told us it intended to

⁶⁰ POM M.03.04.

⁶¹ At one site staff said prisoners in self-care units with a CPP alert would be removed if there were children in the Mothers with Babies unit.

⁶² M.03.08.06 Management of mothers with residential children general standards.

⁶³ A 2022 Australian study of the experience of 75 pregnant women and mothers in custody noted that all mothers they spoke with felt disempowered to undertake their mothering role: *"they lacked autonomy in decision-making and felt scrutinised and judged by correctional officers and other mothers in prison."* Diksha Sapkota et al Navigating pregnancy and early motherhood in prison: a thematic analysis of mothers' experiences Health Justice. 2022 Dec; 10: 32 at 8 <https://doi.org/10.1186/s40352-022-00196-4>.

introduce this. In August 2022 Corrections introduced an “essential tips” video to support custodial staff in the Mothers with Babies units, although we observed little staff awareness of this resource. Staff were unaware of how other sites managed their units, and felt they would benefit from sharing learnings across all three sites. Some custodial staff told us they were unsure about what their roles were when interacting with children in prison.

186. Aside from the short “essential tips” video referred to above, we found no guidance for staff on interacting with children in prison. The first aid training provided to all custodial staff includes training on cardiopulmonary resuscitation for babies, but there is no specific training for the Mothers with Babies unit custodial staff. We heard that unit staff responded differently to managing women and children depending on their experience with children in their personal life. Some staff physically distanced themselves from the babies, while others were happy to hug and hold children (some said they made sure they asked the mother’s permission first). Staff told us they wanted to be more informed and know more about the Mothers with Babies unit as there was no specific training and guidance.⁶⁴
187. We heard that some staff held views that children should not be in prisons, or were reluctant to work around children. Some women told us they felt “looked down on” by some staff for having their babies in prison. Two sites had implemented a process for allocating specific staff to the Mothers with Babies units, to ensure only staff who supported the unit and were comfortable working with children were based in the unit. Staff were invited to submit an expression of interest if they wished to work in the unit.
188. We have included as an overarching recommendation that Corrections must develop criteria for selecting those staff most suitable for working in the Mothers with Babies unit, and appropriate training package for staff in the unit, and ensure that all staff who work in the unit have completed this and ongoing training. Mothers with Babies unit support service providers, social workers and case managers
189. Aside from custodial staff based in the units, there are a number of Corrections and contracted staff who provide support, including case managers, social workers and externally-contracted Mothers with Babies unit support service providers. The women spoke positively about the support they received from these staff. However, the three roles have significant overlap, which created uncertainty for the staff, and the role of the Mothers with Babies unit support service provider was different at each site. We have therefore included as an area for consideration that Corrections provides clarity about these overlapping roles.
190. Each site has a Mothers with Babies unit support service provider, which is an external agency contracted to the site. The contract for each site is different, and each site contracts to a different provider. At one site the

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The Bangkok Rules recognise the need for staff training where prisoners are able to have children with them in prison: Rule 33(3) - “Where children are allowed to stay with their mothers in prison, awareness-raising on child development and basic training on the health care of children shall also be provided to prison staff, in order for them to respond appropriately in times of need and emergencies.”

Mothers with Babies unit support service provider's role extends to supporting any woman at the site, which could include providing parenting education to women in mainstream units. At other sites the role is more focussed specifically on the Mothers with Babies unit.

191. The support service provider's role varies at each site. It can include supporting gardening, cooking, safe sleeping, bathing, budgeting, life skills, exercise and cultural identity. At two of the sites the support service providers are able to work with the women up to a year after release. However, this was dependent on the women residing in the community near the prison from which they were released.
192. Case managers are not custodial officers, and work with women on their remand or offender plans, for example facilitating their access to reintegration and rehabilitation programmes. For women with children in prison, their case manager may provide support around access to different programmes within the prison.
193. Each site also has a social worker, who reports to the site's principal case manager. The social workers provide significant support to women in the Mothers with Babies units, including in preparing the application for placement in the unit. Some social workers assist mothers to apply for applicable benefits or other financial support.
194. The social workers we spoke with told us there was a lack of clarity about the different support roles in the Mothers with Babies units, and no consistency across the different sites. The Mothers with Babies unit support service providers also wanted to have a relationship with their counterparts at other sites.
195. The sites also contract external agencies to provide parenting programmes. For example, one site has a four-day parenting programme that runs twice a year. At some sites volunteers visit to read stories with the children.

Health care for children in the Mothers with Babies unit

196. In practice, the women in the Mothers with Babies units are responsible for managing their babies' health needs, and organise appointments at their local GP through staff. The women we spoke with were concerned about what would happen if their babies needed urgent medical attention. There was no guidance for staff, who shared similar concerns.⁶⁵
197. While registered nurses are based at the women's prisons in the Health Centres, their role is to provide primary and emergency health care to prisoners. However, if there is a medical emergency with a baby, then

⁶⁵ The parenting agreement states:

"You are responsible for the health and development of your child. The Department will assist you to consult with medical practitioners / Maternal and Child Health Nurses as required. Should you have any concerns about your child's health or welfare, you should immediately report these to the unit PCO."

"The Department of Corrections will support you to care appropriately for your child by facilitating your child's access to health care services."

health staff will respond, as they would for any medical emergency involving staff or visitors on site. Health staff are generally on site between the hours of 6am and 9pm (depending on the site). The mothers are provided with training on cardiopulmonary resuscitation for babies.

198. Section 75 of the Corrections Act requires that prisoners are provided with health care “*reasonably equivalent*” to what they would receive in the community, but it is silent about the standard of health care to be provided to babies. The Bangkok Rules include a requirement for the standard of healthcare provided to babies in prison:

Rule 51

Children living with their mothers in prison shall be provided with ongoing health-care services and their development shall be monitored by specialists, in collaboration with community health services.

199. The Inspectorate’s Inspection Standards state: “*The prison provides a child living with his/her mother in prison access to health care in the community whenever appropriate.*”
200. The women are able to take their children offsite to GP appointments, and Plunket nurses are able to come into the Mothers with Babies units. The mothers can contact Plunket or Healthline directly using a free telephone number that is available to women prisoners. However, the telephone is located outside of the unit, so mothers are not able to access this support during lock up hours without being unlocked for this purpose by custodial staff. We consider that the women should have access to a telephone during the evening without needing to leave the unit, and have included this as an area for consideration.
201. The mothers we interviewed said they did not know what to do if their baby got sick at night-time, and that they would just ring custodial staff through the intercom. Staff told us about an incident where a baby was sick, and the rostered staff were unsure what to do or who to call. They ended up phoning local healthcare centres to see if they had a relationship with the prison and could provide support. Another staff member gave an example of a weekend when none of the staff who were familiar with the Mothers with Babies unit were available, and a baby was sick with vomiting and diarrhoea. The mother had asked to take the baby to a doctor, but the staff member did not know what to do and rang around the site to find someone who might know the proper process.
202. Clear national guidance is needed so important health decisions relating to the babies are not left to the discretion of individual custodial officers, who lack clinical training or experience. Such guidance would also ensure women are aware of the processes if their baby becomes sick during the night. We have included this as an area for consideration and that Corrections provide access to a telephone in each of the Mothers with Babies units without the mothers needing to be unlocked and leave the unit.

Transition planning

203. If the mother remains in prison after the child reaches 24 months, transition planning will be critical to manage the separation of the mother and child. During the review period, this situation did not arise, but we are

aware of one woman currently in the Mothers with Babies unit who will be unable to leave when her child reaches 24 months.

204. One reason this situation seldom arises is that if, at the application stage, it appears likely that the length of the mother's sentence means she will remain in prison beyond the child reaching 24 months, the application may be denied on the basis that it is not in the child's best interests given the inevitable separation.
205. POM provides the following guidance as to how transition planning should be done:⁶⁶

If the child turns 24 months old before the mother is released, separation planning must be led by the mother, her whānau and other key support people, alongside the social worker to identify:

- (a) who will provide care for the child in the community and;
- (b) how the mother-child bond can be maintained while they are separated.

206. We consider there should be more detailed guidance for transition planning in the event that the child reaches 24 months and the mother remains in prison. We have included this as an area for consideration. We also consider that the terms of reference for decision-making about applications to the Mothers with Babies units should include guidance about taking into account the mother's length of sentence, and whether she is likely to be able to leave prison at the same time as her baby.
207. We also reviewed the case notes for women in the Mothers with Babies unit in 2021 and 2022, to ascertain what transition planning was carried out for mothers who were leaving prison with their baby. Of the 16 women whose files we reviewed, only three had evidence of sufficient planning for the mother's and baby's transition into the community. We have included as an area for consideration that Corrections ensures transition planning is completed to transition mothers and babies into the community.

Summary

208. The Mothers with Babies units now provide cosy and supportive environments for women to live with their babies.
209. We observed inconsistent practices around the provision of items such as nappies or baby food. There are no clear rules or induction process for the units. There are inconsistent practices for providing babysitting when women are attending programmes or court.
210. There is limited training for custodial staff in the Mothers with Babies units. The overlapping roles of the Mothers with Babies unit support service providers, social workers and case managers causes some confusion for staff.
211. Health care for the babies is provided in the community. However, the telephones are outside the units, and at night women have to request to be unlocked in order to access telephones to contact Plunket or Healthline. Women and staff were uncertain of what would happen if a baby was sick

⁶⁶ M.03.08.12 Transitions out of the Mothers with Babies Unit.

overnight when there were no staff in the Mothers with Babies unit or health staff onsite.

Areas for consideration

28. Corrections should consider the volume of the intercoms in the Mothers with Babies units, and the frequency with which they are used.
29. Corrections should consider the development of written guidance setting out clear processes for women to purchase baby supplies.
30. Corrections should consider whether to fund and supply items of baby necessities (such as nappies, wipes and baby food).
31. Corrections should consider how to support women to apply for the income assistance they are entitled to.
32. Corrections should consider providing increased access to cameras in the Mothers with Babies units.
33. Corrections should consider the development of written guidance setting out clear processes for the use of babysitters when women attend court or programmes, including who can be a babysitter.
34. Corrections should consider the need to provide mothers with respite care and opportunities such as community groups for children to socialise with other adults and children.
35. Corrections should consider how to provide consistency across different sites for how women in the Mothers with Babies units interact with women in the self-care units.
36. Corrections should consider developing written inductions for the Mothers with Babies units.
37. Corrections should consider how to provide clarity about the overlapping roles of social workers, case managers and Mothers with Babies unit support service providers.
38. Corrections should consider developing clear written processes for both the women and custodial staff, setting out how mothers access afterhours healthcare for their babies.
39. Corrections should consider providing access to a telephone in each of the Mothers with Babies units without the mothers needing to be unlocked and leave the unit.
40. Corrections should consider providing detailed guidance for transition planning in the event that the child reaches 24 months and the mother remains in prison.
41. Corrections should ensure that planning is completed before mothers and their children transition into the community together.

Miscarriage and termination of pregnancy

212. This chapter is about women whose pregnancy ends in miscarriage or a termination during a period of imprisonment.
213. Early pregnancy loss is a shocking and traumatic event for women and their families and can induce an intense period of emotional distress. While this reaction can improve over the following months, some residual psychological concerns can remain. It is important to screen for depression and anxiety in patients following a miscarriage.⁶⁷

The information available about miscarriage and termination of pregnancy

214. Corrections does not keep separate data about those women whose pregnancies end in miscarriage or termination. On reviewing the health records of all women who were recorded as pregnant in 2021, we were able to identify five women who terminated their pregnancy, and one woman who had a miscarriage. However, based on the unreliability of data collection in the patient management system, this figure may be higher.
215. Corrections' Pregnancy Healthcare Pathway states that prior to a termination, extra telephone calls to family and whānau should be facilitated. Following a termination or miscarriage, additional communication to whānau is to be facilitated; as well as access to kaumatua, chaplains and other cultural support. Referrals to the onsite mental health team for counselling should be made. POM states that following a miscarriage or termination, counselling and support "*must*" be provided.⁶⁸
216. Based on the records we reviewed, we were unable to confirm whether these expectations were consistently met, although there was some evidence of counselling being offered.
217. Of the six pregnancies we identified that ended in termination or miscarriage, two women received ongoing counselling. One woman was offered counselling but declined. For three of the six women, we found no evidence of engagement by the site social worker after the pregnancy ended.
218. We have included as an overarching recommendation that Corrections must better support, including through welfare checks, women who return to prison from hospital having miscarried, terminated a pregnancy or who have given birth where the child remains in the community.

⁶⁷ Nynas J, Narang P, Kolikonda MK, Lippmann S. Depression and Anxiety Following Early Pregnancy Loss: Recommendations for Primary Care Providers. Prim Care Companion CNS Disord. 2015 Jan 29;17(1):10.

⁶⁸ M.03.02.Res.04 Miscarriages.

Summary

219. There is limited information recorded when a woman has a miscarriage or a termination. We observed that women returning to site without a child were generally treated no differently from other mainstream prisoners. There is no consistent process for wellbeing or health checks after a woman has had a termination or miscarriage, aside from potentially some counselling being offered.

Data collection, information sharing and staff resources

220. This chapter is about the difficulties we experienced obtaining data about the women who were the subject of this thematic inspection, and our observations about information-sharing between different groups of staff at the women's prisons.

Collecting data on pregnant women and women with children in the community

221. Corrections does not keep centralised records for women in custody who are pregnant, who have recently had a miscarriage or termination, or who have children in the community under 24 months.
222. While we were able to identify those women in 2021 who were pregnant or in a Mothers with Babies unit, the information was not collected in one place. Instead, we built a data set from several different information sources, cross-checking to ensure we had identified all pregnant women within the relevant time period. We were unable to obtain information on women who had children in the community, including children under 24 months who may have been eligible to reside in the Mothers with Babies unit.
223. The lack of data is concerning. It limits the potential for the Inspectorate or others to scrutinise Corrections' management of women who are pregnant or who have young children. For example, our impression was that the Mothers with Babies unit is focussed on women who give birth while they are in prison, and was not meeting its potential for women who arrived at prison with young children in the community. Because we lack information about those women who arrived at prison with children under 24 months, we were unable to confirm that impression by reviewing the files of women who would have been eligible to apply to the Mothers with Babies unit on reception into prison.
224. We have included as an overarching recommendation that Corrections must ensure better collection of information about women who arrive at site with children under 24 months in the community. We have also recommended that Corrections must develop and implement an assurance framework to ensure its policies for pregnant women and women with children under 24 months are being consistently applied across all three women's sites.

Identifying women in the Mothers with Babies units

225. We were able to obtain information about all women who had been in the Mothers with Babies unit during the review period directly from the sites. This was relatively straightforward given the small number of women in those units.

Identifying pregnant women

226. In order to identify pregnant women who fell within the review period, including women whose pregnancy ended in termination or miscarriage, we collated data from a number of different sources:
- We searched electronic health records using different codes that were likely to have been applied to the health files of women within the scope of this thematic inspection.⁶⁹
 - We reviewed all women on the Mothers with Babies database within the date range. We identified two further women whose pregnancy had ended in termination or a miscarriage through this process.
 - We asked each of the three sites for the details of any women whose pregnancy ended in termination in 2021.
 - We also reviewed information available in IOMS.
227. From these sources of information we were able to create a dataset of pregnant women and those women whose pregnancy ended in termination or miscarriage.

Identifying women with children in the community

228. We were unable to obtain records of all women in custody in 2021 who had children in the community, including children under 24 months. We enquired with all three sites about what information it obtains about children in the community when the women arrive at site.⁷⁰ Based on our most recent enquiries, none of the sites appeared to be collecting this information.
229. We reviewed the spreadsheets maintained by the site social workers, who record all those women referred to them – including those who have been referred because they have a child in the community under 24 months. We reviewed the information held by Corrections for each of the women in the social worker spreadsheets, but were unable to establish how many of the women referred to the social workers had children under 24 months. Often the age of the children was not recorded.
230. From an analysis of the files of the women in the social worker spreadsheets, we found that although one part of the file sometimes recorded that the woman had children in the community, this information was missing from other parts of the electronic file, including the part of

⁶⁹ The codes were: Patient pregnant; spontaneous abortion; miscarriage; inevitable miscarriage unspecified; inevitable miscarriage incomplete; inevitable miscarriage complete; dilation of cervix, uteri and curettage conception uterus NEC; dilation of cervix_vacuum aspiration products conception uterus; dilation of cervix_evacuation products conception uterus NEC; termination of pregnancy.

⁷⁰ One site initially provided us with a copy of the database it keeps recording this information. However, when we enquired again with the sites in 2022, that site was unable to give us any information.

the file where information from the site induction is recorded. For many women, it is likely that their electronic Corrections file does record that the woman has a child in the community, but collating this information would require in-depth analysis of all files, and critical information such as the number and ages of the children is often missing.

Maintaining a list of pregnant women

231. In late 2022 we returned to the sites and conducted interviews with those women who were either in the Mothers with Babies unit or who were pregnant at the time of our visit (or recently pregnant). At one site the Health Centre was unable to provide an up-to-date list of those women who were pregnant. While this was not a problem at other sites, it was concerning that of the three women's prisons one site was unable to identify those women who were pregnant.

Sharing information about pregnant women between staff

232. Custodial officers, site social workers and health staff each record information in different places, and there are risks that custodial staff lack information relevant to the care of the pregnant women in the units they are managing.
233. Custodial staff generally rely on a prisoner's profile in IOMS for information about the prisoners in their care. The prisoner profiles in IOMS are available to all custodial staff, including at other prisons, and non-custodial staff at Corrections' National Office. It is not an appropriate place to record sensitive health information (although health staff can place a health alert for custodial staff in IOMS, for example that a woman is pregnant).
234. Health Centre staff record information in the electronic health record, which is inaccessible to custodial staff for privacy reasons.⁷¹ While there are good reasons for recording health information separately, it is important that there are robust mechanisms to ensure custodial staff managing pregnant women are aware of relevant health information. Health staff are not based on site during the night or at weekends. The custodial staff we interviewed often had limited knowledge of the health needs and pregnancy entitlements of the pregnant women in their care. As explained in the chapter about managing pregnant women, there is a pregnancy notification form that health staff should complete and provide to custodial staff. This was often not completed and some health staff were unaware of it. We have included as an area for consideration that Corrections ensures that the health notification form is completed appropriately.
235. Social workers may hold relevant information about pregnant women (and women in the Mothers with Babies unit) but this is usually recorded on the Mothers with Babies database, which is inaccessible to most custodial staff. Social workers told us they were reluctant to record information on IOMS because of the sensitivity of the information. The database is restricted to

⁷¹ Section 165(1) of the Corrections Act 2004 requires that health records are "not treated as part of the prison records for that prisoner or former prisoner, as the case may be".

women who have applied to the Mothers with Babies units or completed a feeding and bonding application, but some social workers used it to record information for all pregnant women, whether or not they had made an application. The women were recorded (inaccurately) as having applied unsuccessfully to the unit, in order to include them on the database. The social workers expressed dissatisfaction with the database. We have therefore included as an area for consideration that Corrections reviews the Mothers with Babies database, including how it might be used for women who have not applied to the Mothers with Babies unit.

Guidance, operational practice and resources for staff

236. The policies and guidance for the management of women in the Mothers with Babies unit, or who are pregnant or who have children in the community under 24 months can be found in various different locations. As identified earlier in this report, there are areas in which further guidance would be helpful, for example, there should be terms of reference for determining applications to the Mothers with Babies unit.
237. We have therefore made an overarching recommendation that Corrections develop a Practice Centre setting out guidance for the management of these women, from when they arrive at prison through to when they are released. A practice centre is a "one stop shop" which brings together policy, guidance and resources on Corrections' intranet related to a specific area for operation.
238. We envisage this will provide assistance to staff, be sufficiently detailed to drive consistency across the sites, and provide a sound platform for continuous improvement. It should be accessible to custodial and health staff, case managers, site social workers and support service providers to the Mothers with Babies units.
239. We have included as an area for consideration that Corrections includes as part of the Practice Centre:
 - what information should be provided to women
 - how frequently staff meet with women
 - what information should be included in offender notes
 - guidance about the completion of the health notification form, to be sent to custodial staff to confirm pregnancy
 - timeframes for processing applications to the Mothers with Babies units
 - guidance on emergency applications to the Mothers with Babies units
 - guidance on the membership of the multidisciplinary advisory teams for decisions about placement in the units
 - guidance on the factors to be taken into account in determining placement in the Mothers with Babies units
 - a process for contacting Oranga Tamariki for input into decisions about the units.

Summary

240. The lack of a centralised database recording how many and which women are pregnant or who have children under 24 months makes it difficult to create assurance processes to ensure that appropriate care is being provided to these women. Without more information about prisoners with children in the community, it is difficult to establish whether the Mothers with Babies units and feeding and bonding spaces are being used effectively.
241. The Mothers with Babies database is inaccessible to custodial staff and restricted to women who have applied to the units. Health staff record information in health notes, which are also inaccessible to custodial staff for privacy reasons. There is a risk that custodial staff who are managing pregnant women do not have all of the relevant information.

Areas for consideration

42. Corrections should consider how to ensure that the health notification form is completed appropriately.
43. Corrections should consider reviewing the Mothers with Babies database, including how it might be used for women who have not applied to the Mothers with Babies unit.
44. Corrections should consider in its development of the Practice Centre a range of guidance, operational practice and resources for staff as outlined in this report.

Conclusion

242. All three of the women's prisons have well-resourced and inviting spaces for mothers to care for their children under 24 months old. This includes children residing in the Mothers with Babies units, and children visiting their mothers in the feeding and bonding rooms. However, these facilities appear to be underused, and their potential only partially fulfilled.
243. A significant contributing problem is the lack of information collected when women arrive at site. More should be done to ensure that Corrections is aware of children under 24 months who might be eligible to reside in the Mothers with Babies units. There should be a clear process for emergency applications. All mothers of children under 24 months should be informed about the Mothers with Babies units and the feeding and bonding facilities. Consideration should be given to assisting families with transport and accommodation, and whether the feeding and bonding facilities should be available to older children.
244. The health care provided to pregnant women and those in the Mothers with Babies units is for the most part comparable to that which they would receive in the community. More can be done, however, to support women who return to prison from hospital after a miscarriage or termination, or who have given birth to a child who then resides in the community. For the Mothers with Babies units there should be much clearer guidance for both staff and women about what to do during the night if a child is unwell.
245. The overarching recommendations and areas for consideration we have included in this report are intended to assist Corrections to fulfil the promise of the Mothers with Babies units and the feeding and bonding facilities. These spaces, as illustrated in the photographs in this report, are comfortable and supportive. They should be utilised more.

Appendix A: Corrections Act

81A Request and approval for placement of child with mother

- (1) A female prisoner who is the mother of a child less than 24 months old, or who is expecting a child, may request the chief executive's approval to keep the child with her until the day after the date on which the child turns 24 months if she—
 - (a) was the child's primary caregiver before being imprisoned or is likely to be the child's primary caregiver on release; and
 - (b) does not have a conviction for an offence involving sexual or violent offending against children; and
 - (c) agrees to undergo screening for the purposes of identifying any mental health and substance abuse issues.
- (2) The chief executive may approve a request under subsection (1) if—
 - (a) the chief executive is satisfied that the mother meets the criteria set out in subsection (1); and
 - (b) the chief executive considers that placing the child with the mother—
 - (i) is in the best interests of the child; and
 - (ii) is not inconsistent with any court order relating to the child or any application or proceeding before the court (whether pending or existing) relating to the child; and
 - (c) the mother enters into a parenting agreement under [section 81B](#) with the chief executive in relation to the child's placement; and
 - (d) the chief executive is satisfied that there are appropriate facilities available to accommodate the child's placement.
- (3) In considering whether placing the child with the mother is in the best interests of the child, the chief executive must have regard to the principles in [section 5](#) of the Care of Children Act 2004 to the extent that those principles are relevant.
- (4) The chief executive must—
 - (a) consult the chief executive of the department responsible for administering the [Oranga Tamariki Act 1989](#) before deciding whether to approve a child's placement; and
 - (b) seek the advice of a child development specialist before deciding whether to approve or end a child's placement, unless it is clear from the circumstances that it is not necessary to seek that advice.
- (5) The chief executive may end the child's placement if the chief executive considers that—
 - (a) subsection (2)(b)(i) or (ii) is not being met; or
 - (b) the mother's responsibilities under the parenting agreement are not being met.
- (5A) If the chief executive refuses approval for a child's placement under subsection (1), or ends a placement under subsection (5), the chief executive must—
 - (a) provide reasons for the decision; and
 - (b) notify the prisoner in writing of the decision and the process for reconsideration of the decision.
- (6) In this section and [sections 81AB to 81C](#), unless the context otherwise requires, **child's placement or placement** means the placement of a child with his or her mother in prison in accordance with this section.

Section 81A: inserted, on 19 September 2011, by [section 5](#) of the Corrections (Mothers with Babies) Amendment Act 2008 (2008 No 88).

Section 81A(4)(a): amended, on 14 July 2017, by [section 149](#) of the Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Act 2017 (2017 No 31).

Section 81A(5A): inserted, on 29 October 2019, by [section 14\(1\)](#) of the Corrections Amendment Act 2019 (2019 No 57).

Section 81A(6): amended, on 29 October 2019, by [section 14\(2\)](#) of the Corrections Amendment Act 2019 (2019 No 57).

81AB Reconsideration of decision relating to child's placement

- (1) At the request of the prisoner, the chief executive must reconsider a decision (the **decision**) under [section 81A](#)—
 - (a) refusing approval for the child's placement (*see* [section 81A\(2\)](#)); or
 - (b) ending the child's placement (*see* [section 81A\(5\)](#)).
- (2) A request for reconsideration must be made within 14 days after the prisoner has been notified in writing of the decision.
- (3) The chief executive must reconsider the decision against the relevant criteria set out in [section 81A](#), except that the chief executive is not required to repeat the steps set out in [section 81A\(4\)](#).
- (4) A decision is not suspended while it is being reconsidered.
- (5) On reconsideration of the decision, the chief executive may do any of the following:
 - (a) affirm it;
 - (b) amend it;
 - (c) rescind it and substitute a different decision.
- (6) The chief executive must—
 - (a) provide reasons for the outcome under subsection (5); and
 - (b) notify the prisoner in writing of the outcome.

Section 81AB: inserted, on 29 October 2019, by [section 15](#) of the Corrections Amendment Act 2019 (2019 No 57).

81B Parenting agreements

A parenting agreement to which [section 81A\(2\)\(c\)](#) relates must include, without limitation, all of the following:

- (a) notice that the mother is responsible for the care of her child while the child is in prison;
- (b) identification of an alternative caregiver who will care for the child when the placement ends or in an emergency;
- (c) the chief executive's agreement to—
 - (i) provide parenting information, education, and support to the mother; and
 - (ii) attend to arrangements for the child to receive any necessary health and well-being checks and any treatment required as a result of those checks; and
 - (iii) facilitate the mother's access to any treatment or counselling required to support the mother to care for her child;
- (d) for the purpose of ensuring that the best interests of the child are met, the mother's agreement to—
 - (i) attend any parenting education programmes specified; and
 - (ii) facilitate arrangements for the child to receive any necessary health and well-being checks and any treatment required as a result of those checks; and
 - (iii) participate in any treatment or counselling required to address any mental health or substance abuse issues identified; and
 - (iv) attend any programmes identified in her management plan; and
 - (v) co-operate in a planned separation from the child when the placement ends.

Section 81B: inserted, on 19 September 2011, by [section 5](#) of the Corrections (Mothers with Babies) Amendment Act 2008 (2008 No 88).

81C Accommodation and feeding of children placed with their mothers

- (1) The chief executive must ensure that, to the extent practicable within the resources available, every prison in which female prisoners are imprisoned provides appropriate facilities for the accommodation of children under the age of 24 months, and that those facilities support the development needs of those children.
- (2) The chief executive must ensure that every child who is placed with his or her mother in prison is,—
 - (a) if the child is breastfed, provided sufficient opportunity to be breastfed; and
 - (b) if the child is fed by other means, provided sufficient opportunity to be fed.

Section 81C: inserted, on 19 September 2011, by [section 5](#) of the Corrections (Mothers with Babies) Amendment Act 2008 (2008 No 88).

Appendix B: Pregnancy notification form

Pregnancy Notification

To	Principal Corrections Officer
Prison Site	
Unit	

Please be advised that the wāhine / women named below is pregnant

Surname		Given Names	
DOB		PRN	
Entitlements	<p>Pregnant women are entitled to a minimum of the following items: (but discussions with the woman to ascertain her specific requirements is strongly encouraged)</p> <ul style="list-style-type: none"> 1 additional mattress 1 additional blanket Either 2 additional pillow or 1 additional pillow and 1 tri-pillow Maternity wear of the correct size Pregnancy diet 		
Restrictions	<ul style="list-style-type: none"> Not to be double bunked – unless wishes too No waist restraints No handcuffs after 30 weeks pregnant 		
Pregnancy Warning Signs	<p>If a woman shows any of the following signs and symptoms, Health Services must be notified immediately, and is to be urgently reviewed by a Medical Officer or LMC.</p> <p>If this is not possible then arrange for urgent transfer to an emergency department.</p> <ul style="list-style-type: none"> Vaginal bleeding or has vaginal discharge that is unusual for her. Her 'waters' leak or break before labour starts, or once they have broken, the fluid is dirty-looking, greenish or brown. If, once she has been regularly feeling her baby move, baby moves less than usual, or she cannot feel her baby move at all. If, after the first few weeks of pregnancy, she has pains or cramps in her abdomen. Her hands, feet or face suddenly swell. She has pain or burning when she passes urine – especially if she also has a fever and a sore back. Has a very bad headache and this lasts for more than a few hours. She can't see well – has blurry vision or starts to see white lights, <u>flashes</u> or dots in front of her eyes or have double vision. 		

	<ul style="list-style-type: none"> • She falls on or hurts her abdomen – get this checked, even if she doesn't feel hurt or sore. • She is very thirsty, but she can't pass urine • She starts feeling sick and throwing up in late pregnancy – especially if she has pain and a fever. • She itches all over – especially if she has dark-coloured urine and pale bowel motions
Name & Signature	
Designation	
Date:	

Appendix C: Decision template

M.03.08.Form.03 Decision for a mother with child placement



(Prisoner)

your application for fulltime care of your child:

(Child)

within the Mothers with Babies Unit (MBU) has been ☐ approved / ☐ declined (Select one).

The reasons for this are:

1. ☐ It is considered to be in the best interest of your child.
2. ☐ To create as many opportunities as possible for you to develop and exercise your parental responsibilities, duties and skills and to maximise the potential for your child's development.
3. ☐ It is not considered to be in the best interest of your child.
4. ☐ Other reasons for decision / other comments:

If approved: The placement of your child in fulltime residence in the Mothers with Babies Unit (MBU) will be subject to review with regard to monitoring your progress against the parenting agreement, your offender plan, your child's well-being and progress and other relevant issues.

You will be required to comply with the conditions outlined in the Parenting Agreement.

(Prison Director's name)

Prison _____

Signature _____ Date ____ / ____ / ____
(Prison Director)

Acknowledgement of receipt of this decision:

I, _____ (Prisoner)

confirm that I have received notification of the decision of the Prison Director in respect of my application for fulltime care of:

(Child / Children)

in the Mothers with Babies Unit (MBU).

If you disagree with this decision you are able to apply to the Chief Executive to review this decision by registering a complaint stating you request a review of the decision within 14 days after being notified of this decision.

Signature _____ Date ____ / ____ / ____
(Prisoner)

Appendix D: Parenting agreement

M.03.08.Form.02 Parenting Agreement



Agreement for fulltime care of a child (up to 24 months of age) in a Mothers with Babies Unit (MBU).

Agreement between

_____ (Prison Director)

and

_____ (Prisoner)

regarding the care of

_____ (Child)

Corrections' recognises the importance of maintaining parent – child relationships, especially when a very young child is involved. Female prisoners are able to care for their young children up to 24 months of age in prison.

Provision is being made for your child to live with you in prison, as it is currently considered to be in the best interests of the child and the management and security of the prison is not threatened.

The placement of your child with you in custody is subject to the following conditions:

1. You are subject to all other prison rules, regulations and routines including visits, searching and drug testing.
2. You are responsible for the care for your child, and assume full responsibility for the child's care and safety while they are placed with you in prison.
3. You will meet the cost of providing formula or food items for your child. You may seek to purchase items such as furniture, linen, clothes, or toys, or to have them sent into the prison. It is your responsibility to ensure that all items adhere to the manufacturers safety standards.
4. The Prison Director or their delegate may, in the interests of security, good order or management, or in an emergency situation make arrangements to remove your child from the prison. You are required to identify suitable alternative caregivers who can care for your child. Arrangements for the child's care with the alternative caregivers nominated by you will be made.
5. You are responsible for the health and development of your child. The Department will assist you to consult with medical practitioners / Maternal & Child Health Nurses as required. Should you have any concerns about your child's health or welfare, you should immediately report these to the unit PCO.
6. The placement of your child in the self-care unit will be monitored and reviewed by the Prison Director (or their delegate). The continued appropriateness of the placement will be discussed at any review, and a determination made as to whether it is in the best interest of your child to remain with you in the prison.
7. Children can only reside at the prison until they reach twenty-four months of age.
8. If your child needs to leave prison before your release, you will be required to participate in planned separation / transition plans.
9. Your child may be removed from the prison as a consequence of a disciplinary offence against you where your behaviour is deemed to be a risk to your child or the safe functioning of the unit. This includes if you have a positive drug test.
10. Your child will be removed from the prison:
 - if the placement is deemed to no longer be in the best interests of your child
 - if you are not complying with the conditions specified in this Parenting Agreement
 - if the Courts rule that alternative custody arrangements have been made for your child.
11. You will be required to participate in any programmes identified in your offender plan.
12. You will be required to participate in any parenting education programmes specified.

13. You will be required to comply with the conditions attached to your application by the Prison Director, and with any court and / or the Oranga Tamariki – Ministry for Children services conditions attached to the care of your child.
14. The Department of Corrections will support you to care appropriately for your child by:
- providing you with access to parenting information, education and support
 - facilitating your child's access to health care services
 - assisting you to access treatment or counselling services required to support you to fulfil your parenting responsibilities.
15. You have nominated the following person / people to provide care for your child:
- in the event of a planned or emergency separation
 - during those times the child is outside the prison for family visits.
16. The approval of your nominated caregiver is subject to the Prison Director being satisfied that they are a suitable person to care for the child, and only after they:
- have been reviewed by Oranga Tamariki, and
 - have been approved to visit a prison, and
 - they have a significantly close association with you and your child (i.e. family member).
- All approved outings will only occur if both you and the prison management agree.

Alternative Caregiver:

Surname

First name

Relationship

Contact phone number(s)

Address

(street)

(suburb)

(town / city) (postcode)

The prisoner before me make the acknowledgement below after I had: *(Tick as applicable)*

- ☐ Been informed by her that she has read the above agreement
- ☐ Read the agreement to her
- ☐ Had the agreement translated to her.

Name of Translator:

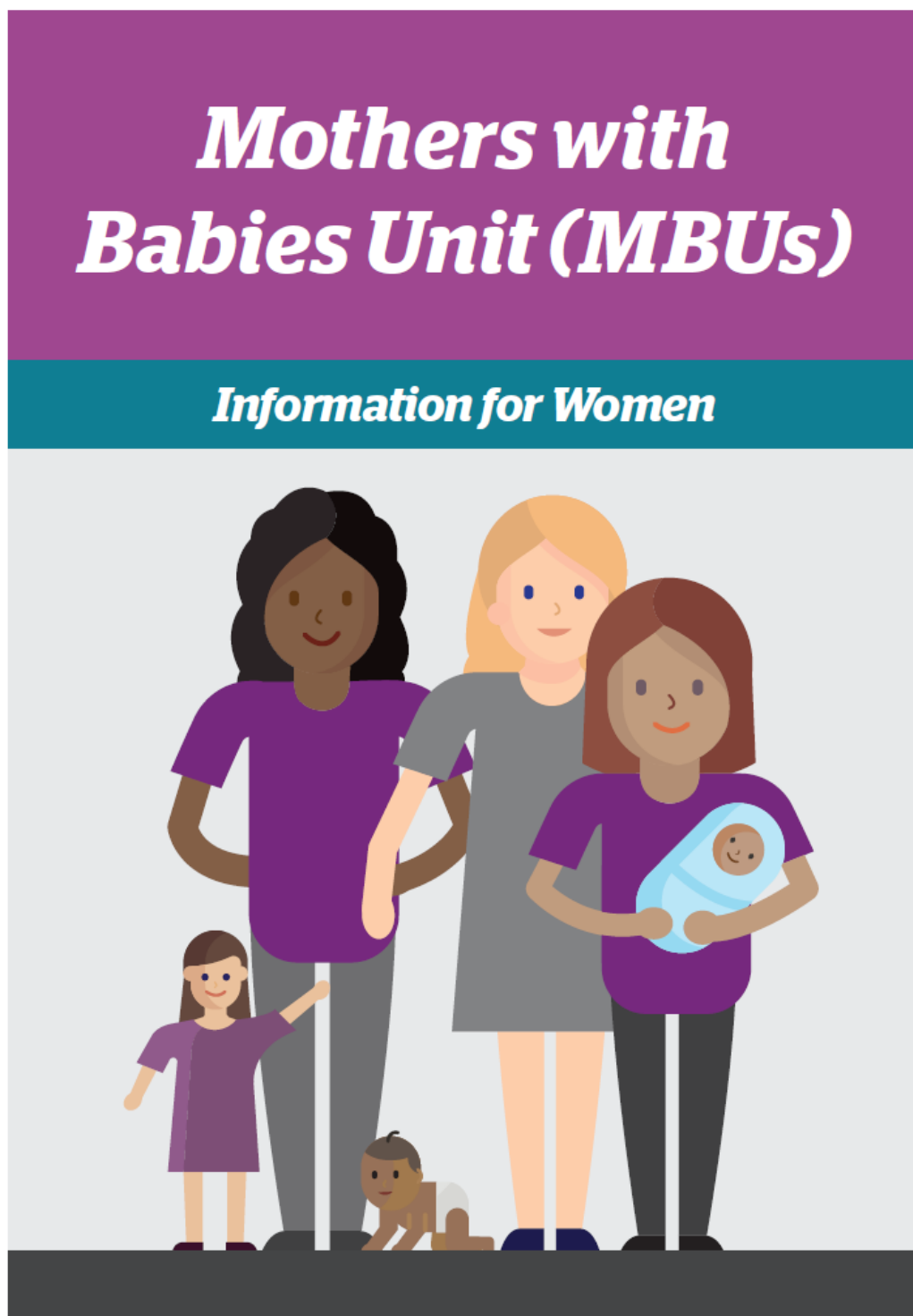
(Prisoner's name)

Signature _____ Date _____
(Prisoner)

(Prison Director's name)

Signature _____ Date _____
(Prison Director)

Appendix E: Mothers with Babies unit booklet





You - if you are pregnant or have a baby in your care under the age of 24 months you can apply to live in the MBU



Your baby - your baby can stay with you until they are 24 months old



Social Worker - Social Workers in the prison complete the MBU applications with you



Support Service Worker - a Support Service Worker will work with you in the MBU and can help you with day to day parenting support



Prison Director - the Prison Director is in charge of the prison and makes the final decision on MBU applications



Family/Whānau - your whānau will be kept connected to support you and your baby

Mothers with Babies Unit (MBUs)

What is a Mothers with Babies Unit (MBU)?

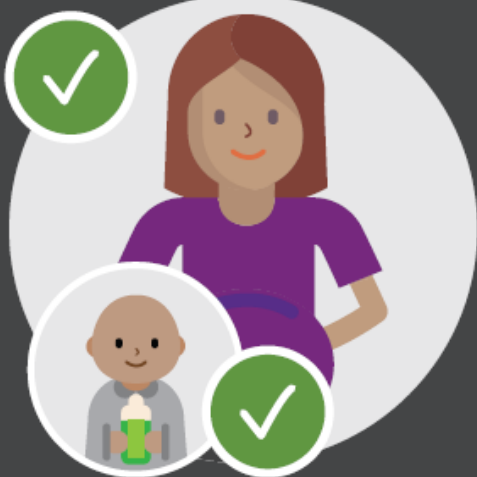


- The MBU is a type of self-care unit where mothers and their babies can stay
- There is an MBU in all of the women's self care units



- They are a comfortable and safe place for mothers and babies to bond, grow and learn
- Babies can stay until they are 24 months old

Can I live in the Mothers with Babies Unit?



You can apply to live in the MBU if you:

1. Are pregnant **OR**
 2. Have a baby under 24 months old that you care for in the community
- You do not need to be sentenced and you can be any security classification
 - You can be from overseas
 - You need to be drug free, and motivated to care for your child in the unit

How do I apply to live in the Mothers with Babies Unit?



You can apply any time

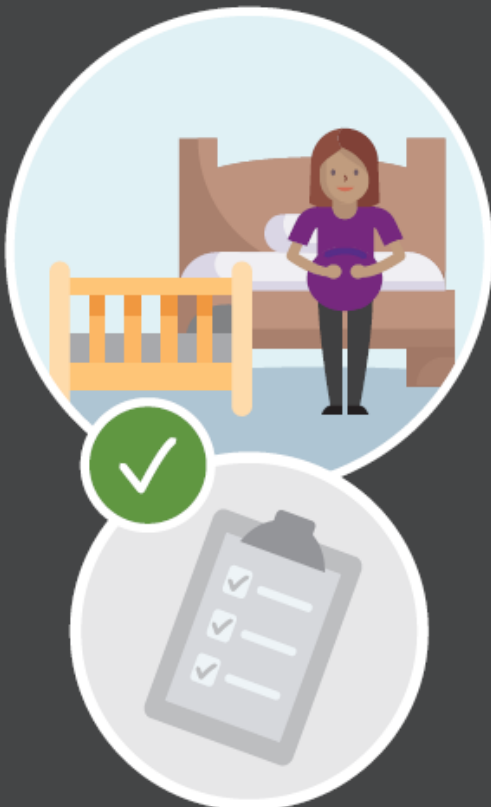
- Talk to your Social Worker or another staff member if you want to apply
- A Social Worker will complete an assessment with you and ask some questions about your health and wellbeing, any needs your baby may have, and why you would like to live in the MBU
- They will also want to talk to your family and support people
- You will need to identify whānau or someone else to care for your baby if there is an emergency or if you can not look after them
- We will need to talk to Oranga Tamariki to ask their views and ensure your baby has the safest placement for them
- Sometimes this process can take some time. We will complete the application process as quickly as possible, and keep you updated

How is the decision made to accept or decline my application?



- A panel will look at your application and make a recommendation to the Prison Director
- Your Social Worker will be there to talk on your behalf
- The Prison Director will make the final decision
- The decision must be made with the best interest of your baby in mind
- You will be given the decision and reasons for it in writing

What happens if my application is accepted?



- You will need to sign a Parenting Agreement, which outlines the conditions for staying in the MBU
- You can begin working with the support service worker to make a plan for you and your baby, including when to move in to the unit
- You can stay until you are released or when your baby turns two, whichever comes first

What happens if my application is declined?



- If your application is declined you will be told why
- If you do not agree with the reasons, you can ask for it to be reviewed
- This must be within 14 days of you getting the decision in writing
- Do this by using the complaints process
- If you need support to complete this you can ask a staff member

Feeding and bonding room



- If you can't or don't want to stay in the MBU, your baby may be able to visit you in the feeding and bonding room
- This is for children under the age of 24 months
- It is a comfortable room with a couch and change table
- You can use it to spend time with and feed or bond with your baby
- Your baby's caregiver or whānau would need to bring them in
- These visits can happen as often as every day
- Caregivers / whānau who bring your baby for visits must be approved visitors
- Talk to the Social Worker if you would like to apply

What is it like living in the Mothers with Babies Unit?



- You and your baby will have your own room and your own things
 - The prison will provide a cot, but you will need to provide clothing, nappies, and toys
 - You may be able to get support from Work and Income to cover these costs. Staff will help you apply
 - You will do your own cooking and cleaning
-
- The lounge and kitchen are shared with up to three other mothers in the unit and their babies
 - You will be the main caregiver for your baby
-
- There is a support service on site to help you with parenting and they will create a plan for caring for your baby to ensure your baby gets access to the right services
 - Whānau who are approved visitors can visit you and your baby in prison

What is it like living in the mothers with babies unit?



Daycare/Kohanga Reo



Immunisations



A midwife



Tamariki Ora/Plunket



Doctor



You

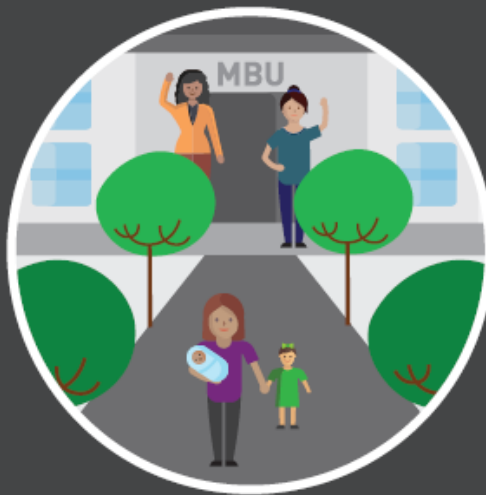
- You and your baby will still be able to access services that exist in the community such as:
 - Doctor
 - Immunisations
 - Midwife
 - Tamariki Ora/Plunket
 - Daycare/Kōhanga Reo
- Your baby can go out to visit whānau
- All prison rules and regulations still apply

Am I still able to do my programmes?



- Yes, you are able to do your programmes while in the MBU
- Sometimes you will be able to take your baby with you, but if you can't then staff will help sort out childcare

What happens when I leave the MBU?



- You will leave the unit if;
 - You are released
 - Your baby leaves the unit
 - Your baby turns 2 years old
- It is best if you and your baby leave prison together, but sometimes this is not possible. Where it is not possible, we will support you and your whānau to create a plan that is best for you and your baby
- Your support worker or social worker will help you make a plan for you and your baby which will include things such as;
 - where to live when you leave prison
 - who might help you
 - daycare or kōhanga reo for your baby
 - finding a doctor
- If you would like, the support service can refer you to services in your home town and keep in touch to make sure you are doing okay

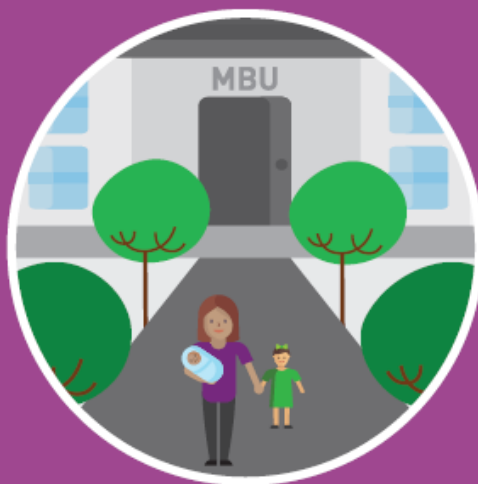
For more information



If you would like to apply for the MBU or Feeding and Bonding room, or would like more information, talk to your case manager, social worker, unit PCO, or other staff.

Notes

Notes



ARA POUTAMA AOTEAROA
DEPARTMENT OF CORRECTIONS

Appendix F: Feeding and bonding agreement



M.03.03.Form.02 Agreement for use of feeding and bonding facilities



Part time care of a child (under 24 months of age)

I, (Prisoner's name)

have been giving permission to have my child:

(Child's name)

brought into the feeding and bonding facility of the prison.

I accept that I use the facilities under the following conditions:


1. I am subject to all other prison rules, regulations and routines including visits, searching and drug testing.
2. I am responsible for the care and safety of my child whilst within the feeding and bonding facility.
3. I can use the Unit for up to 12 hours per day in agreement with the child's caregiver and the Prison Director.
4. I may have to share the feeding and bonding facility with other women who have been approved to use it.
5. That there may be visits by Plunket, social workers, Health Services and others to check my, and my child's, well being. I accept that some visits may be unscheduled.
6. That if the child's caregiver is unavailable to pick up the child, the alternative transport person I nominated will be called, and if they are unavailable Oranga Tamariki – Ministry for Children services will be called.
7. The room has constant CCTV coverage.
8. My use of the feeding and bonding facilities ceases when:
 - my child turns 24 months of age
 - The Oranga Tamariki services or other authorities decide that it is not in the best interests of my child
 - the court orders alternative arrangements for my child
 - my child or I become too unwell to continue with the feeding and bonding activities. This includes if I am deemed as "At Risk" status and my placed in the Intervention and Support Unit (ISU)
 - My behaviour results in any misconduct charges such as a positive drug tests.
9. I will be provided meals through the normal prison routine.
10. That if my child requires formula, solid foods or other disposable items I will provide these items at my own cost.
11. I will be responsible for my child's behaviour whilst using the feeding and bonding facility.
12. I will be responsible for the cleanliness of the feeding and bonding facility.
13. That my child and I may not leave the confines of the feeding and bonding facility for the duration of the visit.
14. That the feeding and bonding facility is 'out of bounds' to all other prisoners.
15. In the event of an emergency the Department of Corrections will not meet any associated travel costs (i.e. ambulance) and I may not be able to accompany my child.
16. In the case of an emergency where my child may be required to be transported to a medical facility that the primary caregiver will be notified and expected to attend the medical facility.



The prisoner before me made the acknowledgement below after: (Tick as applicable)

☐ she informed me that she had read the above agreement

☐ I had read the agreement to her

 _____ (Prisoner's name)

Signature _____ Date ____ / ____ / ____
(Prisoner)

 _____ (Prison Director's name)

Signature _____ Date ____ / ____ / ____
(Prison Director)

Appendix G: Photographs



Image 1. View from Arohata Prison Mothers with Babies unit.



Image 2. Outside Arohata Prison Mothers with Babies unit.



Image 3. Stored equipment at Arohata Prison Mothers with Babies unit.

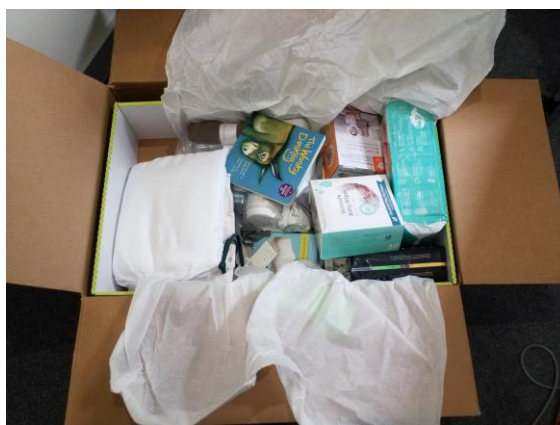


Image 4. Box of baby items for new mothers at Arohata Prison.



Image 5. Telephone outside Arohata Prison Mothers with Babies unit.



Image 6. Arohata Prison feeding and bonding room.



Image 7: A baby's bedroom at Auckland Region Women's Corrections Facility Mothers with Babies Unit.



Image 8: Jolly Jumper at Auckland Region Women's Corrections Facility Mothers with Babies Unit.



Image 9: The outside of the Mothers with Babies Unit at Auckland Region Women's Corrections Facility.



Image 10: Play equipment at the Auckland Region Women's Corrections Facility Mothers with Babies Unit.



Image 11: Bedroom at Auckland Region Women's Corrections Facility Mothers with Babies Unit.

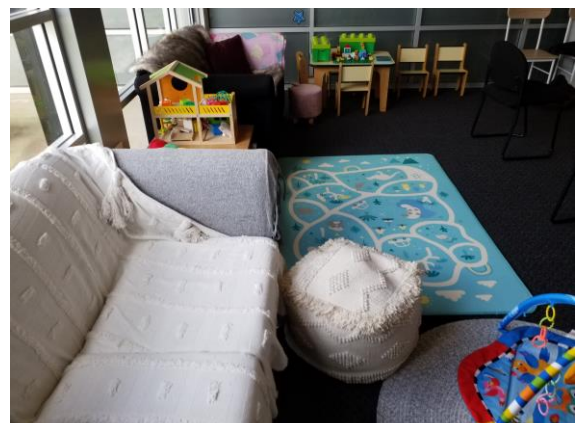


Image 12: Feeding and bonding room at Auckland Region Women's Corrections Facility.



Image 13: Mothers with Babies Unit at Christchurch Women's Prison.



Image 14: Kitchen in Mothers with Babies Unit at Christchurch Women's Prison.



Image 15: Play equipment at Mothers with Babies Unit at Christchurch Women's Prison.



Image 16: Indoor area, Mothers with Babies Unit at Christchurch Women's Prison.

Appendix H: Corrections' response



04 August 2023

Janis Adair
Chief Inspector
Department of Corrections

By email: janis.adair@corrections.govt.nz

Tēnā koe Janis

Re: Thematic Report – Mothers and Babies: managing pregnant women and mothers of infants

Thank you for providing a copy of your draft report and for the opportunity to respond.

We are encouraged to see an overlap in some of your findings and the work we have already undertaken in the management of pregnant women and mothers of infants. Corrections has progressed several pieces of work during and since the review period to further strengthen our approaches when working within this environment, including operational policy regarding pregnant women and guidance for transitions to and from the Mother and Babies Units (MBU).

You have made seven overarching recommendations, of which we accept six and partially accept one (recommendation one) of the recommendations outlined in your report. We also agree to consider all 44 areas for consideration outlined in your report in line with future work programmes.

Led by the Workstream Co leads-Women's Strategy and the National Operations Director Health, in collaboration with other relevant stakeholders, we will use your recommendations to seek continuous improvement for pregnant women and mothers in prison, particularly within our MBUs. Consideration will be given to the priority of such work and alignment with current strategies and practice to accomplish the changes that have been proposed within your report. This will of course include the three women's prisons being involved in the development and implementation of any changes proposed and progressed.

As part of this we will also consider the approach taken by Corrections to address the recommendations outlined in other reviews, and where necessary align responses including the Inspectorate's recent segregation review and the systemic review by the Ombudsman.

NATIONAL OFFICE, WELLINGTON
Mayfair House, 44 – 52 The Terrace, Wellington, 6011, Private Box 1206, Wellington 6140, Phone +64 4 460 3000
www.corrections.govt.nz

Thank you again for your thematic report and the work undertaken by your team.

Ngā mihi nui

A blue ink signature of Leigh Marsh, consisting of a stylized 'L' and 'M'.

Leigh Marsh
National Commissioner

A blue ink signature of Dr Juanita Ryan, featuring a large, flowing 'J' and 'R'.

Dr Juanita Ryan
Deputy Chief Executive Health

