



OFFICE OF THE INSPECTOR  
OF CUSTODIAL SERVICES

2016 INSPECTION OF  
CASUARINA PRISON

110

JULY 2017

*Independent oversight  
that contributes to a more  
accountable public sector*

## **2016 Inspection of Casuarina Prison**

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# Inspector's Overview

## CASUARINA PRISON: A GOOD EXAMPLE OF WHY WE NEED BETTER PLANNING FOR OUR PRISONS

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This is the report of an inspection of Casuarina Prison conducted in late 2016. It concludes that the prison is meeting reasonable expectations in relation to security, and the safety of staff and prisoners. It is, however, over-stretched at almost every point. As a result, despite the best efforts of staff, it is not meeting expectations in relation to prisoner health and support, purposeful activity, rehabilitation or resettlement.

### CASUARINA HAS A GOOD RECORD FOR SECURITY AND SAFETY

Casuarina opened in 1991 and is one of three male maximum-security rated prisons in the state, the others being Hakea and Albany. For the first twenty years its main role was to manage prisoners serving lengthy terms of imprisonment. It was intended to be a 'working prison', where sentenced prisoners were engaged in meaningful activities, including employment, training, education, and rehabilitation programs. As this report shows, it is now a very different prison.

Casuarina performs a number of high risk specialist functions. They include housing the state's highest risk prisoners (in the Special Handling Unit); those who need the greatest degree of protection from others (in the Special Protection Unit); and those in need of specialised medical care (in the Infirmary). Despite these risks, Casuarina has maintained an impressive record for security and safety since a major riot in 1998. Management and staff deserve the community's respect and appreciation for this. Importantly, despite the pressures of recent years, they still show a positive, 'can-do' attitude, and a sense of commitment, pride and professionalism.

### THE PRISON IS TOO STRETCHED

Staff are doing what they can with what they have, but Casuarina is too stretched to meet demand or need. Pressure points include:

- a population increase of 100 per cent in the last ten years, and 22 per cent in the last two years
- serious overcrowding, with almost all prisoners now forced to share single cells
- insufficient investment in supporting infrastructure. There are critical deficiencies in the kitchen and health centre and shortfalls in many other areas.
- a far more transient and less settled population. Over 40% are on remand, and many of the sentenced prisoners are just 'in transit' to another prison.
- a growing number of prisoners with serious health and mental health problems
- a growing number of young prisoners for whom there are few opportunities for rehabilitation
- sentenced and remand prisoners routinely sharing cells, in contravention of national and international standards
- a 'churn' of prisoners, creating unacceptable risks and backlogs. For example, we found:
  - 20 per cent of Casuarina's prisoners had not received their initial GP health screens within four weeks of arriving in the prison system.

- a quarter of Casuarina's sentenced prisoners had not received an Individual Management Plan within the proper timeframe.
- under-resourcing of key services such as health and mental health
- too little employment for prisoners
- too few education, training and rehabilitation programs

### RECENT 'MACHINERY OF GOVERNMENT' CHANGES OFFER POSITIVE OPPORTUNITIES BUT CARRY SOME RISK

At the time of writing, the Department of Corrective Services had just merged with the Department of the Attorney General (DotAG) to become the Department of Justice (DOJ). These 'Machinery of Government' changes are intended to improve coordination and to reduce bureaucracy and duplication.

I believe the changes offer a positive opportunity for more holistic and coordinated justice planning than we have seen in the last decade. For example, a surge in remand prisoner numbers is largely responsible for overcrowding across the prison system, for many of the cost blow-outs in Corrections, and for the problems faced at Casuarina. However, neither DotAG nor DCS undertook any rigorous or credible analysis of the causes of this rise, or of potential policy responses (OICS, 2015). That must be a priority for the new Department.

However, the change also presents risks that need to be managed. The previous Department of Justice was split into DCS and DotAG because it was seen as too large and dysfunctional, and because Corrections lacked its own identity and the ability to manage its budget, risks and priorities. In my view, these matters can be managed provided there is clear leadership, with appropriate delegations of authority and responsibility.

It is early days, but to date, the signs are promising. The merger went smoothly and the new Department's leaders are working well together.

### CASUARINA NEEDS A PLAN AND THE STATE NEEDS BETTER JUSTICE PLANNING

Measured by national and international benchmarks, WA's prison system is chronically overcrowded (OICS, 2016). However, the new Labor government has rejected calls for a new prison to be built. Instead, it has called for measures to stem the growth in prisoner numbers.

This is an admirable objective. Compared with the rest of the country, WA already has a high rate of imprisonment and by far the highest rate of Aboriginal incarceration. And history shows that if prisons are built, they will be filled. It was only in 2010 that \$640 million was committed to expand prison capacity but even with that level of investment overcrowding has increased.

In addition, the government has called on the Department to fully utilise its existing assets. These include unused sections of prisons and expensive, under-utilised work camps. It has also committed to introducing 'meth-rehab' prisons for men and women.

## CASUARINA PRISON: A GOOD EXAMPLE OF WHY WE NEED BETTER PLANNING FOR OUR PRISONS

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There are no ‘easy fixes’, however. The goal of pegging the prison population can only be achieved with strong political resolve, strong planning for viable alternatives to imprisonment, and a clear sense of direction. We will also need a stronger and more consistent plan for custodial facilities, both adult and juvenile.

Casuarina must obviously be a core part of any planning. Over the years, there have been discussions about adding additional accommodation units into the prison. Certainly, it has the area, the experience and the staff skills to make this feasible. However, there are three preconditions for success:

- Casuarina needs to be developed in a way that targets ‘needs’ not just numbers. The most glaring need is for a state-wide ‘step-up, step-down’ facility for men with mental health problems. Other options include drug rehabilitation and programs for young men.
- there needs to be a strategy to reduce the number of remand and short term prisoners so that Casuarina can return to its core strength – managing sentenced prisoners over a period of time
- there must be adequate investment in key supporting infrastructure, including the kitchen, the health centre and prisoner employment and education

Neil Morgan  
5 July 2017

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## CASUARINA PRISON – ROLE, PRISONER PROFILE, PLANNING

During our inspection Casuarina routinely held close to 950 prisoners. In the 12 months to 30 June 2016, Casuarina's population increased by 20 per cent from 785 to 943. This was higher than the total WA prison population increase over the same period of 14 per cent. In 2016 Casuarina had the most acute levels of crowding for any male prison in the state, operating at 190 per cent of design capacity. Cell sharing is the norm.

Finding space to move prisoners in and out of the prison and accommodate them in an appropriate unit was a constant challenge. Remand prisoners routinely make up more than 40 per cent of Casuarina's population – they are less settled, and have higher rates of physical health, mental health and substance abuse problems. They are more transient and increase prison turnover.

Casuarina's infrastructure and resourcing were insufficient to meet need and demand of its population. In the 12 months to 30 September 2016, Casuarina received 2420 prisoners, released 685 prisoners and transferred almost 1600 prisoners to other facilities. These numbers go some way to conveying Casuarina's constant movement and turnover. This is a different environment to its traditional function, focused primarily on skilling and rehabilitating longer-term sentenced maximum security prisoners. The prison has become focussed on *population* management, rather than *prisoner* management.

### **Recommendation 1:**

Determine Casuarina's future roles and resource it to fulfil those functions.

## HEALTH SERVICES AT CASUARINA

### **Physical, mental and dental healthcare**

Casuarina performs a unique function, providing health services for prisoners who need periods of pre-hospital preparation, or post-hospital recuperation, and for those where medical needs fall short of hospitalisation. It operates an infirmary, a relatively large medical centre, and a crisis care unit. There is also a separate wing for persons with impaired mobility who are physically unable to live in a regular unit.

With its increased prisoner population, increasingly high turnover of remand prisoners, and stretched resources, the prison faced very significant challenges in delivering its health services obligations. The health professionals were dedicated and working very hard within the resources and facilities available. However, staffing levels, health care processes and infrastructure have not kept up with the changing demand and types of health needs.

The health service was not meeting acceptable standards in relation to initial GP health screens. These are supposed to happen within 28 days of a person arriving in prison. But during the inspection there was a backlog of 189 overdue health screens dating back eight months.



## SUMMARY OF FINDINGS AND RECOMMENDATIONS

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### **Recommendation 2**

Improve the timeliness of health screening of new prisoners and eliminate the backlog.

Casuarina's current health facilities and resources cannot meet physical health care, mental health care or dental care needs of its prisoner population.

### **Recommendation 3**

Upgrade the health centre taking account of the determined future role of the prison.

### **Recommendation 4**

Increase the staffing at the health centre to meet current and future need.

### **Infirmary and end of life care**

The infirmary is a statewide facility for up to 20 prisoners who require ongoing medical and nursing care. This includes terminally ill prisoners, prisoners requiring dialysis, and prisoners who are recovering after an hospital admission.

The criteria for admission and discharge contained in the relevant procedure are broad and fairly vague, creating administrative challenges. This often included assumptions that non-Casuarina prisoners would come to the infirmary after a hospital visit, regardless of whether they could be managed in their original prison, and public health staff believing that the infirmary is a 'prison hospital' (which it certainly is not). This was creating unreasonable demand for beds.

### **Recommendation 5**

Evaluate current and future demand for specialist infirmary services across the prison system and invest as necessary in the Casuarina infirmary.

Casuarina provides a statewide service for the terminally ill. Numbers fluctuate but at the time of the inspection, nine people were on the terminally ill list. Good collaborative relationships had been established between health staff at Casuarina and Bethesda Palliative Care nurses, who provided valued input and expertise.

The autonomy available in end of life care in the community, such as electing not to have interventions such as resuscitation, cannot be meaningfully respected in a custodial environment. Health and custodial staff shoulder heavy responsibilities in caring for terminally ill prisoners, and it is time to consider if and how the dignity of these prisoners might be better respected.

### **Recommendation 6**

Review arrangements for end of life care in the prison system.

### **Prison counselling and management of at-risk prisoners**

Good systems are in place to manage prisoners identified as being at high risk, but it needs more resources to provide counselling and preventive support. Prisoners represent a particularly high risk group for suicide. Unsentenced prisoners have higher rates of suicide than sentenced prisoners, and risk is highest during the first three months.

Staffing groups worked well to manage prisoners identified as at risk of self-harm. However, the Prison Counselling Service (PCS) is poorly resourced and was not meeting the needs of the prison population. Staff shortages, recruitment freezes and increasing prisoner numbers had made it very difficult to provide general counselling. And, shortly before the inspection, changes to PCS restricted the service to managing people on ARMS and SAMS. We understood that some recruitment was planned. This needs to be prioritised. The current situation is not acceptable and high risk.

It was difficult to obtain counselling, and other support services were being used to fill in counselling needs. These service areas have important functions and should not be relied on to stand in for trained counsellors.

#### **Recommendation 7**

Improve prisoner access to counselling services for trauma and distress.

## **DAILY LIFE AND CONDITIONS FOR PRISONERS**

### **Prisoner orientation**

Our pre-inspection survey revealed that almost half (46%) of respondents felt they did not get enough information to understand how the prison works when they first arrived. There was no dedicated orientation officer(s), and the designated peer support workers were restricted in the extent they could participate in orientation. Delays and bed shortages sometimes resulted in prisoners being moved out of the orientation unit before their orientation is complete. A more comprehensive orientation system is needed, better using peer support prisoners.

### **Clothing and bedding**

Prisoners do not get a personal set of clothing (other than underwear) and must take whatever comes back from the laundry to their unit. It is distributed by size alone back to prisoners from a common supply sent from the laundry. Some of the laundered clothing issued to prisoners was in very poor condition. Simple process improvements could enhance the service, including inspecting clothing as it is laundered to replace worn out items; keeping adequate stocks of new clothing in all sizes; and introducing personal clothing sets for prisoners.

### **Religious and spiritual needs**

The chaplain could generally meet the spiritual needs of the majority of prisoners. The pastoral care aspect of the chaplains' work had increased over the past year, attributed to the changes that restricted PCS counsellors to managing prisoners on ARMS and SAMS.

This meant staff and prisoners were turning to other services, including the chaplains, for support.

### **Recreation**

In the face of a rising prison population and with no additional resources, Casuarina had achieved improvements in the recreation activities offered to prisoners. The three recreation staff had doubled the number of hours of structured recreation delivery from March to October 2016. And the prison has decent recreation facilities.

Despite the improvements, opportunities were not meeting demand for the expanded population. We compared the recreation scheduled for the first week of our inspection to what recreation actually took place. 20 per cent of the activities scheduled in the gymnasium did not run, and 36 per cent of the sessions scheduled on the oval were cancelled. The recreation team was hoping to further develop recreation and had already written a proposal to do so. The Department should capitalise on the proven strengths of the recreation team and to expand the program further.

### **External contacts and communication**

The Outcare staff provided a compassionate service to visitors attending the prison for a social visit. The facility however was old and showing signs of wear, particularly with the increase in the number of visitors generated by the increased prisoner population.

The number of visits sessions had increased, mainly to meet the rise in the remand population. The high visits demand means it is difficult to book a visit with only one visits booking officer. Once at their session, visitors were waiting too long for prisoners to arrive. We observed visit sessions where some visitors were still waiting for the prisoner to arrive 20 minutes into the one hour visit session.

There were not enough phones to allow for each prisoner to make one phone call a day. There should be enough telephones in each unit to ensure every prisoner can do so. The prison was looking into this issue and Head Office needs to support it.

### **Recommendation 8**

Install more telephones in the units.

### **Prisoner purchases**

The canteen service was under-resourced, being operated by only one Vocational and Support Officer (VSO) even though the approved staffing allocation was two. With a population of 950 men purchasing over \$800,000 of products in the three months to 30 September 2016, this function must be managed appropriately, including sufficient resources.

A second canteen VSO had started work during our inspection and an additional part-time officer was expected in the new staffing agreement. This should ease the workload. But it would also be timely to review canteen processes to ensure that they are safe, efficient and clear to all.

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**Recommendation 9**

Improve the operation of the canteen.

**Support services**

The model for composition of the peer support team at Casuarina was good and the team was appropriately representative the Aboriginal, non-Aboriginal and Chinese-speaking prisoner populations. It liaised well with the Prison Support Officer (PSO), and meetings were held regularly with senior management to provide direct feedback.

Although the model was good, and there were sufficient peer support worker positions on paper, many were unfilled. There were only 11 men on the team out of a possible 23. Further, Casuarina's population is simply too large to be serviced by only one permanent PSO.

Chronic crowding also meant that the needs of foreign nationals were getting lost in the overall management of the prisoner population.

**Treatment and support of Aboriginal prisoners**

Aboriginal men comprised one-third of the Casuarina population. However, we found they were over represented at lower gratuity pay grades. Aboriginal men were seriously over-represented amongst unit workers, which do not constitute constructive employment, nor is it of reasonable duration. Clusters of Aboriginal prisoners were found in particular workplaces, such as the boot shop and the laundry. But they were found at only 26 of the 44 work sites across the prison.

**Recommendation 10**

Ensure equitable levels of constructive employment and gratuities for Aboriginal prisoners.

The Learning Centre is run by the Coordinator of Aboriginal Prisoner Services and provides a venue for cultural support, basic education and structured voluntary programs for Aboriginal prisoners.

At times of crowding, prisons need to use every facility they have. We could see no justification for the fact that several demountable classrooms here were unused or under-used. We hope addressing this will maximise the cultural and educational benefits to Aboriginal prisoners.

Despite the increasing population, the Aboriginal Visitor's Scheme (AVS) presence had halved since 2013. In 2016, the Department established a 24-hour AVS telephone line. It is too early to assess how this is working. However feedback from prisoners and their families to us has generally not been positive. AVS staff were also affected by the changes to PCS, feeling under pressure to step into a counselling role, rather than focusing on identifying those at risk of self-harm. This is not their qualification or mandate.

## FOOD, DIET AND ENVIRONMENTAL HEALTH

### **Kitchen and food preparation**

The Casuarina kitchen was originally designed as a food reheating facility for a much smaller population. In 2008, it was upgraded to prepare meals for its own population. Subsequently there have been progressive additions of various storage spaces. However, the kitchen is still very small. Our environmental health consultant concluded it was of a size ordinarily capable of producing food for 250–350 people. Kitchen staff and workers were doing an outstanding job in the circumstances.

The kitchen is well-managed, but was crowded with multiple risks to safety including worn and skippery non-slip tiles; removed grates over a drain created a safety risk; and bench space was very limited. A number of other minor breaches of food hygiene were noted, and reported to the prison during the inspection. A new kitchen is needed.

A new hospitality hub would create the opportunity for new industries in the three sites vacated by the kitchen, vegetable preparation and bakery, thereby reducing unemployment in the prison. A single hub would also reduce transport and handling of food before distribution to units, and with a classroom, create a first class training precinct.

#### **Recommendation 11**

Develop a new kitchen, preferably as part of a hospitality industries training hub.

### **Food handling practices**

Each living unit at Casuarina had four regethermic cooks, who were responsible for managing the unit kitchen, food reheating and serving to fellow prisoners. There are self-catering unit kitchens in self-care (Unit 7) and in the Special Purpose Unit (SPU). While most unit cooks were conscientious, many had not undertaken basic hygiene training. Food handling across the units was concerning.

#### **Recommendation 12**

Improve food handling training, record keeping and monitoring.

### **Nutrition and diet**

Most prisoners acknowledged the food was satisfactory. Casuarina provides a six week cyclic menu which appears capable of supplying adequate nutrition, with the exception of bakery products. Bakery products, which are supplied to prisoners for most meals at Casuarina, were entirely based on refined white flour. Australian dietary guidelines recommend wholegrain or high fibre grains and cereals, and link them positively to health outcomes.

### **Environmental health**

Cleaning in most areas was of a good standard, but doublebunking has meant crowding in cells and common areas, and many prisoners have to eat in their cells. Despite the routine cleaning and inspection of cells, there were signs of vermin. Issues will increase in

severity as the facility continues to age and remains chronically crowded. Renovation of units must resume.

## EDUCATION, TRAINING, AND EMPLOYMENT

### Education and training

The Education Centre was providing a good standard of education and training with a range of nationally accredited and non-accredited courses and traineeships. Positively, it was also delivering a small set of educational programs for remand prisoners. However, while it was operating well for some prisoners, the education rooms, the Indigenous Learning Centre and Industries were not being utilised to full potential. The education facilities are too small and restrictive.

Despite the increase in prisoner numbers, the number of traineeships had not increased since 2013. There were 29 traineeships across three industries. The number of industries engaging traineeships needs to be reviewed and increased. Another area for potential improvement was Vocational Support Officer (VSO) qualifications – they must be assessed and upgraded accordingly.

Access to education was limited by resources. Up to 52 prisoners were engaging with education each day, with the cap at 60. This is similar to the numbers at the previous inspection, even though the prison population has increased by some 50 per cent. No E-readers were available, which could assist with students being able to take them to cells for further study.

### Recommendation 13

Increase the capacity of the Education Centre, the number of traineeships, and the use of existing facilities.

### Employment

There is a longstanding problem of unemployment and underemployment at Casuarina, even when it had a smaller population. At the inspection 57 per cent of the population (over 500 men) had no meaningful employment – 369 were ‘not working’ and 170 were ‘unit workers’. And while the maximum employment capacity of industries was stated to be 280, on day one of our inspection only 170–180 were actually working.

Casuarina’s ability to maximise prisoner employment opportunities was hindered by issues with Vocational Support Officers (VSOs). Sixteen out of 48 VSOs positions were vacant during our visit resulting in non-essential industries being closed. VSOs were also often redeployed to cover for absent uniformed staff, again closing work locations. Training for VSOs had also been neglected, with 16 of the 32 VSOs team not being provided with the three-week basic training they should receive within six months of commencement.

In 2010 and again in 2013, we recommended that the Department ensure all eligible prisoners are offered full-time, meaningful employment or skill development. The Department supported these recommendations in principle. Despite this, the problems

have not been addressed. In fact they have become worse as the Department has tried to manage reducing budgets and the population has increased. The total industries budget had been cut from the \$3.7 million spent in 2015–2016, to \$3.14 million allocated in 2016–2017. And yet the population increased by 20 per cent during 2015–2016. Investment is needed in industries and employment.

**Recommendation 14**

Increase the amount of meaningful employment and training for prisoners.

**SENTENCE MANAGEMENT, REHABILITATIVE PROGRAMS AND PREPARATION FOR RELEASE**

**Sentence planning**

The Hakea Prison assessment centre is responsible for writing Individual Management Plans (IMPs) for all male prisoners in the Perth metropolitan area. Severe population pressures at Hakea had resulted in many sentenced prisoners being sent to Casuarina before their IMPs were complete. At the time of the inspection, about 200 sentenced prisoners had outstanding IMPs, a third of the sentenced Casuarina prisoner population.

It is clear that the system is simply unable to manage the workload created by the rapid growth in the statewide population, despite best efforts of all involved. The Department needs to ensure that IMPs are completed in a timely manner and must provide the resources to allow this to happen.

**Recommendation 15**

Ensure that initial IMP assessments are completed within 28 days.

The sentence planning team was functioning well. Although the total population had increased, the number of sentenced prisoners was roughly the same as it was in 2013.

The increased remand population meant that Casuarina was processing a far greater number of prisoner releases on bail. In the 12 months prior to the 2013 inspection, Casuarina had released 106 remandees to bail; in the 12 months leading up to the 2016 inspection, it had released 271 remandees. The Department should consider resourcing a dedicated Bail Coordinator position appropriate for a remand prison, as at Hakea.

**Offender programs**

Despite the increase in prisoner numbers, it had become increasingly challenging to find enough participants to fill the scheduled programs. Of around 950 prisoners at Casuarina, about 400 were on remand and not eligible for programs. The backlog in IMPs meant that about 200 sentenced prisoners had not yet been assessed for program needs.

In the past, the Department has booked prisoners into future programs at particular prisons, and simply transferred the prisoner into that prison at the appropriate time to take part in the program. However, severe crowding throughout the prison system meant that transferring prisoners was extremely difficult because there was no bed space.

## SUMMARY OF FINDINGS AND RECOMMENDATIONS

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Many programs require high levels of literacy, conceptual understanding or engagement with advanced cognitive behavioural therapy. For a significant proportion of the prisoner population, it is not realistic to expect successful participation in such programs. There is an absence of evaluation of outcomes for offender programs, and what impact, if any, these factors may have. Without evaluative data, there is no way of knowing how effective any of the programs are for prisoners in Western Australia. This remains a major shortfall across the system.

### **Recommendation 16**

Review the assessment process, delivery and effectiveness of therapeutic programs to prisoners.

### **Preparation for Release**

The Transitional Manager was the sole resource dedicated to preparing prisoners for release and reintegration into the community. The previous inspection found this too low when compared to smaller prisons around the state. Since then the Casuarina population has increased by 50 per cent, with no increase in resources. The Manager was largely office bound because of the heavy administrative workload and so had limited opportunities to actively promote and advertise services around the prison. There was little doubt that many prisoners were missing out on valuable transitional services because of this under resourcing.

### **Recommendation 17**

Increase transitional management resources.

The voluntary programs offered at Casuarina were disappointingly limited. Only two programs were running during the inspection. The contract for provision of re-entry services across the prison system was out to tender at the time and Head Office had directed local prison staff not to engage any additional therapeutic programs until this process was finalised. Eight months on there are still no contracts in place.

Barriers to successful program provision included a lack of budget, so any programs had to come at zero cost; no available program room space; security concerns lead to the maximum number of prisoners in any voluntary program at eight; and the high turnover of the prisoner population.

### **Recommendation 18**

Increase the range, scope and availability of voluntary programs.

## **CUSTODY AND SECURITY**

### **Custodial infrastructure**

Almost every available bed in the prison was occupied. This restricted the internal movement of prisoners, which in turn hampered options for safely managing prisoners.



More and more prisoners require special regimes, such as remand prisoners, aged and infirm prisoners, and those with mental health issues or disabilities. The prison struggles to provide appropriate services to these groups. In short, there are too many prisoners for the available facilities. This carries inherent risks to security and to the safety of staff and prisoners.

The semi campus style layout of the prison with open spaces and gardens projects a calming environment for prisoners. The importance of this should never be underestimated, particularly in a crowded prison and if further expansions are considered.

Existing security systems are aged and prone to false alarms. Also, there were too few cameras with limited recording ability. A review of the entire system and an upgrade to digital technology would improve safety and security throughout the prison.

### **Relational security**

While it is more challenging to establish and build relationships with short stay and remand prisoners in particular, the importance of regular interaction cannot be ignored. Security staff felt they still received a good flow of information and intelligence from officers and prisoners, but some areas could improve.

A traditional hierarchical structure requires flexibility for appropriate movements within the prison. Crowding and bunking cells reduced the ability to reward good behaviour through enhanced living placement and conditions.

### **Procedural security**

Staff work in the gatehouse on a rotational basis. During the inspection we observed professional, courteous and respectful treatment of our team as well as other visitors by the gate staff. Searching of departmental staff and vehicles (as opposed to external parties) revealed some complacency. This requires some improvement and consistency.

Casuarina's Drug Management Strategy of 18 September 2014 covers supply reduction, reduction in demand and reduction in harm. Resources however, are primarily directed towards reducing supply, and there is no evidence of any reduction in drug usage in prisons. The strategy cannot deliver results without appropriate emphasis on demand and harm.

### **High-security management regimes**

There is limited space to house and manage the differing high-security regimes accommodated at Casuarina with the increased population. This presents a daily challenge for prison management.

The prison's Special Handling Unit (SHU) is for prisoners that pose a serious threat to security and good order. Overall, the rules and practices in relevant local orders were being followed and carried out well. However, it would be timely for the Department to review the operation of the SHU to ensure that it has the best possible criteria and processes for admission and exit. We also noted that compliance with process and record keeping in this environment needed to be improved.

### **Transport and medical escorts**

When prisoners from other prisons were admitted to hospital in Perth they were being added automatically to Casuarina's population count, meaning it became responsible for supplying custodial staff to supervise them in hospital. In addition, some Casuarina prisoners leave the prison regularly for specific treatment.

The CSCS contract is not providing an adequate level of hospital security service to meet the operational needs of the prisons, and this has regularly left Casuarina short-staffed to supervise the treatment. The CSCS contract only transitioned to a new contractor in March 2017, and the Department missed the opportunity to address this serious issue. The number of staff taken from prison to provide medical escorts compromises security and safety.

## **STAFFING, BUDGET AND MANAGEMENT**

### **Budget and staffing**

Casuarina was operating with a uniformed full-time equivalent staffing level based on a daily average population (DAP) of 840. Its real population has been routinely above 900 since May 2016. This meant that additional positions had to be filled on overtime, costing \$7.7 million in 2015–16. Its total budget allocation was also based on a population of 840. In 2015–2016, the actual spend was \$51.3 million, a significant overspend on the annual revised budget of \$46 million.

It was unrealistic to expect the prison to stay within this budget without dramatically limiting services for prisoners. Casuarina is faced with either exceeding its budget or reducing functions and limiting operations. But repeatedly reducing activities breeds dissatisfaction and resentment. It should be viewed not only from the prism of prisoner 'welfare' but rather as one of security – it only makes relational security between staff and prisoners more challenging. There is a point at which budget reductions place staff and prisoners in an unsafe environment. It also undermines good rehabilitation outcomes.

### **Management and human resources**

The management team at Casuarina presented as unified and experienced. The officers were a cohesive, mutually supportive group with positive relations with other staffing groups. At the time of the inspection, the prison had been undergoing a cultural change in the human resources area. A number of changes to long-held practice had challenged the status quo and created some tension and resentment. In our view, the issues raised during the inspection were entirely surmountable, with goodwill and productive communication on all sides.

Representation of women in senior levels, and Aboriginal staff generally, was too low. Opportunities for improvement in both need to be identified.

We were also concerned with the level of staff on staff bullying reported in our pre-inspection survey.

### **NAME OF FACILITY**

Casuarina Prison

### **ROLE OF FACILITY**

Casuarina Prison is officially described as Western Australia's 'main maximum-security prison for male prisoners – particularly long-term prisoners'. Casuarina also provides specialist statewide services in the Special Handling Unit (SHU), the Special Purpose Unit (SPU), the Infirmary, and the Crisis Care Unit (CCU).

### **LOCATION**

35km south of Perth

### **BRIEF HISTORY**

Casuarina Prison opened in 1991 with a focus on addressing offending behaviours and preparing prisoners for eventual resettlement in the community, by providing a wide range of employment and skilling opportunities. Its original design capacity was for 397 prisoners.

By 1998, the prisoner population had increased to 529, and many prisoners lacked meaningful programs and work. A major riot occurred in 1998. Subsequently, the Department implemented a \$1.8 million program to strengthen security and staff safety.

In 2010, the prison population rose to 690, causing chronic overcrowding amidst a high statewide prison population. In response to the rising population, the Department built two new accommodation units, providing 128 new cells. The first of these opened in late 2012.

The last inspection in 2013 found that the prison was broadly doing a good job with stretched resources. However, investment was needed in infrastructure and staff if the Department of Corrective Services was to meet expectations and targets. Positive key findings related to strong local management and staff, committed and professional services provided by health staff, and a generally safe environment for prisoners. Significant challenges noted were a doubling in remand numbers (approximately 100 at that time) with inadequate facilities and regimes; inadequate infrastructure in the kitchen and industries workshops; inadequate health facilities; and high levels of unemployment and underemployment.

### **INSPECTION DATES**

26 October 2016 – 9 November 2016

## CAPACITY

Unit	Original Capacity	Modified Capacity	Use
1 B/D	26 single beds	52	Standard and displaced Aboriginal prisoners
2	52 single beds	104 (all bunked)	Standard living
3	52 single beds	104 (all bunked)	Standard living
4	52 single beds	104 (all bunked)	Standard living
5	52	104 (all bunked)	Standard living
Self-care	48 single beds	59 (11 bunked)	Earned privilege
13	128 bunk beds	128 bunk beds	Standard living
14	128 bunk beds	128 bunk beds	Standard living
<b>MAINSTREAM</b>	<b>538</b>	<b>783</b>	
6 (protection)	52 single beds	104 (13 bunk per wing)	Protection status prisoners
<b>SUB TOTAL</b>	<b>590</b>	<b>887</b>	
STATE FACILITIES			
Infirmary	14 multi-bed rooms	10 multi-bed rooms	Infirmary
Crisis care	12 single beds	16 single beds	Crisis care
SOP	13 single beds	13 single beds	Infirmary annex / assisted care
SHU	16 single beds	16 single beds	Special handling unit
MPU	12 single beds	11 single beds	Management
SPU	8 single beds	16 bunk beds	Special purpose
1 A/C	26 single beds	26	Management (requirement for single cell)
<b>SUB TOTAL</b>	<b>101</b>	<b>108</b>	
<b>TOTAL</b>	<b>691</b>	<b>995</b>	

# Chapter 1

## INTRODUCTION

### 1.1 CASUARINA PRISON

Casuarina Prison ('Casuarina') is the State's primary maximum-security prison for men. It is located approximately 35 kilometres south of Perth in the City of Kwinana.

Casuarina also provides specialist statewide services for the Western Australian (WA) prison population. It provides accommodation for prisoners considered to be particularly dangerous and/or difficult to manage, as well as those considered to be at high risk from others, with the Special Handling Unit (SHU) and the Special Purpose Unit (SPU). Casuarina also provides health services to prisoners who require preparation for or recuperation from hospital intervention, through an on-site infirmary. It also has an outpatients and Crisis Care Unit (CCU) incorporated in its health complex.

Casuarina Prison opened in 1991 to replace Fremantle Prison. Casuarina's original design capacity was for 397 prisoners. At that time it was considered a large prison, primarily intended for sentenced prisoners to undertake industrial employment, related training and rehabilitative programs.



*Figure 1: The entry path to Casuarina Prison, leading to the administration building and visits centre*

## INTRODUCTION

### 1.2 DEVELOPMENTS SINCE THE 2013 INSPECTION

The Office of the Inspector of Custodial Services (OICS) conducted five scheduled inspections of Casuarina between 2001 and 2013, as well as an unannounced inspection of certain special units in 2000. An overview of findings from these earlier inspections can be found in reports published by this Office (OICS, 2014), (OICS, 2010), (OICS, 2008), (OICS, 2005), and (OICS, 2001).

Our most recent inspection of Casuarina was conducted in July 2013. The broad conclusion at that time was that the prison was doing a good job with stretched resources. We found that investment was needed in infrastructure and staff if the Department of Corrective Services (the Department) was to meet expectations and targets.

Casuarina accommodated approximately 630 prisoners at that time. Positive key findings related to strong local management and staff, committed and professional services provided by health staff, and a generally safe environment for prisoners. Significant challenges noted were:

- doubling in remand numbers (approximately 100 at that time) with the prison lacking appropriate facilities and regimes
- inadequate infrastructure in the kitchen and industries workshops
- inadequate health facilities – the infirmary was not large enough to fulfil its statewide role, and inadequate specialist facilities for prisoners with mental impairment and mental health issues
- high levels of unemployment and underemployment

In the intervening period Casuarina's population has steadily increased, reflecting the overall increase in the WA prison population. Casuarina also began receiving more remand prisoners. Leading up to this inspection more of its focus was on the housing and movement of the state's male remand population, while still performing its unique statewide functions. Pressure on the key areas identified during the 2013 inspection was further elevated.

Year	2013	2014	2015	Jan-Oct 2016
Average daily number of unsentenced (remand) prisoners at Casuarina	111	182	256	426
Average daily total population	623	745	788	905*

\* Average 1 Jan-30 June 2016, 881. Average 1 July-31 October 2016, 942

### 1.3 INSPECTION METHODOLOGY

This inspection ran from 26 October 2016 – 9 November 2016, with experts also on site on 18, 19 and 21 October 2016. As part of the inspection we met with prisoners, staff, senior management and service providers. We observed Casuarina's facilities and operations, and reviewed documents, data and policies. Three specialised experts assisted us in the areas of health care, education and training, and hygiene and food safety.

## INTRODUCTION

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Between inspections, staff from our office regularly visited Casuarina to assess ongoing operations. In the lead-up to the inspection, we surveyed prisoners and staff. Twenty two per cent of prisoners completed the anonymous survey, that contained questions about living conditions, availability of activities, support services, relationships with staff, and things they liked and disliked about Casuarina. Approximately one-third of staff members completed the online staff survey that contained questions about human resources, staff and prisoner behaviour and relationships, management support and leadership, training, and also what they liked and disliked about Casuarina.

### 1.4 INSPECTION THEMES

In the course of the inspection, we wanted to consider the changing role of the prison, and any impacts on the discrete groups that Casuarina manages. We announced the following themes to the Department:

- the role of Casuarina Prison in the Western Australian prison system
- the quality of life for longer-term sentenced prisoners
- the services and support for remand prisoners
- the services and support for young and at-risk prisoners
- capacity (services, human resources, and infrastructure) to meet the diverse needs of the increased and changing prison population, including facilities that service the estate such as the infirmary, Special Handling Unit (SHU), and Special Purpose Unit (SPU).
- progress on previous recommendations

# Chapter 2

## CASUARINA PRISON – ROLE, PRISONER PROFILE, PLANNING

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### 2.1 CASUARINA'S EXPANDING ROLE IN THE CUSTODIAL ESTATE

Casuarina opened in 1991 as a maximum security prison for sentenced men. It was originally intended to house long-term prisoners and prepare them for release by providing a range of employment and other skills. The ethos of the prison was established on the basis that a majority stable long term prisoner population would be fully employed, with prison officers taking a leading role in supporting them to address their needs.

It also performs a statewide role with units dedicated to the management of dangerous and very difficult to manage prisoners, as well as those considered to be at particularly high risk from others. Another statewide role is the provision of accommodation and health services for prisoners who require pre-and post-hospital care. Casuarina continues to perform its specialist functions within the custodial estate, but it is now dealing with a much larger and more complex cohort of prisoners.

#### **Casuarina is an increasingly crowded, complex, and transient prison**

##### **Crowded**

When we use the term 'crowding' in a prison, we mean too many prisoners for the available facilities (Smith, 1999). It is not strictly about raw numbers, but about resource capacity, that is, adequate staffing, services and facilities to cope with the prisoner population.

During the July 2007 inspection of Casuarina Prison, the number of prisoners was just under 600, and the then Inspector found that high population levels were 'negatively impacting on practically every aspect of operations and every service at the prison' (OICS, 2008, p. 2). Casuarina was even more crowded in April 2010, when holding a population of 694, at 75 per cent above its accommodation design capacity of 397 (OICS, 2014, p. 8).

By 2013, the opening of two new accommodation units had increased capacity. This allowed an increase in single cell occupancy and enhanced accommodation, improving the prison's ability to encourage compliant behaviour and maintain a relatively calm and settled atmosphere (OICS, 2014, pp. 22-23).

During the 2016 inspection, however, the prison routinely held close to 950 prisoners. In the 12 months to 30 June 2016, Casuarina's population increased by 20 per cent from 785 to 943. This was higher than the total prison population increase over the same period of 14 per cent. In a 2016 review of Western Australia's prison capacity, we found Casuarina to have the most acute levels of crowding for any male prison in the state, operating at 190 per cent of design capacity (OICS, 2016). Cell sharing had become the norm.

##### **Complex and transient**

Finding the space to move prisoners in and out of Casuarina and to accommodate them in an appropriate location within the prison was a constant challenge, and was consuming much of the prison's collective energy. This task was made more complicated by changes in Casuarina's prisoner population. The prison now routinely held more than 40 per cent remand prisoners, largely overflow from the overstretched Hakea Prison (Hakea).



These prisoners are less settled, and have higher rates of physical health, mental health and substance abuse problems. They are more transient and increase turnover at a prison – as at 26 October 2016, one quarter of Casuarina’s population had spent less than four months in custody. There remains a substantial cohort of very young men. As at 24 October 2016 there were 137 aged between 18 and 23, just under 15 per cent of the population.

**Casuarina’s infrastructure and resourcing are insufficient for present and future need**

As a result, Casuarina is under extraordinary pressure. The industries that provide employment and training opportunities were not designed for the current population. Chronic unemployment and underemployment identified in previous inspections had worsened. The medical centre has not been enlarged since Casuarina opened. The number of mentally ill and vulnerable prisoners has increased significantly, but Casuarina has no capacity to provide a specialist unit for them. The infrastructure of the kitchen and the social visits centre are inadequate to meet basic demand, and the reception facility was stretched to the limit.

All of these issues have long been recognised by Casuarina staff and management, and raised in previous inspection reports. We observed in the last inspection report that prison management had been frustrated in the preceding years by the lack of support for key proposals ‘including an expanded kitchen, library, as well as industries workshops, and dedicated assisted care and mental health accommodation’ (OICS, 2014, p. 14).

## 2.2 A REMAND PRISON

Casuarina had become a major remand prison since the previous inspection, not through design, but through sheer growth in numbers. Prison management and staff had made commendable efforts to adapt and survive, but the prison was struggling with inadequate infrastructure and resources.

Our 2013 report noted that 21 per cent of the population was on remand. This was viewed as an inappropriately high proportion, largely the result of Hakea having two units temporarily offline to accommodate juvenile detainees following the 2013 riot at Banksia Hill Detention Centre. We noted that this had created prisoner management issues for Casuarina, including a loss of flexibility for prisoner placement.

Remand numbers at Casuarina have continued to climb, and now account for 40 per cent of the population. There are two reasons for this. First, the total remand population has risen very rapidly (OICS, 2015). Secondly, the Department removed two units from Hakea’s accommodation and redesignated them as a facility for female prisoners. This facility (Melaleuca) opened in December 2016. Investment was needed in women but the impact on Casuarina has been dramatic and negative.

**Casuarina is performing the role of a remand facility, without the resources to do so**

Remand prisoners have different needs to sentenced prisoners. They need frequent contact with their lawyers, effective access to legal information and computer/study

resources, and often have more intensive medical and other welfare requirements. They often do not know how long they will be incarcerated, and many will be anxious and stressed about their legal case and upcoming court appearances. We have also found that remand prisoners are more likely than sentenced prisoners to be involved in incidents, especially assaults on staff and other prisoners (OICS, 2015, p. 15).

These factors generate additional requirements for prisons. Remand prisoners must be carefully screened as soon as they are admitted in relation to matters such as risk to themselves, risk to other prisoners and staff, and health risks. The prison must facilitate court appearances (either in person or by video link) and access to lawyers. As they have not been convicted of any offence, and enjoy the presumption of innocence, they have different entitlements such as daily visits. The prison has an obligation to provide these additional entitlements.

**Sentenced and remand prisoners are routinely mixed, often in shared cells**

As far as practicable, remand prisoners should be kept separate from convicted and sentenced prisoners, and managed as a separate group (OICS, 2007, p. 13). This principle derives from the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules) which seek to set out ‘what is generally accepted as being good practice in the treatment of prisoners and prison management.’ Rule 11 provides that untried prisoners shall be kept separate from convicted prisoners (United Nations Economic and Social Council, 2015).

The raw numbers and proportion of remand prisoners (over 400 and 40 per cent respectively) were unprecedented at Casuarina and had real consequences. The prison was not able to accommodate them separately from sentenced prisoners, and they were dispersed throughout the facility. Remand prisoners were invariably sharing common areas with sentenced prisoners in the accommodation wings and units. A significant proportion were forced into even closer contact – our data analysis from the Department’s Total Offender Management Solution database (TOMS) on 21 October 2016 found that 45 per cent of remand prisoners at Casuarina were sharing a cell with a sentenced prisoner.

We do not fault Casuarina management for this reality. But the fact is that that the prison cannot even attempt to meet international standards.

Prisoners at Casuarina are locked in their cell at night for 12 hours or more. Cell sharing in these circumstances results in an inherent loss of dignity and privacy. For remand prisoners in particular, sharing a small cell can make running a legal defence or appeal extremely difficult (OICS, 2016, pp. 14-16).

In some areas Casuarina was able to make appropriate adjustments to the prisoner profile. Official visits for example (where prisoners meet with lawyers or external service providers) was adequate and operating efficiently. In the year leading up to the inspection, Casuarina had to prioritise upgrading video-link capacity, increasing the number of cameras and courtrooms and therefore court appearances that can be facilitated per day. The old courtroom for prison hearings was dismantled and converted into extra video link areas, and a replacement court area set up in Unit 1. The prison also ensured

minimum three person staffing for the video link area. During the inspection we observed these officers efficiently coordinating 20 to 30 appearances per day – a very busy role.

While this is an efficiency saving for the government in the context of the broader justice system, it is not infrastructure directed towards the safety and welfare of prisoners. These are resources that Casuarina has had to direct towards remand prisoners and away from its ‘core business’ of rehabilitation and support for maximum security sentenced prisoners. It also impacts on other areas of the prison, such as reception (which now shares a corridor with video link) and Unit 1, which now has to accommodate disciplinary proceedings.

At the time of the inspection Casuarina had no bail coordinator, had insufficient workspace and inadequate computers in its legal library, a reception area that was stretched to the limit, and a visits room that was too small to meet the visit entitlements of its remand population.

**Examples of inadequate facilities: visits and reception**

The facilities for social visits are decent, but not designed or adequate for the population. Prisoners and family members also report frustrating delays trying to get through on the phone to book a visit. 400 sentenced prisoners would be entitled under prison regulations to 400 social visits per week (one per prisoner per week). The same number of remand prisoners would be entitled to 2800 visits per week (one per prisoner per day). Casuarina took admirable steps in 2016 to add three additional weekday visit sessions, with two morning sessions added shortly before our inspection in October 2016. The prison is effectively facilitating visits all-day, seven days per week. This is as many as reasonably possible considering the constraints of a room that was designed for a much smaller sentenced population. Visits could not possibly meet demand if all prisoners were to insist on their entitlements.

Looking at reception, processes were well-managed, but the facility was not designed for the current number of prisoner movements and ‘transience’. It is dealing with significantly more movements of prisoners than ever before. In the 12 months to September 2016, there were 2420 receivals into the prison, 685 prisoners released from the prison, and a further 1597 transferred from Casuarina to other facilities. This is a lot of prisoner movement. The facility is however substantively unchanged since the prison first opened. There has been no investment in upgrading or modifying the facility to ensure it remains fit for purpose

There are times when all holding cells in the reception areas (for prisoners waiting to be transported to other locations) are full of mainstream prisoners. In these instances it had sometimes been necessary for protection prisoners to wait in the toilet, as a default overflow holding area. The co-location with the enlarged video-link facility referred to above has resulted in a lot of extra traffic through the reception centre by prisoners attending the videolink facility.

Notwithstanding well-managed and efficient reception processes, this presents opportunities for confusion as to who is attending the area and why, as well as opportunities for mischief, for instance in the form of trafficking.



*Figure 2: This toilet was sometimes used as a holding area for protection prisoners*



*Figure 3: Civilian clothing bags hanging on top of each other*

Finally, property storage areas were overflowing. More prisoners means more property to store and the storage area in the reception centre had long outgrown its capacity. Sea containers had been brought on site and located outside the reception area as an overflow storage option. They were filling up fast. There was also an overflow of civilian clothing bags in the reception area, as dedicated areas were full.

### 2.3 MANAGING POPULATION AHEAD OF PRISONERS

#### **Prisoner management is losing out to population management**

In the 12 months to 30 September 2016, Casuarina received 2420 prisoners, released 685 prisoners and transferred almost 1600 prisoners to other facilities.

These numbers go some way to conveying Casuarina's constant movement and turnover. This is a different environment to one focused primarily on skilling and rehabilitating longer-term sentenced maximum security prisoners.

The need to alleviate population pressure at Hakea by moving prisoners is keenly felt, and the 'numbers game' had become an all-consuming daily focus. While understandable, and unavoidable for the prison, it has resulted in too much focus on 'population management' ahead of 'prisoner management'. This leaves little capacity to innovate for its population at the local level, and reduced time to provide services.

Casuarina management and staff deserve credit for the way they have coped with population and movement challenges to date. However, attention must be given to Casuarina's current population and their needs. This includes the various cohorts of vulnerable or mentally ill prisoners, the growing numbers of very young men, remand prisoners, and the traditional longer-term sentenced prisoners.

The Report of an Inquiry into the incident at Casuarina Prison on 25 December 1998 (the Smith Report) noted that there were 'too many prisoners for the available facilities'. Disturbingly, this is a fair description of the situation at Casuarina in 2016. It is sobering to note that on the day of that infamous disturbance the prison was holding 529 prisoners, at 33 per cent over design capacity. (OICS, 2001, p. 18). It is now at 190 per cent.

The prison is overstretched in almost every area, and this poses very real risks. For there to be any improvement, significant decisions, investment and commitments must be made. The Department cannot realistically provide this kind of resourcing without the full support of the government.

To date the government and the Department have not adequately responded to the state's growing prisoner population, and the current situation at Casuarina is a direct result.

In 2016 we recommended that the Department commence planning and seek government approval for a new metropolitan prison catering primarily for male remandees (OICS, 2016, p. 1), (OICS, 2016A, p. 8). In December 2016, the Minister for Corrective Services announced that \$1.2 million had been approved to 'start planning' for a major new prison (Caporn, 2016).

There has been a change of government subsequently, and the state's budget is in a very poor state. It is most unlikely that the money can be found for a large new prison, at least in the short to medium term.

It is therefore critical for the Department and Government to formulate a clear plan that:

- identifies ways to address the issue of rising prisoner numbers (especially remands)
- takes stock of the total custodial estate (both adult and juvenile) and pressure points
- articulates Casuarina's role in the short, medium and long term
- resources it according to those roles and needs

**Recommendation 1:**

Determine Casuarina's future roles and resource it to fulfil those functions.

# Chapter 3

## HEALTH SERVICES AT CASUARINA

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### 3.1 INTRODUCTION

Casuarina performs a unique function, providing health services for prisoners who require periods of pre-hospital preparation, or post-hospital recuperation, and for those where medical needs fall short of hospitalisation. It operates an infirmary, a relatively large medical centre, and a crisis care unit. There is also a separate wing for persons with impaired mobility who are physically unable to live in a regular unit.

Given Casuarina's unique responsibilities, it is worth briefly considering the background context: the health of the general prison population. Prisoners have higher levels of mental health problems, risky alcohol consumption, tobacco smoking, illicit drug use and communicable disease than the general population (AIHW, 2015). This means they have significant and complex needs that are often long term and chronic in nature.

Remand prisoners often have even more intensive needs. A recent survey of reception prisoners in Western Australia found that the prevalence of anxiety disorders in male reception prisoners was three times that in the general population, mood disorders were nearly four times more common, and psychiatric disorders were more than twenty times more common (Davison S, 2015). Prisoners also have poorer oral (dental) health than the general population, and remand prisoners present with even poorer oral health than sentenced prisoners.

These high rates of health problems and complex needs present a challenge in a prison environment. More resources and staff are needed per capita in comparison to the general population to provide a comparable standard of care to that in the community.

Casuarina, with its increased prisoner population, increasingly high turnover of remand prisoners, and stretched resources, faced very significant challenges in this regard.

### 3.2 PHYSICAL, MENTAL AND DENTAL HEALTHCARE

#### **Casuarina is not providing adequate health care screening, physical care, mental care or dental care**

Health professionals at Casuarina were dedicated and working very hard within the resources and facilities available to them. However, staffing levels, health care processes and health infrastructure have not kept up with the changing demand and types of health needs.

Current staffing levels for health services were determined for a much smaller prison population at a time when almost all prisoners were sentenced and the population was stable. Not only had the total number of prisoners increased significantly but there was now a high proportion on remand. This greatly increased the turnover of prisoners and demand for services, with implications for the workload of health staff.

#### **Health screening**

The Casuarina health service was not meeting acceptable standards in relation to initial GP health screens. These are supposed to happen within 28 days of a person arriving in prison. But during the inspection there was a backlog of 189 overdue health screens

dating back some eight months. This was not the fault of the staff. It was the result of systemic failings and shortfalls. There was also a backlog of blood tests, with 200 outstanding at the time of the inspection.

Casuarina did not have a face to face health screening process for its own new prisoners, and generally relied on a handover process from Hakea (via the 'Echo' internal medical notes system). Acutely mentally unwell prisoners could be missed by this process, particularly with remand prisoners being transferred to Casuarina sooner after arriving at Hakea.

In summary, health screening did not meet required standards. This was posing significant risks to prisoners, the prison and the Department. It must be addressed in the immediate and longer term.

**Recommendation 2:**

Improve the timeliness of health screening of new prisoners and eliminate the backlog.

**Physical health care**

In October 2016, we were advised by Casuarina senior management that there had been an average of 1900 'contacts' per month at the outpatients health centre in the year to date – a huge volume of work. Obviously, adequate resources are required to service such need.

The health service at Casuarina is led by a Clinical Nurse Manager. Each day there should be three nurses in the outpatient clinic in the health centre; one responsible for taking all the blood samples, one for chronic care and wound dressing, and one to triage referrals and see urgent cases. Additionally, two nurses should be rostered to the infirmary. During the inspection there were not always the right number of nurses at work.

Similarly, while there were supposed to be three fulltime general practitioners (GPs), one was frequently redeployed to another prison. If an urgent case arose one of the GPs had to cancel the rest of their appointments to deal with it.

**Making an appointment**

The medical appointment process needs to be reviewed to ensure that prisoners are seen promptly and cases are prioritised appropriately; time spent on processing forms is reduced; and confidentiality is not compromised.

In order to make a medical appointment at Casuarina, prisoners filled in an 'orange form' stating why they needed an appointment. They were not informed of the outcome of their request until actually called up for an appointment. Some filled in multiple forms hoping to accelerate a response.

Prisoners were frustrated about long waits to see a doctor or nurse. This is not uncommon in a prison environment. But the population pressures at Casuarina meant that nurses were overwhelmed by the number of requests for appointments. One nurse was tasked with triaging between 20 and 50 'orange forms' per day. Nurses reported that prisoners do often experience a long wait for an appointment, by which time the problem has



either escalated and become more time consuming to resolve, or the problem has resolved itself, and the time spent triaging and calling for the appointment has been wasted.

An increase in staffing levels would help to resolve some of these issues. However, there may also be value in exploring modifications to process, such as nurses running a face to face session daily or weekly. Prisoners could present in person and be dealt with straight away or given an appropriate appointment. This would also ensure that prisoners receive a response to their request for an appointment.

### **Health care centre (outpatients)**

The health centre has not been enlarged since it was built. It urgently needs upgrading and extending to enable the health service to fulfil its functions.

The centre includes a dentist's room, four consultation rooms and one large room where nurses see patients simultaneously for consultations, triage, and dressings. Two consultation rooms were allocated for GP clinics and one other room was shared between GP clinics and the visiting physiotherapist, podiatrist, optometrist and dietician.

The mental health nurses and the visiting psychiatrist shared a consulting room. This meant that the mental health nurses could not use the room if the psychiatrist was seeing patients and vice versa.

One extra consulting room had been made available for the mental health team outside the outpatient health centre, but it was unfit for purpose. It was visible from the outside, so those walking past could see who the psychiatrist was talking to. It was physically separate from the health centre, making it difficult to arrange to bring patients to and from the room. It was also very small, and separated the psychiatrist or nurse behind a grille, which was unsuitable for developing a therapeutic relationship or assessing and examining patients.

The maximum security regime made it very difficult for staff to see everyone they needed to. Prisoners had to be out of the health centre by 11.30 am to return to their cells for lunch lockdown. They were unlocked again at 1.15 pm, and could be seen between 1.30 pm and 3.15 pm, when all prisoners have to return to their cells again for the prisoner count. This meant that clinics were effectively restricted to four and a half hours per day, and on Tuesdays during staff training lockdowns there were none at all.

### **Mental health care and crisis care**

The infrastructure and resources for mental health care and crisis care services fall well short of what is required.

The comorbidity team at Casuarina consisted of one psychiatrist working two days per week, one clinical nurse consultant, a clinical nurse specialist and three clinical nurses. This team provided a seven day a week service, primarily aimed at prisoners with severe and enduring mental illness such as bipolar affective disorder or schizophrenia. They also supported people with complex needs who have not responded to general medical care, such as severe depression, anxiety, post-traumatic stress disorder (PTSD) and comorbid personality disorder. In addition they medically manage prisoners on methadone.

Positively, one of the mental health nurses has also been providing well-received mental health first aid training to custodial staff.

The staff are dealing with an increasing number of unwell prisoners. The mental health team reported 100 prisoners under their care during the inspection. This was double the number reported during the 2013 inspection, but there had been no commensurate increase in resources.

The comorbidity team advised that the growing number of remand prisoners had increased the number of mental health referrals generally, as well as the number of more acutely unwell prisoners. This impacted on their time available to review chronic long term patients to assist them in staying well, preventing relapse and preparing for release.

Structural changes to the prison counselling service (PCS) were ongoing at the time. This had led to an increase in referrals to the mental health team of people who did not have a severe mental illness but who were distressed and needed support or counselling.

The mental health team also managed patients in the crisis care unit (CCU), which has 12 beds. They reported regular numbers of acutely mentally ill persons in the CCU, some of whom are waiting for a bed at the Frankland Centre, Western Australia's high security forensic inpatient unit. The Frankland Centre has only 30 secure beds. This number has not increased since 1995, despite the fact that the state's prison population has increased by approximately 300 per cent since then.

The consequences of the failure to invest in dedicated forensic mental health beds were all too obvious.

Custodial staff and the mental health team worked well together managing the patients, and we observed positive and respectful relationships between staff and prisoners in the CCU. But the CCU is designed for the management of short term crises and risk of self-harm, not acute mental illness. The use of CCU beds for the management of people who are acutely psychotic reduces the number of beds available for people in crisis or at risk to themselves.

Like other prisons, Casuarina lacks a suitable placement for people who are too mentally unwell to cope in an ordinary unit but do not need hospital admission, or for people returning from hospital who need extra support to integrate back into mainstream prison life. The Department has previously acknowledged the need for more mental health staff and facilities (OICS, 2014, p. 47) but Casuarina lacks flexibility of space and resources, particularly for its growing transient remand population.

This situation reflects urgent community needs. Internal modelling from the WA Mental Health Commission suggests that 59 per cent of the adult prison population and 65 per cent of the juvenile prison population of Western Australia has a mental illness, almost three times the prevalence of the general population (Mental Health Commission, 2015). The Commission's mental health, alcohol and other drug services plan for 2015–2025 clearly articulates a need for the following by the end of 2017, in order to prepare for the future in Western Australia:

- commence development of a 70 bed in-prison dedicated mental health, alcohol and other drug services for men and women
- further develop in-prison mental health and alcohol and other drug treatment and support services for men, women and young people
- work with the Department of Corrective Services to develop core capabilities and workforce standards for mental health, alcohol and other drug service provision
- complete the planning of a 92-bed secure forensic inpatient unit (Mental Health Commission, 2015, pp. 83-99)

All of the above has relevance to Casuarina's short- and long-term future.

We urge against considering any plans to increase living units and prisoner numbers at Casuarina that do not also address in-prison health and mental health capacity and resources.

### **Dental health care**

The dental service at Casuarina cannot meet the need for a general dental service providing preventative and restorative care.

There is one dentist contracted by the Department of Health to provide a four day per week service, together with one dental health nurse. While one dentist per 1000 people is on par with community estimates, the need for dental care is considerably higher in prisons than in the community, due to lifestyle issues, drug use and poor history of dental care.

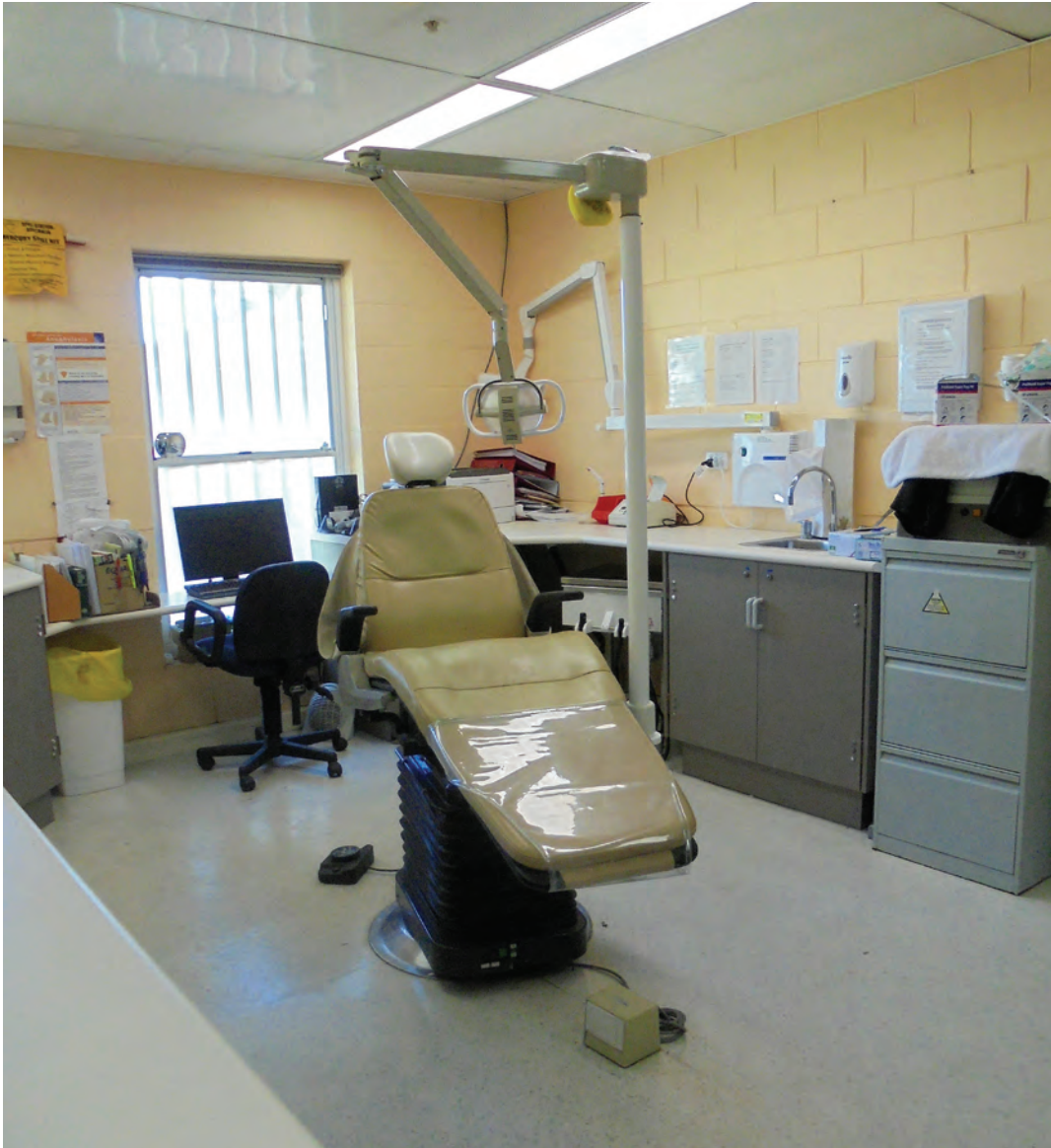
At Casuarina, the situation has been exacerbated by the increasing population and increasing turnover. This means there are always high numbers of new prisoners needing dental attention. The dental service prioritises those with the most acute pain, but general and preventative care is very limited. Demand is so high that the service is essentially providing an emergency pain relief service. The dentist performs far more dental extractions than in the community because, by the time prisoners are seen, teeth are often in a very poor state.

### **Recommendation 3**

Upgrade the health centre taking account of the determined future role of the prison.

### **Recommendation 4**

Increase staffing at the health centre to meet current and future need.



*Figure 4: The dentist's room at Casuarina Prison*

### 3.3 INFIRMARY AND END OF LIFE CARE

#### **The Infirmity needs an upgrade and improved policy and practice**

Like many areas of Casuarina operations, the infirmity was a constant balancing act.

The infirmity is a statewide facility for 20 prisoners who require ongoing medical and nursing care that is not available in the general prison system. This includes terminally ill prisoners, prisoners requiring dialysis, and prisoners who are recovering after going to hospital (for example, after a heart attack or a fracture).

Prisoners with diabetes attend the infirmity for insulin treatment. Some prisoners who use a wheelchair also visit for suitable bathroom facilities.

We again saw hardworking and dedicated staff. But there had been no increase in the size of the infirmity despite the significant increase in prisoner numbers statewide and the ageing prison population.

Managing admissions was challenging. We received credible reports of a lack of clarity and understanding around the process for admission, with input from local health staff sometimes bypassed:

- there appeared to be an assumption that non-Casuarina prisoners would come to the infirmity after a hospital visit, whether or not they could be managed in their original prison
- prisoners were sometimes discharged from public hospitals on the assumption that that the infirmity is a 'prison hospital' (which it certainly is not)

Prisoners in the infirmity are locked in their cells at night. It is therefore not suitable for patients requiring routine nursing care, medications or observations through the night. Cells are only opened at night on an emergency basis by calling the recovery team.

The criteria for admission and discharge in the relevant procedure are broad and fairly vague. They say simply that it is the responsibility of the medical practitioner to admit and discharge the patient to the infirmity as clinically appropriate. (Health Services Procedure PM29 Casuarina Infirmity, Admission and Discharge).

Clear policy, procedure and criteria for admission should be developed that involves local senior nursing, medical and custodial staff. These are the individuals with responsibility for generating a bed in the infirmity and safely managing individuals.

Prisoners who do not need infirmity care but are too physically or mentally frail to cope in an ordinary unit are accommodated in a wing next to the infirmity. This wing previously housed prisoners participating in a sex offender program, and continued to be referred to by the acronym, SOP.

The unit appeared to work well and had an appropriately calm atmosphere. Positively, agency carers have been employed to assist in the care needs of some infirm prisoners. However, the name of the wing should be changed, reflecting its current usage.

**Recommendation 5**

Evaluate current and future demand for specialist infirmary services across the prison system and invest as necessary in Casuarina and other prisons.



*Figure 5: Exercise equipment for rehabilitation in the infirmary*

**Palliative care needs more attention at Casuarina and across the prison system**

Staff were dedicated and working hard to provide care for terminally ill prisoners. However, prisoners were not getting best practice care management and received suboptimal symptom management.

Casuarina provides a statewide service for the terminally ill. Numbers fluctuate but at the time of the inspection, nine people were on the terminally ill list. Good collaborative relationships had been established between health staff at Casuarina and Bethesda Palliative Care nurses, who provided valued input and expertise.

As cells are locked overnight and only opened on an emergency basis, it is difficult to provide optimal pain management and palliative care to terminally ill prisoners.

The autonomy available in end of life care in the community, such as electing not to have interventions such as resuscitation, cannot be meaningfully respected in a custodial environment. Custodial staff have duties regarding provision of first aid, and all staff are aware of the scrutiny that takes place after any death in custody. Efforts are made to transfer prisoners to a hospice to die, so they can get adequate pain management and be

with family. But this is not always possible or desired by the individual, particularly if they lack family support.

This Office could not issue any prescriptive recommendation in such a fraught medico-legal context. However, health and custodial staff shoulder heavy responsibilities in caring for terminally ill prisoners, and it is time to consider if and how the dignity of prisoners who prefer to die peacefully might be better respected.

We recommend that the Department review the arrangements around end of life care and current best practices. Particularly with a view to facilitate early referral to the palliative care team, effective symptom control, and collaborative end of life planning with the patients and their families to respect their wishes around resuscitations and refusing interventions.

**Recommendation 6:**

Review arrangements for end of life care in the prison system.

**3.4 PRISON COUNSELLING AND MANAGEMENT OF AT-RISK PRISONERS**

Casuarina manages a very high level of risk. It has good systems in place to manage prisoners identified as being at high risk, but needs more resources to provide counselling and preventive support.

Prisoners represent a particularly high risk group for suicide, both in prison and after release. Unsentenced prisoners have higher rates of suicide than sentenced prisoners, and risk is highest during the first three months (Willis, 2016).

A survey of Western Australian Reception Prisoners in 2012–2013 found that nearly a quarter had made a suicidal attempt in their lifetime, five per cent in the last month. Sixteen per cent had experienced suicidal thoughts in the last month (Davison S, 2015).

**Staffing groups worked well to manage prisoners identified as at risk of self-harm**

The At Risk Management System (ARMS) had recently changed, increasing the frequency with which prisoners were reviewed by custodial staff on the unit. Since 3 October 2016 prisoners must be reviewed either hourly, two hourly or four hourly. During the inspection, around 20 prisoners were on ARMS.

There must be intensive oversight of prisoners at risk and we commend the hard work of staff.

In January 2016, Casuarina was provided senior management support in this area, with the creation of the position of Deputy Superintendent (Safer Custody). This role has oversight of the special units and the ARMS and SAMS processes, as well as a number of other areas of care and wellbeing.

The Prisoner Risk Assessment Group (PRAG) meets daily to decide on the management of prisoners at risk to themselves. It is usually attended by someone from the mental health team, a prison counsellor, the Unit Manager, the Prison Support Officer and the

chaplaincy if they are involved. It is chaired by the Assistant Superintendent Special Units, with oversight of the Deputy Superintendent (Safer Custody).

Individual case conferences for very challenging and complex cases are organised, involving GPs, the mental health team, psychological services and relevant custodial staff to discuss the management of complex prisoners. The various groups worked well as a multidisciplinary team in the management of prisoners with complex mental health and/or behavioural needs.

**The Prison Counselling Service (PCS) is poorly resourced and not meeting need**

The main function of the Prison Counselling Service (PCS) is to assess and support people who are at risk of self-harm or suicide and are being managed on ARMS. They also provide some support for people being managed on the Department's Support and Monitoring System (SAMS). Prior to recent changes, PCS also had a general counselling function.

Staff shortages, recruitment freezes and increasing prison numbers had made it very difficult to provide any general counselling. And, shortly before the inspection, changes to PCS restricted the service to managing people on ARMS and SAMS. General counselling referrals to local PCS were no longer accepted. Instead, a new service called Specialist Psychological Services (SPS) had been created, which would provide centralised psychological treatment. This left three staff doing ARMS work at the time of the inspection, one of whom resigned during the inspection period.

Morale was very low. Counsellors regretted no longer having the ability to provide ongoing counselling to those prisoners who needed coping skills, but were not in crisis. They found it psychologically intense and limiting to be dealing only with people at high risk of self-harm or suicide, especially with so few staff members.

PCS staff also reported that they were often directed at short notice to other prisons, making it difficult to provide continuity to the prisoners they were dealing with. Burnout and loss of experienced staff to other job opportunities are real risks.

We understood that some recruitment was planned. This needs to be prioritised. The current situation is not acceptable and high risk.

We heard throughout the inspection, from prisoners, staff and management, that it was difficult to obtain counselling. Officers were being encouraged to refer people in distress to chaplains, peer support or the Aboriginal Visitors Scheme, and the mental health team reported that they were getting more calls about prisoners in distress. These areas have important functions, but they should not be relied on to stand in for trained counsellors.

In time, the new SPS, may prove to be a positive development. However, it was too early to assess its benefit and access to SPS was causing considerable frustration at the time of the inspection. We were told that five referrals for general counselling for prisoners at Casuarina had been 'accepted' by SPS and two more were awaiting decision. The mental health team, PCS and custodial staff were uncertain about what the capacity of the



service would be, and what cases to refer to it.

SPS must deliver services. And the referral criteria for SPS should be clarified and disseminated to appropriate staff, if not done already.

**Recommendation 7:**

Improve prisoner access to counselling services for trauma and distress.

# Chapter 4

## DAILY LIFE AND CONDITIONS FOR PRISONERS

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### 4.1 ORIENTATION

#### **A more comprehensive orientation process is needed**

Prisoners arriving at Casuarina are first accommodated in Unit 5. Here they go through a formal orientation meeting with an officer who explains ‘do’s and don’ts’ of life in the prison and provides the prisoner with an orientation booklet. We observed a peer support prisoner based in Unit 5 doing a good job of providing administrative assistance to the officer doing the formal orientation. The peer support prisoners are also available to assist prisoners to find their way around the unit, and the prison rules and regimes.

Ordinarily, a peer support prisoner based in Unit 5 will walk the new prisoner to the fence enclosing the unit and point out various areas of the prison. While Casuarina is an open environment with good lines of sight across the grounds, this cannot be considered a comprehensive orientation to the physical layout of the prison.

Our pre-inspection survey revealed that almost half (46%) of respondents felt they did not get enough information to understand how the prison works when they first arrived. The majority of respondents also said that they were either ‘upset’ (39%) or ‘very upset’ (23%) when they first came to prison. Prisoner population numbers meant that the pressure on moving new prisoners in and out of Unit 5 was constant. We also heard from several prisoners that they were moved on after one night.

There was no dedicated orientation officer(s), and the role was undertaken by unit officers, who naturally have other functions and responsibilities as well.

Sometimes, delays and bed shortages resulted in prisoners being moved out of Unit 5 before their orientation meeting. While efforts are made to track down those prisoners later, this is not ideal.

In some facilities we have been impressed by a model of orientation that utilises peer support prisoners a lot more, including meeting at reception and/or providing guided tours of the prison. The regime at Casuarina does not accommodate this kind of model, due to restrictions on moving between units. However, it is important for the prison to ensure that all four peer support worker positions in Unit 5 are continuously filled, and to maintain a visible peer support presence in each unit.

Senior management at Casuarina indicated shortly after the inspection that they intended to improve orientation and to raise the profile of orientation among the peer support prisoner group.

### 4.2 CLOTHING AND BEDDING

Clothes were clean, but quality varied, and some laundry processes need improvement.

Prisoner’s clothing is made and laundered on-site. The garments workshop produces prison greens for male prisoners throughout Western Australia, and the laundry workshop launders most of Casuarina’s prisoner clothing and linen.

The quality of the clothing we saw prisoners wearing at Casuarina was good, and we did not see many examples of faded or damaged clothes. However, our observations of

clothing distribution and storage in the accommodation units painted a different picture.

Prisoners do not get a personal set of clothing (other than underwear) so must take whatever comes back from the laundry. We watched a prisoner distributing clean clothes to other prisoners in a unit. The prisoners simply presented themselves and requested the clothing and sizes they wanted. There was no sense that the clothing issued had to match what prisoners had submitted to the laundry and there was little supervision.

Some of the laundered clothing issued to prisoners was in poor condition, faded, with holes and stretched out collars. The same was true of some clothing we examined in prisoners' cells. It seemed that while old and worn clothing was still in circulation, prisoners were avoiding wearing it where possible. We also saw and heard about shortages in extra-large and extra-small sizes.

Prisoners should have clean and decent quality clothing that fits them. Simple process improvements should be incorporated, including:

- inspecting clothing as it is laundered, to identify and replace clothes that are worn out
- keeping adequate stocks of new clothing in all sizes
- introducing personal clothing sets for prisoners, which could be kept separate with individual laundry bags (or having officers monitor the exchange of clothing more closely)

#### 4.3 RELIGIOUS AND SPIRITUAL NEEDS

##### **Chaplains provide a good service to most prisoners**

Casuarina's prisoners have a wide diversity of religious and spiritual beliefs. The prison's coordinating chaplain had enough resources to meet the spiritual needs of most prisoners, with the support of four part-time chaplains. The coordinating chaplain also sourced religious artefacts for prisoners on request.

Services for significant cohorts at Casuarina include:

- weekly Christian worship services on Sundays
- meetings of Jehovah's Witnesses with a faith representative
- weekly Buddhist meditation sessions
- bible study was available by distance learning with Crossroad Bible Institute or in person with the Prison Fellowship
- religious and devotional materials were provided to Hindu, Sikh and Muslim prisoners as well as Christian materials for prisoners with differing levels of literacy

However, security concerns meant Muslim prisoners found it difficult to get their needs met. The chaplaincy did provide some religious materials such as a copy of the Qur'an, prayer beads and mats, but the prison was resistant to Friday prayer meetings.

This is not uncommon in our prisons because of concerns regarding radicalisation. But Muslims make up the fourth largest religious cohort at Casuarina. They are entitled to receive a similar level of support or service to other significant religious cohorts, unless

there are specific risks to or from individual prisoners. The Department needs to do more to ensure that Casuarina meets their legitimate needs. Failing to meet need will increase, not reduce, the risks of radicalisation.

### **Demand for chaplaincy services increased as it became harder to access counselling**

The chaplains spent a good deal of time in conversation with prisoners about spiritual matters. They also participated in the prison's support and monitoring system (SAMS) for prisoners who were struggling emotionally, as well as the at risk management system (ARMS) for prisoners in crisis.

The pastoral care aspect of the chaplains' work had increased over the past year, with more prisoners asking to speak with chaplains. Within the prison, this was attributed to the changes that restricted PCS counsellors to managing prisoners on ARMS and SAMS. Prison officers could no longer refer prisoners to counsellors directly if they were having a hard time. This meant staff and prisoners were turning to other services, including the chaplains, for support.

## **4.4 RECREATION**

### **Recreation had improved, with good collaboration with health and education**

Recreation is important for prisoners to maintain their mental and physical health while also developing skills like self-discipline and cooperation, to help them re-integrate back into society.

In the face of a rising prison population and with no additional resources, Casuarina Prison had achieved improvements in the recreation activities offered to prisoners, particularly in the six months leading up to the inspection. We were told that the three recreation staff had doubled the number of hours of structured recreation delivery from March to October 2016.

The prison has decent recreation facilities – an oval and another small playing field, a gymnasium, and a small but well-stocked library. Most accommodation units have a tennis court, a grassed area and some isometric exercise equipment.

In late 2015 and early 2016, Casuarina's recreation program was frequently shut down because of a lack of custodial staff to supervise. This led to frequent complaints to this office. The recreation team intelligently revised the program to run smaller, focused activities that required less custodial supervision, so were cancelled less often. They also collaborated with health and education teams at the prison to further increase the benefits of the recreation program.

The recreation team were running a program that included specific rehabilitation sessions for wheelchair users, 'over 40' sessions, and sessions for prisoners identified as needing extra support and monitoring. They also ran spin bike, circuit and boxercise sessions. Passive recreation included board games, occasional bingo and a well-stocked and orderly library, which most prisoners could access once a week.

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The recreation team had also supported prisoners to achieve qualifications, including Certificate III in Fitness, Certificate II in Sports Coaching, and Certificate I in Sport and Recreation. Qualified prisoners had been given opportunities to practice their skills by umpiring sports competitions, and helping with rehabilitation sessions. On weekends, three qualified prisoners also took a trolley full of circuit training equipment out to the accommodation units to run sessions in the unit yards.

When we visited the library around 20 prisoners were using it, and two prisoners were doing a good job managing the check outs, returns and reservations, and providing advice. It is a well-run and very decent facility for recreation purposes, although too small to guarantee all prisoners regular access.

We observed the successful revitalisation of the recreation program during our inspection. A large number of prisoners were using free time to exercise in their unit yards, and participants in rehabilitation and boxercise sessions spoke about recreation in glowing terms. Our focus group with peer support prisoners revealed that, while lack of recreation had been a source of complaints in the past, the program had greatly improved. We urge the prison to maintain these improvements.

### Too many prisoners were still missing out on recreation

Despite the improvements, recreation opportunities were not meeting demand.

In the pre-inspection survey, recreation received the most nominations as one of the good things about Casuarina. However, access to recreation was also a major complaint. In particular, prisoners complained that they would miss out on specialised sessions that were fully subscribed.

We compared the recreation schedule for the first week of our inspection (24–30 October 2016) to the records of recreation that actually took place. As shown below, 20 per cent of the activities scheduled in the gymnasium did not run, and 36 per cent of the sessions scheduled on the oval did not take place.

Venue	Number of sessions scheduled	Number of sessions that ran	Prisoner capacity at scheduled sessions	Number of prisoners recorded as having attended
Gymnasium	42	25	Up to 800	368
Oval	14	5	Up to 1050	84
<b>Total</b>	<b>56</b>	<b>30</b>	<b>1850</b>	<b>376</b>

The recreation team was hoping to further develop recreation and had already written a proposal to do so. The team would like to better equip the rehabilitation program, construct classrooms, and increase storage capacity in the gym. In the longer term, they had hopes of building more collaborative relationships with custodial staff and increasing prisoner access to recreation with an additional recreation officer.



*Figure 6: Prisoners recreating in the exercise yard in Unit 14*

Casuarina is a crowded prison environment where recreation is a vital ‘safety valve’. Over the past six months the recreation team has proved what it can achieve without extra resources. It makes sense for the Department to capitalise on the proven strengths of the recreation team and to expand the program further.

#### 4.5 EXTERNAL CONTACTS AND COMMUNICATION

##### **Outcare provided a good service**

Visitors arriving for a visit must first check in at the Outcare visitors centre located just outside the prison gatehouse. The Outcare staff provided a compassionate service to visitors attending Casuarina Prison for a social visit. As well as providing administrative support for visits, they offered emotional support and some emergency financial relief. The facility however was old and showing signs of wear, particularly with the increase in the number of visitors proportionate to the increase in prisoner population.

The visitors centre was open seven days a week from 8.30am to 5.30pm. Staff confirm that the visitor is booked in for a visit, let the gatehouse staff know that they have arrived, and assist visitors with any paperwork. Lockers are provided for visitors to store valuables such as wallets and mobile phones. Tea, coffee and fruit are available and there are toilet facilities.

There is a crèche room with games and activities available for the children to engage with while they wait to go into the prison for their visit. Unfortunately, for reasons to do with

official regulations about childcare facilities, the room could not be used as a proper crèche facility to allow children to stay while parents visited prisoners. Children had to be supervised by a parent when using this room. To rectify this would require an extension of the building.

#### **Visit sessions are generally working well, despite the pressure of numbers**

The number of visits sessions had increased, mainly to accommodate the increase in the remand population at Casuarina. In 2013, there was one visit session each weekday. This had increased shortly before the inspection to four sessions each weekday, and six sessions on Saturday and Sunday. This was good practice and necessary to accommodate the 35,000 visitors estimated to visit prisoners at Casuarina throughout the year (Superintendent's pre-inspection briefing).

A children's activity worker, employed by Outcare, was available for the first afternoon visit session on the weekends. She worked in the children's play area adjacent to the visits centre, visible through a glass wall. She provided craft activities for the children, played games with them and generally kept them entertained. Children could enter and leave this area as they pleased. No prisoners were allowed in this area.

#### **The high population means it is not easy to book a visit**

There was only one visits booking officer in position. Some prisoners and visitors complained that it was difficult getting through on the phone to book a visit. This was not surprising given that one person had the job of booking visits for over 900 prisoners. There is a limit to how many phone calls one person can process in a day. Despite long phone queues and some frustrated visitors, the booking officer was doing a good job of ensuring people got their allocated visit sessions each week. But an extra booking officer would streamline the process, and reduce frustration for friends and family.

#### **Prisoners were arriving late for visit sessions**

Visitors were waiting too long for prisoners to arrive for visit sessions.

When visitors arrived, they were processed through Outcare, escorted through the gatehouse, searched by the drug detection dog, and then moved through to the visits centre where they waited for the prisoner to arrive. Gatehouse staff alerted the unit staff that a visitor has arrived to visit a prisoner in their unit, and the unit staff put a call out to the unit for the prisoner to attend the visits centre. The process was leading to delays, and we observed visit sessions where some visitors were still waiting for the prisoner to arrive 20 minutes into the one hour visit session.

#### **There was inadequate provision for other social contact**

There were not enough phones for the number of prisoners now in the units.

The ratio was, in general, one phone for approximately 30 prisoners (28 in some units, 32 in other units depending on the size of the unit). Each prisoner was allowed to spend a maximum of 10 minutes on one phone call. Often this meant that there was simply not enough time for every prisoner wanting to make a call to actually get an opportunity to

do so. We heard about prisoners implementing their own phone roster in certain units, to ensure fair access to the phone for all the prisoners. Even with the roster system in place, prisoners were still missing out on their chance to call their family. Prisoners should not have to be put on a waitlist to make a phone call.

There should be enough telephones in each unit to ensure every prisoner can make at least one phone call each day. The prison was looking into this issue and Head Office needs to support it.

We are also concerned that the Department has not met its previous commitments, dating back many years, to provide a service like Skype to ensure that prisoners who do not receive visits do not become isolated from their social support network.

**Recommendation 8:**

Install more telephones in the units.

#### 4.6 PRISONER PURCHASES

**The canteen was under-resourced and not providing an adequate service**

The canteen service was under-resourced. It was a tense, stressful and unsatisfactory environment for canteen staff, prisoners making purchases and the custodial staff who supervised them.

For some time before the inspection, the canteen had been operated by only one Vocational Support Officer (VSO) even though the approved staffing allocation was two. The workload of ordering stock, supervising prisoners who work in the canteen, dealing with supply problems, attending to special purchase requests, record keeping and providing customer service to more than 900 prisoners was too much for one person.

The canteen VSO was not keeping up with paperwork, especially special orders. These special orders, known as 'town spends', are requests to purchase products not kept on hand in the canteen, such as electronic equipment and DVDs. A large pile of unprocessed orders had not been attended to. Not surprisingly, prisoners made many complaints to the inspection team about not receiving their orders from the canteen.

We observed a prisoner asking about the status of an order he had made for CDs two weeks ago. The canteen officer advised him to assume they were not available and put in a different order. The prisoner politely pointed out that it was frustrating not to receive this feedback or have clear procedures in place.

With a population of 950 men purchasing drinks, snacks, cigarettes, toiletries and electrical items from the canteen, over \$800,000 was spent in the three months to 30 September 2016. This function must be managed appropriately, including sufficient resources.

Fortunately, a second canteen VSO had started work during our inspection. We were advised that additional part-time staffing (0.5 of full-time equivalent) was expected in the new staffing agreement. This should ease the workload, tension and stress. But it would



also be timely to review canteen processes to ensure that they are safe, efficient and clear to staff and prisoners.

**Recommendation 9:**

Improve the operation of the canteen.

### 4.7 SUPPORT SERVICES

#### **Casuarina has a good, representative peer support model**

The model for composition of the peer support team at Casuarina was good. It allowed for four peer support workers in the orientation unit to support new arrivals, and one to two positions in each of the other units. This is necessary as it is a maximum security facility, and there is no free movement of prisoners between units. Prisoners on the peer support team were paid gratuities for their work.

The peer support team was appropriately representative of the Aboriginal, non-Aboriginal and Chinese-speaking prisoner populations, and liaised well with the Prison Support Officer (PSO). Peer support team meetings were held regularly, and the Deputy Superintendent Safer Custody attended these monthly, ensuring senior management were receiving direct feedback. The Gatekeeper (suicide prevention) course had run for peer support members most recently in September, with 15 of 16 participants completing. This is good and appropriate practice.

#### **The model was under-utilised**

Although the model was good, and there were sufficient peer support worker positions on paper, many were unfilled. There were only eleven men on the team out of a possible 23. Reasons provided included the constant turnover of prisoners and a lack of suitable applications and/or security alerts.

The model only works if all positions are filled, and peer support workers are based in every unit, because peer support prisoners do not enjoy total freedom of movement to other units. While we acknowledge the challenges that arise from the turnover of prisoners, this requires attention.

Further, Casuarina's population is simply too large to be serviced by only one permanent PSO. A second PSO commenced working at Casuarina part-time during our inspection. We hope this will continue, as PSOs assist in monitoring, assessing and reporting on prisoners on ARMS and attend the daily PRAG meetings. Two PSOs will allow better access for prisoners who need some support.

#### **Foreign national prisoners were 'lost' in the mainstream prisoner population**

Chronic crowding at Casuarina meant that the needs of foreign nationals were getting lost in the overall management of the prisoner population.

There were approximately 90 foreign national prisoners (ten per cent of the population). We met more than 20 in a group, and others as we went around the site. English

communication, foreign language library materials and different foods were consistent concerns.

#### 4.8 TREATMENT AND SUPPORT OF ABORIGINAL PRISONERS

Aboriginal men comprised one-third of the Casuarina population (32 per cent at 26 October 2016). This was slightly lower than the stage average of 38 per cent.

The prison housed a very large number of younger Aboriginal men. Of the 214 men aged 18–25, 47 per cent were Aboriginal.

##### **Aboriginal prisoners were in less favourable workplaces**

At the last inspection, we recommended that the prison should ensure greater Aboriginal engagement with meaningful employment, and that the gratuities system ‘achieves substantive equality for Aboriginal prisoners’ (OICS, 2014, p. 77).

We did not find improvement in this area. In fact we found over representation at lower pay grades, and lower representation at higher pay grades.

On a positive note, 47 Aboriginal men (16 per cent of the Aboriginal population) were engaged full-time in offender treatment programs or in full-time or part-time education. However, Aboriginal men were seriously over-represented amongst unit workers in Units 1–5. Unit work is not constructive employment, nor is it of reasonable duration. Clusters of Aboriginal prisoners were found in particular workplaces, such as the boot shop and the laundry. But they were found at only 26 of the 44 work sites across the prison.

##### **Recommendation 10:**

Ensure equitable levels of constructive employment and gratuities for Aboriginal prisoners.

##### **Cultural support systems were in place, but operating below capacity**

###### **The Learning Centre**

The Learning Centre is run by the Coordinator of Aboriginal Prisoner Services. It provides a venue for cultural support and basic education for Aboriginal prisoners. The Coordinator believes the Centre provides a relaxed environment for prisoners to gain trust and self-respect, and offers a distinct role from the Education Centre. For example, it provides a venue for gatherings during ‘sorry time’, an increasingly important matter for prisoners when their ability to attend funerals has reduced. On one occasion in October 2016, 57 prisoners attended the Centre for ‘sorry time’.

The Learning Centre also hosted a number of structured voluntary programs. The Displaced Aboriginal Program (DAP) is focused on out-of-country prisoners, encompassing literacy, art and woodwork in association with the vocational skills workshop. The Outcare Life Skills Program and a drug and alcohol program delivered by a clinical specialist from Hakea Prison both ran weekly. Training towards a Certificate I in Sport and Recreation was delivered by a qualified Noongar trainer.



*Figure 7: The Learning Centre at Casuarina Prison*

At times of crowding, prisons need to use every facility they have. We could see no justification for the fact that several demountable classrooms at the western end of the Learning Centre were unused or under-used. Discussions were underway as to the future use of these rooms. We hope that this will maximise the cultural and educational benefits to Aboriginal prisoners.

#### **Meeting Place**

In an unfortunate development from the last inspection, the dedicated meeting place at Casuarina was closed in 2014 for security reasons. It had once been designated ceremonially as the ‘Casuarina Meeting Place’ by the State Government, Aboriginal Elders and prison management.

Thirty per cent of the Aboriginal population of Casuarina are from outside the Perth metropolitan area, and they had previously used this area. Its closure had negatively impacted on them. The canteen and gym are located adjacent to the meeting place, complicating security concerns. However, we do question if all possibilities (times, dates, frequency, and adequate officer oversight) have been fully explored.

#### **Aboriginal Visitors Scheme**

Despite the increasing population, the Aboriginal Visitor’s Scheme (AVS) presence had halved since 2013. It was visiting four days per week with only two persons, compared with four visitors for four days per week in 2013. Casuarina benefits from a very experienced senior AVS worker, but two people cannot do the work of four.

In 2016, the Department established a 24-hour AVS telephone line. It is too early to assess how this is working. However feedback from prisoners and their families to us has generally not been positive.

AVS staff were also affected by the changes to PCS discussed at Chapter 3. They felt under pressure to step into a counselling role, rather than focusing on identifying those at risk of self-harm. This is not their qualification or mandate. Fortunately, good working relationships were reported, both locally and with Head Office, and we trust that these issues will be evaluated and resolved.

# Chapter 5

## FOOD, DIET AND ENVIRONMENTAL HEALTH

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### 5.1 KITCHEN AND FOOD PREPARATION

#### **The kitchen infrastructure is inadequate and compromises hygiene**

The Casuarina kitchen was originally designed as a food reheating facility for a much smaller population. Meals used to be cooked at Hakea days in advance, chilled, and then transported to Casuarina.

In 2005, we recommended that the Department review the viability of Casuarina providing its own kitchen and laundry services (OICS, 2005). In 2008, the kitchen was upgraded and fitted out to prepare meals for its own population. In subsequent years there have been progressive additions of both hot and cold storage, including four shipping container freezers and cool rooms.

In 2013, we found the limited space unacceptable for the growing prison population, and recommended the kitchen be expanded, or a new kitchen built with sufficient capacity to meet current and future prisoner population demand (OICS, 2014, p. 30).

The kitchen is still very small. Our environmental health consultant concluded it was of a size ordinarily capable of producing food for 250–350 people. Kitchen staff and workers were doing an outstanding job in the circumstances.

The lack of work space and increased production demands have fundamentally compromised safe and effective workflows, with multiple opportunities for cross-contamination. Deliveries and used trays and trolleys pass through the same areas where fresh food is being prepared and packed. After cleaning, trolleys and trays are stacked in areas where they can be contaminated by dust and flies.

A renovation just after the inspection addressed a number of urgent repairs. However, the causes of the surface deterioration were not addressed, so problems will likely recur.

#### **The kitchen is well-managed, but safety is compromised by the environment**

With up to 32 workers, the kitchen was crowded with multiple risks to safety:

- non-slip tiles were worn and slippery when wet
- grates over a drain had been removed to facilitate drainage, but that created a safety risk
- bench space was very limited (and a worker was seen mixing uncooked meat between two people making salads)

A number of other minor breaches of food hygiene were noted, and reported to the prison.

Notwithstanding these issues it was evident to our consultant that the kitchen was well-managed and that food handling practices were generally strong, despite the difficult environment. Working surfaces and machinery were clean and generally well maintained. Cooking and cooling temperatures were carefully monitored. The use of hair nets, gloves and clean kitchen whites appeared consistent.

### **Bakery and vegetable preparation**

The bakery and vegetable preparation industries are the other major food preparation areas, and also distribute to several other metropolitan prisons. Bread packs are labelled with a baking date and use by date which is good practice.

Casuarina obtains and packs vegetables for other prisons, mainly peeling and chopping and placing in vacuum sealed bags. It appeared to operate safely and effectively with careful attention to cleaning, maintenance and safe food handling. However, cobwebs and grime were accumulating on the ceiling.



*Figure 8: Work in the vegetable preparation area at Casuarina Prison*

### **Future plans**

Following the 2013 inspection, a business case was developed for a new hospitality hub at Casuarina. The project was never funded, but the need and internal pressure for a new kitchen facility has not gone away.

We were informed that one option under consideration was to expand or rebuild the Hakea kitchen, which would again produce cooked meals for both sites. This was the cause of much complaint when Hakea last produced meals for Casuarina. Extra delays between cooking and serving meals affects freshness and nutritional value. Additional handling also creates risks of contamination, or from food temperatures not being maintained. Such a proposal would likely reduce employment opportunities at Casuarina, and opportunities to gain experience and training in hospitality.



*Figure 9: Vegetables prepared for cooking*



*Figure 10: Meat prepared for cooking*

A new hospitality hub would create the opportunity for new industries in the three sites vacated by the kitchen, vegetable preparation and bakery, thereby reducing unemployment in the prison. A single hub would also reduce transport and handling of food before distribution to units, and with a classroom, create a first class training precinct.

**Recommendation 11:**

Develop a new kitchen, preferably as part of a hospitality industries training hub.

## 5.2 FOOD HANDLING PRACTICES

### **Food handling practises were deficient in many of the units**

Each living unit at Casuarina had four regethermic cooks, who were responsible for managing the unit kitchen, food reheating and serving to fellow prisoners. There are self-catering unit kitchens in self-care (Unit 7) and in the Special Purpose Unit (SPU).

While most unit cooks were conscientious, many had not undertaken basic hygiene training. Food handling across the units was concerning. Specific examples were reported to the prison, including:

- meat in self-care kitchens was allowed to defrost for up to 24 hours without refrigeration, and was at dangerously high temperatures when tested
- identical containers were being used to store cleaning chemicals and food such as cooking oils
- unit kitchens lacked soap dispensers for hand washing
- food items in both dry and refrigerated storage areas that were left uncovered and not protected from contamination

Staffing redeployments from the vocational skills workshop were affecting essential Foodstar and Food Hygiene training. Too few prisoners were being trained early in their stay at Casuarina, or shortly after placement in a food handling role. This must be improved.

Also we found there was no single system where completions of OHS or Foodstar training was being recorded and readily accessible to coordinators or unit staff. Systems of recording referrals, bookings and completions were incomplete, contradictory and lacked transparency to all. Prison operations, industries, education and information technology representatives should urgently identify and implement a solution, not just for Casuarina but for the WA prison system.

**Recommendation 12:**

Improve food handling training, record keeping and monitoring.



### 5.3 NUTRITION AND DIET

#### **With the exception of bakery products, the diet was good**

A recent study found that 32 per cent of prisoners acknowledged on entry to prison that they had been diagnosed with a chronic health condition; poor diet was identified, along with physical inactivity, obesity, tobacco smoking and risky alcohol consumption as a risk factor for such chronic disease (AIHW, 2015). This highlights the importance of promoting good nutrition.

In our pre-inspection survey, prisoners were negative about the food. However, during the inspection itself, most acknowledged the food was satisfactory. Casuarina provides a six week cyclic menu which is adequate, but provides no choice as to the type of food provided or how it is cooked.

The kitchen provides options for special diets including vegetarian, soft food, low fat and Halal. Other medical diets are provided for individuals as prescribed. Muslims are not provided with Halal-sourced meats however. Pork and non-Halal beef is simply replaced by fish or chicken or a vegetarian meal.

The cyclic menu appears capable of supplying adequate nutrition, with the exception of bakery products. Bakery products, which are supplied to prisoners for most meals at Casuarina, were entirely based on refined white flour. Australian dietary guidelines recommend wholegrain or high fibre grains and cereals, and link them positively to health outcomes (NHMRC, 2013). The prison needs to incorporate healthier bakery products into its menu for the sake of prisoner health.

### 5.4 ENVIRONMENTAL HEALTH

#### **Environmental health is good, but compromised by crowding**

The campus layout of Casuarina with green spaces between buildings and most units with outdoor recreation areas is a major environmental health asset for staff and prisoners. These outdoor areas were well maintained and well-used. Prisoners in Unit 1, the Special Handling Unit and the Special Purpose Unit had restricted access to outdoor areas or nature.

Cleaning in most areas was of a good standard, but doublebunking has meant crowding in cells and common areas, and many prisoners have to eat in their cells.

Despite the routine cleaning and inspection of cells, there were signs of vermin. The units were fumigated just before the inspection, but there were numerous points of entry for insects (broken screens) as well as at ground level allowing the access of vermin. Issues will increase in severity as the facility continues to age and remains chronically crowded. Renovation of units must resume.

# Chapter 6

## EDUCATION, TRAINING, AND EMPLOYMENT

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### 6.1 EDUCATION AND TRAINING

Prisoners should be provided with access to programs and services, including education, vocational training and employment. The purpose is to enable them to develop appropriate skills and abilities to support leading law abiding lives when they return to the community (Standard Guidelines for Corrections in Australia, 2012). Recent Australian research shows that study in prison reduces post-release reoffending and has a positive relation to post-release employment (Giles, 2016).

#### **Education was operating well for a small percentage of prisoners but needs expansion**

The Education Centre was providing a good standard of education and training with a range of nationally accredited and non-accredited courses and traineeships. It was also delivering a small set of educational programs for remand prisoners.

However, while it was operating well for some prisoners, the education rooms, the Indigenous Learning Centre and Industries were not being utilised to full potential.

Students could pursue nationally endorsed and transferable qualifications through engagement with public and private service providers. Local education staff also delivered a range of literacy and numeracy courses.

Accredited art qualifications were part of the education and training program, supported by a qualified Arts Project Training Officer. It was positive to see this, given that art has almost disappeared from some other facilities. Art has been demonstrated as a means of engaging prisoners in education with the possibility of providing a pathway into other education and training, in preparation for employment.

In the twelve months to 30 June 2016 there were eight university students at Casuarina. At the time of the inspection there were also 16 enrolments in higher education through TAFE and registered training organisation Trainwest.

#### **Indigenous specific**

Two Aboriginal Education Workers (AEWs) support and deliver training to the indigenous prison population. An additional support person teaches Noongar language to groups of ten twice per week.

In addition, the Displaced Aboriginal Program (DAP) runs out of the Learning Centre at Casuarina. This Centre provides Aboriginal men with a place where they may feel comfortable with people from their own region and language. It is an excellent 'space' – a positive and safe environment with a focus on engaging with self-respect. Currently, however, literacy is the only educational unit offered. We encourage development of a balanced cultural, education and skill development program to enhance educational, employment, social and community opportunities for prisoners.

#### **Protection**

Protection prisoners, who are segregated from the mainstream prisoner population, were able to access education one half day per week. At the time of the inspection students were enrolled in an IT unit, and were happy to have the opportunity. They still expressed interest in a wider variety of more 'hands on' courses.

### **Remand prisoners**

Positively, the Education Centre had designed a suite of introductory and short courses for remand prisoners within 14 days of arrival at Casuarina. The Employment and Career Services Coordinator conducts an orientation with remand prisoners and offers them a 'remand suite'. This includes a basic 'Operate a Personal Computer' course and option to pay \$25 to do a First Aid certificate. Remandees had no opportunity to engage with more formal training, such as traineeships.

### **Traineeship numbers were low**

Despite the increase in prisoner numbers, the number of traineeships had not increased since 2013. The number of industries engaging traineeships needs to be reviewed and increased.

There were 29 traineeships across three industries – bakery, vegetable preparation and laundry, but none in other industries such as gardens, metal shop, and print shop. While the maximum security environment is challenging, all industries need to be encouraged to sign on trainees where possible. It is the key opportunity for industry skill development that may lead to an employment pathway on release.

One area for potential improvement was Vocational Support Officer (VSO) qualifications – they must be assessed and upgraded accordingly.

### **The Education Centre is too small**

The Education facilities are too small and restrictive.

Up to 52 prisoners were engaging with education each day, with the cap at 60. This is similar to the numbers at the previous inspection, even though the prison population has increased by some 50 per cent. The population has outgrown the Education Centre. In the twelve months to 30 June 2016, an average of 23 per cent of the prison population was accessing some form of education. Remand prisoners (who are only offered very basic short-term learning) make up half this number.

The education rooms are small and some can only fit eight prisoners. Some classrooms in the Learning Centre also appeared underutilised. No E-readers were available, which could assist with students being able to take them to cells for further study. There is also no activity over the 'school holiday' period in summer. As we have seen at other facilities, this closure is an obstacle for engaged students to continue with their studies either self-paced or face-to-face. It also detracted from the ability to run short 'taster' courses that traditionally encouraged those who were previously uncomfortable seeking out formal education.

### **Going forward**

Education staff were working well and were enthusiastic and creative in planning and delivering education to their cohort. Positively, a new Campus Manager was appointed in August 2016 following an extended period without a permanent appointment to the position.

A number of initiatives were planned at the time of the inspection to increase educational offerings and maximise opportunities. This included: i) reconfiguration of the education rooms to result in more classrooms; ii) sourcing a number of E-readers for certain prisoners; and iii) delivery of University and TAFE courses outside the ‘school-term’.

We hope the Campus Manager and her team are supported going forward, and progress on these areas should be monitored.

**Recommendation 13:**

Increase the capacity of the Education Centre, the number of traineeships, and the use of existing facilities.



*Figure 11: Gardens in the Education Centre at Casuarina Prison*

## 6.2 EMPLOYMENT

Prisoners should have access to a range of productive employment opportunities. Work should provide the opportunity for prisoners to spend their time constructively, and to acquire skills that will benefit them in the community (Standard Guidelines for Corrections in Australia, 2012, p. 33).

Unfortunately, there is a longstanding problem of unemployment and underemployment at Casuarina. Industry employment was designed for a much smaller population.

### **57 per cent of prisoners were unemployed or underemployed**

During the inspection, 57 per cent of the population (over 500 men) had no meaningful employment – 369 were ‘not working’ and 170 were ‘unit workers’ [TOMS data 21 October 2016].

The maximum employment capacity of industries was stated to be 280, but on Monday 31 October 2016 we were advised that only 170–180 were actually working in industries. Staff advised that every shop has a count which includes ‘reserve workers’ – they never work or get paid, but are listed on TOMS as employed. Hence, the actual numbers of unemployed or underemployed may be even worse.

### **VSO positions were vacant, many VSOs were not trained, and worksites were often closed**

Casuarina’s ability to fully use its prisoner employment opportunities was hindered by human resources difficulties.

Of the 48 allocated Vocational Support Officers (VSOs) positions, sixteen were vacant during the inspection period. Whole-of-government employment freezes in early 2016 had had an impact, and several VSOs were on less secure rolling contracts. Lack of VSOs resulted in non-essential industries being closed. That in turn reduced employment opportunities.

VSOs complained that they were frequently redeployed to cover for absent custodial officers. This affected operations and prisoner employment activity in ‘non-essential’ industries.

Training for VSOs had been neglected. Sixteen of the 32 VSOs had not completed their three-week basic training that should be done within six months of commencement. This is a security risk and requires immediate redress.

Improvement was also needed to information management systems and access to information about prisoner training. This was hindering the selection of appropriate prisoner workers because VSOs were not always aware of the training status or work experience of newly arrived workers.

We have made a specific recommendation above targeted at food safety and food handling, as this was an area of particular risk. We were also advised that the newly appointed Employment Coordinator planned to introduce more structured assessment and basic training for new prisoners as part of orientation, aiming to reduce risk from poor communication.

### **Investment is needed in industries and employment**

In 2010 and again in 2013, we recommended that the Department ensure all eligible prisoners are offered full-time, meaningful employment or skill development (OICS, 2014, pp. 54–57). The Department supported these recommendations in principle, and in 2013 recognised that existing workshops needed to be doubled in order to provide adequate infrastructure for the prisoner population.



*Figure 12: The industries area*

The problems have not been addressed. In fact they have become worse as the Department has tried to manage reducing budgets and the population has increased.

The total industries budget had been cut from the \$3.7 million spent in 2015–2016, to \$3.14 million allocated in 2016–2017. And yet the population increased by 20 per cent during 2015–2016.

Casuarina faces major risks in managing crowding and idleness. The Department and the government need to recognise this and to provide sufficient resources.

**Recommendation 14:**

Increase the amount of meaningful employment and training for prisoners.

# Chapter 7

## SENTENCE MANAGEMENT, REHABILITATIVE PROGRAMS AND PREPARATION FOR RELEASE

### 7.1 SENTENCE PLANNING

Sentence management processes are designed to plan for prisoners' progress through their sentences towards successful reintegration. The first stage involves various assessments and the development of an Individual Management Plan (IMP). Only prisoners serving an effective sentence of six months or more qualify for an IMP.

Traditionally, and in theory, a remand prisoner will be housed at Hakea Prison until sentenced. The Hakea assessment centre is responsible for writing IMPs for all male prisoners in the Perth metropolitan area. Ideally, following sentencing, the prisoner should be interviewed by assessment staff at Hakea who will complete the initial IMP before the prisoner is transferred to another prison to serve his sentence.

#### **Large numbers of prisoners are moved to Casuarina without an Individual Management Plan**

The IMP is the key sentence planning document that sets out a prisoner's security classification, prison placement, education and training needs, and program requirements. Severe population pressures at Hakea had resulted in sentenced prisoners being sent to Casuarina before their IMPs were complete.

At the time of the inspection, about 200 sentenced prisoners had outstanding IMPs, a third of the sentenced prisoner population.

This astonishing backlog has a significant effect on both individual prisoners and the system:

- prisoners without an IMP are in limbo, unable to start addressing their rehabilitative treatment needs
- this may well lead to their parole being delayed or denied, thereby increasing system overcrowding
- prisoners who might be suitable for transfer to a lower security prison are stuck waiting at an overcrowded maximum security facility

By the time of the 2016 inspection, some staff from the Hakea assessment centre were, in effect, working out of Casuarina permanently because of the size of the remand population.

It is clear that the system is simply unable to manage the workload created by the rapid growth in the statewide population, despite best efforts of all involved. The Department needs to ensure that IMPs are completed in a timely manner and must provide the resources to allow this to happen.

#### **Recommendation 15:**

Ensure that initial IMP assessments are completed within 28 days.

#### **The sentence planning team was functioning well**

The sentence planning team at Casuarina were in control of their workload. Although the total population had increased, the number of sentenced prisoners was roughly the same as it was in 2013. In fact they had taken on some of Hakea's workload to alleviate

pressure, carrying out Management and Placement (MAP) checklists for prisoners with a sentence of six months or less.

The 2013 inspection found that assessment writers had been regularly redeployed because of staff shortages within the prison. This had created a sizeable backlog of IMP reviews (OICS, 2014, p. 52). Positively, at the time of the 2016 inspection, redeployment of assessment writers was avoided where possible, and the backlog was almost entirely eliminated. Local management recognised that keeping sentence planning up to date was crucial to maintain the flow of prisoners through (and out of) the system.

#### **The number of releases on bail had increased**

The remand population had increased turnover in the Casuarina population, and resulted in a far greater number of releases on bail.

In the 12 months prior to the 2013 inspection, Casuarina had released 106 remandees on bail. In the 12 months leading up to the 2016 inspection, it had released 271 remandees on bail. That is at least one every weekday, and almost triple the workload. This generates considerable work for the management team and Principal Officers.

The Department should consider resourcing a dedicated Bail Coordinator position appropriate for a remand prison, as at Hakea.

## **7.2 OFFENDER PROGRAMS**

### **Changes in prisoner population and profile had adversely affected programs**

One of the consequences of an increasingly overcrowded prison system has been the loss of flexibility to move prisoners between facilities. This has presented serious challenges to program delivery throughout the state, as it has become more difficult to find eligible and available prisoners at the right prisons at the right times.

At Casuarina, the higher proportion of remand prisoners and the backlog in assessments also contributed to the shrinking pool of prisoners available for program participation.

The offender treatment programs at Casuarina aimed to address addictions offending (Pathways), violent offending (Violent Offender Treatment Program (VOTP), Stopping Family Violence and Not Our Way), general offending (Medium Intensity Program), and cognitive skills (Think First).

The majority of programs were managed by the South Metropolitan Programs Hub. This team of were based in a building at the front of the prison, and also delivered programs to Karnet Prison Farm and community corrections in the southern metropolitan region. The Aboriginal Alcohol and Drug Service was also contracted to deliver the Pathways program. Think First, along with the Cognitive Brief Intervention (CBI) program, were delivered by two specially trained prison officers.

Despite the increase in prisoner numbers, it had become increasingly challenging to find enough participants to fill the scheduled programs. Of around 950 prisoners at Casuarina, about 400 were on remand and not eligible for programs. The backlog in IMPs meant that about 200 sentenced prisoners had not yet been assessed for program needs. This left



only 350 prisoners available to participate. Some may require multiple programs; others may require none at all, or be unsuitable for the programs offered.

In the past, the Department has booked prisoners into future programs at particular prisons, and simply transferred the prisoner into that prison at the appropriate time to take part in the program. However, at the time of the 2016 inspection, severe population pressures throughout the prison system meant that transferring prisoners was extremely difficult because there was no bed space. Instead, programs had to draw on the existing pool of prisoners at Casuarina.

Several programs in 2015 and 2016 had been cancelled because of low participant numbers, and several more were under threat of cancellation at the time of the inspection.

It may seem logical to deliver whatever programs are needed by the population in the prison at the time. However, in reality, this approach removes any ability to plan ahead, with consequent impact on workforce management. It is impossible to predict which individual prisoners will be in a prison at a future date, meaning it is impossible to predict future demand.

It was not clear how the Department intended to manage this emerging challenge. If it is not managed, it will further reduce the prospects of prisoners getting parole and will therefore increase prisoner numbers. It will also impact prisoner rehabilitation.

#### **There are few robust evaluations of program relevance and effectiveness**

Many programs, particularly the more intensive programs such as Pathways and VOTP, require high levels of literacy, conceptual understanding or engagement with advanced cognitive behavioural therapy. For a significant proportion of the prisoner population, it is not realistic to expect successful participation in such programs.

With this in mind, it was significant that demand for the cognitive skills program, Think First, had dropped in the previous 12 months. In the previous quarter, the Think First program had been cancelled because of low participant numbers. Instead, the prison ran five CBI courses, which prisoners sign up to voluntarily (including remand prisoners).

We have previously examined cognitive skills programs in detail, and expressed support for their multiple benefits within a prison environment (OICS, 2004). Importantly, we found that the success of cognitive skills programs should not be based purely on impact on reoffending, but should also take into account positive impacts on behaviour and coping skills in prison, and value as a preparatory or foundation program for other more intensive treatment programs.

Since the 2013 inspection, the Department had introduced a new assessment tool known as Level of Service/Risk, Needs, Responsivity (LS/RNR). The LS/RNR was more detailed and regarded as a more accurate tool.

However, there is still an absence of evaluation of outcomes. Without evaluative data, there is no way of knowing how effective any of the programs are for prisoners in Western Australia. This remains a major shortfall (OICS, 2014 A, pp. 29-32).

**Recommendation 16:**

Review the assessment process, delivery and effectiveness of therapeutic programs to prisoners.

**7.3 PREPARATION FOR RELEASE**

**Transitional services were under resourced**

The Transitional Manager was still the sole resource at Casuarina dedicated to preparing prisoners for release and reintegration into the community. The previous inspection found this too low when compared to smaller prisons around the state (OICS, 2014, p. 63). Since then the Casuarina population has increased by 50 per cent, with no increase in resources for transitional services.

This reflects a key finding from a report published by this Office in 2016 on transitional services in WA. It found that the resourcing of transitional services at each prison bears no relationship with the number of prisoners requiring such assistance (OICS, 2016 B, p. 41).

The Transitional Manager was largely office bound because of the heavy administrative workload. Tasks such as applications for fine conversion, Medicare, driver's licences and birth certificates took up most of her time. The number of prisoners seeking assistance in placement in residential rehabilitation centres had also increased, which was resource-intensive.

This meant that the Transitional Manager had limited opportunities to actively promote and advertise services around the prison. Most of the interaction with prisoners was undertaken by four prisoner clerks who worked for her. In any event, she had no capacity to deliver services to more clients.

There was little doubt that many prisoners were missing out on valuable transitional services because of under resourcing. Additional administrative support would allow the Transitional Manager to develop relationships with community service providers and bring more services into the prison.

**Recommendation 17:**

Increase transitional management resources.

**There were multiple barriers to delivery of voluntary programs**

Casuarina offered very few voluntary programs, and very few prisoners were able to access them.

Voluntary programs are available to supplement criminogenic treatment programs delivered by the Department. They are mainly delivered by community service providers. They can be quite diverse and extremely valuable in assisting prisoners. Examples include basic life skills, parenting skills, drug and alcohol education, and restorative justice and victim empathy (OICS, 2016 B, p. 15).

The voluntary programs offered at Casuarina were disappointingly limited. Only two programs were running: a life skills program delivered by Outcare and a drug and alcohol course delivered by the Department's Prison Addiction Services Team (PAST). Alcoholics Anonymous meetings were taking place, coordinated by the prison chaplaincy, but Narcotics Anonymous meetings were not.

At the time of the 2016 inspection, the contract for provision of re-entry services was out to tender. Head office had directed local prison staff not to engage any additional therapeutic programs until this process was finalised, meaning Casuarina had limited capacity to expand its suite of voluntary programs.

The tender process was not expected to be complete until 2017 and at the time of writing (mid-April 2017), the new contracts are still not in place. As a result, Casuarina had been unable to take up several potential new programs from different community service providers (OICS, 2016 B).

There were a number of other barriers to successful program provision within Casuarina:

- there was no budget for voluntary programs, so any programs had to come at zero cost
- room space was so limited that the few programs on offer were restricted to one or two days per week
- for security reasons, the prison had capped the number of prisoners in any voluntary program at eight. With only two programs actually running, this meant at best 16 prisoners from a total population of 950 were engaged for one or two days per week
- the fluidity of the prisoner population presented a further challenge. For example, a life skills program that started with eight participants was down to only two a week later because the others had been transferred to different prisons

For many prisoners, the content in voluntary programs can be extremely valuable. At worst, they represent a constructive way to spend time in prison.

It is particularly important for voluntary programs to be available as an option for remand prisoners (who do not have any mandated program requirements), prisoners with short sentences (who often have no mandated program requirements), and prisoners who are unable to secure a place on a mandated program.

**Recommendation 18:**

Increase the range, scope and availability of voluntary programs.

# Chapter 8

## CUSTODY AND SECURITY

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### 8.1 CUSTODIAL INFRASTRUCTURE

#### **There are too many prisoners for the available facilities**

We described earlier in this report that accommodation units were full, and that Casuarina was operating at 190 per cent of design capacity in 2016, achieved primarily by double bunking. While prison accommodation units were essentially sound, almost every available bed in the prison was occupied. This restricted movement of prisoners within the prison, which in turn hampered options for managing prisoners.

More and more prisoners require special regimes, such as remand prisoners, aged and infirm prisoners, and those with mental health issues or disabilities. The prison struggles to provide appropriate services to these groups.

Services have not expanded with the population increase:

- the limitations of visits, kitchen and medical centre have been mentioned earlier
- industries are too small to employ a satisfactory number of prisoners
- there are storage and work space issues in reception
- the punishment wing (MPU) is too small for the population, and sometimes prosecution hearings are postponed simply because the MPU is full

In short, there are too many prisoners for the available facilities. This carries inherent risks to security and to the safety of staff and prisoners (OICS, 2016).



*Figure 13: Open spaces and gardens are an important feature*

### **Surroundings and external recreation areas are a vital pressure valve**

The semi campus style layout of the prison with open spaces and gardens projects a calming environment for prisoners. The importance of this should never be underestimated, particularly if further expansions are considered.

Likewise, the mainstream units benefited from outdoor areas for walking, personal exercise, basketball, tennis and other recreation. In an environment where men are locked down in a cell for more than 12 hours a day, this was crucial infrastructure with a positive influence on behaviour. It also helped allay the boredom of not enough work, education, programs and other activities.

### **Positive and negative results for security systems**

A new ‘energised fence’ on the exterior of the perimeter fence was commissioned one month before the inspection. This was the only major upgrade of security systems since the last inspection.

Existing security systems are aged and prone to false alarms. Officers in the control room were dealing with too many false alarms (over 100 each day). While there were no signs of complacency, this was a risk. Also, there were too few cameras with limited recording ability.

A review of the entire system and an upgrade to digital technology would improve safety and security throughout the prison.

## **8.2 RELATIONAL SECURITY**

Positive relations between staff and prisoners help lift the mood in a prison. This can also help staff to glean security intelligence from prisoners.

### **Crowding has adversely affected relational security and incentives for prisoners**

Much of the energy of custodial staff is directed toward placement of prisoners both within Casuarina and to other prisons. While it is more challenging to establish and build relationships with short stay and remand prisoners in particular, the importance of regular interaction cannot be ignored.

Security staff felt they still received a good flow of information and intelligence from officers and prisoners, but some areas could improve. Unit meetings, for example, did not appear to be occurring regularly, and when they did occur it was with a very small number of prisoners selected by staff. Time needs to be set aside to hear from a wider cross-section of prisoners about issues that affect the unit as a whole.

Crowding and bunking cells reduced the ability to reward good behaviour. A traditional hierarchical structure requires flexibility for appropriate movements within the prison. Even the self-care unit, an earned privilege unit where prisoners can cook for themselves, and where many have single cells, was under consideration for double-bunking at the time of the inspection (because of the desperate need for bed space). Self-care is a key behavioural incentive and it needs to be protected and maintained.

### 8.3 PROCEDURAL SECURITY

#### **Some aspects of procedural security need improvement**

Staff work in the gatehouse on rotation through the prison. During the inspection we observed professional, courteous and respectful treatment of our team as well as other visitors by the gate staff.

Searching of departmental staff and vehicles (as opposed to external parties) revealed some complacency. Staff were not properly searching other staff or Department vehicles (carrying goods in and out of the prison). This is not necessarily unique to Casuarina. We encourage the Department to explore available training to provide optimal service in gatehouses across all WA prisons.

Security staffing levels have not increased in proportion to population levels. They are stretched but maintain interest and commitment to making a difference. Things can fall between the cracks with such a large prisoner population. In addition to staff searches at the gatehouse, some tightening of security practices in reception is needed as well as information security in the legal library.

#### **Fighting an uphill battle against drugs**

Casuarina's Drug Management Strategy of 18 September 2014 covers supply reduction, reduction in demand and reduction in harm. Its aims are set out as follows:

- to provide staff with the knowledge and tools to manage all aspects of drug activity and use within a custodial setting guided by evidence based best practice
- to provide training for staff in drug related issues
- to provide prisoners with the information and linkages on assistance and programs in the community to help them lead a healthier drug free and crime free life
- to control the entry of drugs into prison using both static and dynamic security
- to provide linkages to other strategies such as the dangers associated with drug use, these include but are not limited to: communicable diseases, anti-bullying, suicide and self-harm

Resources however, are primarily directed towards reducing supply, and there is no evidence of any reduction in drug usage in prisons. The strategy cannot deliver results without appropriate emphasis on demand and harm.

New ideas may be warranted in terms of diversionary practices or referrals for prisoners returning positive drug samples.

As discussed in the previous chapter, voluntary programs are limited, and remand prisoners are not eligible for programs such as Pathways. Prisoners are a captive audience, and the community also benefits if prisoners' drug use issues are addressed before re-entering the community.

#### 8.4 HIGH-SECURITY MANAGEMENT REGIMES

Casuarina has a Special Handling Unit (SHU) for intensive, high security supervision of dangerous and disruptive offenders in Western Australia. And its Special Purpose Unit (SPU) provides a regime for offenders deemed to require special protection that cannot be managed within a standard protection regime. The Multi Purpose Unit (MPU) and parts of Unit 1 are also used for various punishment regimes.

However, there is limited space to house and manage the differing regimes with the increased population. This presents a daily challenge for Casuarina management.

The SHU is for those prisoners that pose a serious threat to the security and good order of the prison and, as such, are particularly difficult to manage. It is a high pressure environment for staff and extremely controlled environment for prisoners.

Overall, the rules and practices laid down in relevant local orders were being followed and carried out well.

However, it would be timely for the Department to review the operation of the SHU to ensure that it has the best possible criteria and processes for admission and exit.

Two specific areas also need attention. They may only be questions of record keeping but could also be failure to follow procedure under Casuarina Local Order 9 which sets out rules and practices for the safety of staff and prisoners.

- no SHU prisoners are to remain in the same cell for more than 28 days, but TOMS records show some prisoners staying in the same cell for considerably longer
- TOMS records are not reflecting the number of searches required by Local Order 9 of different areas of the SHU.

Compliance with process and record keeping in this environment must be improved.

#### 8.5 TRANSPORT AND MEDICAL ESCORTS

##### **Medical escorts compromise safety, security and staffing levels.**

Providing supervision for prisoners during hospital admissions was also a challenge for Casuarina. When prisoners from other prisons were admitted to hospital in Perth they were being added automatically to Casuarina's population count, meaning they became responsible for supplying custodial staff to supervise them in hospital. On one day during the inspection, there were four prisoners at hospital, each requiring at least two staff, and only one of those prisoners was originally from Casuarina.

In addition, some Casuarina prisoners leave the prison regularly for specific treatment. Under the Court Security and Custodial Services contract (CSCS contract), the contractor is required to cover a specified number of hospital sits per day. However, the CSCS contract is not providing an adequate level of service to meet the operational needs of the prisons, and this has regularly left Casuarina short-staffed to supervise the treatment (OICS, 2014, pp. 20-21).

## CUSTODY AND SECURITY

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The CSCS contract transitioned to a new contractor in March 2017. This presented an opportunity for the Department to increase the services provided. Unfortunately, this was not done and the service to prisons will remain fundamentally unchanged.

The number of staff taken from prison to provide medical escorts compromises security and safety. On nightshift in particular, when numbers are already reduced, staffing levels were depleted to unacceptable levels. Staff reported that on occasions during nightshift, numbers were so low they would be breaching their own guidelines to open a cell door if needed. This was raised with the prison administration.



# Chapter 9

## STAFFING, BUDGET AND MANAGEMENT

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### 9.1 BUDGET AND STAFFING

#### **Casuarina has too little budget and is running on overtime and restricted regimes**

During the inspection, Casuarina was operating with a uniformed full-time equivalent staffing level (FTE) of 384, based on a daily average population of 840. The ‘840 agreement’, adopted in 2015, was soon outdated, as Casuarina’s population has been routinely above 900 since May 2016.

This staffing allowance meant that additional positions had to be filled on overtime, which routinely saw the prison operating with between 20–30 overtime positions per day. Unsurprisingly, Casuarina’s overtime bill for that financial year was \$7.7 million, double the state average.

Casuarina’s budget allocation was also based on a population of 840. In 2015–2016, actual expenditure totalled \$51.3 million, a significant overspend on the annual revised budget of \$46 million. In a tightened fiscal environment across all sectors of the Western Australian government, Casuarina’s revised budget was actually reduced to \$45.5 million. This was despite an increased population in 2016–2017, and the costs associated with that.

It was unrealistic to expect the prison to stay within this budget without dramatically limiting services for prisoners.

In the pre-inspection survey, 41 per cent of responding staff reported doing one or more overtime shifts per week. This was unchanged from the 2013 inspection, but almost double the state average (23%).

Running a prison with a heavy reliance on overtime comes at considerable cost to the prison and the Department. It is unsustainable and poor practice to run a high risk, high cost taxpayer funded facility this way.

Casuarina is faced with either exceeding its budget or reducing functions and limiting operations. It adapts its (non-essential) regime subject to staffing numbers. But repeatedly reducing activities such as access to the oval for recreation (a common complaint by prisoners), or extending hours where prisoners must remain in their wings or cells, breeds dissatisfaction and resentment in the population. It should be viewed not only from the prism of prisoner ‘welfare’ but rather as one of security – it only makes relational security between staff and prisoners more challenging.

There is a point at which budget reductions place staff and prisoners in an unsafe environment. It also undermines good rehabilitation outcomes. Casuarina staff know this very well. Respondents to the staff survey identified staff shortages as the worst thing about working at Casuarina. While we encountered relatively robust and positive morale during the inspection, some staff genuinely felt overwhelmed by the number of prisoners held in the units, with most cells double bunked.

Just prior to the inspection, Casuarina management and local delegates from the Western Australian Prison Officer Union (WAPOU) came to an in principle staffing agreement based on a population of 950. This increased uniformed staff, as well as new

administrative positions to support the Assistant Superintendent Special Units (ASSU) and Assistant Superintendent Operations (ASO). This was intended to take over a number of daily tasks, to allow the ASSU and ASO to take on a more innovative, strategic focus, which was lacking in the management team and would have proven beneficial.

At the time of writing however, local members had voted down the agreement in the hopes of obtaining more staff, and it was not guaranteed that the population would remain at or below 950.

## 9.2 MANAGEMENT AND HUMAN RESOURCES

### **Casuarina had a strong and relatively stable management team**

The management team at Casuarina presented as unified and experienced. They were mutually respectful and presented very much as ‘a team’. A major change in personnel occurred shortly prior to the inspection, with the departure of the longstanding Superintendent to another facility. The transition to the new Superintendent appeared to be smooth, which was a credit to all. It was positive to observe a mutually supportive senior management group in such a high-risk facility.

### **Staff were under pressure but unified**

The officers at Casuarina presented as a cohesive, mutually supportive group with positive relations with other staffing groups. We did not encounter much negativity toward local management, and there were many more applications to transfer into Casuarina than to transfer out.

However, Casuarina officers consistently raised a number of negative factors, including:

- public statements by the Minister for Corrective Services
- a perceived lack of operational experience at head office
- difficulties in implementing new policies at an operational level
- belief that officers would not be supported by the Minister and/or Department if they made an honest and reasonable mistake at work

We have certainly heard from local and departmental leadership that their approach is primarily to learn from honest and reasonable mistakes rather than punish them. We also note the recent creation of two new positions within Head Office administration: ‘Superintendent Administration Custodial Operations’ and ‘Superintendent Administration Custodial Practice’, which have been filled by staff with significant experience in prison management.

Management and leaders often lead change, and sometimes make unpopular decisions. It is not for us to resolve the above issues but they need to be addressed by local and head office management.

**Changes in human resources had caused some tension**

At the time of the inspection, Casuarina had been undergoing a cultural change in the human resources area. A number of changes to long-held practice had challenged the status quo and created some tension and resentment.

The Department has for some years been sharpening its accountability procedures. While this may have proven disruptive or even challenging, changes which ensure the accountability of the Department and protect the public purse are vital.

In our view, the issues raised during the inspection were entirely surmountable, with goodwill and productive communication on all sides.

One change, for example, concerned how overtime was allocated, and by whom. It undid a practice that had been in place for more than twenty years, and this unsettled long-serving staff members. While teething problems had occurred, and goodwill and communication were required to avoid conflicts, the process is now being managed in a more transparent, accountable and appropriate way.

**There were few women in senior positions and few Aboriginal staff**

Representation of women in senior levels, and Aboriginal staff generally, was too low. Opportunities for improvement in both need to be identified.

**Staff surveys suggest a significant level of bullying**

We were also concerned with the level of staff on staff bullying reported in our pre-inspection survey. Seventy per cent of staff reported that it sometimes happened, and 20 per cent reported often.

We were not able to correlate specifics in the course of our inspection, and we did not receive information on anti-bullying processes that we had requested. It is a worryingly high perception and something that should be tackled.

# Appendix 1

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## Appendix 2

### ACRONYMS

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AEW	Aboriginal Education Worker
AVS	Aboriginal Visitors Scheme
ARMS	At Risk Management System
CBI	Cognitive Brief Intervention
CCU	Crisis Care Unit
CSCS	Court Security and Custodial Services
DAP	Displaced Aboriginal Program
FTE	Full-time Equivalent
GP	General Practitioner
HR	Human Resources
IMP	Individual Management Plan
MAP	Management and Placement checklist
MPU	Multi Purpose Unit
OHS	Occupational Health and Safety
OICS	Office of the Inspector of Custodial Services
PAST	Prison Addiction Services Team
PCS	Prison Counselling Service
PRAG	Prisoner Risk Assessment Group
PSO	Prison Support Officer
SAMS	Support and Monitoring System
SHU	Special Handling Unit
SOP	Sex Offender Program
SPS	Specialist Psychological Services
SPU	Special Purpose Unit
TAFE	Technical and Further Education
TOMS	Total Offender Management Solution
VOTP	Violent Offender Treatment Program
VSO	Vocational Support Officer
WA	Western Australia
WAPOU	Western Australian Prison Officer's Union

# Appendix 3

## RESPONSE TO RECOMMENDATIONS

Recommendation	DCS Response & Level of Acceptance
<p>1. Determine Casuarina's future roles and resource it to fulfil those functions.</p>	<p><b>Supported</b></p> <p>Adult Custodial Operations has established a Network Design project, the objectives of which are to:</p> <ul style="list-style-type: none"> <li>• establish an operating philosophy and purpose for each of the State's operated prisons;</li> <li>• optimise operations and use of the resources across the prisons' estate; and</li> <li>• deliver prison services in a coordinated way that provides the best management for prisoners in our care, facilitates their rehabilitation and prepares them for release</li> </ul> <p>An outcome of the project is clearly defined operating philosophy, role and functions for each of the prisons with supporting infrastructure and resourcing requirements identified.</p> <p>Work has commenced on Casuarina Prison with a review date of July 2017.</p>
<p>2. Improve the timeliness of health screening of new prisoners and eliminate the backlog.</p>	<p><b>Supported</b></p> <p>Casuarina has a low number of direct admissions; most are transferred from other admitting prisons.</p> <p>One of the Key Performance Indicators (KPIs) reported monthly by Health Services is the number of adult prisoners who have received a comprehensive health assessment completed by a medical officer (clinical nurse) within 24 hours of admission.</p> <p>In January 2017, 99% of adult prisoners had a health assessment (AMR1012) completed on admission. During the health assessment process if a prisoner is identified as being in need of urgent review by a GP they are referred immediately. If urgent referral is not required at the time of admission and the prisoner is transferred to Casuarina, this information is captured in the transfer process.</p> <p>The AMR1012 health assessment admission form provides a timeframe in which patients should be seen If urgent referral is not required. Health Services are currently reviewing the AMR1012 form to ensure alignment with 'community equivalence'. This will include the introduction of a triage system based on equivalent community standards and would remove the routine referral of healthy prisoners to see a GP, resulting in reduced wait time for non-urgent GP appointments.</p> <p>To address the issues related to pathology backlog a new pathology clinic was introduced in July 2016. The wait times have now reduced to more acceptable levels. DCS Health Services are reviewing clinical standards and working towards eliminating any unnecessary pathology testing.</p>

## RESPONSE TO RECOMMENDATIONS

Recommendation	DCS Response & Level of Acceptance
<p>3. Upgrade the health centre taking account of the determined future role of the prison.</p>	<p><b>Supported in Principle</b></p> <p>As part of the Network Design project (refer recommendation one above), supporting infrastructure and resourcing requirements will be assessed in line with the defined role and function of each prison and budget submission developed accordingly.</p>
<p>4. Increase the staffing at the health centre to meet current and future need.</p>	<p><b>Supported</b></p> <p>An additional Senior Registered Nurse (SRN) Level 1 staff member has been appointed at Casuarina to meet the increase in muster.</p> <p>DCS are planning a review of the model of primary health care currently provided to ensure resources are aligned to community equivalent standards and the prison population.</p>
<p>5. Evaluate current and future demand for specialist infirmary services across the prison system and invest as necessary in the Casuarina infirmary.</p>	<p><b>Supported in Principle</b></p> <p>The Department commenced a working group in relation to the expansion of beds and facilities in Casuarina in February 2017.</p> <p>Health Services are part of this group looking at Infirmary needs into the future. Any expansions to the Casuarina infirmary will require additional funding and therefore subject to approval of the required funding.</p> <p>Benchmarking against other jurisdictions is currently underway. Justice Health Victoria recommends modelling of 1 per 96 in the prison population for secondary support beds (infirmary beds). If applied to Western Australia, based on current prison population, there is a need for:</p> <ul style="list-style-type: none"> <li>• 63 male infirmary beds</li> <li>• 8 female infirmary beds</li> </ul>
<p>6. Review arrangements for end of life care in the prison system.</p>	<p><b>Supported</b></p> <p>Casuarina health staff work in partnership with Metropolitan Palliative Care Consultancy (MPaCCS) who assess patient's in the infirmary and together with staff implement a care plan based on end of life and current best practice. Where possible, patients are sent to the Bethesda Hospice for end of life care.</p> <p>The implementation of Advanced Health Directives (AHD) in Correctional facilities is being progressed by the Department. Changes are required to Section 3.1.3 of Policy Directive (PD) 30 – Death of a Prisoner – Procedures which states: “The discovering Officer(s) must commence resuscitation and where qualified, administer first aid as necessary. Resuscitation and/or first aid should be the standard practice in all cases.” This policy is inconsistent with common law and the Guardianship and Administration Act 1990 that “A prisoner’s common law and statutory rights to refuse medical treatment are not removed by reason of his or her incarceration.”</p> <p>Request for changes to PD30 has been made and will be progressed as part of the Policy Review Program.</p>



## RESPONSE TO RECOMMENDATIONS

Recommendation	DCS Response & Level of Acceptance
7. Improve prisoner access to counselling services for trauma and distress.	<p><b>Supported</b></p> <p>Prison Counselling Service (PCS) at Casuarina is comprised of 1 Team Leader / Clinical Supervisor and 6 Prison Counsellors of which 2.4 positions are currently vacant. The recruitment process is due to be finalised which will result in PCS Casuarina having a full complement of staff by June 2017.</p> <p>Specialist Psychological Service (SPS) was established in 2013 and has 5.4 FTE providing psychological assessment and intervention services to metropolitan prisons. Whilst the focus of this service is rehabilitative, since PCS reduced to a restricted service in August 2016 – SPS has received 66 referrals for services, 63 of which have related to:</p> <ul style="list-style-type: none"> <li>• assisting the prison in managing prisoners who present with complex needs, especially in relation to self-harm risk and behavioural difficulty; and</li> <li>• providing clinical interventions for prisoner experiencing a range of issues such as trauma, grief and loss, difficulty coping, chronic self-harm, depression and anxiety.</li> </ul> <p>Currently at Casuarina SPS has approximately 27 active cases. The majority of these referrals are for assessments to assist in the behavioural management of prisoners in specialty units (e.g. SHU) as well as individual interventions to address offending and offending paralleling behaviours, where group interventions are not suitable.</p> <p>As of July 2017 the staffing to SPS will increase to 6.8FTE across metropolitan public prisons. While not all of these resources are dedicated to Casuarina, the FTE is distributed according to demand, and it is considered that Casuarina Prison will be the main recipient of services from SPS in relation to psychological assessment and offender management.</p> <p>In summary, services provided to Adult Custodial and offenders in public metropolitan prisons are as below;</p> <p><u>Specialist Psychological Service</u></p> <ul style="list-style-type: none"> <li>• Psychological Assessment reports for a variety of stakeholders including R&amp;R; Adult Custodial; Courts             <ul style="list-style-type: none"> <li>- Behaviour / risk management</li> <li>- Treatment Assessment</li> <li>- Cognitive assessment</li> <li>- Prison placement (SHU)</li> <li>- DSO Div. 2 – Treatment &amp; Management Plan</li> <li>- Individual psychological interventions for:</li> </ul> </li> </ul>

## RESPONSE TO RECOMMENDATIONS

Recommendation	DCS Response & Level of Acceptance
	<ul style="list-style-type: none"><li>- Treatment readiness</li><li>- Complex behaviour issues</li><li>- Re-socialisation</li></ul> <ul style="list-style-type: none"><li>• Consultation – risk management</li></ul> <p data-bbox="496 707 815 741"><u>Prison Counselling Service</u></p> <ul style="list-style-type: none"><li>• Risk assessment / intervention at acute risk of suicide or self-harm and managed on ARMS</li><li>• Assessment / interventions for prisoners presenting as vulnerable within the prison system and managed on SAMS</li><li>• Psychological interventions for prisoners demonstrating difficulty adjusting to prison or are in crisis, and are suitable for brief targeted interventions</li><li>• Consultation – risk management</li></ul> <p data-bbox="496 1077 1342 1178">When SPS commenced assisting PCS with ongoing counselling a number of strategies were taken to ensure awareness of the changes and how to refer to SPS:</p> <ul style="list-style-type: none"><li>• Email to Superintendent and Deputy Superintendent Safer Custody to notify change</li><li>• Ongoing consultation with DS Safer Custody regarding the appropriate services and communicating to prison staff how to refer</li><li>• Ongoing individual consultation with stakeholders at the prison to step them through the referral process when they had queries</li><li>• Attendance at joint case conferences with health Services to explain the SPS services and how to refer – as well as to consult on shared clients</li><li>• Ongoing consultation with Psychiatrist at Casuarina</li><li>• Ongoing consultation with Mental Health staff at Casuarina</li><li>• Attendance at PRAG/SAMS to discuss SPS services as well as consult on shared clients.</li></ul>

## RESPONSE TO RECOMMENDATIONS

Recommendation	DCS Response & Level of Acceptance
8. Install more telephones in the units.	<p><b>Supported</b></p> <p>Additional Telephones have been installed into the bigger units to cope with the increased muster. Units 13/14 have an additional 4 phones per unit installed with four per landing and outside phone per unit.</p> <p>Units across the site have a minimum of 5 phones per unit. All other additions will be based on expected demand and acted upon based on available lines and funding.</p>
9. Improve the operation of the canteen.	<p><b>Supported</b></p> <p>Under the new 2017 staffing agreement an additional .5 FTE has been approved to continue the improvements already in place in the canteen. With the .5 FTE this will ensure the canteen will operate with 2 staff 5 days per week. Alternative options for canteen operations are also being explored.</p> <p>There has been a full review of the canteen operations and continual monitoring occurs. It is intended that the prisoners will be surveyed to ascertain if the canteen is meeting the demand of the clientele In relation to provision of supplies and where possible the stock will be altered to reflect the demand.</p>
10. Ensure equitable levels of constructive employment and gratuities for Aboriginal prisoners.	<p><b>Supported</b></p> <p>There has been a concerted effort to raise the level of indigenous employment with an increase to 165 prisoners out of the 277 prisoners currently employed (59%).</p> <p>Of the 46 traineeships in industries 10 have been taken up by indigenous prisoners (22%).</p> <p>The gratuities profile of these prisoners is discussed monthly at the industries meeting with every effort being made to maximise the level of participation.</p>

RESPONSE TO RECOMMENDATIONS

Recommendation	DCS Response & Level of Acceptance
<p>11. Develop a new kitchen, preferably as part of a hospitality industries training hub.</p>	<p><b>Supported in Principle</b></p> <p>The Department supports the Inspector’s findings that kitchen facilities at Casuarina require significant upgrade and agrees that beyond the direct benefits to the facility, indirect benefits exist to increase purposeful activities and training opportunities for prisoners.</p> <p>The Department gives in principle support to the recommendation on the basis that capital investment must be secured to implement this recommendation.</p> <p>The Department has made previous requests for investment to be made to the facilities at Casuarina; however, most small upgrades that have occurred have been secured through current budget appropriations. The Department is now working with Treasury on a project definition plan (PDP) for Casuarina, which includes an expansion of service capability, such as the kitchen. It is expected that the PDP will be used to consider future funding opportunities for Casuarina against other Infrastructure priorities that are focused on managing the prison estate effectively and efficiently.</p>
<p>12. Improve food handling training, record keeping and monitoring.</p>	<p><b>Supported</b></p> <p>All prisoners are made aware of the food handling standards during the orientation process and all prisoners employed within industries Kitchen or as Unit Cooks and Assistant Cooks are trained in the Food safe course. A detailed spreadsheet is kept as part of the recording of this process and is updated on a regular basis.</p>
<p>13. Increase the capacity of the Education Centre, the number of traineeships, and the use of existing facilities.</p>	<p><b>Supported</b></p> <p>Education Centre was built to house approximately 400 prisoners, however the prison holds close to a 1000 prisoners, therefore the infrastructure is not adequate.</p> <p>The following measures have been taken to increase and improve education and training:</p> <ul style="list-style-type: none"> <li>• Accesses another building (the Learning Centre) when available to run additional classes</li> <li>• Introduced external studies to allow prisoners to do their work in their cells, without attending the Education Centre</li> <li>• Piloting the use of a Dell notebook technology to pre-load university content</li> <li>• Appointed a Campus manager dedicated to providing vocational training, and linking with prison industries</li> </ul> <p>Traineeship numbers have increased since the Inspection. The Education and Vocational Training Unit (EVTU) is constantly engaged in exploring new ways to improve current services to prisoners.</p>

RESPONSE TO RECOMMENDATIONS

Recommendation	DCS Response & Level of Acceptance
14. Increase the amount of meaningful employment and training for prisoners.	<p><b>Supported</b></p> <p>Industries, education, learning centre are all close to full capacity with all employment options being fully utilised. Recruitment of additional VSO positions is underway and is expected to increase the capacity to employ more prisoners in industries.</p> <p>Additional employment opportunities have been created at unit level to involve a larger number of prisoners.</p>
15. Ensure that initial IMP assessments are completed within 28 days.	<p><b>Supported in Principle</b></p> <p>Due to high prisoner numbers, there is a backlog of IMP assessments. Offender programs has redirected resources to assist with catching up, however it is acknowledged that this process is not a long-term sustainable solution.</p> <p>The assessments system is currently being reviewed to streamline and make the process more effective.</p>
16. Review the assessment process, delivery and effectiveness of therapeutic programs to prisoners.	<p><b>Supported</b></p> <p>The assessments system and delivery of programs are currently being reviewed as follows:</p> <ul style="list-style-type: none"> <li>• Refining the treatment assessment process to identify the offenders primary needs, as well as implement screening tools as part of streamlining the process</li> <li>• Developing a set of scheduling principles to guide the case management of booking prisoners to treatment programs</li> <li>• Improving program scheduling in line with the prisoner’s EED, within a better coordinated case management approach, to maximise the opportunity for prisoners to address their treatment needs prior to their EED</li> <li>• Provide clinical supervision to all staff conducting treatment assessments</li> <li>• Reviewing the offender programs suite to ensure the appropriate programs are available to meet the needs of offenders.</li> </ul>
17. Increase transitional management resources.	<p><b>Supported</b></p> <p>There are currently not enough Transitional Managers to service the State and increasing the number would require additional funding.</p> <p>To address the issue, EVTU is operating a mixed model by combining the roles of Transitional Managers and Employment Coordinators. Transitional Services have introduced an Information Kiosk (ICT) where prisoners can directly access general information and forms, relieving pressure on prison staff.</p>

RESPONSE TO RECOMMENDATIONS

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Recommendation	DCS Response & Level of Acceptance
18. Increase the range, scope and availability of voluntary programs.	<p><b>Supported</b></p> <p>The Department has recently reviewed its Rehabilitation and Reintegration Service Delivery Model to streamline its services and improve outcomes for offenders.</p> <p>It is currently undergoing a procurement process to acquire new agreements with NGOs to improve the targeted delivery of services to meet individual needs, and these service agreements will be in place early in 2018.</p>

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## Appendix 4

### ASSESSMENT OF THE PROGRESS AGAINST THE PREVIOUS RECOMMENDATIONS

Recommendation No.	Recommendations	Assessment of the Department's Implementations				
		Poor	Less than acceptable	Acceptable	More than acceptable	Excellent
1.	Ensure low security prisoners are able to access appropriate regimes focused on supporting reintegration.		•			
2.	Provide sufficient staffing levels to cover all of the prison's internal and external duties, including industries, education staff training, medical escorts and additional hospital sits, without recourse to excessive overtime.		•			
3.	Improve staff retention and stability by: <ol style="list-style-type: none"> <li>i. Ensuring that Casuarina employees working in ongoing positions have stability and are not employed through continuing renewals of short term contracts; and</li> <li>ii. Providing attractive incentives and career pathways for early stage administration at Casuarina.</li> </ol>		•			
4.	The Performance Assessment Development System should be revised to ensure that: <ol style="list-style-type: none"> <li>i. it facilitates accurate assessment of performance; and</li> <li>ii. it identifies and provides appropriate employee training and development.</li> </ol>		•			
5.	Review the contract for prisoner transport and hospital sits to ensure that the level of demand is met for Casuarina and other Western Australian prisons.	•				
6.	Review the cameras, locations, recording abilities and vision with a view to upgrading existing cameras, providing new cameras to eliminate blind spots, and ensuring that cameras are auto recording.		•			
7.	Expand the kitchen or build a new kitchen with sufficient capacity to meet current and future prisoner population demand.	•				

ASSESSMENT OF THE PROGRESS AGAINST THE  
PREVIOUS RECOMMENDATIONS

Recommendation No.	Recommendations Report No. 88, <i>Report of an Announced Inspection of Casuarina Prison.</i>	Assessment of the Department's Implementations				
		Poor	Less than acceptable	Acceptable	More than acceptable	Excellent
8.	Ensure regular scheduled unit meetings are held and establish a representative prisoner forum similar to those run at Acacia, Albany and Bunbury prisons.	•				
9.	i. Develop a pilot scheme at Casuarina to facilitate improved communication between prison management and family members of prisoners; ii. Monitor and review the pilot scheme in order to assess the desirability of developing a system wide service when resources allow.		•			
10.	Provide an upgraded medical centre, sufficient to meet current and projected needs of the prisoner population.	•				
11.	i. Screening for literacy levels should be used to identify prisoners who will require assistance to medical services. ii. Develop a less complex referral process for medical appointments.	•				
12.	Conduct an assessment of current and future demand for specialist infirmary services across the prison system and invest as necessary in Casuarina and other prisons.	•				
13.	Government should provide additional statewide specialist mental health facilities, in both hospitals and prisons.	•				
14.	Develop a multidisciplinary model of care for mentally ill prisoners, building on the strong links between the Prison Counseling Service, medical staff and GP's.	•				
15.	In order to address the ongoing problems of unemployment and underemployment the Department should: i. ensure all eligible prisoners at Casuarina are offered meaningful employment and/or education and skill development activity; and ii. fund the prison's plans for increased industries, and increase the VSO staffing to ensure sufficient prisoner skill development and training.	•				



ASSESSMENT OF THE PROGRESS AGAINST THE  
PREVIOUS RECOMMENDATIONS

Recommendation No.	Recommendations	Assessment of the Department's Implementations				
		Poor	Less than acceptable	Acceptable	More than acceptable	Excellent
16.	Conduct an assessment of current and future demand for specialist assisted care facilities across the prison system and invest as necessary in Casuarina and other prisons.	•				
17.	Reinvigorate the PASC process with well-resourced management and support at the head office and prison levels.		•			
18.	Complete and implement a review of the obstacles to progression through security classifications for Aboriginal prisoners.	•				
19.	Provide the Learning Centre with a discrete budget with sufficient funding for Aboriginal programs.		•			
20.	Subject to appropriate assessment, Aboriginal prisoners from remote and regional communities should be accommodated together in dedicated accommodation.		•			
21.	Ensure the peer support team is representative of all cultural groups to ensure appropriate levels of assistance.			•		
22.	i. Ensure greater Aboriginal engagement with meaningful employment, training and cultural activity; and ii. Ensure the gratuities system achieves substantive equality for Aboriginal prisoners.	•				

## Appendix 5

### INSPECTION TEAM

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Neil Morgan	Inspector
Natalie Gibson	Director Operations
Lauren Netto	Principal Inspections and Research Officer
Susan Stuart	Inspections and Research Officer
Stephanie McFarlane	Inspections and Research Officer
Kieran Artelaris	Inspections and Research Officer
Jim Bryden	Inspections and Research Officer
Cliff Holdom	Inspections and Research Officer
Michelle Higgins	Inspections and Research Officer
Charles Staples	Inspections and Research Officer
Joseph Wallam	Community Liaison Officer
Sophie Davison	Expert Advisor, Consultant Psychiatrist
Grazia Pagano	Expert Advisor, Education and Training
Chris Richardson	Expert Advisor, Food Safety Auditor

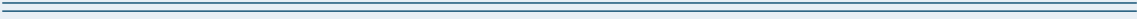
## Appendix 6

### KEY INSPECTION DATES

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Formal notification of announced inspection	27 June 2016
Pre-inspection community consultation	28 September 2016
Start of on-site phase	26 October 2016
Completion of on-site phase	4 November 2016
Inspection exit debrief	9 November 2016
Draft Report sent to the Department of Corrective Services	13 April 2017
Due date for return of report from DCS	16 May 2017
Draft report returned by DCS	17 May 2017
Declaration of Prepared Report	5 July 2017



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*Inspection of prisons, court custody centres, prescribed lock-ups,  
juvenile detention centres, and review of custodial services in Western Australia*



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