

TIAKI Policy
recommendations

to support the health
and wellbeing of Māori
who have been in prison
and their whānau

TIAKI

TIAKI (meaning 'to care') is a Kaupapa Māori rangahau project that focuses on the lived experiences of Māori adults who have been imprisoned (in prisons either in Aotearoa New Zealand or overseas) and their whānau.

To listen to a podcast series on our rangahau, visit <https://www.orangamokopuna.co.nz/orangamokopuna/tiaki-podcast>. Our website also has plain language and New Zealand Sign Language summaries of each of the TIAKI podcast episodes.

You can also search for the TIAKI podcast on Apple Podcasts or on Vimeo.

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Most of us want to live in a society where we can all be well

- as individuals, as whānau, and as communities. A society where our government and its agencies work to prevent harm, and to keep all whānau and communities safe and well.

However, our society does not deliver on this promise for everyone. One of the most obvious examples of this is how Māori have been imprisoned on a mass scale in Aotearoa New Zealand, a legacy of colonisation, coloniality, white supremacy, racism, and discrimination.

Mass imprisonment inevitably leads to mass re-entry of people into communities. The number of people in prisons in Aotearoa New Zealand is at an all-time high, and recent legislation including the Sentencing (Reform) Amendment Act 2025, the reinstatement of Three Strikes, the removal of public funding for section 27 reports, and the Crimes Amendment Act 2026 is expected to drive it higher again. The Ministry of Justice projects that the number of people in prison will grow by a further 35% over the next decade (15,200 by 2036). The number of people held on remand is rising faster still, projected to increase by 48% over the same period (6,900 by 2036).¹

TIAKI, which means 'to care', is a Kaupapa Māori rangahau (research) project focused on the health and wellbeing of Māori who leave prisons. It was funded by the Health Research Council of New Zealand and carried out by the TIAKI Rōpū Rangahau, a collective of kairangahau (researchers), including kairangahau with lived experience of imprisonment.

Community re-entry (the period covering release from imprisonment and the days, weeks, months, and years that follow) is a critical intervention point for addressing the impacts of prisons on Māori health and wellbeing. It is also where the least is known. There are already many reports on the harms that prisons cause and what needs to change, and we acknowledge the extensive work undertaken to date by Māori leaders, activists, advocates, practitioners, and scholars. TIAKI specifically focussed on the health and wellbeing of Māori re-entering their communities from prison, something the system hasn't given real attention to, and an area of minimal research.

¹Ministry of Justice. (2026). Justice Sector Projections 2026–2036. New Zealand Government. Wellington.
<https://www.justice.govt.nz/assets/Documents/Publications/2026-Justice-Sector-Projections-Full-report.pdf>

The aims of TIAKI have thus included identifying the most successful strategies for supporting Māori leaving prisons, increasing our overall knowledge and awareness as a society, and improving government accountability when it comes to the criminalising legal system.

However, it was essential to all of us that if we were going to do rangahau in this area then we needed to do it in a way that honoured the voices of Māori impacted by prisons, generating and sharing knowledge to uplift and create positive transformational change for whānau and communities. This has shaped how we have returned and shared what we found.

Alongside our academic publications, our TIAKI rangahau has been shared through Theatre Marae ('Out the Gate' – a stage production presented by Te Rākau Hua o Te Wao Tapu, written by Dr Helen Pearse-Otene, directed by Jim Moriarty, with choreography by Tānemahuta Gray). Involving an ensemble of over 16 performers including people with lived experience of prison, 'Out the Gate' toured the lower North Island with more than 30 sold-out performances. TIAKI has also produced a six-episode podcast, community-based art-zine workshops, and a series of zines, a graphic novella, and toikupu (poetry).

This policy paper is another form of knowledge translation, providing evidenced recommendations to improve the health and wellbeing of Māori released from prisons and their whānau in Aotearoa New Zealand.

But we want to be clear about our positioning.

**We fundamentally
do not accept the
inevitability of
prisons.**

But while there are prisons, and while Māori are being harmed by prisons, the government has obligations to do better and government must do better right now.

Summary of TIAKI policy recommendations

Ultimately, the existence of prisons is a major determinant of ill-health, but as we work towards an Aotearoa New Zealand without prisons the following recommended actions will have an immediate and positive impact on Māori who are re-entering their community from prisons.

Agency recommendations

For the **Department of Corrections**, we recommend that it:

- Provide more effective support inside prisons to ensure that when people in prison return to the community they can do so strongly connected to their whānau, hapū, Iwi, or communities, and with opportunities for employment, safe and secure housing, and access to culturally safe and disability responsive social and health services.
- Work with the Ministry of Health and Health New Zealand to develop a new delivery model to improve the quality of health and disability services and continuity of care inside and outside of prisons. As part of this new model:
 - People in prison must be able to have the same level of health care as the general population.
 - People in prison must be able to access care from a highly trained and diverse health and disability workforce.
 - People must be able to access support and continuity of health care inside and outside of prisons.
 - Health agencies must be able to effectively and fully monitor the quality of health and disability services provided within prisons.
 - People in prison, and broader society, must have transparency around the quality of health care provided through health and disability services.
- Work with the Ministry of Health to ensure relevant and accurate data on the health of people in prisons is routinely collected and built into monitoring and accountability systems for the publicly funded health and disability system.
- Ensure data is collected that supports people who have been in prison to support their return to their community and whānau.

- Improve remand data so that it is accurately collected and reported so that the health and wellbeing of people on remand, and the support provided to them on leaving imprisonment, can also be built into monitoring and accountability systems.

For the **Ministry of Social Development**, we recommend that it:

- Enhance and improve the support for people exiting prisons, including increasing the Steps to Freedom grant, which has not increased since 1991. Any grant amount under \$3,864 per week (the costs of imprisonment) represents a potential saving to the government, and our research suggests that the true value of the Steps to Freedom Grant should be between \$1,170 and \$1,800.
- Work with the Department of Corrections, the Ministry for Cities, Environment, Regions and Transport, Kainga Ora, and Community Housing Providers (including Iwi, hapū, and Māori Community Housing Providers) to increase the range of safe and secure, high-quality, housing options available for people leaving prisons.

For the **Ministry of Health**, we recommend that it:

- Support access to high-quality primary health care for everyone in the community, especially those who have been released from prison. This includes:
 - Ensuring overall primary health care funding meets the needs of Māori individuals, whānau, and providers. On the face of it, the new funding formula calculations – which do not include ethnicity – are unlikely to meet the needs we have identified in our research.
 - Continuing the Very Low Cost Access (VLCA) scheme, with a view to increasing the availability of VLCA practices across the country.
 - Providing ongoing monitoring of Māori health provider funding. We note that the '*Delivering hauora Māori services*' appropriation has decreased by \$11million in the 2026/27 budget,² a concerning trend given the high level of Māori health and disability need and the relatively small number of overall providers that are capable of meeting the holistic health and wellbeing needs of Māori released from prison.

² <https://budget.govt.nz/budget/pdfs/estimates/v5/est26-v5-health.pdf>

- Work with the Department of Corrections and Health New Zealand to improve health and disability services and continuity of care inside and outside of prisons (as outlined above) and ensure high-quality data is routinely collected and built into monitoring and accountability systems for the prison health and disability service as part of the publicly funded health and disability system.

For **Health New Zealand**, we recommend that it:

- Immediately review clause 3.3 of the Enrolment Requirements for Contracted Providers and PHOs document (2018) to remove unnecessary barriers to enrolment for people sentenced and imprisoned or being held in prisons on remand.
- Work with the Department of Corrections and Ministry of Health to improve health and disability services and continuity of care inside and outside of prisons (as outlined above) and ensure high-quality data is routinely collected and built into monitoring and accountability systems for the prison health and disability service as part of the publicly funded health and disability system.
- Work in partnership with Māori health providers to ensure appropriate funding, support and service coverage for Māori released from prison – so that they can access high-quality primary health and mental health care.
- Increase support to VLCA practices, with a view to increasing the availability of the scheme to all communities that would benefit from low- or no-cost access to primary health care.
- Support emergency departments to build relationships and connections with Kaupapa Māori and other community health, social service, and housing providers so that whānau who come into the emergency department are supported to get the care and support they need (including primary health care enrolment, housing support, and community mental health services).

For the **Health Quality and Safety Commission**, we recommend that it extend its support to the primary care sector through quality improvement initiatives and capability building (including around high-quality data) that specifically address the equitable provision of high-quality, culturally safe, and disability responsive primary health care to Māori who have been released from prison.

All-of-government recommendations:

We call for all-of-government approaches, designed in partnership with Māori, that ensure Māori can exercise their rights to self-determination and to hold the government to account for its actions in relation to prisons and the criminalising legal system. These approaches must cover the prioritisation of timely, high quality, ethnicity data across all public services and operationalisation of Māori Data Sovereignty approaches.

We call for all **justice agencies** to implement Māori Data Sovereignty approaches for all Māori data and implement standardised ethnicity data collection, storage, and use – in line with Māori Data Sovereignty approaches – and use this data in monitoring, planning, funding decisions, and policy-making.

We recommend **social sector agencies** provide increased support for children of parents in prison, and partners, parents, caregivers, and other whānau of people in prison. This requires coordinated support from social sector agencies and a shift in how they work with communities, especially Māori communities, to transfer appropriate resources and decision-making to support the development and delivery of culturally safe, culturally appropriate, and disability responsive services to whānau.

Lastly, we fundamentally disagree with the introduction of move-on orders in legislation. The introduction of move on orders to solve a problem created by a lack of safe, secure, high-quality housing and other social supports risks criminalising poverty and being unhoused rather than addressing the root societal causes that have prevented us offering everyone in the community an appropriate housing option. Instead, we recommend that the recently passed Summary Offences (Move-on Orders) Amendment legislation be repealed and that **justice and social sector agencies** work together to offer safe and secure high-quality housing options to those who most need them.

Determinants of health and wellbeing

Our research found that people released from prisons have more than three times the death rate of the Aotearoa New Zealand population. The most common causes of death are cardiovascular disease, cancer, and suicide. The risk of death is highest in the first month after release from prison, and people on remand had the highest suicide rates of all.

Māori released from prison have high rates of emergency department presentations, particularly in the first week after their release and rates were significantly higher for wāhine compared with tāne Māori. Where people stayed longer in the emergency department it was mostly due to head injuries, with the majority caused by assaults.

These health outcomes are all influenced by access to the wider determinants of health – the things outside the health and disability system that can either help us stay well or increase our risk of ill-health. In our qualitative research, the need for high-quality housing, employment, and connection to whānau, hapū, lwi, and community were all strong themes, with calls both for more support inside prison and more practical, comprehensive, and culturally safe and disability responsive support once a person has been released from prison.

Specifically, more support is needed for those inside prison to:

- Maintain connections to whānau, hapū, lwi and communities for the person in prison, and to ensure wrap-around support for the whānau while their whānau member is in prison.
- Prepare for meaningful employment after returning to the community. While some of the people we interviewed were able to access training and work experience that set them up for a job after prison, they were in the minority. And although we were told repeatedly that Māori released from prison preferred working with Māori providers, the Corrections Employment Services has no contracts with Māori-owned and Māori-governed providers.³
- Support the needs of tāngata whaikaha Māori (Māori with lived experience of disability).⁴ Corrections currently has no contracts with providers that have proven expertise in working with tāngata whaikaha Māori as part of its Employment Services programme.⁵

³ Department of Corrections (January 2026), available online [here](#).

⁴ There are several other, equally valid, terms used by Māori in Aotearoa New Zealand, including but not limited to whānau hauā, kōpō Māori (for Māori who are blind, deafblind, have low vision, or a vision impaired), tāngata turi (Deaf Māori and their whānau) and waka turu (Māori wheelchair user).

⁵ Department of Corrections (January 2026), available online [here](#).

- Be prepared with the supporting information they need to access essential services immediately on release – including having a bank account, and/ or all other documentation necessary to set up life in the community (such as applying for a job, renting accommodation or setting up utilities).

We also found that there is not enough practical support for Māori leaving prison (including those who are deported to Aotearoa New Zealand from Australia under section 501 of that country's Migration Act 1958) to access safe and secure high-quality housing, to have enough money to set up a place to live (as an individual, let alone for a whānau), to be able to buy groceries and to afford transport and primary health care.

"I didn't get any help coming and out that's what's needed. I got released and chucked in the deep-end; it's set up to go back to jail. There's nothing here to help us with our priorities".⁶

The Office of the Auditor-General (OAG) has recently looked in to the issue of housing outcomes and "how well the Department of Corrections understands the housing needs of people before their release and connects them to the right support so that they can successfully return to the community".⁷ The OAG estimates that more than half of the people released from prison each year have unmet housing need and its report highlights that the issue is especially pronounced for those being released from remand. The OAG also found little monitoring by Corrections on the frequency and effectiveness of its case management support and its lack of data on people who leave prison with a housing or a reintegration plan.

A study from the University of Auckland⁸ also highlighted similar issues for people leaving prison, finding two thirds of their study of people leaving prison lived in unstable housing in the first six-months after release. Māori released from prison were 1.7 times more likely to live in unstable housing as European/Other. That study also recommends more support for people leaving prison to have access to stable housing – noting that there needs to be a diverse range of housing options available, including for those on short sentences or remand, that give a feeling of home (rather than transient emergency or hostel accommodation).⁹

Our research further emphasises that government agencies must increase the availability of transitional and long-term housing, support the development of

⁶ Quote from TIAKI interview.

⁷Office of the Auditor General. (2026).

⁸ See for example, Mills, et. al. (2022).

⁹ This includes a range of options that include social housing, iwi housing, papakainga, and – especially for wāhine Māori – places that are safe and secure and support safe reconnection with whānau (including tamariki).

papakāinga and other Māori-led housing solutions, strengthen pathways into permanent housing, and ensure that no one is released into homelessness or housing insecurity. Māori-led housing initiatives should be recognised as an important pathway for strengthening cultural identity, reconnecting whānau with their communities, and supporting long-term wellbeing and successful reintegration.

"It would be nice if people could help the family. Maybe with employment or help them with food wise, just whatever, just be their support until their father comes out and then continue to support them but as a whānau".

"Having something there that helps rebuild the relationship between the inmate and family. Because there ain't nothing like that".

"More support for engaging with your children".¹⁰

While some of the people we talked to were able to access the \$350 Steps to Freedom Grant, its inadequacy meant that people were still left unable to afford somewhere safe to stay. For some, it seemed that the only options were to return to unsafe spaces: sleeping rough or returning to prison or police custody. The inadequacy of the Steps to Freedom Grant may even be considered to as 'criminalising' in the way that it drives actions that lead to imprisonment, in order to survive.¹¹

"... there's never been any support coming out, just \$350. No housing, nowhere to go, a whole lot of conditions that you probably can't meet. They set you up to fail".¹²

¹⁰ Quotes from TIAKI interview.

¹¹ Professor Tracey McIntosh, personal communication (2026).

¹² Quotes from TIAKI interviews.

About the Steps to Freedom Grant

The Steps to Freedom Grant, administered by the Ministry of Social Development (MSD), is a one-off grant of up to \$350 available to qualifying people who have been released from prison. To qualify you need to have been in prison for 31 days or more, have been released or released on home detention and, if a person has a partner, their partner cannot earn more than \$1,467.61 gross per week (or have assets valued at over \$2351.46). If the person released from prison has their own money this will be accounted for, and the grant amount reduced.

According to the MSD website, the Steps to Freedom Grant is meant to cover the cost of setting a person up in the community including housing, bond or rent in advance, beds and bedding, power, gas or connecting a phone to your house, essential appliances (for example, a toaster or a kettle), food, clothing, and toiletry items. Our estimate is that covering all of these costs in a main centre (Auckland, Wellington, or Christchurch) actually costs between \$900 and \$1,600. We also calculate additional money (around \$170) is needed to cover public transport costs, one visit to a Very Low-Cost Access (VLCA) general practice, the subsidised cost of a prescription, a basic cell phone with credit, and any additional dietary requirements (such as catering to tamariki or requiring a gluten-free diet). This is a total shortfall of between \$723 and \$1441 for each Steps to Freedom grant recipient who receives the full \$350 allocation. However, we note that between January and October 2025, the average amount granted by MSD to Steps to Freedom recipients was \$324.¹³

The amount available through the Steps to Freedom grant has not changed since 1991. If it had kept pace with inflation, it would be worth \$781.06 today.

It costs \$552 a night or \$3,864 per week for the government to hold someone in prison on a prison sentence – in other words it is much more expensive to hold someone in custody than it would be to increase the Steps to Freedom Grant to a reasonable amount to meet the true costs of returning to the community.

¹³ Ministry of Social Development (two OIA releases, December 2025 and March 2026), available online [here](#).

In contrast, a handful of stories were shared with us about support that actually works for whānau: transitional housing that is warm, safe, and supports people to live independently in the community while also being connected to the services they need and wrap-around, culturally safe, and disability responsive care and support from Māori health and social service providers.

"It wasn't until I went to Kōkiri¹⁴ and came back with different kind of tools, so things started gradually changing for me then... that's the day my life kind of changed".¹⁵

Policy recommendations:

Ultimately, the existence of prisons is a major determinant of ill-health, but as we work towards an Aotearoa New Zealand without prisons, the following recommended actions will have an immediate and positive impact on Māori who are re-entering their community.

Justice agency recommendations

We fundamentally disagree with the Summary Offences (Move-on Orders) Amendment passed by Parliament in September 2026. We recommend this legislation be repealed, immediately.

The introduction of move-on orders to solve a problem created by inadequate safe, secure, high-quality housing and other social supports risks criminalising poverty and being unhoused rather than addressing the root societal causes that have prevented us offering everyone in the community an appropriate housing option. Instead, we recommend justice and social sector agencies work together to offer realistic housing options to those who most need them.

For the Department of Corrections:

Corrections must provide more effective support inside prisons to ensure that when people in prisons return to the community they return to healthful conditions – strongly connected to their whānau, hapū, Iwi, or communities, with opportunities for employment, safe and secure high-quality housing, and access to culturally safe and disability responsive social and health and disability services.

¹⁴ <https://www.kokiri.org.nz/>

¹⁵ Quote from TIAKI interview.

Provision of more effective support inside prisons aligns with the Six Pillars of Reintegration used by Corrections,¹⁶ but to truly deliver on its obligations, we recommend that the Department:

- Implement the recommendations by the OAG to improve monitoring of its support to people in prison to address their housing-related needs upon release, and to improve its practical support and information for people on remand.
- Implement the recommendations of the Safe and Effective Justice Advisory Group to significantly increase investment in rehabilitation programmes, including expanding rehabilitation opportunities for all people in prison including those on remand and serving short sentences.¹⁷
- Increase employment support for people in prison, with culturally safe and disability responsive services – including contracting with Māori-led employment support services and services with disability expertise that can support tāngata whaikaha Māori into jobs.
- Explore ways to provide for and support connections for people in prisons with whānau in the community.
- Work, in partnership with MSD, to ensure whānau of people in prison are provided with the support they need while their whānau member is in prison, including access to warm, safe, secure housing and income support as needed.

Social sector agency recommendations

In line with recommendation seven of the Safe and Effective Justice Advisory Committee, we recommend increased support for children of parents in prison, and partners, parents, caregivers, and other whānau of people in prison. This requires coordinated support from social sector agencies and a shift in how they work with communities, especially Māori communities, to transfer resources and decision-making to support the development and delivery of culturally safe and disability responsive services to whānau.

¹⁶ For more information on the use of the Six Pillars of Reintegration by Corrections, visit: <https://www.corrections.govt.nz/our-work/in-the-community/being-on-probation/reintegration-support> (accessed 24 July 2026).

¹⁷ <https://www.beehive.govt.nz/sites/default/files/2019-12/Turuki%20Turuki.pdf>

For the Ministry of Social Development we recommend it:

- Enhance and improve the support for people exiting prisons, including increasing the Steps to Freedom grant, as also recommended by the Welfare Expert Advisory Group report *Whakamana Tāngata: Restoring Dignity to Social Security in New Zealand*.

Determining the appropriate level of the Grant would require further work by MSD, informed by lived experience of those who have been released from prison. Any amount under \$3,864 per week, the cost of holding someone on a prison sentence for a week, represents a potential saving to the government, and our research suggests that the true value of the Steps to Freedom Grant should be between \$1,170 and \$1,800 if it is to cover establishing a place to live and the likely costs of one full week before employment or a benefit is arranged.

- Ensure better, wrap around, support is provided to individuals who have been deported to Aotearoa New Zealand after being sentenced to imprisonment in Australia, under section 501 of that country's Migration Act 1958.
- Work with Corrections, the Ministry for Cities, Environment, Regions and Transport, Kainga Ora, Community Housing Providers (including Iwi, hapū, and Māori Community Housing Providers) to increase the range of safe and secure high-quality housing options available for people leaving prisons.

Health system and health care improvements

Being healthy and well upon leaving prison requires access to good quality health services inside prisons. Despite this, very little is known about the health of people inside prisons and the quality of the prison health services. The last (and only) health survey of people in prisons was undertaken in 2005 and found one in three people in prison reported unmet need to see the prison nurse in the past 12-months, and a similar proportion reporting an unmet need to see the prison doctor in the past 12-months.¹⁸

Despite access to the Stats NZ Integrated Data Infrastructure (IDI), we could not look at health and health care inside prisons because the information is simply not provided. However, we do know that Corrections (which must provide healthcare 'reasonably equivalent to the standard of healthcare made available to the public' under the Corrections Act 2004)¹⁹ has identified several challenges to providing the prison health service.

Papers released to us under the Official Information Act 1982 (the OIA)²⁰ indicate that in 2019 officials advised Ministers of "numerous challenges associated with delivering health services in prison, including the recruitment and retention of an adequately skilled clinical workforce and the complex health needs of people in prison", and that these challenges have "a significant impact on Corrections' ability to deliver adequate health services". Officials also note that there is limited capacity within the prison health service to support continuity of care for people being released from prison.

The Ombudsman has recently reported concerns on the well-known and longstanding issue of people with complex mental health needs and/or learning disabled being inappropriately remanded in prison due to a lack of available beds in specialist services within the health system.²¹ This means that people held on remand in prison have no chance of timely access to the specialist services that they require, an issue that will continue to worsen for people due to known strains on the health system and overall rising remand population in prisons. The Ombudsman notes how people "face an increasing risk of self-harm, distress or harm to others (and deterioration) when access to specialist services is delayed or unavailable. They may be placed in environments that cannot meet their needs, and experience disruptions to continuity of care".²²

¹⁸ Ministry of Health (2006).

¹⁹ To meet legislative obligations under the Act, Corrections provides primary health care to people in prison (including primary mental health services), dental care (primary acute only), basic emergency care, pharmaceuticals, and some disability support services (King, 2019).

²⁰ Ministry of Health (February 2026), available online [here](#).

²¹ Ombudsman (June 2026), available online [here](#).

²² Ombudsman (June 2026), p.2, available online [here](#).

Although the Ministry of Health and Corrections undertook to scope options on a potential new delivery model to improve the quality of health services in prison and update Ministers in mid-2020, this “did not occur” according to the Ministry of Health OIA response, with no explanation given as to why.

Internationally, people leaving prisons and re-entering the community have major barriers to accessing a range of health and social services. The same is true in Aotearoa New Zealand – our analysis of IDI data found poorer access to primary health care and indicators of unmet need for care.

Our findings include that just over three quarters of Māori (76%) were enrolled with a general practice for some or all the year following their release from prison. This is substantially lower than the level of primary health organisation (PHO) enrolment in the wider community which, in July 2026 was 94% for the total population (86% for Māori and 101% for non-Māori, non-Pacific, and non-Asian populations).²³

This low rate of enrolment indicates failure by the primary health sector to meet the needs of Māori returning to the community from prison, with 24% of Māori released from prisons missing out on the benefits of lower-cost primary health care visits and subsidised prescriptions, as well as the continuity of care that comes from having a regular primary health care provider.

There are several likely reasons for these lower enrolment rates. The first is a structural issue with primary health care funding. According to government funding rules,²⁴ PHOs are required to un-enrol anyone who is prison or on remand. This rule applies regardless of how long a person is in prison and creates an additional administrative burden (and barrier to access) for a person released from prison and returning to the community. We have sought to understand this funding rule better, but Health New Zealand informs us that it has not conducted any policy work (nor has any relevant documentation) on the rationale behind the rule.²⁵ The Ministry of Health, similarly, did not provide a rationale for the funding rules.²⁶

The other reasons for lower PHO enrolment rates for Māori who have been released from prison are likely the same as those that explain the lower rates of enrolment of Māori across the country: Māori are more likely than the European/Other population to have unmet need for primary health care due to cost (18.7% compared to 14.5%), because they owed money to the practice (26.2% compared to 25%), due to waiting times (4.2% compared to 1.8%) and due to transport issues (4.6% compared to 2.8%).²⁷

²³ Health NZ (2026) available online [here](#).

²⁴ Clause 3.3 of the Enrolment Requirements for Contracted Providers and PHOs document (2018).

²⁵ [Health NZ OIA response \(2026\)](#).

²⁶ Ministry of Health (February 2026), available online [here](#).

²⁷ NZ Health Survey Explorer <https://minhealthnz.shinyapps.io/nz-health-survey-2024-25-annual-data-explorer/> w b052f68db5834b778b3b70aa2f14e0c0/#!/explore-indicators

Almost all Māori released from prison who were enrolled with primary care practices had access to very low- or no-cost primary care through enrolment at VLCA practices or holding a community services card. It is notable that enrolment for this population was highly concentrated, more than half of Māori released from prison in the 12-month study period enrolled with only 64 general practices (there are around 900 practices in total across the country),²⁸ with 10 of these general practices having at least 75 cohort members enrolled.

While this suggests the effectiveness and acceptability of low- or no-cost primary health care through the VLCA scheme, it also raises concerns about provider sustainability. For the providers serving a relatively large population of people with high levels of previously un-met and complex health need there will inevitably be additional operational costs, and it is likely this will be over and above the funding provided through the primary care funding formula (which does not take into account ethnicity, despite the advice of Ministry of Health officials) or VLCA payments. For Māori PHOs, who also are more likely than mainstream PHOs to serve a population with more complex health needs, economic estimates indicate there has been long-term underfunding of between \$394- \$531million.²⁹

When looking at indicators of primary health care access and quality we found that:

- There are low rates of general practice consultations for Māori who have been released from prison (62% of those who were enrolled with a general practice) compared to the national total (73% according to the NZ Health Survey data in 2022/23)³⁰ when, given the level of health need we have identified, you'd expect to see a higher rate of general practice consultations.
- There are lower levels of prescribed medicines dispensed at community pharmacies, and lower rates of community laboratory testing than you would expect given the levels of health need.
- Five percent of all Māori released from prison had an ambulatory sensitive hospitalisation (ASH) – that is a hospital event related to a condition that could have been avoided through high-quality primary health care.³¹

Māori released from prisons between 1 July and 31 December 2021, had lower Covid-19 vaccination coverage than the wider Aotearoa New Zealand population, placing them at increased risk from infectious disease. This is despite having been identified as a priority population for vaccination rollout starting in May 2021.³² This

²⁸ <https://www.nzdoctor.co.nz/2025-practice-ownership-map>

²⁹ Love, et. al., (2021).

³⁰ NZ Health Survey Explorer <https://minhealthnz.shinyapps.io/nz-health-survey-2024-25-annual-data-explorer/> w b052f68db5834b778b3b70aa2f14e0c0/#!/explore-indicators

³¹ King, et. al. (2025a).

³² Lian, et. al. (in publication)

analysis, which highlights inequitable access to vaccines during the national Covid-19 response, raises further concerns about the quality of health care provided to people in and leaving prisons.

Our preliminary analysis also found that a third of Māori coming out of prison had some evidence of contact with specialist mental health services in the year following their release (such as a face-to-face appointment or a phone call), suggesting the continued need for high-quality mental health services,³³ and reinforcing the need for better access to housing, education, income support and employment as the basis for mental wellbeing (as discussed in the previous section).

Policy recommendations:

Department of Corrections

We call for Corrections, Ministry of Health and Health New Zealand to work together to develop a new delivery model to improve the quality of health services in prison. In considering the ideal model, it should not be assumed that a separate prison health service is the only possible approach.

As part of any new model:

- People in prison must be able to have the same level of health and disability care as the general population.
- People in prison must be able to access care from a highly trained and diverse health and disability workforce.
- People must be able to access support and continuity of health care inside and outside of prisons.
- Health agencies must effectively and fully monitor the health and disability services provided within prisons.
- People in prison, and broader society, must have transparency around the quality of health care provided through the prison health and disability service.

Ministry of Health

In addition to working with Corrections and Health New Zealand (as outlined above), the Ministry of Health must support access to high-quality primary health care. This includes:

- Ensuring overall primary health care funding meets the needs of Māori individuals, whānau, and providers. On the face of it, the new funding formula calculations that took effect from 1 July 2026 – which do not include ethnicity – will not meet the needs we have identified in our research.

³³ This is unpublished analysis and includes the need for further work to understand the data in order to support mental health service improvement and better access to care.

- Continue the VLCA scheme, with a view to increasing the availability of VLCA practices across the country.
- Ensuring equitable access to vaccination and other essential preventative care and support, such as cancer screening.
- Providing ongoing monitoring of Māori health provider funding. We note that the “Delivering hauora Māori services” appropriation has decreased by \$11million in the 2026/27 budget,³⁴ a concerning trend given the high level of Māori health need and the relatively small number of providers that are capable of meeting the holistic health and wellbeing needs of Māori released from prison.

Health New Zealand

In addition to working with Corrections and the Ministry of Health (as outlined above), we recommend Health New Zealand:

- Immediately review clause 3.3 of the Enrolment Requirements for Contracted Providers and PHOs document (2018) to remove unnecessary barriers to enrolment for people on sentences and imprisoned or being held on remand.
- Work in partnership with Māori health providers to ensure appropriate funding, support and service coverage (both for primary health care and mental health care) for Māori released from prison, and for Māori deported from Australia under section 501 of that country’s Migration Act 1958.
- Support emergency departments to build relationships and connections with Kaupapa Māori and other community health, social service, and housing providers so that whānau who come into the emergency department are supported to get the care and support they need (including primary health care enrolment, housing support, and community mental health services).
- Increase support to VLCA practices, with a view to increasing the availability of the scheme to all communities that would benefit from low- or no-cost access to primary health care.

Health Quality and Safety Commission (HQSC)

We recommend the HQSC extend its support to the primary care sector through quality improvement initiatives and capability building that specifically address the equitable provision of high-quality, culturally safe, and disability responsive primary health care to Māori who have been released from prison. This includes quality data initiatives that ensure monitoring and accountability of publicly funded services.

³⁴ <https://budget.govt.nz/budget/pdfs/estimates/v5/est26-v5-health.pdf>

Data, monitoring and accountability

TIAKI research found serious flaws with the ethnicity data collected and used within the criminalising legal system. Correction's ethnicity data collection, storage, and analysis do not align with the Stats NZ all-of-government statistical standards for ethnicity data used in other sectors. In responses to our Official Information Act requests the NZ Police have also confirmed they have the same problematic approach as their systems only record the one ethnicity 'which a person identifies with most strongly'.³⁵

Our analysis, based in the IDI, shows an undercounting of Māori within Aotearoa New Zealand prisons by around 6% (equating to around 405 more Māori in prisons than is being reported by Corrections), with ethnicity data especially poor for young wāhine Māori under 20 years of age.

The lack of accurate ethnicity data has a range of consequences including the:

- Inability to understand the true impacts of imprisonment for the population generally and for Māori individuals and whānau specifically.³⁶
- Inability to accurately track and monitor Corrections or NZ Police actions by ethnicity,³⁷ or to understand the implications of broader policy decisions – such as the impact of the 2025 amendments to the Electoral Act 1993 that ban prisoners from voting on Māori electoral rights.
- Likelihood that policy decision-makers are not properly informed. For example, it is likely that policy advice to successive NZ governments on the adverse impacts on Māori of government legislative measures in relation to the criminalising legal system (such as the Sentencing and Parole Reform Act 2010) will have underestimated the impacts on Māori communities due to undercount.
- Ongoing risk of ill-informed funding and planning decisions, for example on the nature and scale of health and rehabilitation services required in Aotearoa New Zealand prisons.

Our analysis has also shown that the lack of data limits the opportunity for data-informed service improvements, compromises the ability to meet the obligation of active protection of Māori who are in prisons, and removes the ability for Māori to have oversight over Māori data in line with the Te Tiriti o Waitangi guarantee of Tino Rangatiratanga and in line with the principles of Māori Data Sovereignty.³⁸

³⁵ NZ Police (released April 2026), available online [here](#).

³⁶ King, et. al. (2025).

³⁷ NZ Police (released April 2026), available online [here](#).

³⁸ King, et. al. (2026).

A particular issue we encountered relates to people held on remand. People can be held on remand while waiting for their trial or for sentencing³⁹ (in other words, it does not mean that you have been found guilty of a crime to be held on remand). Our previous research found that people leaving prisons having been on remand had the highest suicide rates of all.⁴⁰ Our current analysis of the quality of Corrections data available on the IDI relating to people on remand gives us considerable cause for concern in terms of inaccuracies in the data and inconsistency of the data over time due to the way in which Corrections is now reporting remand data. It is now impossible to accurately measure what is happening for people in remand due to poor data quality issues. This is something that requires further scrutiny, both in terms of the data practices of the Corrections and in terms of future monitoring of the health and wellbeing (for instance high suicide rates) of people held by Corrections in remand.

We also note an overall lack of Corrections data that could support an intersectional analysis and could, in turn, support monitoring, accountability, and service improvement. Specifically, there is limited data relevant to tāngata whaikaha Māori (Māori with lived experience of disability) and limited data relevant to gender with the end result of invisibilising both tāngata whaikaha and takatāpui Māori (rainbow, LGBTQIA+).

Furthermore, the data that justice sector agencies collect does not support individuals leaving Aotearoa New Zealand's prisons nor demonstrate active protection as expected by Te Tiriti o Waitangi (which requires both action to eliminate inequities for Māori and for the government and Māori to be well informed on the nature and extent of those inequities).⁴¹ High-quality data is also an expectation of good government yet, as we found with our OIA requests, NZ Police was not able to provide us with information on the cost of holding a person in their cells – suggesting a lack of data on which to make robust decisions.⁴²

Corrections has disclosed publicly that it does not know how many people leave prisons with nowhere to go,⁴³ this is very concerning in light of our qualitative research findings that stress the importance of safe and secure high-quality housing. The lack of health care data also compromises continuity of care within publicly funded health services for a population with high levels of unmet health need as they leave prison and return to their communities. Both of these examples are in contrast to the inappropriate over-surveillance experienced by Māori individuals and communities by the criminalising legal system. This reflects an Indigenous data

³⁹ Department of Corrections https://www.corrections.govt.nz/our_work/before_sentencing/remand (accessed 14 July 2026).

⁴⁰ Cunningham, et. al. (2022).

⁴¹ Waitangi Tribunal. (2023).

⁴² NZ Police (2026). Available [here](#).

⁴³ <https://www.rnz.co.nz/news/political/591806/corrections-does-not-know-how-many-leave-prison-with-nowhere-to-go-report-reveals>

paradox,⁴⁴ where Indigenous Peoples (such as Māori) are made hypervisible due to racialised surveillance in society more generally⁴⁵ yet are invisibilised within state institutions, such as prisons, limiting our ability to fully understand the harms to Māori.

Policy recommendations:

We call for all-of-government approaches to be designed in partnership with Māori that ensure Māori can exercise their rights to self-determination and to hold the government to account for its action. These approaches include:

- Prioritisation of timely, high quality, ethnicity data across all public services.
- The operationalisation of Māori Data Sovereignty approaches.

We also call for all **justice sector agencies** to:

- Implement Māori Data Sovereignty approaches for all Māori data.
- Implement standardised ethnicity data collection, storage, and use – in line with Māori Data Sovereignty approaches – and use this data in monitoring, planning, funding decisions, and policymaking.

NZ Police

In addition to improving standardised ethnicity data collection, storage and use (as above), we recommend that the NZ Police improve its processes to ensure routine data about its costs be collected and maintained in a way that supports transparency for decision-makers and the wider public.

Department of Corrections

In addition to improving standardised ethnicity data collection, storage and use (as above), we recommend that Corrections:

- Work with the Ministry of Health to ensure relevant data on the health of people in prisons is routinely collected and built into monitoring and accountability systems for the publicly funded health system.
- Ensure data is collected that supports people who have been in prison to return to their community and whānau. The exact information required needs to be decided on in partnership with people with lived experience but will likely include information about safe and secure high-quality housing on release from prison, and access to other social supports, including the Steps to Freedom Grant.
- Improve remand data so that it is accurately collected and reported so that the health and wellbeing of people on remand, and the support provided to

⁴⁴ Walter. (2018).

⁴⁵ Cormack & Kukutai. (2022).

them on leaving imprisonment, can be built into monitoring and accountability systems.

Ministry of Health and Health New Zealand

We recommend that health sector agencies work with Corrections to ensure appropriate to ensure high-quality, timely, accurate and relevant data on the health of people in prisons is routinely collected and built into monitoring and accountability systems for the publicly funded health and disability system. Two examples of this include ensuring mental health survey data collection includes the prison population and that primary health care data should include primary health care delivered in prisons.

References

TIAKI publications

Cunningham, R., King, P. T., Telfer, K., Crengle, S., Carr, J., Stanley, J., Gibb, S., & Robson, B. (2022). Mortality after release from incarceration in New Zealand by gender: A national record linkage study. *SSM – Population Health*, 20, 101274. Link [here](#).

King, P. T., Petrović-van der Deen, F. S., McLeod, M., Harris, R., Davies, C., Cormack, D., Ingham, T., Jones, B., Robson, B., Paki Paki, N., Baker, G., Tuari-Toma, B., Stairmand, J., Cole, M., Pehi, T., Carr, J., Kemp, C., Chin, M. H., & Cunningham, R. (2025). The undercounting of Indigenous Māori imprisoned by the New Zealand carceral state: A national record study. *Health & Justice*, 13, 48. Link [here](#).

King, P. T., Petrović-van der Deen, F. S., Davies, C., Robson, B., Crengle, S., Baker, G., Carr, J., Paki Paki, N., Pehi, T., Cole, M., Jones, B., Ingham, T., Stairmand, J., Tuari-Toma, B., Kemp, C., Chin, M. H., & Cunningham, R. (2025a). Health in justice or health injustice? Indigenous Māori experiences of primary care following release from New Zealand prisons: A national record study. *Social Science & Medicine*, 384, 118543. Link [here](#).

King, P. T., Paki Paki, N., Cormack, D., Davies, C., Timutimu, R., Baker, G., Ingham, T., Jones, B., Cole, M., & Kemp, C. (2026). Poipoia Te Kākano Kia Puāwai: The operationalisation of Māori Data Sovereignty in Aotearoa—A scoping literature review. *Journal of the Royal Society of New Zealand*, 56, e70029. Link [here](#).

Lian, A., Cunningham, R., Petrović-van der Deen, F. S., Robson, B., Davies, C., & King, P. T. (2026). COVID-19 vaccination coverage in people released from prison in Aotearoa New Zealand between 1 June and 31 December 2021 [Manuscript submitted for publication]. Department of Public Health, University of Otago.

TIAKI zines

A series of six zines has been produced as part of the TIAKI rangahau, and all of these are available to download from our website:

<https://www.orangamokopuna.co.nz/orangamokopuna/tiaki-podcast>

The six zines include:

Baker, G. & King, P.T. (2026). *Steps to Freedom? Exploring the inadequacies of the WINZ special grant for people leaving NZ prisons*. TIAKI Rōpū Rangahau. Te Whanganui-a-Tara.

King, P.T. & Baker, G. (2026). *The health and wellbeing of Māori who leave prison, and what government data tells us*. TIAKI Rōpū Rangahau. Te Whanganui-a-Tara.

King, P.T. & Baker, G. (2026). *TIAKI: an introduction*. Te Whanganui-a-Tara.

Other references

Cormack, D., & Kukutai, T. (2022). Indigenous peoples, data, and the coloniality of surveillance. *New perspectives in critical data studies: The ambivalences of data power* (pp. 121–141). Palgrave MacMillan. Available online [here](#).

King, P. T. (2019). *Māori with lived experience of disability part 1* (Wai2575, #B22). Waitangi Tribunal. Available online [here](#).

Love, T., Moore, D., Milkop, A., Woon, L., Young, M. Comendant, C. (2021). *Methodology for estimating the underfunding of Māori primary health care*. Sapere Research Group. Available online [here](#).

Malinowski, N. E. (2024). *Emergency department use in the 12 months post-release for Māori and non-Māori incarcerated in Aotearoa New Zealand* [Master's thesis, University of Otago]. OUR Archive. Available online [here](#).

Mills, A., Terry, A., Lindsay Latimer, C., and Milne, B. (2022). *Going straight home? Post-prison housing experiences and the role of stable housing in reducing reoffending in Aotearoa New Zealand*. COMPASS, University of Auckland. Available online [here](#).

Office of the Auditor General. (2026). *Department of Corrections: Planning for stable housing outcomes* (B.29 [26c]). Available online [here](#).

Te Uepū Hāpai i te Ora – Safe and Effective Justice Advisory Group. (2019). *Turuki! Turuki! Move together! Transforming our criminal justice system: The second report of Te Uepū Hāpai i te Ora – Safe and Effective Justice Advisory Group*. Available online [here](#).

Waitangi Tribunal. (2023). *Hauora: Report on stage one of the Health Services and Outcomes Kaupapa Inquiry* (Wai 2575, 2023 ed.) Available online [here](#).

Walter, M. (2018). The voice of Indigenous data: Beyond the markers of disadvantage. *Griffith Review*, 60, 256–263. Available online [here](#).

Information released to us under the Official Information Act 1982

Department of Corrections (January 2026), available online [here](#).

Health New Zealand (February 2026), available online [here](#).

Ministry of Health (February 2026), available online [here](#).

Ministry of Social Development (December 2025 and March 2026), available online [here](#).

NZ Police (released April 2026), available online [here](#).

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