



OFFICE OF THE INSPECTOR  
OF CUSTODIAL SERVICES

2019 INSPECTION OF WANDOO  
REHABILITATION PRISON

130

MAY 2020

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accountable public sector*

## 2019 Inspection of Wandoo Rehabilitation Prison

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May 2020

ISSN 1445-3134 (Print)  
ISSN 2204-4140 (Electronic)

This report is available on the Office's website  
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# Inspector's Overview

## EARLY SUCCESS IS CREATING HOPE FOR THE RESIDENTS AND IT MUST BE SUSTAINED

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Wandoo Rehabilitation Prison is like no other we have seen in Western Australia. It is not for everyone, and this applies equally to staff and residents. It operates differently and presents many challenges. For those who go there and embrace the underpinning philosophy of the therapeutic community, the potential for changed thinking and rehabilitation is significant.

It took only 11 months from the time the Government first announced that Wandoo would become a drug and alcohol rehabilitation prison for women, until the first residents arrived at the end of July 2018. The establishment of Wandoo was not without many hurdles, but it is a remarkable achievement and a credit to all the individuals and organisations involved.

Even more remarkable is that Wandoo only came back into the public system in May 2018, and the contract for the therapeutic community was only formally awarded to Cyrenian House at the beginning of July 2018.

At the time of our inspection Wandoo had been operating for 15 months. During that time, they had received 459 applications for placement. Of these, 135 had been accepted and 50 had graduated from the program.

We did not undertake an evaluation of the modified therapeutic community operating at Wandoo, but it would be impossible to write about this inspection without some discussion of how it has been integrated into a medium security prison. Relatively speaking it is early days, but based on what we saw and heard, the integration has been successful. True success can only be measured by a sustained record of achievement. This will require some form of longitudinal tracking of the rehabilitation progress of the women who complete the program.

During this inspection, we talked to residents and staff from both Cyrenian House and Wandoo. With consent, we observed or participated in group therapy sessions and whole community meetings. Outside of the inspection we attended a number of graduation ceremonies. Overall, it is hard not to conclude that what is being achieved at Wandoo is impressive.

At the time of our inspection Wandoo had been drug free since opening. There is a comprehensive drug testing regime where residents are subjected to weekly random drug testing and breath analysis. There is also a comprehensive local search strategy, covering individuals, property and locations. This is supported by an active presence of the Department's Drug Detection Unit, including regular attendance of the drug detection dog.

When we spoke with residents about the drug testing regime, many welcomed the additional scrutiny and said that it gave them a sense of pride in their achievements, made them feel safe and held them to account as part of their rehabilitation journey. Key staff members felt that this was pivotal to the changes they had seen in the women.

## EARLY SUCCESS IS CREATING HOPE FOR THE RESIDENTS AND IT MUST BE SUSTAINED

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Rehabilitation from any form of addiction is not likely to be achieved by only completing a program, it requires sustained practice over the long term. The availability of ongoing support will be vital to maximise the success of the program at Wandoo. Many of the residents we spoke to were anxious about what the future held for them once they left Wandoo. They wanted to break out of the addiction cycle, but to do so they would need safe accommodation, ongoing counselling, support and employment. The Wandoo program alone cannot provide this, nor can Cyrenian House with their community programs. Sustaining the success we are seeing at Wandoo will require transition housing and support mechanisms for women once they are released back into the community.

Despite these uncertainties, many of the residents we spoke to talked about their hopes and dreams for the future, which in itself would not seem all that remarkable, but many also said that this was the first time in their lives they saw themselves with a future.

Wandoo must be supported and encouraged to sustain the early success we have seen so far.

### ACKNOWLEDGMENTS

I want to acknowledge the support and cooperation we received during this inspection from the Superintendent and staff at Wandoo, from the Manager and staff at Cyrenian House and from key personnel within the Department.

The residents at Wandoo also deserve special mention and thanks. They willingly shared their time and personal stories with us and this was invaluable to our work during the inspection.

I would also like to thank each of the members of the inspection team for their significant contribution to this inspection. I would particularly like to acknowledge Natasha Erlandson for all her hard work in planning this inspection and as principal drafter of this report.

**Eamon Ryan**  
**Inspector**

26 May 2020

## EXECUTIVE SUMMARY

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In 2017, the Western Australian Government announced that Wandoo Reintegration Facility, then operated privately as a reintegration facility for young men, would return to public hands on 1 May 2018. It was to be turned into a dedicated drug and alcohol rehabilitation prison for women as part of the Government's Methamphetamine Action Plan. Cyrenian House was subsequently awarded the contract to provide a Modified Therapeutic Community – Alcohol and Other Drugs Program. On 24 July 2018, the inaugural residents of Wandoo Rehabilitation Prison (Wandoo) arrived.

This was the first inspection of Wandoo, as a rehabilitation prison, conducted by the Office of the Inspector of Custodial Services. It took place over five days in November 2019.

We found an effective therapeutic community (TC) operating at Wandoo, despite the modifications required for the custodial context. Within the safe and drug free environment provided by a secure custodial facility, Cyrenian House clinicians produced the kinds of interactions that drive a TC, and delivered a range of therapies. The TC helped residents develop tools for better communication and self-regulation. The intensive program included three progressive stages, psycho-education and counselling.

A triage team fast-tracked assessments for Wandoo based on set eligibility criteria. By 30 October 2019, Wandoo had processed 459 applications, with 135 admitted to the program, and 50 successful graduations. Most expressions of interest came from women at Melaleuca Remand and Reintegration Facility. Women who had been at Bandyup Women's Prison for some time were reportedly less prepared to commit to Wandoo for various reasons. A handful of women came from regional prisons.

A Multi-Disciplinary Team (MDT) developed a Wandoo Therapeutic Community Plan for each resident. Case management was meaningful, client focused, multi-dimensional, and included thorough planning for release and relapse prevention. Residents spent half of each week day on therapeutic activities, the other half on work, study, health, and other productive commitments. Once a week, the whole TC attended a community meeting.

A good range of basic education and vocational courses were provided, but these took longer to complete because of the residents' busy schedule. Traineeships were not available and residents wanted more short courses likely to help them step into employment following their release. Work was integral to the TC model and well rewarded in the gratuity system.

The program took a minimum of 28 weeks, and residents had to progress through, and pass, all stages to successfully complete it. Four to five weeks was then needed for a completion report to be prepared for the Prisoners Review Board (PRB), including details of the resident's post-release plans. The women were not happy about the time taken for completion, and the triage team had had to refine its messaging to prospective applicants to better manage these expectations. Good post-release supports were available for women completing the TC program, but safe accommodation was lacking. Those transferring to Boronia Pre-release Centre for Women after graduating needed continued support to maintain a pro-social lifestyle.

## EXECUTIVE SUMMARY

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Wandoo had undergone major infrastructure and security upgrades to recommission it as a medium-security women's rehabilitation prison. The fit out was appropriate to the intensive rehabilitation program being run. However, ongoing maintenance and technical issues with the upgrades had created safety and security risks. Staff were also unhappy with the poor state of their amenities.

Reception and orientation worked well. The Reception Officer also worked as the Movements Officer and Court Video Link Officer, creating a risk for the prison should the Reception Officer be absent without an experienced replacement being found. Orientation was provided by the peer support team and a Cyrenian House appointed 'buddy'.

At the time of the inspection, Wandoo had been drug free since opening. There was a comprehensive and robust drug testing regime, which did not rely on harmful strip searching practices. This was complemented by a local search strategy. Due to staff shortages in the Department's Drug Detection Unit, a detection dog was not always available as agreed. However, this was expected to improve.

Keeping Wandoo drug free would be further assisted by improving prison intelligence. Interactions between custodial staff and residents, a cornerstone of dynamic security, were positive. But there were fewer opportunities for custodial staff and residents to interact because of the busy daily regime.

Wandoo had recorded relatively few incidents due to most situations being managed through the therapeutic program. This created some blurred lines for custodial staff in assessing whether resident behaviour required a therapeutic or disciplinary response. Guidelines and training may help give staff confidence about when to intervene. Wandoo also lacked designated multipurpose management cells, requiring a strategy for managing residents who need to be housed separately from the main population.

Wandoo residents had a comparatively high quality of life and felt safe from drugs and violence. They found the therapeutic community program challenging, but effective. Residents were supported by an Elder / AVS visitor, Prison Support Officer and peer support team. The Chaplain provided spiritual support.

Wandoo had an appropriately staffed health services team, a rare but welcome find in the prison setting. Health service staff were committed to the therapeutic community model and had an effective working relationship with Cyrenian House. Dental services were the only weak point, with residents being referred to the Bandyup dental service, which was unable to meet demand.

Residents were encouraged to reduce their reliance on non-essential prescription medication as part of their journey to becoming drug free. Improved information sharing between prison health services was needed to ensure residents did not take a backward step following transfer to other facilities. The mental health team worked to improve residents' awareness of mental health issues and how to manage these. The Aboriginal



## EXECUTIVE SUMMARY

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Mental Health Worker provided valuable guidance on cultural matters. But residents had limited time to engage with her due to the intensive program.

Accommodation was decent, although rooms were small having been designed originally for the youth detention centre. Clothing was of appropriate quality and residents could wash their own laundry regularly. Residents were happy with the food they were given and enjoyed working in the kitchen. Self-care residents valued the autonomy of cooking their own meals, despite the limitations of their small kitchen. The canteen was run efficiently, although the first town spends event had only occurred the week before our inspection.

Wandoo had plenty of visits sessions available, including Skype visits, and residents had the ability to book their own visits. There was a variety of active and passive recreational options, and Wandoo had launched the world's first 'Parkrun' for women in custody.

Wandoo had been impacted by instability in the senior management team since opening. At the time of our inspection, the final permanent appointment had been made, providing certainty and consistency for the prison moving forward. There had been significant progress in creating a unified Wandoo culture, however, staff/management dynamics had been adversely affected by the directive management style initially employed. Communication and relations between management and staff needed to be improved.

The Service Agreement between the Department and Cyrenian House was put in place for two years, with a one year extension option. The agreement was short, simple and broadly written. This ensured flexibility, but led to differing opinions about the level of service to be provided. Any future service agreement should include specific and measurable service deliverables.

In the absence of a dedicated training officer, the Principal Officer organised staff training as one of his many responsibilities. Training mainly covered mandatory requirements, with less than a third of staff trained in working in a therapeutic community. Positively, we were told at the time of the inspection that a Senior Officer Training position was being created. A Wandoo training strategy, which considers the needs of both custodial and non-custodial staff, will help equip staff with the skills they require to continue to support the success of the TC model.

## RECOMMENDATIONS

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### RECOMMENDATION 1

Establish supports at Boronia for graduates of the Wandoo therapeutic community.

### RECOMMENDATION 2

Provide adequate facilities for the welfare of Wandoo staff.

### RECOMMENDATION 3

Assess the effectiveness of an on-site Intelligence Collator that could be shared across facilities with similar need.

### RECOMMENDATION 4

Consider opportunities for custodial staff to be more involved in relevant aspects of the Wandoo therapeutic community.

### RECOMMENDATION 5

Develop a strategy for managing Wandoo residents that need to be housed separately from the main population.

### RECOMMENDATION 6

Establish regular information sharing opportunities between Wandoo health service staff and health service staff in other prisons to which Wandoo residents are being transferred.

### RECOMMENDATION 7

Develop opportunities for the Aboriginal Mental Health Worker to be more involved in relevant aspects of the Wandoo therapeutic community.

### RECOMMENDATION 8

Explore opportunities to improve dental services for Wandoo residents.

### RECOMMENDATION 9

Improve communication and relations between management and staff at Wandoo.

### RECOMMENDATION 10

Any future revision of the Wandoo Service Agreement should include specific and measurable performance indicators, while maintaining flexibility as to how outcomes are achieved.

### RECOMMENDATION 11

Develop a Wandoo staff training strategy, which includes training about the therapeutic community model of treatment.

## FACT PAGE

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### NAME OF FACILITY

Wandoo Rehabilitation Prison

### ROLE

Wandoo Rehabilitation Prison is Western Australia's first dedicated Alcohol and Other Drugs (AOD) rehabilitation prison for adult women. Cyrenian House provides a modified therapeutic community AOD program for Wandoo residents.

### LOCATION

Wandoo is located on Noongar land, in the suburb of Murdoch, 20 kilometres south of Perth.

### HISTORY

Wandoo was established in 2018 as part of the Western Australian Government's Methamphetamine Action Plan. The site previously accommodated a reintegration facility for young men, and before that, a youth detention centre. Cyrenian House, a WA AOD treatment service provider, was awarded the contract for Wandoo, and on 24 July 2018 the first residents arrived.

### CAPACITY

77

### NUMBERS OF PRISONERS HELD AT COMMENCEMENT OF INSPECTION

63

# Chapter 1

## INTRODUCTION

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### 1.1 CREATION OF A WOMEN'S REHABILITATION PRISON

#### Wandoo returned to public hands

On 27 August 2017, the Western Australian Government announced that Wandoo Reintegration Facility, then operated by Serco as a reintegration facility for young men, would come back into public hands on 1 May 2018. It was to be turned into a dedicated drug and alcohol rehabilitation prison for women as part of the Government's Methamphetamine Action Plan (MAP). It was acknowledged by Minister Fran Logan that: 'The State's overcrowded prison network is affecting the programs that can be delivered'. He continued:

Having a separate facility that can concentrate on those offenders with alcohol and drug problems, particularly meth, means we can begin getting to the root causes of someone's addiction... to stop this senseless cycle of drug and alcohol offending. (Media Statements, 2017)

At the time of the announcement, the Department of Justice (the Department) had not determined the operating model for the new facility. Nor was it able to assemble the requisite internal resources to develop and establish one in the necessary timeframe. But it had tendered in 2016 for rehabilitation and reintegration services. That tender was finalised in March 2018 and Cyrenian House was successful in gaining contracts for addictions services to prisoners and other offenders in metropolitan Perth. It had also offered to provide a Therapeutic Community (TC) including Moral Reconciliation Therapy (MRT) which was not taken up, but the Department later recognised this as the program most likely to meet the objectives of the MAP at Wandoo.

#### Therapeutic Community and Moral Reconciliation Therapy

The Australasian Therapeutic Communities Association (ATCA) describes TCs in the following terms:

A therapeutic community is a treatment facility in which the community itself, through self-help and mutual support, is the principal means for promoting personal change.

In a therapeutic community residents and staff participate in the management and operation of the community, contributing to a psychologically and physically safe learning environment where change can occur.

In a therapeutic community there is a focus on social, psychological and behavioural dimensions of substance use, with the use of the community to heal individuals emotionally, and support the development of behaviours, attitudes and values of healthy living. (ATCA, 2019)

MRT is a type of cognitive behavioural therapy which seeks to decrease reoffending by strengthening the individual's capacity for moral reasoning. MRT seeks to increase the level of moral reasoning beyond hedonistic, impulsive and egoist attitudes and behaviours, reinforcing positive self-identity, good habits, and behaviours towards others.

## INTRODUCTION

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### Cyrenian House awarded contract

Cyrenian House operates two long-established TCs in metropolitan Perth, Serenity Lodge, and the Rick Hammersley Centre. The latter has both a mixed-gender program, and one for mothers with young children. It recently developed a third TC in a country town specifically for Aboriginal clients. It also runs various non-residential services from its office in Northbridge, and partners with Next Step in running the North Metro Community Alcohol and Drug Service. It was using MRT as a program with its non-residential clients at Northbridge.

On 6 June 2018, the Department of Finance approved an exemption from the competitive requirements of the State Supply Commission's Open and Effective Competitions Policy on the basis that the market had already been adequately tested and that the proposed supplier was demonstrably capable of delivering the TC/MRT program it had offered. Cyrenian House was informed it was the preferred respondent on that date. On 4 July 2018, the Department accepted Cyrenian House's offer to provide a 'Modified Therapeutic Community – Alcohol and Other Drugs (AOD) Program' to women at Wandoo. On 24 July 2018, the first residents arrived.

## 1.2 2019 INSPECTION

The on-site inspection was conducted over five days, during which we spoke with management, staff, and residents. Prior to the on-site inspection, surveys were distributed to staff and residents. A total of 48 staff (55% of all staff) and 57 residents (88% of the population) responded. We met with community organisations providing services to the residents. We also attended the Rick Hammersley Centre to observe a community TC program.

## 1.3 EVALUATION OF THE MODIFIED THERAPEUTIC COMMUNITY

It was not our intention during this inspection to evaluate the efficacy of the TC/MRT program. We were informed the Department is undertaking three evaluations:

- A process evaluation to assess the effectiveness of the implementation of the rehabilitation prison, including the implementation of the TC model into the prison environment.
- An outcome evaluation, to be conducted after the prison has been operating for two to three years. This will measure the medium to long term goals of the program, in relation to the intended reduction of reoffending and drug use, and the expected increase in social functioning, health and wellbeing.
- A clinical evaluation of the MRT used within the prison.

None of these evaluations were completed prior to our inspection.

# Chapter 2

## THE PROGRAM

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### 2.1 A MODIFIED THERAPEUTIC COMMUNITY

#### TC processes working well at Wandoo

The Wandoo TC was described as 'modified' as significant differences in its operation in a prison were expected from how a TC would function in the community. For example, custodial management would be in charge, not the lead clinicians. Residents would have less management and leadership responsibilities. Adjustments would be needed in systems of rewards and punishment. More advanced residents would not be able to prepare for exit by undertaking home leave, or enjoying outside recreation.

Despite the modifications required to create a TC in a custodial context, we were pleased to find that Wandoo was successful in creating and maintaining an effective therapeutic community. Within the safe operating and drug free environment provided in a secure facility by custodial staff, Cyrenian House clinicians could generate and sustain the kinds of interactions that drive a TC, and to provide a range of therapeutic programs.

All aspects of life in a TC are relevant to the rehabilitation process, and as far as possible all interactions should be respectful and supportive. That includes life within a unit, experiences at work or in study, social interactions in the yard or in recreation, contact with outside friends and family. And every interaction and experience can be used for reflection in community meetings, other groups, or in counselling.

An observation of a positive interaction or behaviour may result in that resident being given a 'bouquet', either directly, or during a community meeting. This is meant to reinforce positive behaviour. However, an observation of negative interaction or behaviour may result in that resident receiving a 'flag'. This is framed as a supportive act, for example: 'I wish to support you with a flag for gossiping in the kitchen yesterday morning'.

The person expressing the flag has to articulate clearly what they experienced, how the person's behaviour affected them, and what they need from the other person. The person receiving the flag has to show in their response that they understand what occurred and how the other person was affected. The receiver is also expected to express appreciation for it being raised.

#### The TC helps develop tools for better communication and self-regulation

This process helps residents develop tools to better express themselves to others, and to be more aware of how their behaviours affect others, what they need from other people, how to better regulate their emotions, and how to better resolve conflict. Awareness Tasks and Therapeutic Agreements may be imposed on an individual to address a particular issue or to practice a new way of behaving. Everyone in the community is expected to support that person in completing that task or keeping their agreement.

A system of cards is layered over the 'flag' and 'bouquet' system, with green cards given to reward significant strides in recovery and modelling community principles and values.

## THE PROGRAM

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Yellow cards are issued for lighter breaches of the five basic rules of the TC requiring no violence, no stealing, no sexual or other exclusive relationships, no alcohol or other drug use, and full participation in the program, or for other misdemeanours. Blue cards are issued for more serious breaches, or a red card if the breach requires an individual's prompt discharge from the TC.

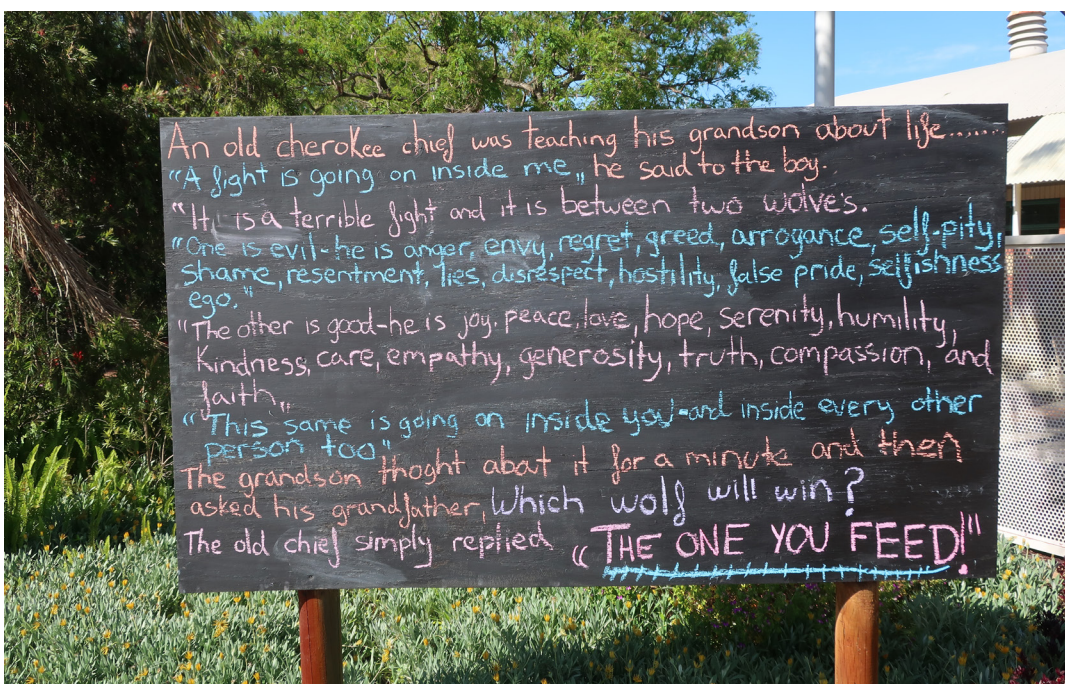
### The program includes progress reviews, psycho-education and counselling

Residents are assessed for progression from orientation to stage one, from stage one to stage two, from stage two to stage three, and finally to graduation. These assessments occur at weekly clinical meetings and decisions are made at the Multi-Disciplinary Team (MDT) meeting. Orientation nominally takes four weeks and each of the three stages takes eight weeks, but progression is based on the individual's completion of required tasks and gains they have made.

Another therapeutic element in the Wandoo TC is the weekly psycho-education group program. The program covers 25 topics including: relationships, grief and loss, abuse and domestic violence, managing anger, triggers and relapse, building support networks, stress and anxiety, mindfulness, co-dependency, authentic self and core beliefs.

Residents are also seen individually by a counsellor on a fortnightly basis to help review progress and deal with any psychological needs or issues that have arisen.

Altogether, the experience of the TC for Wandoo residents is intense. Their attitudes, behaviours, thoughts, and ways of relating to others are constantly under scrutiny and often under challenge. We saw residents determined to better understand themselves



*Photo 1: Noticeboard with motivational quotes.*



## THE PROGRAM

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and to gain new tools to self-regulate their behaviours, express themselves, manage their feelings, strengthen their intentions, and contribute more effectively to community life. This was despite many distractions and personal issues that impact on individual participation and progress in the TC. Relationship issues, family issues, loss of a close relative, entrenched ways of thinking, fears for the future, poor literacy, and cultural matters can all prove extremely challenging.

### 2.2 IDENTIFYING PROSPECTIVE RESIDENTS

#### **A triage team fast-tracks assessments for Wandoo**

Wandoo has a triage team responsible for spreading the word about Wandoo to women in other facilities, encouraging them to express interest in coming to Wandoo and assessing whether they may do so. Responsibility for triage is with a Clinical Manager, a Triage Coordinator, and a Psychologist, who does the treatment assessments. Referrals are tracked and determinations made at a Case Intake Meeting.

To be eligible, women must:

- be under a prison sentence (not remand or appeal status) with at least 28 weeks left to serve
- have a medium- or minimum-security classification and not be under protection
- have offending influenced by substance misuse and accept responsibility for their offending behaviour
- consent to undertake treatment assessment, be found to have substance misuse as their primary treatment need, and show motivation to address that need
- be currently drug free/not needing detoxification or withdrawal
- agree to act in accordance with the rules and actively engage in all aspects of the therapeutic program.

Wandoo is unable to include women with residential children, those with an unmanaged major mental illness, and those with outstanding treatment needs for violent or sexual offending.

The triage team accepts expressions of interest from women in any facility, but the most fruitful recruiting ground is Melaleuca Remand and Reintegration Facility (Melaleuca). Women can express interest before they are sentenced, and if sentenced, their treatment assessment will be fast-tracked as part of their assessment for the program at Wandoo. That assessment may commence either at Melaleuca, or Bandyup Women's Prison (Bandyup) after a transfer. A handful of women had also come from regional prisons, with the active support of local staff.

The triage team reported that at 30 October 2019, Wandoo had processed 459 applications, which resulted in 135 being admitted to the program. Of these, 50 had graduated. The triage team noted that while 42 per cent of those admitted had scored low on the Risk of Reoffending checklist administered by an assessments officer after being



## THE PROGRAM

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sentenced, all were found to have a significant level of need in relation to their addictions, and to be capable of engaging with the program.

Those not admitted to the program were ineligible mostly for having insufficient time to serve, having been released by the court, having withdrawn their application, or in seven cases having declined to come despite being assessed as suitable.

Women who had been at Bandyup for some time were reportedly less prepared to commit to Wandoo. Some saw less intense programs available there, such as Pathways, and Choices, Changes and Consequences, as their best prospect for earning timely parole. Some were embedded with friends, favourable accommodation, or commitments to work, training or study. A few may have been negatively influenced by the handful who returned from Wandoo because the TC method did not work for them or because they were unable to regulate their behaviours appropriately.

### **Information provided to applicants about program length needed refining**

The program was originally said to take six months (24 weeks), but at best it takes 28 weeks. In any case, individuals can only progress to the next stage or to graduation when they meet requirements at that stage. In addition, four weeks is needed for clinicians to prepare the completion report for the Prisoners Review Board (PRB), making the effective minimum period 32 weeks or 7.5 months.

If the end of a prisoner's term is less than 28 weeks from the time they could transfer to Wandoo, then they cannot come to Wandoo. But if anticipated completion is after their earliest eligibility date for parole, and before the end of sentence, the prisoner must commit to completing the program, and the completion report is done. Following discussions with the PRB, it is unlikely that someone who has committed to the program will be released prior to graduation. The triage team has had to refine its messaging to prospective applicants, ensuring they understand what their commitment to the program means and the time it is likely to take.

## **2.3 CASE MANAGEMENT**

### **A holistic care plan is developed and maintained for each resident**

A Wandoo Therapeutic Community Plan is developed by members of the MDT in collaboration with each resident. The plan is a living document that is added to by all members over time. The Team meets every Friday and conducts a Case Conference for each person being considered that week for progression through the various stages in the TC. Case Conference Minutes incorporate information from:

- Cyrenian House with evidence from counsellors about progress in therapy
- Prison Support Officer
- Personal Officer (see below) about the resident's wellbeing, interactions, and general progress

## THE PROGRAM

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- Health Services about the resident's engagement and progress
- Education about goals and progress
- Transitional Manager (TM) about assistance provided, release plans and referrals.

Residents are not part of the Case Conference but provide input by making a written application for stage progression, with reasons why they should progress. In general, case management at Wandoo is best of class, for a custodial environment. It is meaningful, client focused, multi-dimensional, decisive in determining the individual's progress and has strong client input. It is also longitudinal throughout the resident's stay at Wandoo, and includes release planning.

### **The Personal Officer scheme needs more work**

Newcomers are assigned a custodial staff member as their Personal Officer, to act as a support and prepare reports for MDT discussions. The Assessment and Case Management Coordinator (ACM) tasked Personal Officers each Friday to do a report for the following week's case conferences, but these were seldom being done. In part this was because officers were on unfavourable shifts or on leave. Reports were having to be done by whomever could be co-opted to do them, or the Coordinator herself in some cases. Personal Officers were also not attending the case conferences for their allocated residents.

The principle of an assigned Personal Officer or Case Manager who takes an ongoing interest in a resident, and inputs into decisions affecting them, is an important one. Custodial staff and management need to determine how best they may reliably contribute in this role.

## 2.4 EDUCATION AND TRAINING

### **Studies are all part-time and courses take longer**

Wandoo Education Services has a Campus Manager, a half-time Prisoner Education Coordinator (PEC), a clerical officer and equivalent of 1.7 FTE of tutors. It has two regular classrooms, art room, textiles workshop, computer room and salon.

Residents are divided into two streams with two different schedules. Half of each week day is devoted to therapeutic activities, the other half to work, study, health, and other commitments. On any one day, one stream does therapy in the morning and other productive activities in the afternoon, while the other does activities in the morning, and therapy in the afternoon. Thursday is different, as the whole TC is required to attend a community meeting in the afternoon.

What the schedule means for education is that all studies are done on a part-time basis, and courses tend to take longer for residents to complete. And many classes are run twice a day to cover both groups. But the centre runs 48 weeks per year, unlike other prisons which have a gap in education services between school terms.

## THE PROGRAM

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### **Innovative and responsive basic education programs are provided**

Basic education for students most at-risk of illiteracy is a key focus; and functional literacy is needed to properly engage in the TC. We found a creative range of entry level basic education programs at Wandoo, carefully targeted at the women's interests, needs and cultural backgrounds. These included: New Opportunities for Women, Exploring Indigenous History, Standing on Solid Ground, Writing Letters to your Future, and Keeping the Connection. The latter, for example, involved storytelling, and creating books, for children and families. Animal Yarns, a course from the Department of Communities, and Storybook Mums where mums record themselves reading a book for their child are two additional courses for residents who are mothers.

Some of these courses were mapped to the Entry to General Education as were some of the vocational activities. There was also a group for those wanting to progress to the Certificate of General Education. Self-paced learning booklets were available for those wanting to continue, and individuals could potentially progress to business studies, or a University readiness program.

### **Some good vocational courses are available**

There was a good range of vocational educational offerings, including:

- Introduction to Health and Safety
- Food Hygiene
- Barista
- Make-Up and Hairdressing
- Fitness
- First Aid
- Cleaning
- Employment Skills
- Community Services.

Some of these impart skills that may assist in gaining employment, although some are only introductory.

There are no traineeships at Wandoo but those doing fitness and barista can gain valuable work experience. It was originally envisaged that most women would transfer to Boronia Pre-release Centre for Women (Boronia) after graduation where there would be further training opportunities, but many are being released from Wandoo, and some are returning to regional facilities. Unfortunately, the part-time access to studies, and the limited time people have at Wandoo, depresses completion rates for courses, with the centre reporting a 68 per cent completion rate overall.

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Women we spoke to at Wandoo valued the courses they were doing, but some wanted more short courses likely to help them step into employment, such as forklift, and white card, and opportunities to connect with employers. The centre has recently welcomed a financial counsellor from the City of Cockburn to help with financial literacy, budgeting and protecting their consumer rights. Education is considering future short courses or skillsets in logistics, infectious cleaning, hospitality (for kitchen workers), and for Aboriginal women, a course in planning and delivering cultural events.

### **Administration and resourcing need attention**

With only a half-time PEC, and a limited budget, it may be a struggle to extend the centre's scope. Wandoo had not been able to access student contact hours from the TAFE system and was having to pay for delivery for several courses. Business studies is only available through Trainwest, and students have to pay for the course, albeit at a generous discount.

Unlike other public prisons, the Campus Manager reports to the Wandoo Superintendent, rather than to Education, Employment and Transitional Services (EETS) in head office. Yet the budget allocation is through EETS. The education service is well integrated and highly supportive of the Wandoo TC. But this arrangement is not necessarily favourable for relief staffing in education or for professional development for education staff.

## 2.5 EMPLOYMENT AND GRATUITIES

### **Work is integral to the TC model and all have work**

Work is juggled around education, health appointments, and other commitments in the morning or afternoon session each day. Vocational Support Officers (VSOs) and other staff supervising resident workers must make do with whomever is available for a particular session.

Some work is done outside standard hours, for example, kitchen workers start an hour early each day, getting a good start on the day's work before most have to join therapy, study or other activities. Recreation workers may be rostered to work late afternoon or on weekends. Barista workers are needed for visit sessions on weekends as well as during the week.

### **Work is well rewarded**

As shown in the following table, much of the work is responsible and well rewarded at Level 1 or 2. Less responsible work is given to newcomers who start on Level 3. While not disadvantaged in gratuities paid, Aboriginal residents were over-represented as cleaners and under-represented in most other areas.

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*Table 2-1: Work placement by gratuity level and Aboriginal status*

Work placement	Level 1	Level 2	Level 3	Aboriginal	Non-Aboriginal	Total
Administration	2			1	1	2
Canteen	3				3	3
Cleaners	9	5	5	8	11	19
Grounds	3	7	1	1	10	11
Kitchen	14	6	1	3	18	21
Library	2				2	2
Maintenance	3			3		3
Recreation	3				3	3
Stores	1				1	1
Unit workers			1		1	1
<b>Total</b>	<b>40</b>	<b>18</b>	<b>8</b>	<b>16</b>	<b>50</b>	<b>66</b>

## 2.6 PREPARING FOR RELEASE

### Exit planning was thorough

Wandoo has a well-integrated and thorough approach to exit planning, including contributions from Cyrenian House, the ACM, the TM, education services and health services. The Wandoo Therapeutic Community Plan collates these inputs, with contributions added as exit approaches, and discussed as necessary at the MDT meeting.

Planning for relapse prevention is a major component of the TC program for those in stage three. It is covered in the psycho-education groups, and a focus in other group activities and individual counselling. A holistic approach is taken to establishing a healthy and sustainable lifestyle, recognising and avoiding triggers and high-risk situations for relapse, and putting in place a range of supports to help sustain abstinence and recovery. All former Wandoo women returning to the community are eligible for and strongly encouraged to continue in treatment with Cyrenian House after release, or with local twelve-step programs such as Narcotics Anonymous (NA), or other local service providers.

The ACM has responsibility for preparing reports for the PRB, which includes details of the resident's post-release plans. This needs careful coordination with any general re-entry service providers, such as ReSet, Outcare or Ruah, and with the resident's Community Corrections Officer who prepares a separate report for the PRB. Input from other areas such as education and health must also be taken into account.

In contrast to reports from many other facilities, the PRB reports from Wandoo contain rich detail about each person, their personality, their positive behaviours (not only any

## THE PROGRAM

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misdemeanours), their achievements in work, study or training, and gains made and issues raised in therapy. It also documents efforts at release planning to minimise relapse and recidivism.

The TM prepares referrals required by residents to re-entry service providers. Applications are also made to other agencies such as drug rehabilitation programs, state housing, and other accommodation providers. Re-entry agencies appreciated the quality of the referrals and reported a positive relationship with Wandoo. There was good communication with Wandoo about release planning, but no direct feedback about those who are released.

The TM completes an Exit Report about each resident due to be released from Wandoo, or transferred to another facility. This is a detailed and comprehensive report about plans for every aspect of life after release, and every agency or support available to that resident. Less detail is available for those being transferred and likely to be released only after some months. But the value of this report was unclear. It is compiled only days before exit, long after release plans are completed, so acts simply as a record, rather than as a tool for planning.

The TM is also required to undertake and document an Exit Interview for every resident leaving Wandoo whether they have graduated from the TC, and whether being released or transferred. This is part of the evaluation process and has provided a contemporaneous record of what women say they have gained from their time at Wandoo, any issues they have encountered, or things that should be improved, and how they feel about their future.

### **Women were not happy about the time taken for completion reports**

It takes four to five weeks for a completion report to be generated by Cyrenian House after graduation and vetted by Wandoo's Clinical Manager before it can be forwarded to the PRB. If a review date occurs during this period, the ACM provides a report that includes information provided by clinicians as part of the Case Conference which approved graduation. This has sometimes proven adequate for the PRB to approve release without the completion report.

This is not the case for all, and women were quite unhappy that they had to wait up to six weeks after graduation for reports to be generated and for the PRB to review their case. A minimum of two weeks is required for completion reports from facilitators of other less intensive offender programs at other facilities, and it is unrealistic to expect Cyrenian House to shorten its reporting by much. But there is already a gap between program completion and graduation, and women say therapists could get started earlier.

There has also been an evolution since the first graduations in the nature and quality of reports offered by Cyrenian House and the expectations and quality controls imposed by the Department. There may be an opportunity to streamline the process once things are bedded down. In the meantime, the triage team have to better manage expectations on

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the part of prospective residents about the time it will take to complete the TC program at Wandoo, and for reports to be made available to the PRB.

### Good post-release support available but safe accommodation is lacking

The biggest fear for many women leaving custody after completing the TC program at Wandoo, is their inability to find safe accommodation where they can escape circumstances and people likely to undermine their commitment to abstinence. Many people leaving custody generally have to rely on short-term boarding house accommodation, or share accommodation provided by re-entry service providers and related agencies. The environment around such accommodation is likely to bring newly released prisoners into contact with other released prisoners, and also expose them to users and dealers.

Women completing the TC program and leaving either from Wandoo or Boronia are increasingly applying to enter community based TCs to be safe from relapse and continue their therapy. While some may need further residential treatment, others may do just as well in a secure and supportive residential environment and attend community-based treatment services. The partnership with Cyrenian House offered continuity of care in rehabilitation services for women wanting to access one of Cyrenian's community TC programs, or individual counselling, after their release. Cyrenian House has a Transition Housing and Support Program comprising just two houses for graduates of its TC programs. Something similar is very much needed for the Wandoo TC graduates.

### Those transferring to Boronia need continued support

Women expecting to transfer to Boronia after graduating from the TC program are anxious about stepping into an environment where other women have not experienced similar therapy. The attitudes and behaviours of these women are likely to prove challenging for those from Wandoo. As some begin to engage in section 95 activities in the community or reintegration leave with families, they may face new temptations. Wandoo women feel they will need some kind of group 'maintenance' program at Boronia where they can support each other to address these challenges on an ongoing basis, and to build strength towards release.

Cyrenian House has been trying to organise NA at Wandoo to support transition by residents to NA groups in Boronia and the community. NA volunteers had been too stretched to help with this, but it was hoped that would change in the near future. Cyrenian House had also offered to provide a group at Boronia, but that had not yet been taken up. The Prison Health Services counsellor is shared between the two institutions and was considering how best to meet this need.

### **Recommendation 1**

Establish supports at Boronia for graduates of the Wandoo therapeutic community.

# Chapter 3

## THE PRISON

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### 3.1 RECEPTION

#### **Reception and admission are well run but vulnerable to staff absence**

At the time of our inspection, 140 women had been received into the prison. The experienced Reception Officer follows an efficient process while the area is kept tidy and welcoming with soft furnishings and adult colouring-in books available during any waiting period that might occur. The women are issued essential toiletries and some clothing for their first couple of days. After that, new residents are measured for appropriately fitting clothes for the different facets of the program including work and recreation attire.

The Reception Officer is busy as her responsibilities also include the duties of a Movements Officer and Court Video Link Officer, as well as managing the residents' general and valuable property. As Movements Officer, she processes those transferring to other facilities or who are being released to the community. She also helps ensure paperwork is correct for women who are temporarily out of the prison on escorts to medical or other appointments. Her role as the Court Video Link Officer involves liaising with various courts and ensuring the women attend proceedings when required.

Given the different roles and responsibilities, the Reception Officer requires extensive knowledge and understanding of legislation, and departmental policies and processes. It is a position that works on a standard Monday to Friday roster rather than on a shared or rolling roster with staff changes. However, because of this, the position and all the duties that are covered by it, are vulnerable to the officer's absence. And, while an experienced replacement can be sourced for those types of leave known well in advance, unplanned leave by the Reception Officer creates a risk for the prison.

### 3.2 ORIENTATION

#### **Orientation to the prison functions well**

Orientation to Wandoo is largely provided by other residents. This includes those who are members of the peer support team and the new resident's 'buddy', a more experienced resident assigned by Cyrenian House. Orientation begins after the reception process, which includes a medical assessment. A peer support team member will take new residents on a tour of the facility during which peer support go through a checklist designed to ensure all required information is passed on to new residents. They are then allocated a shared room in the orientation and stage one unit, Jeelia.

From there, the buddy will give the new resident an overview of the therapeutic program at Wandoo and differences they can expect to find compared to other custodial facilities in Western Australia. After approximately two to five days, peer support follows up with the new resident to clarify any outstanding queries they might have.

The process runs well and three out of four survey respondents were satisfied with the amount of information they received to understand how the prison worked. This compared to just 47 per cent state wide.



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### 3.3 CUSTODIAL INFRASTRUCTURE

#### **Ongoing maintenance and technical issues have frustrated staff**

Wandoo has undergone major infrastructure and security upgrades required to recommission the site as a women's rehabilitation prison. A new gatehouse and sally port entry to the prison were built, as well as an external stores building. However, the upgrades have been beset by a series of ongoing maintenance and technical issues. These issues have included equipment failing or wrongly activating, communication problems between areas of the prison, and incorrectly angled cameras.

The ongoing issues result in safety and security risks which frustrate staff. These frustrations are compounded by the unusual arrangement of Wandoo having two different maintenance contractors servicing the prison: one for the new gatehouse and the other for all maintenance issues inside the perimeter fence. During the inspection, we were informed that this arrangement will continue until the warranty on the gatehouse expires. However, we heard that often as one problem gets fixed, another arises which is protracting the warranty period on the upgrades.

Wandoo's Maintenance VSO was responsive to the ongoing issues raised by staff, but he was hampered by needing to liaise with a departmental head office representative to get work done. We were told that this additional step resulted in further delays.

#### **Wandoo has a relaxed feel despite bolstered security**

Wandoo has undergone significant role changes over the last seven years. The facility has been converted from a youth detention centre to a minimum-security adult men's reintegration facility to a medium-security women's rehabilitation prison.

Visible effort has been taken with this latest iteration to ensure the prison feels relaxed making it conducive for the intensive rehabilitation program being run. The fit out includes:

- soft furnishings rather than moulded-plastic furniture that we see at most other medium security facilities
- shower curtains that have been installed for the women's privacy
- motivational quotes that are posted on a prominently located noticeboard for all to see and sourced by the women each day
- gardens and other outdoor and recreational spaces that appear to be thriving and well-tended.

However, the upgrade from a minimum-security facility to a medium-security prison has included bolstering security with the construction of a new gatehouse and sally port. The building includes several levels of access control which are complemented by staff supervision and security equipment like a walk-through metal detector, property x-ray machine, and an electronic trace detection system. Despite these measures, the gatehouse maintains a relaxed feel due to the high ceilings, large windows, a bold colour palate and engaging staff.

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However, it was noted that the gatehouse can be a place of frustration for staff and visitors alike. The large windows mean the area heats up in full sun which can be uncomfortable. And, while some of the technological aids are reasonably good, others may require upgrading soon as they were inherited from the former men's facility. This equipment has intermittently failed, causing delays in processing visitors through to the prison. A gatehouse acts as the first physical line of defence for the prison but ensuring people, particularly visitors, are suitably relaxed as they enter the prison is also critical.

### **Staff were unhappy about the poor state of their amenities**

During the inspection, many custodial staff voiced complaints regarding deficient staff amenities. Staff felt these areas did not adequately provide for their needs pre-shift, as a space to rest and recoup during their breaks, or when finishing the day. Consequently, this was contributing to some staff feeling unhappy about working at Wandoo.

The amenities area in the gatehouse appeared unfinished despite the gatehouse being open for use since July 2019 (about 4 months prior to our inspection). This space was sparsely furnished, had poor ventilation and no windows, a low ceiling height, and a single, unequipped change room seemed to be an afterthought rather than an effort to ensure staff had the facilities they required. We also found that there was no television, reading material, or other amenities for recreation or relaxation for staff when they had their breaks. The location also meant it was inappropriate for use during shift because it was not within the prison's internal perimeter making it difficult for staff to provide a rapid security or emergency response if needed.



*Photo 2: Staff amenities at the gatehouse.*

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Further to this, the lunchroom was ill-equipped to seat all staff at the same time. Staff said it was difficult to eat and relax during their breaks because they were rushed to let others have a seat. And, although additional outside areas were available, the level of comfort was subject to the vagaries of the prevailing weather.

If Wandoo is to retain good staff and keep them engaged positively then both of these areas require attention.

### **Recommendation 2**

**Provide adequate facilities for the welfare of Wandoo staff.**

#### **Court room video link facilities to be moved to ensure confidentiality**

At the time of the inspection, Wandoo's court room video link facilities were located near the individual counselling session rooms. We heard that the rooms were not soundproofed. This was impinging on the residents' rights to confidentiality as women waiting in the area for their court appearance to be called could overhear sensitive conversations occurring in counselling sessions. Conversely, those appearing in court could also be overheard.

The location of the video link facilities also means the Court Video Link Officer must oversee residents at court away from her primary location in reception, limiting her access to other responsibilities. For example, there is no computer available to process paperwork while the resident is in court for an indeterminate amount of time. Nor is there a landline telephone in the area making the officer uncontactable by the court if there is a change or delay to proceedings.

Fortunately, Wandoo was moving towards relocating the video link facilities. New cables had been laid to an adjoining space in reception which provided for privacy from other residents and supervision by the Court Video Link Officer. At the time of the inspection, progress had slowed due to staff absence but we were informed that this move was set to progress quickly in the future.

## 3.4 SECURITY

### **The drug testing regime is comprehensive, respectful, and gives some residents a sense of pride**

Wandoo's role in the custodial estate is to provide a safe, rehabilitative environment for women with addictions. As such, there is a comprehensive drug testing regime where residents are breathalysed and drug tested randomly each week.

Wandoo's tests are efficient. The breathalyser obtains results for alcohol use instantly, while the saliva tests (looking for 8 illicit substances) take only slightly longer. To ensure the drug testing is robust, Wandoo has designed a three-tiered testing system that is implemented when non-negative tests are returned.

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**Figure 3-1: Wandoo drug detection process**



The tests are complemented by waste water testing at the facility and the Department's Drug Prevalence Testing (DPT) regime that is conducted on a random selection of prisoners across the custodial estate each quarter. At the time of the inspection, Wandoo had been drug free since opening.

The comprehensive testing means the prison is not reliant on other methods, such as strip searching women when producing a urine sample. Positively, Wandoo has also received an exemption from strip searching when a DPT event is conducted. This aligns with International Standards (the Nelson Mandela Rules and the Bangkok Rules) and the Department's Women in Prison, Prison Standard (DCS, 2016) reducing the likelihood of traumatising or re-traumatising women through this practice (OICS, 2019).

We heard from some residents that staff are respectful when conducting the tests on the women. And some explained that they liked being tested each week as it gave them pride in themselves to consistently show they were testing negative to drugs and alcohol. Some residents also reported the regular but random tests made them accountable to themselves and others while increasing their feeling of safety within the prison. Certainly, key staff at the prison reported that the comprehensive regime was pivotal to Wandoo's drug free status and the observable turnaround in women they had previously seen return to prison multiple times.

### **The local search strategy is comprehensive and enhanced by DDU presence**

To complement the intensive drug testing regime, Wandoo has an equally comprehensive local searching strategy that includes person, property, and location searches. For example, the strategy requires three cell searches to be completed daily, a higher requirement than the Department's policy of 15 per cent of cells to be searched weekly (DCS, 2014).

Wandoo's local search strategy is further enhanced by a service level agreement with the Department's Drug Detection Unit (DDU) to provide a drug detection dog for:

- one area search per week
- one unit or common room search per week
- eight cells per day
- every social visit session
- two official visits sessions per month.

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Due to staff shortages within the DDU, we heard that sometimes Wandoo was only intermittently receiving a service for weekday social visits sessions, and only some of the 10 weekend sessions were covered. However, this was expected to improve soon and we will continue to monitor these outcomes.

### Accessing intelligence could be improved

At the time of the inspection, there had not been any recorded on-person contraband finds (relating to drugs and alcohol) since Wandoo commenced operation. This includes both the residents and their visitors.

These results are, in part, testimony to the rehabilitative program the residents are undertaking. Many women told us they want the program to succeed and that they were proud of their accomplishments. We were advised that this culture shift in the women assisted the prison's security and intelligence practices.

Wandoo does not have an Intelligence Collator. Instead it relies on an allocated resource at head office to provide intelligence reports. However, we heard that products received through these channels often added little value as intelligence for the prison. And, while a dedicated intelligence resource at Wandoo would not be cost-effective, consideration could be given to a shared Intelligence Collator physically attending various prisons with similar needs.

The lack of an Intelligence Collator on site was compounded by other intelligence software tools not being accessible to the prison's Security Team. We were advised that if these tools were available, they could play a pivotal role, particularly during the triage process of identifying suitable applicants for the program at Wandoo.

### **Recommendation 3**

**Assess the effectiveness of an on-site Intelligence Collator that could be shared across facilities with similar need.**

### Dynamic security is being effectively achieved but should be continually assessed

We observed effective dynamic security with many officers openly engaging residents and actively taking an interest in the women's journeys through the therapeutic program. We also observed that staff had a heightened understanding of individual prisoner management needs and their personal situations which might adversely affect completing the program. This is good practice and demonstrates a holistic approach to the women's custodial management. It leads to a free flow of information and close working relationships between residents and staff; the building blocks of dynamic security.

However, because Wandoo's daily regime is so full, we heard there were fewer opportunities for custodial staff and residents to interact. This was resulting in some staff reporting they felt de-skilled in some areas, while we were told of others who had become disengaged and complacent. Consequently, the Security Team had conducted some training and refresher courses around the risk of grooming by residents.

### **Recommendation 4**

Consider opportunities for custodial staff to be more involved in relevant aspects of the Wandoo therapeutic community.

## 3.5 DISCIPLINE

### **Few occasions for disciplinary offences and punishment**

Since commencing operation, Wandoo, a medium-security prison, had recorded 171 incidents and pursued 10 charges against residents. At the time of the inspection, there was only one prosecutor to process these charges but the prison was training additional resources to assist.

There is no other facility like Wandoo in Western Australia, or Australia, to compare the number of incidents and charges to. However, Boronia is a reasonable starting point, despite its minimum-security status. Over the same period, Boronia had fewer recorded incidents (112) but a similar number of charges (7) and outcomes requiring no further action (97 at Boronia compared to 103 at Wandoo).

Staff and residents explained that the relatively few incidents at Wandoo was due to most situations being managed through the therapeutic program. Cyrenian's 'flags' and 'bouquets', and 'Therapeutic Cards and Agreements' systems, allow issues to be addressed in a holistic way. This means the women can address the underlying cause of their behaviour rather than purely receive a consequence for their actions.

However, it also means there are some blurred lines for custodial staff regarding when an action requires a therapeutic response or custodial discipline or punishment. And, while some staff had received four weeks' training about the TC model prior to commencing at Wandoo, others did not. We heard this meant that some staff felt confident they knew when to intervene, particularly during more intense therapeutic sessions, while others advised us this was unclear. Some clear guidelines and training may relieve this confusion.

### **No dedicated management cells**

While there is low risk of an incident at Wandoo requiring a person to be put into a multipurpose management cell, there are no designated multipurpose cells at Wandoo. We heard of one plan which was to use an escort vehicle as a temporary holding cell should they need to manage a resident in crisis, until they could work out a more appropriate solution. But this is clearly not good operational or humane practice.

One option could be to recommission the original multipurpose cells that were in use during Wandoo's former lives as a youth detention centre and reintegration centre for young men. Having regard to Wandoo's role in the custodial estate, the Department must support Wandoo to develop an appropriate strategy to manage unsettled and/or disruptive residents, and provide the necessary resources and/or infrastructure changes to make the strategy workable.

**Recommendation 5**

Develop a strategy for managing Wandoo residents that need to be housed separately from the main population.

**3.6 EMERGENCY MANAGEMENT**

**A Training Officer could help build staff capacity to respond**

Our staff survey indicated that respondents do not feel adequately trained in emergency management. Just over half said they felt trained to respond to fires and natural disasters while even fewer respondents (42%) felt they had adequate training to respond to a loss of control event. While the risk of an emergency, particularly a loss of control event, is low at Wandoo given the therapeutic program, the women placed there, and their voluntary participation, there is still a risk. This risk is heightened as there are more civilian staff on site than those custodial staff trained to respond to an emergency incident.

Wandoo's Emergency Management Plan was last updated in July 2018, so a review of the plan should occur to ensure all procedures remain relevant. However, the prison is actively using the plan to conduct a regular mix of live and desktop exercises for staff. These exercises have been facilitated by Senior Management Team representatives and on occasion have involved the Department's Special Operations Group and the Department of Fire and Emergency Services. However, the exercises and learnings from them could be enhanced if Wandoo had a dedicated Training Officer who could co-facilitate. The trainer could then identify any additional training needs of staff, building on their capacity to respond to an emergency should it arise.



# Chapter 4

## RESIDENTIAL EXPERIENCE

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### 4.1 LIFE AT WANDOO

#### Residents spoke highly of life at Wandoo

Wandoo was safe. Residents liked that there were no drugs, no violence, and zero tolerance of breaches.

#### Quote from Resident

*At Wandoo, there is no drug raving – no smashing on – no crime raving, but everything gets processed.*

Residents were asked in the pre-inspection survey to rate their quality of life between one and ten, with ten indicating a high quality of life. The average score was 8.42, significantly higher than the state average of 5.02.

Residents enjoyed a minimum 11 hours out of their rooms each day. Positive interaction with custodial staff was a significant part of the resident recovery process.

#### Quote from Resident

*Ninety per cent of Wandoo staff, custodial and Cyrenian, are good. We are treated like extended family.*

#### Accommodation was decent, but rooms were small

There were four accommodation units: Jeelia Unit (3 wings with 7 double rooms and 1 single, for up to 41 new intake residents); Hotham and Gascoyne Units (each with 12 single rooms); and Eyre Unit (3 wings, each with 4 single rooms, for a total 12 self-care residents). Progression from Jeelia to Hotham and Gascoyne was by recommendation from the Unit Manager and the Cyrenian House Manager or Cyrenian House Clinical Coordinator. Progression to Eyre was by formal application, and required a track record of performance and entry to stage three in the TC program.

Rooms across the site, designed originally for the youth detention centre, were small, measuring less than the Australian Standard Guidelines (Corrections Victoria, 1990). Surprisingly, few residents complained about the cramped conditions.

All three wings in Jeelia had a large day room, and the common areas were spacious and clean. Hotham and Gascoyne were almost identical. There were three day rooms in each, as well as a kitchen. Hotham had a pool table in one day room, and Gascoyne a table tennis table. The stove in each kitchen had been decommissioned, as the units were not self-care. But residents could make hot drinks, cook toast, and use the fridge and cupboards as storage. Both Hotham and Gascoyne felt like a residential TAFE college and the common areas were bright and airy. Residents complained that the hot water in the showers was not controlled by the taps. It ran too cold in winter and too hot in summer.

Eyre Unit was quite different. Each wing had a day room, but ceilings were low and curved, and windows were small. Eyre appeared older than the other three units and felt like three mini share-houses, having to make do with one small kitchen.



## RESIDENTIAL EXPERIENCE

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**Photo 3: Small kitchen in Eyre Unit.**

### The TC program was challenging

Residents had been surprised at the effectiveness of the TC process. Many had a long history of drug use and dealing. One resident said the TC groups had made her aware of the extent to which she had negatively affected her family, and even her neighbours. The TC program helped participants become more aware of factors that led to drug use. Residents were clear that their recovery was their own responsibility.

Some Aboriginal women missed being with family members at other prisons. Some women simply failed to adjust to the TC and withdrew.

### Quotes from Residents

*[Making the change] was like Steelo to cotton wool.*

*Girls elsewhere think Wandoo is easy – until they hit the program. We really have to work – there's no hiding – no flying under the radar.*

*I've never learned so much in my whole life, even though it might not be what we want to learn about ourselves. It is really confronting – I've been so used to being right – it's hard to see I've been wrong.*

### Residents could voice concerns and lodge complaints

There were few recorded complaints by residents in the pre-inspection documents provided by the Department. Residents who did wish to complain about their treatment had a range of options.

## RESIDENTIAL EXPERIENCE

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Residents could raise concerns with the Cyrenian House Manager if they were unable, or reluctant, to resolve a matter with the individual staff member concerned. Issues submitted to the Resident Coordinator were dealt with through the community grievance process. Cyrenian House also had feedback forms in the units which could be completed anonymously.

We heard from some residents that they had difficulty accessing the prison grievance form as staff were reluctant to provide a copy. While this may reflect a desire on the part of staff to attempt to resolve issues at a more informal level, it is not best practice. Residents had access to the standard yellow envelopes for confidential mail to the Department's complaints service (ACCESS), and external agencies such as the Ombudsman.

### 4.2 ABORIGINAL SERVICES

#### Aboriginal culture was respected

The resident survey suggested Wandoo staff understood and respected Aboriginal culture. Aboriginal residents were recognised as a distinct and significant cohort at Wandoo, and although Standing Orders were applied equally to all, recognition of differing backgrounds and needs was apparent. Access to funerals of extended (but culturally close) family members continued to be a concern. Prisons Order No 06/2019 (18 November 2019), under which the Department recognises and acknowledges Aboriginal kinship and extended family relationships when considering access to compassionate leave, is intended to address this.

Wandoo employed five Aboriginal women, four of whom were directly involved in service delivery to Aboriginal residents. The Assistant Superintendent Offender Services (ASOS) managed services for all residents. The part-time Prison Support Officer (PSO) coordinated a team of eight peer support residents, watching out for Aboriginal and non-Aboriginal residents' wellbeing. The Aboriginal Mental Health Worker provided Aboriginal residents with support and encouragement to access health and mental health services. The Elder/Aboriginal Visitor Scheme visitor promoted cultural identification and assisted staff to develop cultural competency. She was only on site two mornings a week. The fifth Aboriginal staff member was the Business Manager.

The Elder, PSO and the peer support team all visited residents at the accommodation units, and a weekly yarning session for Aboriginal residents (but open to all) had commenced. Aboriginal staff played a significant role in helping residents to navigate the non-Aboriginal-specific TC program.

In addition, the prison's Aboriginal Services Committee (ASC) met regularly, tracking services provided to Aboriginal residents and considering opportunities for better engagement. The ASC was investigating options for onsite cultural awareness training for staff.

## RESIDENTIAL EXPERIENCE

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### 4.3 HEALTH

#### **A clean environment**

Wandoo provided the necessary facilities and services for staff and residents to maintain a good level of hygiene both personally and across the facility.

We did hear some complaints from residents about the lack of communal soap and hand sanitiser dispensers in the common areas of the units. Residents said that, if they were handling food in the communal unit kitchens, they had to use dishwashing detergent to wash their hands because there were no hand soap dispensers.

There was also the need for a bug screen to prevent the free flow of flies and other insects into Eyre Unit. This was necessary because security required that the external door to the unit be left open during the day.

#### **An adequately staffed health services team**

We seldom find an adequately staffed health services team in a prison health service, so this finding at Wandoo was most welcome. There were three nurses and a Clinical Nurse Manager leading the service, with two nurses and the nurse manager on duty during week days. There was also a full time mental health nurse, medical receptionist, prison counselling service clinician, and an Aboriginal Mental Health Worker. The doctor attended once a week and a psychiatrist half a day per fortnight.

The impact of this was significant. Residents who responded to our pre-inspection survey were overwhelmingly positive about the health service at Wandoo, with 93 per cent saying that the service was good. The state average for responses to this question is 38 per cent.

We also found that health service staff were committed to the TC model and its values. They had a good relationship with Cyrenian House staff, and good information sharing protocols. Health service staff had all attended a week-long training course in the TC model.

#### **Towards a completely drug free environment**

Residents were encouraged to reduce their reliance on prescribed medications during their journey through the TC. The medications in question were primarily those prescribed for pain relief and sleep problems. All of the health service staff were committed to helping residents through this process, and did so in a supportive and gentle way. If a resident felt strongly about not reducing a particular medication they were not forced to do so. But most residents sooner or later opted in and worked with the health service team to wean themselves off prescription medication.

We did hear frustrations from health staff, though, that their hard work at reducing residents' reliance on medications was not supported when residents were transferred to other facilities. They had made efforts to communicate with health centres in other

## RESIDENTIAL EXPERIENCE

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facilities about the residents' journeys to reduce their medication. But they found that health staff at other facilities were giving in to pressure from ex-Wandoo residents to go back onto medications they had successfully reduced at Wandoo. There is scope to address this problem through improved information sharing and awareness raising about the work Wandoo health staff do, with other prison health centres.

### **Recommendation 6**

**Establish regular information sharing opportunities between Wandoo health service staff and health service staff in other prisons to which Wandoo residents are being transferred.**

#### **“This is a really positive environment...”**

“... and positivity is very hard to manufacture”. This was the overall sentiment amongst health service staff at Wandoo, and it was keenly expressed by those working in the mental health area.

Residents' mental health needs were assessed as part of the initial triage process and then further assessed upon admission. There is no capacity at Wandoo to manage residents with acute mental illnesses. There is no crisis care facility and no 24-hour nursing coverage. But the mental health team managed a register of residents requiring ongoing review.

The team's focus was on mental health, rather than mental illness. They worked together to raise awareness amongst residents by taking positive, proactive messages into the residents' living areas, and engaged them using mindful activities.

One of these activities was a weekly mental health arts and crafts session hosted by the mental health team. Residents were encouraged to get involved in a craft activity that they enjoyed while discussing different mental health related topics. This was a different and more engaging process than just delivering the information in a lecture-style manner. At the end of each session, the residents could reflect on what they had learned, as well as what they had made during the session. We thought this was a positive activity, and were impressed by the dedication of the mental health team to improving residents' understanding of mental health issues and how to manage these.

The Aboriginal Mental Health Worker position is one of its kind in Western Australian prisons. We were pleased to find that this position had been incorporated into the Wandoo health centre staffing model. The position holder has a rich cultural and professional background. This makes her a valuable resource in the health service team as an advisor for and interpreter of Aboriginal cultural matters.

We found the position to be under-utilised and not well defined. One of the barriers she faced was finding time in the residents' tightly organised daily schedule to engage with them. We think, though, that this position could be better incorporated into the residents' schedules. The Aboriginal Mental Health Worker would surely be a valuable asset to assist

## RESIDENTIAL EXPERIENCE

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Cyrenian House in facilitating the psycho-educational group sessions, and would contribute significantly to an increased understanding of the experience of the Aboriginal residents in the TC.

### **Recommendation 7**

**Develop opportunities for the Aboriginal Mental Health Worker to be more involved in relevant aspects of the Wandoo therapeutic community.**

### **A busy health promotion schedule**

There was a very active health promotion schedule at Wandoo. Activities ranged from information and posters on the health promotion board in the health centre to expos and wellness days for residents and staff. Topics included:

- healthy eating
- smoking cessation
- sexually transmitted infections
- self help for pain
- heart health
- Aboriginal heart health
- diabetes.

Agencies like Asthma WA and the Hepatitis C Council attended to provide training and information. The health centre also got involved in community-based campaigns, such as Breast Cancer Care WA's Purple Bra Day, Reconciliation Day and NAIDOC Week, to promote health related messages to residents.

### **Dental services were a weak point**

Dental services for Wandoo residents were supposed to be provided by the dentist that treats prisoners at Bandyup. Wandoo health staff assess residents arriving at Wandoo and, if they present with dental issues, refer them to Bandyup for treatment.

In the 12 months prior to the inspection, 22 residents had been referred to Bandyup, but none had been seen by the dentist because the service could not meet demand. The Clinical Nurse Manager at Wandoo had had to find a different solution for the residents. She had managed to secure a service for those with acute and ongoing painful dental problems with the government dental clinic in a neighbouring suburb. Whilst this was a positive move, it was not a complete solution to the problem.

Getting residents to this dentist required the contracted transport provider, Broadspectrum (BRS), to be available to escort the resident to the dental surgery. BRS have limited capacity to provide these types of escorts in amongst all the court and hospital transporting they are required to prioritise for all the prisons across the state. In emergencies, we were told that Wandoo staff would escort a resident to their dental appointment. But this was not a regular occurrence.

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### **Recommendation 8**

Explore opportunities to improve dental services for Wandoo residents.

#### 4.4 FOOD

##### **Residents liked the food, and the kitchen was a good place to work**

Two VSOs, a Chef Supervisor and a Chef Instructor, each worked four days in the kitchen, overlapping one day a week. The Chef Supervisor personally selected kitchen workers, based on aptitude and attitude. Two teams of eleven women worked two shifts, alternating with their therapeutic activities. The women enjoyed the work, as it was busy and active, making the time fly. The kitchen had food hygiene accreditation and all kitchen workers had completed food safety and hygiene training.

Although the pre-inspection survey suggested that resident opinion of food quality and quantity was very high, Wandoo had no formal process of surveying residents for menu satisfaction. Residents told us that sometimes lunch was eggs and bread, or sausages and bread, and they wanted more salads. Special meals for residents with allergies were listed on a white board in the kitchen.

Residents were aware of the limitations on menu variety. The budget was tight, and many ingredients came from the prison farms, where consistent quality after transportation was not always guaranteed. The same ingredients were treated differently to vary the menu.

##### **The kitchen was getting by with old catering equipment**

Workflow in the kitchen was good. Cooking equipment included a hot box, deep fryer, griddle, bratt pan, cooktop and industrial oven. The small Rational oven dated back to 2005, and cooking for the demands of the resident and staff populations required complicated scheduling. Other equipment needed to improve efficiency and work-place safety included a blast chiller to drop food temperatures quickly, and a soup kettle. Cooking soup in large saucepans on the cooktop presented a tip and scald risk.

The kitchen had several stainless steel benches with preparation space, multiple sinks and a dishwasher. There was a cool room, dry store and two freezers. These had adequate storage space, but some dry goods were being stored in open bags, not pest proof ingredient bins.

##### **Residents in Eyre valued self-care highly, despite the small kitchen**

Eyre received weekly deliveries of meat, vegetables, and dry goods, and residents could prepare meals as they wished. The self-care unit had a small kitchen, with limited bench and storage space. Residents struggled to cook for 12 using the single domestic stove and the hot water urn was not working. Despite these limitations, the women enjoyed the cooking, approved of the ingredients provided, and valued their autonomy highly. The Chef Supervisor regularly monitored food hygiene standards in the unit.

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### 4.5 CLOTHING

#### **Residents' clothing was appropriate and decent**

Seventy-seven per cent of the residents who responded to the pre-inspection survey said that the clothing they are issued at Wandoo is good. This was a lot more positive than the state average of 45 per cent.

Residents at Wandoo are provided with different clothing for different purposes and the quality of the clothing was appropriate. So, for example, the sport singlets that were issued were proper sports singlets that were fit for purpose and could withstand the impact of exercise.

#### **Residents could wash their own clothing and bedding regularly**

Each accommodation unit had an internal laundry equipped with washing machines and dryers for residents to wash their own clothes. This arrangement suited the residents with 95 per cent of those who responded to our pre-inspection survey indicating that they thought laundry services at Wandoo were good.

Further to encouraging personal responsibility, residents needed to negotiate with one another over use of the washing machines. This was in keeping with the 'community as method' aspect of the Wandoo TC. Residents managed to do this successfully and we did not hear of any conflict over use of the washing machines.

Residents were discouraged from using the dryers when the weather was fine, but said there were not enough external clothes lines for all of them to hang their washing outside. We provided this feedback to management and were pleased to hear by the end of the inspection that extra external washing lines were being installed.

### 4.6 VISITS

#### **Plenty of visit sessions to choose from**

Residents in stage one were allowed two social visits each week. Once a resident progressed to stage two, they were entitled to three visits per week. With the exception of Thursdays, which were reserved for community meetings, there were visit sessions every day at Wandoo.

Weekday sessions ran from 4.00 pm to 5.00 pm, which allowed school aged children to attend. There were five visit sessions on each day of the weekend. The first started at 8:45 am and the last session ended at 5:15 pm. So residents had many options to choose from for social visits.

There was also a fair amount of flexibility to accommodate social visits. For example, families who had travelled long distances to visit a resident, and who could not visit often, were allowed to have a double visit session. Skype visits were available to those residents who did not receive social visits in person. Residents in stages two and three could have up to three Skype visit sessions each week.



## RESIDENTIAL EXPERIENCE

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### **A relaxed and casual atmosphere**

The visit centre at Wandoo was not very big, but because there were so many sessions to choose from, the sessions were rarely fully booked.

A resident could have up to three adults and three children visiting in one session. The centre lacked dedicated play areas for children, although the prison was working to address this.

The visit sessions we observed were relaxed and casual. Officers were around but their presence was not intrusive. Most of the residents who responded to our pre-inspection survey (86%) felt that their visitors were treated well. Residents could bring in food items to share with their visitors and there was a barista coffee service for visitors on the weekends. The coffee was made by residents trained and qualified in barista services.



**Photo 4: Visits Centre.**

### **Residents could book their own visits**

Residents had the option of booking their own social visits rather than relying on their visitors to book them.

This process was in keeping with the values and teachings of the TC model. Often the social company the residents had kept in their communities had been a negative influence. Their journey through the TC required them to make more positive choices about who they associated with. Being able to choose who they wanted to see and when was part of this.



## RESIDENTIAL EXPERIENCE

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Most visits were booked by the residents independently, with written advice of who was visiting and when being provided by the resident to the visits booking officer/cashier to officially schedule the visit.

### 4.7 SPIRITUAL NEEDS

#### **Chaplaincy services were adequate and Aboriginality spirituality was considered**

The co-ordinating Chaplain provided good spiritual support for residents. In the resident survey, 82 per cent said she would help them if they had an issue they were concerned about.

The Chaplain was at Wandoo two days, Bandyup one day, and Boronia half a day each week. This provided the opportunity to talk to Bandyup women about the Wandoo experience and to follow up with Wandoo graduates at Boronia. She ran services three Sundays each month at Wandoo.

The Chaplain sought Aboriginal cultural advice from Wandoo Aboriginal staff. Although she had been given keys, she had not been allocated an office, making it difficult for residents to find her. Fortunately, the Campus Manager had allowed her to 'hot-desk' at Education.

### 4.8 RECREATION

#### **There was an active recreation schedule**

Residents were well-informed about the recreation schedule. Weekday activities were posted outside the Recreation VSO's office, and group and team sports, such as volleyball and netball, were scheduled on weekends.

Parkrun, a community running event, had recently begun at Wandoo on Saturdays. Each participant had a Parkrun ID number, which they could continue to use following their return to the community. Non-participating residents gathered in shade huts to support the runners.

The gym room was available to residents during weekends and weekday afternoons. There were two treadmills, two step machines, a rowing machine, spin bike, cable weight machine, and one speed ball. On the weekend, residents could play music while they exercised. Residents were required to complete an orientation to the gym before commencing.

Cyrenian House used a room alongside the basketball court as a group room. That impacted on recreation because residents could not engage in noisy recreation activities while group was running.

#### **There were opportunities for passive recreation**

An Art Room was open during the afternoon recreation period and on weekends. Residents enrolled in Art classes got preference for art materials. Next to the Art Room was a beauty salon, equipped with six treatment chairs and two hair wash stations.

## RESIDENTIAL EXPERIENCE

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The Library backed onto the Art Room. It had a selection of books, DVDs and board games. A small section of one shelf contained the only legal resources, criminal law textbooks. This complied with the Department's minimum requirements for available legal texts, but did not cater for sentenced women involved in family and civil law matters.

There was also a Wandoo choir and the women could play guitars, although there was no musical instrument instruction. The choir performed at key events, such as Easter, Remembrance Day and graduation ceremonies.

### 4.9 CANTEEN

#### Canteen spends was run efficiently

The standard canteen stock list was extensive, although residents did complain that there were no socks or underwear for purchase. Residents lodged their individual canteen order forms by early Thursday morning. The canteen employed four residents, who picked and packed each order ready for distribution after the community meeting. Tobacco products were only handled by the Recreation/Canteen VSO, and were stored securely. Distribution was quick and efficient from two serving windows which operated simultaneously, overseen by the VSO.



*Photo 5: Well stocked canteen.*

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### **Town spends had not happened**

Residents in stages two and three were granted town spends, with monthly limits of \$20.00 and \$50.00 respectively. Residents complained that although preparation for town spends had begun months before, the first town spends event only occurred the week before our inspection.

Residents also complained that the monthly limits were too low. Town spends is an important part of Wandoo's system of incentives and privileges, and we will continue to monitor its implementation as part of our regular liaison visits to the prison.

# Chapter 5

## STAFF AND COMMUNITY ENGAGEMENT

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### 5.1 MANAGEMENT

#### **A long road to stability in the senior management team**

Wandoo had been impacted by senior management uncertainty in the 16 months since opening. Most of the public servant positions were originally filled through an expression of interest process. Staff subsequently underwent a competitive selection process to obtain permanency. This took time and meant staff changes, impacting the workload of the team and stress levels.

The Superintendent and Assistant Superintendent Operations and Security (ASO) commenced shortly before the first residents arrived. This was a high-pressure period as Wandoo transitioned from the project phase to an operating rehabilitation prison. The ASO acted for a year in the role before being permanently appointed in July 2019.

The ASOS joined Wandoo in August 2019. Prior to this, two senior officers filled the vacancy. The Clinical Manager was permanently appointed in November 2019, having acted since September 2019. She was the third person to act in the role.

At the time of our inspection, the Business Manager had just been informed she was not the successful applicant, having acted in the position since Wandoo opened. This created unrest among some staff, who had built strong bonds over the 16-month period and felt a sense of ownership over Wandoo.

The appointment of the substantive Business Manager signified the final permanent appointment to the senior management team. Moving forward, a stable management team will improve cohesion, and increase productivity as staff become familiar with and efficient in their roles.

#### **Different cultures brought together**

The creation of Wandoo brought together different organisational cultures as well as different staff cultures. We were impressed by the progress made, in a short space of time, to integrate the treatment focus of a TC, with the requirements of hierarchy, discipline, and security in a prison setting. This achievement was undoubtedly the result of staff commitment to Wandoo's vision of being "recognised as Western Australia's premier Alcohol and other Drug Rehabilitation Prison, supporting residents to undertake sustainable change, enabling lasting abstinence and prosocial living within the community" (DCS, 2019). It was no mean feat given Wandoo was opened with custodial staff from at least 10 different prisons across the state. We spoke to many staff, including senior management and prison officers, who expressed their belief in the work being done with the Wandoo women. A small minority questioned some of the TC's processes.

The desire to get all staff, new to the Wandoo model, to move in the same direction, had led to a more directive management style. This had resulted in conflict which had affected staff/management dynamics. A quarter of respondents to the staff survey said support from local management was poor, while 29 per cent said the same about communication

## STAFF AND COMMUNITY ENGAGEMENT

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from local management. This was consistent with what we heard during the inspection. Improving communication from and engagement with management will help further embed staff in Wandoo's culture.

### **Recommendation 9**

**Improve communication and relations between management and staff at Wandoo.**

#### **Future revision of the service provider agreement should strengthen oversight processes**

The Service Agreement between the Department and Cyrenian House was for an initial two-year period, with a one year extension option at the discretion of the Department. Payments, made quarterly in advance, are not linked to service deliverables, but the Department may withhold payment in the event of default.

The Service Agreement runs to 52 pages. Part C contains the service requirements, including outcome measures, service reviews and reporting requirements. Outcomes are measured using self-evaluation tools and include:

- residents have improved knowledge and understanding of how alcohol and drugs impact on offending behaviour
- residents have improved confidence and knowledge of strategies to reduce use of alcohol and drugs
- residents have increased motivation to establish and maintain pro-social lifestyles
- residents have increased skills and knowledge to improve their emotional control and self-regulation to keep themselves and their families safe
- residents have increased motivation to continue positive change through personal development
- residents successfully complete the various modules and stages of MRT and demonstrate behavioural change.

Three-quarters of residents are expected to complete the program, with targets set for residents to complete pre-participation (90%) and post-participation (75%) self-evaluation tools. The Service Agreement specified that Cyrenian House would work with the Department to refine key performance indicators to enable the effectiveness of the program to be monitored.

The Service Agreement requires service delivery information to be collected and reported at regular intervals. It also provides that a service review, to assess the level of compliance by Cyrenian House with the agreement, may be conducted approximately 12 months from commencement. A service review had not been completed by the time of our inspection.

Program governance was provided by the Superintendent, Clinical Manager and Cyrenian House Manager. Clinical governance meetings were held regularly, with the aim of

## STAFF AND COMMUNITY ENGAGEMENT

continuously improving the program, resolving any challenges to service delivery, and ensuring Department standards were maintained.

We heard that opinions sometimes differed between the parties about the level of service to be provided because the Service Agreement lacked specificity. However, for those on the ground, the broad nature of the agreement provided flexibility, which encouraged innovation, and prompted stronger communication and better collaboration. As the Wandoo model beds down, any future revision of the agreement should ensure service deliverables are clearly specified and establish a balanced suite of performance measures.

### **Recommendation 10**

Any future revision of the Wandoo Service Agreement should include specific and measurable performance indicators, while maintaining flexibility as to how outcomes are achieved.

## 5.2 STAFF TRAINING

### **Staff would benefit from Wandoo specific training**

There was no satellite training officer at Wandoo so the Principal Officer organised training for custodial staff as an additional responsibility. This was one of many administrative tasks which kept him desk-bound. The Principal Officer was not accredited to deliver training but was assisted by other qualified uniformed staff. As residents are not locked in their units during the day, group training was usually held on Thursdays during the community meeting, and on weekends.

A database was maintained of officer training which helped identify training gaps. A copy received before the inspection showed that Wandoo was behind in its annual refresher training requirements. The situation had markedly improved by the time of our inspection:

**Table 5-1: Wandoo officer training compliance**

<b>Training requirement</b>	<b>Percentage compliant July 2019 (%)</b>	<b>Percentage compliant November 2019 (%)</b>
Batons	48	91
Cell extractions	48	61
Chemical agent	41	87
Emergency procedures	41	72
Restraints	52	94
Defence and control	43	61
Use of force	41	74
CPR	61	85
Escorts	48	72

## STAFF AND COMMUNITY ENGAGEMENT

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Training sessions mainly covered mandatory requirements for custodial staff (some of which were less necessary at Wandoo), with the inclusion of some other topics, such as drug testing equipment and Wandoo's Standing Orders, which were being developed to include the TC model.

Forty-one per cent of staff had completed working with female offenders training. Half of staff had visited a community TC. Less than a third had received training about working in a TC. Addressing these gaps will improve officers' understanding of TC processes and help address any negative perceptions that may still exist.

We were informed that the new Staffing Agreement, which was awaiting signoff, included a Senior Officer Training. This will help relieve the Principal Officer and enable greater focus on training areas not part of the mandatory requirements.

The training requirements of non-custodial staff also need to be prioritised given the unusually high ratio of civilian to uniform staff at Wandoo. While 63 per cent of prison officers responding to our survey felt they had received adequate training in first aid, the figure dropped to 48 per cent when responses from other staff were included. Only half of all staff felt they had received adequate training in occupational health and safety. Less than half felt adequately trained in managing residents with mental health issues. During the inspection, we heard from both custodial and non-custodial staff that they want more training opportunities.

### **Recommendation 11**

**Develop a Wandoo staff training strategy, which includes training about the therapeutic community model of treatment.**

## 5.3 COMMUNITY RELATIONS

### **Wandoo was building strong relationships within the community**

Wandoo had a Community Engagement Plan implemented primarily through its Community Engagement Advisory Group (CEAG), which met regularly. Community members included representatives from the local council, police, hospital, fire and emergency services, university, and other agencies.

CEAG's focus was building mutually beneficial relationships through information sharing to enhance community knowledge, and identifying potential reparation projects and training opportunities for residents. Reciprocally, the Superintendent attended the local council's advisory committee on safety.

Wandoo had established working relationships with community service providers and held a Health, Reintegration and Support Expo for residents in October 2019, featuring some 25 exhibitors.

# Appendix 1

## ABBREVIATIONS

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ACM	Assessment and Case Management Coordinator
AOD	Alcohol and Other Drugs
ASC	Aboriginal Services Committee
ASO	Assistant Superintendent Operations and Security
ASOS	Assistant Superintendent Offender Services
ATCA	Australasian Therapeutic Communities Association
BRS	Broadspectrum
CEAG	Community Engagement Advisory Group
DDU	Drug Detection Unit
DPT	Drug Prevalence Testing
EETS	Education, Employment and Transitional Services
MAP	Methamphetamine Action Plan
MDT	Multi-Disciplinary Team
MRT	Moral Reconciliation Therapy
NA	Narcotics Anonymous
PEC	Prisoner Education Coordinator
PRB	Prisoners Review Board
PSO	Prison Support Officer
TC	Therapeutic Community
TM	Transitional Manager
VSO	Vocational Support Officer



## Appendix 2

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# Appendix 3

DEPARTMENT OF JUSTICE RESPONSE

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Government of **Western Australia**  
Department of **Justice**  
**Corrective Services**

## **Response to the Announced Inspection: Wandoo Rehabilitation Prison 2019**

**May 2020**

## DEPARTMENT OF JUSTICE RESPONSE

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Response to the Announced Inspection:  
**Wandoo Rehabilitation Prison 2019**

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The Department of Justice welcomes the draft report of the inspection of Wandoo Rehabilitation Prison.

The Department has reviewed the report and noted a level of acceptance against the 11 recommendations.

Appendix A contains comments for your attention and consideration.

Response to the Announced Inspection:  
Wandoo Rehabilitation Prison 2019

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## Response to Recommendations

### 1 Establish supports at Boronia for graduates of the Wandoo therapeutic community.

**Level of Acceptance:** Supported  
**Responsible Division:** Corrective Services  
**Responsible Business Area:** Offender Services  
**Proposed Completion Date:** 31 December 2020

**Response:**

Counselling support at Boronia Pre-Release Centre for Women (Boronia) has increased to two days per week through an increase in Psychological Health Services staffing. Two Prison Counsellors (a Psychologist and a Social Worker) regularly attend Boronia to provide counselling services.

Programs are also in development to specifically support the transition of residents to and from Wandoo Rehabilitation Prison (Wandoo). Entering a Therapeutic Community, Intended to be delivered at Stage 1 of the Wandoo Therapeutic Community Program (Wandoo Program), and Adjusting After a Therapeutic Community, intended to be delivered at Stage 3 of the Wandoo Program, are planned for delivery at Wandoo, Boronia and Bandyup Women's Prison. The delivery of these programs at all sites is expected to be implemented by the end of 2020.

### 2 Provide adequate facilities for the welfare of Wandoo staff.

**Level of Acceptance:** Supported in Principle  
**Responsible Division:** Corporate Services  
**Responsible Business Area:** Procurement, Infrastructure and Contracts  
**Proposed Completion Date:** 30 June 2021

**Response:**

Extensive upgrades to the facilities at Wandoo are planned, including:

- Gatehouse improvements, including installation of a locker room, internal partition walling, new flooring, and investigating the possibility of installing showering facilities;
- Replacement of air-conditioning and flooring for the staff dining room;
- Repurposing the building attached to the basketball courts;
- Privacy improvements to the visits hall through installation of full height glazing, and installation of an external play area for visiting children.
- External landscaping of the grounds has already been completed.

Response to the Announced Inspection:  
Wandoo Rehabilitation Prison 2019

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**3 Assess the effectiveness of an on-site Intelligence Collator that could be shared across facilities with similar needs.**

**Level of Acceptance:** Supported  
**Responsible Division:** Corrective Services  
**Responsible Business Area:** Operational Support  
**Proposed Completion Date:** 31 December 2020

**Response:**

Intelligence Services commenced a review of Intelligence Collators (IC) across the entire prison estate in December 2019. The objectives of the review are to conduct an analysis of the IC role, including its classification level and disposition, and to scope out potential placements at sites without an IC, such as Wandoo. Due to resourcing pressures from the COVID-19 pandemic, the review has been postponed until late-2020.

**4 Consider opportunities for custodial staff to be more involved in relevant aspects of the Wandoo therapeutic community.**

**Level of Acceptance:** Supported  
**Responsible Division:** Corrective Services  
**Responsible Business Area:** Women and Young People  
**Proposed Completion Date:** 31 December 2020

**Response:**

Wandoo staff have been provided with specialised training on Therapeutic Communities (TC). Negotiations are currently underway with the service provider of the TC to deliver on-site learning for staff who have not yet received training. Furthermore, a Senior Training Officer has been recruited and refresher TC training will be incorporated into the facility's training calendar.

**5 Develop a strategy for managing Wandoo residents that need to be housed separately from the main population.**

**Level of Acceptance:** Supported  
**Responsible Division:** Corrective Services  
**Responsible Business Area:** Women and Young People  
**Proposed Completion Date:** 31 December 2020

**Response:**

Work has commenced to convert observation cell 1 into a multi-purpose cell (MPC). This will be supported by the development of a local order for its use.

In the interim, residents are placed in the health centre or in their cells under supervision. If necessary, residents may also be transferred to Bandyup Women's Prison for placement in crisis care or management unit.

Response to the Announced Inspection:  
Wandoo Rehabilitation Prison 2019

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**6 Establish regular information sharing opportunities between Wandoo health service staff and health service staff in other prisons to which Wandoo residents are being transferred.**

**Level of Acceptance:** Supported  
**Responsible Division:** Corrective Services  
**Responsible Business Area:** Offender Services  
**Proposed Completion Date:** 31 December 2020

**Response:**

Standard documentation will be developed to flag to the receiving site relevant medical information pertaining to the resident being transferred.

**7 Develop opportunities for the Aboriginal Mental Health Worker to be more involved in relevant aspects of the Wandoo therapeutic community.**

**Level of Acceptance:** Supported  
**Responsible Division:** Corrective Services  
**Responsible Business Area:** Offender Services  
**Proposed Completion Date:** Completed

**Response:**

The Aboriginal Mental Health Worker (AMHW) is a full time, permanent employee of Corrective Services and is involved in the care of patients requiring mental health interventions at Wandoo. The AMHW is working closely with Prison Counselling Services and the Mental Health Nurse to provide support to Aboriginal women.

**8 Explore opportunities to improve dental services for Wandoo residents.**

**Level of Acceptance:** Supported  
**Responsible Division:** Corrective Services  
**Responsible Business Area:** Offender Services  
**Proposed Completion Date:** 30 June 2021

**Response:**

Funding has been approved for the construction of a dental suite at Wandoo. The Department is currently working in collaboration with the Department of Health to determine the infrastructure requirements for the dental suite, and to source a Dentist to attend the site.

In the interim, dental services are provided via an external provider with two appointments per week allocated for Wandoo residents.

Response to the Announced Inspection:  
Wandoo Rehabilitation Prison 2019

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**9 Improve communication and relations between management and staff at Wandoo.**

**Level of Acceptance:** Supported  
**Responsible Division:** Corrective Services  
**Responsible Business Area:** Women and Young People  
**Proposed Completion Date:** Completed

**Response:**

Communication between management and staff have improved through debriefs, the Principal Officer and Senior Officer meetings, town hall meetings, and community meetings. Wandoo has also held a number of events including family days, wellness days and staff breakfasts. The Senior Management Team make themselves available for staff who wish to raise a concern or are seeking support in a crisis.

Additionally, an email broadcast has been distributed to all staff to provide in-depth information in relation to the Wandoo Therapeutic Community.

**10 Any future revision of the Wandoo Service Agreement should include specific and measurable performance indicators, while maintaining flexibility as to how outcomes are achieved.**

**Level of Acceptance:** Supported  
**Responsible Division:** Corrective Services  
**Responsible Business Area:** Offender Services  
**Proposed Completion Date:** 31 July 2021

**Response:**

The current Service Agreement for Provision of a Modified Therapeutic Community (TC) - Alcohol and Other Drugs (AOD) Program to Women at Wandoo Rehabilitation Prison expires in July 2021.

Prior to expiry, the Department will facilitate a Community Services co-design procurement and tender process for the delivery of these services. This process will involve the development of new service specifications that will include specific and measurable performance indicators while maintaining flexibility in relation to the achievement of outcomes.

Response to the Announced Inspection:  
Wandoo Rehabilitation Prison 2019

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**11 Develop a Wandoo staff training strategy, which includes training about the therapeutic community model of treatment.**

<b>Level of Acceptance:</b>	Supported
<b>Responsible Division:</b>	Corrective Services
<b>Responsible Business Area:</b>	Women and Young People
<b>Proposed Completion Date:</b>	31 December 2020

**Response:**

An annual training calendar is currently being developed by the Senior Training Officer. Training will be delivered face to face, on the job, online, and through external agencies for specialist training, and will incorporate:

- The TC model;
- Core competencies;
- Professional development; and
- Compliance management.



# Appendix 4

## METHODOLOGY

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### ACTIVITY SINCE WANDOO COMMENCED OPERATION

Liaison visits	6
Independent Visitor visits	11

### SURVEYS

Resident survey	5 September 2019	57 responses (88%)
Staff survey (online)	26 August – 11 September 2019	48 responses (55%)
Service provider survey (email)	23 September 2019	4 responses

### INSPECTION TEAM

Eamon Ryan	Inspector
Lauren Netto	Principal Inspections and Research Officer
Natasha Erlandson	Inspections and Research Officer
Charles Staples	Inspections and Research Officer
Christine Wyatt	Inspections and Research Officer
Cliff Holdom	Inspections and Research Officer
Matthew Boyd	Inspections and Research Officer (seconded from the Department of Justice)
Joseph Wallam	Community Liaison Officer

### KEY DATES

Inspection announced	1 July 2019
Visit to Cyrenian House Rick Hammersley Centre	21 October 2019
Start of on-site inspection	9 November 2019
Completion of on-site inspection	14 November 2019
Presentation of preliminary findings	21 November 2019
Draft report sent to Department of Justice	20 February 2020
Declaration of prepared report	26 May 2020



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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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