DEPARTMENT OF CORRECTIONS
ARA POUTAMA AOTEAROA

13 December 2022 C159346

S 9(2)(a) [redacted]

Tēnā koe S 9(2)(a) [redacted]

Thank you for your email of 10 October 2022 to the Department of Corrections – Ara Poutama Aotearoa, requesting information about traumatic brain injuries (TBI). Your request has been considered under the Official Information Act 1982 (OIA).

The management of a person with an identified brain injury is individualised and is specific to the identified needs of the individual.

You requested:

> *I would like to request the following information in regards to inmates with diagnosed (unrecovered) Brain Injuries (TBI) with a low-med security classification; that HAS and HASN'T reached their parole eligibility date; that have ACC brain injury cover, including ACC concussion services cover;*
> *All support available to inmates with-in Corrections Facilities and also Serco Facilities.*

Currently, on entry to prison, a Registered Nurse will complete a Reception Health Screen. This initial health assessment aims to identify the physical and mental health needs of that person at that point in time, and when a more comprehensive assessment is required. Whilst we do not explicitly screen for TBIs on a person's arrival, our health assessment does provide opportunity for the person to disclose any relevant health information, including services they may have been accessing in the community.

If a person presents with a known TBI, the Health team will review the services that were being accessed prior to prison. Corrections will work with ACC to identify the most appropriate service to support the person, noting the complexity that can exist when the person moves to a prison in another DHB region.

With the permission of the person, Corrections' Health Services requests their clinical notes from their last known general practitioner. These notes are reviewed alongside clinical information from Te Whatu Ora to identify any health needs that need to be managed, or

where further follow up care is required. If the person was being treated for a current TBI, the aim is to ensure continuity of care and continued access to services while in prison.

If a person sustains a head injury while in prison, they are managed by onsite Health Services as per normal injury related procedures, and the same evidence-based health pathways that are utilised in the community. People in prison are able to access primary healthcare that is at least what they can expect in the community. The primary focus for head injury management is on the acute phase of the injury and includes completion of ACC documentation required to access services and referrals to other services that may be required.

Each region in New Zealand is governed by guidelines that support access to services including referral criteria where applicable. These guidelines are applicable to all health services, including those provided in the community and those provided by Corrections. As the person moves from the acute phase into ongoing rehabilitation, individual management plans will be developed and actioned by Health Services as appropriate.

In 2020, a project between Corrections and ABI Rehabilitation Services was approved to trial a screening tool for TBI, given that we do not currently use one. Unfortunately, the COVID-19 lockdowns have resulted in the project being temporarily placed on hold.

- *What Psychological services are available for such diagnosed inmates?*
- *How dose one access such support?*

Please find attached Appendix One – TBI report which outlines Psychological Services' current involvement in TBI. TBIs are predominantly managed by health services, therefore engagement with psychological services is limited. There is currently a piece of work being undertaken in Canterbury on TBI in youth at Christchurch Men's Prison, more information can be found at this link https://openrepository.aut.ac.nz/handle/10292/12650.

- *How dose one access such support if their case manager is unresponsive? What procedures do they take around case management if unengaged?*

A person in prison can raise any concerns they have with any member of staff at any point either by a complaint form or via the Prisoner Kiosk. Corrections has established procedures to resolve issues and complaints documented - in the Prison Operations Manual.

- *How dose such inmate request a more suitable case manager?*

It is our preference to resolve issues at the lowest level. If someone is not satisfied with the level of engagement they are receiving from their assigned case manager (CM), or would like to be allocated to a different CM for any reason, they are able to lodge a complaint as noted above. If a person has difficulty operating or understanding the kiosk process, unit staff are available to assist, or paper based PC.01 Prisoner Complaint Forms are still available if they are required.

The complaint will be triaged to a Principal Case Manager (PCM). The PCM speaks to the person making the request and after taking all relevant considerations into account makes a decision. A file note is generated to ensure there is a record of the request and the action taken, with rationale included. If this does not resolve the issue to the satisfaction of the person making the request, it can be further escalated to the Corrections' Inspectorate and/or external official agencies such as the Office of the Ombudsman or the Health and Disabilities Commission.

- What procedures are taken to keep prisoners with unrecovered brain injuries safe from further damage?
- What procedures are taken to reduce risk of assaults by other inmates, which can cause further damage?

Custodial management of a person who is affected by a known TBI is guided by information from the health team and in accordance with their agreed management plan. This includes ensuring custodial staff have access to information that supports the ongoing management of the person's injury, alongside information on when health staff should be alerted. Risk assessments and management plans are also completed to ensure there is ongoing support following any reported or observed assault. Sites take a multidisciplinary team (MDT) approach, these teams are made up of staff from different disciplines such as Corrections Officers, Psychologists, Social Workers and Health Centre Nurses. These teams will assess the level of risk, the needs of the person and the level of care required alongside unit security classification to ensure holistic care pathways are wrapped around the individual.

If there is a medical or mental health need, a person can be put onto directed segregation for medical oversight, or they can apply for voluntary protective custody (more commonly known as voluntary segregation). Voluntary segregation is designed to support people with vulnerabilities in prison to continue participating in rehabilitation, education and employment where it is not safe to do so in the mainstream prison environment.

- What procedures are taken to allow diagnosed inmates to receive a beneficial diet that supports recovery (which is not available on canteen ordering) (recovery diet supported by Brain Injury Recovery Specialists)?

While there is no specific diet for those living with a brain injury, medical diets (for dietary control or treatment for a medical condition) are provided as prescribed on a medical officer's recommendation. All meals provided are based on Ministry of Health food and nutrition guidelines and, advice from dieticians.

- What available residential facility is available for diagnosed inmates to reduce an overwhelming environment such as overcrowded units with 40+ other inmates? (Studies show overcrowding/busyness/overwhelming environments slow down brain development and recovery)

Each new person to prison undergoes an induction process, which includes health staff assessing their health and mental health needs, their risk of self-harm or suicide and whether they require a referral to a prison doctor. This assessment process identifies those

people who may be at risk and require to be accommodated in an Intervention and Support Unit (ISU) for a period of time. A review of an individual's at risk status is carried out in a wide range of circumstances including:

- when someone returns from court, following an inter-prison transfer,
- if parole is deferred for two or more years,
- following a change in family circumstances,
- confirmation that an individual has been diagnosed with a serious or terminal illness,
- if they begin to display negative signs or change in mood or behaviour,
- if information is received about them that causes staff concern.

An ISU is a safe environment with a multi-disciplinary team approach to patient care. People in these units are closely monitored, have access to specialised care, and have individualised plans to help them to return to a state of wellbeing and return to their unit on site. As noted above, any person can be put onto directed segregation for medical oversight, or they can also apply for voluntary segregation.

> *- Would internal resistance (self-care) with-in prison be more suited and provide a safer space to reside for such diagnosed inmates?*

Self-care units are for planned reintegrative activities, such as release to work. Self-care units are residential style accommodation designed to be used primarily by people who are nearing release and have re-integrative needs that will be met by placement in a self-care unit.

Self-care units assist in the reintegration from prison to community by easing the transition between the prison environment and the community. They aim to reduce re-offending by increasing residents' personal responsibility and self-reliance before their release from prison.

> *- What available support is there for diagnosed inmates to support independent routine, to help the brain recover from injury? (Studies show overwhelming environments and no personally created routine or a routine with independent flexibility slows down the recovery pathway for brain injury).*
> *- What available residential facility is available for diagnosed inmates to support continuous unpredictable fatigue? With-in a safe uninterrupted space? (Studies show unrecovered brain injury consist of constant fatigue/confusion/overwhelm and that with out such safe space in prison there is risk for further damage or recovery delay).*
> *- If so what procedure would one take to request relocation to that safer internal residence?*

As stated previously the management of a person with an identified brain injury is individualised and is specific to the identified needs of the individual. An MDT approach is used and may include health staff, custodial staff, psychologists, occupational therapists, social workers, cultural workers, mental health and addictions staff, case managers, physiotherapists and other allied health staff. The MDT determines the level of care required and referral for other services including those outside of prison.

Services beyond Corrections may be managed through the regional health board's Needs Assessment Service Coordination (NASC) teams as they are responsible for accessing services that sit outside of the prison. The NASC team conducts assessments when required and works closely with Corrections health teams to identify the support required. Corrections does not hold any agreements with specific services in the community.

> *- I would like to request a list of such facilities, including contact details and criteria requirements.*

The document you have requested does not exist, therefore, this part of your request is refused under section 18(e) of the OIA, as the document alleged to contain the information requested does not exist or cannot be found.

As per section 18(b) of the OIA we have considered whether consulting with you would enable the request to be made in a form that would remove the reason for the refusal. However, we do not consider that the request can be refined in this instance.

> *- Would Goodwood Rehabilitative Centre be an option?*

Each case is viewed on a case-by-case basis. As noted above, the Needs Assessment and Service Coordination (NASC) teams are responsible for coordinating the care of someone in prison who needs a level of care that cannot be provided within the prison environment.

> *- What available brain injury rehabilitative facilities with-in the community are available to inmates described above, not yet eligible for parole, that The Department Of Corrections and Serco can relocate inmates to for treatment?*
>
> *- What procedure would one take to request relocation to such community facility to support their recovery treatment?*

An MDT would decide the appropriate line of treatment, including those that could be delivered in prison, or require temporary placement of someone in the community. MDT are able to be requested by people in prison.

Every case is viewed on a case-by-case basis, and is informed by the MDT's clinical decisions, risk assessments and security requirements. Our experiences to date have shown that when release has been approved, a coordinated collaborative approach is required to ensure the appropriate and safe placement in the community.

> *- I would like also a list of all relevant medical support personal's contact details to accommodate such inmates needs with-in North Island Correction/Serco facilities.*
> *- Is there support or staff that can be contacted for urgent support for such diagnosed inmates, when there are concerns of risk to further brain damage in the residing environment?*
> *- If so could I please have those contact details.*

Please see the prison contact list. Each region and site have different levels of care and different contacts. The contact list can be found here: https://www.corrections.govt.nz/about_us/getting_in_touch/our_locations.

Please note that this response may be published on Corrections' website. Typically, responses are published quarterly, or as otherwise determined. Your personal information including name and contact details will be removed for publication.

I trust the information provided is of assistance. I encourage you to raise any concerns about this response with Corrections. Alternatively, you are advised of your right to also raise any concerns with the Office of the Ombudsman. Contact details are: Office of the Ombudsman, PO Box 10152, Wellington 6143.

Ngā mihi

pp

Juanita Ryan
Deputy Chief Executive Health
Health Services