



OFFICE OF THE INSPECTOR  
OF CUSTODIAL SERVICES

2020 INSPECTION OF BANDYUP  
WOMEN'S PRISON

131

DECEMBER 2020

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



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# Inspector's Overview

## BANDYUP BENEFITS FROM STABLE LEADERSHIP AND INCREASED PROMINENCE OF THE WOMEN'S ESTATE

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Our inspection of Bandyup Women's Prison (Bandyup) took place as Western Australia was starting to emerge from Phase 3 COVID-19 restrictions. We modified our inspection approach to minimise risks and accommodate social distancing requirements, but in the end the inspection was not impeded in any material way, except perhaps by way of timeframes.

Women in prison have traditionally made up a small, but increasing, percentage of the overall prison population. Historically, the Department's focus has largely been on addressing the needs of men in prison, whether that be by way of infrastructure spending or the allocation of other resources. At the time of our last inspection in 2017 things had started to change and the women's estate has continued to receive more attention. The capacity pressure on Bandyup has been relieved to a large extent by the opening of the Wandoo Rehabilitation Prison in July 2018, which complemented the opening of the Melaleuca Remand and Reintegration Facility in December 2016. More recently Melaleuca has been returned to public operation as a remand facility which opens opportunities for better integration across the women's estate.

The Department has created a separate Women and Young People Division under the leadership of an experienced Deputy Commissioner. The Department is also undertaking several strategic reviews, as part of its reform agenda, which will have an impact on the women's estate and the role Bandyup is likely to play in the future. Specifically, in response to our recommendation regarding infrastructure limitations at Bandyup, we were told that some areas of concern had been included in the Custodial Infrastructure Plan 2021-2023 and more may be considered on completion of the Prison Services Evaluation under the Network Design Project. These developments will be keenly monitored as part of our ongoing oversight of Bandyup.

Leadership stability has also returned to Bandyup and we were encouraged by the existence of a vision for the future outlined in a solid business plan.

Health services, including mental health, have been the subject of much scrutiny at Bandyup in recent reports by this Office. This inspection again highlighted issues of concern around health services, including evidence of ongoing conflict between certain primary health and mental health staff. We understand that these issues are being addressed but they cannot be allowed to impact on the provision of holistic health care for the women at Bandyup.

One area of concern that we have raised in several reports has been the lack of a dedicated mental health unit at Bandyup. It is well documented that the State's only forensic mental health facility, the Frankland Centre, cannot cope with demand and often prisoners who require admission simply cannot get a bed allocation. During the inspection we were informed that a business case had been submitted to refurbish Unit 1 A Wing as a specialist mental health unit. This business case was approved and funded in the State Budget and we understand that construction has commenced.

## BANDYUP BENEFITS FROM STABLE LEADERSHIP AND INCREASED PROMINENCE OF THE WOMEN'S ESTATE

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This is a welcome and commendable initiative which will have a significant impact on the welfare of many women who are sent to Bandyup.

Another pleasing development since our last report was that 80 per cent of staff had undertaken training in trauma informed practice and 75 per cent of staff had undertaken the Department's working with women training. Both initiatives were implemented following our recommendation in 2018 around the need for improvements in staff culture.

Bandyup is a complex prison housing a wide diversity of women; many of whom have challenging behaviours, disability, addictions, or mental health issues. There are pregnant women, mothers and their babies, elderly and infirm. There is also a large cohort of settled sentenced prisoners who are serving long terms of imprisonment. The prison must meet the needs of all these different groups and that challenge ought not be underestimated.

Many of the women at Bandyup are also mothers, grandmothers, and aunts who play significant roles of influence on the next generation in their families. If the prison system supports and assists these women in their rehabilitation and in turning their lives around, then that work will have a significant impact on the next generation. An investment in the women held in prison today will pay dividends to the next generation of young people. The narrative and recommendations in this report are best read with this in mind.

### ACKNOWLEDGMENTS

Bandyup has three very experienced Independent Prison Visitors who are community volunteers appointed by the Minister for Corrective Services. They attend the prison on a regular basis providing an opportunity for the prisoners to raise issues and feedback that information to our office. I acknowledge the importance of their work and thank them for the contribution they make to our ongoing monitoring of Bandyup.

It is important to also acknowledge the support and cooperation we received throughout the inspection from the Superintendent and staff at Bandyup and from key personnel in the Department. The women who took the time to speak with us and share their perspective also deserve our acknowledgment and thanks.

We had two expert consultants involved in this inspection, Dr Jocelyn Jones from UWA and Ms Shirley Parer from the Department of Education. I am very grateful for their expertise and significant contribution to our inspection and to this report.

Finally, I would also like to thank the members of the inspection team for their expertise and hard work throughout the inspection. I would particularly acknowledge the work of Cliff Holdom for his hard work in planning this inspection and as principal drafter of this report.

**Eamon Ryan**  
**Inspector**

10 December 2020

## EXECUTIVE SUMMARY

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### 1 INTRODUCTION

This inspection was conducted in May/June 2020 when Western Australia was emerging from the COVID-19 lockdown period. It required a different approach, one that minimised casual contact with staff and prisoners in the facility. While the prison routine was modified, including cessation of contact visits, we found that the prison was still full of life, with most areas functioning quite well.

Since 2017 there have been fluctuations in the population count, but at the time of this inspection it was around 250. In 2018 we published two review reports prompted by incidents at Bandyup; the first arose from the transfer of two acutely unwell women to the Frankland Centre, and the second arose from an unassisted birth in a locked cell. Both reports led to important systemic changes by the Department.

On a positive note, the status of the women's estate has been restored to a Women and Young People Division within the Department led by a Deputy Commissioner.

### 2 ENABLERS

Bandyup's senior management team was more stable and had implemented a business plan that outlined a vision and mission for the prison. Human resources were working well but processes were inefficient. Gender diversity among staff was good but Aboriginal representation was poor. Essential training for staff was well managed and had helped spearhead cultural change in prison operations, including a focus on trauma-informed custodial care.

The management of finances is working well. Sustainability initiatives are worthwhile but more investment is needed. Bandyup has a rich and progressive cultural life including various family events, expos and charitable efforts. The Prisoner Committee was working well as a feedback mechanism between prisoners and prison management.

A comprehensive response to the pandemic was helping people feel safe.

Despite some notable infrastructure improvements, Bandyup is hampered by outdated infrastructure and demountable buildings, much of which needs upgrading. Broadly, the Department has focussed on infrastructure development around accommodation capacity, but more needs to be done on support facilities. The long proposed sub-acute mental health unit was unfunded at the time of the inspection, but funding has subsequently been approved.

### 3 PRISON LIFE

Staff continued to make do in a reception facility we previously found was unfit for purpose. Orientation had improved, but had to be modified under COVID-19. The prison had some fine accommodation, but some was well below standard, and all was seriously crowded due to double-bunking. Aboriginal women were still over-represented in Unit 1, and fewer were living in self-care units.

## EXECUTIVE SUMMARY

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Bandyup cells were still uncomfortably cold during winter months due to a lack of adequate heating. Women were happier with the food supplied, but maintenance issues in the kitchen were affecting the food service, and improvement was still needed.

More women were appreciative of care and security provided by staff. But they were unhappy with restrictions on personal care products available through the canteen. An average of \$1,300 per person was spent on tobacco in the year to 30 April 2020. More could be done to reduce smoking and to promote the public health benefits. Self-care women lacked the life skills advantage of a prison supermarket.

### 4 MOTHERING, FAMILY AND OTHER EXTERNAL CONTACT

Social visits were cancelled to help counter COVID-19. Free phone calls were provided instead, and e-visits were a welcome addition. Regular family days had been operating prior to the coronavirus shutdown and we hope they can be reinstated. The visits centre at Bandyup was still small and lacking in amenity. Installation of e-visit booths has further reduced capacity for social visits. Official visitors are impacted by poor quality demountable facilities. The family visits centre outside the prison provided a valued support for visitors but it also needs updating.

The accommodation of pregnant women still needs work. Not all can stay in Unit 6 but even that has double bunks. A third house was now available for nursery use if required. Good processes were in place to manage mothers-to-be, and mothers with babies, but a permanent coordinator was needed. Engagement from the Department of Communities is pivotal but may need extending. Non-government agency support for new mothers was diminished by contracting arrangements.

### 5 HEALTH AND SUPPORT SERVICES

Health services was fully-accredited and aspired to excellence in health care. And a good effort was made to implement a women-centred approach. But cultural security for Aboriginal patients still needs improvement. And COVID-19 was especially challenging for health care workers as they played a pivotal role in response planning and preparation. Changes in practice were made following the birth-in-cell incident including better communication and sharing of information. Unfortunately, it appears that human resource issues and tension between members of the physical and mental health teams was affecting health care.

Prisoners appreciated the health service, but there were also complaints, and we needed to look more closely at concerns around follow-up care. Primary dental care was available, but no restorative care. Very few prisoners were able to access preventative dental care.

Mental health services had been separated from primary health care, reporting to a new Mental Health Alcohol Other Drugs (MHAOD) branch at head office. Prison Counselling Service has become the Psychological Health Service and reformed their processes.



## EXECUTIVE SUMMARY

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But prisoners were frustrated at slow response from mental health staff and counsellors. A sub-acute mental health ward approved for Bandyup should have a positive impact and greatly assist in management of seriously unwell mental health patients across the women's estate.

Health infrastructure, which has been audited by a healthcare architect was noncompliant in many ways and was a major impediment to safe health care. The review concluded that the existing facility could not be made fully compliant in a cost-effective way. Bandyup also lacks an infirmary, something that the male estate has had since 1991. While Crisis Care had a new 'sensory garden', its inadequate staffing, limited amenities and location next to the MMU made it a less than therapeutic environment.

Peer support prisoners needed more support and training, and more Aboriginal members were needed. Chaplains continued to provide much needed support during COVID-19.

### 6 ACTIVITIES, EDUCATION, WORK AND TRAINING

The 'women-centred' structured day had been discontinued, but a flexible approach by staff allowed women to participate in various daily activities. Bandyup has good recreation resources, but access was too often compromised by staff redeployments. Successful adaptations and innovations were made by recreation staff under COVID-19 conditions.

Employment levels were bolstered under COVID-19 as more cleaners were employed. We also found some areas of innovation like the development of the Beauty Spot salon. But Aboriginal women were under-represented in employment, especially at the highest levels. Just 17.5 per cent of Aboriginal prisoners were employed at Levels 1 or 2, compared with 62.8 per cent of Non-Aboriginal prisoners.

Diverse education and training is provided at Bandyup and industries provide authentic on-the-job training for some. Prisoners were encouraged to do education or training, but many were waiting a long time to be assessed, or to start courses they needed. Community re-entry is jeopardised by limited access to and practice in using digital devices and resources.

### 7 REHABILITATION AND RE-ENTRY

A more balanced and helpful approach was being applied to assessment reports. A significant assessments backlog had developed, but headway was being made shortly before the inspection. Case management contacts for the minority who were eligible were overdue and offered little benefit. Remandees were generally well cared for but had limited access to education, training and programs.

Women's rehabilitation had been boosted by the alcohol and other drug rehabilitation program at Wandoo, reducing the requirement for Pathways programs, but too many were missing out on other programs such as the Choices, Changes, Consequences program, and cognitive skills programs which has ceased to operate.

Bandyup had some effective pre-employment services and a range of re-entry supports and voluntary programs were available.

## EXECUTIVE SUMMARY

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### 8 SECURITY

The perimeter fence had been repaired but razor wire remains and lighting needs improvement. Scanning and surveillance systems need updating and extending, including CCTV coverage, the better use of body cameras, and non-intrusive body scanning devices.

The control room refit works better for staff but the operator was alone and out of sight. The security team was well regarded, but its operational base was too small to allow confidential interviews and conversations. Saliva testing was ready for implementation, which would be an improvement from urine testing in the past.

## RECOMMENDATIONS

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### RECOMMENDATION 1

The Department should undertake a comprehensive review of infrastructure and develop a plan to prioritise and address deficiencies, with particular attention to the areas identified in Table 1 and discussed throughout this report.

### RECOMMENDATION 2

Develop a solution to address the issue of cell temperatures, particularly in winter.

### RECOMMENDATION 3

Bandyup should offer choice for all lunch and dinner meals, including a vegetarian option.

### RECOMMENDATION 4

The Department should provide dedicated safe single-bed accommodation options with appropriate amenities for pregnant women with different needs.

### RECOMMENDATION 5

Establish a permanent coordination position for mothers-to-be, mothers and babies at Bandyup, and negotiate with the Department of Communities for an extension of the Family Links Service across all the women's facilities in Perth.

### RECOMMENDATION 6

Build in and implement a stronger Aboriginal focus as part of the culturally safe model of health care in consultation with Aboriginal community-controlled health services.

### RECOMMENDATION 7

Provide better access to preventative and restorative dental care.

### RECOMMENDATION 8

Consider options, such as increased staffing in the Crisis Care Unit, to provide a more therapeutic unit routine with an optimal level of socialisation and activity for its residents.

### RECOMMENDATION 9

Strengthen training and support for the Peer Support Team and maintain effective Aboriginal participation.

### RECOMMENDATION 10

Take steps to address shortages in access to education and training.

### RECOMMENDATION 11

Explore opportunities for prisoners to have in-cell electronic devices to ensure access to digital education resources to facilitate study beyond education centre hours.

## RECOMMENDATIONS

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### RECOMMENDATION 12

Ensure consistent staffing of the assessments team to prevent a backlog developing.

### RECOMMENDATION 13

Implement an effective, holistic system of case management for women prisoners.

### RECOMMENDATION 14

Revise program delivery methods and extend program delivery for women in custody.

### RECOMMENDATION 15

Review options for improved and updated scanning and surveillance equipment at Bandyup, including internal CCTV coverage, use of body worn cameras, and non-intrusive body scanning technologies.

## FACT PAGE

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### NAME OF FACILITY

Bandyup Women's Prison (Bandyup)

### PRISON ROLE

Bandyup is the State's primary prison for sentenced women prisoners. The prison is also responsible for accommodating women prisoners with complex needs, including many who are on remand.

### LOCATION

Bandyup is 22 kilometres East of Perth CBD. The traditional owners of the land are the Whadjuk Noongar people.

### BRIEF HISTORY

Bandyup opened in 1970 as WA's first separate women's prison. It had a single unit, now known as Unit 1. Until Melaleuca Women's Prison opened in late 2016, Bandyup also served as the metropolitan reception centre for all women.

### PRISON CAPACITY

Bandyup has 206 cells including two multi-cells giving it a standard bed design capacity of 210.

Its official standard bed capacity is 352, but we counted 385 installed beds.

In addition, there are 16 special purpose beds for temporary use in the management unit, crisis care and the health centre.

On 12 May 2020, the population was 251 which included five people staying in hospital.

# Chapter 1

## INTRODUCTION

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### 1.1 INSPECTING DURING THE PANDEMIC

#### **Prison life was still thriving**

Our three-yearly inspection of Bandyup was conducted at an unusual time: in May/June 2020, when Western Australia was moving between Phase 2 and Phase 3 COVID-19 restrictions. In planning this inspection, we imagined that prison life at that time would be at a standstill and that prisoners would be resentful at restrictions imposed, especially cessation of contact visits with family and friends.

Remarkably, that was not the case, the prison was full of life. Most areas, including education, industries, recreation, rehabilitation and health services were functioning quite well, albeit with significant adaptations. Effective communication from prison management and the Department meant that prisoners and their families and friends understood that visits had been curtailed for their own safety. Alternative measures such as free phone calls, and installation of e-visit facilities were appreciated.

#### **A different approach to inspection was needed**

The situation also required changes to the way we conducted our inspection, so as to minimise the risk to staff and prisoners. We would normally administer our pre-inspection survey of prisoners in groups. This time it was distributed and collected in sealed envelopes by staff on our behalf, taking care to ensure anonymity. During the inspection period the full team usually attends the facility for several days. For this inspection, only two inspectors attended most days over an extended period, including one weekend afternoon.

We also minimised casual contact with staff and prisoners. Instead we had socially-distanced meetings most mornings with the Prisoner Committee, or the Peer Support Team. Each meeting discussed different topics. These groups did a great job at relaying views and experiences from other prisoners. We also met with some prisoners individually in official visits. And we held some meetings with staff groups and individual meetings with managers and other key personnel.

This office conducts regular liaison visits to custodial facilities, in the case of Bandyup, it has been every two months. Our volunteer Independent Visitors also visit monthly. These visits were temporarily put on hold in March 2020 in response to the COVID-19 pandemic. Together with two reviews completed in 2018, we were well placed to understand how Bandyup was functioning before the COVID-19 pandemic, and its journey in the three years since the 2017 inspection.

## INTRODUCTION

### 1.2 THE JOURNEY BEFOREHAND

#### Shifting fortunes since the 2017 inspection

At the time of the May 2017 inspection, the Superintendent had only recently been made permanent after three years acting in the role, but later that year he moved to Casuarina prison to take on several roles. An acting Superintendent was appointed for a short time before the current Superintendent commenced acting in the role. She won the position permanently just before the 2020 inspection. There was similar instability in other key leadership positions during this period, although at the time of the current inspection a strong and substantive leadership team was in place.

In 2018 we published two reviews arising from incidents at Bandyup. The first titled *Prisoner access to secure mental health treatment* (OICS, 2018b) was prompted by the circumstances in which two acutely mentally unwell women were transferred to the Frankland Centre. These events helped prompt a major effort by the Department to create a sub-acute mental health unit at Bandyup and, at the time of our inspection, a business case had been completed but some uncertainty existed. (At the time of writing this had been approved and construction had commenced.) The second review was titled *The birth at Bandyup Women's Prison in March 2018* (OICS, 2018c) following an unassisted birth in a locked cell. This resulted in several procedural reforms, and efforts to improve staff culture at Bandyup.

For various reasons, there have been some fluctuations in the population count at Bandyup in recent years, but at the time of the inspection, the population was around 250, which was considered a 'comfortable' level by prison management.

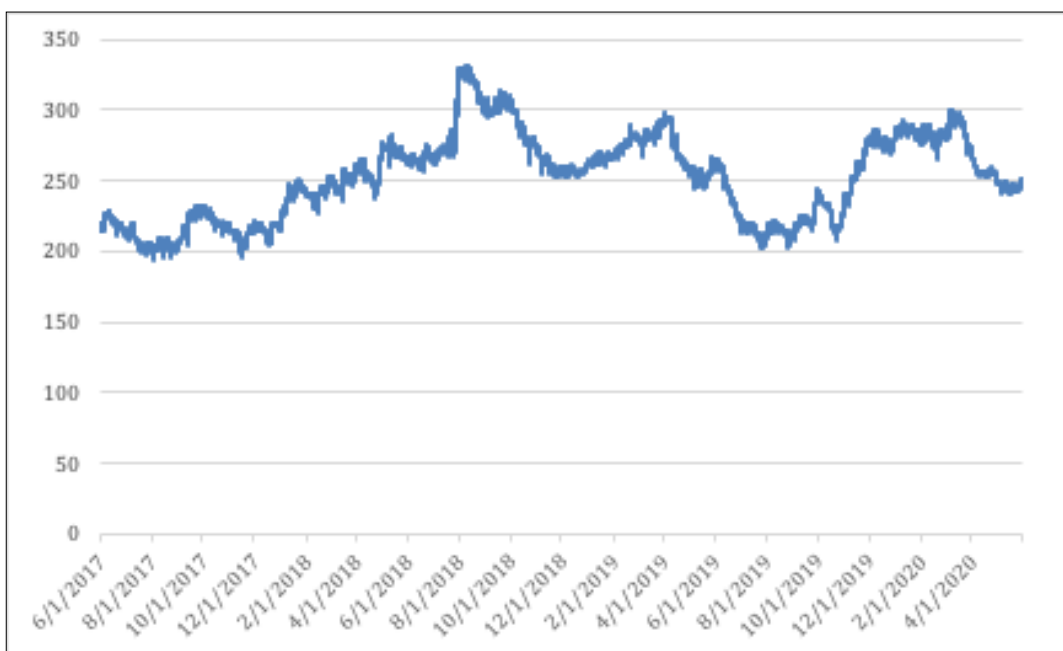


Figure 1: Bandyup in-facility population count – 1/06/17 to 31/05/20

## INTRODUCTION

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### Positive steps and a time for celebration

In 2019, the Department completed its structural realignment which included re-establishment of a women's estate division under a new Deputy Commissioner for Women and Young People. This restored a focused approach to managing women in custody across the system, something that had been missing for some years.

December 2019 saw the opening of the Beauty Spot salon, the culmination of an extended effort on the part of staff and prisoners, providing a valued service and training option for women.

In January 2020, Bandyup celebrated 50 years since its foundation. On 4 April 2020, the Department assumed control over Melaleuca Remand and Reintegration Facility after Sodexo sought release from its contract, rebadging it as the Melaleuca Women's Prison. A number of key staff from Bandyup transferred both to Wandoo and Melaleuca as the Department took control of these facilities.

### 1.3 THE FOCUS OF OUR INSPECTION

When we announced the inspection in January 2020, we said that the inspection themes would include:

- Relations with and transfers to and from other facilities
- Management of women with mental health and behavioural issues
- Health care and counselling services
- Management and care of pregnant women and women with children
- Effectiveness of assessment, rehabilitation, and re-entry services
- Implementation of a women-centred approach to correctional management

The management of women under the COVID-19 pandemic presented itself as an additional theme.



# Chapter 2

## ENABLERS

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### 2.1 MANAGEMENT AND LEADERSHIP

#### **Bandyup had a business plan that outlined its vision and mission**

During our inspection, we were pleased to see that Bandyup had a current business plan. Well managed organisations usually have clearly articulated plans that set the direction, culture and operating philosophy. The *Bandyup Women's Prison Business Plan 2018-2020* was developed in late 2018 on the initiative of the now substantive Superintendent. But the plan was a little short on detail. Priorities and Objectives were listed for each area but without measurable outcomes success may be hard to define.

The plan communicates the Superintendent's aspirations and intentions for the prison through its vision and mission.

Vision: That Bandyup Women's Prison be a centre of excellence in education, training and programs which provides the best opportunity for women to rehabilitate and become successful members of the community.

Mission: To provide a safe and secure custodial facility that contributes to the goals and mission of Corrective Services.

The plan notes recent achievements and seeks to value staff, rehabilitate prisoners, protect the community and maintain accountability. We thought this plan was very important for Bandyup, setting out goals and aspirations for the future.

A Network Design Project, to coordinate prison services, optimise use of resources across the state, and establish purposes and operating philosophy for each prison has been subsumed into a bigger Prison Services Evaluation Project to provide service reform options to operate WA's custodial estate more efficiently. This will no doubt impact on the women's estate and perhaps alter the role of Bandyup in the future. In the meantime, the Business Plan is a good guide for the prison.

#### **The senior management team was more stable**

After a long period where the management team at Bandyup had lacked stability it was positive to see that most of the senior positions had now been filled substantively. At the time of our inspection, only the Manager Assessments and the Case Management Coordinator were filled through acting appointments.

When we spoke to officers and staff, they had a generally positive view of senior management. This was supported in our staff survey results. Sixty-seven per cent of staff who responded said that support from local management was mixed or good. And 62 per cent said that communication from local management was mixed or good. The Superintendent and ASO or ASOS were seen at large in the prison most days and were generally approachable. The Superintendent had monthly 'town hall' style meetings and the ASO chaired twice weekly debriefs, although some staff told us they would like more opportunities to raise and discuss issues.

## ENABLERS

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### 2.2 MANAGING BUSINESS

#### **Human resources working well but manual processes were inefficient**

The HR team is well resourced, working well together and up to date. However, as is the case in most prisons, many HR processes are paper-based transactional and processed manually leading to inefficiency. Examples include: sign on sheets, staff rosters, shift swaps, leave applications, overtime shifts, and leave letters.

We understand that the Department is going through the process of procuring a new electronic rostering system. It is hoped that the new system will introduce efficiencies by automating some of these manual processes. But systems alone rarely deliver all of the solutions and it is likely that changes to processes and practices will also be required to achieve improved efficiencies. We would encourage the Department to proactively identify the changes that need to occur, commence negotiations with staff, and where necessary union(s), and plan the familiarisation or training required to embed change.

Bandyup HR were also frustrated with processes which restricted relief staff, employed on fixed term contracts, being placed on higher duties allowance. The purpose of having relief staff is so they can fill essential positions quickly when the substantive occupants either take leave or the position becomes substantively vacant. This restriction seemed counterintuitive and to a degree defeats the purpose of having relief staff. There is an opportunity for the Department to develop a more efficient process for such circumstances.

#### **Gender diversity among staff was good but Aboriginal representation poor**

At Bandyup, the staff composition was around 58 per cent female and 42 per cent male which is close to the Superintendent's ideal of 60/40 for a women's prison. Maintaining this ratio however, can be difficult, as vacancies are usually filled through the internal transfer process. This means the prison is often required to take the next recommended officer off the transfer list rather than selecting somebody through a merit-based process targeting a balanced staff composition. Further, a merit based process would be more in line with modern recruitment practices.

Unfortunately, there were no prison officers who identified as Aboriginal either in their employment profile, or socially with colleagues. Around 45 per cent of the prisoners in Bandyup identify as being Aboriginal. The only Aboriginal staff are civilian staff such as the Prison Support Officer, an Aboriginal Education Worker, the Aboriginal Visitors Scheme and a part-time Chaplain.

The presence of Aboriginal staff can encourage Aboriginal prisoners to become more engaged with prison operations and build stronger relationships between prisoners and staff. Aboriginal prisoners are known to seek out Aboriginal staff for assistance and support. Aboriginal staff can also support and respond to cultural obligations in an appropriate manner which assists with prisoner wellbeing. The Department needs to ensure that Aboriginal people are well represented among its prison officer group.

## ENABLERS

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### Essential training for staff was well managed

The prison now has one full-time senior officer trainer, who is rarely redeployed when the prison is short-staffed. The prison locks down on Friday morning to enable training to be delivered. However, training is sometimes displaced by other imperatives, including the Superintendent's monthly 'town hall' meeting with staff. Essential training, including use of force training and CPR, is scheduled across a nine-month period, allowing flexibility to ensure it is covered within the required 12 months. This often requires working with individual staff who have missed essential group training.

As at April 2020, the percentage of critical skills training that had been achieved against the stated target was generally in excess of 80 per cent, the highest being CPR at 96 per cent. These statistics were reaffirmed in the staff survey where the percentages of staff who felt they are adequately trained in essential skills were higher than we found in 2017 and higher than the state average.

The training room is in an aging demountable building that can only accommodate a small to medium sized group. For most of the week it is used to deliver prison programs. The gym has to be used for delivery to larger staff groups, requiring equipment to be relocated and set up which eats into the training time. The prison would benefit from a dedicated training facility.

### Training also helped spearhead cultural change in prison operations

Following the birth in cell, this office recommended that the prison '[I]mplement a strategy for addressing the culture at Bandyup to improve staff response to distress and pain management.' In response to that recommendation, the Department stated that it was providing trauma informed practice to all staff at Bandyup (OICS, 2018c). A special training package was developed, with a focus on women's experience of domestic violence, and had been delivered to about 80 per cent of staff to date. We were told that a similar number of staff (75%) had also completed the working with women training program.

The Department now has several online training courses for all staff, with *Accountable and Ethical Decision-making*, *Cyber Awareness* and a *COVID-19* course all required to be completed by the end of May 2020. A new version of the *Working with Women* course, which includes a section on trauma-informed practice, was also under development. There are also six mental health modules staff can do on line, and an Aboriginal cultural awareness course is also available.

### The management of finances was working well

The management of finances at the prison appeared to be working well. At the end of December 2019, the prison had spent 52 per cent of its budget with 50 per cent of the year completed. The only overspend was in salaries and wages which was at 55 per cent. Staffing levels are subject to industrial agreements which are largely outside the control of prison management. We were told that all areas where the prison had direct control were within budget.

## ENABLERS

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The prison had sufficient budget to maintain daily operations, including minor works and maintenance. It does not have the capacity to fund larger maintenance or infrastructure works which must be the subject of a business case which is submitted to head office for consideration.

### **Sustainability initiatives are worthwhile but more investment is needed**

Bandyup has introduced a vegetable patch in the area near the kitchen with further garden beds installed in Unit 1. Although the produce grown in the vegetable patch may never make a significant contribution to the needs of the kitchen, it does provide the women with a sense of satisfaction seeing their produce used in the kitchen. We were told of further plans to introduce a recycling initiative and worm farms for each of the houses.

At a local level this is positive as prisons generate an enormous amount of waste. Having recyclable items sent to a suitable facility rather than land fill and redirecting organic waste to worm farms is of benefit to the environment and helps to teach the women about sustainability. More broadly, there is no evidence of any systemic investment or planning for sustainability initiatives across the prison system. Opportunities exist for considerable savings to be generated through initiatives such as solar power and large-scale recycling.

## 2.3 OFFENDER SERVICES AND PRISONER COMMITTEE

### **Bandyup has a rich and progressive cultural life**

The role of Assistant Superintendent Offender Services (ASOS) is pivotal in the support, coordination and direction setting for various services provided to prisoners. Many of these services are provided by the prison (e.g. assessments, orientation, visits, recreation, industries and canteen), others are coordinated from Head Office (e.g. programs, transition management, education, peer support and health services), and others are delivered under contract by external providers (e.g. chaplaincy, re-entry services, and various other activities and services).

The ASOS role at Bandyup is central to much of the cultural life of the prison, although many of these activities were also championed by other managers, staff and prisoners. A great deal of energy and creativity is shown in events, some focussed on prisoners, some on staff, and some involving prisoners' families or other external facilitators.

Events have included:

- Family days at Easter
- NAIDOC, Halloween, Christmas celebrations
- Reconciliation Week events
- Harmony Day, International Women's Day and 16 Days in WA campaigns
- Occasional employment and health promotion expos

## ENABLERS

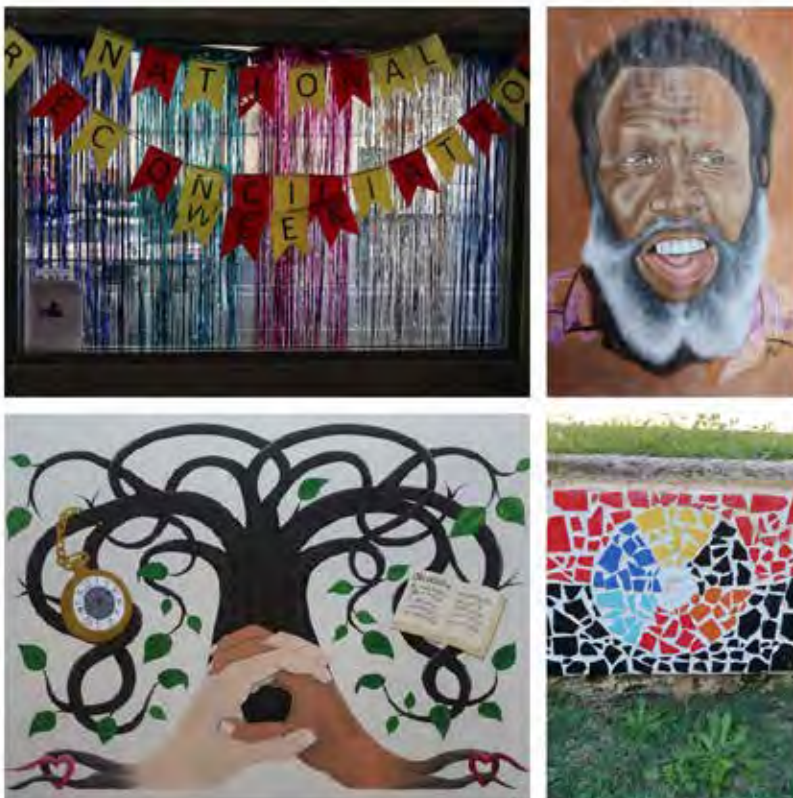
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- Memorial services for people who have passed away
- Annual wellness days for staff
- 50-year anniversary celebrations

In addition, a memorial garden was established following the death of a well-loved woman shortly after she left Bandyup, and the 50-year anniversary celebrations culminated in the commissioning of a memorial garden for ANZACs and former staff members.

Bandyup's commitment to trauma-informed care was emphasised by holding its own Silent March during the 16-Days in WA Campaign last October and the prison's management participation in the official march in Perth carrying a banner made by the women. A purple coloured bench has also been set up in the prison as a permanent memorial to all victims of domestic homicide in WA.

Bandyup has also made and donated goods to various community agencies over time and contributed generously in fundraisers. Baby wear was being made in textiles as part of the Healing Hands initiative for charity. A knitting group made scarves and beanies for homeless people for distribution by the City of Swan. Women also supplied knitted poppies for the Department's ANZAC celebrations. Others made paper floral wreaths for funerals.



*Photo 1:  
Prisoner art for  
Reconciliation Week  
and Harmony Day  
celebrations*

## ENABLERS

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The ASOS also has been responsible for establishing a Prisoner Committee which meets at least monthly. It has an important role providing prisoner feedback to prison management, being consulted on possible changes and helping organise key events. The ASOS also coordinates responses to prisoner complaints made to the Department, Minister, Independent Visitors and other external agencies.

### 2.4 RESPONDING TO THE COVID-19 PANDEMIC

#### **A comprehensive response to the pandemic was helping people feel safe**

The emergence of COVID-19 has again raised the issue of prisons as potential incubators of infectious diseases, highlighting that 'prison health is public health' (Kinner, et al., 2020). The Department established a COVID-19 Taskforce in early March 2020 which combined health and custodial expertise to develop guidelines to prepare and manage the pandemic in WA correctional settings. As it developed, the Department implemented a range of measures in prisons by late March, which at Bandyup included:

- Reception and isolation of women suspected of having COVID-19 who had been received from the courts and/or police. Ordinarily, the Melaleuca Remand and Reintegration Facility (MRRF), as it was then called, would receive new prisoners and remandees, but Bandyup was considered best equipped to manage and isolate these cases.
- Providing information to prisoners in various ways, including through letters from the Commissioner for each person, unit meetings and hygiene posters.
- Cessation of social visits, provision of free phone calls, and implementation of e-visits.
- Making PPE available for health staff, and custodial staff involved in reception and management of people in isolation.
- Providing information and training both for health and all other staff.
- Strongly promoting personal hygiene including use of hand sanitisers.
- Engaging more cleaners, some specially trained, to ensure surfaces cleaned regularly.
- Social distancing, insofar as that was possible within the prison, including in queuing for meals, for the library and so on.
- Reducing numbers able to attend recreation together, closing gym equipment, stopping most group fitness and sporting activities, and closing the art workshop.
- Changing canteen from a shopping to a bagging system.

We ran our own prisoner survey in the week after the social visits ban had been implemented. Far from being angry about the ban, and other measures, most prisoners were understanding and accepting. Eighty-five per cent of those that responded agreed they had been well informed about the virus, 74 per cent said they were feeling reasonably safe at Bandyup, and the same proportion said they thought the spread of the virus was well managed. Workers from the ReSet Family Visits Centre at Bandyup said that social visitors had been very anxious about the potential impact of the virus on prisoners and strongly supported the ban.

## ENABLERS

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### 2.5 INFRASTRUCTURE

#### **Bandyup is hampered by legacy infrastructure and demountable buildings**

During our inspection, we found some infrastructure improvements since the last inspection. These included the renovation of Unit 1B, completion of the Beauty Spot salon, development of a memorial to former prisoners, development of an ANZAC memorial and memorial to former prison officers, and a sensory garden and wall at the back of the Crisis Care Unit. Some good work had also been done developing and maintaining gardens and grounds.

Bandyup is layered with a wide range of prisoner accommodation reflecting different construction trends and standards prevalent over its 50-year lifespan. This Office has on many occasions commented on the substandard design of Unit 1, which, despite its recent refurbishment, has inadequate cell sizes and is exposed to the elements. Almost all prisoner accommodation was crowded, with all, except for a few rooms in Unit 5, being doubled up despite being designed for one person. The facility also included a haphazard assortment of demountable buildings and sea containers mostly used for office space and work rooms.

Some facilities are just too small for the population size, such as the visits and reception centres. Some are in poor condition, such as the dongas comprising the official visits facility, and one of the dongas in administration which was allowing entry by small flying insects which was impacting staff. Some are no longer fit for purpose such as the medical centre. We were informed the deficiencies in the medical centre at Bandyup were found to be so serious, and costly to fix, that it substantively prevented the transfer of Prison Health Services to the Health Department (Hume, 2019). The kitchen also needs significant refurbishment, retooling and extension. Additional investment is needed in industries as well.

#### **Legacy infrastructure forgotten in the push to expand prison capacity**

In 2017, we noted a change management process undertaken for Bandyup which included a review of its processes, practices and infrastructure. That review included several recommendations for upgrades to infrastructure. It reflected many of the issues we had raised in previous reports and it made use of those earlier findings to support its case. In 2018, we recommended that the Government commit funding for necessary infrastructure upgrades at Bandyup, with priorities being Unit 1, the Health Centre, Visits and Reception (OICS, 2018a). The Department's response to this recommendation was only that the 'Strategic Asset Plan is currently being updated to address current and future needs... This includes options for the future expansion of Bandyup Prison' (OICS, 2018a, p. 65).

The women's custodial estate experienced long overdue expansion through establishment of the 256 bed Melaleuca Remand and Reintegration Facility in 2016, and the 77 bed Wandoo Rehabilitation Centre in 2018. The focus of investment since then has been on the men's estate, including the Casuarina and Bunbury expansions.

## ENABLERS

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*Photo 2: Dongas and sea container used for prisoner accommodation, official visits, staff offices and reception storage (among other purposes)*

While the inclusion of Melaleuca Women's Prison (MWP) and Wandoo have taken population pressure off Bandyup, it still plays a pivotal role in the women's estate. Bandyup houses most long-term women prisoners and has to provide education, training, counselling and programs to address personal development and criminogenic needs. It also must manage the least well, most vulnerable, and most troubled women not only from Perth but from regional WA. But too much of its infrastructure is no longer fit for purpose and needs renewal.

It has significant unmet requirements such as a mental health unit, an infirmary, and additional facilities for industries, training and rehabilitation. The following table provides an overview of what we consider to be the scope of infrastructure deficiencies at Bandyup.



## ENABLERS

**Table 1: Infrastructure deficiencies of Bandyup Women's Prison**

<b>Reception and visits:</b>
Reception sallyport is too small and lacks interview rooms, work-flow or storage
External visits centre is poorly located, and in poor condition
The social visits centre is too small to serve its purpose
Official visits is in poor condition and of questionable safety
<b>Health and support services:</b>
Medical centre is not compliant with health and hygiene standards
The women's estate lacks a 24-hour residential infirmary
A residential sub-acute mental health facility is needed
Counselling, programs and prison support staff, Aboriginal Visitors, external facilitators and chaplains need more appropriate offices, interview rooms, and programs rooms
Bandyup lacks a multi-faith spiritual centre
<b>Administration and security:</b>
Administration is dispersed, partly in unsuitable demountable buildings
Security team needs more suitable accommodation and an incident control facility
Meeting rooms are needed in administration
Staff training facility is of poor quality
Outdated scanning equipment is in use and CCTV coverage is inadequate
<b>Prisoner accommodation:</b>
Suitable single-bed accommodation for all pregnant mothers is lacking
Unit 1 has small crowded cells and is exposed to the elements
Too many double-bunks are installed
<b>Industries and training:</b>
A fit-for-purpose kitchen and training facility is needed
Additional workshops are needed for skills training and cottage industries
Additional training classrooms are needed
Digital infrastructure for learning is too limited
Horticultural nursery facilities need extension and modernising
A supermarket facility is needed for self-care provisioning

### **Recommendation 1**

The Department should undertake a comprehensive review of infrastructure and develop a plan to prioritise and address deficiencies, with particular attention to the areas identified in Table 1 and discussed throughout this report.

# Chapter 3

## PRISON LIFE

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### 3.1 RECEPTION

#### Reception still unfit for purpose

Staff continued to make do in a reception facility we previously found was unfit for purpose, comprising a 'haphazard collection of rooms, corridors, and makeshift storage areas' (OICS, 2018a, p. 33). The sallyport is unable to properly contain prisoner transport vehicles. Dedicated interview and search rooms are needed. It also lacks CCTV to record and deter any incidents that may arise. Overall, it is crowded and raises safety risks.

Bandyup mainly only receives women transferred from Melaleuca Women's Prison or other prisons. But during the pandemic, it received symptomatic women directly from court or police as it was better equipped to manage such women. These women were escorted by staff in full hazmat suits from a vehicle parked at reception into a multi-purpose cell. They were isolated until cleared of COVID-19 by a medical test.

### 3.2 ORIENTATION

#### Orientation had improved, but was modified under COVID-19

We were pleased to find some improvement in orientation this inspection, though modified under COVID-19 arrangements. J Block in Unit 4 which has ligature minimised rooms has long been used as the orientation wing for new prisoners, with a cleaner and peer supporter residing there as a support. But under COVID-19, J Block was reserved as an isolation wing for anyone testing positive to COVID-19, or potentially for other infectious disease such as the flu.

New residents were having to go straight to mainstream accommodation in Unit 1 or 2, usually in a shared cell. Unit 4 staff remained responsible for undertaking the orientation and called each person to that unit to conduct the initial orientation checklist. An interview room had been created for this purpose. The peer supporter for orientation meets with each newcomer and takes them through the updated Orientation Handbook, answering any questions and taking them on a tour of Bandyup. Emotional support is also provided as needed.

It was also intended that the Employment Coordinator, and/or the Transition Manager, administer a career and employment services checklist to guide the prisoner's choices in work, training, education and re-entry services. This was paused for COVID-19. A fuller education assessment is undertaken later, depending on the sentencing status of the prisoner. Newly painted blue and white lines on the footpaths guide new prisoners from the orientation block to the health centre, visits, reception and video link.



*Photo 3: Guide lines for new prisoners and J Block normally the orientation wing*

### 3.3 UNIT ACCOMMODATION

#### **Some good accommodation and some not so good, but all seriously crowded**

Unit 1 was Bandyup's original accommodation unit and comprises two u-shaped wings separated by an added block of office accommodation and day rooms for prisoners. A wing has 29 cells, B wing has 31. All cells open onto a courtyard, with covered walkways around the edges. Most cells are only 5.8 square metres, well below the 8.75 square metre prison design guideline for single occupation for a wet cell (Corrective Services Victoria, 1990). Yet all but four cells in A wing are double-bunked, making them overcrowded.

One cell in A wing is an adequate size and set up with two separate beds as accommodation for a disabled person. However, the fittings in this cell are inadequate for a person with a disability. And one similarly sized cell in B wing was set up as a four-bed dormitory, but was currently not in use. Only these two big cells have their own showers. Everyone else has

## PRISON LIFE

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to use the shared ablutions. Women complained that journeys to ablutions or day rooms were very uncomfortable when it was wet and windy.

In A wing the cells are ligature minimised but it has a smaller courtyard. It has long been used to accommodate women with impaired cognition, mental health issues, those affected by grief or trauma, or exhibiting persistent behavioural issues. Most cells had not been renovated for many years and the walls, flooring and fittings were in a very poor state. Walls were grubby and covered with graffiti. However, it was pleasing to see that a work team had recently commenced fixing the walls and painting these rooms. There were also plenty of trees and plants in the courtyard.

B wing was closed for an extended period in 2017 to 2018 for renovation. Quite a good job was done on refurbishing the cells. Major work was also undertaken on the plumbing in that wing. Shady trees in the courtyard had recently been cut back making it more exposed, but a good effort had been made on developing new garden beds.

Unit 2 is a uniquely-designed pigeon-pair style of unit with two wings either side of the central control and staff amenities area. Two wings at either end are on split levels. In one end, cells have their own showers, and over the years women have often raised concerns about water-logged carpet, mould, broken tiles, and privacy whilst using the shower. We heard that a satisfactory solution had been implemented for privacy in the shower. Both Units 1 and 2 are standard accommodation units where newcomers may be placed after orientation in J Block in Unit 4. Their meals are sent from the main kitchen.

Unit 3 comprises the management unit and crisis care unit, neither of which are considered standard accommodation. But some women need extended care in crisis care and a handful of mentally impaired and behaviourally challenged women were frequent visitors in the management unit.

Unit 4 comprised two self-care blocks each with six cells, and J Block with ten cells. All of these cells were double bunked, although, as noted above, J Block was kept empty as a contingency to act as a quarantine under the pandemic.

Unit 5 comprised 10 self-care cottages, each with four bedrooms, but most cottages were crowded having an extra bed in two of the bedrooms. These rooms are far too small for a second bed. Two of these cottages stand apart and are configured as nurseries for mothers with babies. Another cottage has been converted for use as a nursery if it is needed.

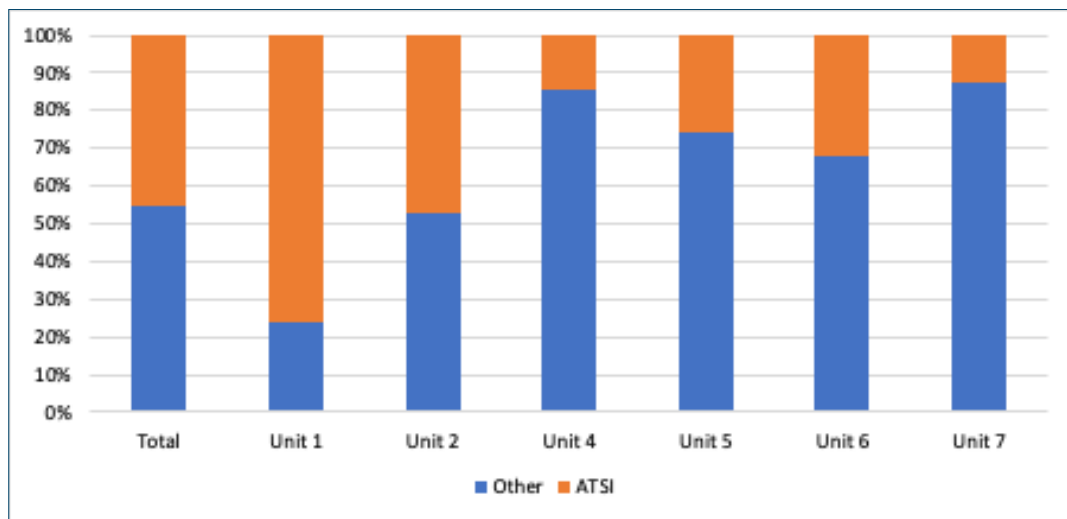
Unit 6 has 16 rooms in three mining camp style dongas arranged in a u-shape. Each room has its own ensuite and air-conditioning, but was crowded being double-bunked.

Unit 7 was the original nursery, and has four rooms, each with two beds.

## PRISON LIFE

### Aboriginal women still in the majority in Unit 1, fewer in self-care

In 2020 we found that Aboriginal women were still not accessing the best accommodation options at Bandyup. Aboriginal women made up 45 per cent of the population at Bandyup. Just prior to our inspection, they comprised just over 76 per cent of the population in Unit 1, but only 26 per cent of the population in Unit 5.



*Figure 2: Unit population by ATSI Status*

Aboriginal women were also under-represented in Units 4, 5, 6 and 7. These are by far the more desirable areas of the prison. Despite numerous commitments to improve the situation (OICS, 2014, p. 114), it appears that little has changed over the years.

### Bandyup cells are uncomfortably cold during winter months

We heard some complaints before and during the inspection about the cold of winter. We were told that cells were especially cold at night, and that the pyjamas and bedclothes issued (one blanket and one doona) were insufficient to keep them warm during the night. In 2015 we conducted a review of temperatures in prisoner accommodation in various prisons, including Bandyup, in winter and summer. In winter, only two units at Bandyup briefly attained temperatures in the acceptable range, defined as 18-32 degrees (OICS, 2015, pp. 12-13). The review found that winter temperatures at Bandyup were undoubtedly uncomfortable, and in some cases resulted in hygiene, safety and security issues (OICS, 2015, p. iii).

It is possible to purchase an additional doona, although the cost is challenging for some women. But not all officers were well informed about this policy. Having purchased a doona from their own funds some women found that the prison issued doona was removed. Prisoners have also long complained they were not allowed to purchase small fan heaters, in contrast to summer when they can purchase small fans. Management have consistently declined to allow fan heaters as they are considered unsafe, and there are concerns about the capacity of the electrical system. Yet some women told us that they used

## PRISON LIFE

hairdryers to keep warm with at night, which is neither safe nor sustainable. Alternative options should be closely investigated to address the issue identified above.

### **Recommendation 2**

Develop a solution to address the issue of cell temperatures, particularly in winter.

## 3.4 CLOTHING AND LAUNDRY

### **Clothing is of a better standard and quality than seen in previous years**

The 2020 inspection found that the quality of clothing for the prisoners at Bandyup had improved on past inspection findings, as reflected in our pre-inspection survey findings shown below. Clothes appeared newer, cleaner and in better condition.

*Table 2: Prisoner satisfaction with clothing and laundry*

	Bandyup 2020	Bandyup 2017	State average
<b>Clothing</b>	60%	35%	45%
<b>Bedding</b>	70%	43%	50%
<b>Laundry</b>	75%	50%	55%

We were also pleased to find that our 2018 recommendation relating to appropriate maternity clothing for pregnant women had been acted on. At the previous inspection, we observed that the lack of suitable clothing for pregnant women was undignified (OICS, 2018a, p. 19). Bandyup's textiles workshop now produces maternity shirts for pregnant women and breastfeeding mothers. This is an excellent outcome.

## 3.5 FOOD AND NUTRITION

### **Women were happier with food, but improvement was still needed**

In our pre-inspection survey, prisoners were asked if they thought the food was 'good' or 'bad'. As shown in the table below, 48 per cent said that food quality was good. This was a significant improvement on Bandyup prisoner responses three and six years ago, but only marginally above the average for WA prisons. Their views on food quantity provided was steady at 66 per cent, which was well above the state average.

*Table 3: Prisoner satisfaction with food provided*

	2020	2017	2014	State average
<b>Quality</b>	48%	34%	26%	45%
<b>Quantity</b>	66%	66%	55%	49%

Approximately two thirds of prisoners at Bandyup eat food prepared in the kitchen. The other third self cater. Two teams of kitchen workers, morning and afternoon shifts, work under the direction of three VSOs to prepare food. The VSOs were all new to Bandyup and brought strong industry experience, and a commitment to training

## PRISON LIFE

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prisoner workers.

One deficiency was in the way food is distributed to units in insulated food carts. Lunch was delivered and served almost immediately, but the evening meal was often delivered an hour or more before serving. Bandyup prisoners stand in line for food to be served from the trays and often find that food is cold by the time they get to eat.

### **Bandyup lacked meal choice for women**

Most women coming to Bandyup have spent time on remand at Melaleuca Women's Prison, where the food is largely fresh-cooked and served in individual meal containers. Importantly, women there can choose each week from a pre-published menu of two different lunches and evening meals each day. Food variety was emphasised as an important element in the 2013 update of the Australian Food Dietary Standards. It also makes it possible for people to choose healthier options, or more familiar foods, and possibly generate less waste.

Women in self-care at Bandyup have the capacity to plan and cater for different tastes and needs. But the other two thirds of the population are provided a single meal option by default. A woman has to apply for vegetarian food and will be locked in to receiving vegetarian food after that. These meals are packaged in separate meal packets. But if that person is observed serving herself any meat in addition to the vegetarian meal supplied, she will have the 'privilege' of vegetarian meals taken away.

A rather more flexible approach is needed and a system that enables the women a choice of meal would better reflect individual needs and community standards.

The kitchen also provides individual meals for those on a medically required diet, and for religious reasons. Halal and Kosher meals are purchased from outside sources at significant expense, but the range is limited, and the same meals may be supplied morning, noon and night. An opportunity for an element of self-catering for such people, if not already in self-care would seem appropriate.

### **Recommendation 3**

**Bandyup should offer choice for all lunch and dinner meals, including a vegetarian option.**

### **Maintenance issues were affecting the food service**

The kitchen required significant refurbishment and upgrades. The walls were in poor condition, stained and flaking, and some fittings and machinery were corroded or damaged. Bench space was limited as was cold storage. Two cold storage trailers had to be obtained for additional supplies as a contingency during the COVID-19 crisis. Nor was the kitchen equipped to serve a variety of meals in single containers as is done at Melaleuca. Cleaning was also uneven, as shown by the state of the cook-top in the photograph overleaf.

## PRISON LIFE

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During the inspection, the single bratt pan had been out of order for five weeks awaiting parts to be imported. Sausages were cooked in a multi-tray oven and served after food in only one or two trays was tested. But the food cooked unevenly, and some trays sent to units were undercooked. Substitute food was quickly sent when this was raised, but the incident was quite discomfoting for women, a potential risk to health, and a learning experience for kitchen workers, who take a caring and professional approach to their work.



***Photo 4: Additional cold storage, kitchen walls and equipment in poor condition***

Maintenance concerns in the kitchen had been evident at least a year before, but Bandyup lacked a maintenance VSO for much of 2019. A second maintenance position remained vacant. We were informed that work on the walls, including installation of stainless-steel splashbacks for benches was on the books. But a more significant expansion, refurbishment and retooling is needed to provide sufficient cold storage, to improve workflow and safety in the kitchen, to better offer training to kitchen workers, and to support more choice in the food provided.



### 3.6 TREATMENT OF PRISONERS

#### **More women were appreciative of care and security provided by staff**

The relationship between staff and prisoners at Bandyup continues to improve. This was due to a combination of factors. Firstly, Bandyup is more settled, a benefit of the decrease in its population, following the opening of Melaleuca and Wandoo. Secondly, Bandyup now has a more stable and committed senior management team, who have pushed for positive cultural change and respectful communication. The *Bandyup Women's Prison Business Plan 2018 – 2020* refers to the need to develop a positive culture, and sets out the training of staff in trauma-informed practices as a key objective.

In our pre-inspection survey, more women referred to the role of officers as contributing to their sense of safety at the prison, and expressed appreciation for help and support they had received. It's not all good news, however, as there were also concerns raised both in our survey and also during the inspection about disrespectful behaviours and attitudes of certain staff. But there were some signs of improvement with fewer complaints encountered; a review of complaints to Independent Visitors showed that between 2017 to 2020, there had been 35 complaints about staff behaviour, compared to 53 in the period 2015 to 2017.

### 3.7 GRATUITIES AND SPENDS

#### **Women were unhappy with restrictions on personal care products**

Bandyup has always styled its canteen like a shop, including a few fresh food items, along with the traditional confectionery, drinks, tobacco, cosmetics, personal care products, shoes, clothing, electricals, art supplies and stationery. But the shop was closed under COVID-19 restrictions in favour of an ordering and bagging system.

In 2019, the range of cosmetics and personal care products was severely restricted. The reason for this was a security concern that prisoners were accumulating stocks of these products through gambling and standover. A secondary concern was that contraband could be hidden in opaque bottles within those stocks. Traditional personal care products were replaced by generic products supplied in clear plastic bottles, and only a single line of cosmetics was made available. The personal care product supplier was a local company, and it was intended that bottles be refilled, reducing plastic waste.

This move was very unpopular with the women. It was also inconsistent with practice at other prisons. Most of the generic product was disliked, and some particular needs were not well catered for. While the range was still restricted, better quality generics were now supplied, and some particular needs were accommodated. The prison was also working with a cosmetic supplier to better cater for diverse skin tones. Prisoners were unhappy about being denied access to the same range of products that were available in other prisons.

## PRISON LIFE

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### **Not enough was being done to reduce smoking**

Like all prison canteens, unhealthy products such as tobacco, confectionary and soft drinks dominated expenditure. A total of \$331,091.53 was spent on tobacco in the year to 30 April, which was 43 per cent of the total expenditure. Given an approximate prison population of 250, this represents an average of over \$1,300 per person over the year. A further \$227,868.02 was spent on confectionary (chocolates, lollies, chips and biscuits) and soft drinks accounting for another 29.5 per cent of the total.

WA is now the only Australian jurisdiction to allow smoking in prisons. It is almost inevitable that smoking will be banned in WA prisons at some point; it seems more like a question of 'when' rather than 'if'. While many women strongly defend their right to smoke, the detrimental health implications associated with smoking are well known. Further, the cost of tobacco products has risen steeply meaning that prisoners often cannot afford tobacco products which leads to poor behaviour such as stand overs.

The Department should consider introducing a quit smoking campaign to improve overall prisoner health and wellbeing in the prison. This would be a valuable pre-cursor to a smoking ban whenever that may be implemented.

### **Self-care women lacked the life skills advantage of a prison supermarket**

Unlike some other prisons with self-care units such as Boronia and West Kimberley, Bandyup issues supplies through the kitchen to each household. Those other facilities have small supermarkets where household supplies can be purchased. Such a system better supports maintenance and development of valuable life skills such as household budgeting and meal planning and ought to be considered at Bandyup.

# Chapter 4

## PARENTING, FAMILY AND OTHER EXTERNAL CONTACT

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### 4.1 CONNECTING WITH FAMILY AND FRIENDS

#### Social visits were cancelled to help counter COVID-19

In response to COVID-19 the Department cancelled all social visits in March 2020. The Department did a good job in explaining the need for the cancellation and implementing appropriate alternative means of contact. Anxiety around the risk of COVID-19 entering prison was already acute and we had feedback from prisoners and visitors that the ban was both necessary and appreciated. For women in Bandyup, the loss of social visits meant loss of: day-stays for mothers with their young children; family days; supports and visitors when giving birth; as well as regular visits with partners, children, other family and friends.

Concessions and alternatives to help lessen the impact and loss of social visits included:

- Additional access to phone calls which were also made free
- An increase in the number of free mail items prisoners could send
- The expedited roll-out of e-visit technology at all Western Australian prisons



*Photo 5: E-visits were established when visits were cancelled*

## PARENTING, FAMILY AND OTHER EXTERNAL CONTACT

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This office has long promoted the value of e-visits as a complement to social visits. While Bandyup already had one e-visit kiosk, this had been placed in the court video-link facility and had hardly been used. An additional five kiosks were installed as a priority in the social visits centre in time for Mother's Day on 10 May. After another week, regular e-visits commenced. At the time of our inspection, Bandyup was offering up to 40 half-hour e-visit sessions per day, three days per week.

E-visits can be highly effective. We observed women have powerful reactions to seeing their family and friends in familiar domestic settings. They could engage with multiple family members at once, and even with pets. Some of these were with people from regional areas, interstate or overseas who could never visit. The use of e-visits instead of contact visits also greatly reduces opportunities for smuggling contraband.

There were teething problems, both in the prison and the community. A good effort was made to inform would-be e-visitors how to set up and book an e-visit. But the technology was unfamiliar to many staff and prisoner contacts, and we heard of numerous failed calls. We also saw staff being fair and flexible when issues arose, allowing women additional chances to get through to their loved ones. By early June, e-visits were extended to four days per week, and it was intended they continue to be available in parallel with social visits when they resumed.

### **Regular family days had been operating prior to the coronavirus shutdown**

Prior to the coronavirus shutdown, Bandyup had been running an expanded range of family visit days. This was an excellent outcome in response to a recommendation from our 2017 inspection. In 2019, four family day visits were successfully held and there were plans in 2020 to have a family day for those without small children. We hope these will be reintroduced when COVID-19 restrictions are lifted.

### **The Visits Centre at Bandyup was not fit for purpose**

Social visits recommenced in July 2020. The visits centre had been remodelled to accommodate e-visit kiosks by relocating the central officer station to where the barista station had been located. When social visits resumed, there were fewer visit tables available, as some were permanently configured for e-visits. There were also fewer visit times available as social visits and e-visits cannot run concurrently. In each of our inspections since 2002 we expressed concern about the lack of capacity and amenities in the visits centre and recommended it be extended or replaced.

The Department supported each one of those recommendations, but little progress has been made. In our 2017 inspection report, we recommended that the Government ensure funding for necessary infrastructure upgrades at the prison with visits considered a priority. This was supported in principle (OICS, 2018a, p. 65), but no progress has been achieved. We can only reiterate our concerns that the visits centre is too small and not fit for purpose.

## PARENTING, FAMILY AND OTHER EXTERNAL CONTACT

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### **Family visits centre a valued support for visitors but it too has seen better days**

External to the front gate is the family visits centre, where social visitors must report before entering Bandyup. Since early 2018, this has been staffed by the ReSet consortium. It was essentially idle during the inspection due to the visits ban, but staff spent the time preparing release packages for prisoners. The centre normally welcomes social visitors, alerts the prison of those awaiting a visit, and provides various amenities, information and support to social visitors. However, like much of Bandyup's infrastructure, the centre was quite dilapidated and in need of substantial renovation or replacement.

The centre is poorly located. Visitors are required to walk 100 metres up to the gatehouse and once inside the secure perimeter walk 100 metres back down to the visits centre inside the prison. These journeys can be quite difficult for the elderly, disabled and mothers with young children. The paths are not sheltered so visitors can be exposed to the elements for a considerable distance. ReSet appear keen to renovate or replace the family visits centre but have not been successful in gaining priority support for this from the Department, which owns the building.

## **4.2 OFFICIAL VISITS**

### **Official visits are also impacted by poor quality demountable facilities**

Official visitors such as lawyers, community corrections staff, community-based counsellors, and re-entry services staff attend at the official visits office in a demountable building adjacent to the social visits centre. There is no suitable waiting area, nor any shelter, as visitors are directed to one of the interview rooms in another demountable building to meet their clients. Both demountable buildings are poorly configured and look quite dilapidated which has the potential to diminish the important work done by these official visitors. Ideally, official visits should be a wing in a fit for purpose visits facility.

## **4.3 MOTHERS-TO-BE**

### **Accommodation for pregnant women still needs work**

The key findings of the review we conducted into the birth in a locked cell in Bandyup in March 2018 concluded that:

- Bandyup did not have enough accommodation for pregnant women.
- Unit 2 accommodation (where the event occurred) was particularly unsuitable.
- Bandyup had inadequate medical facilities.

The review recommended that the Department increase accommodation for pregnant women and mothers at Bandyup, and that the Department build an infirmary for the women's prison system (OICS, 2018c). In response to the recommendation, the Department advised that: 'Unit 6 has been designated for accommodation for pregnant women. This is a single-story unit with air-conditioned cells and in cell shower facilities.' We accept that Unit 6 is better than Units 1 or 2, but the cells in Unit 6 are double-bunked and

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therefore not ideal if in-cell medical assistance is needed. Fortunately, at the time of the inspection, there were only a few mothers with babies in Bandyup, so a few women in late-stage pregnancy were able to be accommodated within the two nursery homes. But there is no guarantee that this will always be the case.

The updated Local Order 23, *Management of Pregnant and Post-Natal Women in Custody*, prescribed that placement of pregnant women over 28 weeks in Unit 6 was only required 'where practicable'. In reality, the placement in Unit 6 of pregnant women who are classified at maximum-security was often contested by unit staff. Further, women with alerts for offences against children could not be accommodated in Unit 6, as it is close to the nursery. Some women identified by authorities as unsuitable to care for their own child after birth, were also not normally accommodated in Unit 6. This left a class of late pregnant women to be accommodated in other units, primarily in double-bunked cells Units 1 or 2 which we have described as unsuitable for such women.



**Photo 6: Nursery houses; getting ready for baby**

Bandyup is making the most of the infrastructure that it has available, as it has done for the last decade. But that infrastructure continues to be inappropriate and inadequate for the diversity of needs of women in custody. All late pregnant women should be accommodated in single cells, and in higher risk pregnancies, when close to term, under medical observation in an infirmary.

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### **Recommendation 4**

The Department should provide dedicated safe single-bed accommodation options with appropriate amenities for pregnant women with different needs.

#### 4.4 RESIDENT CHILDREN AND DAY STAYERS

##### **A third house is now available for nursery use if required**

Bandyup's nursery accommodation consisted of two stand-alone houses within Unit 5, a self-care unit. Each house accommodates up to eight mothers and babies. These houses are air-conditioned, certified as child-safe and the bedrooms are equipped with cots and change tables. They are comfortable, safe, and attempt to provide mothers and babies a normalised domestic environment.

Following a recommendation in 2018, Bandyup modified a third house in Unit 5 as an overflow nursery house. Air-conditioning was installed and it was made child-safe but we were told that some weeks would be needed to ready the house as a nursery should it be required. Nor had it yet been identified as a nursery in Local Order 23. At the time of this inspection, there were eight women in late stage pregnancy at Bandyup and another 10 at various stages of pregnancy at Melaleuca, so commissioning of the third nursery at some stage looked likely.

As well as facilitating residential children up to 12 months of age, Bandyup has a day stay facility where mothers can have an extended visit with children up to five years of age. We did not see this operating, as it had been closed as part of the COVID-19 response, but its renovation had been completed in 2019. It was nicely decorated, child-safe, had a gated indoor play area, a kitchen, and a lovely lawn outside. Initial visits were typically about two hours, sometimes building up to a long day.

##### **Good processes were in place but a dedicated coordinator is needed**

Management responsibility for pregnant women, resident children and day stays rests with a multi-disciplinary Mothers and Babies Committee which meets fortnightly or as needed. It is chaired by the ASO and includes custodial staff, the Case Management Coordinator, the Family Links Officer, medical and counselling staff, and the Prison Support Officer. This Committee considers and determines applications from mothers-to-be for children to reside with them at Bandyup and from mothers for extended visits in the day stay facility in accord with relevant policies.

This is an effective process, but since Melaleuca was established it also became necessary to track progress of pregnant women on remand there, and transferring them to Bandyup when appropriate. Good cooperation was established around these issues with the former operator and were being rebuilt with the new Departmental management team.

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On a day to day basis, coordination of mothers and babies, and late pregnant women was in the hands of the Case Management Coordinator who reports to the ASO in cooperation with unit staff, medical staff, the Family Links Officer and others. The coordinator works closely with mothers, and expectant mothers, providing advice and encouragement, assistance with applications, material child care needs, access to the Centrelink benefit for new mothers, and vetting proposed internal and external carers for the child. Unfortunately, this coordination work is secondary to the CMC's primary responsibilities, and three different people have undertaken this work over the previous 18 months. Bandyup had sought to create a new coordinator position, but despite a favourable response from head office, its establishment was in limbo. We urge the Department to appropriately fund and support this key resource.

### Engagement from the Department of Communities is invaluable but may need extending

The Family Links Officer is a staff member from the Department of Communities (DoC) based at Boronia and Bandyup. She provides advice and expertise relating to child welfare risks generally and on a case by case basis. She also advises how any risks may be appropriately managed in care plans for those allowed to care for their child in custody. She assists in vetting proposed alternative carers for those children. One difficulty is that this position, already shared between two facilities, does not cover women at Melaleuca. Such cases are directly managed by DoC case workers from various local offices, making coordination much more difficult for prison staff. There are also coverage gaps when there is a changeover between secondees to this position, and when the incumbent is on leave. Consideration should be given to an additional Family Links Officer to share the role for all metropolitan women's prisons.

### Non-government agency support was diminished by contracting arrangements

In the past, support for new mothers at Bandyup was significantly augmented by Ngala, beyond the requirements of its contract with the Department. But these services were not fully specified in the new re-entry services contract awarded in 2018 to the ReSet consortium led by Wungening. Centrecare, as part of ReSet, provides some excellent parenting courses generally at Bandyup although they were paused at the time of the inspection. It also normally provides an advisory service to mothers at Bandyup but is unable to offer the kind of intensive support and training that was previously available. This in turn has increased the burden on the CMC and likely made some child placements at Bandyup less viable.

#### **Recommendation 5**

Establish a permanent coordination position for mothers-to-be, mothers and babies at Bandyup, and negotiate with the Department of Communities for an extension of the Family Links Service across all the women's facilities in Perth.



# Chapter 5

## HEALTH AND SUPPORT SERVICES

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### 5.1 HEALTH CARE

#### **Health services was fully accredited and aspired to excellence in health care**

The orientation booklet for prisoners says that 'Bandyup Health Centre is a fully accredited health service which is passionate about providing excellent health care with a strong focus on promoting Women's Health in a professional environment.' The centre operates 24-hours per day, seven days per week.

We were informed that services encompass interventions to identify and manage acute and chronic conditions; infectious diseases; mental health; alcohol and drug addiction services and referral to specialist and tertiary services. There had been considerable success in treating women affected by Hepatitis C, and the number requiring opiate pharmacotherapy had halved over the previous 12 months.

Population focused health improvement initiatives are also provided including health promotion; disease protection; infection control; communicable disease management and immunisation. Allied health services included dental clinics up to three days per week, physiotherapy and podiatry once a month and optometry on an ad hoc basis.

Treatment for prisoners may be initiated following initial health screens, following an untoward medical event, or on request by submitting a purple form for any kind of health service, or a yellow form if sick and unable to attend work or education.

Bandyup health staff respond to a large number of medical incidents each day, including: assessments following assaults, use of force, or self-harm incidents; and more recently arrivals of people suspected of having COVID-19.

#### **A good effort was made to implement a women-centred approach**

Health services have progressively implemented specific assessments and care planning for women. This includes initial health screens, social histories and mental health screens undertaken by nursing staff on admission, and the admission examination undertaken by a GP. The latter is completed within 30 and 90 days, depending on the prisoner's status and results of initial screens. A Well Women's Care Plan is created which facilitates follow ups for further treatments, referrals, coordination and discharge planning. It may include plans to treat identified chronic conditions. Women in longer term custody are reviewed by the GP every 12 months, using different templates for women under or over 55 years of age.

We were told that most women put on weight after a period in custody, too much in some cases. Bandyup has a Health and Wellness Committee that was restarted in 2020 with a focus on health promotion activities including yarning sessions, encouraging pap smears, and weight management. A stoplight labelling system in the canteen was one idea currently under consideration.

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### But cultural security for Aboriginal patients was under-done

The Department has a position statement on culturally safe medical care which has as its mission: ‘to provide a culturally safe health service with which individuals can confidently engage and which facilitates each individual’s pursuit of optimal health outcomes in keeping with their own cultural context’ (DoJ, 2018). The statement has excellent aspirations to treat people with equality while acknowledging difference through ensuring cultural competency of staff, increasing awareness of the interplay between culture and health, the provision of culturally safe services and a commitment to continuous improvement.

Bandyup does have women from quite diverse cultures, including foreign nationals, so these principles are important. Yet with Aboriginal people comprising over 45 per cent of the Bandyup population, the absence of specific provision for their health profile and culture in this position statement is troubling. Aboriginal people in custody, as in the community, carry a much greater burden of disease and ill health. To illustrate, this table shows the relative proportion of chronic disease diagnoses of female Aboriginal prisoners and others aged 35 years and over in WA prisons in July 2019, based on information provided by the Department.

**Table 4: Chronic disease in WA female prisoners from 35 years by ATSI status at July 2019**

Chronic disease	ATSI	Other	All
Diabetes	17%	4%	9%
Renal	13%	4%	7%
Asthma	28%	17%	21%
Cardiovascular	21%	17%	19%
Obesity	30%	28%	29%

The health centre tries to engage Aboriginal women in various ways, and this has been discussed at the prison’s Aboriginal Services Committee. The centre has obtained or created culturally appropriate materials on topics such as pap smears, ECGs, asthma, smoking and other areas of health promotion. Aboriginal facilitators have come in from external agencies for health expos, yarning sessions and health promotion, including from Diabetes WA. Discharge planning may include referrals to the Derbal Yerrigan Health Service or the Aboriginal health service in their own town, or to any other provider they choose.

But there are no Aboriginal clinicians or support staff in the health service at Bandyup, and very few posters or materials on display to make Aboriginal clients feel included. Nor is there any direct integration between prison health services and Derbal Yerrigan or other Aboriginal controlled health services.

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### **Recommendation 6**

Build in and implement a stronger Aboriginal focus as part of the culturally safe model of health care in consultation with Aboriginal community-controlled health services.

#### **COVID-19 was especially challenging for health care workers**

Health staff had a crucial role in Bandyup Women's Prison's preparations in relation to the COVID-19 pandemic, in accord with direction from the Department's COVID-19 Taskforce. Early attention was given to procedures for receiving, testing and isolating potential cases and access to Personal Protective Equipment (PPE) for both health and custodial staff involved. Additional questions were added to health screens for incoming prisoners. Posters and flyers were put out about hygiene, especially washing hands, and sanitiser was made broadly available. Advice was provided to centre management about implementation of social distancing, infection control, and other measures for prisoners. An extra effort was made to vaccinate as many people as possible against the flu.

Health Services at head office provided a great deal of information and training materials for health staff, and various training sessions and briefings were provided to staff locally. But there was mixed feedback from Bandyup health staff about preparedness for COVID-19. They said that they felt information made available was often confusing and inconsistent. Custodial directives differed from those from the health service and there were disputes about how real life situations should be managed. And while PPE available met standards, the goggles supplied were single use, yet staff were told to wash them and use again. Nevertheless, staff said they did appreciate that regular meetings were held to discuss these matters.

Despite receiving many suspected cases, Bandyup, and other WA prisons had not had a single confirmed case of COVID-19 among prisoners at the time of writing.

#### **Changes in practice were made following the birth-in-cell incident**

Following the Department's own investigations, and the review by this office following a birth in a cell in Unit 2 in March 2018, health services instituted some new practices. Firstly, the centre now publishes a *Bandyup Health Centre Custodial Daily Handover* for custodial staff, with a more detailed one for health staff, with details of all prisoners with current concerns, pregnancies, health alerts, and mental health alerts with clear instructions on how to respond if something arises.

A new health services local instruction for pregnant women was also issued requiring nurses to consult with a more senior clinician on any unscheduled presentation by a pregnant woman. The Nurse Manager continues to provide important input to the Mothers and Babies Committee. We were told that Bandyup health services has no mandate to provide medical care for residential children, other than in an emergency, but did host monthly clinics by visiting Child Health Nurses.

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### Human resource issues and staff conflict affected health care

The centre has the following staff resources for general health services:

- Clinical Nurse Manager – one full-time equivalent (FTE) position
- General Practice – 1.7 FTE, of which 1.6 was shared by two doctors
- Clinical Nurses – 8.75 FTE covered by full-time, part-time, contract and agency staff
- Coordinator resources – one FTE
- Senior Medical Receptionist and Medical Receptionist – one FTE each shared by three people
- Pharmacy Technician – one FTE.

Staff reported considerable delays in recruitment for unfilled positions, including by casual and relief staff. However, creation of a pool of fully oriented casual nurses has been a big help. And an effort had been made to appoint people to positions created by consolidating unused FTE. But there were also four staff members subject to an active worker's compensation claim and a fifth before the inspection's end. It was concerning to hear that allegations of bullying or conflict among staff was a factor in more than one of these claims.

The 2017 OICS inspection reported tensions between work areas and found that lines of responsibility, accountability, and communication needed attention. Efforts to resolve these issues have not been successful and staff from all areas told of ongoing tension between primary health care and the comorbidity/mental health teams. Until recently, the comorbidity/mental health team were under the Clinical Nurse Manager, and said they were too often used to fill gaps in general nursing rather than be allowed to undertake their specialist role. The poor and crowded infrastructure was also a significant limiting factor.

The comorbidity/mental health team now reported directly to a new director in head office, but tensions between the teams had continued, and was impairing a holistic approach to patient care. Mental health clinicians were absent from shared care meetings in the centre, and case management meetings for high needs clients chaired by the previous psychiatrist had also stalled.

Custodial staff arrangements and operations also impact service delivery at the centre. Clinics can only run when a duty officer is available. So, a doctor for example cannot extend a patient consult beyond the time the duty officer is due their lunch break. And duty officers were too often diverted to cover absences in other areas, or to help respond to incidents, affecting medical services.

### Prisoners appreciated the health service, but there were also complaints

While some prisoners told us that medical staff were great, and they clearly appreciated the services provided by them at Bandyup, there were also a number who reported significant delays in accessing treatment. Purple request forms are triaged and it can take a week or more to be seen by a nurse, and longer again to see a GP. The purpose of the

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yellow form is to certify absences from work or education due to illness and treat minor issues in a timely way, but that was often defeated by delays. Inconsistency of services was something we heard about, including very different approaches to prescribing and addressing weight issues between the two GPs. Many felt that their need for anti-anxiety, sleep medications or pain relief had been unreasonably dismissed as 'medication seeking'. Some complained they had not been informed by staff of results from blood tests.

### **And we needed to look more closely at concerns around follow-up care**

We received three personal accounts from women who complained of inadequate care for abnormal pap smears and breast lumps detected in late 2018. Two were in custody at the time of these initial indications. The third was remanded in custody shortly afterwards. She had a follow-up appointment, but that was cancelled after she was remanded into Melaleuca. She was subsequently transferred to Bandyup and there was considerable delay before a new specialist appointment was made.

At the time of the inspection in May 2020, two of these women were allegedly facing more serious surgical interventions and risked more negative prognoses than expected due to delays in diagnosis and treatment. One had just received negative news about test results at the hospital, without preparation from medical staff at Bandyup, and lacked support on return. Health services admitted that clinicians had received the test results prior to the patient's escort to the hospital but had failed to arrange an appointment with her beforehand. But it was unclear just how much time was available for this and why that wasn't done. The third woman was yet to have a diagnosis.

The Department had taken on these matters as medical incidents for internal investigation and in at least one case a complaint was lodged with the relevant hospital. We were told that delays were due to initial triaging at the hospital in which the patients were considered at low risk, hence a low priority, and put on extended waiting lists along with all other public patients. But the risk levels and priorities do not appear to have been escalated by these clinics as time progressed, despite a number of inquiries from the Bandyup health centre on the women's behalf. Cancellations of external medical escorts may possibly have been a factor, which was the case for 118 of 648 appointments in a 12-month period prior to the inspection. Thirty-two of those cancellations were initiated by the clinics concerned, and a similar number of prisoners declined to attend appointments.

Just prior to the inspection, the WA Coroner delivered findings in relation to the death of a Bandyup prisoner in 2016, who had multiple medical issues (Jenkin, 2020). While he concluded that the treatment and care she received in custody was adequate, he did find that prisoner health staff had failed to follow-up on a referral that had been made for a specialist appointment. A recommendation was made that

the Department should consider using its health records system (ECHO) to generate automatic reminders to clinical staff. These reminders would prompt clinical staff to check whether an appointment had been received from the external agency for the prisoner and/or whether the appointment had been attended by the relevant prisoner (Jenkin, 2020, p. 20).

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The Department was progressing implementation of such a recall system with EcHO at the time of the inspection. We expect that this, and any other lessons learnt from investigations into these incidents, will help improve outcomes for women facing similar medical issues in future. This is an area we will monitor as part of our ongoing oversight of the prison.

### Primary dental care was available, but no restorative care

Good oral health is critical to a range of physical, social and emotional health outcomes. Women in prison have higher rates of dental disease, more untreated decay and are less likely to access preventative care (Osborn, Butler, and Barnard, 2003). North Metropolitan Health Services was providing three day clinics per week, up to 50 appointments per month. Only primary care such as dental pain, infection, trauma and bleeding was provided. There was no restorative care available, and preventative care such as cleans was rarely accessible.

Prisoners reported long wait times, including for infections and ulcers, poor access to pain relief, and rare access to a scale or clean. Those with infections or pain relief should have been seen by a GP instead. The Department says that: 'at the time of the inspection, COVID-19 restrictions were in place and Dental Health Services was only providing emergency treatment'. It also claimed that Bandyup prisoners had more favourable care than would be available to other public patients in the community. That may be true for people solely reliant on public dental services, but people in the community can access private dental services.

The Department should consider how preventative oral care can be made available at Bandyup, for example, by a dental therapist, and how restorative care can also be made available, possibly by inviting a private dentist to offer an in-prison clinic.

### **Recommendation 7**

**Provide better access to preventative and restorative dental care.**

## 5.2 MENTAL HEALTH CARE AND SUPPORT SERVICES

### Mental health services separated from primary health care

The comorbidity/mental health team comprises:

- Visiting Psychiatrist – one day per week
- Clinical Consultant Co-Morbidity – one FTE
- Clinical Nurse Specialist Co-Morbidity Services – one FTE
- Clinical Nurses – two sharing 1.4 FTE

The comorbidity/mental health nursing team welcomed their new alignment under a new Mental Health Alcohol Other Drugs (MHAOD) branch at head office, which they saw as likely to provide better direction, training and support. Women come to the mental

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health nurses for a range of reasons, including anxiety, stress, alcohol and other drug issues and medication support. The team also provides initial mental health assessments and ongoing psychiatric care.

We were told that at 29 February 2020 when Bandyup had a population of 289, 150 women prisoners had contact with the mental health team at some point, 83 were on their mental health register, 35 had a psychiatric diagnosis, and two had been in the Frankland Centre. Population numbers had eased at the time of the inspection but there were still 73 on the mental health register.

Staff also provide input alongside custodial staff, the Psychological Health Services (PHS) team and other support staff in regular Prisoner Risk Assessment Group (PRAG) meetings where the management of prisoners on the At-Risk Management System (ARMS) is discussed, and also in Support and Management System (SAMS) meetings where management of prisoners with ongoing support needs are discussed.

The psychiatrist was new at Bandyup, and reviewed about eight patients in his weekly clinic. He received referrals from primary health practitioners, the comorbidity team, and the Psychological Health Services (PHS) team. A barrier to continuity of care of women in custody is the lack of integration between the prison health services Echo medical records system, and the Health Department's Psychiatric Services On Line Information System (PSOLIS). The psychiatrist was also concerned about the inability to involve families in patient care within the prison environment. This is a compromise to care and treatment of those with mental illness and is in his view contrary to the intent of the *Mental Health Act 2014*.

A new Department of Health Prison In-Reach Transition (PIRT) service has been running since late 2019. The service works with women up to six months prior to their expected release date allowing time for a needs assessment and for building trust between the worker and client. Clients are assisted with accommodation and other transitional services. They are also engaged with their local community mental health services to ensure continuity of care.

### **A sub-acute mental health ward would greatly assist**

The psychiatrist expressed concern how frequently acutely unwell women at Bandyup cannot get in the Frankland Centre, the state's only forensic mental health facility. The Frankland Centre has a capacity of 30 beds, of which 17 were occupied by patients on custody orders, leaving just 13 beds for Hospital Orders from the Courts, and any mentally unwell prisoners needing hospital care. As a mixed-gender facility, there have also been questions about the safety of vulnerable women in the Frankland Centre.

We also heard concerns from Bandyup comorbidity staff that the needs of women were under-rated and under-resourced, and that accommodation for mental health services staff was inadequate, lacking privacy, security and shared spaces for team collaboration. Medication regimes are governed by custodial rosters, not treatment needs, so it is not

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normally possible to monitor patients after administration for side effects. Nor do crowded units operating on standard prison routines provide a therapeutic environment for women with mental health needs.

In the past we have made recommendations that the Department work with the Department of Health and Mental Health Commission to establish a dedicated mental health unit at Bandyup (OICS, 2014). The Coroner made a similar recommendation in her record of inquiry into the 2015 death of a mentally unwell woman at Bandyup (Linton, 2019).

The Department has responded to the recommendations and put up business cases seeking funds to convert Unit 1 A Wing into a sub-acute mental health unit. While not ideal, A Wing in Unit 1 was considered the most cost-effective location for such a unit. It would need substantial work to be transformed into a therapeutic environment. Careful attention would also be needed to ensure that both therapists and custodial staff bring a trauma informed and evidence-based approach to the unit.

Subsequent to this inspection, we were pleased to see an announcement on 9 October 2020 of \$2.4M commitment to creating a 32-bed mental health unit at Bandyup.



*Photo 7: A Wing will need substantial work for its new purpose as a mental health unit*



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### **Prison Counselling Service has become the Psychological Health Service**

In 2018/19, a determination was made to bring the Prison Counselling Service (PCS) under Health Services and rebadge it as the Psychological Health Service (PHS) to emphasise its new affiliation. In March 2020, it was announced that PHS would now be part of the new MHAOD branch. PHS has been arranged into three areas throughout the state, each with a management team consisting of a manager and clinical supervisors. Despite these changes at head office level, there has been little real integration between the PHS and either the comorbidity/mental health teams or primary health care teams. Nevertheless, it has helped that PHS counsellors now have read access to notes on the ECHO medical records system.

A more formalised process of assessment, and a stepped approach to treatment has been implemented at Bandyup. PHS counsellors continue to counsel prisoners on ARMS or SAMS and contribute to PRAG and SAMS meetings alongside others. They also valued taking part in monthly case management meetings with the previous psychiatrist and comorbidity team to collaborate in patient care. Women can self-refer by submitting a Unit Interview Form or be referred through the TOMS system by custodial staff or others, when they are distressed or anxious.

### **Prisoners frustrated at slow response from mental health staff and counsellors**

While many women acknowledged benefitting greatly from mental health and counselling services, others expressed frustration at the lack of response to their requests to see someone, and how long it took to get seen when they were struggling. Their perception was that only those who were self-harming or threatening self-harm were being seen in short order. They said that it typically took up to a fortnight for either service to respond to self-referrals by prisoners. Some thought that PHS were too tied up in counselling lifers. Like other prison services, access to prisoners by PHS and comorbidity nurses was affected by custodial operations including availability of duty staff, and unscheduled lockdowns.

## **5.3 HEALTH SERVICES INFRASTRUCTURE**

### **Infrastructure was a major impediment to safe health care**

Health care staff again raised concerns about the centre's infrastructure and facilities which they said posed risks to hygiene, personal safety, and the service's ability to function effectively. There were too few consulting rooms, especially when allied health clinicians attended. The doctor's office was well below a standard size. Staff also complained about the deteriorating condition of medical equipment and that equipment had to be shared between consulting rooms.

The emergence of the COVID-19 pandemic created new challenges, in attempting to implement social distancing within the health centre. Prior to the pandemic five patients could be accommodated in the small waiting area, but this had been restricted to two, causing delays and backlogs in working through the appointment list.

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An external audit was commissioned by the Department in 2018 to report on the state of the Bandyup health centre in terms of healthcare design compliance. This was done as part of the Prison Health Project, which considered whether responsibility for health services in prisons should be transferred to the Department of Health. The audit classed the centre as a Class 5 health facility and reported against a body of relevant general and mental health facility guidelines, and standards for prison health facilities (Hume, 2019).



***Photo 8: A far too narrow corridor is just the first of many shortcomings in the health centre***

That report, delivered in March 2019, identified several short-comings around the centre's fundamental design, fixtures, poor ventilation, old-age and poor maintenance. Workflow and egress in the centre was poor, there was potential for compromise of patient privacy, work safety issues, cross-contamination risks, and a lack of separation between staff offices and amenities and patient consultation and interview rooms. And there were multiple issues in access for the disabled, including narrow doors, corridors and toileting facilities.

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The consultant's report concluded that 'the existing planning and structural configuration of Bandyup Women's Prison makes any structural changes to meet essential design criteria very difficult and these will not be cost effective'. While the Department might consider 'piecemeal works' that could improve staff amenity and infection control, 'the inappropriate sizing and configuration of spaces and door openings and circulation flows makes any refurbishment of the existing building a temporary solution until the Department of Justice can allocate funds to design and build a fit for purpose new Class 5 Health Centre' (Hume, 2019, p. 22).

Our own observations, and discussion with staff during the inspection confirmed the continued relevance of the findings of the Hume report.

### **Bandyup lacks a proper infirmary**

Despite Bandyup's status as the high-needs health hub for women in custody in WA, it lacks a residential infirmary. The Health Centre has a two-bed ward effectively useful only for medical observation during the day when the centre is staffed with both clinicians and custodial staff. It is rarely used overnight, instead Crisis Care is often used for medical observation. Costly hospital stays for women have had to be extended due to the lack of a 24-hour infirmary. The men's prison estate has had an infirmary since 1991 when Casuarina Prison opened. Women with difficult pregnancies, with certain chronic conditions, the disabled, the elderly, frail or terminally ill would all benefit from a properly designed facility. Elderly women prisoners unlikely to be released for many years asked where they might be looked after as their care needs increased. Women's access to high level health care lacks substantive equality to men's.

### **Crisis care was still less than therapeutic**

The Crisis Care Unit (CCU) at Bandyup is relatively modern, with six ligature-minimised cells designed to accommodate women acutely at risk of self-harm. It adjoins the Management Unit at one end, and the health centre at the other. We have previously criticised the unit as being adequate in keeping women safe, but not providing a therapeutic environment.

The amenity of Crisis Care was recently improved by development of an attractive 'sensory garden', which has a stone wall, paths, shelter, grass and garden beds. Access is limited because the CCU is generally only staffed by a single officer, and women told us they were sometimes confined in their cells day and night. Cells were bare, in need of repainting, cold, and not very therapeutic. The unit also lacked separate interview rooms or spaces for group therapy.

Staff admitted that it depended who was running the unit whether women had time out of cell, and whether a second officer was made available from the Management Unit or elsewhere to facilitate time in the lounge, or to visit the garden. Access to phone calls was only possible in the Management Unit, which is entirely inappropriate due to the nature and volatility of that unit.

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Some women described their time in the CCU as like being in punishment, rather than a supportive environment. They said this deterred other women from coming forward when they were struggling. The CCU was often full and overflowed into the Management Unit or vice-versa. People were often placed there due to acute mental illness, for protection from others, and for medical observation, including incoming prisoners suspected of having COVID-19.



*Photo 9: People in Crisis Care rarely get to use the lovely new sensory garden*

### **Recommendation 8**

Consider options, such as increased staffing in the Crisis Care Unit, to provide a more therapeutic unit routine with an optimal level of socialisation and activity for its residents.

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### 5.4 PRISONER SUPPORT

#### Peer support prisoners needed more support and training

Bandyup had two Prison Support Officers (PSOs) who shared a cramped windowless office. PSOs get automatic referrals to follow up ARMS, SAMS patients, newly received prisoners, first timers, young offenders and out of country women. One of the Bandyup PSOs worked directly with prisoners on ARMS and SAMS and participated in the regular PRAG, SAMS and Mothers and Babies Committee. The other PSO mainly worked with Peer Support Team members (peer supporters) to reduce the risk of self-harm.

There were nine members of the peer support team of which two were employed on a full-time basis. Newly received prisoners were referred to the peer supporter involved in prisoner orientation. As an Aboriginal person, she was well suited to engage with many of the newcomers. With J Block closed she had to locate new prisoners in other units and liaise with staff in Unit 4. Other referrals were passed on to the second full-time peer supporter who was very conscientious in her role. The two full-timers had ongoing support and guidance from the PSO. But there were seven other women on peer support who continually helped troubled prisoners in their units on a part-time basis, but only had support from a PSO at the monthly meeting.

But the peer support team all expressed concern that they were expected to support women who had significant emotional issues without any appropriate training. To work effectively, peer support prisoners need training in suicide prevention, mental health first aid, listening skills, cross-cultural communication, and making referrals or advocating for those needing more help. Historically this was mainly provided through the Gatekeeper course but this had not been run at Bandyup in the last two years.

There also needs to be a consistent understanding and appreciation of the peer support role by staff; peer supporters were often blocked from providing support to women who needed it from other units. The woman involved in prisoner orientation was the only Aboriginal on the team, which is far from ideal given the prison's composition. Many Aboriginal women may be more willing to talk to and trust people from their own cultural background. Their participation in peer support needs constant renewal if Bandyup is to maximise effectiveness of its suicide prevention systems.

#### **Recommendation 9**

**Strengthen training and support for the Peer Support Team and maintain effective Aboriginal participation.**

## HEALTH AND SUPPORT SERVICES

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### Chaplains continued to provide much needed support during COVID-19

At the time of our inspection, the Bandyup chaplaincy team had been reduced to two and Sunday church services were on hold due to COVID-19. They had ready access to the units, but women in the CCU or Management Unit had to be seen by appointment, and this ensured that emotional and spiritual support for the prisoners continued. Bandyup lacks a multi-faith chapel and services were normally held in the gym. The Sanctuary room meant for spiritual contemplation was too often cluttered and unusable for this purpose.

The chaplains represented Christian faiths but offered pastoral support to all prisoners, no matter their faith or beliefs. Religious visitors from some other faiths, such as Jehovah's Witnesses, attended as required. The chaplaincy team maintained contacts with various religious leaders and sourced religious resources where requested, including the Quran and Buddhist texts. Despite this, our survey results indicated a level of frustration from women from diverse faiths, including Pentecostals, Eastern Orthodox, Muslims and Buddhists who felt they lacked opportunities to meet, have their own ministers, or their own shrines or places to worship.

For some time, the Aboriginal Services Committee had been trying, without much success, to establish an Elders Program. However, one of the chaplains was a Noongar Elder who helped provide guidance and knowledge about cultural matters. Spiritual services provided by the chaplaincy team included cell blessings, facilitating 'Sorry Business' following the death of a community member, and opening and closing prayers for NAIDOC Week. We also heard that some prisoners wanted smoking ceremonies to cleanse their cells.

# Chapter 6

## CONSTRUCTIVE ACTIVITY

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### 6.1 THE STRUCTURED DAY

#### **The 'women-centred' structured day had been discontinued**

The women-centred structured day that been in operation at Bandyup since January 2005 was discontinued at some point in the two years before this inspection. It had facilitated weekly activity plans in which women could choose different activities for each of the morning and afternoon sessions. Weekly plans encouraged a combination of work, offender programs, voluntary programs, education, fitness, art and other recreation or personal development programs. This was seen to better reflect women's lives in the community, and to offer holistic rehabilitation, which included a focus on personal wellbeing and responsible decision making.

The women-centred structured day was admittedly quite cumbersome to maintain. That was because gratuity payments were linked to participation in individual sessions which each required an attendance roll. A review of the structured day was in draft when we inspected Bandyup in 2017, and a choice had to be made whether to simplify and embed the model in TOMS, making it available to all prisons, an approach we supported, or abandon it and revert to the traditional model used in male prisons. The latter path was chosen.

The current model recognises a single work placement which is linked to one's gratuity level. There is no link to actual hours worked and no accommodation for part-time participation in education, programs or recreation. Nevertheless, Bandyup takes quite a flexible approach, with workshop VSOs mostly allowing women to take time out for education, programs or recreation activities for part days. This enabled for example, women in the afternoon kitchen shift to participate in a horticulture short course in the gardens in the morning.

Women said they missed having a weekly schedule. And as discussed elsewhere, there were fewer voluntary offending, drug and alcohol, personal development and life-skills programs than before. There is a risk that access to these and other recreation and spiritual programs which tend to run in the afternoons will increasingly default only to unit workers who are free at that time. In dismantling the women-centred structured day, Bandyup has lost an important tool in encouraging women to engage in activities that could further their rehabilitation and personal development.

### 6.2 RECREATION

#### **Bandyup has good recreation, but access was too often compromised**

Bandyup has a fine recreation centre, styled as a community centre as much as a fitness centre. It includes a gym hall, fitness gym, art room, library, sanctuary room and canteen. But we did hear concerns that the gym hall lacks climate control, an issue both in summer and winter, and that the floor of the mezzanine weights gym limited its usage. The Sanctuary room was also too often unavailable for group activities.

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Adjacent to the centre is Jacaranda Park, which has a walking track and some isometric fitness machines. But it is much smaller than ovals in other prisons, and rather dominated by a smoking shelter. There are also two tennis courts.

Three Recreation Officers were employed at the time of the inspection. There was also a team of prisoner workers involved in recreation, art, library, canteen and cleaning in the centre, and a handful of activity workers responsible for unit-based recreation. Staffing of units was prioritised above other aspects of prison life. When there were staff absences a Recreation Officer could often be redeployed to cover other areas. This often meant that access to recreation was curtailed, which was a source of complaint to us and our Independent Visitors. Staff absences and recreation cancellations were reportedly highest on weekends, frustrating full-time prisoner workers who had less access recreation during the week. This situation also made it impossible for Bandyup to join Wandoo Rehabilitation Prison in establishing a 5km parkrun on Saturday mornings.

### Successful adaptations were made under COVID-19 conditions

A number of adaptations to recreation had to be made under COVID-19. The Department's COVID-19 Taskforce ordered all fitness gyms to close, the art room was also closed to group use, due to its small size, but some art and craft was available in a corner of the main gym. Giant Connect-4 and Jenga games were also set up for recreation periods. Only four prisoners at a time could visit the library and we saw long queues during recreation time.



*Photo 10: Queuing for library, gym closed, outdoor games & activity packs*



## CONSTRUCTIVE ACTIVITY

Unfortunately, most fitness, music and yoga classes involving visiting instructors had to be cancelled, although a few socially-distant fitness sessions were offered by staff. And for the first time at Bandyup, access to the recreation centre was rationed on a unit basis, reducing numbers able to attend at any one time. Bandyup staffing levels throughout the COVID-19 period meant that cancellation of recreation sessions was infrequent.

An innovation by recreation was the issuing of activity packs to women each weekend to help tide them over any lockdown periods. This inspired a similar offering of education packs from the education centre. The former included patterned paper, various puzzles and games, paper crafts, and inspirational messages, which were quite popular. The latter included short stories with study questions, song lyrics, word puzzles and stationery. Additions were also made to the games and other recreation materials available for use in each unit.

Reconciliation Week occurred during the time of the inspection which included appropriate décor set up in the recreation centre, a video set up to watch for each group that visited the centre, appropriate crafts and an art competition. One prisoner had been supported in creating a remarkable portrait of Eddie Mabo which was also on display.

### 6.3 EMPLOYMENT

Employment levels were bolstered under COVID-19

*Table 5: Gratuity levels by workplace at 12 May 2020*

Workplace	1	2	3	4	5	6	Total
Canteen	3						3
Cleaning party	6	3	5				14
Full time education	2	3	5				10
Garden party 1	5	7	2				14
Kitchen	7	12	7				26
Laundry	2	6	6				14
Maintenance	4	3	3				10
Miscellaneous workers	4	1					5
Not working					40	4	44
Peer support		2					2
Reception	1	2					3
Recreation	5	2	5				12
Textiles	6	11	3				20
Unit 1 worker		2	24				26
Unit 2 worker			25	5			30
Unit 3 worker	1	2					3
Unit 5 worker			3				3
Unit 6 worker	2	2	8				12
<b>Total</b>	<b>48</b>	<b>58</b>	<b>96</b>	<b>5</b>	<b>40</b>	<b>4</b>	<b>251</b>

## CONSTRUCTIVE ACTIVITY

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At the time of the inspection, it was pleasing to see that most industrial areas were operating, and extra general and unit cleaners had been put on due to the COVID-19 crisis. These cleaners had received special training for their roles. The kitchen had also implemented a split-shift system with a different crew working in mornings and afternoons which increased overall numbers working at that site.

Thus, prisoner employment levels were high, although 44 (17.5%) were still listed as unemployed as shown in the table below. And many of those who did have work had minimal actual duties, especially unit workers. If we counted the 65 unit workers employed at level 3 or 4, and the 44 who were unemployed, it could be argued that 109 prisoners, or 43 per cent of the total, were unemployed or under-employed.

Employment at Bandyup, like most prisons, had suffered from shortages in Vocational Support Officers (VSOs) or when they were redeployed to cover staff absences. This often resulted in workshops being closed or operating on skeleton staffing (e.g. textiles can employ 25 women, but if only one VSO was available only eight women could work).

### **Innovation was evident in the prison's industry and employment**

Bandyup's administration has taken an innovative approach to industry and employment. The former laundry was transformed into a salon for the women, with prisoners undertaking much of the construction, painting and decorating and tiling work involved, with excellent results. The Beauty Spot salon was launched in December 2019 and has since proven to be a valued service for women, and a source of formal training in the hair and beauty industry.

A number of other construction and garden projects, involving certificate level training, had been undertaken, including:

- a sensory garden for the Crisis Care Unit
- a Memorial Garden for deceased former prisoners
- a Memorial Garden both for prison officers and for ANZAC
- a kitchen garden

The range of quality products produced in textiles was impressive, including new maternity wear and nursing clothes for women in prison, baby wear for charity as part of the Helping Hands initiative, and rip-stop gowns and pillow covers for people in prison crisis care and management units. It was also providing new clothes for women at Melaleuca and in regional prisons. The prison was also attempting to create cottage industries able to engage some of the prisoners mentally or physically unfit to do traditional work. It was also exploring a partnership with a local recycling company.

Prisoners and VSOs were working on a bank of three new sheds during the inspection, and there was enthusiasm to expand horticulture and recycling, including vegetable gardens, unit gardens, worm farms and bee keeping. But the industry area was struggling with poor nursery and hothouse infrastructure, limited space for market gardening, funding constraints, and the lack of an appropriate work vehicle for internal use. The Skills

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VSO position had also been lost to the salon. Both positions are needed, as a skills program provides valuable industrial training and can help support maintenance in the prison.

### But Aboriginal women were under-represented

Aboriginal women accounted for 45.5 per cent of the population at the time of our inspection but comprised a majority of the unemployed and 68.8 per cent of those employed at Level 3 (see the table below). Only 17.5 per cent of Aboriginal prisoners were employed at Levels 1 or 2, compared with 62.8 per cent of Non-Aboriginal prisoners.

**Table 6: Gratuity levels by ATSI status at 12 May 2020**

ATSI Status (%)	1	2	3	4	5	6	Total
ATSI	14.6	22.4	68.8	40.0	57.5	75.0	45.4
Other	85.4	77.6	31.3	60.0	42.5	25.0	54.6

There were a number of possible causes for this disparity. Aboriginal women were more likely to be on remand at Bandyup, or to have a short sentence. None of the women serving indefinite sentences were Aboriginal. This could mean that Aboriginal people had less time to work their way up the employment ladder in custody. And there were at least as many Aboriginal women as others unable to work due to health or mental health issues. Most of these factors could be addressed to improve the rates of employment.

The prison does have an Aboriginal Services Committee that keeps Aboriginal employment under review and there does appear to be genuine interest in ensuring Aboriginal women have opportunities for work and training. Given the importance of reducing the incarceration levels of Aboriginal people, there may be opportunities to encourage more Aboriginal women to undertake meaningful work and training in prison strengthening their capacity to work when returning to the community.

## 6.4 EDUCATION AND TRAINING

### Diverse education and training is provided at Bandyup

The Campus Manager has a demanding role, coordinating education and training across the education centre and industries, as well as a range of external agencies such as TAFEs and private training organisations. Monitoring of compliance for delivery of qualifications and individual competencies requires coordination of ongoing training for staff, with several Vocational Support Officers (VSOs) completing, or commencing, a Certificate IV in Training and Assessment qualification. Monitoring of student assessments was maintained through a central electronic records system.

Two Prison Education Coordinators and one Aboriginal Education Worker (AEW) formed a cohesive team who are dedicated and hard working. They engaged in reflective practice, ongoing review of resources and quality assurance of each other's work. In response to COVID-19, this team prepared and marked comprehensive work packages for women to complete in the units.

## CONSTRUCTIVE ACTIVITY

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Adult Basic Education (ABE) was delivered to support development of foundation literacy and numeracy skills. Successful completion of these units could provide a pathway to a number of vocational education and training options available at Bandyup Women's Prison. The AEW was trialling the *Follow your Tracks* program with Aboriginal students. There was a strong focus on engaging Aboriginal students especially those with limited literacy and numeracy. A Noongar language course ran in Term 1 and received positive feedback. It was hoped it could resume in Term 3 or 4.

A small number of students were engaging in self-paced learning of Certificates III and IV, Diploma and Bachelor courses. While appreciative of the efforts of centre staff, these students were frustrated over the lack of direct contact with lecturers and tutors in external institutions.

Observation of classes revealed dedicated tutors and TAFE lecturers providing engaging, interactive learning experiences. It was pleasing to witness the level of engagement of students in these lessons, although these classes only had five or six students.

To ensure the continued operation of the Education Centre, two prison officers are required as duty officers. Any shortfall impacts on how many classes can run and how many students can attend. The Campus Manager attends at 7:30am each morning to negotiate with the Principal Officer to try and ensure these positions are covered. At times this is not possible, and the centre must be closed or certain classes cancelled for the day.

### Many were waiting for education or training

Although prisoners are encouraged to participate in education and training, some women complained about a lack of availability of education and training opportunities. The campus manager maintains a wait list but staffing levels and available Student Contact Hours (SCH) from TAFE dictate what can be offered. Unmet demand in areas such as Adult Basic Education (ABE), traineeships, art and music was raised by a range of prisoners during meetings and incidental conversations.

Education assessment for sentenced prisoners should be done within 28 days but often took much longer. Remand prisoners were normally only assessed after 6 months and have a much narrower range of opportunities, though may be included in advertised courses if not filled by sentenced prisoners. Anyone found to be at risk due to low literacy or numeracy, is further assessed, and placed in the next available 10-week program.

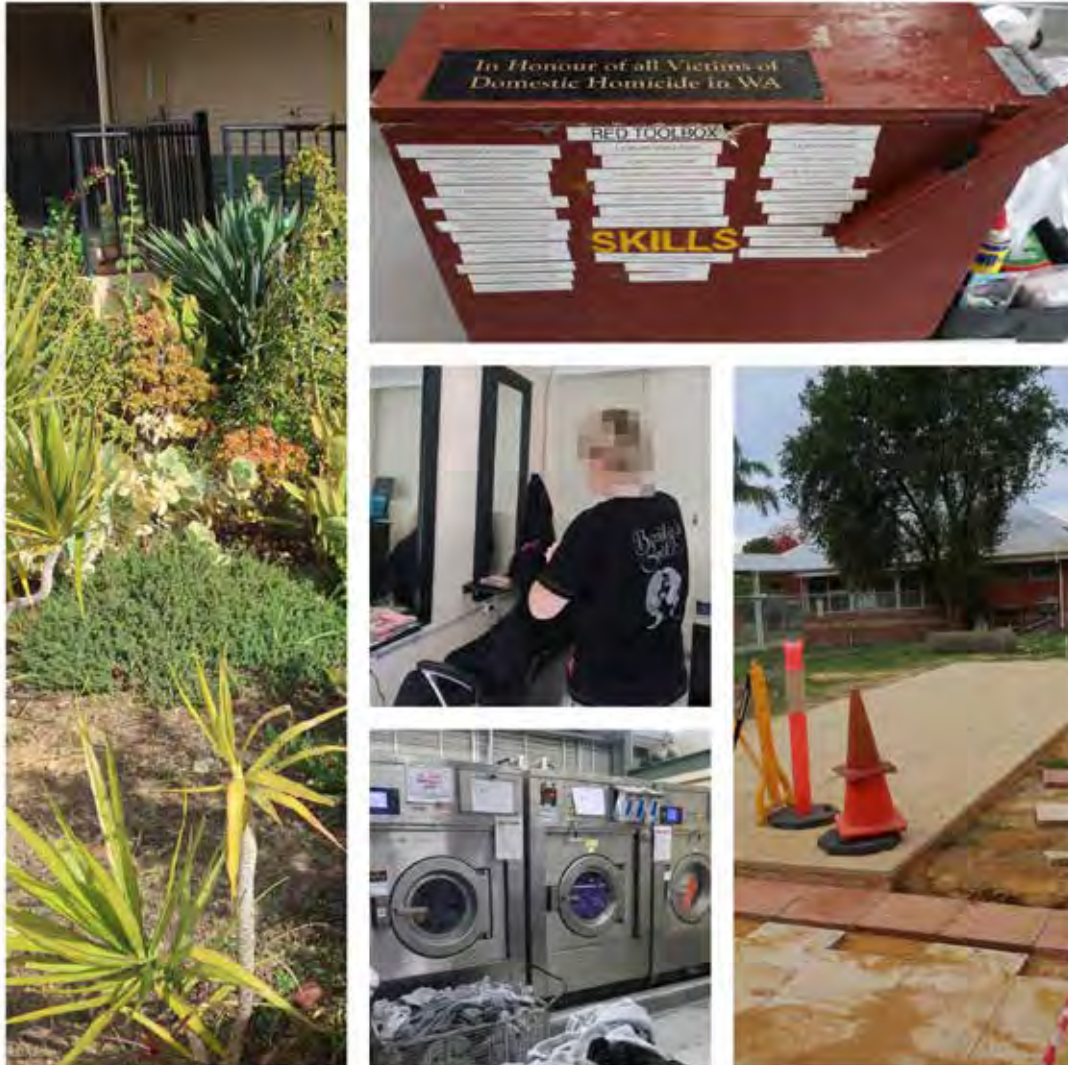
### **Recommendation 10**

Take steps to address shortages in access to education and training.

### Industries provide authentic on-the-job training

Industries provide on-the-job training in skill sets that are transferable to work and home and life following release. Dedicated VSOs do a great job of encouraging participation in meaningful employment and training.

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*Photo 11: Gardens, maintenance, hair salon, laundry and construction*

There were currently nine traineeships being undertaken which was an increase of two from the last inspection. Two more traineeships in hair dressing were expected to be offered in the salon. Additional training opportunities are needed to provide accredited employment pathways for more women. It is critical that labour market skills shortages are considered when planning future training offerings.

### **Community re-entry is jeopardised by limited digital devices and resources**

There were only 15 computers in the Education Centre and five of these were being used by students on self-paced TAFE and university programs. In an era when digital literacy is critical for employment, women will be ill prepared for the world of work that awaits them. Digital literacy is integral to all workplaces and is one of the general capabilities identified in the Australian Curriculum as well as in numerous national and international reports about the skills and capabilities required for the future and the world of work.

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Prisoners also need familiarisation with the Australian Government myGov portal and the digital skills to access and navigate support including Job Search, Centrelink, Child Support, NDIS and the National Redress Scheme. COVID-19 highlighted the complexities involved in accessing support such as additional Job Seeker and Job Keeper payments. Similar digital access is also required for key WA government and commercial services, including banks.

Several women expressed a desire to be able to continue their learning back in the units and access to digital devices would enable this. At the time, only one person, a university student in a self-care unit was allowed to use such a device, a laptop, in their room for their studies.

### **Recommendation 11**

Explore opportunities for prisoners to have in-cell electronic devices to ensure access to digital education resources to facilitate study beyond education centre hours.

# Chapter 7

## REHABILITATION AND RE-ENTRY

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### 7.1 ASSESSMENT AND CASE MANAGEMENT

#### A balanced approach was applied to assessment reports

An Acting Manager Assessments had been in place at Bandyup for about 12 months. Assessments aim to highlight progress made by women in custody and relevant context for any misdemeanours. This approach was strongly supported by Bandyup senior management and reflected a focus on supportive and trauma-informed practice throughout the prison. We were told there had been some initial resistance to change but by the time of our 2020 inspection, the assessments team was working effectively.

#### A significant assessments backlog had developed, but this was being addressed

Throughout 2019, the assessments team had been heavily impacted by redeployment. The two assessment writers were regularly redeployed to cover staff shortages elsewhere in the prison. The diverting of resources was the main factor behind a significant backlog that built up during 2019.

Assessment and sentence planning processes are crucial to facilitating the progress and movement of prisoners through the prison system. The Individual Management Plan (IMP) is the key document that sets out a prisoner's security classification, prison placement, education and training needs, and program requirements. According to Department policy, the initial IMP should be completed within 28 days of a prisoner being sentenced (DCS, 2012).

In May 2020, just prior to our inspection, there were 80 women at Bandyup with a completed initial IMP, and 74 women whose initial IMP was overdue. This meant that 48 per cent of initial IMPs were overdue. Of the 80 initial IMPs that had been completed, 51 were overdue for review (64%).

Positively, staffing levels at Bandyup had stabilised since the outbreak of the COVID-19 pandemic, which meant that the assessments team had more consistent staffing. With a concerted effort, including extra hours worked by the Acting Manager, the assessments team reduced the IMP backlog by close to half over the course of a few weeks in May and June. If this effort can be sustained, the backlog should be eliminated, and the assessments team should be able to manage their ongoing workload. However, all this is dependent on maintaining consistent staffing.

Staff deployment agreements across the system do not appear to have given sufficient priority to resourcing this area, hence the build-up of backlogs. But without assessments and sentence planning, the prison system grinds to a halt. Prisoners miss out on opportunities to rehabilitate themselves because they have not been assessed for program needs, and cannot progress towards minimum-security and reintegration with the community.

#### **Recommendation 12**

**Ensure consistent staffing of the assessments team to prevent a backlog developing.**

## REHABILITATION AND RE-ENTRY

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### Case management contacts were overdue and offered little

We found no evidence of progress towards a more integrated and holistic system of case management for women prisoners. In our 2018 inspection report, we recommended using the system of case management at Greenough Regional Prison (Greenough) as a model (OICS, 2018a, p. 37). At the time, Greenough had a strong case management model for women, which included a monthly multi-disciplinary case conference where each prisoner's specific needs were considered (OICS, 2014, p. 57).

Instead, Bandyup persisted with the Department's standard case management system, which we have consistently criticised as ineffective. Under this system, only prisoners with an IMP are eligible for case management (DCS, 2013). This meant that during our inspection, most women at Bandyup – up to 70 per cent – were not being case managed at all. For those women who were case managed, the process was rarely helpful. Prisoners are assigned a prison officer as their case officer, but contact between case officers and prisoners is infrequent – every six or 12 months, depending on time left to serve (DCS, 2013). This meant that case officers and prisoners rarely developed a meaningful relationship, and there was no real contribution to prisoner welfare or preparation for release. Many women did not know who their case officer was and had no understanding of what case management was supposed to achieve for them.

There was no evidence that Bandyup officers were completing any more than the minimum contact. In fact, 30 per cent of contact reports were overdue. This was partly explained by a lack of consistent leadership. There had been a succession of people acting in the Case Management Coordinator role over the preceding 12 months, and the position also had competing priorities, holding responsibility for coordinating services to mothers and babies in custody. Greater stability in this position may improve reporting statistics, but the fundamental deficiencies of the case management system, which have been recognised for many years, remain unaddressed.

### **Recommendation 13**

**Implement an effective, holistic system of case management for women prisoners.**

### A form of intensive case management was provided to a very troubled few

The Superintendent had instituted an ad-hoc form of case management for some of the most troubled and behaviourally difficult women in the centre. Bandyup has a succession of women with diminished capacity who repeatedly demonstrate troubling behaviours. This new case management approach seemed quite promising.

While driven by custodial managers, assessments, mental health, counselling, and prison support staff were also asked to join in formulating each case management plan. This addressed how the prisoner should be managed by staff within their unit, any supports they may need, activities they could be involved in, what triggers poor behaviour, and how to deal with escalating behaviours. Fellow prisoners were sometimes asked to act as carers for such people in the unit, which could be effective, given appropriate supports and rewards.



## REHABILITATION AND RE-ENTRY

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### 7.2 REMANDEES

#### **Remandees well cared for but limited access to education, training and programs**

At the time of the inspection, 46 women, or 18 per cent of women at Bandyup were unsentenced. That proportion had fallen since 2017 when 23 per cent of women at Bandyup were unsentenced. There are many reasons why remand women reside at Bandyup rather than at Melaleuca Women's Prison or a regional facility. Some had complex health or medical conditions better managed at Bandyup, including women in latter stages of pregnancy. Some were transferred in due to difficult to manage behaviours, or for confinement as punishment after an appearance before a Visiting Justice. Some needed protection from someone at another facility, or were moved for someone else's protection. A few were longer-term remandees wanting to access further opportunities at Bandyup. Thirteen remandees had been on remand for over 12 months. A few had completed a sentence, but still had an outstanding court matter.

Remand women were not managed separately from those who were sentenced, and were distributed quite evenly in both accommodation and employment. Twelve did not have jobs. They were advantaged in theory by being allowed daily visits, but in practice at the time of our inspection, visiting rights were suspended due to the pandemic. We found satisfactory basic legal resources in the library including the electronic Timebase database. Access was limited at that time to facilitate socially distanced recreation, but we were not made aware of anyone seeking more time to access those materials.

The main concern expressed by remand women was inability to access preferred options in education or training due to departmental policies. For the most part, they could only access certain short courses if not filled by sentenced women. In addition, there were no offender programs for remand women and very limited access to voluntary programs. The Cognitive Brief Intervention program has not run at Bandyup since Melaleuca opened. One woman told us she was getting 'dumber by the day'.

### 7.3 OFFENDER TREATMENT PROGRAMS

#### **Women's programs boosted by Wandoo, but more still needed**

Unfortunately, in 2020 we found that program delivery at Bandyup had decreased, notwithstanding our 2018 recommendation to 'increase program delivery for female prisoners' (OICS, 2018a, p. 39). The two cognitive skills programs – the full-length Think First, and the shorter Cognitive Brief Intervention – previously delivered at Bandyup had been discontinued since the last inspection. Think First last ran in 2018, with all subsequent programs cancelled because of low staffing or lack of demand. These programs had been run by specially trained prison officers, and when the prison faced staffing shortages these officers were pulled back into operational roles. Yet there were still 18 women at Bandyup assessed as requiring a Think First program, but no plans to run a program.

## REHABILITATION AND RE-ENTRY

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There were around 60 women assessed as needing the Choices, Changes and Consequences (CCC) program, and another 40 women needing Pathways, the intensive addictions program. However, a requirement to do Pathways is also an indicator for participation in the therapeutic drug program at Wandoo as an alternative, and some of these were under consideration for a transfer to Wandoo. That, plus considerable delays in initial IMPs meant that demand was so low that a Pathways program scheduled to run at Bandyup in the first quarter of 2020 had been cancelled.

There will always be women who have insufficient time, are found unsuitable, or are disinterested in the Wandoo program who still need an addictions program at Bandyup. Despite the disruption presented by the COVID-19 pandemic, a Pathways program started at Bandyup in April and was ongoing during our inspection. We were quite impressed by the positive feedback from women we spoke to about their past or current participation in Pathways. Pathways normally runs in a room in Unit 2, one of only two rooms normally available for programs. This room is small and lacks privacy and confidentiality, but during the COVID-19 period the program was able to run in the unused day-stay facility.

There was also one CCC program running at the time of the inspection, and there were plans to start another concurrent one, recognising that this was the area of greatest demand at Bandyup. But there are only two program rooms, and CCC was running in the staff training room. That meant that the two CCC programs would need to share one room – one session in the morning and one in the afternoon. The latter is regarded as a less productive time slot by program facilitators. In order to meet demand, Bandyup needs to create other more suitable spaces for program delivery.

Our 2018 recommendation was framed broadly as a system-wide recommendation, recognising that Bandyup was, and still is, the primary hub for program delivery to women in custody in Western Australia. Programs have rarely been offered to women in regional facilities, forcing many to transfer to Perth to undertake programs they need. Many refuse to leave country and family behind at the cost of their rehabilitation and early release on parole. A Pathways program due to run this year for women at Eastern Goldfields Regional Prison is a positive exception to this. And no programs have been run at Boronia Pre-Release Centre since 2018.

While Wandoo has significantly reduced outstanding demand for addictions programs, program delivery at Bandyup still needs a boost. The system also lacks any program addressing serious violent offending by women, or any culturally specific programs for Aboriginal women. Delivery methods should also be revised to include women from regional facilities as virtual participants. Bandyup really needs a modern programs and counselling facility.

### **Recommendation 14**

**Revise program delivery methods and extend program delivery for women in custody.**

## REHABILITATION AND RE-ENTRY

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### 7.4 RELEASE PREPARATION AND RESETTLEMENT SERVICES

#### **Bandyup had some effective pre-employment services**

Bandyup shares an Employment Coordinator (EC) with Boronia Pre-release Centre. There were a range of employment services offered to the women at Bandyup. The EC has access to information provided through a checklist usually administered as part of the orientation process at Bandyup. In the months before release the focus is on job readiness, and prisoners are encouraged to attend a Career Development Workshop offered by Outcare.

Many women gain valuable training, education and work experience in custody which can assist them to find work on release. Both Outcare and Curtin University also work with women to create a resume which captures this information, a copy of this is held on file and available to women if they need it after release.

In March 2020 staff from this office witnessed an impressive event, a fashion parade involving women being dressed by community agency, Dress for Success, and supported by an appointment in the Beauty Spot salon. For those involved it was a confidence building exercise in preparation for employment, and an introduction to an agency that could be of practical help to them in obtaining work on release.

A booklet on finding work is provided to release prisoners and women may be referred to an agency such as Wirrpanda Foundation's ReSet employment program. Indigenous prisoners can also be referred three months before release to the national Time to Work Employment Services (TWES) run in Perth by Outcare, which undertakes the Job Seeker Classification Instrument (JSCI) and the Employment Services Assessment (ESAT) while in prison. This determines the level and nature of assistance needed to overcome barriers to employment and enables these prisoners to fully engage with employment services, possibly even secure a job on release.

The EC also arranges occasional visits or showcases by employers willing to consider employing former prisoners, and a handful of prisoners have indeed stepped into employment directly on release. Unfortunately, most of the career workshops and showcases were suspended under COVID-19 but were due to be restarted soon.

#### **A range of re-entry supports and voluntary programs was available**

The Transitional Manager (TM) works hard and was well regarded by women at Bandyup. The TM valued having personal contact with each individual prisoner and this ensured better engagement and service for women at Bandyup. In April 2018, the re-entry services contract had transitioned to a new provider called ReSet, a consortium led by Wungening Aboriginal Corporation. ReSet case workers offer re-entry support services to women from six months prior to release, and up to 12 months after release. The contract requires only that sentenced prisoners rated as medium to high risk of recidivism are referred to for re-entry support, and the TM makes appropriate referrals based on need.

## REHABILITATION AND RE-ENTRY

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ReSet offers a range of case-work and support services, including helping to access initial appointments on release, family support, drug and alcohol counselling, employment and transitional accommodation. There was a good working relationship between Bandyup and ReSet, and the Transitional Manager was pleased with the level of service provided. Case workers who visited Bandyup were competent and experienced. But only a minority of women choose to engage with the service on release. Those returning to regional areas were referred by ReSet to the local re-entry services before release.

ReSet was not resourced at the same level as its predecessor, and its contract has different specifications. One service formerly required to be provided by the re-entry contractor was a life-skills program, covering topics such as dealing with bureaucracy, budgeting and financial management, healthy eating on a budget, and successfully completing parole. Such a course was no longer provided, which was considered a deficiency by many women we spoke to. Bandyup management are considering how something similar could be offered in future. However, ReSet offered a suite of three parenting programs which were well-received. Aboriginal women were separately eligible for re-entry support from Outcare, the former re-entry contractor, which had commonwealth funding, and some preferred to engage with them.

Another important service for some women was the Departmentally-funded Allied Drug and Alcohol Programs and Treatment (ADAPT) service provided by counsellors from Holyoake and Cyrenian House. Counselling is provided prior to release and continues afterwards. Alcoholics Anonymous (AA) meetings are also available in prison and welcome ex-prisoners at their meetings in the community. While there is no post-release component to it, there is a psycho-educational group program on addictions that normally runs at Bandyup called PAST. This is run by the MHAOD branch of Health Services, and the name comes from the former Prisoner Addictions Services Team which is now part of MHAOD. This is one of the only programs remand women can access.

Women in Bandyup were anxious about the level of support they would receive on release. They feared, with some justification, not having safe accommodation as many agencies had limited options to offer them. It is particularly difficult to access residential drug rehabilitation services from prison, other than through the program at Wandoo. Women spoke of others who, on release from prison, failed to find work on the outside, had issues with friends or family, started using drugs again, and breaching their parole. ReSet expressed frustration about the lack of support available for some of their highest need clients from other government and non-government organisations, particularly in the areas of mental health, disability, child protection and family services.

In May 2020, the Department launched a 'Release – Help and Support' website at: <http://justice.wa.gov.au/release/> to assist released prisoners with electronic access to a range of support services, including re-entry services, obtaining ID's, getting a driver's license, and seeking employment, housing, health services, and finding their local corrections office.

## REHABILITATION AND RE-ENTRY

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Long term prisoners may require a resocialisation program (RSP) before they are approved by the Prisoners' Review Board or a higher authority for release. That involves home visits with sponsors, familiarisation with various community services, and participation in work, work-finding or training in the community. Normally, that would be undertaken from Boronia Pre-release Centre for Women, but for someone who is ineligible to be placed there, it must be done at Bandyup. That was the case for a prisoner at Bandyup at the time of the inspection, and it was going well, although external activities were interrupted due to the pandemic.

# Chapter 8

## SECURITY

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### 8.1 SECURITY INFRASTRUCTURE

#### Perimeter fence repaired but razor wire remains and lighting needs improvement

We noted previously that the perimeter fence was affected by rust and in need of repair and this has now been completed (OICS, 2018a, p. 42). We also observed that razor wire remained on the perimeter fence, despite the serious injury risks for would-be escapees and staff having to rescue them. We have argued that it adds little to security of the perimeter when cowling is used.

Perimeter lighting was dull and staff, who had worked at other prisons, described much better CCTV vision where modern LED lighting had been installed.

#### Scanning and surveillance systems need updating and extending

Bandyup lacks effective internal CCTV coverage in many parts of the prison. Such coverage assists in the deterrence, response and review of critical incidents. We also encourage the use of body worn cameras, at least by recovery staff attending an incident as it adds safety, security and accountability. These were also needed in the Crisis Care and Management Units where the most distressed, vulnerable and uncooperative prisoners are managed. Reception is another area where both are needed.

We were informed that scanning technologies in the gatehouse, such as the x-ray machine and drug detection itemizer were over 10 years old. Itemizers are a valuable compliment to drug detection dog teams. More up-to-date x-ray machines and itemizers have enhanced capabilities. We understand that options for use of non-intrusive body scanning technologies, capable of detecting contraband are being considered.

#### **Recommendation 15**

**Review options for improved and updated scanning and surveillance equipment at Bandyup, including internal CCTV coverage, use of body worn cameras, and non-intrusive body scanning technologies.**

#### Control room refit an improvement for staff working there

The control room has been refitted so that the officer can manage all apparatus from the one desk. Placing monitors on stands has allowed the control desk to be more compact. A duplicate of the main monitor for the alarms and door control adds to efficiency. There is a window into control which allows the Senior Officer to observe the control officer. In the past, concerns were raised about the visibility of observation cell monitors to the public using the gate, so the window normally has a closed blind. A loss of vision of the control officer could mean that a medical emergency could be undetected for a considerable period. Long shifts in the control room can be demanding and stressful and, while the risk may be low, it is worth considering a solution.

## SECURITY

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### **Security team had inadequate accommodation**

The security team have been located in the old internal gatehouse for some time, but this has limitations. The team now comprises a Security Manager, two Senior Officers, a Collator and the Prosecutor. The space is crowded, and the Manager must work alongside the rest of the team. The lack of suitable space creates difficulty in having confidential conversations or interviewing staff and/or prisoners. Better accommodation is necessary to ensure the effective and efficient operation of the security team.

## **8.2 OTHER ASPECTS OF SECURITY**

### **The Security Team appeared well regarded**

The Security Team appeared to be regarded positively within the prison and the acting Security Manager had recently been appointed permanently. The team is continually renewed with the two Senior Officer positions up for rotation every 12 months.

Security at Bandyup, is likely to have benefitted from the generally positive relationships we found between custodial staff and prisoners, and between management and staff. Security also benefited from the cessation of social visits under the Department's response to the COVID-19 pandemic. Like other prisons, the number of positive drug tests fell sharply. It was easier to identify and investigate the few cases where contraband was detected.

### **Saliva testing was ready for implementation**

In 2017 Bandyup was trialling mouth swabs as a form of testing for drugs but these had some difficulties. In 2020 we were told that a new procedure of mouth swabbing for drug detection was approved that required a single swipe with almost instant test result. The testing system is also more cost effective and it only required staff training before implementation. This form of testing should also be more dignified than urine testing and reduce the need for strip searching. All of this is consistent with a trauma-informed approach.

# Appendix 1

## REFERENCE LIST

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# Appendix 2

## ABBREVIATIONS

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AA	Alcoholics Anonymous
ABE	Adult Basic Education
ADAPT	Allied Drug and Alcohol Programs and Treatment
AEW	Aboriginal Education Worker
ARMS	At-Risk Management System
ASO	Assistant Superintendent Operations
ASOS	Assistant Superintendent Offender Services
ATSI	Aboriginal and/or Torres Straight Islander
AVS	Aboriginal Visitors Scheme
CNM	Clinical Nurse Manager
DoJ	Department of Justice
EchO	Electronic health record system (source of acronym not known)
ESAt	Employment Services Assessment
FTE	Full-Time Equivalent position
GP	General Practitioner
IMP	Individual Management Plan
JSCI	Job Seeker Classification Instrument
MAP	Management and Placement assessment
MHAOD	Mental Health Alcohol and Other Drugs branch
MRRF	Melaleuca Remand and Reintegration Facility (now Melaleuca Women's Prison)
OICS	Office of the Inspector of Custodial Services
PEC	Prison Education Coordinator
PHS	Psychological Health Service (formerly Prison Counselling Service)
PPE	Personal Protective Equipment
PRAG	Prisoner Risk Assessment Group
PCS	Prison Counselling Service (now Psychological Health Service)
PSO	Prison Support Officer
PSOLIS	Psychiatric Services On Line Information System
PTS	Prisoner Telephone System
SAMS	Support and Monitoring System
SCH	Student Contact Hours
TAFE	Technical and Further Education
TM	Transitional Manager
TOMS	Total Offender Management Solution database
VSO	Vocational and Support Officer

# Appendix 3

DEPARTMENT OF JUSTICE RESPONSE

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Government of Western Australia  
Department of Justice  
Corrective Services

## **Response to the Announced Inspection: Bandyup Women's Prison 2020**

**November 2020**

## DEPARTMENT OF JUSTICE RESPONSE

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Response to the Announced Inspection:  
**Bandyup Women's Prison 2020**

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The Department of Justice welcomes the draft report of the inspection of Bandyup Women's Prison.

The Department has reviewed the report and noted a level of acceptance against the 15 recommendations.

Attachment A contains comments for your attention and consideration.

## DEPARTMENT OF JUSTICE RESPONSE

Response to the Announced Inspection:  
Bandyup Women's Prison 2020

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### Response to Recommendations

- 1 The Department should undertake a comprehensive review of infrastructure and develop a plan to prioritise and address deficiencies, with particular attention to the areas identified in Table 1 (refer p.11 of report) and discussed throughout this report.**

**Level of Acceptance:** Supported in Principle  
**Responsible Division:** Corporate Services  
**Responsible Directorate:** Procurement, Infrastructure and Contracts  
**Proposed Completion Date:** Completed

**Response:**

The Department incorporated a number of items identified in Table 1 into the Custodial Infrastructure Plan 2021-2023, including:

- Bandyup being identified as a high priority site for maintenance to be undertaken.
- Planning for the sub-acute mental health facility for females.

Further items may be considered upon completion of the Prison Services Evaluation under the Network Design Project.

- 2 Develop a solution to address the issue of cell temperatures, particularly in winter.**

**Level of Acceptance:** Not Supported  
**Responsible Division:** Corporate Services  
**Responsible Directorate:** Procurement, Infrastructure and Contracts  
**Proposed Completion Date:** N/A

**Response:**

The Department provides additional bedding/blankets to prisoners that are affected by the cold as standard practice.

The Department notes that retrospectively, installing any level of temperature control into the existing facilities is exceptionally expensive and problematic.

The use of small electric heaters in cells presents an unacceptable risk to the health and safety of staff and prisoners primarily due to the fire hazard.

## DEPARTMENT OF JUSTICE RESPONSE

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Response to the Announced Inspection:  
Bandyup Women's Prison 2020

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### **3 Bandyup should offer choice for all lunch and dinner meals, including a vegetarian option.**

<b>Level of Acceptance:</b>	Supported
<b>Responsible Division:</b>	Corrective Services
<b>Responsible Directorate:</b>	Women and Young People
<b>Proposed Completion Date:</b>	Completed

#### **Response:**

Bandyup's kitchen operates at capacity within the existing infrastructure limitations. All women are provided with two meal options for lunch and dinner and have a choice between salad and bread roll or a hot meal.

Prisoners with dietary and/or cultural requirements are catered for according to their requirements.

### **4 The Department should provide dedicated safe single-bed accommodation options with appropriate amenities for pregnant women with different needs.**

<b>Level of Acceptance:</b>	Supported in Principle
<b>Responsible Division:</b>	Corrective Services
<b>Responsible Directorate:</b>	Women and Young People
<b>Proposed Completion Date:</b>	Completed

#### **Response:**

The accommodation needs of pregnant prisoners are managed on a case by case basis. Predominately, Unit 6 is utilised to house pregnant women, as it is air-conditioned and has in-shower facilities. Where possible, pregnant women will be placed in these cells by themselves, however, it should be noted, some prisoners request to be placed in a shared cell arrangement.

### **5 Establish a permanent coordination position for mothers-to-be, mothers and babies at Bandyup, and negotiate with the Department of Communities for an extension of the Family Links Service across all the women's facilities in Perth.**

<b>Level of Acceptance:</b>	Supported in Principle
<b>Responsible Division:</b>	Corrective Services
<b>Responsible Directorate:</b>	Women and Young People
<b>Proposed Completion Date:</b>	31 December 2021

#### **Response:**

Provisions have been made to establish a coordinator for mothers and babies at Bandyup. The current Family Links Service provided by Department of Communities and funded by the Department of Justice will continue in its current form. The facilities within the women's estate work collaboratively together to manage mothers and babies as appropriate.

## DEPARTMENT OF JUSTICE RESPONSE

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Response to the Announced Inspection:  
Bandyup Women's Prison 2020

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### **6 Build in and implement a stronger Aboriginal focus as part of the culturally safe model of health care in consultation with Aboriginal community-controlled health services.**

<b>Level of Acceptance:</b>	Supported in Principle
<b>Responsible Division:</b>	Corrective Services
<b>Responsible Directorate:</b>	Offender Services
<b>Proposed Completion Date:</b>	30 June 2021

#### **Response:**

Health Services is guided by the WA Aboriginal Health and Wellbeing Framework 2015-2030 that identifies key guiding principles; strategic directions and priority areas for the next 15 years, to improve the health and wellbeing of Aboriginal people in Western Australia.

The Department has approved the creation of additional Aboriginal Health Workers, pending funding and FTE allocation. This has been considered at all sites including Bandyup. Once created, the filling of a position at Bandyup will be dependent on recruitment outcomes, noting there is a limited pool of people within the community to draw from to fill these positions.

Aboriginal prisoners are offered referrals to Derbal Yerrigan, other Aboriginal Medical Services or another health care of their choosing when they are released from Bandyup. Medical information is then provided once a consent to release information is signed.

### **7 Provide better access to preventative and restorative dental care.**

<b>Level of Acceptance:</b>	Supported in Principle
<b>Responsible Division:</b>	Corrective Services
<b>Responsible Directorate:</b>	Offender Services
<b>Proposed Completion Date:</b>	31 December 2021

#### **Response:**

The Department of Health's Dental Health Services (DHS) is responsible for providing dental care to prisoners. The dental care is commensurate to that provided to the general community, however there is no charge for routine treatment. The service provides routine dental care focused on relief of pain and alleviation of infection.

Services include preventative and restorative options, such as dental examinations, oral health advice, extractions, fillings, x-rays, root canal treatments and in some cases dentures.

The Department will continue to work with DHS to explore options to provide better access to dental care at Bandyup in line with community standards.

## DEPARTMENT OF JUSTICE RESPONSE

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Response to the Announced Inspection:  
Bandyup Women's Prison 2020

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**8 Consider options, such as increased staffing in the Crisis Care Unit, to provide a more therapeutic unit routine with an optimal level of socialisation and activity for its residents.**

<b>Level of Acceptance:</b>	Support in Principle
<b>Responsible Division:</b>	Corrective Services
<b>Responsible Directorate:</b>	Women and Young People
<b>Proposed Completion Date:</b>	Completed

**Response:**

A dedicated Sub Acute Mental Health Unit is currently under construction at Bandyup Women's Prison with part of the project development including an additional Officer to support service delivery.

Once the Mental Health Unit is operational, the Crisis Care Unit will be purpose specific to accommodate women in crisis and deemed at risk.

**9 Strengthen training and support for the Peer Support Team and maintain effective Aboriginal participation.**

<b>Level of Acceptance:</b>	Supported
<b>Responsible Division:</b>	Corrective Services
<b>Responsible Directorate:</b>	Offender Services
<b>Proposed Completion Date:</b>	30 June 2021

**Response:**

There are currently 11 members on the Peer Support Team at Bandyup with one vacant full time position. The composition of the team is reflective of Bandyup's cohort with four full time positions allocated to two Aboriginal women and one Vietnamese woman with the other role currently being recruited to. There are another eight voluntary members each from a diverse background.

The current training for Peer Support Workers is Gatekeeper training, however, there have been challenges in securing facilitators to deliver this training. Whilst there are members of the MHAOD branch that are qualified as Train the Trainers, a clinical trainer is required to co-facilitate and the MHC have not been able to secure a provider for this.

The MHC have advised that Gatekeeper training is not the best fit for Peer Support as it is too structured. Following a review of the training available, MHC have advised that Applied Suicide Intervention Skills Training (ASIST) would best suit the needs of our cohort. ASIST is a 2 day (15 hour) program that can be presented by 2 trainers who have completed the Train the Trainer Course.

The MHAOD Branch have submitted a proposal for 3 members of Prison Support Services to become Train the Trainers. Once this has been endorsed, it will be actioned as a priority.

## DEPARTMENT OF JUSTICE RESPONSE

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Response to the Announced Inspection:  
Bandyup Women's Prison 2020

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### **10 Take steps to address shortages in access to education and training.**

**Level of Acceptance:** Not Supported  
**Responsible Division:** Corrective Services  
**Responsible Directorate:** Rehabilitation and Reintegration  
**Proposed Completion Date:** N/A

**Response:**

Funding does not exist to support expansion of education and training opportunities for women at Bandyup Women's Prison.

### **11 Explore opportunities for prisoners to have in-cell electronic devices to ensure access to digital education resources to facilitate study beyond education centre hours.**

**Level of Acceptance:** Supported in Principle  
**Responsible Division:** Corrective Services  
**Responsible Directorate:** Rehabilitation and Reintegration  
**Proposed Completion Date:** 31 December 2021

**Response:**

Opportunities can be explored upon the release of the new COPP 3.1 and 3.2 which it is understood will support the use of electronic devices to be used for education studies in cells.

### **12 Ensure consistent staffing of the assessments team to prevent a backlog developing.**

**Level of Acceptance:** Supported  
**Responsible Division:** Corrective Services  
**Responsible Directorate:** Rehabilitation and Reintegration  
**Proposed Completion Date:** 31 December 2021

**Response:**

The Department has already put in place additional assessment resources to address the number of overdue initial IMPs. Further, the Department is implementing a long term sustainable solution to prisoner assessments, including structural change, improving professional governance and training and establishing appropriate staffing resources. It is anticipated that this will ensure consistent assessment staffing levels being maintained at Bandyup to effectively manage their ongoing workload.



## DEPARTMENT OF JUSTICE RESPONSE

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Response to the Announced Inspection:  
Bandyup Women's Prison 2020

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### **13 Implement an effective, holistic system of case management for women prisoners.**

<b>Level of Acceptance:</b>	Supported in Principle
<b>Responsible Division:</b>	Corrective Services
<b>Responsible Directorate:</b>	Women and Young People
<b>Proposed Completion Date:</b>	Completed

#### **Response:**

The Bandyup Superintendent initiated a targeted campaign to encourage staff at the facility to receive training and engage in Case Management. The purpose of this campaign was to upskill staff in Assessments and Case Management, develop a more versatile workforce and support a reduction in the IMP backlog.

The system of case management at Greenough was designed initially to support the capacity of the female unit within a predominately male facility. The Greenough model is not adaptable for a facility with a capacity of 352 women without significant funding and infrastructure investment.

Bandyup provide a Case Management system which is tailored for female prisoners within WA Facilities. A Case Management Review and the implementation of Commissioner's Operational Policies and Procedures are currently underway as whole of Corrections projects and it is anticipated this will enhance case management outcomes for both male and female offenders.

### **14 Revise program delivery methods and extend program delivery for women in custody.**

<b>Level of Acceptance:</b>	Not Supported
<b>Responsible Division:</b>	Corrective Services
<b>Responsible Directorate:</b>	Rehabilitation and Reintegration
<b>Proposed Completion Date:</b>	N/A

#### **Response:**

There has been a decrease in program delivery that coincides with the opening of Wandoo Rehabilitation Prison. During 2019 programs were cancelled due to insufficient demand and prison officer availability. The Department considers that Bandyup Women's Prison is currently providing sufficient programs to meet the demand for the current cohort.

The 2020-21 program schedule includes seven programs to be delivered at Bandyup Women's Prison, with places available in all programs:

- 2x Choices, Changes and Consequences; 5 places still available on course;
- 4x Pathways; 39 places still available on course; and
- 1x Think First; 9 places still available on course.

Response to the Announced Inspection:  
Bandyup Women's Prison 2020

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**15 Review options for improved and updated scanning and surveillance equipment at Bandyup, including internal CCTV coverage, use of body worn cameras, and non-intrusive body scanning technologies.**

<b>Level of Acceptance:</b>	Supported
<b>Responsible Division:</b>	Corrective Services
<b>Responsible Directorate:</b>	Operational Support
<b>Proposed Completion Date:</b>	31 December 2022

**Response:**

The Department acknowledges the additional investment in Body Worn Cameras (BWC) would significantly complement CCTV capability throughout the custodial estate. BWC have been trialled throughout the custodial estate with varying results. The Department is supportive of introducing BWC utilising methodologies and lessons learned from the Western Australia Police Force given their successful implementation of BWC.

The Department is committed to surveying new scanning technologies and assessing their viability within the corrections environment. The Drug Detection Unit (DDU) recently completed a tender process to procure new trace detection devices. DDU are currently developing Standard Operating Procedures prior to deployment. The new device is expected to be operational at Bandyup Women's Prison (Bandyup) by mid-November 2020.

The Department are also currently considering the use of X-ray body scanning technology. This technology utilises low-dose radiation to discreetly search prisoners and detainees for contraband. Preliminary legal advice indicates legislative change may be required to ensure this specific practice constitutes a search under the Prisons Act 1981. Bandyup would be a priority location for deployment of this technology should its implementation be legislatively supported.

# Appendix 4

## INSPECTION DETAILS

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### INSPECTION TEAM

Eamon Ryan	Inspector
Darian Ferguson	Deputy Inspector
Natalie Gibson	Director Operations
Stephanie McFarlane	Principal Inspections and Research Officer
Kieran Artelaris	Inspections and Research Officer
Cliff Holdom	Inspections and Research Officer
Natasha Erlandson	Inspections and Research Officer
Jim Bryden	Inspections and Research Officer
Joseph Wallam	Community Liaison Officer
Dr Jocelyn Jones	Senior Research Fellow, Faculty of Health and Medical Sciences, UWA
Shirley Parer	Principal Consultant, Curriculum Support, Department of Education

### KEY DATES

Announcement letter	20 January 2020
Prisoner surveys	25–26 March 2020
Staff surveys	24 March – 6 April 2020
Service provider survey	7 April – 11 May 2020
Pre-brief to Deputy Inspector	14 May 2020
Start of on-site inspection	20 May 2020
Completion of on-site inspection	2 June 2020
Presentation of preliminary findings	12 June 2020
Draft report sent to DoJ	19 October 2020
Response received from DoJ	26 November 2020
Declaration of prepared report	10 December 2020



OFFICE OF THE INSPECTOR  
OF CUSTODIAL SERVICES

2020 INSPECTION OF BANDYUP  
WOMEN'S PRISON

131

DECEMBER 2020

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