



REPORT OF AN ANNOUNCED INSPECTION OF
BANDYUP WOMEN'S PRISON

73

AUGUST 2011
REPORT

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OFFICE OF THE INSPECTOR
OF CUSTODIAL SERVICES

**Report of an Announced Inspection
of Bandyup Women's Prison**

Office of the Inspector of Custodial Services
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The Inspector's Overview

INADEQUATE INVESTMENT IN WOMEN'S IMPRISONMENT AND SLIPPING PERFORMANCE AT THE STATE'S MOST COMPLEX PRISON

This report of an announced inspection of Bandyup Women's Prison, conducted from 27 March to 1 April 2011, contains many more recommendations (33) than our other recent reports.ⁱ There are two main reasons for this. First, Bandyup is a very complex multi-purpose prison, catering for a particularly complex group of prisoners. Secondly, our 2005 and 2008 inspections noted a marked improvement at Bandyup since 2002. But while there are still areas of good practice, in many respects the prison has slipped back in terms of its strategic direction and performance.

In particular, for most prisoners and staff, there is now a distinct lack of fit between official policy documents which promise a 'women-centered' philosophy of corrections (in other words, a philosophy where the specific needs of women are not only acknowledged but are also actively provided for) and the position on the ground. Indeed, we found several areas where the needs of women (as mothers and women as well as prisoners) are not being met as well as their male counterparts in other prisons. This raises the potential prospect of challenges under equal opportunity laws.

This report should not be read as a criticism of staff and management who have generally done their best in difficult times. There have been two main factors in the slippage. First, whilst there have been some noteworthy new investments, especially Unit 5 ('self-care') and a new gatehouse, there has not been sufficient funding to improve or rebuild most of the ageing and ailing areas. Despite being submitted to government on a number of occasions, 'Stage Three' of the Department's master plan for Bandyup has not been funded and no alternatives to 'Stage Three' appear to have been developed. Secondly, although massive resources are being put into additional accommodation for male prisoners across the state, there has been comparatively little investment in (or concrete planning for) additional new accommodation for women prisoners.

Although this report raises many areas of concern, it is important to emphasise that it is not too late to address the issues. But planning and investment are urgently required for Bandyup and more generally for female prisoners in the state. If such planning and investment are not forthcoming, there is a very real risk that the achievements which have been made since 2002 will be further eroded. If Bandyup is reinvigorated through further investment, there is every reason to believe that the staff can meet the challenge and that the prison's role in reducing recidivism can be significantly enhanced.

It is not possible or appropriate in this Overview to summarise the report as a whole, but four areas require comment in order to understand the context and nature of the challenges: the role and complexity of Bandyup Prison; health and mental health services; the question of numbers, planning and funding; and some issues of equality.

i The recommendations and the responses by the Department of Corrective Services can be found at Appendix 1 to this report.

INADEQUATE INVESTMENT IN WOMEN'S IMPRISONMENT AND SLIPPING PERFORMANCE AT THE STATE'S MOST COMPLEX PRISON

BANDYUP: *THE WOMEN'S PRISON AND THE MOST COMPLEX PRISON IN THE STATE*

Bandyup is smaller than most of the male prisons in terms of the number of prisoners, but it is probably the most complex, multi-purpose prison in the state. In terms of its formal 'profile', it manages sentenced prisoners and remandees, prisoners received 'off the street', and women of all security classifications (maximum, medium and minimum). In terms of prisoner demographics, a large number are Aboriginal (and many are 'out of country'), many are mothers with significant family responsibilities; and some are pregnant. The prison also houses a number of babies, who, subject to the necessary approvals, are able to live with their mothers until 12 months of age. Despite the opening of Boronia Pre-release Centre for Women in 2004, Bandyup also remains by far the largest releasing prison for women in the state.

HEALTH AND MENTAL HEALTH

As noted earlier, the women at Bandyup have very significant physical and mental health needs. Our broad conclusion is that health services and custodial staff are providing an impressive level of service in the face of burgeoning patient numbers, insufficient staffing, a lack of training and professional support and inadequate infrastructure.

In recognition of the importance of these issues, eight recommendations are made (recommendations 26 to 33). We were disappointed in some of the Department's responses but this is a matter which readers can assess for themselves.ⁱⁱ

It is difficult to overstate the extent of the prisoners' general health needs, especially with respect to mental health. It is sobering to reflect on the fact that the state's secure forensic mental health unit, the Frankland Centre, opened in 1993 with 30 beds for both men and women. The state's prison population has increased by 135 per cent since 1993 and mental health is universally recognised as an increasing problem. Yet the Frankland Centre's capacity remains unchanged and there are no specific mental health units for prisoners (male or female).

Bandyup Unit One is a particularly 'hard' place in terms of its impoverished infrastructure, the obvious levels of mental illness and the palpable anxiety and despair. It is difficult to avoid the conclusion that to some extent it doubles as a de-facto secure unit for people with a mental illness as well as a prison. But it is the antithesis of a therapeutic environment and is not staffed by professional mental health experts. Consequently, the pressures on staff as well as prisoners are high. There are also significant deficits in terms of training for custodial staff.ⁱⁱⁱ

It is also very concerning to report that, due to Bandyup's limited capacity to use other measures to keep women who are in distress safe, the prison makes far more use of its restraints bed than comparable male prisons.^{iv} And to add to these concerns, the bed was in a dangerous and unsafe condition at the time of the inspection, with one of the limb cuffs

ii See Appendix 1.

iii See recommendations 9 and 28 in Appendix 1.

iv See paragraphs 7.33 – 7.34

INADEQUATE INVESTMENT IN WOMEN'S IMPRISONMENT AND SLIPPING PERFORMANCE AT THE STATE'S MOST COMPLEX PRISON

featuring a protruding nail and broken stitching. It has no doubt now been fixed but that is hardly the point.

NUMBERS, PLANNING AND FUNDING

The report sets out in some detail the trends with respect to women's imprisonment.^v The key point is that women have constituted an increasing proportion of a growing prison population for 15 years or more. From being between five and six per cent of the prison population for much of the 1990's, women now constitute around eight per cent.^{vi}

The number of prisoners in the state rose particularly rapidly from mid-2008 to mid-2010. Much, though not all, of this change reflected changes in Prisoners' Review Board policies and practices from April 2009 onwards. Urgent action was needed to meet the pressures created by additional prisoner numbers, and in the male estate this eventuated. In addition to a program of adding bunk beds to cells originally designed for single occupancy,^{vii} there is an ongoing program to build 640 extra maximum security beds, to add additional capacity at minimum security facilities, and to introduce more capacity at work camps.^{viii}

Given the clear long and short term trends, one would have expected women's imprisonment to have been afforded a particularly high priority in departmental planning and in government decisions about investment in new accommodation during 2009 and 2010. It is true that in terms of numbers alone, there were more additional male prisoners than there were female prisoners. But in proportionate terms, the rate of female imprisonment was rising much faster than male imprisonment.^{ix} And on the ground at Bandyup, which bore the brunt of the population increase, the impacts were all too clear.

Unfortunately, the response to female prisoners was delayed, piecemeal and hesitant, especially when compared with the actions taken in the male estate. The two main measures that have been taken to date to address the pressures are: (i) the installation of double bunk beds in many of Bandyup's single cells (to replace mattresses on the floor); (ii) from mid-September 2010, an extra 12 prisoners have been placed at Boronia Pre-release Centre (an increase from 70 to 82 prisoners).

In addition, some demountable units, originally intended for Karnet Prison Farm, a male minimum security facility, have been redirected (with slight modifications) to Bandyup. However, at the time of writing it is not clear when these new units will be commissioned or opened. Their location and design also place limitations on their potential role.

v See Chapter two.

vi There were no relevant legislative changes but changes in the interpretation and application of the law.

vii This Office acknowledges that this became necessary as a temporary short term measure. But the 'double-bunking' of cells which were never designed for that purpose must not be seen as an acceptable norm.

viii The 640 maximum security beds will be at Casuarina, Hakea and Albany prisons. Minimum security capacity has been increased at Karnet, Wooroloo and Pardelup Prison Farms. Acacia prison is also due to be expanded. Some older and smaller work camps are being closed, including Bungurun (near Derby) and Mount Morgan's (near Laverton) but larger new work camps have or are being opened, including Warburton and Wyndham.

ix Between 5 March 2009 and 4 March 2010 the number of male prisoners increased by 312 and the number of female prisoners increased by 73. In March 2008, female prisoners were 7 per cent of the state's prison population. The figure increased to over 7.5 per cent in March 2009 and to 8 per cent in March 2010.

INADEQUATE INVESTMENT IN WOMEN'S IMPRISONMENT AND SLIPPING PERFORMANCE AT THE STATE'S MOST COMPLEX PRISON

In terms of further plans, some additional capacity for women in the regions will come on line in 2012 (Derby) and 2015 (Eastern Goldfields). It was also announced in February 2010, somewhat unexpectedly, that Greenough Regional Prison would have a new 30-bed female unit.^x But no concrete progress has been made on this proposal in the intervening 18 months and it is far from clear that Greenough is the right location.^{xi} At the time of writing there has been no announcement as to whether or when the proposal will proceed or whether the existing facilities for women at Greenough will be improved.

EQUALITY

This report raises two main issues relating to equity and equality. The first relates to the position of women prisoners as a whole. There are certainly some 'highlights' in metropolitan women's prisons, including Boronia Pre-release Centre. However, the vast majority of women remain at Bandyup and it is difficult to avoid the view of staff and much of management that the prison is just having to 'make do' when compared with the male estate. The high quality of accommodation in Unit 5 ('the village') should not be allowed to detract from the realities in other parts of the prison.

One of the most telling shortfalls relates to visits. Unlike the male metropolitan prisons, Bandyup is not serviced by public transport and the Department does not provide a bus service from the nearest station. This means that visitors without cars face an arduous and expensive journey. The external Outcare facility, where visitors attend on arrival, is in very poor condition (probably the worst in the state). The internal visits facility is the worst in the state. It was opened in around 1991, at which time Bandyup housed approximately 100 prisoners and compares very poorly with the male prisons. It is crowded and loud and does not cater adequately for children. The play area is small and there is no outdoor area or purpose built interactive space for mothers and their children. Departmental plans for a new visits centre have been approved but remain unfunded. Staff invariably do what they can but the infrastructure deficits are totally at odds with the principles behind a women-centred approach to corrections.

The other main issue relating to equity concerns Aboriginal women. In terms of accommodation, they remain concentrated in the most impoverished parts of the prison. In terms of services, much remains to be done in terms of developing more culturally appropriate rehabilitation programs, better health screening, improved access to health services^{xii} and reducing barriers to maintaining family and community contact. Our recommendations target the outcomes of more equal distribution and better services.

x Hon C Porter MLA, Attorney General and Minister for Corrective Services, *Metropolitan and regional prisons get new accommodation units*: Media Statement, 5 February 2010. The announcement was made in the context of reversing the to add new units for males at Greenough which had been announced three months earlier: see Hon C Porter MLA, Attorney General and Minister for Corrective Services, *Further 640 beds announced for prison System*: Media Statement, 1 November 2009.

xi The conditions for women prisoners at Greenough undoubtedly need improvement (see OICS, *Report of an Announced Inspection of Greenough Regional Prison*, Report No. 66, June 2010). However, there are probably not sufficient women from the region to justify an additional 30-bed unit being located there.

xii It is generally accepted that Aboriginal women have particularly high physical and mental health needs but they are not accessing health services to an extent that is even proportionate to their numbers at the prison.

INADEQUATE INVESTMENT IN WOMEN'S IMPRISONMENT AND SLIPPING
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CONCLUSION

The Department has supported most of the recommendations contained in this report. However, it has not supported some significant recommendations relating to better health services, alternative funding models, and developing management strategies to improve the situation of Aboriginal women. There is also a long way to go to achieve actual outcomes with respect to many of those recommendations which are said to be already the subject of departmental initiatives.

In summary, action and investment are urgently required to address current deficits and to ensure greater equality.

Neil Morgan

5 August 2011

Fact Sheet

NAME OF FACILITY

Bandyup Women's Prison

ROLE OF FACILITY

Bandyup is the only female prison in Western Australia that caters for all security classifications. Bandyup acts as a reception, remand, assessment, and sentenced prisoner facility.

LOCATION

22 kilometres north-east of Perth. The traditional owners of the land are the Noongar people.

BRIEF HISTORY

Bandyup opened in 1970. The facility is owned by the Department of Corrective Services.

LAST INSPECTION

20-24 April 2008

ORIGINAL DESIGN CAPACITY OF PRISON

68

CURRENT DESIGN CAPACITY OF PRISON

183

OPERATIONAL CAPACITY OF PRISON

188

NUMBER OF PRISONERS HELD AT TIME OF INSPECTION

236

DESCRIPTION OF RESIDENTIAL UNITS

- Unit 1 Standard supervision
- Unit 2 Standard supervision
- Unit 3 Comprising punishment and crisis care wings
- Unit 4 Comprising J Block, which is the orientation wing, and K & L blocks, which are designated self care wings
- Unit 5 The 'village' comprising ten, four-bedroom, community-style self-care houses, accommodating 48 women in eight houses (two shared bedrooms in each) and eight women in two houses (who are either pregnant or with resident babies under 12 months old).

Chapter 1

CONTEXT AND HISTORY

- 1.1 Bandyup Women's Prison ('Bandyup') is located 22 kilometres north-east of Perth and was opened in 1970. Bandyup is the only female prison in Western Australia that caters for all security classifications. It acts as a reception, remand, assessment, and sentenced prisoner facility.
- 1.2 As the only maximum security prison for women in Western Australia, Bandyup accommodates prisoners from all the regions assessed as maximum security. The prison also accommodates a significant number of minimum security prisoners who are waiting for transfer to Boronia, or who cannot reside elsewhere for varying reasons (including lack of bed space, mental health needs, and programmatic intervention needs). In addition, Bandyup acts as an overflow facility for regional women when their local prison cannot house them.
- 1.3 Since its inception, the Office of the Inspector of Custodial Services ('the Office') has undertaken four announced inspections of Bandyup, with the most recent occurring between 27 March and 1 April, 2011. This report relates to that most recent inspection.

INSPECTION CONTEXT AND THEMES

A Women-Centred, Planned Approach?

- 1.4 A women-centred approach to custodial management recognises the unique needs of women prisoners. These relate to children and childcare responsibilities, education, employment, mental and physical health, housing and income, substance abuse, victimisation, childhood and adult abuse. A women-centred approach therefore requires that management systems, infrastructure and processes are responsive to the complex needs of female offenders and accordingly differ from those applied to male offenders.
- 1.5 Previous inspection reports of Bandyup and Boronia Pre-release Centre for Women have charted the Department of Corrective Services' ('the Department') efforts and this Office's role in promoting women-centred custodial management in Western Australia.¹
- 1.6 At the time of the last inspection in April 2008, the Office recognised the position of Director Women's Corrective Services and Prison Farms as critical to ongoing progress. It had continued to drive the development of a women-centred philosophy of custodial management and its application at Bandyup and other centres at which women were held.²
- 1.7 Indicators of the Directorate's progress were the completion of three new draft policies, not all of which had been endorsed at a higher level:
 - Women's Way Forward: Women's Corrective Services Future Directions 2008–2012;
 - Women's Treatment and Intervention Model;³ and
 - Strategic Directions 2008–2012: Health Care for Women and Girls.

1 Office of the Inspector of Custodial Services (OICS), *Report of an Announced Inspection of Bandyup Women's Prison*, Report No. 36 (June 2006); OICS, *Report of an Announced Inspection of Boronia Pre-release Centre*, Report No. 42 (April 2007).

2 OICS, *Report of an Announced Inspection of Bandyup Women's Prison*, Report No. 57 (December 2008) 8.

3 The *Women's Treatment and Intervention Model* has since become the overarching framework for *Women's Way Forward*.

CONTEXT AND HISTORY

- 1.8 At Bandyup prison level, the Service Level Agreement and Business Plan had also embodied a women-centred approach and focused on the needs of women in custody in relation to a range of issues and services. These included but were not limited to the structured day, women's treatment model, accommodation developments, preventative health services, prisoner mothers and children, and recognition of family and community responsibilities.
- 1.9 The Office was cautious in its optimism, however:
- Ultimately, the success of such policies as they evolve will be measured by *practical outcomes as experienced by prisoners and the people who work with them* ... there can sometimes be slippage between policies and practices, so it is essential that implementation of policies is undertaken in accord with sound change-management principles.⁴
- 1.10 The Office was right to be cautious about outcome attainment. The Department abolished the position of Director of Women's Corrective Services and Prison Farms in January 2010. This coincided with unprecedented prisoner population levels across the entire estate, as well as a number of Superintendent positions, including Bandyup's, being filled by a succession of 'actors'.
- 1.11 The substantive Superintendent at Bandyup had been seconded to the position of Acting Superintendent at Casuarina Prison. During her 22-month absence from Bandyup, and until November 2010, four different people acted in the role.
- 1.12 Between November 2008 and April 2009, the population of Bandyup was sitting at its operational capacity of 188. But from April 2009 to August 2010 the population rose to 250 before peaking at 269 at which point 90 women were sleeping on floors.⁵
- 1.13 At this inspection, therefore, the Office was keen to understand the extent to which, in this context, the strategic direction had been maintained and progress had been made with implementing *Women's Way Forward*. Furthermore, with the female prisoner population projected to rise the Office was also keen to gain an understanding of the Department's forward planning for women's custodial management, with regard to Bandyup, Aboriginal women, and the women's estate as a whole.
- 1.14 Another key theme explored at this inspection was the management of mentally unwell offenders. The Office discussed this area of service and its associated challenges in some detail during liaison visits preceding the inspection. Prison management was keen for a comprehensive examination of this service area to be undertaken as part of this inspection. For this purpose, the Office engaged expert advisor Dr Edward Petch, the Director of the Frankland Centre, which is operated by the State Forensic Mental Health Service. The examination of this service area was undertaken with the following questions in mind:
- What services are available in prison to women with mental health problems?
 - To what extent are these services meeting these women's needs?

4 OICS, *Report of an Announced Inspection of Bandyup Women's Prison*, Report No. 57 (December 2008) 10.

5 In the lead-up to this inspection the population dropped at Bandyup to an average of 220–230 prisoners, and four months prior to this inspection the substantive Superintendent returned to her position.

CONTEXT AND HISTORY

- What training is provided to custodial and non-custodial staff to assist them in the daily management of prisoners with mental health problems?

INSPECTION METHODOLOGY

- 1.15 As with all inspections, the team tested the prison's performance against this Office's Code of Inspection Standards⁶ and followed up on this Office's previous recommendations. However, for reporting purposes the findings and analysis have generally been presented by focussing specifically on the overarching themes outlined above.
- 1.16 Inspection activity started in November 2010 with a request for documentation and specific information from the Department about Bandyup's achievements in relation to its women-specific strategic goals. This was followed up with a meeting about the Female Offender Policy and Female Offender Framework projects. Underpinning these initiatives is the philosophy outlined in *Women's Way Forward*. The purpose of these initiatives is to develop a coordinated and targeted approach to managing female offenders, which takes into account the distinct needs, characteristics, life experiences, family circumstances and ethnicity (in particular Aboriginality) of female offenders in Western Australia. However, the Office found that these projects were in their infancy and for this reason it was decided that any comment on their progress would be premature.
- 1.17 Other off- and on-site, pre- and post-inspection activity included meetings with community service providers, Bandyup's senior management team, and principal and senior officers. Surveys of staff and prisoners were also undertaken. One hundred and four prisoners and 75 staff responded to the surveys.⁷
- 1.18 The inspection team comprised 13 members and, consistent with the thematic approach, a number of expert advisors (see Appendix 3). The on-site inspection period was 27 March – 1 April 2011, although the experts only attended the prison for as long as they needed, generally between one to two days. The Inspector presented an exit debrief to head office and prison management, and staff on 1 April 2011. That debrief outlined the main areas of good performance as well as issues of concern, with a view to encouraging departmental action prior to production of this report.

⁶ OICS, *Code of Inspection Standards for Adult Custodial Services*, Version One (19 April 2007).

⁷ In 2008, 70 prisoners and 36 staff responded to the surveys. In 2011, surveys were randomly handed to prisoners in each unit (except the Crisis Care and Management Units) in the evening just prior to lockdown; completed surveys were collected by the Office just after unlock the following morning. There were far fewer responses to the surveys by the women in Unit 1A, who tend to be out-of-country (Kimberley, Pilbara and Wheatbelt regions). Particular efforts were made, therefore, during the inspection to spend time with these women and ensure their views were adequately represented.

Chapter 2

BANDYUP AND ITS PLACE IN THE WOMEN'S ESTATE

PRISONER PROFILE

Number, Type, Origin, Facility

- 2.1 The table below shows that the number of female prisoners in Western Australia has been growing consistently over time and at a faster rate than the male prisoner population. Between March 2009 and March 2010, the female population grew by 23 per cent. Furthermore, although prisoner numbers have dropped across the board during the last year, Aboriginal prisoners, particularly Aboriginal women, remain disproportionately represented. Aboriginal women comprise over 45 per cent of the total number of female prisoners.

Year	Number of Women	Aboriginal Men as a Proportion of Male Prisoners	Aboriginal Women as a Proportion of Female Prisoners
1993	90/1800 (5%)		
24/04/08	255/3729 (6.8%)		
05/03/09	316/4041 (7.8%)	41.3% (1540/3725)	47.5% (150/316)
04/03/10	389/4847 (8%)	39.2% (1747/4458)	49.6% (193/389)
03/03/11	378/4666 (8.1%)	34.6% (1621/4288)	45.5% (172/378)

Table 1: 1993 figures cited in OICS, *Report of an Announced Inspection of Bandyup Women's Prison*, Report No. 13, (June 2002) 4. 2008–11 figures refer to the time of the 2008 OICS inspection of Bandyup: see <http://www.correctiveservices.wa.gov.au/about-us/statistics-publications/statistics/default.aspx>. 2010 Figures are not available from this source with respect to the other parts of this table.

- 2.2 At the time of this inspection, the majority (236 or 63 per cent) of the 378 women prisoners in Western Australia were accommodated at Bandyup. Forty-three per cent (102) were Aboriginal. Sixty-three women were held in the regions, 57 of whom were Aboriginal. Figures sourced from the Total Offender Management System (TOMS) database showed that at the time of the inspection, 23 of the 79 regional Aboriginal women held in prison were held 'out of country' at Bandyup.

The Wider Women's Estate

- 2.3 Prisons other than Bandyup at which women can be held in Western Australia include Boronia Pre-release Centre for Women in Perth, and the mixed-gender Aboriginal⁸ regional prisons of Broome, Greenough, Eastern Goldfields and Roebourne.
- 2.4 Broome, Greenough, Eastern Goldfields, and Roebourne Regional Prisons respectively provide places for up to 12, 23, 20, and 17 women classified as minimum or medium security.⁹
- 2.5 This Office's most recent inspections of the regional prisons, have found that although held 'in country', the women are otherwise significantly disadvantaged in terms of

8 An 'Aboriginal prison' is defined as any prison where 75 per cent or more of the prison population is Aboriginal. OICS, *Annual Report 2000–2001* (2001) 17.

9 Occupancy occasionally exceeds capacity on a short-term basis and in particular circumstances. Maximum security women may also be held on a short-term remand basis.

accommodation and service delivery.¹⁰ This is compared with their male counterparts within these prisons and their female counterparts in the metropolitan prisons. Arguably, they are seen as 'prisoners who happen to be women' rather than 'women prisoners'¹¹ and they are poorly catered for in these essentially male facilities.

- 2.6 Furthermore, there is a stark disparity between the privileged accommodation areas in Perth (Bandyup's Unit Five, the village and Boronia), and the women's accommodation in the regional prisons. Non-Aboriginal women predominate in these privileged areas. Since it commenced operation, Boronia has accommodated relatively few Aboriginal women.¹² At the time of writing, Aboriginal women accommodated at Boronia represented only 15 per cent of its population.¹³ At the time of the inspection, the village houses at Bandyup accommodated only four (12.5%) Aboriginal women.
- 2.7 *Women's Way Forward* highlights the high needs and complex issues faced by women generally as mothers, victims and offenders. This document articulates specific aims for 'a just and equitable custodial service' which recognises cultural diversity, and includes the promotion of 'safe and effective management of women with a focus on women-centred rehabilitation and re-entry services that foster family wellbeing'. Further it states 'that women in Western Australia's regional prisons [be] afforded services that are commensurate with those provided in metropolitan facilities'. Despite being described as a 'foundation issue' that needed to be addressed 'as a matter of urgency', progress to date has been disappointing.
- 2.8 By contrast, Boronia Pre-release Centre for Women catering exclusively for minimum security females, has from its conception been explicitly planned, funded and resourced based upon a women-centred approach to corrections. It is a purpose-built facility based upon a 'shared house' model of accommodation. It caters for those women (and if approved, their children up to four years of age) who are minimum security and who meet certain other suitability criteria.

BANDYUP: THE FEMALE PRISON IN WESTERN AUSTRALIA.

- 2.9 Bandyup manages remandees and prisoners 'received off the street', all security classifications, the largest number of Aboriginal women (and frequently, the largest number of 'out of country' women) pregnant women and women with babies.

10 See OICS, *Report of an Announced Inspection of Broome Regional Prison*, Report No. 56 (November 2008); OICS, *Report of an Announced Inspection of Greenough Regional Prison*, Report No. 66 (August 2010); and OICS, *Report of an Announced Inspection of Roebourne Regional Prison*, Report No. 70 (April 2011).

11 These two phrases were used in OICS Briefing Note, *Key Steps to Reforming Women's Imprisonment in Western Australia* (23 April 2003) 2.

12 In 2009, Chief Justice Wayne Martin stated: 'The percentage of Aboriginal women among those at Boronia is significantly less than the percentage of Aboriginal women within the prison population generally. While this may be a consequence of the characteristics of Aboriginal women offenders, including their offence types and criminal histories, the rates of return to custody ... suggest that those offenders are in greater need of assistance when re-entering the community': The Hon Wayne Martin, Chief Justice of Western Australia, 'Corrective Services for Indigenous Offenders – Stopping the Revolving Door', paper delivered to the Department of Corrective Services (DCS) Joint Development Day (17 September 2009).

13 Figures sourced from TOMS Custodial Counts (19 April 2011).

- 2.10 Bandyup is also the largest female releasing prison, having released 724 women between 1 April 2010 and 1 April 2011, more than seven times the number released from Boronia, which released 95 women during the same period.¹⁴
- 2.11 In short, Bandyup plays a pivotal role in the women's estate, holding the majority of women (63 per cent) with the widest range of very complex needs. As the female prison in Western Australia, it is reasonable to expect, therefore, that it is recognised as such and resourced accordingly. To date, this has not been the case.

FAILURE TO MEET PREDICTABLE NEED

- 2.12 At the time of the 2008 inspection, a new gatehouse was due to be commissioned to improve security and provide a more family-friendly entry into the prison. Furthermore, a 40-bed village built along similar lines to Boronia and comprising ten, community-style, shared houses (including two for pregnant women and women with children) was nearing completion. The Department's commitment to this development coincided with the trend of increasing numbers of women prisoners.
- 2.13 The village opened nine months later than expected in the first quarter of 2009 and immediately filled to capacity. The accommodation in the village had increased the prison's design capacity from 147 to 183; however, Bandyup's population at that time was already in excess of 200 women.
- 2.14 It was surprising and disappointing that, despite the long-term trends, the commitment to continued development was not maintained. Although short, medium and long-term plans were in place, 2009 saw a rapid increase in prisoner numbers, with the female prisoners increasing at a proportionately faster rate than males (see Table 1 above). The government committed to major expansions to the male estate, but little attention was given to the needs of women.
- 2.15 A business case for 'Stage Three' of the Bandyup redevelopment was put forward (described in detail in 'Service Delivery Infrastructure' below), but this has not been funded. Significantly, too, the business case for Stage Three includes only very limited additional accommodation in the form of a new orientation unit. In February 2010, the government announced that the plan (announced only three months earlier) to add 256 extra beds for male prisoners at Greenough Regional Prison had been shelved but that a new 30-bed women's unit would be built at that prison.¹⁵ No concrete progress has been made on this proposal over the ensuing 18 months and is far from clear that Greenough is the right location for extra beds for women prisoners.

IMPACTS ON WOMEN

- 2.16 By August 2010, the upward population trend had continued to the extent that there were

14 Figures sourced from TOMS. Even if only the numbers of sentenced prisoners who are released are counted, Bandyup still released almost double that of Boronia during the last year.

15 Hon C Porter MLA, Attorney General and Minister for Corrective Services, *Further 640 beds announced for prison system*; and Hon C Porter MLA, Attorney General and Minister for Corrective Services, *Metropolitan and regional prisons get new accommodation units*: Media Statement, 5 February 2010.

269 women held at Bandyup. The accommodation situation had deteriorated to such a degree that 90 women were sleeping on mattresses on cold, concrete floors. The great majority of those affected were accommodated in Unit 1 and were Aboriginal.

- 2.17 The Perth winter of 2010 was particularly cold. The Bureau of Meteorology has stated that the 'mean daily minimum temperatures were below to very much below average for much of the Perth area with overnight temperatures about two degrees cooler than normal'.¹⁶ At its coldest the temperature was -0.4 degrees.
- 2.18 The accommodation of two women in cells designed for one impacted the women's privacy and dignity in terms of toileting and other needs. Together with the extreme cold and lack of ventilation, the overcrowding of cells created condensation to levels that constituted a risk to health. The integrity of mattresses became compromised and, following an audit, 140 had to be replaced because they were mouldy, torn or soiled.¹⁷ Prison officers also highlighted the security risks posed by condensation because cell windows steamed up and obscured the view for observation checks.¹⁸
- 2.19 It can only be speculated as to whether a similar situation would have been tolerated for so long in a male prison, and whether the slow response by prison administration exploited women's relatively passive nature and relatively disempowered Aboriginal status.¹⁹
- 2.20 As the prisoner population rose sharply in 2009, the Inspector consistently raised his concerns regarding the lack of planning and the sub-standard conditions for female prisoners with the Department, but its focus remained almost entirely on expanding capacity for males. During 2010, the Inspector continued to raise his concerns in Parliament and elsewhere. The Department eventually developed a number of short, medium, and long-term strategies.
- 2.21 In the short term, the Department responded by:
- installing 'temporary' bunks in 'J' and 'K' blocks of Unit 4, and partially double-bunking Unit 2;
 - converting the old nursery into a Section 95 house, accommodating eight women in four rooms;
 - doubling-up some of the rooms in the village houses to a maximum of six women in each; and
 - doubling-up 12 rooms at Boronia.
- 2.22 Undoubtedly these strategies have improved the situation and reduced the numbers of women sleeping on floors. However, there remain two major problems. First, Aboriginal women continue to disproportionately bear the impacts. On the second day of the inspection we were advised that 15 women remained on mattresses on the floor: 12 in Unit 1, and three in Unit 2, the majority of whom were Aboriginal. Secondly, although the

16 <http://www.bom.gov.au/climate/current/month/wa/archive/201008.perth.shtml>

17 Arguably, although some mattresses may have been due for replacement anyway, placing them on floors would have precipitated the need.

18 Liaison officer notes of liaison visit conducted 5 August 2010.

19 Women had been sleeping on floors since at least April 2010, and their numbers exponentially increased over subsequent months. However, no planning or action to remedy the situation occurred until August 2010 and this was only when an acting superintendent, new in the role at Bandyup, regarded it as an issue of utmost priority.

Department succeeded in ameliorating the more deleterious impacts of overcrowding by implementing various strategies to reduce the numbers of women having to sleep on floors, in the process it undermined the hierarchical system of prisoner management.²⁰ Double-bunking accommodation previously designated 'earned supervision' has blurred incentives for prisoners, and disempowered staff in terms of the reward/punishment management tools at their disposal. Frequently, throughout the inspection prisoners and staff alike spoke of their confusion about the incentive/privilege scheme. To its credit, the prison recognised that double-bunking would impact upon the hierarchical management system and in its 2010–2011 business plan identified the need for a system review.²¹

- 2.23 In the medium term, a new unit – in the form of four demountables which had been intended for Karnet Prison Farm – has been diverted to Bandyup, to 'temporarily' accommodate 32 women on a double-bunked basis. At the time of the inspection, these demountables had been installed on an area of land directly overlooking the village and were still some months away from being commissioned.
- 2.24 In the longer term, West Kimberley Regional Prison in Derby is currently under construction and due to be commissioned in the latter half of 2012. It will provide 30 mixed security places for women. A new prison is planned to replace the Eastern Goldfields Regional Prison. It will become operational in 2015 and will provide 50 mixed security places for women. There are also unconfirmed plans for 30 additional beds to be provided at Greenough Regional Prison.

Recommendation 1

Cease the practice of compelling women to sleep on floors.

Recommendation 2

As part of Bandyup's review of its hierarchical system of prisoner management, develop and implement a strategy which results in Aboriginal women being proportionately represented in the more desirable accommodation areas of the women's estate.

THE NEW UNIT – BY DEFAULT NOT DESIGN

- 2.25 While the demountables diverted from Karnet Prison Farm will create more accommodation,

20 Traditionally, accommodation at Bandyup had been carefully configured to allow for a hierarchical system of privileges and supervision levels that rewards prisoners who demonstrate continued acceptable behaviour. Historically, Unit One had been used to accommodate newly received prisoners on a standard regime of prisoner management. Provision was also available for prisoners requiring separate confinement either for their own protection or for basic and close supervision. Unit Two had been designated a 'drug free' unit to which prisoners progressed on a relatively lower level of supervision than those in Unit One. Unit Three has generally provided cells for those prisoners requiring separate confinement for punishment (management) purposes and for those prisoners who are in crisis, and at risk of self-harm. Unit Four provided a smaller group-living style of self-care accommodation for those who had demonstrated continued good behaviour and earned privileges and a corresponding lower level of supervision. Unit Four was divided into three discrete areas: 'J', 'K', and 'L'. 'J' accommodated those women who were being prepared for transfer to Boronia, and 'K' and 'L' accommodated those women who, notwithstanding their earned privilege status, would not be eligible for transfer to Boronia or Unit Five because of sentence management, security, or public relations reasons. The 'village' provided the most desirable earned privilege accommodation as previously described. Eligibility for accommodation in the two nursery houses in the 'village' was different, however, and was determined either on pregnancy status and/or on approval (based upon the best interests of the child) for the baby to reside with the prisoner.

21 DCS, Adult Custodial Division *Bandyup Women's Prison Annual Business Plan 2010–2011*, 16.

they are not purpose-built. In addition, despite their small size, they will be double-bunked.²² Plans for supporting infrastructure, if any, are unclear.

- 2.26 Although they have been insulated and modified to suit the higher security needs of the prison the demountables were intended for a very different prison with a remarkably different prisoner profile and prisoner regime. That is, they were designed for minimum security male prisoners, who are out working during the day, who are given considerably more freedom of movement around the site, and who are not locked in their cells, day or night.
- 2.27 Prison management is therefore faced with the unenviable challenge of trying to find the best way of using these demountables. They represent a missed opportunity to target need at the prison and to meet the aspirations of *Women's Way Forward*. There are a number of groups of women at the prison (for example, remandees, older women, or women with mental health needs or physical disabilities) who present with particular needs, and who arguably would benefit from a discrete accommodation unit. However, given their location (adjacent/overlooking the two designated nursery houses in the village) and design, the demountables are not suitable for any of these cohorts.
- 2.28 Ultimately, the Office remains confident that prison management will do the best it can with the demountables. However, the design and location is such that they will never be the solution that would have been planned.

Service Delivery Infrastructure

- 2.29 One of the key challenges identified by the Superintendent during her opening brief for the inspection was the ageing infrastructure and inadequate supporting facilities at Bandyup.²³ As described earlier, Bandyup has accommodated in excess of its design capacity for some considerable time. This has placed significant stress on all infrastructure and essential services.
- 2.30 Maintenance of existing ageing facilities was shown to be expensive and in some areas constant. Issues such as leaking roofs, which were identified in 2008, continued to occur in the same locations. Furthermore, at the inspection, we were advised that the classrooms in the education centre had been without air-conditioning since the beginning of the study year (February 2011), which had impacted upon productive teaching and learning.²⁴ This maintenance situation is unacceptable.
- 2.31 In September 2010, the City of Swan conducted the first quarterly food premises risk assessments²⁵ for the central kitchen at Bandyup. A number of maintenance items were identified as requiring attention. Following this assessment, a disused cool room was reconditioned and reinstated, which remedied some of the storage issues for refrigerated items.

22 Double-bunking of these demountables was the declared intention during the inspection. On 1 August 2011, however, prison management advised the Office that the demountables would now be fitted with single beds but would be adaptable for double-bunking if required in the future.

23 Superintendent Bandyup *Women's Prison, Superintendent's Debrief: Office of the Inspector of Custodial Services* (24 March 2011) 3.

24 The Department has since advised this Office that this situation has been resolved. Two new air-conditioning units were installed and both were in working order by 23 March 2011 and 4 May 2011 respectively.

25 City of Swan, *Food Business Risk Assessment Record* (15 September 2010).

However, none of the other issues requiring action had been addressed.²⁶ The City of Swan advised the Office that the next assessment was scheduled for April 2011 and that if items identified as requiring attention remained outstanding, a legal process involving the issuing of work orders would commence.²⁷

- 2.32 As mentioned earlier, certain expansion plans (including a new visits centre, an external visitor centre, an orientation building, a reception building, an administration building and a multi-purpose service building) which were identified in 2005 as part of Bandyup's redevelopment plan, and which now constitute 'Stage Three', have not gone ahead.
- 2.33 As a facility that has children and babies visiting on a daily basis, it is essential that appropriate and safe external visitor facilities are provided. This would be consistent with a women-centred approach to management. In addition, male prisons in the metropolitan area all have appropriately safe facilities in close proximity to the gate. The external visitor centre was to have been replaced and moved closer to the new gatehouse. However, this has not occurred and the centre is some 100 metres from the new gatehouse (*see photographs*). As a consequence, for visitors who have babies and young children or who are elderly or disabled, the distance of this walk along a path offering no protection from the elements is considerable. Once through the gate a walk of similar distance, again along an unsheltered path, to the visits centre is required. This is entirely unacceptable. (See also Chapter Six.)
- 2.34 In addition, the visits centre itself in no way supports the ability of mothers to develop or maintain meaningful relationships with their children and family. It has been a criticism of this Office since Bandyup's first inspection in 2002, when it was described as 'sterile and not at all child-friendly'.²⁸ It is perhaps timely at this point to also compare and contrast Bandyup's attractive new state of the art gatehouse (*see photograph*) with the visits centre. A new gatehouse was certainly needed but it is completely at odds with the anachronistic and degraded facilities which characterise much of the prison, including the visits centre. The Department's most recent briefing to the Inspector about infrastructure priorities indicated that this appalling situation will not be addressed in the medium term future.
- 2.35 The reception centre infrastructure has become increasingly inadequate. The reception centre sally port is not big enough to accommodate the new prisoner transport vehicles used by the Department. As a result, the sally port gate cannot be closed when a vehicle is in the sally port. This means that prisoners disembark from the vehicle into an unsecured area, defeating the purpose of having a sally port. Inside the reception centre, space is also limited. The property storage room is close to full capacity, and the two available holding cells are inadequate.

At busy times (eg, when a large number of prisoners are going to court) one of these holding cells may be required to hold up to 15 prisoners.

26 These included making smooth and repainting a damaged section of wall adjacent to the bump bars on the walls; sealing the stainless steel splashback to the wall behind the double-bowl sink; and repairing the ceiling where two light fittings had been removed and replacing the light fitting.

27 The Department has since advised - and this Office was able to verify during a liaison visit on 20 July 2011 - that work to address items including the replacement of the kitchen evaporative air-conditioning unit, patching and painting the ceiling, repainting damaged walls, and replacing ceiling lights has been completed.

28 OICS, *Report of an Announced Inspection of Bandyup Women's Prison*, Report No. 13 (June 2002) 85.

- 2.36 The prison has had to rely on three drop-in 'temporary' demountables: two for office space for business management administration staff and for Unit Five operational staff, and one for programs. This is not a sustainable way to manage prison, staff and prisoner needs.
- 2.37 The health centre is also under particular stress in managing the ongoing health needs of so many women. While there has been some talk about refurbishment for the centre, there is no commitment of funds from the Department and the plans which do exist do not include any expansion of much needed space.²⁹
- 2.38 In summary, the pressure on the women's estate generally and Bandyup specifically was predictable and has been ongoing. The pressure has been particularly acute since 2009. With the exception of the new gatehouse and the village, and an upgrade to the videolink facility no additional permanent infrastructure has been provided.
- 2.39 The Department must be given credit for its master planning in 2005 of Bandyup's infrastructure needs.³⁰ However, despite this planning the requisite funding has not been forthcoming. Moreover, whilst the dramatic increase in prisoner numbers in 2009 saw major investment in the male estate, too little attention was given to the needs of female prisoners (whose numbers were increasing proportionately faster than the males).

Recommendation 3

Invest in contemporary accommodation and service delivery infrastructure at Bandyup, including a replacement social visits centre.

STRATEGIC AND DAY-TO-DAY MANAGEMENT

- 2.40 Key to the findings regarding management at the last inspection was the observed lack of depth and commitment to resourcing management and administrative staff.³¹ The situation had not altered in 2011. There was an even higher demand for services, but there had been no commensurate increase in management and only two new administrative positions.³²
- 2.41 There have been two main stressors on the prison's management and administration teams, which were already stretched. First, the substantial increase in prisoner population has resulted in an increase in demand for services; however, this has not been matched by a relative increase in resources for management or administration.³³ And secondly, in early 2010, the position of Director of Women's Corrective Services was abolished, with the effects of the loss of strategic focus being felt at prison level and across the women's estate.
- 2.42 The creation of the position in 2003 of Director of Women's Corrective Services along with a discrete budget reflected the Department's belief in and commitment to the need for a women-centred approach to custodial management.

29 The question of sufficient working space and equipment is also discussed in Chapter Three and Chapter Nine.

30 DCS, *Capital Works Business Case – Bandyup Facilities Redevelopment Stage 3* (undated) 9.

31 OICS, *Report of an Announced Inspection of Bandyup Women's Prison*, Report No. 57 (December 2008), [2.1]–[2.5].

32 These two administrative positions had been approved at the time of the last inspection in 2008 and prior to the major population increase seen between 2008 and 2011.

33 This is discussed in more detail in Chapter Three.

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- 2.43 This position, with its undivided focus on women, drove significant advances in policy, facilities development, and service delivery at Bandyup and across the female prison estate in Western Australia. From an 'unacceptably low performance' at its first inspection in 2002, Bandyup had achieved a 'significant turnaround' by the time of its next inspection in 2005.³⁴ In 2008, 'considerable gains' had continued to be made in some areas.³⁵
- 2.44 The 2011 inspection found that although that some areas had progressed, other aspects of women's custodial management, such as the delivery of appropriate accommodation as described above, had significantly deteriorated.
- 2.45 It is impossible to speculate whether the situation with respect to accommodation and other infrastructure at Bandyup would have been any different had the position of Director of Women's Corrective Services still existed. What is certain, however, is that the women's estate would have had a voice and the opportunity to advocate for the accommodation and infrastructure needs of women at every executive management meeting. The same could also be said of other matters, such as strategic directions relating to family and community connections, mental health, healthcare facilities, and certain program availability. As will be shown later in this report, inspection findings indicated that in many respects, development in these areas had at least stalled, if not regressed.
- 2.46 Following the loss of the women's directorate, strategic responsibility for driving the cause and development of women's custodial management across the estate was devolved to the Superintendents of Bandyup and Boronia Pre-release Centre for Women. As noted earlier, the substantive Superintendent was 'acting' at Casuarina for almost two years until four months prior to this inspection. In the meantime, a succession of 'actors' in the Bandyup Superintendent's chair³⁶ was technically responsible for not only managing the prison (at a time when population levels were soaring), but also – and without a clear brief or budget – 'driving' women's custodial management. It was really only upon the return of Bandyup's substantive Superintendent and just prior to this inspection that some clear objectives and tasks around the Superintendent's strategic role were articulated. The momentum for driving policy, facility and service development, therefore, had been all but suspended for almost a year.
- 2.47 At estate-wide level, the impact of this 'suspension' has been borne out in our recent inspections of the mixed regional prisons where achievements against the objectives of *Women's Way Forward* and *Strategic Directions: Health Care for Women and Girls 2008–2012*³⁷ were disappointing. Superintendents at these prisons are being held to account (where

34 OICS, *Report of an Announced Inspection of Bandyup Women's Prison*, Report No. 36 (June 2006) iii.

35 OICS, *Report of an Announced Inspection of Bandyup Women's Prison*, Report No. 57 (December 2008) iii.

36 Together with the Boronia Superintendent.

37 Despite endorsement and an official launch at Department level subsequent to the 2008 inspection at Bandyup, this document appears to have disappeared from use. As part of our examination of health services during the routine inspections of Roebourne Regional Prison and Eastern Goldfields Regional Prison in late 2010 and early 2011, it became apparent that health centre staff had never even seen the document let alone been directed to operationalise it. Further follow-up with the Department's Acting Medical Director of Health Services verified that this document had not been the focus of activity or used as a reference point during the preceding two years of operations. It remains unclear whether the Department still considers it relevant and whether it will be reinstated as a working document.

applicable) for improving outcomes for women at their prison. They have indicated that with the loss of the position of Director of Women's Corrective Services with exclusive responsibility for championing the women's custodial estate, this is particularly challenging because there has been a dilution of support, focus and direction.

- 2.48 At Bandyup prison level, the impacts of the loss of the women's directorate and the shift away from a women-centred focus, as well as a protracted period of disruption at management level were being felt.³⁸ The resultant instability within the prison was evident in the pre-inspection survey results, and in focus groups and individual interviews throughout the inspection.³⁹ Inconsistency in decision-making and poor communication led to extreme frustration within both the staff and prisoner groups.
- 2.49 The return of the substantive Superintendent in November 2010 initially rekindled a sense of optimism. However, at the time of the inspection there was a prevailing concern that the Superintendent was frequently absent from the prison, consumed with meeting departmental demands and not adequately engaged with local issues.
- 2.50 The dispersal of responsibility for the strategic management of women's corrective services to the two women's prison superintendents is not necessarily problematic in itself, but it has been layered on top of pre-existing full workloads. At Bandyup, this has led to the Superintendent being more absent from the role at the prison. While in no way intended to be critical of the incumbent, her attentions are inevitably divided and diluted between driving the strategic direction of women's custodial management and running her prison.
- 2.51 The current pressures and challenges at Bandyup require strong, consistent on-site leadership by the Superintendent. The arrangement as it currently stands not only puts the effective management of the prison at risk, but also negatively impacts the continued strategic development of a women-centred approach to custodial management.
- 2.52 The devolution of strategic responsibility for the women's estate to a superintendent's portfolio has devalued and marginalised the position of women within the custodial system. It has placed the issue of systemic women's interests and advocacy on the same level as issues such as smoking cessation (another superintendent portfolio). While these other issues may be important policy initiatives within the context of Western Australia's prisons, the rights, needs and advocacy for the women's estate should be elevated above these. This inspection

38 Not only had there been four different superintendents over a two-year period, the substantive Assistant Superintendent Operations had also been out of position for over nine months in the lead-up to the inspection.

39 Staff opinions about local management had shifted towards a more inconsistent and mixed feeling, in line with the constant change of management they had experienced. Whereas in 2008 the management enjoyed relatively high ratings in terms of opinion about general relationship (72% 'good' and only 3% 'poor') in 2011 this had shifted to only 32 per cent as 'good' with the bulk of that drop moving to 'mixed' at 53 per cent (and an increase in 'poor' to 15%). Communication from management had also moved to a 'mixed' assessment, at 53 per cent of respondents in 2011, up from 22 per cent in 2008. The 'good' rating for this category had dropped markedly from 49 per cent in 2008 to only 22 per cent in 2011. The survey indicated staff perceptions of head office management had shifted even more starkly since 2008. Support from head office in 2011 was rated as only 13 per cent 'good' and 36 per cent 'mixed' with the remaining 51 per cent rating it as poor (in 2008 this was 34% 'good', 49% 'mixed' and 17% 'poor'). The comparative scores between 2008 and 2011 about the question relating to clarity of direction from head office also decreased significantly, with 'good' rating dropping from 22 per cent to 11 per cent, 'mixed' dropping from 67 per cent to 43 per cent and the 'poor' rating increasing from 11 per cent to 46 per cent.

revealed the dereliction of attention to the issue within the Department following the elimination of the dedicated resource to the women's estate role, one which requires urgent action.

Recommendation 4

Commit dedicated resources to the task of driving the Department's strategic direction of women's corrective services.

BUDGET PLANNING AND RESOURCE ALLOCATION

- 2.53 The Department's policy in *Women's Way Forward* states that '[t]he Department has moved away from treating female prisoners as "prisoners who happen to be women" to acknowledging their unique needs'.⁴⁰ Contrary to this policy, however, the Department fails to adequately consider the unique needs of women in its system of resource allocation to Bandyup.
- 2.54 The Department advised the Office that the 'per prisoner per day' cost of accommodating a woman at Bandyup Women's Prison is \$259. This is constituted by \$156 actual on-site cost to the prison, \$56 on-site allocated costs (such as insurance and depreciation) and an off-site cost (including health, programs, education and corporate) of \$47.
- 2.55 As a prison for women it is essential that Bandyup is funded to provide basic necessities and key services that will meet the needs of the prisoners as women, not just as prisoners who happen to be women. The management and staff clearly acknowledged this need throughout the inspection and demonstrated their awareness of the degree of difference between the needs of the prisoners at Bandyup as compared with their male counterparts. This ranges from the need to provide female-specific clothing, underwear and toiletries; to the need to assist mothers to provide for their babies residing on site; and to the very different way and extent to which women access services such as health and counselling.
- 2.56 From a departmental perspective, these unique needs would seem to be recognised in its service strategies articulated in the *Women's Way Forward*, one of which states: '[U]nmet needs to be identified and prioritised in all prison business plans'.⁴¹ Evidence gathered during the inspection, including business plans and copies of the prison's 2010–2011 funding commentary submission to the Department, showed that the prison does endeavour to do this when following processes and submitting business cases.
- 2.57 However, the processes for assessing submissions do not appear to give adequate recognition to the special position of women.
- 2.58 To secure its annual operating budget the prison must submit a standard funding requirement form, with a section specifying the items that are required, some justification for the requirement and the amount required. This form is standard across all prisons.

40 DCS, *Women's Way Forward: Women's Corrective Services Strategic Plan 2009–2012* (2009) Message from the Commissioner, 2.

41 Ibid [1.1].

While it is understandable that the same form is used at all prisons, the items/headings that are provided do not at all reflect that many prisons (and not just Bandyup) are required to budget operationally for the needs of women.

- 2.59 Bandyup's 2010–2011 budget submission was examined in some detail and showed that the prison has had to force items that are women-specific or needed into generic item areas as they do not fit elsewhere in the pro forma. This fails to recognise the importance of the items and services for women. Examples of this included use of the budget item 'other services' to bid for funding for sanitary bin servicing and the provision of an externally provided domestic violence program for women (as none is departmentally provided); and use of the budget item 'other supplies' to bid for requests for funding of resident baby requisites, such as toys, cots, prams and baby baths.
- 2.60 Crucial items were therefore lost within these generic categories. Furthermore, once the submission had been made, the document was returned with numerous questions, which suggested that those assessing the requests did not acknowledge women's different needs. Staff explained that each prison is assumed to have about the same per-prisoner-per-day dollar need.⁴² The perception and experience of the staff is that if more is requested, questions are asked that demonstrate a failure to consider the difference between men's and women's needs. Queries related to the price increase in bras; the range of bra sizes requested; the higher amount requested to cover the cost of maintenance (because women prisoners' labour cannot be used because they are not generally skilled in this area, and nor is skill development in maintenance provided to women); and the cost of toiletry items (indicating a failure to recognise the additional sanitary items required and their high cost).
- 2.61 Business cases have also been questioned on occasion. Staff recounted examples where business cases for women-specific items were requested and authorised, but when the time came to acquire the approved purchase questions were again raised about why the item was needed. This is despite having already justified the expense through the process.
- 2.62 In summary, a discrete funding model, which recognises the unique needs and demands of women, and which is fundamental to a women-centred philosophy of custodial management has not been developed.
- 2.63 The failure to resource appropriately based on need and on a women-centred philosophy is not restricted to operational budgeting. It will be shown later in the report that resource allocation for health, counselling and education services takes little account of the different ways in which women access and use these services.

Recommendation 5

Develop a funding model which recognises the unique needs and demands of women's custodial management.

42 DCS advised that the cost per prisoner per day at Hakea is \$258: DCS, email (2 May 2011).

BANDYUP AND ITS PLACE IN THE WOMEN'S ESTATE



The long walk from Outcare to the gatehouse (sandstone-coloured building at the end of the path on the right).



Front of the gatehouse.

BANDYUP AND ITS PLACE IN THE WOMEN'S ESTATE

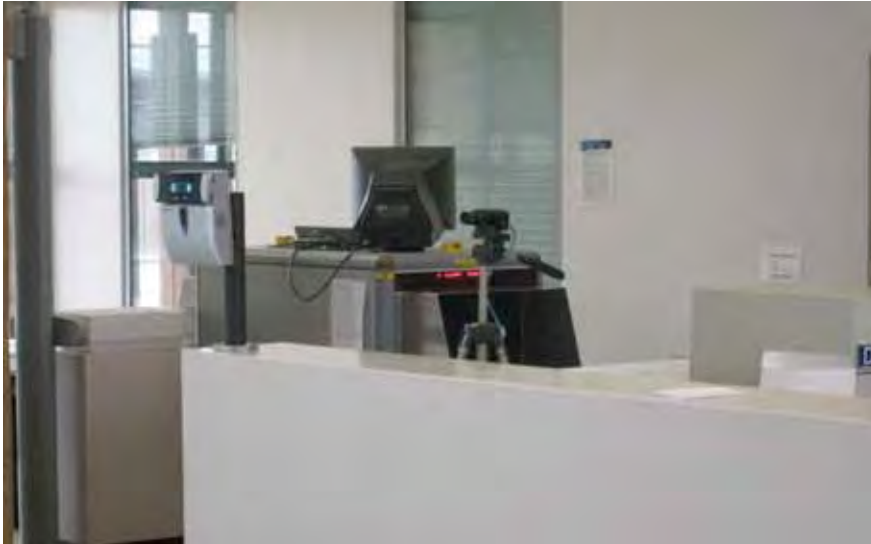


Front of the gatehouse.



Back of the gatehouse.

BANDYUP AND ITS PLACE IN THE WOMEN'S ESTATE



Inside the gatehouse, showing iris scanning and x-ray equipment.



The front desk of the gatehouse.

BANDYUP AND ITS PLACE IN THE WOMEN'S ESTATE



Access to the prison through the gatehouse.

Chapter 3

THE MOOD AT THE PRISON

Broad Finding

- 3.1 Throughout its time on site the inspection team observed good interaction between staff and prisoners. Positively, the staff identified in the pre-inspection survey that the most satisfying aspect about working in the prison was interacting with and helping prisoners. This was reflected in prisoner feedback during the inspection. In general, prisoners expressed the view that with a few exceptions, most staff are helpful and go out of their way to help prisoners.
- 3.2 However, there was a general sense of disquiet and low morale among staff and the issues underpinning this are described in detail below. Nonetheless, it is important to stress that the staff's dissatisfaction did not impact adversely on interactions with prisoners. Many spoke emphatically about their love of the job and this appeared to sustain their motivation. This needs close monitoring, however, to ensure that positive attitudes towards, and interactions with, prisoners are maintained.
- 3.3 This chapter first examines specific issues facing uniformed staff, vocational support staff and non-uniformed staff. It then considers some issues common to all staff, including training, conditions and amenities, and occupational safety and health (OSH) issues.

Uniformed Staff

- 3.4 The staffing model for Bandyup as at 20 January 2011 was for 119 uniformed officers (from principal officers through to base grade officers) and 21 vocational support officers (VSOs).⁴³ Following some over-recruitment, an excess of probationary officers was supplied from the Academy. As a result, there are notionally 28 uniformed staff in excess of requirement (that is 154 actually available for roster). Once secondments and workers' compensation are factored in, however, the prison has no excess staff.⁴⁴
- 3.5 A number of issues overwhelmingly dominated the concerns of uniformed staff at the time of the inspection. These related to the level of experience as well as the gender imbalance within the staff group; the 'abolition' of overtime; and the new Policy Directive (PD) 41.⁴⁵

Level of Experience

- 3.6 The uniformed staff at Bandyup expressed concern about the potential risks to the safe management of the prison associated with the relative inexperience of the staff group. Data provided during the inspection showed that in January 2011, just over 25 per cent of uniformed staff were still probationers. A further 16.6 per cent of staff had only completed their probationary program in December 2010. Compared with other prisons, this is an extraordinarily high number of staff (nearly 42%) with very limited experience. However, it is not dissimilar to the situation at Bandyup in 2008.⁴⁶ This can result in a roster where all staff within a unit have less than three years' experience in the job, including the senior officer.

43 Bandyup Women's Prison, *Information on Bandyup Women's Prison for OICS – February 2011* (effective date 20 January 2011), 1. Note this is the 'authorised' FTE (ALESCO) figure.

44 Bandyup FTE Report 12 May 2011.

45 DCS, Policy Directive 41, *Reporting of Incidents and Additional Notifications*.

46 OICS, *Report of an Announced Inspection of Bandyup Women's Prison*, Report No. 57 (December 2008) 12.

- 3.7 As a consequence, the most common complaint from officers during the inspection was the lack of clarity around prison rules and policies. This view was also reflected in the pre-inspection staff survey: the 'constant changing of internal and external policy rules' was found to be the second most stressful aspect of working at Bandyup. The uncertainty of staff clearly impacted on prisoners who complained throughout the inspection that the application of prison rules and policies by officers was inconsistent. They reported that the officers are accurate when they suggest that the prisoners are 'officer shopping'. The prisoners acknowledged that they 'officer shop' and defended their actions by explaining that they frequently lack confidence in the responses provided by the less-experienced staff.
- 3.8 There are 18 senior officer positions at Bandyup, six of which are vacant. A rigid process has to be followed to ensure the appointment of appropriate substantive and acting staff. However, the perception by many in the staff group is that their safety and leadership have been compromised by appointing some staff with relative inexperience. Four substantive senior officers at the prison have less than two years' experience.
- 3.9 Another concern related to the elimination of overtime is the appointment of officers to act in senior officer roles when they are vacant on the roster. Many staff identified issues of safety, risk, staff welfare and inconsistency of operational practice as a result of having inexperienced staff act up in senior roles in these circumstances. Data provided to the Office showed that 11 staff had been delegated as acting senior officers. Of these only one had more than five years' experience; four had been in the job for four years, two for three years and two for two years. An additional two had been at Bandyup for one year after transferring in from Hakea.⁴⁷
- 3.10 The use of inexperienced staff to act up in senior roles may well explain the reduced level of satisfaction with relationship quality and support from line management noted in the findings of the pre-inspection staff survey. Satisfaction with relationship quality had dropped from 76 per cent 'good' in 2008 to 59 per cent 'good' in 2011. Satisfaction with support from line management had dropped from 65 per cent 'good' in 2008 to 49 per cent 'good' in 2011. The rating of 'poor' for relationship quality and support had risen from 6 per cent for each to 17 per cent for each.
- 3.11 Substantive senior officers explained that often when they succeed an inexperienced/ acting senior officer on shift, their workload is increased. They have to spend a lot of time completing tasks that have not been done, 'putting out fires' caused by the inexperienced officer, attending to the additional demands of prisoners because they lack confidence in the inexperienced officer, or 'making good' errors from the preceding shift.
- 3.12 It is not for this Office to determine the extent of the problem. But it is clear that support and training should be provided to inexperienced staff to ensure that they can operate effectively when required to act in senior roles.

47 Bandyup Women's Prison, Staffing Statistics (January 2011) 1.

Gender Imbalance

3.13 Another, less pressing, issue for staff was the gender imbalance within the officer group. Of 157 uniformed staff and VSOs, 74 were female (48%) and 80 male (52%).⁴⁸ This proportion of male officers in a female prison presents a number of issues. On a practical level, many duties within the prison can only be performed by female staff (such as searching, urine testing etc) and so the workload on women officers rostered in areas that are otherwise male dominated is substantial. On a philosophical level, if a women-centred philosophy is to be achieved at the prison more commitment to women working and advancing within the prison must be made. Any future allocation of new staff to the prison must take this issue into consideration.

'Abolition' of Overtime

3.14 As a result of budget pressures, and not long prior to the inspection, an 'overtime reduction strategy' policy⁴⁹ had been implemented across all Western Australian prisons. An Adult Custodial division overspend of approximately \$29 million had put pressure on the division to cut spending over the remainder of the financial year. Overtime had been identified as a key cause and therefore a potential saver. Head office accordingly issued a directive to prison management to remove all overtime shifts.

3.15 A combination of factors had resulted in Bandyup, although not exclusively so, relying on overtime to ensure all rostered positions were filled. By way of example, figures provided for May 2010 showed that a total of 263 individual uniformed shifts began as vacant due to sickness (118) or workers' compensation (145) during that month.⁵⁰ This did not include absences for other reasons (such as secondments). According to the Department's own agreed required level of operation for the prison, this is how many shifts had to be filled by 'miscellaneous' workers or overtime during that month.

3.16 A head office ban on overtime to address the division's budget problem meant that the prison had to work with the officers already rostered on site that day to fill the shifts when staff called in sick for work. This resulted in an agreement between the prison and the union as to how rostered positions within the prison would be rationalised to cover the vacant shifts.⁵¹ Each day a senior officer must assess vacant positions to determine which positions must be covered and which may be left vacant. Based on this assessment the positions within the prison are allocated to staff, with those assessed as low risk being left vacant on that day.

3.17 A number of positions are specified within the agreement as being 'essential' so at no time must they be left vacant. On some occasions, all roster positions may be able to be filled from within existing miscellaneous workers on site. This is designated as 'regime one'. Should there be insufficient on-site staff to fill 'essential' positions, 'regime two' comes into effect;

48 Bandyup Women's Prison, *Information on Bandyup Women's Prison for OICS – February 2011* (effective date 20 January 2011) 3.

49 This policy was essentially a 'rehash' of the 'Adaptive Prison Regime' (APR), which the Department had instructed every prison to create in 2009. The aim of the APR was to reduce overtime by developing a systematic process for progressively reducing services to prisoners if staff are absent, rather than replacing them.

50 Bandyup Women's Prison, *Absentee Record* (May 2010).

51 Bandyup Women's Prison, *Overtime Reduction Strategy for Bandyup Women's Prison* (Draft) (undated 2011).

an assessment is made as to which positions from a list of nine should be sacrificed for, and redeployed to, 'essential' positions that day. If this still fails to fill all other vacant 'essential' positions, 'regime three' comes into effect with a further number of both uniformed and VSO staff considered for redeployment. This system continues until the prison is completely locked down.

- 3.18 To date at the time of the inspection, only 'regime two' had had to be applied. However, staff strongly indicated during the inspection that they felt very anxious when positions were left unfilled. Many staff voiced concerns about the impact on the prisoners if activities had to be cancelled due to a lack of rostered supervisory staff. To date, evidence suggested that this had been kept to a minimum. Education had been closed on odd days when student attendance would have been low, and recreation/free time had been impacted on two occasions. Prisoners commented during the on-site phase of the inspection that to date, additional lockdowns had been rare.
- 3.19 The Inspector understands that the Department has an obligation to responsibly manage its budget, but does not condone the closing down of any activities to prisoners for the purposes of reducing overtime. Arguably, however, uniformed staff had benefited from an overtime system with few in-built controls. The real difficulty is that whilst an adaptive prison routine is effective in reducing overtime costs, it can adversely affect prisoners and does not address the issue of staff absenteeism. With winter approaching, and the likelihood of staff sickness increasing, there is a risk that the impact of the policy will deepen cuts more regularly and seriously affect services. The Department has an obligation to ensure this does not occur, and therefore should also consider ways to reduce staff absenteeism. It should be noted that in 2010, Acacia Prison implemented a staff attendance management policy within a staff care framework.⁵² This has already significantly and effectively reduced absenteeism.⁵³

Recommendation 6

Implement a staff attendance management policy.

Policy Directive 41

- 3.20 During the course of the inspection, management and staff raised major concerns regarding the Department's new PD 41: *Reporting of Incidents and Additional Notifications*. Specifically, the staff's concerns related to feeling unsupported. This was found to be attributable to some issues surrounding the language and scope of PD 41 and the lack of training in the new definitions and reporting requirements of critical incidents.
- 3.21 The Department's new PD 41⁵⁴ defines 'serious assaults' and 'non-serious assaults', but classifies only the former as a critical incident. The aim of PD 41 was to reduce the number of 'unnecessary' critical incident reports, but the effect is that some genuinely serious matters are not captured by the definitions. A serious assault is defined as one which requires the victim to be hospitalised overnight (treatment in an emergency department does not constitute

52 Acacia Prison, *Staff Attendance Management Policy – Building Trust and Respect*.

53 OICS, *Report of an Announced Inspection of Acacia Prison*, Report No. 71 (March 2011) 19.

54 DCS, Policy Directive 41, *Reporting of Incidents and Additional Notifications*.

admission to a hospital). However, many very serious injuries do not require overnight hospitalisation, including broken bones and severe cuts and lacerations.

- 3.22 There is also a mismatch with the Criminal Code (the 'Code'). Under section 318 of the Code, an assault on a public officer (including a prison officer) is classified as a 'serious assault' and a mandatory minimum of six months' imprisonment is imposed for any assault on a public officer which causes 'bodily harm'. Section 1 of the Code broadly defines 'bodily harm' as 'any bodily injury which interferes with health or comfort'. In other words, many assaults which would be categorised as a 'serious assault' under the criminal law are not serious assaults for the purposes of PD 41. It is hardly surprising that officers considered PD 41 to be too limited in scope and the Department as failing to give adequate weight to some serious incidents.
- 3.23 With regard to incident reporting, officers were also concerned that management did not concur with their view of what constituted a critical incident. As a result, officers explained that they felt invalidated and unsupported, and particularly so if they had been seriously injured. Upon closer examination at inspection, it would seem that the way in which an incident is classified can sometimes depend on the quality of the written incident report. Within that, what has been crucial has been whether the officer has understood the complexities around, for example, the issue of intent and the legal definition of terms such as 'assault'. A review of relevant incident reports during the inspection found that important details were sometimes omitted making it impossible for Bandyup management to classify the incident as critical. In relation to one particular incident, however, Bandyup management had upgraded the classification to 'critical' after hearing further details from an officer after all incident reports had been submitted.
- 3.24 In terms of procedural requirements, PD 41 differs substantially from previous incident management processes and despite the potential repercussions, it was not trialled prior to its system-wide implementation. Furthermore, staff did not receive structured training in its application and, in particular, in its associated reporting requirements.
- 3.25 A further implication of the new PD 41 is that misdemeanours and minor incidents no longer require an incident report. Such matters are reported at the discretion of officers in the Offender Notes section of TOMS. This section of TOMS is a free text section, in which data is not coded and therefore cannot be automatically extracted and reported upon. From the officers' point of view, the significance of many of the incidents will therefore be minimised. Furthermore, senior management will be unaware of and be unable to track minor incident trends and in turn, identify preventative or improvement strategies. This constitutes a missed quality improvement opportunity.

Recommendation 7

(a) Review PD 41 as a whole.

(b) Revise the sections of PD 41 dealing with assaults to ensure that all serious assaults are covered.

(c) Ensure that all officers receive training in the scope, meaning, and implications of PD 41, and in the need for comprehensive incident reporting.

Vocational Support Officers

- 3.26 Many of the VSOs working at Bandyup Women's Prison have been there for a long time. Overall, the VSOs reported that they enjoyed their work in the prison and felt that they were making meaningful contributions to the rehabilitation of the prisoners. In the pre-inspection prisoner survey, 77 per cent of respondents rated getting on with VSO staff as 'mostly good'. This was the most favourable response compared with other categories of staff and represented a rate of satisfaction that had doubled since the last inspection in 2008.
- 3.27 Despite this, the VSOs presented as an isolated and lost group of staff. Principally, their concerns centred on communication with other staff groups in the prison. There is no formal, or even informal, forum in which management, and other staff, can communicate with the VSO group. Thus there is no 'in-person' opportunity for them to be updated, to raise concerns, or to contribute to prison developments. VSO attendance at the prison operations debrief sessions, which occur twice a week, would go some way to bridging this communication gap.
- 3.28 The VSOs were also most frustrated by the lack of response to matters requiring decisions by management with, for example, emails going unanswered. Similarly, communication with custodial officers appeared to be 'one-way'. It seems that it is incumbent upon VSOs to find out the reason for the non-attendance of their full complement of prisoner workers at their place of work; the unit officers generally do not provide this information unsolicited.
- 3.29 VSOs also expressed concern and frustration about the lack of information about prisoners' medications. There may be safety implications for them and the other prisoners when operating machinery, or there may be certain other side effects for the VSO to be aware of if remedial action is required. Many of the VSOs said that they manage this situation by making personal judgements about which prisoners may be on medications. Accordingly, they may prevent them from working with certain machinery and encourage them to engage in a different task for the day, or they may not let the prisoner work with the equipment unsupervised. In fact, some VSOs said they would not let any prisoner work unsupervised with the equipment in some workshops in case the prisoner was on heavy medication. This has implications for those prisoners doing traineeships; a condition of the traineeship may be to gain proficiency in working with certain pieces of machinery.
- 3.30 Notwithstanding the confidentiality issues, the VSOs require certain medical information about individual prisoners on a risk minimisation basis; they have a duty of care to maintain the safety of all prisoners in their work area. The prison should seriously consider implementing a simple process by which prisoner-patients authorise the release of such information to relevant parties on a strictly limited use basis.

Recommendation 8.

Improve communication strategies with the VSO group.

Non-Uniformed Staff

- 3.31 As of January 2011 Bandyup had 17 public servant employees (that is non-uniformed officers). This group provides a core of essential services to help the prison function.⁵⁵ These staff were largely concerned with issues related to their work environment and to resourcing.

Work Environment

- 3.32 A key area of frustration for these staff was the substandard work environment. The majority of the staff interviewed felt that the poor facilities indicated that they and their work were not valued. This was reinforced by the pre-inspection staff survey showing that 84 per cent of staff thought that maintenance of facilities at Bandyup was either poor or mixed. The Office also sighted work areas that were so cramped that they impeded efficient work practices. Furthermore, mouldy walls, peeling and crumbling paint, and worn carpets were common sights.

Resourcing

- 3.33 The second key area of frustration was the lack of additional resources provided to all work areas to reflect the increased demand created by prisoner population increases. Many thought it extremely unfair that their numbers (unlike those of the uniformed staff) had not automatically been increased commensurate with population rises.
- 3.34 Many reported the stresses of coping with the additional workloads and stated that any further increases in population could not be absorbed. They were concerned about the new demountable unit opening; they felt that if more women were accommodated at Bandyup, this would inevitably increase their workloads, which were already stretched to capacity.
- 3.35 Many staff working in non-custodial service delivery areas voiced frustration with their resourcing base. They claimed, and this has been verified through further examination, that most service delivery areas were funded purely on a 'per prisoner per day' basis without reference to the demand that a particular population may present.⁵⁶ Women have very different needs and patterns of access to, use of, and length of engagement with, such services as health, mental health, prison counselling (PCS), and education. However, there appears to be little recognition of this in the way in which resources are allocated to Bandyup.

55 Other non-uniformed staff include those employed under the umbrella of the Offender Management and Professional Development Division (ie, education, health, mental health, counselling, programs, and prisoner support staff). Issues pertinent to these staff are discussed in the relevant service area sections of this report.

56 The Director of Offender Services explained in an email (18 April 2011) to this Office that the Department does not have a formula for the allocation of resources for Prison Counselling Services (PCS) and Prison Support Officers (PSO) because 'all sites are different'. He confirmed, however, that 'there is not a particular loading for women offenders'. Nonetheless, he stated that the PCS and PSO FTE at Bandyup represent 'the highest proportions on a per prisoner basis across the prison estate'. This may not be strictly true because what does not appear to have been taken into account is the proportion of PCS and PSO resources which are shared with Boronia. Exact details of PCS and PSO FTE will be provided later in this report.

Issues Affecting All Staff: Training

Working with Female Offenders Training Course

- 3.36 One of the key service strategies to achieve the Key Result Area 1 of Women's Way Forward explicitly states: 'Staff to be trained in implementing a woman-centred approach in all their work'.⁵⁷ Furthermore, a specified outcome of success is that 'staff employed are skilled and appropriately trained to work with women offenders'.⁵⁸
- 3.37 It was therefore disturbing and puzzling to find that it is not a requirement for uniformed staff placed at Bandyup to complete the Department's Working With Female Offenders course at the Academy. At the time of the inspection only 11 uniformed staff had completed the course; another six had been scheduled to attend in April 2011.⁵⁹ Completion of this five-day course is a condition of employment at Boronia, and yet Bandyup has more prisoners and a far more complex and diverse population. This inconsistency in conditions of employment between Bandyup and Boronia is at odds with the Department's strategic plan. The needs of Bandyup staff should be prioritised.

Recommendation 9

Ensure all existing and prospective staff complete the Working with Female Offenders course as a condition of their employment at Bandyup.

Ongoing In-House Training

- 3.38 Bandyup, like other prisons in the metropolitan area, has a satellite training officer appointed via the Training Academy. Disappointingly, since the last inspection, Bandyup has lost its Senior Officer Training position. Although this had been an unapproved position, other prisons have both a satellite trainer as well as a Senior Officer Training position.
- 3.39 The satellite trainer's responsibilities include coordinating and often facilitating uniformed staff's training requirements; and organising, overseeing, mentoring, assessing/reporting on the new recruits' competency areas during the six-month probationary period of the Entry Level Training Program (ELTP).
- 3.40 At the time of the inspection, the satellite trainer had been in post for 18 months (since November 2009) during which there had been a significant number of new recruits/probationers placed at the prison. Data provided at the inspection showed that 47 officers had commenced at Bandyup in this time.
- 3.41 In addition, although senior officers had initially undertaken the mentoring role, this program had not worked and so responsibility had shifted to the satellite training officer, in addition to his already full and substantial workload.
- 3.42 The trainer's direct line manager is located at the Academy and not on site, and so appropriate supports have been difficult to attain. In addition the keen focus by the Academy on

57 DCS, *Women's Way Forward: Women's Corrective Services Strategic Plan 2009–2012* (2009) 5.

58 Ibid, 4.

59 Superintendent Bandyup Women's Prison, 'Superintendent's Debrief: Office of the Inspector of Custodial Services' (24 March 2011) 12.

recruitment has often left it unavailable and under-resourced to provide the required training, when scheduled, to prison staff. This leaves the satellite trainer to fill the gaps when sessions are cancelled.

- 3.43 Consistent with the Department's key performance indicators, the Office found that training that is security and safety focused and required by Worksafe WA was generally well provided. A prison lockdown occurs every Friday morning to facilitate uniformed staff training. Records of the training officer showed that these key training areas were being delivered regularly and in the pre-inspection survey staff indicated they were being adequately trained in these areas. This included training in the use of restraints,⁶⁰ chemical agents and first aid.
- 3.44 However, inspection findings indicated that other training, which should be considered essential to appropriate service delivery to women, was inadequate. In particular, during the on-site phase of the inspection, uniformed and non-uniformed staff alike specifically highlighted the need for training in mental health. This view was reflected in the pre-inspection staff survey findings, in which 80 per cent of respondents indicated that training in the management of prisoners with mental health issues areas was inadequate. Inadequate training in the management of prisoners with drug issues (65%) and emergency response – loss of control (64%) was also noted. Staff's opinion about the adequacy of cultural awareness training had declined since 2008 – from 65 per cent indication of adequacy to 57 per cent. The Department acknowledges women's specific needs in terms of mental health, culture and drug use in Women's Way Forward, and accordingly commits to strategies to assist women in these areas. Such a commitment needs to be matched by appropriate staff training.⁶¹

External Training

- 3.45 The budget for training outside of those modules provided by the Academy was previously controlled by the prison itself. In late 2009 this was taken into head office. Staff reported that since that time there had been noticeably reduced access to training, in particular for non-uniformed staff.
- 3.46 Another obstruction to training access has been the overtime 'ban'. Staff are not approved for attendance at training if this requires them to be absent from their rostered shift, nor can they be paid overtime to attend training.

Issues Affecting All Staff: Space, Equipment and Amenities

- 3.47 Despite the increased number of uniformed staff, there remains only one room in which staff can take a break and eat their meals. Non-uniformed staff reported that their restricted access to the staff room and pressure to complete work in the overcrowded environment meant they rarely used the facility.
- 3.48 In addition, office space is inadequate for all categories of staff, and there is a lack of

60 Nonetheless, staff interviewed during the on-site inspection confirmed that update restraints training does not include training in the use of the restraints bed. This training is only provided at initial training at the Academy. This is significant and will be discussed further in Chapters Seven and Nine.

61 An excellent initiative in progress during the on-site phase of the inspection, was the delivery of a two-day mental health first aid training course to peer support prisoners. It does beg the question, however, why prisoners have been prioritised for this course over staff.

confidential spaces to interview prisoners. Computer access is also of serious concern. Staff reported that many computers did not work. Frequently, a whole unit of staff have to share one computer to undertake all reporting requirements; completing work in a timely manner becomes very challenging. It is perhaps not surprising, therefore, that top of the three most stressful aspects about working in the prison according to the pre-inspection staff survey was ‘the lack of resources and poor work facilities (office space/computers)’.

- 3.49 Conspicuous by their absence, compared with male prisons in the metropolitan area, are a gym and/or social club facility for staff.

Recommendation 10

Ensure that staff have (a) sufficient, appropriate and functional work spaces and equipment to effectively and efficiently carry out their roles; and (b) sufficient and functional rest and recreational facilities.

Issues Affecting All Staff: Occupational Safety and Health (OSH)

- 3.50 Employers and employees alike have a legal and moral responsibility to ensure a healthy and safe workplace. From a productivity perspective it makes good business sense to provide for the needs of staff. Arguably, the insufficient work space, lack of functional equipment and recreational facilities pose a potential risk to staff health and safety, and to the effective functioning of the prison.
- 3.51 In addition to a workload that has increased massively as a result of population and staff increases over recent years, the Business Manager has been delegated overall responsibility for coordinating OSH at the prison. A business case was submitted in 2010 for a Level 4 public servant position to provide assistance to the Business Manager in coordinating industries and OSH. This was not approved and inevitably, given the other competing and conflicting demands on the Business Manager’s time, OSH is frequently relegated in favour of more pressing issues.
- 3.52 During the course of the inspection, staff highlighted, and the Office observed, a number of safety-related (as distinct from security) risk issues. For example, chemicals, including highly flammable hydrogen peroxide, were stored in a disused boiler room, beneath which were storage tanks containing diesel fuel residue. (*see photographs on page 30*). On a daily basis, all workplaces present safety risks to staff and visitors. In and of itself this is not necessarily problematic, provided there is a system for proper identification, remedial action, follow-up, ongoing trend analysis, and preventative or improvement actions, which is used and works.
- 3.53 In discussing safety issues with staff throughout the inspection, they were repeatedly asked about the systems at their disposal for formally registering and following up on identified risks. Overwhelmingly, staff expressed a level of cynicism regarding the integrity and robustness of the systems in place at Bandyup, and indicated in most part that they do not use them.
- 3.54 This is most surprising given prison staff’s generally acute awareness of and willingness to act to address and minimise security risks. This cultural indifference to addressing matters of safety

THE MOOD AT THE PRISON

may also explain why workers' compensation figures are consistently high at Bandyup.⁶² In any event, both management and staff share responsibility for safety. They must be proactive and both processes and lines of responsibility must be clear

Recommendation 11

Ensure the safety system at Bandyup is known and used by all staff, and is effective in minimising risk, ensuring remedial follow-up, and identifying opportunities for prevention and improvement.



Mould on wall in ASPM's Office.



Disused boiler room used to store highly flammable and corrosive chemicals, despite the tanks containing diesel residue, and a smoke fire having occurred in the boiler room in early 2010 as a result of chemicals spontaneously combusting.

62 At the time of the inspection, there were 12 staff on workers' compensation as compared with three at a similar time in 2008 as detailed in the Superintendent's briefing provided to the Office. On average over the 18 months preceding the inspection, this number of 12 had been pretty consistent.

THE MOOD AT THE PRISON



Carpet taped into place in Unit 1 pod.



The 'Infirmary': note the dimension of the room prevents beds being safely positioned away from the walls

Chapter 4

WOMEN GETTING BACK ON TRACK

- 4.1 Reducing recidivism is one of the key outcomes which the Department is seeking to achieve in Women's Way Forward. Preparation for release (and a law-abiding lifestyle) in the form of case management begins almost immediately after sentence. It includes completion by staff of prisoners' needs and risk assessments and then the provision of relevant offender treatment programs.
- 4.2 Offender treatment programs are thought to contribute to reducing the risk of recidivism. If programs are individualised and recognise diversity and special needs, they can encourage a relevant change process. The successful completion of programs also has the potential to enable a reduction in security rating and possibly a move to a prison closer to home. It can also influence the outcome of a prisoner's parole application.
- 4.3 This chapter first examines the assessment and case management process, and shows that beneath the veneer of a functioning system, women's welfare needs are not sufficiently integral to planning for successful rehabilitation.
- 4.4 Secondly, this chapter notes the increase of program provision since the last inspection in 2008. However, it also highlights a number of inequities that women prisoners experience in terms of program availability.
- 4.5 The chapter closes with an examination of the way in which the Transitional Manager has very successfully operationalised the role at Bandyup (a new position since the inspection in 2008). A strong welfare focus enables comprehensive re-entry planning for the women prisoners at Bandyup.

ASSESSMENT AND CASE MANAGEMENT

Assessment and Case Management in Practice

- 4.6 Assessment and case management are interrelated functions within the prison system in Western Australia. Once a prisoner has entered the system, either as a sentenced prisoner or unsentenced remandee, he or she undergoes an assessment which identifies immediate placement needs and security classification. This initial assessment is called a Management and Placement (MAP) assessment and is the only assessment to which remandees or prisoners with a sentence of less than six months are exposed. The MAP is completed within 72 hours of the prisoner being incarcerated and also contains information on medical history, protection issues, alerts, outstanding court matters, community contact issues and dependent children's needs.
- 4.7 Those prisoners with an effective sentence of six months or longer undergo a more rigorous assessment, which generates an Individual Management Plan (IMP). All prisoners with an IMP should then be allocated a case manager whose role it is to support and inform the prisoner at each stage of the prisoner management and release process. The IMP is a more comprehensive document than the MAP and includes information relating to the prisoner's education needs and those programs suited to assisting the prisoner to address their offending behaviour. The newly sentenced prisoner must be assessed, and an IMP developed, within 28 days of having been sentenced.

- 4.8 The inspection found the assessment processes at Bandyup to be on track. Previous inspections had found this system to be in disarray primarily due to severe under-resourcing of this business area at the prison.⁶³ An injection of resources resulted in more staff being allocated to these areas, which are currently managed at Bandyup by an Assessments Manager and a Case Management Coordinator respectively.
- 4.9 The Case Management Coordinator is responsible for ensuring that those officers who are allocated case management responsibility are equipped with the necessary skills and kept-up-to-date with any system changes. Officers receive some case management training during the entry level prison officer training delivered at the Department's Training Academy.
- 4.10 Departmental procedures require that within 14 days of allocation, a case manager initiates a primary contact report meeting with the respective prisoner. The case manager then meets with the prisoner three months into the sentence for the first regular contact report, and every six months thereafter. In between these regular contact reports the Assessments Manager, the Case Management Coordinator, and the case officer at Bandyup conduct case conferences.
- 4.11 Although part of a formal process, case conferences at Bandyup were noted to be conducted appropriately as an informal discussion. Case conference sessions occur weekly and generally complete between nine and 12 prisoner reviews.
- 4.12 At Bandyup, the Transitional Manager also attends the case conference sessions. Her presence softens the process for prisoners who may feel overwhelmed in formal situations or who may be anxious to have their security classification changed during this review. This transforms a potentially antagonistic process into one that is more sensitive and compassionate. This represents good women-centred practice.
- 4.13 On 29 March 2011, the middle of the on-site inspection period, there were 108 prisoners eligible for an IMP. Each of these prisoners had a current IMP and each also had an allocated case officer.⁶⁴ Taken at face value, the conclusion could be drawn that case management was being effectively implemented at Bandyup. However, discussions with other support staff and, more significantly, prisoners indicated quite the opposite.

Gaps in Case Management?

- 4.14 For some time, this Office has suggested that the case management system at Bandyup has lacked a welfare focus. At the 2005 inspection, the Office linked this failure to consistently recognise and meet women's welfare needs to assessment and case management systemic deficiencies.⁶⁵ By the 2008 inspection, despite the fact that the systemic issues had been resolved, women's welfare needs were still not integrated into case management processes.⁶⁶
- 4.15 In March 2011, most of the prisoners who were asked about the functioning of case management at Bandyup were either unaware that they had been assigned a case officer or could not identify their case officer. Of those prisoners who could talk about their experience

63 See OICS, *Report of an Announced Inspection of Bandyup Women's Prison*, Report No. 36 (June 2006) 56.

64 TOMS report indicating each prisoner and her allocated case manager.

65 See OICS, *Report of an Announced Inspection of Bandyup Women's Prison*, Report No. 36 (June 2006) 56.

66 OICS, *Report of an Announced Inspection of Bandyup Women's Prison*, Report No. 57 (December 2008) 51.

of being case managed at Bandyup most were negative in their responses. They mentioned a lack of responsiveness on the part of their case officers to anything other than meeting routine procedural requirements, which focus primarily on sentence management. It would seem, therefore, that the officers at Bandyup do not fully encompass the spirit and intent of their case management role as described in the Department's relevant Policy Directive (PD 51). PD 51 not only outlines the case officer's role in assisting the prisoner to achieve their IMP goals, but also specifies that the case officer's role is, 'to undertake those welfare tasks which do not require professional social work skills'.⁶⁷

- 4.16 At Bandyup, the welfare needs of the women were not being met by their case officers as their 'service providers' (as PD 51 states) but by other non-uniformed 'service providers', including the Prisoner Support Officers (PSOs), the Transitional Manager, and external agencies coming into the prison, such as Ruah.⁶⁸
- 4.17 The Department's *Strategic Plan for Women 2009–2012* has, as one of its strategies, to adopt 'an integrated case management model which will improve services to women'.⁶⁹ Prior to this iteration of strategic plans for women produced by the Department, the Office, in its report of the third inspection of Bandyup, recommended a similar model of case management with specific reference to addressing women's welfare needs. Recommendation 8 of Report No 57 stipulated:⁷⁰

That Bandyup Women's Prison review its assessment, coordination and delivery of welfare services, with a view to early implementation of a Women's Needs Checklist. The review should address delivery of welfare services in units, staff training needs, the role of assessments staff, the role of case managers, coordinated referrals to external agencies and transition services.

- 4.18 The Department supported this recommendation. Indeed, one of the strategies outlined in the *Women's Way Forward* states: 'Develop a needs assessment that is gender and culturally sensitive and better informs us of issues that women require assistance with, both within prison and for re-entry into the community, taking into consideration access to local services'.⁷¹
- 4.19 The Department also stated in its response to the above recommendation that work already commenced would continue and would be further progressed when the incumbent of the newly created Transitional Manager position was in place. The recent inspection found that the Transitional Manager had in fact completed a trial of a Women's Needs Checklist. A report of this trial had apparently been completed at Departmental level but the checklist did not proceed to implementation and was superseded by other linked projects (for example, the Female Offender Framework project), the outcomes of which are still awaited. Meanwhile,

67 DCS, Policy Directive 51, *Case Management* (13 August 2009)1. Available at www.correctiveservices.wa.gov.au

68 The role of the Transitional Manager and external agencies at Bandyup will be described in more detail below.

69 DCS, *Women's Way Forward: Women's Corrective Services Strategic Plan 2009–2012* (2009).

70 OICS, *Report of an Announced Inspection of Bandyup Women's Prison*, Report No. 57 (December 2008) Recommendation 8.

71 DCS, *Women's Way Forward: Women's Corrective Services Strategic Plan 2009–2012* (2009) 5.

the intent of the above recommendation was reiterated by those non-custodial staff working directly with the women to address their welfare needs whilst they are incarcerated. Further, canvassing of knowledge from both prison-based and offender services' personnel revealed a lack of awareness among these staff members of any checklist to use in assessing female offenders.⁷²

- 4.20 In conclusion, whilst the case management system at Bandyup may appear to be functioning effectively, this perception is based solely on the fact that all prisoners with an IMP have a case officer. Unfortunately, the inspection did not find evidence to reflect a more robust system of case management that also takes into account women's welfare needs.

Recommendation 12

Consistent with Women's Way Forward, adopt an integrated case management model which will enable consistent assessment of women's welfare needs and planning for individualised and appropriate service delivery.

Offender Treatment Programs

Current Status

- 4.21 The delivery of offender treatment programs at Bandyup has improved since the 2008 inspection. Then, both the range and the number of offender treatment programs being delivered at Bandyup was limited and certainly not meeting demand.⁷³ One of the factors contributing to the decline in offender treatment programs around the time of the previous inspection was a lack of continuity in the position of the Manager Offender Services (MOS). However, since 2008 and until a few days prior to this inspection, the MOS position at Bandyup had been occupied by the same individual (albeit on an 'acting' basis).
- 4.22 Program delivery activity has been steadily increasing over the past three years. In the context of the female custodial estate, there has been an 81 per cent increase in the number of female offenders participating in programs from 116 in 2008–2009 to 211 in 2009–2010.⁷⁴
- 4.23 Currently, the suite of offender treatment programs at Bandyup comprises the *Think First* cognitive skills program; *Pathways*, an addictions offending program; and *Choice, Change and Consequences* (CCC), a general offending program for women that was launched at Bandyup in February 2010. In 2010, three CCC, three *Think First* and three *Pathways* programs were facilitated at Bandyup totalling 105 enrolled participants. A similar number has been scheduled for 2011.
- 4.24 The findings of the prisoner pre-inspection survey reflect the increased availability of programs: prisoners identified programs as top of their list in terms of the three most positive things that work best in the prison.

72 Individuals interviewed included the Assessments Manager, Case Management Coordinator, Transitional Manager, and staff from OMPD and the Clinical Governance Unit.

73 OICS, *Report of an Announced Inspection of Bandyup Women's Prison*, Report No. 57 (December 2008) 52–54.

74 Document provided by OMPD prior to the on-site inspection, February 2011.

4.25 The offender programs service model, has recently been restructured, with the result that coordination of program delivery will henceforth be managed remotely from a community-based ‘hub’. As such, the MOS position has been removed from Bandyup. What had not been factored into this decision was the integral role the MOS had previously played on-site in managing the housekeeping and prisoner liaison tasks associated with effective program delivery. With the loss of the on-site MOS position, these responsibilities have been passed to the Assistant Superintendent Prisoner Services at Bandyup, an Adult Custodial Division role which is already considerably diverse and stretched. It is, of course, far too early to ascertain whether or not this system will continue to ensure seamless delivery of offender treatment programs at Bandyup. The Office will continue to monitor this closely.

Inequitable Service Availability

4.26 Notwithstanding prisoners’ positive feedback regarding programs in the pre-inspection survey and in general during the inspection, the team noted a number of inequities in service provision. There were no Indigenous-specific programs and there was a lack of programs designed to address certain types of offending.

Indigenous-Specific Treatment Programs

4.27 The Department’s own research has concluded that ‘while the group [of women] as a whole have (sic) generalised needs, there are subtypes within this group who are likely to have different levels and types of needs based on their backgrounds’.⁷⁵ With respect to Aboriginal women there are two relevant strategies within *Women’s Way Forward*: (1) ‘Prison management to contribute to the development of “in prison” interventions and services that meet the needs and circumstances of Aboriginal women’ and (2) ‘programs should be culturally relevant for Aboriginal women’⁷⁶ The Office acknowledges that the Department provides Indigenous-specific treatment programs for men across the prison estate and for women in the regions. However, the majority of Aboriginal women prisoners are held at Bandyup and Indigenous-specific treatment programs should be made available there too.

Sex and Violent Offender Treatment Programs

4.28 Following the previous inspection in 2008, this Office recommended ‘that the Department dedicate particular resources to the development, review and maintenance of the Women’s Intervention Model, including programs designed to address offending behaviours as part of their rehabilitation’.⁷⁷ The Department supported this recommendation. However, at the time of the recent inspection, the Women’s Services Working Group, which was set up to drive the Women’s Intervention Model, had not met for two years. Its intent was to develop gender-specific programs designed specifically for women to address their offending behaviour.

4.29 The inspection found that the biggest gap, identified by staff and prisoners alike, was the lack of programs for women to address violent or sex offending behaviour. The CCC

75 DCS, *Women’s Corrective Services Strategic Plan 2009–2012 Women’s Way Forward*, Background Paper (July 2009) 5.

76 DCS, *Women’s Way Forward: Women’s Corrective Services Strategic Plan 2009–2012* (2009) 5.

77 OICS, *Report of an Announced Inspection of Bandyup Women’s Prison*, Report No. 57 (December 2008) Recommendation 14.

program is the closest to a women-centred intervention program that has ever been delivered at Bandyup. It was developed in New Zealand specifically for women. Whilst this program is suitable for women with violent or substance use offending histories, it is not suitable for those who present as highest risk/need in terms of violent re-offending. It is also a medium, as opposed to a high, intensity violent offending program. According to the Director Offender Services,⁷⁸ the developers of the CCC are currently customising the program to suit the high-risk group of female violent offenders currently excluded from the program. The Office looks forward to the implementation of this modified version of the CCC program at Bandyup.

- 4.30 However, there are no prospects of a treatment program for female sex offenders being made available. The Director Offender Services advised that there are three reasons for this: first, there have never been enough female sex offenders within prison to offer a group program, which is the Department's preferred format for addressing sexual offending; secondly, the Department is unaware of group programs specifically designed for female sex offenders; and thirdly, research indicates that female sex offenders are typically low risk in terms of re-offending sexually (1%) and the Department's mandate is to prioritise high risk offenders for treatment. The Director also verified what we had been told by a number of prisoners during the inspection: that in the absence of a dedicated sex offending program for women, individual counselling had previously been provided, but is no longer offered.
- 4.31 Arguably, therefore, those women assessed as needing to complete a high intensity violent offending treatment program or a sex offending treatment program are being unfairly disadvantaged. First, if they do not have the opportunity to address their offending behaviour, this may reduce their chances of successful rehabilitation. Secondly, in considering a parole application, the Prisoners Review Board could take the view that the prisoner has failed to address her offending behaviour even though the lack of a violent/sex offending treatment program has been outside of her control; this could substantially reduce her prospects of parole.
- 4.32 This is inequitable in that male prisoners have access to such treatment programs. It contravenes the Office's Code of Inspection Standards, which require that treatment programs be of sufficient variety and content to match prisoner needs. Furthermore, it exposes the Department to a high risk of challenge through the Equal Opportunities Commission.

Recommendation 13

Provide Indigenous-specific treatment programs for female prisoners at Bandyup.

Recommendation 14

In the absence of high need violent offending and sex offending treatment programs for women, offer individual counselling to assist prisoners to address their offending behaviour.

78 Mark Glasson, Department of Corrective Services, email (18 April 2011).

RE-ENTRY AND THE ROLE OF THE TRANSITIONAL MANAGER

- 4.33 While Boronia is the designated ‘pre-release centre’ for female offenders in Western Australia, Bandyup actually releases more women each year than any other prison in the state. Around 150 sentenced prisoners are released from Bandyup each year, whilst Boronia releases around 90.⁷⁹ In total, Bandyup released 724 women between 1 April 2010 and 1 April 2011, more than seven times the number released from Boronia, which released 95 women during the same period.
- 4.34 The previous inspection of Bandyup in 2008 found that ‘in general, women exiting Bandyup are increasingly well served by agencies able to provide transitional support’. That report also anticipated the introduction of a Transitional Manager position at Bandyup and looked forward to an improvement in the on-site coordination of release preparation assistance and services.⁸⁰
- 4.35 In 2011, the Transitional Manager had been in post at Bandyup for almost three years. This role has been instrumental in linking prisoners to reintegration services. Indeed, in discussions with the Transitional Manager, this was one of three functions of her role. This function was appropriately referred to as a ‘map and gap’ service by which prisoners’ reintegration needs are assessed and then referrals made to the appropriate service provider or life skills course.⁸¹
- 4.36 The other two functions of the Transitional Manager role are to provide support to the external agencies that come in to deliver re-entry services in Bandyup, and to assist prisoners on a one-to-one basis with their pre-release requirements.
- 4.37 The Transitional Manager at Bandyup has robust processes in place to ensure that all prisoners approaching release are able to access available pre-release services. This process incorporates three stages of intervention and commences within the first few days of the prisoner’s reception at Bandyup.
- 4.38 The first level of intervention takes the form of an information session about community reintegration services, which the Transition Support Worker, who is a prisoner, delivers to the new prisoners in the orientation unit three times a week.⁸² The second level of intervention takes the form of a two and a half-hour information session, held every four to six weeks, to which all relevant service providers are invited. The third level of intervention takes the form of one-on-one interviews with prisoners who can request to see the Transitional Manager through the white unit interview forms.

79 TOMS data.

80 OICS, *Report of an Announced Inspection of Bandyup Women’s Prison*, Report No. 57 (December 2008) 60.

81 The Transitional Manager coordinates the delivery of and the referrals for a comprehensive range of life skills programs at Bandyup. These tend to be group-based and are facilitated by external agencies offering practical support, skill development, and assistance with domestic violence, substance abuse, financial issues and employment.

82 The Transition Support Worker is a prisoner employed to support the Transitional Manager in her role. This prisoner position was created as part of the move to increase employment across the prison in the face of the rising prisoner population.

- 4.39 Prisoners canvassed during the on-site inspection confirmed that they highly valued the role of the Transitional Manager and found her accessible. In spite of the Transitional Manager's comprehensive range of processes designed to engage prisoners, there were some prisoners who were oblivious to her role and the services she provides. After receiving this feedback from the inspection team, the Transitional Manager committed to trialling a range of strategies to increase prisoner awareness of her role and re-entry services available at Bandyup.
- 4.40 The current Transitional Manager, the first in this position, has very successfully developed the role. Rigorous processes, incorporating a strong welfare focus, aim to ensure that women's release requirements are identified and followed up. The Transitional Manager reports regularly against a range of outputs or activities (e.g. number of driving licence, birth certificate, Medicare card applications etc). However, no structured process for evaluating the role has been established. Building robust customer feedback processes into the role could enable objective measurement of outcome attainment and indicate whether the role is appropriately focused and meeting needs.

Chapter 5

WOMEN TAKING RESPONSIBILITY

- 5.1 This chapter examines the way in which the women at Bandyup spend their days. They are expected to take responsibility for organising their day around employment, education and community programs, and they earn gratuities that reflect the level of constructive activity in which they engage.
- 5.2 It will be shown that despite unprecedented prisoner numbers, employment levels at Bandyup have largely been maintained. Similarly, overall participation rates in education have increased. Of concern, however, was the decline in participation in education by Aboriginal women, as well as the lack of access to computers for all women.

THE STRUCTURED DAY

- 5.3 The structured day at Bandyup has its origins in the findings and recommendations of this Office's first inspection back in 2002. At that time, an entrenched regime existed: women were 'responsibilised' rather than being encouraged to exercise choice in and take responsibility for decision-making about their daily lives.⁸³
- 5.4 In January 2003, six months after this first inspection of Bandyup, the then Department of Justice commenced planning for a dedicated change management strategy for Bandyup. This included funding for a change management team based at Bandyup. This team was recruited in November 2003, initially for a 12-month period, which was subsequently extended until June 2005.
- 5.5 The change management strategy at Bandyup resulted in the development of a new philosophy, vision and purpose for the prison that championed a women-centred approach to managing women in custody. The existing structured day concept was one of the more tangible outcomes of the change management process at Bandyup and embraced the new women-centred philosophy.

How it Works

- 5.6 The structured day program is a five-day-a-week program, the arrangement of which can largely be self-determined by the prisoners. Each day is divided into two blocks, from 9.00 am to 11.30 am and from 1.00 pm to 3.30 pm, thus providing 10 blocks (or sessions) each week. These sessions can be made up of work, education, offender treatment programs and community/recreation programs, or a combination of all of these. The choices a prisoner makes as to how to organise her 10 sessions each week determines the level of gratuity payment she receives.
- 5.7 The development of an appropriately women-centred system for managing the payment of gratuities also has its origins in this Office's report of its first announced inspection of Bandyup Women's Prison. In that report, the Office recommended the revision of the existing gratuity system in favour of a needs-based integrated program of work, training and education for women prisoners.⁸⁴ This recommendation has been fully implemented within the structured day regime at Bandyup.

83 OICS, *Report of an Announced Inspection of Bandyup Women's Prison*, Report No. 13 (June 2002) 30–31.

84 OICS, *Report of an Announced Inspection of Bandyup Women's Prison*, Report No. 13 (June 2002). Recommendation 17.

- 5.8 The structured day and gratuity system are now incentive based; that is, in order to reach the higher levels of gratuity payments, prisoners must evidence an above average willingness to participate in a range of activities.⁸⁵ They also need to prove that they have chosen sufficient activities to make up the bulk of their individual structured day activity plans.

Overcrowding and the Structured Day

- 5.9 The robustness of the structured day at Bandyup has been tested by the increasing prisoner population at Bandyup. At the time of the inspection in March 2011, the prisoner population at Bandyup had averaged down to around 220, but was still far above the operational capacity of 188.

- 5.10 To keep up with the increasing prisoner numbers and the subsequent demand for more employment, new employment opportunities had been created over the preceding two financial years.⁸⁶ These included:

- two level one positions in the kitchen;
- four new positions in the recreation area (one sports and recreation coordinator, one arts and craft worker, and two assistant workers);
- two extra peer support workers;
- three new positions in the textiles industry;
- one extra maintenance worker;
- two unit-based laundry assistants;
- one support worker to assist the Transitional Manager; and
- two new positions in the skills workshop.

- 5.11 This is good operational practice and has meant that prisoner employment has been maintained at adequate levels despite the increasing prisoner population.

Threats to the Structured Day

- 5.12 At the time of the inspection, it was forecast that the Personal Assistant (PA) position, 'attached' to the MOS position (which had just been removed from Bandyup) would also be removed in June 2011. Because of the key role this position plays in the organisation of the structured day, its loss has the potential to threaten the structured day concept as a whole.

- 5.13 Currently, the PA liaises closely with the relevant managers in programs, education, industries, and life skills/community programs and accordingly manages the overall program scheduling for each of the women at Bandyup. The PA plays a pivotal role in the seamless operation of the structured day, ensuring that there are no clashes in each prisoner's weekly timetable of activities. Should this position also be removed from Bandyup, the impact on the individual managers' workloads would be significant.

85 Level one gratuity positions are somewhat set apart from the structured day in that the number of level one positions available in each work area is capped. So a prisoner cannot attain a level one position through the organisation of her structured day schedule. She can, however, attain a level one position by increasing her effort and motivation and showing willingness to work towards a level one position.

86 Document provided to the Office by the Assistant Superintendent Prison Services in preparation for the 2011 Announced Inspection of Bandyup Women's Prison.

WOMEN TAKING RESPONSIBILITY

- 5.14 Prison management is preparing a business case and budget submission to secure this PA position permanently at Bandyup. The Office would be extremely concerned if this position was also removed from Bandyup.

Recommendation 15

Secure a permanent dedicated position to coordinate the organisation of the structured day.

Employment

- 5.15 Employment and other structured activity have remained steady at Bandyup. This is in spite of the progressively increasing prisoner population, and in spite of the fact that a business case to extend industries workshops submitted in February 2008 had not been approved.⁸⁷ In this regard, therefore, the addition of more employment opportunities (as described above) demonstrated ingenuity and represented a positive step.
- 5.16 One would not expect a 100 per cent employment/activity rate at a prison as complex as Bandyup. Bandyup Women's Prison is a maximum security facility that also accommodates medium and minimum security prisoners. Moreover, it is the state's largest receipt facility and as such houses a large population of unsentenced prisoners, who legally are not required to participate in structured prison activities whilst in prison. Nevertheless, during the on-site inspection of Bandyup, 190 prisoners out of a total population of 231 were employed or engaged in structured activity. This is 82 per cent of the prisoner population. Given that the current prisoner population at Bandyup exceeds the prison's operational capacity this is commendable.⁸⁸
- 5.17 Further, the Industries Disciplinary Officer, who coordinates prisoner deployment, could identify each prisoner who was not employed and provided a reasonable explanation to inspection team members about each prisoner who was not actively participating in the structured day.

Employment and the Use of Incentives

- 5.18 The number of level one gratuity positions is capped for each work area. However, some industry areas have been assigned extra level one positions which are referred to as 'floaters'. These are temporary positions and prisoners rotate through these positions monthly. It is similar to an 'employee of the month' scheme whereby those prisoners identified as having performed well in their work are rewarded by being able to work in a level one position for a month and as such receive a level one gratuity payment for that period.
- 5.19 This system is also used as an incentive to attract prisoners into roles that may not be as desirable as others, such as the co-resident peer support worker position in the recently-established orientation unit. The peer support worker provides orientation and assistance with adjusting to prison life to newly received prisoners. As a peer support worker, this prisoner would ordinarily live in an enhanced accommodation, with access to self-care

87 Bandyup Women's Prison, *Proposal for the Expansion of Industries Workshops Area at Bandyup Women's Prison* (February 2008).

88 The prisoner population as at 29 March 2011 was 232 with an operational capacity of 188.

facilities. Not only does the orientation unit not offer this privilege, but also the nature of the role of the peer support worker in the unit frequently requires the post holder to work beyond 'normal' working hours. As a consequence, this role has been assigned the highest gratuity level.

- 5.20 The overall inspection finding was that the management of prisoner employment at Bandyup is rigorous and plays an integral part in maintaining the integrity and continuity of the structured day at Bandyup. The system has managed to cope with the increasing prisoner population due to certain innovations on the part of prison management, notably the creation of more employment positions and the introduction of incentives for prisoners.

Section 95

- 5.21 At this stage, it is important to mention another initiative, which has been commenced, even though it is not progressing as originally intended. During the early part of 2010, approval was given for the conversion of Bandyup's former nursery into a unit comprising four, shared bedrooms for prisoners approved for section 95.⁸⁹ This initiative aimed to alleviate both accommodation and employment pressures. The nursery was converted using prisoner workers. Eight women, with section 95 approval, are now accommodated there, but no progress has been made to provide these women with section 95 activities, particularly those that are work-related. Nor has the prison been given approval for a section 95 officer.
- 5.22 In his inspection exit debrief, the Inspector explained that in principle, the Office strongly supports section 95 activities. However, he queried the wisdom of prioritising section 95 employment at Bandyup at this time, suggesting that, if anything, section 95 activity should be expanded at Boronia. He cited the following arguments: first, that Bandyup is a maximum security prison; secondly, that Boronia has 80 carefully selected minimum security women, most of whom, despite being approved, do not actually access section 95 activities;⁹⁰ and finally, that many of Bandyup's minimum security prisoners have mental health and other issues.
- 5.23 At the time of writing, it would appear that development of the section 95 program, in terms of enabling the women to pursue activities external to the prison has been suspended pro tem.⁹¹ In light of Bandyup's other pressures at this time, the Office supports this decision. In turn, the Office would also suggest that the women placed in this section 95 house are taking up valuable space. As discussed in more detail in the next chapter, pregnant women are frequently accommodated in standard supervision units until late into their pregnancies, because of insufficient space in the ante-natal house of the village. Such placement carries potentially unacceptable levels of risk. The former nursery could therefore be better used by pregnant women, who are waiting for placement in the village.

89 Section 95 of the *Prisons Act 1981* (WA) provides for prisoners to undertake a range of activities including work inside or outside the prison.

90 OICS, *Report of an Announced Inspection of Boronia Pre-release Centre for Women*, Report No. 62 (November 2009) 22.

91 Nevertheless, eligibility for placement in this unit continues to be conditional upon Section 95 approval.

Education

- 5.24 At the last inspection the Bandyup education centre provided an impressive service. Of particular note were its enrolments (including Aboriginal enrolments); provision of adult education, external education, vocational training and traineeships; contracts with a wide range of quality external providers; and the engagement of a part-time Aboriginal Education Worker.
- 5.25 At this inspection, in the January to December 2010 period, an average of 48 per cent of the population was actively enrolled in accredited educational programs, rising to 53.9 per cent for the month of November 2010. Statistics show that during 2010, 462 distinct individual offenders (188 Aboriginal and 274 non-Aboriginal) were enrolled in 3,459 units. This represents an increase of 213 enrolments on 2007 figures, and was in spite of a rising population, and full-time equivalent (FTE) staffing allocations only being increased by 0.5 in total. Furthermore, during 2010 similar proportions (and therefore an increase in actual numbers) of prisoners participated in some education activity each month.
- 5.26 There were 1,486 successful unit completions, 1,048 ongoing unit enrolments, 634 units withdrawn because of prisoners exiting the prison to freedom, and 291 units that were not completed.⁹² The pre-inspection prisoner survey findings indicated that education was rated as second of the three most positive things in the prison. Most women spoken with on site were highly complimentary about the quality of education offered.
- 5.27 First Aid, Workplace Safety & Health, Community Services, Business, and Information Technology (IT) were among the areas reported to have a high uptake and completion rate in the 2010 period. These areas offer highly transferable skills for future employment in the workforce.
- 5.28 Unfortunately, however, there is generally a waiting list for the Business and IT courses. To compensate, the education centre offers short courses, such as Driver Education and Barista Coffee Attendant courses, which are similarly valuable in terms of enhancing the women's future employability. An improvement noted since the last inspection has been the re-location of barista equipment to the education centre, making for easier scheduling and obviating the need for an escorting prison officer.

Aboriginal-Specific Education

- 5.29 Disappointingly, a notable difference between 2007 figures and 2010 figures was the drop in Aboriginal participation from 46 per cent to 40 per cent. This could be attributed to the fact that there had not been an Aboriginal Education Worker employed at Bandyup since August 2010.
- 5.30 At the time of this inspection, this 0.5 FTE position was still vacant.⁹³ Management of the education centre has argued strongly that in order to demonstrate the value the Department places on providing a needs-led education service at Bandyup, this position should be reclassified from a Level Two to a Level Three. This should also serve to attract suitably

92 DCS, *Education and Vocational Prisoner Training at Bandyup Women's Prison – March 2011 Overview*, 2.

93 DCS Document Request, *Current Staffing, Infrastructure, and Resources Available to Education and Training*, 3.

skilled and qualified applicants. At the time of writing, a decision was yet to be made. If the Department is serious about its commitment in *Women's Way Forward* to 'integrating an Aboriginal perspective into all [its] endeavours' and making sure its 'workforce reflects the cultural diversity of the prison population' it must approve this proposal.⁹⁴

- 5.31 Meanwhile, management and staff in the education centre have been making significant efforts to encourage increased involvement by the Aboriginal prisoners in education. In the period February to December 2010, a dedicated ten-place Aboriginal adult basic education class was introduced to accommodate the overflow from two other open-enrolment adult basic education classes, which were already running. This effectively doubled provision to Aboriginal prisoners. In addition, a 20-place, 10-week Indigenous Health Issues course, and a 10-place, eight-week Indigenous History course were run.

Recommendation 16

Secure the reclassification of the Aboriginal Education Worker position to a level which will attract and retain high quality applicants and recruit as a matter of urgency.

Computer Access

- 5.32 A significant issue for prisoners across the estate has been the withdrawal of personal computers. Prisoner use of computers has always been subject to very strict controls with no access to Internet, and access to information on CD ROM highly regulated. Nonetheless, the Department had planned to completely withdraw personal computers at the end of January 2011 because of increasing security management concerns. However, following a security breach, the withdrawal of all prisoners' computers was brought forward by a year to January 2010.
- 5.33 A number of women explained that this has had a particular impact on their education studies because of the structured day and gratuity systems, and because of the lack of availability of prison-owned computers⁹⁵ outside of education centre opening hours. Previously, if they chose to spend the majority of their days at work, they could also undertake self-directed study in the evenings and at weekends, with the aid of their computers. Even if they were studying at the education centre during the day, they had often chosen to undertake additional study in their spare time. Following the withdrawal of personal computers this facility is no longer available, and the one computer in the library that is available out of education centre hours has not been functional for over two years. As a result, a number of women who spoke to the inspection team explained that they had had to reduce their work availability (and in turn their gratuity entitlements) in order to be able to realistically complete their study obligations. They also commented that they had felt that they had often studied more effectively in the evenings and on weekends.

94 DCS, *Women's Way Forward: Women's Corrective Services Strategic Plan 2009–2012* (2009) 1 & 4.

95 There are a total of 18 computers for prisoner use in the education centre. The lack of prison-owned computers for personal or legal (as opposed to educational) purposes is explored further in Chapter Seven.

- 5.34 The Office understands the complexities and risks surrounding personal computer use in prisons. However, access to computers in contemporary society is increasingly becoming a human rights issue. It is almost impossible to pursue education courses without using a computer. If personal computers are no longer permissible, then the Department has an obligation to implement compensatory strategies to extend supervised access to prison-owned computers. Furthermore, if the Department properly assists prisoners to acquire and maintain up-to-date and useful skills, there is a greater chance for their re-entry into society to be successful, and for the Department to achieve its aims.

Recommendation 17

Provide access to Department-owned computers for personal, legal and educational purposes and ensure their availability in the evenings and on weekends.

Chapter 6

FAMILY AND COMMUNITY CONNECTION AND RESPONSIBILITIES

BACKGROUND

- 6.1 The vast majority of women at Bandyup maintain contact with family and community in much the same way as male prisoners, through social visits (including inter-prison and videolink) , written correspondence and telephone.
- 6.2 Additional on-site visit sessions have been provided to allow for the increase in prisoner population. Currently, even though the prison has been accommodating extremely high numbers and has been overcrowded, evidence indicated that it has been able to honour in-person visit requests.
- 6.3 Taken at face value, therefore, the conclusion could be drawn that in terms of social visits the Department is achieving its aim as outlined in *Women's Way Forward* to 'support women to build and maintain positive relationships with their children, families, and community.' Evidence gathered throughout the inspection, however, indicated the opposite.

SOCIAL VISITS

Double Disadvantage for Out-of-Country Women Prisoners

- 6.4 Bandyup accommodates a high number of women prisoners from out of country, who are already significantly disadvantaged because they generally do not receive in-person visits. This disadvantage is compounded by the fact that their access to videolink facilities at Bandyup for family and community contact is limited.
- 6.5 There is only one videolink facility at Bandyup and its use is prioritised for court/legal processes. Thus social visits via videolink are generally restricted to weekends. Women interviewed during the inspection were either unaware that videolink visits were an option or explained that it is often prohibitively difficult to arrange transmission of a videolink visit to a designated site in their home communities. This may explain why the statistics for videolink social visits are so low.⁹⁶
- 6.6 Although alternative mechanisms for enabling social visits – such as Skype – have been introduced to a limited degree at Hakea and Acacia Prisons, there are no immediate prospects for their implementation at Bandyup.
- 6.7 Imprisonment is stressful enough without also being out of country, which is known to be particularly traumatic for Aboriginal people. For women prisoners this sense of separation and dislocation can be even more exaggerated. Many women have had to surrender their mother/carer role,⁹⁷ and trying to maintain a level of involvement in and control over alternative arrangements for their dependants at a distance can be challenging. Particularly given they are in an alien environment and are surrounded by unfamiliar people who may not speak their language. Their need for contact with family and community is therefore significantly elevated.

96 Geoffrey Schilling, DCS, email (11 April 2011). In February 2011 this facility was only used four times; to date of receipt of e-mail, six visits had occurred in April, and seven applications were pending.

97 Findings of research conducted in 2008 by DCS show that 'the role of mother/carer is extremely important to female prisoners, many of whom reflect on their children or family as their reason for being': DCS, *Women's Corrective Services Strategic Plan 2009-2012 Background Paper* (July 2009) 5.

On-Site Social Visits

- 6.8 Prisoners rated visits second of the three most negative things about the prison in the pre-inspection survey. During the on-site phase of the inspection the Office explored this view in more detail. Overwhelmingly, the women specifically cited three issues, which influenced their low opinion: first, the difficulty visitors faced getting to the prison; secondly, the environment of the visits centre; and thirdly, getting from the Outcare external visitor centre into the prison (see Chapter Two for a description of this issue).
- 6.9 Taking the second issue first, it is important to note, as mentioned in Chapter Two, that this Office has been critical of the visits centre environment since Bandyup's first inspection in 2002. Indeed, the visits centre has been the subject of recommendations at each of this Office's inspections conducted in 2002, 2005 and 2008. The Department has concurred with the recommendations that a more child-friendly replacement facility be funded, and indeed has repeatedly included replacement of the visits centre in its development plans. However, although such plans have been approved, the funding has never eventuated.
- 6.10 At this inspection, the prisoners and visitors consistently reiterated what has previously been said. In short: the centre is not designed or appropriate for women and children. The Office observed, yet again, the sterile, cramped and noisy environment, the inappropriate and uncomfortable furniture and the lack of a children's play area, both inside and out. Staff were respectful of visitors, and prisoners and visitors alike reported that this was their common experience; however, staff practices could do little to mitigate the shortcomings of the environment.
- 6.11 The photographs of visits centres at a cross-section of male prisons are shown on Page 55. Compared with the Bandyup visits centre, they serve to highlight the stark contrast between the facilities provided. Arguably, the Bandyup visits centre itself militates against women developing and maintaining meaningful relationships with their children and significant others.
- 6.12 The second issue, which was cited as a major contributor to the women's low opinion of social visits was the difficulty their visitors experienced getting to the prison if they were without an independent means of transport. Unlike the male metropolitan prisons, Bandyup is neither serviced by a public transport service or a Department-sponsored service. Visitors to Wooroloo or Acacia can take a train or bus to Midland Station and pick up a scheduled connecting Department-sponsored bus from there to the prisons. Similarly, visitors to Casuarina can pick up a scheduled Department-sponsored bus from the main bus/train interchange at Kwinana. Hakea Prison is located on a Transperth bus route and in addition, a Department-sponsored connecting bus is scheduled several times a week from the main interchange at Cannington. Visitors to Karnet Prison Farm can catch a scheduled Department-sponsored bus at Armadale interchange.
- 6.13 By contrast, visitors to Bandyup can travel to Midland Station, which is approximately 10 kilometres from the prison. From there, they can either take a taxi to the prison or take a bus to the Great Northern Highway, from which Bandyup is a further 20-minute walk for an encumbrance-free, able-bodied, fit person.

- 6.14 The challenge visitors face trying to get to the prison was brought into sharp focus for the inspection team by a visitor's account of their journey to the prison on the first day of the inspection (Sunday). He had taken a bus with his five-year-old daughter from a suburb 10 kilometres north-east of Perth CBD to Perth train station; from there they took a train to Midland train station and then a taxi to Bandyup. The cost for taxis, alone, for the round trip would amount to \$50. The total round-trip travelling time would be five hours and the weather on that day was 35 degrees.
- 6.15 This issue of the lack of a transport service to Bandyup had been raised with its management through the continuous inspection process in the two years preceding this inspection. The Office had been told that a Department-sponsored bus service had once been trialled some years ago, but further to a lack of take-up, the service had ceased. The Office was also advised that an evaluation of this trial had been completed, but to date, the Department has been unable to provide the report to this Office. It would seem that since the 'failure' of this bus service, alternative ideas for ways in which visitors might be assisted to access the prison have neither been explored nor tried.
- 6.16 The visits facilities and the transport situation at Bandyup represent a major risk to the Department. The inequity, compared with services provided to male prisoners and their visitors, is not only unquestionable and wholly unacceptable, but also exposes the Department to a challenge of discrimination under equal opportunities legislation. Furthermore, this inequity makes the achievement of the Department's aim to 'support women to build and maintain positive relationships with their children, families and community to maximise their potential for successful reintegration'⁹⁸ all the more difficult to achieve.

Recommendation 18

Provide a regular Department-sponsored transport service to Bandyup for social visitors.

WOMEN TAKING RESPONSIBILITY FOR CHILDREN

Parenting Information, Advice and Support

- 6.17 An integral service that assists and supports mother prisoners to develop and maintain good relationships with their children is Ngala Parenting Advice and Support Service. The agency has representatives on site five days a week. One of two workers is dedicated to providing general parenting and childcare support to women, through a range of courses and one-to-one support. The other is an early childhood educator dedicated four days a week to supporting the residential mothers and babies, often on a one-to-one basis.
- 6.18 The Ngala workers spend a significant amount of time trying to assist women who have issues related to Department of Child Protection (DCP) and who are endeavouring to reconnect with their children. DCP has a family link officer on site at Bandyup. However, many women are too anxious to deal directly with DCP because of their perception – often founded upon lived experience of DCP policies and practices – that it removes children from their families.

98 DCS, *Women's Way Forward: Women's Corrective Services Strategic Plan 2009–2012* (2009) 5.

- 6.19 A significant improvement in providing information to prisoners about the Ngala services available at Bandyup has been the development of a more comprehensive orientation process. Ngala attend twice each week to provide information about the service and encourage women to participate in the available programs. They can then also pick up any immediate child-related needs the women may have upon admission.⁹⁹
- 6.20 On a day-to-day basis and in addition to Ngala, the pregnant and post-natal women can also still refer for support and advice to a uniformed officer who voluntarily performs the role of nursery coordinator. This officer performs the job on top of his regular rostered duties with no discrete time allocation to undertake the role. The position acts as a regular contact and conduit to management for issues impacting on the mother prisoners and their babies. This Bandyup initiative is women-centred and positive. However, the position relies on the goodwill of individuals and without formal acknowledgement in terms of resourcing, sustained input cannot be guaranteed. Arguably, the Department's failure to dedicate funding to this position reflects a lack of commitment to promoting this good practice in the management of women and babies at Bandyup.

Resident Child Program

Policy Framework

- 6.21 Babies are permitted to reside with their mothers at Bandyup consistent with the requirements of the Department's Policy Directive 10 (PD 10). This allows for babies to live at Bandyup until they are one year old, although discretion for a short extension can be applied in certain cases. Each mother must complete an application and can receive assistance to do so from a unit manager, Ngala support worker (see details below) or other staff member. The application is considered by the childcare management committee which includes Ngala, health staff, operational staff and a DCP on-site representative. Upon approval of an application, a formal plan is developed for the management of the child, including alternative care arrangements (inside and outside the prison) and a contract is signed. This provides clear boundaries about the expectations from both sides about the child's terms of residency.
- 6.22 Overall the ability for women to access the residential child program at Bandyup has improved since the 2008 inspection. The nursery unit has moved from a single, four-room block relatively isolated from the rest of the prison (now the designated Section 95 house) to two, four-bedroom houses in the village. Any spare capacity within the houses is used to accommodate pregnant women. This enables at least eight women at any one time to access accommodation in the most privileged part of the prison to either reside with their babies or to await the birth of the child.
- 6.23 In theory and in practice, in most cases, this enables the mother prisoners to be less isolated while maintaining a safe living environment for the babies. The move to the enhanced environment of the houses better achieves the PD 10 objective of nursery environments being 'normalised' where practicable and allowing for interaction.¹⁰⁰

⁹⁹ See Chapters Four, Seven and Eight, which discuss the orientation process in more detail.

¹⁰⁰ Policy Directive 10, clause 3.3.

- 6.24 However, during the inspection, there was a woman who was Aboriginal and out-of-country, who had been transferred from a regional prison for the purposes of having her baby. Following the birth of her baby, there was a bureaucratic problem outside of the prison's control, which delayed her transfer with the baby back to the regional prison. Meanwhile, she experienced extreme isolation in the nursery house, and expressed her distress to the inspection team at only being permitted contact with her out-of-country family and friends in the mainstream of the prison during recreation between 4.00pm and 5.00 pm each day.
- 6.25 Prison management should consider building flexibility into PD 10 to allow for the needs of out-of-country pregnant/post-natal women and to minimise the risk of their isolation at this particularly critical and vulnerable time in their lives. In any case, as PD 10 was developed in 2007, prior to the launch of *Women's Way Forward*, it would now be sensible, timely, and good practice to review this policy.

Impacts of Demand Exceeding Supply

- 6.26 Although the capacity for nursery and/or pre-natal beds has doubled since the 2008 inspection, demand for the specialised accommodation fluctuates unpredictably. It is not uncommon for there to be insufficient beds to accommodate post-natal and pregnant women (see below).
- 6.27 There have been occasions over the past three years when women who have been admitted to Bandyup, albeit for a very short period of time (say for a week or less) have not been permitted to bring their babies in with them due to a lack of space. This has included women who had been breastfeeding prior to being taken into custody. This resulted in the complex and difficult situation for the prison of trying to give the mother the opportunity to continue breastfeeding (for the good of her child) but also to manage security issues.
- 6.28 The lack of space also impacts upon pregnant women. At Bandyup, expectant mothers generally remain within the general accommodation areas of the prison (Unit One or Unit Two) until they are 30 weeks pregnant.¹⁰¹ The Superintendent indicated to the inspection team that she tries to transfer women into the nursery houses in the village before this stage. However, in practice, the houses are generally too crowded for earlier access. This leaves women in the first two-thirds of their pregnancies (and sometimes beyond this time depending on the demand for beds) in the general accommodation blocks. There were five such women at Bandyup at the time of the inspection (out of eight pregnant women). All women spoken to were anxious about their placement, the main concerns being their safety and their access to fresh, pregnancy-safe food. This adds weight to the suggestion made in Chapter Five that consideration be given to using the converted former nursery to accommodate these women.
- 6.29 With the high numbers of prisoners with mental health issues (see Chapter 9) and the sometimes violent environment of the prison, all were concerned about the risk of being caught in the middle of a physical altercation or an episode of a mentally unwell prisoner. Unit One tends to accommodate women who are volatile and/or mentally unwell in greater

101 Bandyup Women's Prison, Prenatal Unit Plan, Section 2, item 4 'Placement Criteria and Management', 7.

numbers. While Unit Two provides access to a more pleasant physical environment, the overcrowded nature of the unit and risk of physical danger is significantly higher than in either Unit Four or the village.

- 6.30 Another source of significant anxiety for the pregnant women is the diet provided at Bandyup. Pregnant women in the community can exercise control over their eating habits and satisfy themselves they are not placing their baby at risk. Pregnant women at Bandyup are not transferred to the village (Unit Five) where they can self-cater until late in their pregnancies. Until that time, they are reliant on the central kitchen for meal preparation, but lack confidence in its integrity in terms of safety and nutritious content.¹⁰² Whether there was any validity in their concerns could not be determined during the inspection. Nonetheless, what was evident was that the pregnant women's concerns about the food only served to reinforce the stress they experienced being accommodated in the mainstream of the prison.

Recommendation 19

Ensure appropriate and sufficient accommodation to meet the needs of pregnant women and the demand for children to reside with their mothers.

Responsibility for Baby Requisites

- 6.31 PD 10 stipulates that the prison will 'supply cloth nappies, bedding, a pram, a high chair, a cot for babies'.¹⁰³ The implication is that the mother is responsible for the provision of all other necessities for the baby. The prison was supplying all the specified items except cloth nappies at the time of the inspection. Women are permitted to book items needed for their babies in advance of receiving their government child payments. All such monies are held in a separate account that can only be accessed for items required for their babies. This gives all women the ability to provide for their babies and should also encourage good decision-making.
- 6.32 There was a significant issue within Bandyup, however, about what items the mothers were actually permitted to purchase. The prison had not developed a standard list of appropriate and necessary baby care items, and did not know which women were permitted to routinely purchase these items. Over time, this led to a great deal of inconsistent decision-making, and to frustration and stress for the women. Sharing of many prison-owned essential items (such as baby baths) had resulted in concerns about hygiene, especially given the lack of access to appropriate baby-friendly disinfectant for proper cleaning. It also placed a significant burden on management to consider each individual application for each item requested.
- 6.33 A recent development at the prison had been for women to be able to purchase their own personal pram from a choice of three. A local provider was sourced and the make of prams chosen based on conveniently located repair facilities. This represents an example of women being encouraged to not only exercise choice, but also to take responsibility for the purchase, and in turn the good care of items they own. Bandyup management and staff have reduced the need to manage repeated requests for items and no doubt reduced the burden of costs associated with repairing these items, which were previously prison-owned.

102 See Chapter Eight for an in-depth discussion about food provision at the prison.

103 DCS, Policy Directive 10, 'Procedure', clause 25.3.

- 6.34 This initiative should be extended to developing a standard list of baby requisites from a local supplier incorporating a degree of choice, which mothers would be permitted to purchase for their own babies, using their family payments. Consistent with the *Women's Way Forward* this would encourage women to show initiative and take responsibility. Secondly, it would clarify the rules and boundaries and would reduce the stress on prisoners and management alike. And finally, it would address the relative disadvantage experienced by the women because of Bandyup's lack of a town spends system. Unlike other prisons, Bandyup does not also run a town spends system, which would enable access to these other items.¹⁰⁴

Responsibility for Relationships with Older Children

- 6.35 A Department of Corrective Services survey conducted in 2008 showed that 50 per cent of women in prison were directly responsible for the care of their own biological child, someone else's child or a dependant adult prior to their arrest.¹⁰⁵ This did not include the women who were mothers but did not have care of their child prior to arrest and therefore the likely proportion of women prisoners who are mothers would be substantially higher.
- 6.36 There is a significant need, therefore, for women to have access to mechanisms and support to maintain, repair and develop relationships with these children. It would generally also be in the best interests of the children involved.
- 6.37 As far as quality contact in the prison environment is concerned, however, there is significant diversity among women prisoners regarding the extent to which they want their children to be exposed to prison. The prison must try to provide for all of these different needs and situations.
- 6.38 Apart from provision for regular contact via telephone, written correspondence and routine social visits, Bandyup prison rules also allow mothers to apply for three additional categories of visits with their children – day stays, overnight stays and after-school visits.¹⁰⁶ After-school visits can be booked by mothers who have children up to 12 years of age, and occur from 4.00 pm to 6.00 pm with dinner provided to the family unit. Older siblings of the children are not permitted as the prison has assessed this as presenting too high a risk. This blanket policy is a barrier to the development of a whole of family relationship and dynamic and could perhaps be adjusted to a case-by-case risk assessment to better support the desire to sustain the continuity and healthy development of the family.
- 6.39 While policy allows for overnight stays at Bandyup, provision is limited to accommodation in the antenatal and nursery houses, both of which are continuously full. This means that the only women who can access these visits are those women who already have resident children. This is a wholly unsatisfactory situation. It does not support the strategic policy of the Department to recognise women's role as mothers and caregivers and undermines the building of better relationships. Again, it is another example of Bandyup not being resourced in recognition of its important role in the system or in recognition of the needs of women prisoners.

104 The canteen system is discussed in greater detail in Chapter Eight.

105 DCS, *Women's Way Forward: Women's Corrective Services Strategic Plan 2009-2012 – Background Paper* (July 2009) 7.

106 Note that PD 10 also governs the parameters of all day stays and overnight stays as well as residential children.

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- 6.40 Day stays are available for children until they turn 12 years old and are based on the application of the mother. Only one prisoner each day may be granted permission for such a visit. The visits take place in a demountable building substantially separated from the general prison population. This provides privacy and safety for the child.
- 6.41 Feedback received during the on-site inspection was overwhelmingly critical of the facilities available and the environment within the day stay room. Many of the women stated that they do not apply for day stay visits because they will not put their child in the room. The inspection team found a somewhat shabby, although not unsanitary environment. The toys available were mainly appropriate for younger children rather than those approaching the upper end of the age limit for day visits. Some women stated that there is inconsistency among staff as to what they are allowed to take to visits. Some permit them to take art supplies and activities to do with their children and others do not. There must be one consistent, communicated and enforced policy on this issue. Women must be allowed to feel responsible for and able to provide for their children, especially if the prison is only able to provide extremely limited options within the room for prisoners to use.
- 6.42 Ngala staff on site were also consulted about the room and facilities. They stated that while not ideal, they tried to encourage the women to concentrate on what was really important in the situation: that of communicating and developing relationships with their children.
- 6.43 Ultimately this is the only space available in a cramped prison that such visits can occur and so the facility must remain operational. However, consistent with its women-centred philosophy, the Department should provide additional resources to Bandyup in recognition of its need to provide this facility and service to women. As discussed previously, current funding models fail to adequately recognise the additional costs to Bandyup to facilitate services to women, and in particular, to those who have children. The poor day stay facilities are another example of this.
- 6.44 It is also important for policies and practices to reflect the needs of Aboriginal, older, or longer-term prisoners who have grandchildren or 'significant other' (unrelated) children with whom they wish to have quality contact. These women explained that they are prohibited from maintaining contact with these children by making use of the 'day stay' facility at Bandyup. This is particularly distressing for Aboriginal women who may be grandmothers and/or whose definitions of family extend beyond direct blood relationships. This is also acutely felt by long-term prisoners for whom day stays would be the most 'normalised' contact they would be able to have with their grandchildren for many years to come. Prohibiting grandparents or other significant adults from spending extended time with these children is obstructive to the Department achieving its stated outcome: that women are provided 'with realistic opportunities to maintain positive relationships and contact with their families and children'.¹⁰⁷

Recommendation 20

Extend eligibility for day stays to 'significant' children to enable grandmothers or other significant women in a child's life to be able to develop and maintain such relationships.

107 DCS, *Women's Way Forward: Women's Corrective Services Strategic Plan 2009–2012* (2009) 4.

FAMILY AND COMMUNITY CONNECTION AND RESPONSIBILITIES



The first five photo's show male social visits/play areas; the final photograph shows Bandyup's facility.



INTRODUCTION: THE INSPECTION STORY



The day stay demountable



Interior of day stay demountable

PRISON LIFE: CUSTODY AND CONTAINMENT



Interior of day stay demountable



The bedroom in the day stay demountable

Chapter 7

PRISON LIFE: CUSTODY AND CONTAINMENT

- 7.1 This chapter includes an examination of the reception and orientation process; the custodial infrastructure; dynamic and procedural security; the management of complaints and grievances, and disciplinary offences and punishment; the use of force; and prisoner transport.
- 7.2 Highlighted are:
- the significant improvements made to the orientation process since the last inspection;
 - the stark contrasts between the various accommodation areas of the prison;
 - the lack of a plan for razor wire retrieval;
 - an apparent increased openness to prisoner complaints and grievances;
 - a lack of training in the use of the restraint bed (which was also in a state of disrepair); and
 - the provision of a new escort vehicle for medical appointment or other transport needs.

RECEPTION AND ORIENTATION

Reception

- 7.3 During the previous inspection in 2008, the reception centre was identified as a well-functioning area of the prison.¹⁰⁸ This remained the case in 2011: the inspection found that Bandyup's reception process satisfied all of the Office's relevant Inspection Standards and further to a recommendation from the last inspection, a telephone call is now routinely provided to all prisoners upon reception.
- 7.4 In the pre-inspection prisoner survey, a high number of respondents indicated that they were 'very upset' when they first arrived at Bandyup (60% of respondents compared to 34% of respondents in 2008). This highlights the fact that staff working in reception are routinely working with distressed and vulnerable women. Reception officers acknowledged the stress commonly experienced by prisoners upon entering prison, and displayed good awareness of the need to ease their transition into the custodial environment.
- 7.5 In the report of its 2005 inspection, this Office recommended that a member of the peer support team should be involved in the reception process to assist in this transition by providing advice and support to new prisoners.¹⁰⁹ This has never been acted upon, with both staff and peer support prisoners resistant to the idea because of the close confines of the reception centre and the associated lack of privacy. In 2011, although the peer support team is still not part of the reception process, this is adequately mitigated by the fact that they are now intrinsically involved in the orientation of new prisoners.

Orientation

- 7.6 At the last inspection in 2008, orientation was identified as a weakness at Bandyup. The process did not involve the peer support team, and was restricted to a 30-minute slide presentation conducted by an officer. In addition, the designated accommodation for

108 OICS, *Report of an Announced Inspection of Bandyup Women's Prison*, Report No. 57 (December 2008) 18–19.

109 OICS, *Report of an Announced Inspection of Bandyup Women's Prison*, Report No. 36 (June 2006) 59, Recommendation 14.

orientation prisoners was A Wing of Unit One. Unit One is the oldest section of the prison and commonly houses the most difficult prisoners, making it an intimidating place for new prisoners and a less than ideal location for the orientation wing. Feedback from prisoners indicated that the first few days in custody can be very hectic and stressful, and consequently many prisoners could recall going through the orientation process, but said they had not absorbed much information at the time. The inspection report recommended that the orientation process be ‘reformed to ensure that it is effective in providing appropriate information for newly arrived prisoners’.¹¹⁰

- 7.7 Positively, Bandyup has made substantial changes to the orientation process in an effort to improve its effectiveness. The changes had been implemented around eight weeks before the inspection and it was evident that certain elements of the process were still evolving. Nevertheless, the new process provided a significantly better orientation to new prisoners. This was reflected in the pre-inspection prisoner survey in which the proportion of respondents who felt that they had received the information they needed to understand the way the prison works increased from 38 per cent in 2008 to 50 per cent in 2011. This is still not a particularly strong result, but many of the prisoners surveyed would have been through the old orientation process rather than the new one.
- 7.8 The most significant change to the orientation process at Bandyup has been the relocation of orientation accommodation from A Wing of Unit One to J Block of Unit Four. Unit Four is a considerably newer section of the prison with much better facilities than Unit One. It is a self-care unit (meaning prisoners cook their own meals) and the prisoners in the other blocks of Unit Four have earned the privilege of living there through good behaviour. This means it is a more settled and relaxed environment than Unit One.
- 7.9 It is important to note that during 2010, with the population rising rapidly, bunks were installed into a considerable number of cells at Bandyup, including those in J block. J block had been used as a transition unit for women transferring to Boronia and was part of Bandyup’s incentive accommodation. However, with the single cell option no longer available, the incentive for prisoners to move there would have been reduced. Prison management took this as an opportunity: with no prospect of a timeline for funding approval to build a new orientation unit, which had been part of Bandyup’s redevelopment plans,¹¹¹ J block would be converted for use to an orientation unit as a temporary solution.
- 7.10 The orientation unit has a kitchen, although orientation prisoners do not cook their own meals. Prisoners generally spend five to seven days in the unit, although this is flexible according to each prisoner’s needs. One prisoner lives there more permanently and is employed as the cleaner for that block. The other prisoner who lives in the block on a more long-term basis is a member of the peer support team. The peer support prisoner resides in the block to provide constant advice and support for new prisoners. This role is rotated between different members of the peer support team every three months. At the time of the inspection, there were also plans for several other members of the peer support team to

110 OICS, *Report of an Announced Inspection of Bandyup Women’s Prison*, Report No. 57 (December 2008) Recommendation 2.

111 DCS, *Capital Works Business Case Bandyup Facilities Redevelopment Stage 3*, Adult Custodial.

visit the orientation block each morning. This would give the new prisoners an opportunity to meet and get to know more than one member of the peer support team. It would also alleviate some of the pressure on the peer support prisoner who resides in the orientation block full-time. The extensive involvement of peer support in the orientation process is excellent practice. And it is a credit to Bandyup management that they turned the double-bunking of 'J' block into an opportunity for improvement.

- 7.11 The orientation process still includes an initial meeting with one of the unit officers. A new addition to the process since the last inspection is a comprehensive slide presentation conducted by a Prisoner Support Officer. As always, the orientation process inundates new prisoners with a large amount of information. However, this new process provides more than one chance to take in information, and the presence of a peer support prisoner in the orientation block also provides a good opportunity for new prisoners to raise any follow-up questions. Prisoners themselves were generally satisfied with the orientation process and appreciated the changes that had been made. Those who had arrived at Bandyup before the changes described how hard it had been spending their first few days in Unit One and supported the move to Unit Four. Although it had never been planned, early indications suggested that the relocation of the orientation prisoners to J block was proving to be an excellent initiative.

Custodial Infrastructure

Prison Design

- 7.12 The overall design of Bandyup is characterised by contrast. The older parts of the prison such as Unit One (1970) are in poor condition and reflect outdated philosophies of prison design. Some of the areas developed in the early 1990's, notably the visits centre, are equally outdated and inadequate. The newer parts of the prison (such as the gatehouse and the village) are aesthetically impressive and incorporate modern design features.
- 7.13 This mismatch of styles invites some startling and significant comparisons. For example, visitors to the prison cannot fail to notice the difference between the vast, clean spaces of the new gatehouse and the cramped and dilapidated conditions in the visits centre. The clear impression made by this contrast is that security is a higher priority than social visits at Bandyup. This is the wrong message for a women-centred prison to be sending. Bandyup should be encouraging family contact with prisoners as much as possible.
- 7.14 The other notable contrast is between the oldest prisoner accommodation in Unit One and the newest prisoner accommodation in the village. Unit One features two courtyards fully surrounded by cells and offices. It is an enclosed and oppressive space. Furthermore, at the time of the inspection, 12 women were still having to sleep on mattresses on the floor. They each had to share a cell designed for one. During lockdown (at least 12 hours each day), these women had to attend to all their sanitary and personal care needs in full view of their cell mate and without any provision for their privacy and dignity. The village, on the other hand, is an open area containing 10 separate houses accommodating six women with each house containing four bedrooms, two bathrooms, an integral kitchen/family room area and a rear outdoor sitting area. This Office's Code of Inspection Standards suggest that:

Within the limits of cost effectiveness, accommodation arrangements should provide for small group housing units in preference to large multi storey cell blocks. Such smaller arrangements provide a more human scale to buildings and reduce the anonymity and social isolation that comes from housing large groups of prisoners together.¹¹²

- 7.15 At Bandyup, Unit Four and the village conform to this model; Units One and Two do not. The starkest contrast is between Unit One and the village. It is therefore significant that Aboriginal women (and particularly out-of-country Aboriginal women) who are often acutely vulnerable and suffering varying degrees of mental distress,¹¹³ are over-represented in Unit One and under-represented in the village. On the first day of the inspection, there were 69 women accommodated in Unit One, 47 (68%) of whom were Aboriginal. In the village only four (8%) of the 48 women in the eight non-nursery houses were Aboriginal.¹¹⁴
- 7.16 Some of the older parts of the prison (including Unit One, administration buildings, kitchen, reception centre,) date back to 1971. In these areas, maintenance is a growing issue and has been discussed earlier.

Perimeter Fence and Razor Wire

- 7.17 The secure perimeter remains sound and meets the requirement to deter, detect and delay a breach from inside or outside. However, two significant issues in relation to the fence were raised during the inspection.
- 7.18 First, the response vehicle had been withdrawn from Bandyup by the Department at short notice about one week before the inspection. This means that, in the event of a perimeter breach, Bandyup has no dedicated response vehicle. The prison would have to rely on the escort vehicle or two other available pool vehicles. It is not inconceivable that all three could be unavailable when required. At the time of the inspection, Bandyup management were preparing a business case for a new vehicle, but this would be a multi-purpose vehicle rather than a dedicated response vehicle.
- 7.19 Secondly, the prison still lacks any capacity to retrieve a person entangled in razor wire at height. This was an issue identified at the previous inspection and formed the basis of a recommendation.¹¹⁵ The outer perimeter fence is adorned with razor wire and there is also a small amount of razor wire on the roof of buildings inside the prison. It was alarming to hear that the prison had no contingency plan but to wait for the arrival of the Department's Emergency Response Group which is based in Canning Vale. This sort of delay would represent a serious risk to the life of anyone entangled in razor wire. Bandyup management have attempted to make arrangements with the Fire and Emergency Services Authority (FESA) but they have understandably refused to accept responsibility for a razor wire rescue because they lack expertise in this area.

112 OICS, *Code of Inspection Standards for Adult Custodial Services* (Version One, 19 April 2007) 22.

113 Twenty women in Unit One were active mental health patients. Figures provided by Bandyup Health Centre at the inspection.

114 DCS, TOMS Data (28 March 2011).

115 OICS, *Report of an Announced Inspection of Bandyup Women's Prison*, Report No. 57 (December 2008) 21, Recommendation 3.

Recommendation 21

Provide equipment, extraction training, and a rapid response capacity for the use of razor wire, or provide alternative security measures.

New Gatehouse

7.20 Notwithstanding the problems that the new gatehouse has created in terms of its distance from the internal and external visitors' centres,¹¹⁶ its commissioning has resolved the security issues identified in previous inspections. The new gatehouse is now able to accommodate the searching of staff and service providers entering and departing the prison.

Dynamic and Procedural Security

- 7.21 The security section at Bandyup comprises four staff and operates six days a week. Since the 2008 inspection, the Intelligence Coordinator position has been added to the section. The inspection team heard specific examples of the value added by this position, both in terms of identifying security trends and assisting in the management of high-risk individuals. The Bandyup security team continues to take a proactive approach and has developed several instructive documents that are available to staff on the Bandyup portal, including a drug slang dictionary, equipment use manuals, information on predicting incidents, information on drug use and effects, and site risk assessments. A comprehensive emergency management plan and regular emergency exercises are also managed by the security section.¹¹⁷
- 7.22 During the inspection, the inspection team raised major concerns about a lack of clarity and inconsistent application of prison rules and policies. This was covered as part of a discussion in Chapter Three, in which issues of concern for staff were explored in detail, and will not be re-visited here.
- 7.23 Fundamentally, the purpose of security is to ensure the safety of those within the prison. Staff and prisoner perceptions of personal safety are therefore an important indicator of the effectiveness of security measures. Positively, in the pre-inspection staff survey, 39 per cent of respondents at Bandyup stated that they 'almost always feel safe' and a further 60 per cent 'mostly feel safe'. Only one per cent of respondents 'mostly feel unsafe'.
- 7.24 In the prisoner survey, 76 per cent of respondents said that they 'mostly feel safe'. This was a good result and a significant improvement on the 2008 result in which only 41 per cent of respondents said they 'mostly feel safe'. At least in part, this can be attributed to Bandyup's focus on bullying and implementation of an anti-bullying plan.¹¹⁸ This has allowed the prison to abolish the protection wing and safely manage vulnerable prisoners in the mainstream population. Although this has clearly been a success for the prison, the inspection team spoke to a small number of prisoners who had been victims of bullying and did not feel protected. Obviously, this is an area that will require constant vigilance.

116 As previously discussed in Chapter Two.

117 DCS *Bandyup Prison Emergency Management Plan* (March 2010).

118 Bandyup Women's Prison, Local Policy – Prisoner Anti-Bullying (November 2010).

Complaints and Grievances

- 7.25 This Office's inspections typically find that prisoners have little faith in the complaints and grievance system. A low number of complaints and grievances usually indicate that prisoners do not utilise the system, not that there are no problems.
- 7.26 At the 2008 inspection of Bandyup, the team found in prisoner complaints and grievances a 'significant area of contention' and the 'intensity of feeling'¹¹⁹ about the process from prisoners and officers was 'palpable, and worthy of particular attention.'¹²⁰ Subsequently, a recommendation was made that complaints should be managed essentially within a more positive, continuous quality improvement framework.¹²¹
- 7.27 This 'intensity of feeling' had largely disappeared by the time of the 2011 inspection, but it was difficult to pinpoint why. Little had changed in terms of the process. Prisoners still have much the same options when submitting complaints and grievances, and are still required to put their issues in writing. While a paradigm shift may not have been entirely achieved, there was evidence to suggest that staff were more open to accepting complaints and grievances from prisoners. The inspection team also heard fewer allegations from prisoners about being discouraged from submitting complaints or about grievance forms being torn up. This may be supported by the fact that the number of grievances submitted has increased. In 2008, 42 grievances were lodged in a 12-month period and in 2011 there were 38 grievances lodged in only six months. Even considering the higher prisoner population, this is a substantial increase.
- 7.28 Prisoners still lack faith in the system, and the requirement to put complaints in writing remains an obstacle for some prisoners. However, it did not present as so much of an issue as in 2008.

Disciplinary Offences and Punishment

- 7.29 At the time of the 2008 inspection, serious concerns were raised about inappropriate and excessive use of separate confinement under section 43 of the *Prisons Act 1981*, which accordingly prompted a recommendation.¹²²
- 7.30 In 2011, the inspection team was informed that Bandyup had not imposed a section 43 regime on any prisoner since the previous inspection. In that period, the prison had successfully housed prisoners who posed a threat to other prisoners without segregating them from the mainstream population. Instead, the risks were assessed and managed appropriately. This is a positive achievement for the prison.

Use of Force

- 7.31 There were no major concerns identified during the inspection in relation to the use of force at Bandyup. The inspection team heard no allegations from prisoners of excessive or unwarranted use of force by staff.

119 OICS, *Report of an Announced Inspection of Bandyup Women's Prison*, Report No. 57 (December 2008) 24.

120 Ibid, 25.

121 Ibid, Recommendation 5.

122 Ibid, 23.

- 7.32 It would seem that incidents in which force is applied are thoroughly documented. However, there appear to be some discrepancies in terms of the way in which officers use the TOMS system to report incidents. By way of example, at the time of writing, the inspection team reviewed the profile of two prisoners and noted that they had been restrained using the restraints bed. However, these incidents could not be cross-referenced to a report of the facility's use of restraints for the year. This anomaly should be explored further to ensure that incidents are consistently reported in TOMS to enable efficient auditing, accurate trend analysis and quality improvement.

Use of the Restraints Bed

- 7.33 Prior to the inspection, the Office had become aware that the restraints bed was being used at Bandyup far more often than for male prisoners at Hakea Prison and Casuarina Prison.¹²³ At Bandyup, there were six reported incidents of this type (1 July 2010 – 12 May 2011) involving three women. Report details showed and discussions with staff confirmed that restraints have been singularly used in circumstances where the women concerned were in severe mental distress and needed to be protected and prevented from banging their head or pulling their hair out. The lack of appropriate facilities and resources both within and external to the prison for offenders in mental distress is explored in more detail in Chapter Nine. Suffice to say at this stage that the Office was generally satisfied that, in the absence of available, more dignified and contemporary alternatives, which should be made available 24/7, staff used the restraints bed in good faith to maintain prisoners' safety.
- 7.34 However, it is worth making two observations here. First, although it is used not infrequently at Bandyup, instruction in the use of the restraints bed is not part of the Department's refresher training curriculum. This deficiency was identified in the review of an incident which occurred in late 2010, in which a prisoner had extricated herself from the wrist restraints.¹²⁴ During the inspection, staff commented about their lack of ongoing training and lack of confidence in using the restraints bed, stating that they had only received training in its use during their entry-level prison officer training. Secondly, at the time of the inspection, the team noted that the restraints bed was in a state of disrepair, hazardous and unfit for purpose, with one of the limb cuffs featuring broken stitching and a broken nail (see photo on page 65). Staff committed to following the matter up immediately. The Office is concerned, however, that a formal process should be established for checking and reporting on the bed's fitness for purpose before and after each use.

Transport of Prisoners

- 7.35 At the last inspection, the team raised concerns regarding Bandyup's lack of capacity to transport prisoners to important appointments (particularly medical appointments) in the event that the prisoner transport contractor was unable to provide this service. The Office subsequently recommended that Bandyup establish a contingency plan to ensure that critical medical escorts proceed regardless of the transport contractor's ability to provide the service.¹²⁵

123 TOMS shows that for the period 1 July 2010 to 12 May 2011, the restraint bed was used on one occasion at Casuarina and on three occasions at Hakea. Both Casuarina and Hakea house far more prisoners than Bandyup.

124 Incident occurrence: 6 December 2010.

125 OICS, *Report of an Announced Inspection of Bandyup Women's Prison*, Report No. 57 (December 2008) 26.

- 7.36 Following the last inspection, Bandyup successfully submitted a business case for an escort vehicle. The escort vehicle has been at the prison since August 2009, allowing Bandyup to provide medical or other escorts where deemed necessary by management. In addition, a memorandum of understanding has also been put in place with the transport contractor, G4S, allowing them to use the vehicle for escorts from Bandyup if they have a shortage of vehicles.



The restraint bed.



The restraint bed in a state of disrepair – note the nail protruding out of the wrist cuff, and the broken stitching.



The 'village'



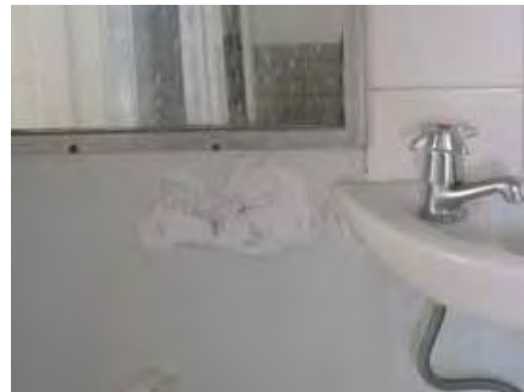
The demountables mid-installation.



The demountables mid-installation.



Unit 1 ablutions area



A Unit 1 single cell shared by two women. Note the mattress under the bed, which is pulled out at night for the second person to use.

Chapter 8

WOMEN PRISONERS: ENABLED TO EXERCISE REASONABLE CHOICE?¹²⁶

- 8.1 For many prisoners, the matters that concern them often relate to those activities which most profoundly reinforce and remind them of their lost freedom: how and in what way they can be self-determining; how they use their spare time; how and what they eat; and how and on what they spend their money. The way in which prisoners are enabled to carry out these activities while in prison can often therefore take on seemingly disproportionate levels of importance. This is because such activities often become a focal point in what has been reduced to a very narrow, ritualised, rule-bound life.
- 8.2 Nevertheless, it is incumbent upon the prison to make sure that such activities are organised in a way that does not harm or punish. Indeed, one of the key principles underpinning the *Women's Way Forward* states that: 'women are imprisoned "as punishment" not "for punishment"'.¹²⁷ They should, therefore, be enabled to exercise reasonable choice in conducting their lives.
- 8.3 In examining whether this is the case at Bandyup, this chapter will examine: the way in which remandees or self-representing appellants are enabled to access legal resources; the choices available in terms of recreational opportunities; the extent to which women can choose how and on what they spend their money; the way in which they can exercise healthy lifestyle choices, specifically in relation to food; and finally, the way in which women are supported by their peers in prison.

BACKGROUND

- 8.4 At the northern end of the Bandyup site, there is a large multi-purpose building within which the canteen, recreation, library, the life skills programs, hairdressing, and worship are organised.
- 8.5 Three VSOs manage the building, and associated prisoner movements and services. Two VSOs are each rostered ten hours a day, Monday to Friday, and one VSO is rostered for a similar number of hours each day on the weekends. There had been another VSO position allocated to this area, but the incumbent left in May 2010 and has not been replaced.
- 8.6 Coordinating this complex range and volume of services and prisoners means that the workload is considerable. This is further added to by the fact that despite the frequent movements, the entry door to the building has to be manually unlocked as required, as do the toilets (during recreation time). The VSOs are therefore unable to really have much 'hands on' involvement in many of the activities, but are assisted by (and also have to supervise) several prisoner workers, including but not limited to a recreation coordinator, two librarians, and an arts and craft coordinator.

Legal Resources and Library

- 8.7 The last inspection found that self-represented prisoners and appellants were not well served

126 DCS, *Women's Way Forward: Women's Corrective Services Strategic Plan 2009–2012* (2009) 8. This chapter title draws on the strategic plan's Key Result Area 2.5, which states: 'Increase the range of activities in prison that enable women to exercise reasonable choice in their life experience in all prisons.'

127 Ibid 3.

by the legal resources available in the Bandyup library.¹²⁸ This inspection found the situation remained as described in the previous inspection report. Arguably, given the increase in prisoner numbers, this represented a relative deterioration.

- 8.8 Further to a recommendation in that report, the Department committed to improve the resources by obtaining hard copies of key legislation and secondly, installing a case law compact disc.¹²⁹ Key legislation has not been obtained and although the team was told the case law compact disc was obtained, it had not been used because the computer in the library had not been functional for over two years. Furthermore, the compact disc cannot be used on the computers in the education centre because these are designated for educational use only.
- 8.9 This constitutes a breach of this Office's Inspection Standard 54, which states that 'All prisoners that are involved in civil or criminal proceedings should be afforded access to legal resources to assist them prepare their case.'¹³⁰ It also constitutes a continuing breach since at least 2008 of the Department's own Policy Directive 21.¹³¹ And it is a breach of every accepted principle with respect to remandees.¹³²
- 8.10 It is important to make the point here about the way in which the withdrawal of personal computers in January 2010 has been doubly felt at Bandyup. Not only have the women not had access to a computer for research and legal case preparation, but also they have not had access to a computer for routine personal use, such as letter writing. By way of comparison, Hakea and Boronia each have approximately six computers available in the library, which prisoners can use for legal or personal purposes. This inequity must be addressed as a matter of urgency.

Recommendation 22

Ensure Bandyup prisoners are provided with their legal entitlements in respect of access to legal resources and assistance to research their cases.

Recreation

- 8.11 This inspection found that structurally, the recreation program at Bandyup had remained largely unchanged since 2008. Most organised activities are incorporated into the structured day as part of 'community programs'. Unstructured recreation time is available to prisoners between 4.00 pm and 5.00 pm on weekday afternoons and essentially all day at weekends. At these times, prisoners can freely access the gym (where volleyball is also set up) and the 'oval'.¹³³ Competitions (including volleyball, tennis, quizzes, bingo, and karaoke) are regularly organised and take place on weekends and public holidays.

128 OICS, *Report of an Announced Inspection of Bandyup Women's Prison*, Report No. 57 (December 2008) 43.

129 Ibid, 63.

130 OICS, *Code of Inspection Standards for Adult Custodial Services* (19 April 2007) 3.

131 DCS, *Policy Directive 21 Provision of Library Services*, Section Six.

132 This was also an issue highlighted in the report of this Office's most recent inspection of Hakea Prison. OICS, *Report of an Announced Inspection of Hakea Prison*, Report No. 63 (April 2010), 10.

133 This is a notional term: its circumference is barely 100 metres.

- 8.12 At unstructured recreation times during the inspection, the team observed women playing volleyball each day, and using gym equipment. However, the oval was always empty. This may have been because the weather was particularly warm, but it may also have been because the women complained that it was too small to be of any use. The basketball courts were not used at all during the inspection week. Noticeable by its total absence was gym equipment in the units, a common sight at male prisons.
- 8.13 Although the pre-inspection survey rated recreation third of the three most positive things that work best in the prison, prisoner feedback during the inspection was mixed. Overwhelmingly, prisoners complained of boredom at weekends, and suggested that organised group fitness classes and other recreation during this time would be welcome. This reflected the pre-inspection survey findings: 54 per cent of women were 'mostly happy' with the amount of organised sport available; and 46 per cent of women were 'mostly happy' with their access to other recreation. These percentages represented a significant reduction in satisfaction from 77 per cent and 66 per cent respectively since 2008.

Canteen

- 8.14 The pre-inspection prisoner survey findings indicated a significant drop in satisfaction with the canteen service from 64 per cent to 40 per cent since 2008. This was not a surprise as complaints about the canteen service had been a frequent theme of complaints to the Independent Visitors and of the written complaints sent to this Office during the year preceding the inspection. During the on-site phase of the inspection, prisoner feedback consistently reinforced the sense of dissatisfaction previously articulated.
- 8.15 During May 2010, the administration of the canteen service at Bandyup was transferred to and became fully integrated with the Total Offender Management Solutions (TOMS) system. At the same time, prison management took the opportunity to streamline the range of goods, and the choices within those ranges, on offer to prisoners. This streamlining has been the major source of prisoners' dissatisfaction.
- 8.16 By way of example, what this has meant for arts and crafts is that there is only one size art canvas available; lead pencils are unavailable; there are only three acrylic paint colours available; and there are only two thicknesses of knitting needle available.¹³⁴ This has significantly impacted upon the long-term prisoners. They explained to the inspection team that they have taken up craft activities while in Bandyup in particular to relieve the boredom (particularly on weekends) as well as to make gifts for friends and family members.
- 8.17 The women with babies were particularly frustrated with for example, the fact that only one type of bottle teat for each age range is available and that only one type of soother for each age range is available. Each baby differs in their preferences of shape and texture of these items and often it is a question of trial and error in order to find one that is suitable.
- 8.18 Affecting all women was the diminished choice of toiletry/beauty items, and the limited range of healthy (as compared with unhealthy) food options. In terms of toiletry/beauty items, the single biggest cause of complaint was the withdrawal of tweezers, followed by the

134 Bandyup Women's Prison Canteen Price List as at 28 March 2011.

limited or lack of choice in terms of moisturiser, shampoo, make-up and so on. In terms of food options, the range of chocolate/lolly items is far more extensive than the range of so-called healthier options.

- 8.19 The VSO staff explained that tweezers had been withdrawn because of a security breach involving a prisoner some years ago. This reasoning lacks consistency, however, when the women are permitted knitting needles and other items that could also be used as weapons. In terms of the reasons for the limited choices, the VSO showed, and the team observed that, the storage space is at a premium in the canteen, particularly for perishable items, or for those items required to be kept within a temperature range to preserve their integrity. The storage area is not air-conditioned and during the warmer months, the VSO's office, which is air-conditioned, also becomes a storage area. Chocolate items and many of those items packed in sealed plastic have to be stored in the VSO's office (otherwise their seals melt) to ensure their shelf life. Refrigerator space is limited and therefore stocks of dairy items are limited and prisoner purchases are rationed.
- 8.20 The VSO explained to the team that the newly developed range and choices of items on offer was supposed to have been reviewed in October 2010, and every six months thereafter. At the time of the inspection, this first review had still not occurred. The feedback that the women have consistently provided, the diminished range and choices of items on offer, and the failure to review these demonstrate that women's needs are not being recognised and listened to, and they are being thwarted in their attempts to take personal responsibility, to be creative and to improve their self-esteem.
- 8.21 Furthermore, unlike their male counterparts, the women cannot make up for the limited range of items on site by putting in an order for what is known as 'town spends'. This is a system whereby the prison essentially arranges for staff to go shopping for prisoners. In some prisons, the men can order anything from a particular brand and style of sneaker, to hobby magazines, music compact discs, X-boxes, and so on.
- 8.22 In summary, current canteen practices are unreasonably restrictive, illogical and inequitable compared with male prisons. They also undermine the principles underpinning the *Women's Way Forward* strategic plan.

Recommendation 23

Provide both a canteen and a town spend service and ensure that the range of goods available reflects women's needs.

Food

- 8.23 The pre-inspection survey findings indicated a significant reduction in prisoners' satisfaction with food quality and quantity compared with feedback provided in 2008. In 2008, 49 per cent of prisoners were 'mostly happy' with food quality as compared with 27 per cent in 2011. Fifty-eight per cent of prisoners were 'mostly happy' with food quantity in 2008 as compared with 48 per cent in 2011. However, somewhat puzzlingly, food was rated as third of the three

most negative things that did not work in the prison back in 2008. In 2011, it did not figure in the list for the top three negative or positive things about the prison.

- 8.24 At this inspection, the prisoners did not indicate to the team that food was a major issue of concern. However, when there were negative comments, they commonly centred on (1) the lack of ‘bush tucker’; and (2) the belief that the carbohydrate content of the diet was disproportionately high, which some women saw as the cause of their weight gain while in prison.
- 8.25 In terms of the first point, the staff confirmed that kangaroo used to be on the menu once a fortnight. However, the kangaroo meat supplier that Bandyup had been using was no longer trading and at the time of the inspection an alternative supplier was not being sought. In view of the high numbers of Aboriginal women in the prison, and the numbers of kangaroo meat suppliers in business, it is unacceptable that this situation has been allowed to continue. ‘Bush tucker’ should be provided as a standard regular on Bandyup’s rotating menu.
- 8.26 In terms of the second point, the number of ‘satellite’ or self-catering kitchens at Bandyup increased in 2009 from three to 13 with the commissioning of the village. A business case was submitted for an additional cook instructor to tutor the women in the self-catering units in nutrition, food hygiene, cooking, stock control and rotation, budgeting and meal planning. However, the proposal was unsuccessful and so these self-catering kitchens operate largely unregulated.
- 8.27 Elsewhere, in those areas of the prison where centrally prepared meals are provided, attention to portion control, particularly of those foods such as bread and butter, which are often additionally available at mealtimes, seems no better. As an illustration, catering staff explained that in the week prior to the inspection, seven cartons of margarine (each containing 250 individual portions) were supplied to Unit One, B wing. These were supposed to last seven days but ran out before five days had elapsed. With 40 women accommodated in B wing on average, this equates to 43.75 portions each or 8.75 portions per day.
- 8.28 This lack of supervised portion control in all areas of the prison may explain in part the weight gain that women say they have experienced, and which is commonly but fatalistically referred to at the prison as the ‘Bandyup Bulge’.¹³⁵ It is widely evidenced¹³⁶ that women prisoners suffer with self-esteem issues and avoidable weight gain can be both a symptom and a cause of poor self-esteem. In terms of a women-centred approach to custodial management an opportunity exists for the development of a whole-of-prison, integrated program at Bandyup. The catering, education, health and recreation service areas of the prison should work together in a structured way to promote healthy lifestyles. In simple terms, improving the women’s health could improve their feelings of self-worth and in turn, improve their chances of successful re-entry.

135 The way the ‘Bandyup Bulge’ is managed by Health Services is discussed in the next chapter.

136 DCS, *Women’s Corrective Services Strategic Plan 2009–2012 Women’s Way Forward, Background Paper* (July 2009) 5.

- 8.29 The lack of a ‘roving’ cook instructor also potentially exposes the Department to a major health risk. Prisoners at Bandyup have to complete a basic food hygiene course upon commencement of employment in the central kitchen. However, there are no resources available to ensure that this course be provided to all other prisoners, many of whom prepare food not only for themselves, but also for their fellow prisoners on a daily basis. In the context of an environment in which there is a high prevalence of communicable diseases with people living at close quarters, the risk of infection spread and outbreak is high anyway. Without instruction in basic food hygiene and standard precautions, the risks increase exponentially. It is incumbent upon the Department to take its duty of care seriously and address this issue as a matter of urgency.

Recommendation 24

Ensure that all prisoners are provided with a food hygiene course as part of their orientation at Bandyup.

Recommendation 25

Implement a healthy lifestyle program involving all major service areas at the prison.

Prisoner Support

- 8.30 Two Prisoner Support Officers (PSOs) facilitate the Peer Support Program at Bandyup. There are eight peer support prisoner positions at Bandyup, all of which were filled at the time of the inspection, but only two by Aboriginal women. The PSOs expressed frustration with the security imperatives surrounding the peer support prisoner approval process, which they believed worked against the proportionate representation of Aboriginal women. Anecdotally, they provided examples of having nominated women for peer support positions but if, for example, there was a record of a prison charge occurring more than a year previously the application was unsuccessful. The inspection team was satisfied that the approval process was administered in an even handed way. However, a review of the process to ascertain whether it needs to be more flexible to meet current requirements and to suit the prisoner profile may be appropriate.
- 8.31 At the time of the inspection the issues preoccupying the PSOs and the peer support prisoners were the new orientation unit and the new medical appointment system. The involvement of the peer support prisoners in the new orientation unit and process has been discussed earlier. It is important to note here that the PSOs have been and continue to be instrumental in establishing, trouble-shooting, and refining the prisoners’ processes within the new unit. The peer support prisoners were justifiably proud of their work in supporting new prisoners, explaining that the memories of their distress at their initial incarceration remained vivid. They lamented the fact that they had not had the benefit of such a process when they had first been received into custody.
- 8.32 Following the reintroduction of the new medical appointment system, one of the PSOs advised that she already had to play an increasing role in assisting three Aboriginal women to access medical help. The PSO expressed concern that had she not been on site, no one may have known that they needed medical attention. The details of this new system will

be discussed in the next chapter. For present purposes, the examples of the new orientation process and the new medical appointment system serve to demonstrate that the PSOs and the peer support prisoners represent a strong functioning team at Bandyup. Together, they play an invaluable and pivotal role in monitoring prisoners' wellbeing and advocating on their behalf.

- 8.33 The peer support prisoners presented as a highly motivated and committed group, who were keen to support their fellow prisoners and to develop the requisite skills to do so. They were particularly enthusiastic about the two-day mental health first aid training and the one-day 'Reducing Aboriginal Disadvantage' presentation, which they had attended during the week of the inspection. The Department's sponsorship of such training for peer support prisoners is excellent practice, but begs the question why the Department has not prioritised this training for prison officer and non-uniformed staff also.

Chapter 9

PHYSICAL AND MENTAL HEALTH CARE

- 9.1 There are two main sections to this chapter: the first explores those matters that are relevant to the delivery of both physical and mental health care at Bandyup. The second section explores matters specifically related to mental health care delivery.
- 9.2 The chapter opens with a detailed description of the structural framework for health service provision at Bandyup, highlighting the lack of numbers and types of staff to meet evidenced needs, and the issues of concern expressed by staff.
- 9.3 Secondly, prisoners' access to health care and how their needs are identified and met at the prison is described. It is of great concern that Aboriginal women access health services less frequently. This issue is explored in the context of the appointment system in place, cultural norms, literacy issues and the lack of Aboriginal health care staff. Clinical screening tools are shown to be culturally and gender-blind and therefore may not facilitate comprehensive identification of prisoners' health needs and in turn, appropriate care delivery.
- 9.4 Thirdly, the medication management system, including pharmacy services and administration processes, is described and shown to be unsuitable for the needs of the client group. Similarly, the dental service at Bandyup is shown to be inadequately resourced given the needs of the particular demographic at the prison.
- 9.5 The second part of the chapter highlights the prevalence of mental disorder, distress and trauma at Bandyup. The primary finding is that despite the best efforts of staff, the resources allocated to the treatment and management of mentally unwell offenders at Bandyup are totally inadequate to meet need.

GENERAL

Background

- 9.6 Health problems among female prisoners are significant. In 2008¹³⁷ women in Western Australian prisons were surveyed: 64 per cent reported at least one specific physical health issue; and 39.1 per cent had either a current reported mental illness or a recorded history of mental illness.¹³⁸
- 9.7 As the primary female prison, Bandyup accommodates the majority (63 per cent) of women prisoners in Western Australia. These women vary in their detention status, their security classifications and their length of stay. Other important variants include whether they are Aboriginal, whether they are out-of-country, whether they have children resident in the prison and whether they are pregnant. It is not only absolute numbers, but also these other factors which impact upon the complexity and range of healthcare needs and associated service delivery in the prison.

137 DCS have conducted biannual studies of women in prison in 2001, 2003, 2005, and 2007. In 2008, the second stage of this research commenced with semi-structured interviews of women in addition to survey questionnaires.

138 Data cited in DCS, *Women's Corrective Services Strategic Plan 2009–2012 Women's Way Forward Background Paper* (July 2009) 4. See also Paragraph 9.19 for a detailed breakdown of psychiatric diagnoses of the women accommodated at Bandyup at the time of the inspection.

PHYSICAL AND MENTAL HEALTH CARE

- 9.8 The Health Services Directorate forms part of the Offender Management and Professional Development Division of the Department. It provides the human resource management and clinical management framework for health service delivery across the prison estate.
- 9.9 Like other facilities, Bandyup has a health centre and care delivery is organised around four key areas: primary care, chronic disease, infectious disease and co-morbidity (mental health and alcohol and substance abuse). Bandyup's health centre also features a two-bed infirmary, which is a statewide resource.
- 9.10 At Bandyup, in-house services are provided by doctors (at least one of whom is generally available six days a week), psychiatrists, clinical and mental health nurses and pharmacists, who are supported by a resources coordinator, medical reception staff, and a pharmacy technician. External services are provided by visiting general practitioners (GPs), King Edward Memorial Hospital, a child health nurse, a dentist and dental nurse, and allied health professionals.
- 9.11 Bandyup also has a six-bed Crisis Care Unit (CCU) managed by the Adult Custodial Division. Its function, again as a state resource, is to provide care for women prisoners who are at risk of self-harm and require psychological services.¹³⁹ Health services clinical staff, counselling, PSOs, and chaplaincy staff provide input into the management of at-risk prisoners.
- 9.12 Prisoners have much the same range of health conditions as the general community. Chronic disease conditions such as diabetes, asthma, hepatitis and cardiovascular disease are common. At Bandyup and across the prison system these conditions prompt the development of a specific care plan. In addition, there are certain conditions recognised as being much more prevalent among prisoners than in the general community. At Bandyup, this phenomenon is further exaggerated because of the high numbers of Aboriginal prisoners and because of the role the prison plays as a health resource for the whole of the Western Australian female estate. These conditions include mental health conditions,¹⁴⁰ blood borne viral disease (mainly Hepatitis C),¹⁴¹ drug and alcohol addiction, and dental disease.
- 9.13 The inspection found that the capacity of the health service to deal adequately with current demand is falling well short of a comprehensive response. Nursing staffing levels have remained largely unchanged over recent years despite the increased population and, at the time of the inspection, there were a number of staff in acting positions. Overall, there has been a dearth of professional development opportunities. As a consequence, staff feel and the inspection found that they provide an adequate acute care service in response to day-to-day demand, but are not able to undertake preventive measures, health education, comprehensive re-entry planning or meet care portfolio obligations.

139 Observation cells are available at other prisons and are used to accommodate those prisoners who require close monitoring of their safety and psychological wellbeing. Should the prisoner's condition deteriorate to a point where the prison can no longer provide the level of care required, the prisoner may be transferred to Bandyup for more intensive support. If necessary, they may be transferred to the Frankland Centre for acute psychiatric care. Post-acute care may again be provided at Bandyup prior to the prisoner's return to the originating prison.

140 At the time of the inspection, there were 59 active mental health patients at Bandyup.

141 At the time of the inspection staff estimated that at least 70 per cent of the prisoners suffered from Hepatitis C.

- 9.14 In the pre-inspection survey, prisoners ranked medical care overall third of the three ‘most negative things that do not work in prison’. This dissatisfaction related to both access to services and quality of services. It must be emphasised that this feedback did not reflect respondents’ feelings about staff. The majority (66%) of respondents rated the helpfulness and supportiveness of health staff as ‘mostly good’. This reflected the Office’s findings of a committed and professional group of staff. In the face of burgeoning numbers of patients with particularly challenging needs and in circumstances of insufficient staffing, a lack of training and professional support and an inadequate and inappropriate environment, the staff have managed to provide an impressive level of service.

Staffing

- 9.15 At the time of the inspection, staffing arrangements on the primary nursing side of operations were particularly complex and had been since at least the beginning of 2011. Three clinical nursing positions were vacant because two incumbents were ‘acting up’ elsewhere in the prison system and one was acting in the Nurse Manager position at Bandyup. Positions were being covered by casual, contracted and agency staff.
- 9.16 Four hundred and eighty-seven hours are allocated each fortnight for primary clinical nurse coverage; this equates to six full-time equivalent positions. A 24-hour nursing service is provided. Between Monday to Friday, the aim is to have three nurses rostered on duty so that there are always two staff available between 7.00 am and 9.30 pm. During the day on weekends, there are generally two nurses on duty. Annual leave and sickness leave or professional development time is not factored into the allocated hours. Staff explained that when there is a shortfall, agency staff can be engaged although this is fraught with difficulties in a custodial setting. Nursing staff are frequently required to work in professional isolation (that is, they may be the only clinical staff member on shift). In order to work effectively they need to be familiar with the Health Services Directorate’s policies and procedures, the security and custodial requirements of the prison, and so on. Such requirements prohibit the routine engagement of agency staff to ‘backfill’. Alternatively, overtime can be and is authorised but such a set-up is not sustainable and staff risk burnout. Given these constraints, the fact that Bandyup provides 24-hour nursing coverage is a feat in itself.
- 9.17 There are three administrative positions supporting health centre operations: a Coordinator Resources, a Senior Medical receptionist, and a Medical Receptionist. At the time of the inspection, the Senior Medical Receptionist and Medical Receptionist were respectively acting in the Coordinator Resources and the Senior Medical receptionist positions. A temporary contracted staff member was filling the Medical Receptionist position.
- 9.18 The mental health/co-morbidity team is remotely managed, equates to 3.4 full-time equivalent positions, and includes mental health clinical nurses and a senior mental health nurse position, as well as a daily Prison Addiction Services Team (PAST) nurse.
- 9.19 At the time of the inspection, the team was provided with the following figures, which were current in the fortnight preceding the inspection. There were 59 active mental health patients at Bandyup, 35 of whom were Aboriginal. Thirty-three women were suffering

a major mental illness: 11 had schizophrenia; two had a schizoaffective disorder; eight suffered from bipolar affective disorder; seven suffered from drug induced psychosis; five had other psychoses. In addition, 10 suffered with significant depression; five had a personality disorder; and 11 suffered with various conditions including anxiety, but excluding post-traumatic stress disorder, which is routinely managed. Despite the increased population and commensurate increase in demand,¹⁴² the staffing allocation had only been increased by 0.2 FTE since the last inspection.

- 9.20 Mental health nursing coverage is generally five days a week. This is highly problematic. First, many incidents which occur out of hours involve mental health issues.¹⁴³ Secondly, many of the primary care nursing staff have not had mental health training. Staff training is discussed in more detail below.
- 9.21 It is important to note here that with the exception of the child health nurse currently visiting the prison fortnightly, none of the health centre staff is Aboriginal.¹⁴⁴ This is in spite of the fact that 43 per cent of Bandyup's population is Aboriginal, that the health needs of Aboriginal female prisoners are particularly exaggerated,¹⁴⁵ and that one of the measures of success of the Women's Way Forward is that 'the workforce reflects the cultural diversity of the prison population'.¹⁴⁶ The lack of Aboriginal healthcare staff may explain why only just over half as many Aboriginal patients as non-Aboriginal patients were being seen at Bandyup's health centre.¹⁴⁷

Issues of Concern for Staff

- 9.22 Issues for staff related to human resource management; the health centre building and its facilities; health care imperatives taking second place to custodial imperatives; and information technology (IT) systems and support. In aggregate, these issues and the lack of action to remedy them, indicated to staff that they and their work were not valued, and inspired little confidence in higher departmental management. Ultimately this was damaging to staff morale and had the potential to adversely affect the quality of service, and staff stability and continuity.

142 In the latter half of 2009, there were only 35–40 active mental health patients (Minutes of a Mental Health Meeting held at Bandyup 16 March 2011).

143 During the inspection, the team was told that of the 15 most recent critical incidents, 13 involved mental health issues and many occurred out of hours.

144 This is in spite of the fact that Aboriginal women prisoners' health needs have been shown to be elevated. Research has shown that Aboriginal female offenders often enter custody in poor physical or mental health. Indeed, in its background paper of its *Female Offender Policy* the Department cited research, which highlighted that the majority of Indigenous female prisoners have serious psychiatric issues and are overrepresented among prisoners at risk. DCS, Background Paper *Female Offenders Policy* (undated) 9.

145 DCS, *Background Paper Female Offenders Policy*, 9.

146 DCS, *Women's Way Forward: Women's Corrective Services Strategic Plan 2009–2012* (2009) 4.

147 Figures provided by the health centre at the time of the inspection show that in January 2011, 684 non-Aboriginal patients were seen as compared with 381 Aboriginal patients. In February 2011, 599 non-Aboriginal patients were seen as compared with 357 Aboriginal patients. See also Paragraph 9.39.

Human Resource Management

- 9.23 In terms of human resource management, staff identified a lack of staff; a lack of training; difficulties with, and repeated, contract renewal; errors or delays in salary payments; tax code errors; and annual/personal leave discrepancies.
- 9.24 The inspection found that the lack of staff meant that little preventative care or prisoner education could occur, particularly in matters of reproductive/sexual and mental health. This reduced the service to an acute care or crisis intervention service, which flies in the face of a women-centred approach. Such a level of service does little to assist patients to take personal responsibility for their health, to address their long-term needs, or to prepare them for release back into the community. It also has an adverse affect on the job satisfaction of healthcare staff.
- 9.25 The lack of education or training opportunities particularly impacted upon contracted healthcare staff, who had been deemed ineligible for training because of their temporary status.¹⁴⁸ This lack of investment was short-sighted on the part of the Department, particularly in view of the numbers of staff on temporary contracts, and in terms of its duty of care to ensure staff are appropriately skilled and qualified. This acted as a disincentive to staff in terms of their willingness to pursue permanent employment with the health services directorate.
- 9.26 Both primary nursing and custodial staff expressed the view, which reflected the findings of the pre-inspection survey, that they needed training in mental health. Indeed, 80 per cent of staff who responded to the pre-inspection survey believed they had not received adequate training to be competent in the management of prisoners with mental health issues. The deficit in mental health training extended right the way through the prison. Even the Acting Assistant Superintendent at the time of the inspection, who had overall responsibility for the management of prisoners at risk of suicide or harm to others, had received no training in mental health, suicide prevention, or risk assessment and management.¹⁴⁹
- 9.27 The risks are very real. The majority of serious incidents in the prison that involve mental health issues take place out of hours when there are no staff trained in the management of mental health issues on duty. In addition, prisoners complained that some staff carried attitudes relating to mental health issues that were counter therapeutic and not conducive to recovery, such as being dismissive, offensive or just being unable to cope.
- 9.28 Abortive attempts to resolve issues relating to pay, tax codes, and leave entitlements at departmental level exasperated staff and eroded their confidence in their employer. Furthermore, being remotely managed meant that day-to-day issues that arose could not be quickly and easily settled.

148 Staff employed on contract going back to 2009 – even though they wanted permanency – had had their applications for training rejected because of their temporary status.

149 A lack of training in the application of the restraints bed, which is used on occasions for women in the CCU, was also identified in Chapter Seven.

The Health Centre Building and Facilities, and the CCU

- 9.29 The health centre building, adjacent CCU and associated facilities were identified by staff as inadequate for purpose. The last inspection found that the health centre's design and security provisions did not meet community standards.¹⁵⁰ However, while no remedial work had been done, staff stated that they never felt unsafe in the building. Rather, they expressed concerns about the lack of, and limited space within, consulting/examination rooms/offices, which compromise patient care and privacy, staff efficiency, and the sterility of the environment. At the time of this inspection, the team was advised that plans for renovations to the health centre were continuing to be drawn up, although no funding or timeframes had yet been approved. Furthermore, there were no plans to extend the health centre in any way; the footprint was to remain unchanged. Staff were therefore pessimistic about the prospects of any substantive improvement in suitability being achieved.
- 9.30 The CCU is frequently used to accommodate patients with psychiatric disturbance, a purpose for which it is unsuitable. The environment is not therapeutic; rather it was designed to contain and control prisoners in crisis and at risk of self-harm. As such, it is totally unsuitable for mentally unwell offenders. Many of the features do not permit sufficient observation, particularly of medication administration, which has to be given through a hatch in the cell door, without adequate levels of supervision. Compliance with treatment in such circumstances can be difficult to encourage or monitor.

Custodial Imperatives versus Health Care Imperatives

- 9.31 Health care staff explained that while they enjoy supportive relationships with their custodial colleagues, they feel that their patient focus is often relegated to security or custodial imperatives. By way of example, they described a regular scenario of a number of new prisoners being received into the prison at the same time. Rather than sending each prisoner to the health centre one by one after their reception process has been completed, custodial staff will complete the process for all prisoners and then send them en masse to the health centre for their medical screening. Invariably, such arrivals occur late in the day, and while this process might mean that custodial staff can complete their work efficiently, it is neither sensitive to patient need nor to the needs of healthcare staff in terms of their workload management.
- 9.32 Health care professionals working in a custodial setting can become professionally isolated from mainstream health practice and standards. Over time there is a danger that staff's care ethos can be diluted and even superseded by a more custodial orientation. Long term, this can pose a risk to evidence-based health care delivery and the workforce culture.
- 9.33 Marginalisation from the profession and to some extent within the prison can have a negative impact on morale. To ensure the best chance of retaining good staff, all healthcare professionals at Bandyup should maintain professional links with other health care organisations and receive regular academic and professional supervision, support and development.

150 OICS, *Report of an Announced Inspection of Bandyup Women's Prison*, Report No. 57 (December 2008) 29.

Recommendation 26

Develop a health staffing model that (1) is based on prisoners' evidenced health needs; (2) reflects the cultural diversity of the prisoner population; (3) enables comprehensive health care delivery, including acute care, preventive care, health promotion, and re-entry planning; (4) enables appropriate and effective portfolio management of care; (5) promotes employee loyalty and continuity; (6) provides relevant, comprehensive and ongoing professional development, support and supervision; and (7) encourages links with other health care organisations.

Recommendation 27

Recruit Aboriginal Health Workers.

Recommendation 28

Undertake a program of team development for all health care and custodial staff who work in health services with a view to creating a culture of joint working in which care and custody have equal influence over operations.

Information Technology and Support

- 9.34 Consistent with feedback received at other prisons in recent times, staff reported that EcHO, the health service directorate's electronic medical record system, has much improved in useability, speed and reliability. However, the TRIM system, which provides for retrieval of patients' old notes is slow and cumbersome to use. On occasions, case histories were not being accessed, potentially compromising patient care. This should be addressed as a matter of priority.
- 9.35 Telemedicine is available but healthcare staff reported it was underused. The opportunity to use telemedicine as an alternative to transporting patients to external specialist services off site may be appropriate when transport is difficult to organise. More technical support would assist and may help to reduce the number of external appointments required.

Access to Health Care

- 9.36 In the week preceding the inspection, a new medical appointment system had been introduced at Bandyup's health centre. Previously, if a woman wished to see a doctor, nurse, dentist or other allied health professional, she would register this need by submitting a card containing her personal identification number, in the requisite box in her unit. This box would be regularly cleared by health centre staff and appointments made accordingly. From the health centre's point of view, effective triaging was impossible and risky without other details, such as the urgency, the person whom the patient wished to see, and the nature of the problem. From the patient's point of view, timely access was often impossible. Further to the findings of a patient survey put out by the health centre, the responses to which the inspection team sighted, a decision was made to revert to the 'purple form' system formerly in place. This form invites the patient to provide details of not only their name, but also whom they wish to see, their view of the urgency of the problem, and the days and times when they are unable to attend for an appointment.

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- 9.37 Based upon prisoner and PSO feedback,¹⁵¹ the inspection team raised two concerns with health centre staff about the reinstatement of the ‘purple form’. The first related to women’s general literacy levels¹⁵² and their ability or otherwise to complete the details on the form. The second concern related to cultural norms about matters considered shameful and the taboos associated with writing down intimate or personal details.
- 9.38 Health centre staff advised that if the patient chooses, she only need put her name on the form. The Inspector acknowledges that this reinstated system should improve accessibility to health care for some women. However, other women from certain cultural backgrounds, and/or those who have literacy issues, will continue to be disadvantaged in terms of receiving timely and appropriate medical attention.
- 9.39 As stated earlier, the proportion of Aboriginal women accommodated at Bandyup at the time of the inspection was 43 per cent. And yet, even before the change in the appointment system, the proportion of their contacts with the health centre during January and February 2011 was only 37 per cent compared with 63 per cent for non-Aboriginal women.¹⁵³ Arguably, therefore, access by Aboriginal women to health services was problematic before and could be related to the lack of Aboriginal health care staff discussed earlier. The change in the appointment system could further exacerbate this problem.
- 9.40 Furthermore, this new appointment system poses difficulties for those with mental illness. Many people with mental illnesses are not identified and do not present themselves to services for treatment. Often those who do not attend health care are those who are most in need of treatment. For example, in many cases schizophrenia leads to an erosion in motivation (especially to seek treatment) or patients with this disorder may have active reasons to avoid mental health services. Indeed, health centre staff were emphatic in their belief that they were not identifying the extent of mental illness at Bandyup. This view echoed the feedback provided pre-inspection by community service providers, who in their dealings with prisoners pre-and post-release found diagnosis and treatment needs not being met in relation to depression, anxiety, and acquired brain injury.
- 9.41 To this degree the appointment system is less needs-led and more oriented towards the needs of the service. It results in barriers to access.¹⁵⁴ Health centre staff should continue to monitor women’s contacts with health services to ensure that at the very least there is not a reduction in access by particular cohorts. Moreover, the health services directorate at senior level should be exploring more-assertive processes to ensure accessibility of the health care service for all prisoners, and securing the requisite resources to meet prisoners’ needs.

151 See also Chapter Eight, where this matter is also mentioned.

152 A survey conducted by the Department in 2008 (details of which were cited in DCS, *Women’s Corrective Services Strategic Plan 2009–2012 Women’s Way Forward*, Background Paper (July 2009) 4) found that 37.6 per cent of women prisoners had not completed year 10 at school, and 14.1 per cent stated their education level was primary school or less.

153 Figures provided to the team during the inspection.

154 World Health Organisation, *Organisation of Services for Mental Health* (2003) 32.

Clinical Screening and Assessment

- 9.42 General practitioner and primary nursing staff conduct assessments within 24 hours of a prisoner's reception into Bandyup. It was pleasing to note that the e-consult system for out of hours GP input is well and appropriately used in the event of new receivals and acute presentations. Equally, GP responses were noted to be speedy, clear, constructive and supportive.
- 9.43 The initial nursing assessment tool facilitates routine screening for chronic disease conditions, such as diabetes, asthma, kidney and cardiovascular disease. In addition, there are certain conditions recognised as being much more prevalent among prisoners than in the general community. Routine screening of mental health conditions, blood-borne viral disease (mainly Hepatitis C), and drug and alcohol addiction is therefore also conducted.
- 9.44 The screening for mental health issues relies on patient disclosure, which can be problematic as discussed in 'Access to Health Care' above. If the assessing doctor or nurse has no mental health training or experience, they may miss the need for a more in-depth psychiatric assessment by a trained mental health nurse or a psychiatrist.
- 9.45 Furthermore, as previously identified at other inspections during 2010–2011, screening for other conditions, which bring potential communication, behaviour and coping problems, such as acquired brain injury, intellectual disability, or disorders on the autistic spectrum, does not form part of the routine screening process and does not occur.¹⁵⁵ Detection of these conditions depends upon informal pick-up by the assessing doctor or nurse. It is likely that many go undetected and, as a result, prisoners may not necessarily be supported in their relative dysfunction and associated behaviour issues may be misunderstood.
- 9.46 In summary, the initial screening tool currently in use impedes the ability of Bandyup health centre to achieve one of *Women's Way Forward* key outcomes, which seeks to deliver 'appropriate, timely and holistic mental health services to all women in custody'¹⁵⁶
- 9.47 This Office has also found at other inspections that this standardised assessment tool takes no account of the predominance among different cultural/regional groups of conditions such as ear disease and hearing loss. which also bring communication, coping and behaviour problems. The prevalence of ear disease and hearing loss among Indigenous people is well established.¹⁵⁷ Despite the fact that over 20 years ago the Royal Commission into Aboriginal Deaths in Custody noted that there may be a connection between hearing loss and criminal behaviour, auditory testing and function does not yet form part of routine screening processes in Western Australian prisons.¹⁵⁸ During 2010, as part of a research study, the

155 See, eg, OICS, *Report of an Announced Inspection of Casuarina Prison*, Report No. 68 (September 2010); OICS, *Report of an Announced Inspection of Roebourne Regional Prison*, Report No.70 (April 2011); and OICS, *Report of an Announced Inspection of Eastern Goldfields Regional Prison*, Report No. 72 (August 2011).

156 DCS, *Women's Way Forward: Women's Corrective Services Strategic Plan 2009–2012* (2009) 4.

157 The overall frequency of ear disease among Indigenous people in WA is not known, but the 2004–2005 National Aboriginal and Torres Strait Islander Health Survey found that one in eight Indigenous people reported ear diseases and/or hearing problems. Ten times more Indigenous people suffer from ear disease and hearing loss than non-Indigenous people: Australian Bureau of Statistics (2006) *National Aboriginal and Torres Strait Islander Health Survey: Australia, 2004-05*. Canberra: Australian Bureau of Statistics.

158 Royal Commission into Aboriginal Deaths in Custody, *National Report of the Royal Commission into Aboriginal Deaths in Custody, Volume 2* (Canberra: Australian Government Publishing Service, 1991).

Telethon Speech and Hearing Centre conducted a hearing test on over 150 women at Bandyup. Forty-six per cent of Aboriginal women were found to have significant hearing loss compared with 10 per cent of non-Aboriginal women. The inspection found that where possible and as appropriate, treatment needs were followed up.

- 9.48 Despite these findings, to date, no modifications to routine screening tools have been implemented. From the Office's point of view, the most important point is that routine testing and necessary treatment should be carried out so that prisoners' understanding is improved and their responses and behaviour can be better understood and managed.
- 9.49 A final and important point to make here is that there is only one gender-specific question included in the initial screening tool,¹⁵⁹ and that asks whether the patient is pregnant or suspects being pregnant. Other questions around reproductive health or issues that are known to particularly affect women, such as incontinence,¹⁶⁰ are not asked. If not directly probed about specific issues, many women would not volunteer what may be commonly considered 'taboo' information. Therefore, treatment and management needs may go undetected or be misunderstood.

Recommendation 29

Review and revise assessment and care planning tools to ensure that they are gender-based and culturally appropriate, and facilitate more comprehensive identification of and support for health issues.

Care Portfolios of Responsibility

- 9.50 The health services directorate's policy is that identified nurses be nominated as key responsibility or portfolio holders for blood-borne viruses, chronic disease management, and co-morbidity/alcohol and substance use. The purpose of this system is to ensure effective coordination and an holistic and standardised approach to care delivery.
- 9.51 However, the inspection found that at Bandyup insufficient staff (in the event of annual leave or sick leave) and the numbers of vacant positions, which were variously filled by contracted, acting, or casual staff, meant that portfolio responsibilities were allocated on an informal basis with no dedicated time made available. As such, work in these areas was mixed in with all other duties. At the time of the inspection, staff conceded that the portfolios could not be given due priority and, therefore, health service directorate's expectations in terms of portfolio management obligations were not being met.
- 9.52 Furthermore, it was surprising that as the primary prison for women in the state, accommodating the majority of Aboriginal women, there was not a women's health portfolio, focusing on the management of health issues commonly experienced by Aboriginal and all women. This would seem to be at odds with the spirit and intent of

159 DCS Health Services, *Initial Health Screen (AMR 1012 – Trial)*.

160 A urinary incontinence sub-study of the Australian Longitudinal Study of Women's Health found that urinary incontinence prevalence was 12.8 per cent among 18–23 year olds, and 36.1 per cent among 45–50 year olds: Chiarelli P, et al, 'leaking urine: prevalence and associated factors in Australian Women' (1999) 18 *Neurourology and Urodynamics* 567, 570. See, <http://www.bladderbowel.gov.au/doc/InfoEvidence/1UrinaryIncontinence.pdf>.

the *Strategic Directions Health Care for Women and Girls 2008–2012* document. However, as at other prisons, health centre staff at Bandyup were unfamiliar with the document, and consistent with feedback received at directorate level¹⁶¹ confirmed that it had not been a reference point for strategic and operational management. Similarly, health centre staff were unaware of the *Women's Way Forward* document and its specific references to goals for women's health. Explicit and focused pursuit of the goals of both strategic documents had been superseded by more pressing priorities for health services as a whole.

- 9.53 Although there was not a specific portfolio dedicated to women's health, the inspection team noted that there is a weekly pap smear clinic; women attend external services for scheduled mammograms; there is an annual well woman's day; and a cervical cancer inoculation program for all those under 28 years old. Antenatal staff from King Edward Memorial Hospital (KEMH) attend to pregnant women at the prison once a month, and a child health nurse service visits fortnightly.
- 9.54 At the last inspection, one of the identified improvements in the arrangements for the management of babies at Bandyup was the allocation of the nursery portfolio to a specialist staff member within the health centre. This enabled continuity of care, the development of a trusting relationship between the health provider and the mother and child, and a built-up understanding by staff of the needs of the women and babies. At this inspection, however, this arrangement no longer existed, representing erosion in good practice.

Health Services for Pregnant Women and Resident Children

Pregnant Women

- 9.55 In addition to the antenatal service provided by KEMH staff, health centre staff at Bandyup provide assessment and general healthcare services for pregnant women. Antenatal checks are also provided at KEMH at intervals that comply with general community standards for pregnant women. All births also take place at that hospital. Women also have access to antenatal courses that would be available within the general public health system.

Health Care for Resident Children

- 9.56 For general medical issues, Bandyup complies with the policy directive: the health centre is the first point of referral for all health problems concerning the child, and the child can be referred to a departmental medical officer.¹⁶² If the child requires more complex medical treatment then this must be sought off site. Whether the mother can attend with the child is assessed on a case-by-case basis.¹⁶³
- 9.57 A community-based child health nurse attends the prison fortnightly to ensure the babies and mothers receive standard health checks that they would receive outside of prison. Although not by design, the nurse who currently visits is Aboriginal, which is an added bonus to this specialist resource that provides good support and reassurance for the mothers in Bandyup.

161 See also Footnote 37.

162 DCS, PD 10 'Procedure', clause 16.1.

163 Ibid, clause 16.5.

- 9.58 It should be noted that the extra health resources required for the babies on site are not factored into the health centre's budget. Moreover, there is no requirement for any staff member to have specialist qualifications. The health centre should be funded and staffed in a way that reflects the obligations and duty of care implicit to having babies and children in residence.
- 9.59 The inspection found that nursing staff were providing appropriate access to medications on the 'approved to dispense' list, provided the women attended the health centre. However, the women did not have access to small amounts of Panadol within the unit to provide to their babies without attending the health centre, as this had not been approved by prison management. When not in prison the women would be free to use such over the counter medication as they saw fit, and while the prison also has a duty of care to the baby, having a controlled amount of such medications for sensible use by a mother should be permitted as it presents a minor risk.
- 9.60 At the time of the inspection, staff at the health centre were negotiating for small doses of Panadol to be available within the nursery units. Such a policy would be more consistent with a women-centred philosophy to the management of prisoners and the Inspector supports its adoption.

Medication Management

Medication Ordering and Supply Processes

- 9.61 A centralised pharmacy based at Hakea Prison operates five days a week, and supplies all the public prisons in Western Australia. Standardised ordering and supply processes operate throughout the State. All prison health centres are required to ensure their patients' prescriptions are received at the pharmacy by a particular time and day each week. The following day, a week's supply of each prisoner's medications are despatched in multi-dose blister packs to each prison.
- 9.62 An imprest system is established at Bandyup. There is a limited supply of 'approved to dispense' medications for nurses' use (e.g. Panadol), as well as a supply of a limited range of prescription medications in the event that these are ordered by a doctor in between set delivery times. These can be made available to the patient prior to and pending their prescription being processed by Hakea pharmacy.
- 9.63 If a doctor orders medications that are not stocked in the health centre's imprest, Hakea pharmacy will process the prescription and arrange for medication delivery by courier to Bandyup, provided that the prescription is marked 'urgent' and authorised by the Medical Director of the Department's health services. Alternatively, and only in exceptional circumstances and if authorised by the Medical Director, medications can be sourced through a community-based pharmacy.¹⁶⁴
- 9.64 Within the terms of the service which the Department sets for the Hakea pharmacy it performs well. Staff reported that if the prescriptions are received at the pharmacy by the designated deadline, the medications will generally be supplied to the prison on time and as

164 For example, an urgently required medication that is ordered by the doctor out of office hours and requiring immediate administration to the patient.

per order.

- 9.65 However, throughout the inspection, many patients reported to the team that they had experienced considerable delays and distress waiting for their medications, which included anti-depressants, antibiotics and pain relief, particularly following admission or following a change in a doctor's order. Mental health staff also expressed frustration with the centralised system in terms of delays experienced in getting dose adjustments processed. Exploring this further with staff revealed that delays occurred when medications were ordered or doses were adjusted in between set ordering/delivery days, and when these medications were not stocked as standard in the prison's imprest. Staff were unclear about, and some were even unaware of, the process for alternative ways of sourcing medications, in the week-long interim between Hakea pharmacy delivery days.
- 9.66 Even if staff were to be clear about alternative ways of sourcing medications, this would not address the problem of a centralised pharmacy that is set up with little in-built flexibility and is limited to supplying multi-dose blister-packed medications. This system may be cost effective; however, it is inflexible, cannot accommodate titration or changes of dose quickly; and therefore is not patient-centred. These issues are particularly relevant to the treatment of mental illness, which often requires rapid changes of medication regime in response to tolerance, side effects, changes in symptomatology and efficacy. The delay in dispensing medication after reception into the prison can cause significant risk to the patient as withdrawal from some medication (eg, some anti-depressants) can lead to withdrawal symptoms and elevation of risk.¹⁶⁵ The use of blister packs also precludes the use of liquid formulations.
- 9.67 No health service outside corrections in Western Australia has centralised pharmacy services for the reasons outlined above. In summary, the centralised pharmacy service to prisons is inefficient, lacks flexibility and patient focus, and enhances risk. It cannot be said to meet standards of equivalence with the broader community.

Medication Administration

- 9.68 Medication administration processes have been modified at Bandyup since the last inspection. At set times, nursing staff attend and administer medications within each unit, with the exception of the village (Unit Five). The women in the village are still required to attend the health centre for their medications. The requirement to queue outside without the benefit of appropriate shelter was a significant source of complaint for prisoners. During the warmer months, this had been particularly distressing because they were exposed to high temperatures, were prohibited from taking water bottles while they waited in line, and some were highly sun-sensitive.
- 9.69 Although prison management explained that they had plans in progress to extend modified medication administration arrangements to women in the village, compensatory strategies should be implemented in the meantime.

165 There is a great deal of anecdotal evidence to support these conclusions. A representative sample of CIMS reports relating to Bandyup was also requested from the Health Services Directorate. Of eight reports for February and March 2011, two (25 per cent) indicated delays in treatment caused by DCS pharmacy.

PHYSICAL AND MENTAL HEALTH CARE

- 9.70 The inspection found that some medication was not dispensed according to manufacturer's recommendations or existing prescribing guidelines. Staff and patients alike expressed dissatisfaction and concern with the system.
- 9.71 Evening doses are often administered at 4.00 pm, not necessarily for the benefit of the patient but for the convenience of the prison regime. In some cases this may interfere with the pharmacodynamics of the drug, limit the effectiveness of the treatment, produce disturbances in patients' sleep-wake cycle, and may compromise patient safety.
- 9.72 Some conditions require medication to be dispensed after 4.00 pm. An evening headache, for example, requires treatment with simple analgesics, but under the current regime prisoners can have no access to medication for many hours. It is extremely disappointing that although these issues were raised at the time of the last inspection, the problems persist.¹⁶⁶ Most significant though was the fact that patient care continued to be compromised in favour of the imperatives of the custodial regime.

Recommendation 30

Review and revise pharmacy services and medication administration processes to better provide for prisoners' evidenced needs. Outcomes should include 24-hour pharmacy coverage; flexibility in prescribing, dispensing and administration processes; and compliance with prescribing guidelines.

Use of Medication

- 9.73 Despite the problems relating to medication dispensing, the use of medication appears to be the mainstay of treatment, even when other interventions may be preferable. Indeed, for many cases it appears to be the only therapeutic intervention offered; this does not accord with evidence-based practice and is far removed from equivalence of care provided in the community.¹⁶⁷
- 9.74 By way of example, patients and staff reported to the team that patients presenting with excess weight issues are prescribed Xenecal (a drug which effectively flushes 30 per cent of the fat content in food out of the body) rather than being provided with education and support to make lifestyle changes relating to diet and exercise.¹⁶⁸ In relation to the treatment of mental illness, modalities such as cognitive behavioural, interpersonal and supportive psychotherapy were also not provided.
- 9.75 Until more staff and, in turn, more alternatives to medication are provided the service will never achieve its aim of delivering equivalent care.

DENTAL CARE

- 9.76 The Health Department of Western Australia supplies a dentist and dental nurse, who attend the prison two mornings each week. The health centre features a dental surgery with limited x-ray facilities and autoclaving equipment.

166 OICS, *Report of an Announced Inspection of Bandyup Women's Prison*, Report No. 57 (December 2008) 29.

167 Harrison C & Britt H, 'The Rates and Management of Psychological Problems in Australian General Practice' (2004) 38 *Australian and New Zealand Journal of Psychiatry* 781–788.

168 See Chapter Eight in which the issue of the 'Bandyup Bulge' was raised and a suggestion was made that a whole-of-prison approach be taken to promoting healthy lifestyles.

- 9.77 The inspection found that technically, there are few restrictions to the treatment that can be provided. However, the way in which the service is currently resourced and the high demand for emergency treatment often results in delays and limits the ability of the service to provide any kind of preventative care. Many of the women are at an age when problems with wisdom teeth proliferate.¹⁶⁹ In addition, their backgrounds are frequently characterised by substance abuse¹⁷⁰ and the associated chaotic lifestyle and neglect of oral health, predisposes them to serious oral health issues. Nevertheless, little account appears to have been taken of the demographic profile and needs of the prisoners when allocating resources for a dentistry service at Bandyup.
- 9.78 The inappropriate resourcing of the dental services was also demonstrated by the lack of facilities for the reading of digital dental x-rays. This caused frequent delays in remedial treatment because it necessitated prisoner transfer to Sir Charles Gairdner Hospital, at which the waiting list for appointments was generally lengthy. Meanwhile, treatment at Bandyup was limited to symptom control with antibiotics and painkillers.
- 9.79 The structural issues outlined above impacted upon the ability of the dental service to provide care appropriate to patient need. In addition, however, the Office received information before and during the inspection from prisoners and external service providers, which highlighted specific concerns about dentistry practice. These were considered serious enough to raise with the Medical Director of the Health Services Directorate of the Department at the time of the inspection. The Department committed to taking immediate and necessary remedial action and this Office will continue to closely monitor the situation.

Recommendation 31

Review and revise resourcing for dentistry at Bandyup to ensure that service provision reflects prisoners' evidenced needs; that preventative care can be routinely provided as part of the suite of services; that facilities for the reading of digital x-rays are available; and that quality monitoring processes are integral to service provision.

MENTAL HEALTH

Rate of Mental Disorder

- 9.80 The rate of major mental disorder in the prison is significant. As at 15 March 2011, 59 people were identified as suffering from a mental disorder (25% of the population), of which 35 were of an Indigenous background (59%). Thirty-three of these had a major mental illness (14% of the prison population as opposed to 0.7% in the community)¹⁷¹. This is likely to be a significant underestimation as these figures represented only those who had been positively identified at screening. Rates of mental disorder are usually higher in Indigenous

169 Figures cited in the Superintendent's Debrief indicate that as of 16 February 2011, almost 50 per cent of prisoners at Bandyup were aged between 18 and 29, when wisdom teeth problems commonly occur.

170 The Department's own research of women in Western Australian prisons in 2008, found that 81 per cent of the women's offending related to substance abuse: DCS, *Background Paper Female Offenders Policy* (undated), 6.

171 Butler T, Allnutt S, Cain D et al, 'Mental Disorder in the New South Wales Prisoner Population' (2005) 39 *Australian and New Zealand Journal of Psychiatry*, 407–413.

populations¹⁷² and many psychiatric patients have suggested they do not identify themselves on reception. Mental disorders which are usually treated in primary healthcare settings in the community are highly prevalent in the prison population. Many cases of major mental illness that are managed in prisons would be managed by admission to hospital if they occurred in the community.

- 9.81 There are a number of possible reasons for the high rate of mental disorder in prisoners. Factors relating to the population include socioeconomic deprivation; homelessness; a lack of diversionary options available in the community and at court; deinstitutionalisation of the mentally ill; a high threshold for admission to general psychiatric facilities; the reluctance of general psychiatric service to accept mentally ill patients from the courts; the under-provision of specialist forensic services across the state; and society's intolerance of deviant behaviour by mentally ill people.¹⁷³
- 9.82 Factors within prisons which have the potential to adversely affect mental health include overcrowding, poor environmental conditions, poor quality food, inadequate health care, aggression (physical, verbal, racial or sexual), lack of purposeful activity, availability of illicit drugs, enforced solitude, distance from family, and lack of privacy.¹⁷⁴
- 9.83 The prison environment is not ideal for the treatment of mental illness. It is, by design, a punitive environment. Signs and symptoms of mental illness may be misinterpreted and attract punitive responses, or may be missed altogether.
- 9.84 Many people with mental illness revolve through prisons which act as little more than temporary accommodation. Research shows that a significant number remain undetected in prison and return to the community without adequate treatment or aftercare.¹⁷⁵ When psychiatric services cannot respond to the seriously mentally ill in the community, those with difficult behaviour are dealt with by default by the criminal justice system. If left untreated in prison, when released they are unattractive patients to general psychiatric services, often suffering from co-morbid diagnoses such as substance misuse and/or personality disorders. They are often resistant to interventions and can be poorly compliant with treatment plans. This group often loses contact with services, and it is a short step to reoffending. The wheel continues to turn.
- 9.85 In general, health services at Bandyup are struggling to manage high rates of morbidity in a counter-therapeutic environment, with a lack of staff in a setting with a custodial ethos.

172 Kariminia A, Butler T, Levy M, 'Aboriginal and non-Aboriginal Health Differentials in Australian Prisoners' (2007) 31 *Australian and New Zealand Journal of Psychiatry*, 366–371. The Department has stated that 'there are a number of specific characteristics of Indigenous female prisoners and that the majority have serious psychiatric issues and are over-represented among prisoners at risk. The AIC report referred to research indicating that rates of hospital admissions for mental disorders were three times as high for Indigenous female prisoners as in the Indigenous population of Western Australia generally': DCS, *Background Paper Female Offenders Policy* (undated) 9.

173 Butler T, Allnut S, Cain D et al, 'Mental Disorder in the New South Wales Prisoner Population' (2005) 39 *Australian and New Zealand Journal of Psychiatry*, 407–413.

174 World Health Organisation, 'Promoting Health in Prisons: a WHO Guide to the Essentials in Prison Health' (2007), <http://www.euro.who.int/data/assets/pdf/009/99018/E90174.pdf>

175 Birmingham L, 'Between Prison and the Community: the Revolving Door Psychiatric Patient of the Nineties.' (1999) 174 *British Journal of Psychiatry*, 378–379.

The prison was not designed to manage such a substantial burden of mental ill health, and is ill equipped to respond.

Psychiatric Service

- 9.86 For the degree of psychopathology present in Bandyup, the psychiatric input is insufficient. Four sessions (equivalent to two days) a week are provided at Bandyup. As a result, when the psychiatrists do attend, they focus on the most serious cases, usually of severe mental disorders such as psychoses. Other mental disorders, more common and causing considerable ill health, are not brought to psychiatric attention. As a consequence there are likely to be high rates of untreated depression, anxiety and post traumatic stress disorder. Sometimes these cases are seen and managed in primary care by the general practitioners, but this is not always the case.

Access to the State Forensic Mental Health Service at the Frankland Centre

- 9.87 When patients require transfer to hospital for psychiatric treatment, they are admitted to the Frankland Centre. This is the state's only maximum security psychiatric facility. It opened in 1993 with 30 beds, with no increase in capacity since that time despite the increase in prisoners and in the prevalence and seriousness of mental illnesses. The Frankland Centre has no dedicated female beds or a female ward: any referred females are accommodated along with males requiring conditions of security.
- 9.88 Referrals for psychiatric assessment are made under the *Mental Health Act 1996 (WA)* via a 'Form 1', which is valid for a week. If transfer cannot be made within that period due to a lack of available beds, the 'Form 1' lapses and the prisoner has to be seen again in the prison and another 'Form 1' completed.
- 9.89 The level of mental ill health that staff at Bandyup are tolerating before arranging for a 'Form 1' to be completed has been steadily increasing over the years in response to the difficulty in accessing the Frankland Centre. Whereas in the past staff would have considered certain patients suitable for transfer, the staff have stopped even trying to secure their transfer, believing (understandably) that their attempts would likely be futile and therefore a waste of valuable time. As such, the health centre and custodial staff are managing the majority of mentally unwell female offenders at Bandyup. At the time of the inspection, mental health staff identified four patients whom they were managing who, in their professional opinions, were sufficiently ill to warrant transfer to the Frankland Centre.
- 9.90 In summary, staff only make a referral if prisoners are extremely disturbed, often displaying behavioural and management difficulties. Others who are withdrawn or not behaviourally disturbed but who are psychiatrically in need of treatment in hospital are not identified or referred.
- 9.91 In addition, patients are often returned from the Frankland Centre to the prison only partially treated and still mentally unwell, as they have had to make way for new referrals or for cases from court. This has the potential to cause major management problems for the prison, which is therefore required to manage significant levels of acute psychiatric disturbance with minimal staff and no mental health staff cover out of hours.

9.92 Although it is understandable that staff have adapted their referral practices, one of the consequences is that the precise level of unmet need for treatment in hospital is being camouflaged. Securing necessary resources to meet demand becomes very difficult without hard evidence of unmet need. Even though it would not improve accessibility to the Frankland Centre or change anything in the short-term for mentally unwell women, Bandyup mental health practitioners should complete a 'Form 1' for all patients on all occasions when they assess that they are in need of hospital treatment. This would at the very least enable an objective evaluation of the extent of the problem and, in turn, could assist in developing a substantive case for extra resources at Frankland or another mental health facility.

Self-Harm and Suicide Prevention

9.93 The Department has implemented a range of interventions aimed at reducing suicide. According to the Department's suicide prevention strategy, these include such measures as a structured day; an anti-bullying policy; reception screening; orientation after reception; the provision of mental health staff; peer support schemes; chaplaincy; the Aboriginal Visitors Scheme (which provides support and counselling for Aboriginal prisoners); and infrastructure (crisis care, modified ligature free cells, and ligature point reduction in accommodation blocks).¹⁷⁶

9.94 In addition, the At Risk Management System (ARMS) is 'a multi-disciplinary case management system for the identification, monitoring and management of prisoners identified as at risk to self'.¹⁷⁷ On 31 March 2011 there were 20 prisoners on ARMS at Bandyup. However, there was little psychiatric case management, even for these cases. As mentioned earlier, the chair of the Prisoner Risk Assessment Group (PRAG) which monitors these cases had not undertaken the Gatekeeper suicide prevention workshop or any mental health training.

9.95 Gatekeeper suicide awareness training courses are designed to increase participants' ability to identify and refer people considered to be at risk. There have been no gatekeeper workshops on suicide awareness or training for staff at Bandyup, although 77 custodial staff had received the training at other facilities or the training academy.¹⁷⁸

9.96 In addition to ARMS, staff utilise the Support and Monitoring System (SAMS). SAMS is 'a collaborative case management system ... providing a coordinated approach to the identification and management of prisoners who are not an acute risk to self but who require additional support, intervention and monitoring'.¹⁷⁹ These cases are subject to case conferences within the prison between custodial staff, health services, the psychological service and prison support services.

Prison Counselling Service (PCS) – the Focus on Suicide Prevention and Self-Harm

9.97 Just prior to the inspection the position of Manager Offender Services (MOS) was removed off-site as part of the Offender Management and Professional Development division's restructure (see Chapter Four). As such, the PCS at Bandyup is now also remotely managed. It comprises 3.4 FTE positions, and includes a psychologist two days per week, a clinical

176 Information provided as part of pre-inspection document request.

177 Ibid.

178 Ibid.

179 Ibid.

supervisor and two counsellors. This staffing level represents an actual reduction of 0.6 FTE since the 2008 inspection. No buffer is factored in for staff sickness or annual leave. Furthermore, in the absence of an on-site MOS, the clinical supervisor position performs more of a human resource management role than a clinical consultant role. Essentially, therefore, staff are having to see more clients with less resources despite the increased population and demand on services.

- 9.98 The inspection found that, not unlike other prisons, the core business of the prison psychology and counselling service at Bandyup has been largely reduced to crisis management: undertaking risk assessment and management. Longer-term therapeutic work with the women is increasingly relegated and diluted. By way of example, staff explained that on average they receive approximately eight new referrals each day.¹⁸⁰ Their priority must be to undertake risk assessments on all new referrals, as well as risk assessments on all ARMS prisoners (there were 20 at the time of the inspection) and attend PRAG meetings twice a week.
- 9.99 Trauma in this population is widely evidenced and recognised. It can be profound and overwhelming and if ongoing therapeutic work cannot be undertaken with the women, the good order of the prison is at risk. In the longer term, the risk to the community also increases. Nonetheless, the increased and mandatory risk assessment and management workload leaves little time to see women on an ongoing basis.
- 9.100 In spite of the increasing pressure, prisoners were extremely positive about the service at Bandyup. A positive indicator was the ratio of Aboriginal and non-Aboriginal women seeking support from PCS, which was estimated to be 50:50. In the pre-inspection survey, PCS was the service in the prison to which prisoners would most turn if they needed support. During the inspection, prisoners were unanimous in their praise of PCS staff, although some commented about their time pressures and their focus on propensity to self-harm rather than other issues.
- 9.101 In summary, the prison psychology and counselling service continues to contribute to an extremely effective crisis/risk management and suicide prevention program. However, resources allocated for psychological and therapeutic counselling do not reflect prisoner need. Arguably, this undermines a women-centred approach. If women prisoners are not assisted to heal from the trauma and abuse they have commonly experienced, their prospects of successful re-entry – one of the Women’s Way Forward key measures of success¹⁸¹ – are reduced.

Recommendation 32

Develop a dedicated mental health unit for women prisoners, which is managed by a multi-disciplinary team of clinical/allied health staff, supported by custodial staff who are trained in mental health.

Recommendation 32

Provide 24-hour mental health nursing coverage, and psychiatrist and therapy input sufficient to meet prisoners’ evidenced needs.

180 In the calendar year 2010, PCS at Bandyup received a total of 1351 referrals. These referrals included 364 referrals through ARMS and six through SAMS. Figures provided as part of pre-inspection document request.

181 DCS, *Women’s Way Forward: Women’s Corrective Services Strategic Plan 2009–2012* (2009) 3.

Preventative Care or Health Promotion

9.102 As discussed earlier, the lack of staff militates against a structured and consistent program of preventative care or health promotion. There is no group health education offered (e.g. in diet, weight, nutrition, the effect of drugs and alcohol, the benefits of hygiene, or reproduction/contraception). If delivered correctly such education has the potential to reduce the degree of pathology in the population and enhance wellbeing.¹⁸²

9.103 At the time of the last inspection, the 12-week QUIT smoking program, including counselling and free access to nicotine replacement therapy, was in its infancy. Nevertheless, early indications were positive, with 22 participants engaged within the first few weeks. However, not long before this inspection, access to nicotine replacement therapy free of charge was withdrawn and there was no QUIT program in progress. The reason could not be established, and was in spite of the fact that 84 per cent of prisoners at Bandyup smoked.¹⁸³ The program at Bandyup had taken an holistic approach, incorporating education, counselling and drug therapy. Its cessation represents a retrograde step in what had been an excellent example of preventive health care.

182 The lack of healthy options and stock limitations in the canteen has been discussed earlier.

183 Findings of Bandyup Pre-Inspection Prisoner Survey 2011.

Chapter 10

WOMEN'S WAY FORWARD: ARRESTED DEVELOPMENT?

- 10.1 As explained at the outset of this report, this inspection sought to understand:
- the extent to which the Department's strategic direction in terms of implementing a women-centred approach to custodial management and *Women's Way Forward* at Bandyup had been maintained;
 - the Department's forward planning for women's custodial management, with regard to Bandyup, Aboriginal women, and the women's estate as a whole; and
 - the services provided to mentally unwell offenders and the extent to which their needs were being met.
- 10.2 Between 2002 and 2008 Bandyup made substantial progress. This 2011 inspection found that while there were some positive findings, progress had stalled in many key areas, and the focus on *Women's Way Forward* was becoming lost.
- 10.3 Highlighted as positive were:
- the commissioning of the new village, which included an increase in capacity for women with resident children;
 - the increased availability of offender treatment programs;
 - the change in function of 'J' block to an orientation unit and the integral involvement of peer support prisoners in the revised process of orientation for newly received prisoners;
 - the effectiveness of the Transitional Manager position; and
 - the way in which staff across all areas of the prison had coped with unprecedented population levels, in an environment with flagging facilities and equipment, and with little corresponding increase in resources.
- 10.4 On the other hand, the inspection also found that the Department's 'eye had been taken off the ball' in terms of meeting the needs of women and in particular, Aboriginal women, as well as implementing *Women's Way Forward*.
- 10.5 Of particular note for Aboriginal women was their lack of access to the more desirable accommodation areas of the prison; a lack of Indigenous-specific offender treatment programs; the lack of an Aboriginal Education Worker and Aboriginal healthcare workers; barriers to maintaining contact with family and community; barriers to accessing timely health care services; the lack of culturally appropriate health screening; and the lack of 'bush tucker'.
- 10.6 Notable impacts were:
- that Aboriginal women were concentrated in the least desirable areas of accommodation in the prison;
 - that treatment programs were not specifically designed to meet the needs of Aboriginal women and to reduce their risks of reoffending;
 - that in actual and proportionate terms, Aboriginal women accessed education and health care at lower rates;
 - that when Aboriginal women accessed health care, the screening processes were

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- culturally blind and did not facilitate the identification and, in turn, the treatment of conditions known to be prevalent within Aboriginal communities;
- that inadequate video link visits facilities and notions of family responsibilities respectively limited the frequency of social visits, particularly for out-of-country women, and limited the maintenance of more intensive contact, such as day stays, with children who were not necessarily their own, but who were significant to them; and
 - that the fortnightly kangaroo-based meals were no longer offered.
- 10.7 Structures and processes have not been set up differently to meet the needs of Aboriginal women. In essence, this amounts to substantive inequality¹⁸⁴ in the Aboriginal women's experience of imprisonment compared with their non-Aboriginal counterparts. It constitutes a breach of the government's requirements under the Policy Framework for Substantive Equality, which is overseen by the Equal Opportunity Commission. Furthermore, these findings demonstrate that the Department has made limited progress in terms of its Women's Way Forward commitment of 'integrating an Aboriginal perspective into all our endeavours [and achieving] improved outcomes for women and in particular Aboriginal women'.¹⁸⁵
- 10.8 The abolition of the Director of Women's Corrective Services position and insufficient resources being allocated to drive the strategic direction of the women's estate has slowed or arguably, stalled progress in terms of implementing *Women's Way Forward*. This has affected all prisoners at Bandyup.
- 10.9 The inspection found that the response to the rise in population and the shortage of accommodation for women prisoners was delayed and piecemeal. Furthermore, there were no high intensity violent offending treatment programs and sex offender treatment programs for all those women who have been assessed as in need; the family visits centre remained anachronistic and not fit for purpose; there was no Department-sponsored transport to the prison; the narrow definition of family responsibility precluded day stays with significant children; access to legal library resources was severely limited; the range of goods available in the canteen did not reflect women's needs and there was no access to a town spends system; the health services building was not fit for purpose; and health services were significantly under-resourced.
- 10.10 Notable impacts were:
- that at one stage, there were 90 women sleeping on floors, sharing cells designed for one;
 - that women were unable to demonstrate that they had addressed their offending behaviour, which placed at risk prospects of successful rehabilitation and parole applications;
 - that the lack of Department-sponsored transport to the prison and the visits centre

184 The Western Australian public service is required to meet the different needs of WA's diverse community, through a model of service provision based on substantive equality. This is guided by the *Policy Framework for Substantive Equality* (Substantive Equality Unit, Equal Opportunities Commission) 2010.

185 DCS, *Women's Way Forward: Women's Corrective Services Strategic Plan 2009–2012* (2009) 1.

environment thwarted women's attempts to build and maintain positive relationships with their children, family, and community;

- that long-term prisoners and Aboriginal prisoners in particular were unable to develop and maintain responsibility and close involvement with significant children because days stays were not authorised for grandchildren or other significant children;
- that remandees and self-representing appellants were unable to undertake legal research or develop their own defences;
- that women were not able to purchase items in the canteen or through a town spend system that met their needs;
- that the limited space and configuration of the health service building compromised the sterility of the environment, and patients' privacy and confidentiality; and
- that the capacity of the health service to deal adequately with current demand was falling well short of a comprehensive response.

10.11 The above list highlights the way in which the Department's progressive development of a women-centred approach, noted in earlier reports, has been arrested. Furthermore, and perhaps even more seriously, the above list highlights that despite its pivotal role as *the* female prison in Western Australia, Bandyup is the 'poor cousin' of the male metropolitan prisons. Compared with their male counterparts, women experience inequitable access to facilities, services and programs. This exposes the Department to a significant level of risk in terms of the potential for discrimination challenges under the *Equal Opportunity Act 1984 (WA)*.

10.12 One final, yet critical, note: this neglect of Bandyup has also affected all staff. The impoverished environment and poor facilities available to them are well beneath those encountered in most of the prisons. Staff are aware of this and believe that it symbolises a failure to value their contributions and a lack of respect. Fortunately they have generally remained loyal and committed. However, to reduce the potential risks, the Department must ensure that appropriate investments are made in staff, both in terms of their physical facilities and in terms of their access to training and development opportunities.

Appendix 1

THE DEPARTMENT'S RESPONSE TO THE 2011 RECOMMENDATIONS

Recommendation	Acceptance Level/Risk Rating/Response
<p>Human Rights</p> <p>1. Cease the practice of compelling women to sleep on floors.</p>	<p>Supported – existing Department initiative</p> <p>The incidences of women sleeping on mattresses on the floor has been emergency measures implemented to manage a period of rapid growth in the female estate and is certainly not the preferred practice for DCS. At the time of this response (July 2011) there are no women currently sleeping on the floor.¹⁸⁶ In the very near future there will be additional accommodation through installation of demountables with capacity to accommodate up to 32 women, which will alleviate the bed situation at Bandyup Women's Prison. As outlined by the Inspector in his report, additional accommodation will also be coming online at the new prisons being constructed at Derby and the Eastern Goldfields.</p>
<p>Racism, Aboriginality, and Equity</p> <p>2. As part of Bandyup's review of its hierarchical system of prisoner management, develop and implement a strategy which results in Aboriginal women being proportionately represented in the more desirable accommodation areas of the women's estate.</p>	<p>Not supported</p> <p>A comprehensive review of the hierarchical system is being carried out at Bandyup. The Inspector's comments will be taken into consideration and as part of the current review, the Department will look at the barriers to Aboriginal women accessing accommodation as part of the hierarchical system, however, the selection of prisoners and matching to accommodation is not based on proportionate representation.¹⁸⁷</p>

186 Since the inspection, the population at Bandyup has dropped considerably and hovers around the 190 mark. It is for this reason that at the time of this report being prepared for printing there are no women sleeping on floors. At a routine liaison visit conducted by OICS on 20 July 2011, the demountables were still some months away from being commissioned.

187 The intent of this recommendation is substantive equality. That is, that Aboriginal prisoners may need to be treated differently for equity to be achieved. OICS is not suggesting that the Department apply a proportional representation model. Rather, OICS is suggesting that if different management strategies are developed, the outcome should be that Aboriginal women are proportionately represented in the more desirable areas of the women's estate.

THE DEPARTMENT'S RESPONSE TO THE 2011 RECOMMENDATIONS

Recommendation	Acceptance Level/Risk Rating/Response
<p>Care and Wellbeing</p> <p>3. Invest in contemporary accommodation and service delivery infrastructure at Bandyup, including a replacement social visits centre.</p>	<p>Supported – existing Department initiative</p> <p>The Department welcomes the Inspector's support in progressing this business case. The Department will continue to strive for funding. It has submitted a business case for redeveloping Bandyup, including the social visits centre, in each of the last three years and will again do so in the next budget process.</p>
<p>Administration and Accountability</p> <p>4. Commit dedicated resources to the task of driving the Department's strategic direction of women's corrective services.</p>	<p>Supported in part</p> <p>The Department recognises the importance of maintaining a strategic focus on addressing the needs of women prisoners. A dedicated framework, policy and monitoring process exist which are complemented with a strategic research focus. The Department recognises however, as with all matters, there is a need to maintain a continuous improvement approach. As such, the current focus on women prisoners is currently being assessed.¹⁸⁸</p>

188 This response fails to provide any meaningful information.

THE DEPARTMENT'S RESPONSE TO THE 2011 RECOMMENDATIONS

Recommendation	Acceptance Level/Risk Rating/Response
<p>Administration and Accountability</p> <p>5. Develop a funding model which recognises the unique needs and demands of women's custodial management.</p>	<p>Not Supported</p> <p>The Department's funding model has historically recognised the higher cost of managing women in custody. Further, the Department has developed a new funding model, which is currently under review pending approval by Treasury.¹⁸⁹ This revised model includes a basis to allocate funding to prisons based on the movement in the number of women they are expected to manage. Bandyup Women's Prison provides additional services for women. For example, two Ngala contracted employees provide ongoing programs and support for not only mothers and babies but the entire population, a Department for Child Protection employee also provides expert advice to both the prison administration and prisoners. In addition, a number of Life Skill Programs operate on a six-week rotational basis. These programs are funded in addition to the Prison's budget. Health Services provides additional resources to ensure health services specific to women are managed appropriately.</p>
<p>Staffing Issues</p> <p>6. Implement a staff attendance management policy.</p>	<p>Supported</p> <p>As the Inspector would be aware this is already in train and is well progressed. In keeping with the 2010 Enterprise Bargaining Agreement between the Department and the Western Australian Prison Officers Union (WAPOU) the Department is, amongst a number of other related projects, developing an Absence Management Policy in consultation with the WAPOU.</p>

189 Further to the Department's response, OICS requested further details of this funding model. The following detail was provided: 'A new "Demand Model" of funding has been submitted to the Department of Treasury for consideration, however, at this time it has not been approved for implementation. Consultation with Treasury continues.' The Department provided no substantive detail about this new model.

THE DEPARTMENT'S RESPONSE TO THE 2011 RECOMMENDATIONS

Recommendation	Acceptance Level/Risk Rating/Response
<p>Custody and Security</p> <p>7. (a) Review PD 41 as a whole. (b) Revise the sections of PD 41 dealing with assaults to ensure that all serious assaults are covered. (c) Ensure that all officers receive training in the scope, meaning, and implications of PD 41, and in the need for comprehensive incident reporting</p>	<p>Supported in part</p> <p>PD 41 has been continually reviewed since its inception and where further clarity is required or where the policy is identified as having shortfalls this can be easily rectified. A further review is already scheduled as the policy is nearing 12 months since inception, this will iron out many anomalies. At the time of the Inspection the policy was relatively new and still being embedded within prisons. The Inspector's comments will assist the upcoming review and generally staff are now aware of the reporting requirements and with some minor further clarifications this should resolve the issues raised.</p>
<p>Staffing Issues</p> <p>8. Improve communication strategies with the VSO group.</p>	<p>Supported</p> <p>A communication plan and strategies have been implemented with the VSO group.</p>
<p>Administration and Accountability</p> <p>9. Ensure all existing and prospective staff complete the Working with Female Offenders course as a condition of their employment at Bandyup.</p>	<p>Supported</p> <p>The Department will review the content and delivery methods for the 'Working With Women Offenders' course and will establish an appropriate approach to ensuring that staff at Bandyup (and all other prisons that manage women prisoners) undertake the training.</p>
<p>Administration and Accountability</p> <p>10. Ensure that staff have (a) sufficient, appropriate and functional work spaces and equipment to effectively and efficiently carry out their roles; and (b) sufficient and functional rest and recreational facilities.</p>	<p>Supported</p> <p>The Department will continue to address these needs and, importantly, factor these considerations into the broader strategic asset planning activities for the women's prison estate.</p>

THE DEPARTMENT'S RESPONSE TO THE 2011 RECOMMENDATIONS

Recommendation	Acceptance Level/Risk Rating/Response
<p>Administration and Accountability</p> <p>11. Ensure the safety system at Bandyup is known and used by all staff, and is effective in minimising risk, ensuring remedial follow-up, and identifying opportunities for prevention and improvement.</p>	<p>Supported</p> <p>The OS&H legislation requires both the staff and the prison to accept responsibility for the management of and compliance with the OS&H legislation. There are adequate reporting mechanisms in place however the prison acknowledges that staff require additional training to identify the difference between a maintenance issue and an OS&H issue, as well as the reporting requirements. Additional OS&H staff training will be implemented.</p>
<p>Rehabilitation</p> <p>12. Consistent with <i>Women's Way Forward</i>, adopt an integrated case management model which will enable consistent assessment of women's welfare needs and planning for individualised and appropriate service delivery.</p>	<p>Supported</p> <p>The Department is currently developing an integrated offender management policy that will apply to all divisions of the Department, enhancing and extending the reach of current offender management.</p>
<p>Racism, Aboriginality and Equity</p> <p>13. Provide Indigenous-specific treatment programs for female prisoners at Bandyup.</p>	<p>Supported in principle</p> <p>There has been significant improvement in the number of programs being delivered at Bandyup Women's Prison. The 'Building on Aboriginal Skills' program is a cognitive skills intervention designed specifically for Aboriginal people and it is suitable for both male and female offenders. There is currently insufficient demand to deliver the program. Currently, an Aboriginal drug and alcohol agency is undertaking a project on behalf of DCS to make 'Pathways' more suitable for Aboriginal people and this will be piloted in 2012. These adaptations to the program apply to the women's 'Pathways' program. Other programs at Bandyup Women's Prison are suitable for women, and the inclusion of traditional Aboriginal women is considered on a case by case basis.</p>

THE DEPARTMENT'S RESPONSE TO THE 2011 RECOMMENDATIONS

Recommendation	Acceptance Level/Risk Rating/Response
<p>Rehabilitation</p> <p>14. In the absence of high need violent offending and sex offending treatment programs for women, offer individual counselling to assist prisoners to address their offending behaviour.</p>	<p>Supported in principle</p> <p>Prisoners are assessed by professional Departmental staff to determine the nature and extent of interventions to address criminogenic behaviour. Given that many women are not assessed at high risk of re-offending they will not be offered individual counselling. PCS intervention is provided to address other factors which impact on their mental health and adjustment to imprisonment.</p>
<p>Administration</p> <p>15. Secure a permanent dedicated position that coordinates the organisation of the structured day.</p>	<p>Supported</p> <p>Funding has been approved for this position and the recruitment process is underway.</p>
<p>Racism, Aboriginality and Equity</p> <p>16. Secure the reclassification of the Aboriginal Education Worker position to a level which will attract and retain high quality applicants - and recruit as a matter of urgency.</p>	<p>Supported</p> <p>The reclassification process has been approved at the Director's level (Offender Services) and it is expected that all prison-based AEWs will be appointed as level 3 employees in the new financial (2011/12) year.</p>
<p>Human Rights</p> <p>17. Provide access to Department-owned computers for personal, legal and educational purposes and ensure their availability in the evenings and on weekends.</p>	<p>Supported</p> <p>The Department recognises the importance of accessing computers for bona fide legal and educational purposes and, subject to security considerations, makes secure Department computers available for use. The Department will review the wider availability levels as recommended.¹⁹⁰</p>

190 According to information provided to OICS during a routine liaison visit conducted on 20 July 2011, two computers have been received into the prison and have been reserved for use by prisoners in the library. However, they were not yet in use. This was attributed to 'licensing issues' which needed to be resolved at head office level.

THE DEPARTMENT'S RESPONSE TO THE 2011 RECOMMENDATIONS

Recommendation	Acceptance Level/Risk Rating/Response
<p>Administration and Accountability</p> <p>18. Provide a regular Department-sponsored transport service to Bandyup for social visitors.</p>	<p>Supported in principle</p> <p>This service previously operated in 2008 as a part of the then Bandyup upgrade. The service was trialled for a three month period during which it was established that the numbers participating did not warrant the service's continuation. Given there is now a suggested demand for such a service, Bandyup will conduct a visitor survey to establish the need. If the need is sufficient to justify a service, this will be further explored, subject to funding.¹⁹¹</p>
<p>Administration and Accountability</p> <p>19. Ensure appropriate and sufficient accommodation to meet the needs of pregnant women and the demand for children to reside with their mothers.</p>	<p>Noted</p> <p>The Department has established two working groups to focus on the immediate and longer term facility needs for women prisoners. It must be understood that it is difficult to estimate with any certainty the numbers of pregnant women.</p>
<p>Care and Wellbeing</p> <p>20. Extend eligibility for day stays to 'significant' children to enable grandmothers or other significant women in a child's life to be able to develop and maintain such relationships.</p>	<p>Supported in principle</p> <p>The impact which incarceration can have on family ties is understood and accepted by the Department. The Department will further explore the possibilities of allowing female prisoners with familial relationships other than 'mother' to be eligible for day stays. Decisions will always be made subject to the availability of accommodation/facilities and resources.</p>

191 Further to a request for information about the methodology and content of the visitor survey, the Department advised that it is still in the development stage

THE DEPARTMENT'S RESPONSE TO THE 2011 RECOMMENDATIONS

Recommendation	Acceptance Level/Risk Rating/Response
<p>Custody and Security</p> <p>21. Provide equipment, extraction training, and a rapid response capacity for the use of razor wire, or provide alternative security measures.</p>	<p>Supported</p> <p>In June 2011, the Manager Emergency Management (MEM) met with the FESA Manager for Special Risks to discuss 'at height razor wire retrieval' at WA prisons with razor wire fencing in place. It was agreed that in the event of an 'at height razor wire retrieval', the local FESA or volunteer fire and rescue service will attend and assist with the retrieval in a consultative and collaborative capacity. This agreement aligns with the current inter department Memorandum of Understanding : "FIRE AND EMERGENCY SERVICES AUTHORITY OF WESTERN AUSTRALIA FOR ALL HAZARD EMERGENCIES OCCURRING AT PRISONS & DETENTION CENTRES". Local Emergency Management Plans have been updated to reflect this agreement.</p>
<p>Human Rights</p> <p>22. Ensure Bandyup prisoners are provided with their legal entitlements in respect of access to legal resources and assistance to research their cases.</p>	<p>Supported</p> <p>The Department is currently examining ways to improve the existing capacity and accessibility for all prisoners.</p>
<p>Care and Wellbeing</p> <p>23. Provide both a canteen and a town spend service and ensure that the range of goods available reflects women's needs.</p>	<p>Not Supported</p> <p>All purchasing is conducted in line with current procurement principles and purchasing regulations. 'Town Spends' are now purchased through the Canteen in compliance with regulations (i.e. CDs, joggers etc). The contracted supplier was changed in October 2010.¹⁹² Canteen supplies were reviewed at that time. A further review is scheduled for July 2011. Canteen lists will be reviewed in July 2011 and six monthly thereafter.</p>

192 The Department was asked to provide documented details of the review conducted in October 2010. It failed to do so stating: 'A review of canteen supplies is scheduled to be undertaken by the end of July 2011. The documentation is unavailable at this time.'

THE DEPARTMENT'S RESPONSE TO THE 2011 RECOMMENDATIONS

Recommendation	Acceptance Level/Risk Rating/Response
<p>Administration and Accountability</p> <p>24. Ensure that all prisoners are provided with a food hygiene course as part of their orientation at Bandyup.</p>	<p>Supported in principle</p> <p>It is agreed that this is an aspirational goal but like everything it is subject to resources and priorities. Bandyup Women's Prison acknowledges the need for a Chef Supervisor position to comply with health regulations and prisoner training. Funding has been requested in the 2011-2012 budget for this position, however implementation is subject to prisoner numbers. Implementation of this position to meet all the requirements outlined in this recommendation will be further considered.</p>
<p>Care and wellbeing</p> <p>25. Implement a healthy lifestyle program involving all major service areas at the prison.</p>	<p>Supported in principle</p> <p>The menu developed at Bandyup is consistent with the Australian Dietary guidelines. All core food groups are incorporated and healthy fresh food choices are available for consumption each day. There are healthy lifestyle opportunities available to prisoners should they wish to take them.</p>

THE DEPARTMENT'S RESPONSE TO THE 2011 RECOMMENDATIONS

Recommendation	Acceptance Level/Risk Rating/Response
<p>Administration and Accountability</p> <p>26. Develop a health staffing model that (1) is based on prisoners' evidenced health needs; (2) reflects the cultural diversity of the prisoner population; (3) enables comprehensive health care delivery, including acute care, preventive care, health promotion, and re-entry planning; (4) enables appropriate and effective portfolio management of care; (5) promotes employee loyalty and continuity; (6) provides relevant, comprehensive and ongoing professional development, support and supervision; and (7) encourages links with other health care organisations.</p>	<p>Supported – existing Department initiative</p> <p>Model as described is currently in place. Items 1–4 covered by four cornerstones of care model.¹⁹³ Items 5–6, all metropolitan sites are provided with the opportunity to attend Armadale Hospital to complete annual mandatory skills updates as well as accessing any other education on hospital calendar. In addition the Health Service Directorate (HSD) portal has education and training portlet, on which is an E learning module and links to education calendars of major metropolitan hospitals which staff can access. Staff have been made aware of commitment of HSD of ongoing education as evidenced by minutes of A/Director of Clinical Governance site visit of 16 July 2010. The issues in the recommendation have all been addressed under compliance for HSD's accredited status by the Australian Council on Healthcare Standards (ACHS) until March 2013, following an external inspection.¹⁹⁴</p>
<p>Racism, Aboriginality and equity</p> <p>27. Recruit Aboriginal Health Workers.</p>	<p>Supported in principle</p> <p>The reality is there is a shortage of Aboriginal Health Workers across the health sector not just in the Department. In analysing the reasons for this it was found that no AHW were available due to the persons in training being sponsored for the qualification by a community which they would return to work in once qualified. The Department has received COAG funding to enable Aboriginal prisoners to link their local Aboriginal Community Health Service upon release to enable continuum of care.¹⁹⁵</p>

193 The evidence provided in the body of the report shows that this is not the case.

194 OICS requested further information regarding ACHS and the Department provided the following response: 'The Australian Council on Healthcare Standards report, referred to in the Department's response, concerns the overall accreditation of the Health Services Directorate. The review was a 'periodic' review and did not include Bandyup Women's Prison. During 2012 a complete review will be undertaken that will include this and other prisons.' In other words, ACHS auditors have not in fact verified whether the issues covered in the recommendation have been addressed at Bandyup.

195 In response to a request for further information, it became clear that actual onsite outcomes are in fact some way off. The Department wrote: 'The COAG funding scheme has been managed by the Department of Health (DoH). DCS has signed the MOU with the DoH and is in the process of completing operational MOUs with the service providers. The Department will work with the DoH through a cross departmental governance committee as the scheme is rolled out across the state. The DoH is currently in the process of employing a project person to oversee the implementation.'

THE DEPARTMENT'S RESPONSE TO THE 2011 RECOMMENDATIONS

Recommendation	Acceptance Level/Risk Rating/Response
<p>Staffing Issues</p> <p>28. Undertake a program of team development for all health care and custodial staff who work in health services with a view to creating a culture of joint working in which care and custody have equal influence over operations.</p>	<p>Supported – existing Department initiative</p> <p>The cross divisional Health Services Forum has been established as recommended by the ‘internal’ Stevens Review. These opportunities allow Health and Custodial staff to share and equally influence operations where appropriate.¹⁹⁶</p>
<p>Care and wellbeing</p> <p>29. Review and revise assessment and care planning tools to ensure that they are gender-based and culturally appropriate, and facilitate more comprehensive identification of and support for health issues.</p>	<p>Not Supported¹⁹⁷</p> <p>Current treatment and care planning tools are universal. As with our counterparts in the Department of Health, tools are universal with consideration to utilising individual communication tools i.e. interpreter or pictures. Generic tools do contain questions regarding gender. In addition, when a medical record is created, gender specific prompts regarding health care are generated. Female GP's are employed who address gender issues in the normal course of consultations. Cultural safety training (in place pre inspection November 2010) is available for all HSD staff across all sites (a training schedule is in place and has commenced). This training is delivered by the Aboriginal Health Council of WA in conjunction with the DCS Academy.¹⁹⁸</p>

196 OICS acknowledges that at executive level a structure for the health services and adult custodial divisions to work in partnership has been established. Minutes of meetings held during 2011 were provided to OICS to verify this development. However, this recommendation was based upon issues identified at an operational level (see paragraph 9.31) which highlighted competing and conflicting imperatives between adult custodial staff and health services staff.

197 It is not clear why the Department has not supported this recommendation given that it recently supported a recommendation to similar effect and said it was the subject of existing initiatives (see OICS, *Report of an Announced Inspection of Roebourne Regional Prison*, Report No. 70 (February 2011), 70 (recommendation 15).

198 Given that this is a report on Bandyup, OICS requested the Department to provide details of staff currently employed at the prison who have actually attended this training. Contrary to the impression potentially created by the original response, it turns out (emphasis added) that: ‘Bandyup have not received any training to date. The focus has been on regional delivery with metropolitan prisons being offered training in late September 2011.’

THE DEPARTMENT'S RESPONSE TO THE 2011 RECOMMENDATIONS

Recommendation	Acceptance Level/Risk Rating/Response
<p>Administration and Accountability</p> <p>30. Review and revise pharmacy services and medication administration processes to better provide for prisoners' evidenced needs. Outcomes should include 24-hour pharmacy coverage; flexibility in prescribing, dispensing and administration processes; and compliance with prescribing guidelines.</p>	<p>Not Supported</p> <p>The major tertiary hospitals in Perth do not have 24 hour pharmacy coverage. The majority of after hours medication requirements in hospital are provided from ward stock, this is equivalent to the health centre imprest stock. Pharmacy supplies urgent supply packs to the health centre each containing a quantity of a single medication sufficient to commence or continue a patient on therapy until pharmacy is able to supply a blister pack.</p>
<p>Administration and Accountability</p> <p>31. Review and revise resourcing for dentistry at Bandyup to ensure that service provision reflects prisoners' evidenced needs; that preventative care can be routinely provided as part of the suite of services; that facilities for the reading of digital X-rays are available; and that quality monitoring processes are integral to service provision.</p>	<p>Not Supported</p> <p>DCS advises that dental treatment for prisoners and detainees is provided by Dental Health WA through the Department of Health. All prisoners are eligible for routine dental care consistent with that provided to the general public by the Department of Health and that this routine treatment is provided without costs to prisoners. Prisoners who require dental treatment will receive an appointment at a time consistent with normal practice for the treatment of their condition/s.</p>
<p>Administration and Accountability</p> <p>32. Develop a dedicated mental health unit for women prisoners, which is managed by a multi-disciplinary team of clinical/allied health staff, supported by custodial staff who are trained in mental health.</p>	<p>Supported in principle</p> <p>Mental Health is an issue for the wider community and this is reflected within the prison environment. Meetings with the Superintendent have been undertaken to discuss how best to provide mental health services. In negotiation with the Superintendent a unit has been nominated for those prisoners who are considered vulnerable to reside. Mental Health Nurses are available to monitor, assess and treat as required. However, no resources are available to advance this recommendation further.</p>
<p>Administration and Accountability</p> <p>33. Provide 24-hour mental health nursing coverage, and psychiatrist and therapy input sufficient to meet prisoners' evidenced needs.</p>	<p>Not Supported</p> <p>The on call GP can contact the Registrar at the Frankland Centre 24/7 for advice as necessary.¹⁹⁹ Resources do not permit 24/7 Mental Health Nurse coverage.</p>

199 The Director of the Frankland Centre has advised OICS that this service cannot be provided.

Appendix 2

SCORECARD ASSESSMENT OF THE PROGRESS AGAINST THE 2008 RECOMMENDATIONS

Recommendation Number	By type of Recommendation / Duration	Assessment of the Department's implementations				
		Poor	Less than Acceptable	Acceptable	More than Acceptable	Excellent
1.	<p>Human Rights</p> <p>That Bandyup Women's Prison ensure that, as part of the reception process whether from Court or another prison, each prisoner is provided a personal phone call to their next of kin to inform them of their new place of detainment.</p>			•		
2.	<p>Custody and Security</p> <p>That the Bandyup Women's Prison orientation processes be further reformed to ensure that it is effective in providing appropriate information for newly arrived prisoners.</p>				•	
3.	<p>Custody and Security</p> <p>That the Department upgrade its preparedness for a razor-wire rescue at Bandyup Women's Prison.</p>	•				
4.	<p>Custody and Security</p> <p>That Women's Corrective Services develop a strategy to better accommodate women requiring separation from the mainstream due to serious identified security or behavioural risks to others and ensure that women are not held inappropriately in close confinement for extended periods of time.</p>			•		
5.	<p>Administration and Accountability</p> <p>That Bandyup Women's Prison develop a strategy to implement a more open, accountable, fair and reconciliatory culture of local response surrounding prisoner complaints and grievances.</p>			•		

SCORECARD ASSESSMENT OF THE PROGRESS AGAINST THE 2008
RECOMMENDATIONS

Recommendation Number	By type of Recommendation / Duration	Assessment of the Department's implementations				
		Poor	Less than Acceptable	Acceptable	More than Acceptable	Excellent
6.	<p>Care and Wellbeing</p> <p>That the Superintendent of Bandyup Women's Prison establish a contingency plan to ensure that escorts deemed critical by medical staff proceed, notwithstanding failure by the relevant transport contractor to provide this service.</p>			•		
7.	<p>Human Rights</p> <p>That Bandyup Prison allow prisoners to talk directly to those addressing their welfare needs.</p>			•		
8.	<p>Care and Wellbeing</p> <p>That Bandyup Women's Prison review its assessment, coordination and delivery of welfare services, with a view to early implementation of a Women's Needs Checklist. The review should address delivery of welfare services in units, staff training needs, the role of assessments staff, the role of case managers, coordinated referrals to external agencies and transition services.</p>		•			
9.	<p>Rehabilitation</p> <p>That a replacement family visits centre with enhanced capacity, security, amenity, an outdoor area, interview facilities and a more child-friendly design be funded as a high priority.</p>	•				
10.	<p>Human Rights</p> <p>That the Department ensure that self-represented remandees and appellants at Bandyup Women's Prison have equitable access to legal resources and basic assistance in researching their cases or appeals.</p>	•				
11.	<p>Health</p> <p>That the Department remove discriminatory limitations in health care provision for prisoners on remand status.</p>			•		

SCORECARD ASSESSMENT OF THE PROGRESS AGAINST THE 2008
RECOMMENDATIONS

Recommendation Number	By type of Recommendation / Duration	Assessment of the Department's implementations				
		Poor	Less than Acceptable	Acceptable	More than Acceptable	Excellent
12.	<p>Racism, Aboriginality and Equity</p> <p>That a senior Aboriginal management position be established at Bandyup Women's Prison to facilitate cultural change in the centre and develop services to better meet the needs of Aboriginal women prisoners.</p>	•				
13.	<p>Human Rights</p> <p>That Women's Corrective Services develop rules and guidelines to facilitate a clear and consistent response to prisoners in relationships and others exploring or engaging in sexual behaviours.</p>		•			
14.	<p>Rehabilitation</p> <p>That the Department dedicate particular resources to the development, review and maintenance of the Women's Intervention Model, including programs designed to address offending behaviours as part of their rehabilitation.</p>		•			

Appendix 3

THE INSPECTION TEAM

Professor Neil Morgan	Inspector
Natalie Gibson	Acting Deputy Inspector
Lauren Netto	Acting Director Operations
Kieran Artelaris	Inspections and Research Officer
Janina Surma	Inspections and Research Officer
Joseph Wallam	Community Liaison Officer
Kaye Towers-Hammond	Manager Independent Visitor Service
Emma Mitting	Research Officer
Laura Smith	Student/Research Assistant
Cheryl Wiltshire	Expert Adviser, Department of Training and Workforce Development
Dorothy Sinclair	Expert Adviser, Department of Training and Workforce Development
Dr Edward Petch	Expert Adviser, State Forensic Mental Health Service

Appendix 4

KEY DATES

Formal notification of announced inspection	19 November 2010
Pre-inspection community consultation	22 February 2011
Start of on-site phase	27 March 2011
Completion of on-site phase	1 April 2011
Inspection exit debrief	1 April 2011
Draft Report sent to the Department of Corrective Services	8 June 2011
Draft Report returned by the Department of Corrective Services	14 July 2011
Additional supporting information received from the Department of Corrective Services	27 July 2011
Declaration of Prepared Report	5 August 2011



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