



OFFICE OF THE INSPECTOR
OF CUSTODIAL SERVICES

2022 INSPECTION OF WANDOO
REHABILITATION PRISON

147

APRIL 2023

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

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2022 Inspection of Wandoo Rehabilitation Prison

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Inspector's Overview

Wandoo offers a life changing intervention for many women

Wandoo was repurposed as a drug and alcohol rehabilitation prison for women in July 2018. It operates through a partnership between Cyrenian House as the service provider and the Department of Justice. It is quite unique in Australia because it runs most of the elements of a therapeutic community within a medium security prison, hence it is referred to as a modified therapeutic community (MTC).

Cooperative working relationships are key to the success of the program offered at Wandoo. We saw some negative impacts arising from instability and change in leadership and management in both the prison and in the service provider. But these had been acknowledged and recent appointments had improved the situation considerably. A culture review by the Department had commenced prior to our inspection to address staff concerns and we understand that changes have been implemented following that review. Notwithstanding these challenges, it was pleasing to hear a high level of commitment from all staff to the objectives of the modified therapeutic community.

There is no doubt that operating a prison like Wandoo is expensive and, as such, there will always be pressure to maintain the population at or close to optimum numbers. This is entirely understandable. We heard of efforts to broaden the criteria for acceptance into the program and also an initiative to start running the Choice, Change and Consequences (CCC) program at Wandoo. The intention was to integrate CCC residents into the MTC program. There had been problems identified with offering the first pilot of the CCC at Wandoo, but the Department advised us that they were working through these and would evaluate the second pilot that was due to commence after our inspection. This was a good example of the challenges facing Wandoo in maintaining the viability of the facility and retaining the integrity of the MTC. Success will be largely dependent on compromise and collaboration but that will require a delicate balance to ensure the clinical integrity of both programs is maintained and the outcomes for residents is not diminished.

When reading this report, the challenges and difficulties of running a prison along the lines of a therapeutic community ought not be overlooked. It was unsurprising that we found areas in need of improvement, but the focus should always remain on the outcomes being achieved for the residents who participate in the program and the life changing impacts it has for the majority of them and their families.

ACKNOWLEDGMENTS

We have three Independent Prison Visitors who are community volunteers appointed by the Minister for Corrective Services. They attend Wandoo on a regular basis providing an opportunity for the women to raise issues and feedback that information to our office. I acknowledge the importance of their work and thank them for the contribution they have made to our ongoing monitoring of Wandoo.

I acknowledge also the support and cooperation we received throughout the inspection from the acting Superintendent and staff at Wandoo, management and staff at Cyrenian House and from key personnel in the Department.

The women living in Wandoo who took the time to speak with us and share their perspective also deserve our acknowledgement and thanks. I want to particularly acknowledge and thank them for their willingness to allow us to observe many group and community sessions which gave us an invaluable insight into the changes being achieved.

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

Eamon Ryan

Inspector of Custodial Services

20 April 2023

Executive Summary

Wandoo could change lives for the better

Wandoo Rehabilitation Prison (Wandoo) opened its doors to the first residents in July 2018. The prison offers female offenders a unique opportunity to heal from previous trauma and address the root causes of their substance use and offending. Staff and residents spoke highly of the program and said it had the potential to not only change lives, but to save lives too. There were strong pre-release services to help women prepare for their transition back to the community. But there were some gaps in their reintegration too, not least because Aboriginal residents returned to prison at higher rates than non-Aboriginal women. Overall, more prisons should run like Wandoo, it is safe and staff and residents appear dedicated to change and rehabilitation.

Integration of clinical and custodial priorities was a work in progress

Wandoo's success is dependent on the quality of the working relationship between the Department of Justice (the Department) and Cyrenian House, the contracted service provider. At the time of the inspection these were not well integrated at Wandoo and, to some extent, had different operational priorities. There was tension between maintaining a viable population in a costly prison and keeping to the foundations of the therapeutic program. There had been changes in custodial and Cyrenian House leadership too, and not all custodial staff had received Wandoo specific training. This strained some relationships and risked diluting therapeutic processes. With this change and uncertainty, some staff resisted efforts to align Wandoo with the Mallee Rehabilitation Centre in Casuarina Prison. At the time of writing the Department had just commenced an evaluation of the Alcohol and Drugs program.

Workplace culture and relationships were strained

Relationships between custodial staff, management and Head Office were strained at the time of the inspection and this impacted staff wellbeing and morale across the facility. Some matters, but not all pre-dated current leadership and many staff felt unseen by the Department, even though they were engaged in grievance processes. Many custodial staff did not trust local management to provide a psychologically safe work environment when their own interpersonal relationships were fractured. The Department commenced a cultural review prior to the inspection to look at the long-standing cultural issues affecting Wandoo. This and other initiatives to address staff concerns were welcomed.

Good initiatives but cultural safety needed strengthening

Wandoo was committed to developing the cultural experience of Aboriginal residents and had a variety of initiatives to enhance their connection to history and culture. But more could be done to ensure culturally safety and to engage with those residents who want to make a systemic contribution to Wandoo and Aboriginal rehabilitation. Aboriginal women wanted a forum to explore their experiences of systemic racism and provide cultural guidance to the modified therapeutic community, which they said at times 'clashed' with their culture. More Aboriginal staff would provide

some of the cultural care that residents could only get from each other as support or cultural services had been interrupted for some time.

A good place to live with room to do even better

Residents highly rated their quality of life at Wandoo. Women were busy and structured their days around the program, work and education. A new dental unit offered women a restorative service, above and beyond what is usually available in prison. The move to self-care catering was also well received. But the canteen and town spends model needed work. Residents were dissatisfied that the available items did not match those listed on the privileges matrix which is a key incentive of the MTC. Health services had several unfilled positions and with inconsistent staffing, the service was stretched.

Wandoo was safe but required some security upgrades

Wandoo felt safe and adopted a mostly trauma-informed approach to managing residents. People, property and places were regularly searched to ensure the environment was drug free. In contrast to most other prisons, there were no recorded incidents of use of force for the 12 months prior to the inspection, and staff and residents had good relationships. Community members held other residents to account for anti-social behaviours by giving therapeutic tasks to work on rather than staff enforcing discipline or punishment. However, although the facility was upgraded when it was commissioned as a women's prison, there was a need for some infrastructure to be improved.

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FACT PAGE – WANDOO INSPECTION



NAME OF FACILITY

Wandoo Rehabilitation Prison



INSPECTION DATE

7-10 November 2022



LOCATION

The Traditional Owners of the land are the Noongar people. The prison is 20 kilometres south of Perth in the suburb of Murdoch.



ROLE OF FACILITY

Wandoo Rehabilitation Prison is Western Australia's first Alcohol and Other Drugs rehabilitation prison for females. Cyrenian House is the service provider and delivers alcohol and drug therapy in a modified therapeutic community to female residents.

HISTORY

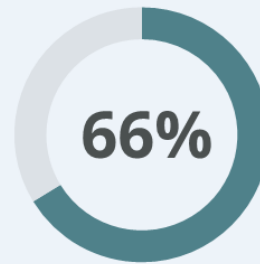
Before the prison was opened as a rehabilitation facility it was a reintegration facility for young men and before then, a remand centre for young people.

CAPACITY

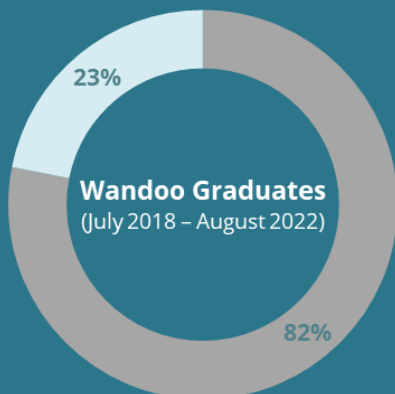
77

RESIDENTS

51



Number of residents on first day of inspection.



Wandoo Graduates
(July 2018 – August 2022)



235
TOTAL GRADUATES



23%
55 ABORIGINAL WOMEN

For a minimum of **28 weeks**, prisoners at Wandoo, who are referred to as 'residents', participate in a holistic and therapeutic program to address their drug and alcohol dependencies.

1 Wandoo could change lives for the better

Wandoo Rehabilitation Prison (Wandoo) opened in July 2018 as a drug and alcohol rehabilitation prison for female medium- and minimum-security prisoners. It was part of the Western Australian Government's Methamphetamine Action Plan to reduce addiction-driven offending and importantly, address the root causes. Cyrenian House was awarded the contract to run a therapeutic community (TC) - Alcohol and Other Drugs Program (AOD). Wandoo is the only accredited TC for women in a custodial estate in Australasia.

As Wandoo is a custodial facility, it runs differently to a TC in the community, so it is referred to as a modified therapeutic community (MTC). For example, Wandoo's residents are unable to start reintegration activities back into the community in the same way as they would in a community TC. And Cyrenian House make decisions in partnership with custodial management, rather than in isolation and only regarding therapeutic considerations as would happen in the community.

For a minimum of 28 weeks, prisoners at Wandoo, who are referred to as 'residents', participate in a holistic and therapeutic program to address their drug and alcohol dependencies. In this controlled and drug free environment, residents are supported by staff and their peers to grow and heal, develop personal insight, and to break the cycle of addiction, criminal activity, and imprisonment.

On the face of it, more prisons should run like Wandoo. It is safe, staff and residents appear dedicated to change and rehabilitation, and women leave with hope for the future.

1.1 Residents practiced new skills and learned about themselves

Recovery from drug and/or alcohol dependence is a life-long journey. Residents must move beyond instant gratification, lack of responsibility and, as one woman described, the 'chains of addiction' to revisit core beliefs, learn new coping skills and get to the root of their offending behaviours.

When we began our inspection, there were 51 residents in the program at various stages of their rehabilitative journey from orientation to graduation. The program offered psycho-education on topics such as grief and loss, abuse and domestic violence, and planning for relapse. Residents had fortnightly individual counselling and were subject to regular reviews where staff and other residents assessed their progress. Residents also engaged in Moral Reconciliation Therapy (MRT), a cognitive-behavioural therapy to improve their moral reasoning and decision making.

We understood what residents meant when they told us there was 'no place to hide' at Wandoo because the MTC was integrated into all aspects of daily life. Residents were expected to practice new life skills and to display behaviours consistent with rehabilitation at all times.

The MTC relied upon peer-to-peer accountability to identify, intervene, and challenge residents who broke rules or failed to consider others. A system of 'bouquets' and 'flags' was used to reinforce positive behaviours, discourage the negative, and draw attention to teachable moments of daily life. For example, a resident could receive a bouquet for showing honesty, or a flag for untidiness. But

rather than experience the flag as criticism, the resident accepts the feedback, explains their understanding of how the other person was affected, and even thanks them for raising it.



Alongside the flags and bouquets was a coloured card system which acknowledged residents' progress or flagged a breach of the rules. Residents could also be given a therapeutic agreement, which highlighted a specific negative behaviour to work on. Residents had to show how they had worked through the behaviour and the other residents voted on their progress.

Residents also took on leadership roles such as hosting MTC meetings or coordinating events. Through these experiences, residents gained confidence and skills to use after their release.

Women understood that their recovery was their responsibility and while hard, it was worthwhile work. We were privileged to see women applying what they had learned in reflective and respectful engagements, even around sensitive issues.

Residents were invested in their recovery

Many residents described the MTC as a life-changing intervention. Over the months leading up to the inspection, we saw and heard of the development and growth of many women as they faced the pain and trauma underpinning their addictions. We heard them talk of the harm they had caused loved ones along the way, but they said this allowed them to heal. For many of the residents, recovery was their pathway back to children and family. Graduates from the program spoke about making change for themselves, their communities, and future generations. They wanted to inspire others to not give up on themselves.

100% most of my time is spent working to better myself.

I am fighting for my recovery and my babies.

Wandoo is overall amazing; this is hands down the best prison I have been in.

We will show our community, and the next generation who are automatically labelled for being black, not to give up!

Quotes from residents in our survey and during the inspection.

1.2 Staff also cared about residents' journeys

When we asked staff why they came to work, the majority told us it was because of the residents and the opportunity to witness their change, growth, and recovery. For many staff, workplace fulfillment came from being part of that process. More than one person told us it was a pleasure to come to work. When we asked what could be improved in the workplace, staff focused on outcomes for residents, such as ensuring programs were delivered on time or improving through care.

This was unusual. We do not usually hear this type of feedback from staff, and it says a lot about their calibre and commitment to Wandoo's motto as a place of 'Hope, Change and Recovery'.

94%

of residents surveyed said they got along well with Officers and VSOs. This is almost **double** the state average.

I believe in the concept of the prison and the program.

Seeing the growth of residents over a period of time.

Residents address their addiction in a supportive environment.

Watching residents turn their lives around.

Being part of a rehabilitation team. The feeling of positive change.

Quotes from staff in our survey and during the inspection.

1.3 Preparation for release was thorough but there were gaps

Similar to last inspection, we found women at Wandoo were well supported by pre-release services. Since 1 January 2022, 70 women had left Wandoo. Thirty women were released to freedom, either on parole (22), having served their full time (6) or to bail (2).

Women released from custody can face a range of challenges that impact their successful return to the community, for example, inadequate social support, homelessness and parenting stress (Edwards, et al., 2022). So, we were pleased to see well-coordinated contributions from Cyrenian House staff, the Transitional Manager (TM), health and education staff, as well as external service providers.

Residents close to release worked on relapse prevention plans and had counselling to help identify their triggers, or high-risk situations and how to get help. The TM worked with residents to identify their support needs and progressed key tasks to smooth their reintegration, which included:

- referrals to external service providers such as Reset and Outcare who offered pre- and post-release support to find accommodation, AOD counselling and with parenting and family issues
- sourcing identification documents, such as birth certificates
- referrals to legal services, especially for restraining orders
- referrals for financial counselling.

Aboriginal women had an additional resource, Outcare's Time to Work Employment Service. Eleven women were supported to build links with employers and find employment post-release.

One hundred per cent of residents surveyed felt that the TM would help them with an issue.

Safe accommodation was limited

Acknowledging that that housing availability is a nationwide issue, many residents were concerned about finding safe and stable accommodation upon release. Women wanted somewhere free from violence and people likely to undermine their abstinence. But this type of accommodation was scarce. Cyrenian House could refer women directly to one of their rehabilitation centres, but this was not an option for all women, especially those who had older children or wanted to return to their families in the regions.

Residents wanted opportunities to reconnect with children

We know the risk of reoffending is reduced when there are strong and healthy family links to help ease the transition back to community (Mowen, Stansfield, & Boman, 2018). So, it made sense that residents wanted more opportunities to re-establish relationships with their children and to use the tools they had learned in the MTC in their roles as mothers and carers.

But opportunities to practise these new skills were limited at Wandoo. Some mothers at Boronia Pre-release Centre (Boronia) can have their child (under the age of 4) live with them or have overnight stays with their children up to the age of 12. While at Bandyup Women's Prison (Bandyup) women could have an all-day visit with their children in an area away from the main social visits centre. Residents at Wandoo did not have the same opportunities.

It was also hard for residents who had children in the care of the Department of Communities; Child Protection and Family Services (CPFS). Although the TM lent a hand, there was no Family Links Officer to act as a conduit with CPFS on issues related to access and custody of children as there are at other facilities.

Positively, Reset ran a parenting program, Moorditj Moort in 2021 and seven residents participated. COVID-19 restrictions meant the next program was put on hold, so we were pleased to hear that a condensed program was due to start the week after our inspection.

Early days for the recovery maintenance program

In June 2022 when resident numbers were low, the Department of Justice (the Department) approved a contract variation to include a new Recovery Maintenance Program at no additional cost. It was designed to reduce the risk of relapse for women who had completed the program and offered:

- support for women who remained at Wandoo after completing the MTC
- support for women who had completed the MTC and had transferred to other custodial facilities.

When we inspected, seven women had completed the program, but remained at Wandoo in 'stage four'. They still attended meetings and counselling and went to the new 'Going Forward' group. And there were plans to train these residents to run groups for their peers. New challenges will be important as we heard from staff and residents that this group were bored.

Of the 70 residents who had left Wandoo this year, 40 women went to other custodial facilities. The majority transferred to Boronia (50%) and Bandyup (35%). These numbers included women who were exited or requested to leave prior to graduating from the program. Last inspection, residents told us they were worried about transferring to an environment like Boronia, where women had not been through the program and where there may be opportunities to relapse. So, we recommended that the Department establish supports at Boronia for graduates of Wandoo (OICS, 2019a). The Department supported this recommendation, stating:

Since the increase in counselling support to two days a week following the 2019 inspection, counselling continues to be provided at Boronia for two days per week to pre and post residents of Wandoo (DOJ, 2022)

But prisoner-led groups had yet to get off the ground and so the peer-to-peer-accountability tool, in many ways the 'glue' of the MTC, was not being utilised. While we were pleased that the Psychological Health Services (PHS) counsellor continued to provide counselling sessions to ex-Wandoo residents at Boronia, former residents may need more to maintain the treatment gains and learnings from the MTC. If resources are implemented effectively, the recovery maintenance program could strengthen the women's ability to meet the challenges upon release. We will continue to monitor this issue as part of our ongoing liaison and inspection work.

1.4 Return to prison rates were higher for Aboriginal residents

Aboriginal women who were former residents had a higher return-to-prison rate than non-Aboriginal residents. Departmental data tells us that between 1 July 2019 and 30 June 2020, the rate of return for Aboriginal women was 40 per cent, similar to the state average of 43.4 per cent. Non-Aboriginal women leaving Wandoo had a return rate of 17.9 per cent compared to a state average of 31.5 per cent.

Table 1: Rate of return to prison, by Aboriginality, for prisoners released between 1 July 2019 and 30 June 2020.

	Aboriginal			Non- Aboriginal			Total		
	Discharges	Returns	Rate (%)	Discharges	Returns	Rate (%)	Discharges	Returns	Rate (%)
Wandoo	15	6	40.0	39	7	17.9	54	13	24.1
Total of all facilities	1,617	702	43.4	2,289	527	23.0	3,906	1229	31.5

While the quality of support for women leaving Wandoo may account in part for the lower return to custody rate compared to other facilities, more work is needed to identify and attend to the reasons why Aboriginal women return to prison in higher numbers than non-Aboriginal women.

2 Integration of clinical and custodial priorities was a work in progress

Wandoo is a unique environment in the female custodial estate. Its success is largely dependent on the quality of the relationship between the Department and the service provider, Cyrenian House. To ensure the right balance between discipline and security on the one hand; and therapy and treatment on the other, the needs of both have to be understood. But we found at the time of our inspection the two entities were not well integrated. Managerial change had destabilised relationships, and we heard some of the decisions made locally and by Head Office, were to the detriment of some women's recovery. Not all custodial staff were fully trained in the MTC, which also risked diluting the impact of the therapeutic model. Clinical and custodial staff, as well as residents, identified pressure to maximise occupancy rates and the associated enthusiasm to fill beds at Wandoo, as another weakness. Some staff did not support closer alignment with the AOD rehabilitation unit at Casuarina Prison and so resisted the Department's efforts to adopt similar processes at Wandoo.

Residents said Wandoo saved lives. But if Wandoo is to continue as the jewel in the Department's rehabilitation crown, evaluation of the AOD program is essential.

2.1 Stakeholders did not always work cohesively

Staff from both the Department and Cyrenian House will need to improve collaboration and cooperation to optimise outcomes for residents. In much the same way that different staff and organisational cultures were brought together so effectively when Wandoo first opened as an MTC, the shared vision which we know all stakeholders still hold in high regard, should be the primary consideration (OICS, 2019a, p. 33).

We came across several examples where it seemed one entity lacked understanding or consideration of the priorities of the other. For example:

- Cyrenian House did not always appear supported to manage residents in line with TC rules and some departmental decision making appeared at odds with therapeutic working. There was some tension around who had the final say to decide who joined or was exited from the program. If a resident broke a cardinal rule or was involved in a series of incidents, they risked being transferred out. This sent a message that that such behaviours would not be tolerated and kept staff and residents safe. But some staff reported a pressure to tolerate anti-social behaviours and keep women at Wandoo, which they felt was about maintaining numbers, rather than the overall wellbeing of the MTC. They said that even one resident who should not or did not want to be at Wandoo, could have a negative impact on other women. When we sat in on a multi-disciplinary team meeting (MDT), Cyrenian House provided evidence of a resident's non-compliance within the MTC, but the decision to allow her to remain was based on her enrolment in vocational training and it was recommended she stay on a re-assessment phase for longer than Cyrenian House staff thought was therapeutic or helpful.
- Women are required to complete a set number of therapeutic program hours, or 'dosage', but on one occasion, departmental staff scheduled an event during what should have been

quarantined program time. As some women missed out on presenting their learning to the group, this had the potential to slow residents' progress.

- Residents attended group meetings in a small and cramped programs room in Eyre unit. The space was not appropriate given the emotional and psychological work that took place there. Cyrenian House staff wanted to use the visits space as they had done in the past. But management suggested they use the open-air basketball court instead. This was not trauma-informed and raised concerns about upholding confidentiality in a public space.

One staff member described the relationship between custodial and Cyrenian House as 'two entities working in the same place'. This is very different to what we observed at the time of our last inspection and needs to change.

2.2 Leadership change was destabilising

Wandoo had lacked stable leadership for several years. Since we inspected in 2019 there had been four acting superintendents working across five acting periods, and expressions of interest in a five-month appointment were invited in November 2022. There had been movement within other senior roles too, such as the Assistant Superintendent Operations and Security (ASO&S), Assistant Superintendent Offender Services and Principal Officer to cover secondments and other types of leave.

Staff across the prison told us this was disruptive as each new superintendent had different priorities, leadership style and understanding of the MTC. We heard instability and change impacted staff morale, rewound stakeholder relationships, and some even questioned whether decisions around Wandoo's priorities and outcomes had been in the best interests of residents. However, some staff appreciated the fresh perspectives that each new superintendent had brought with them.

Cyrenian House leadership had also seen significant change. Two new program managers (and a mostly new counselling team) were working within core principles. But we heard from residents and staff that elements of the MTC program shifted when Cyrenian management changed hands. One resident told us:

The program had softened a little bit. It is more compassionate but previously you were held to account more.

The triage team, responsible for promoting Wandoo at other facilities, assessing potential residents, and case managing them through to release, all left in 2022. When we inspected, an acting triage coordinator and an Assessments and Case Management Coordinator (ACM) had been appointed.

Just before the inspection, an acting clinical nurse manager (A/CNM) was appointed to a position that had been empty for over 12 months. This offered much needed leadership and support for nurses in the health centre.

All of this was a lot of movement in a fairly short time period. Changes such as this may be felt more keenly in a small facility like Wandoo that promotes a very specific vision. Stability in leadership would help set the direction and maintain the impetus of Wandoo as a successful rehabilitation facility.

2.3 Not all staff had received Wandoo specific training

Because residents were living in and learning from the TC all day and every day, we understood what Cyrenian House staff meant when they told us ‘the entire prison is a program’. But we also met several departmental staff and managers who had not been trained in how the program ran. As custodial staff are essential in supporting residents in their journey, they should understand how custodial and therapeutic considerations intersect. This is applicable equally to leaders and managers who makes decisions about how the facility runs, to prison officers responsible for discipline and security.

The Department noted in the Service Level Agreement:

The degree of success appears to depend largely on how closely the model of operation preserves the key elements of the community TC model, with as few modifications made to the model as possible, while still ensuring a safe and secure environment for staff and prisoners (DOJ, 2018).

The TC model has core components that are key to its successful implementation. But respect for and preservation of the model was less likely when staff did not fully understand it. Although Cyrenian House staff had run MTC information sessions for departmental staff, input was much shorter than the four weeks’ training available when Wandoo opened. Custodial staff were keen to train in the MTC but told us mandated training programs were a priority. And although staff satisfaction rates in departmental training were high, training in use of force or cell extractions were less relevant at Wandoo than other facilities.

Because residents had busy schedules, it was hard to find time to train staff when they were already busy overseeing residents going about their day-to-day tasks. Acknowledging the difficulties in finding time for training, we would not support the model implemented at most other prisons where there are lockdowns to allow for training, as this would be contrary to Wandoo’s ethos.

There was no requirement for incoming officers to complete Wandoo-specific training. Some staff were concerned that new or untrained staff may carry out their duties through a traditional or maximum-security custodial lens. They thought this may affect engagement with residents and change how and when custodial staff managed an incident at Wandoo that should ordinarily be the responsibility of Cyrenian House to address. And we heard some staff refer to women as ‘crims’ instead of residents. This was not respectful or in keeping with MTC expectations. In responding to the draft report, the Department agreed this was not respectful or aligned to the principles of the MTC. It advised us that the SMT would address the matter as a priority.

Recommendation 1

All staff should complete training in therapeutic communities.

2.4 Mixed response from staff to new ways of working

A 12-month Service Delivery Review began in August 2022 to improve communication and streamline work practices. Although it seemed well intended, not all staff were receptive and not all changes were popular.

Some Wandoo management and departmental staff were enthusiastic about the stronger alignment with the Mallee Rehabilitation Unit (Mallee) at Casuarina Prison which opened in October 2020 providing for male participants with AOD needs. But there was a perception among several staff that Wandoo had become a cut and paste version of Mallee. The Department's response to this draft disputed this perception, citing that this was an example of sharing best practice. There will no doubt be arguments for and against this suggestion.

As we found in our 2022 inspection of Casuarina, Mallee appeared to be working well and showing early promise (OICS, pending release). The recidivism rate of approximately 10 per cent was better than Casuarina's overall rate of 39 per cent and custodial and non-custodial staff worked collaboratively. However, it is important to also remember that Mallee is one unit within a prison and has a large pool of prisoners to choose from, which may increase the likelihood of successful outcomes. Wandoo's program involves the whole prison and has a much smaller pool to draw from. Also, the Mallee program is yet to be evaluated.

2.5 Population pressure opened the door for more residents, but this presented new challenges

While Wandoo has capacity for 77 residents, it has struggled to maintain numbers. In the 2021-2022 financial year, an average of 49 women resided at Wandoo (64% of capacity). So, in April 2022, in response to the low population, the Department made changes to the eligibility criteria so more women could be considered for placement at Wandoo. These changes included women:

- with outstanding violence treatment needs
- with outstanding internal prison disciplinary charges
- with longer than four years to serve
- who were essential workers and had previously done the program
- using Opiate Substitution Treatment via Depot injection only
- who were of interest to immigration and/or were at risk of deportation.

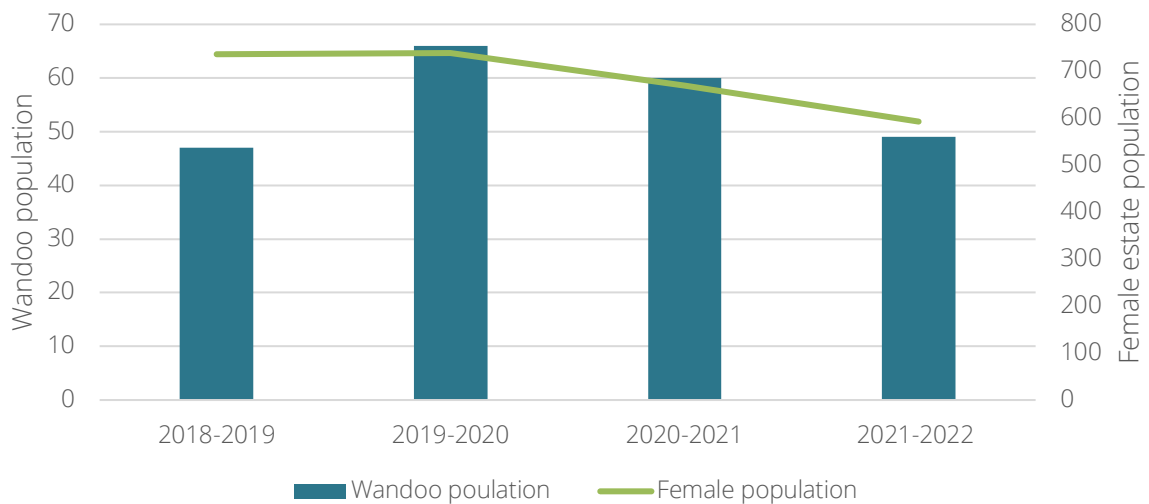


Figure 1: Wandoo's population since 2018 compared to the female prison population

Staff told us they generally supported the criteria changing which would allow as many women as possible to benefit from the Wandoo program.

During the inspection we saw a positive outcome of this change. There were seven residents at Wandoo with an immigration alert, who may have been at risk of removal to the country where they were born. But deportation did not always follow, so we thought it was positive this group of women had the opportunity to rehabilitate before their release to the community, be that in Australia or overseas.

A proposal to allow remand prisoners at Wandoo, was rejected by the Department.

Not all changes were well managed

The implementation of some changes to the eligibility criteria were not well managed or communicated. This prompted some staff and residents to the view that value for money was taking precedence over the wellbeing of residents.

Women in custody in Western Australia who have outstanding violence criminogenic needs are often required to complete the Choice, Change and Consequences Program (CCC) to address their offending behaviour. Historically, the CCC has only been run at Bandyup. But to offset the low population at Wandoo and offer women already in a behavioural change process more learning opportunities, the Department scheduled a pilot CCC to run at Wandoo in quarter one of 2022. The Department's Clinical Evaluation and Innovation team, through a follow up evaluation process, identified several concerns, including:

- MTC processes potentially compromised the therapeutic process of the CCC Program. For example, it was hard for participants to maintain the required hours for CCC due to their non-CCC commitments.
- CCC program potentially compromised the therapeutic process of the TC. For example, CCC participants lived at Wandoo but were not involved in all the MTC activities, so some felt isolated and targeted.

- Maintaining the emotional safety of CCC participants, who due to the intensity of the therapy may wish to withdraw and process their emotions, risked going against the ethos of the MTC and be accused of self-isolating.

Staff and residents had their own reservations and told us that women with unmet violent treatment needs risked destabilising the MTC if they had not yet learned key skills such as emotional regulation and assertive communication. Without these skills, some got angry quickly which put themselves, staff and other residents at risk.

Despite these concerns, the Department planned to run the program a second time, with a number of conditions in place to mitigate risks. These conditions included:

- CCC participants be given the opportunity to establish themselves within the MTC prior to starting the CCC
- CCC participants be expected to participate in MTC activities considered essential to the MTC process - including flags and bouquets
- CCC participants could be excluded from MTC activity sessions to support their mental wellbeing
- aggressive or inappropriate behaviour be managed within the MTC
- commitment to the required hours of the CCC be maintained.

Several women transferred to Wandoo, including some from Bandyup, in anticipation of the CCC course starting at Wandoo in the third quarter 2022. However, it was delayed, and this led many to feel angry because they felt they would have completed it had they stayed at Bandyup. We were told the delay was to allow the evaluation by the Clinical Governance and Innovation branch to be completed, and because of critical staff shortages/facilitator unavailability.

We spoke to many residents who had come to Wandoo several months earlier to undertake the CCC, and they were angry and disappointed at the delay. They said they felt 'cheated and trapped'. Some feared that they would not finish the program prior to their earliest opportunity to apply for parole and risked it being deferred or denied. We know of one woman who had her consideration for parole adjourned from December 2022 to June 2023 to allow for her participation in the CCC. Others were worried they would not receive the treatment they required and so their risk of reoffending on release was increased. Some women said they felt held in limbo and that the impact of the delay upon their lives and reintegration appeared unimportant to decision makers.

In the absence of the CCC, many women engaged with the MTC instead. Their willingness to do so is a credit to them, but this was not their assessed treatment priority. Many in this situation said they felt they had been brought to Wandoo just to 'make up numbers'. They said they had no-one to answer their questions and did not receive regular or reliable information about when the CCC would start. We confirmed that communication of the situation with this group had been poor, and when we asked staff at Wandoo and Head Office whose responsibility it was to keep CCC residents informed, no one took responsibility.

The MTC and the CCC are both recognised therapeutic processes but as the Department identified, they risked compromising each other. We understand that the second CCC will be evaluated in due

course and include feedback from all stakeholders, including any women who did not complete the course.

At the time of our inspection, the CCC had not started but did so shortly afterwards on 5 December 2022. We understand that since our inspection, staff from Wandoo have met with CCC residents who had been impacted and apologised for the poor communication and delay.

Recommendation 2

Women complete the CCC before transferring to Wandoo.

Wandoo was a voluntary placement but not always easy to leave

Women can nominate to be considered for placement at Wandoo and, if accepted, are expected to abide by the 'cardinal rules'. One of these rules requires full participation in all aspects of the program. Although placement is voluntary, we heard several women had remained at Wandoo for weeks after requesting to leave. This unsettled, demotivated and confused other residents.

We understand that COVID-19 led to restrictions upon prisoner movement and it is important to let women who may want to leave, have time to discuss their options with their counsellor. However, prolonging an unwilling resident's stay is at odds with the MTC ethos and the Department's own observation that the program works best when the model is followed.

Case Study



A resident arrived at Wandoo on 11 April 2022 and first expressed her desire to exit the program on 20 July 2022. Over the next few months, she was involved in several incidents and breached the MTC and custodial rules.

On 14 October 2022, she again expressed her desire to leave Wandoo. On 18 October 2022 she was issued a red card due to a threat of violence against another resident and was exited that day, three months after requesting to exit the program.

2.6 The Department had not evaluated the AOD program

Wandoo is often hailed as a success story. But the Department has yet to comprehensively evaluate the AOD program despite it being over four years since Wandoo opened. So, the time is right to undertake a thorough evaluation to gather evidence over a longer time period to support this claim.

The Department has conducted a short-term evaluation of the MRT program in 2019 which looked at 157 residents who participated in the program during the evaluation period. Findings supported continued investment in the MRT program. The evaluation found:

Based on psychometric assessments, statistical analysis, prison conduct, observations of facilitators and residents, MRT appears to be achieving behavioural change in the predicted direction. These combined findings would suggest reductions in recidivism can be anticipated in the long-term (DOJ, 2021, p. 4).

The evaluation made note of reoffending and parole statistics. At the census date, 88 residents had been released from custody. Of these, 71 had completed MRT and 17 were non-completers. Of the 71 completers, 67 were released on parole and four were released at their maximum term date. Of the 67 who were released to parole, 20 had their parole suspended. Nine had their suspension cancelled and were released back onto parole. Four were awaiting their parole suspension review and seven had their parole cancelled (DOJ, 2021, p. 12).

Re-offending outcomes from MRT evaluation



The Department had also approved a beyond-term extension to allow the Western Australian Office of Crime Statistics and Research to complete a long-term evaluation of the MRT Program. This evaluation was due to start in 2023.

But a longitudinal evaluation of the AOD program would help track the factors that assist with successful reintegration, recovery, and relapse. It could map how former residents interact with justice, health and community services post-release. And it might identify some of the reasons Aboriginal residents return to custody at higher rates than non-Aboriginal people. Wandoo is an expensive facility to run. We look forward to a time when Wandoo's successes can be measured and

evidenced in terms of quality outcomes for women and the flow on benefits and monetary savings to the entire community.

As was the case in 2019, we did not evaluate any element of the MTC or MRT as part of the inspection.

Recommendation 3

Evaluate the alcohol and other drugs program at Wandoo.

3 Workplace culture and relationships were strained

Although staff were positive about working with residents, indicators of staff wellbeing were lower than when we last inspected in 2019. We were told about fractured relationships between some staff, management and Head Office arising from how several complaints about staff conduct had been managed. Although some, but not all complaints predated current leadership, many staff told us that throughout the process they felt unheard and had lost trust in their leaders' ability to create a psychologically safe working environment. Most operational staff reported good relationships with co-workers, but we also heard about cliques and some poor interactions between staff that made the working life difficult at times.

3.1 The cultural review was overdue

We heard first-hand accounts from many staff and corroborating statements from their colleagues who alleged unacceptable staff behaviour at Wandoo, tracking back over several years. This included:

- staff bullying
- verbal aggression
- sexual harassment.

We were told that this had left many staff feeling traumatised.

The staff response rate to our survey was high, 62 per cent. This told us that staff wanted to be heard. Indicators of staff happiness in their workplace had declined - staff respondents rated their quality of working life down from last inspection, and below the state average. The level of work-related stress was up from last inspection.

2022 staff survey results



Statistics around staff-to-staff 'poor behaviour' were concerning. Thirty-eight per cent said sexual abuse happened 'sometimes' and 10 per cent said it happened 'often'. Forty-four per cent said it never happened, yet this figure was more than 90 per cent last inspection. These numbers compare unfavourably with the state average.

Ninety per cent of staff respondents said bullying happened sometimes or often while just six per cent said bullying between staff 'never' happened. Last inspection, 29 per cent of respondents said it never happened. This also compares poorly with the state average.



feel staff-to-staff bullying occurs
sometimes or often

Several staff told us they had 'unfinished business' relating to complaints and investigations, many of which, but not all, predated current leadership. Although engaged in various complaints or grievance mechanisms, locally and departmentally, staff did not always feel seen, heard, or respected in these processes. Some said they thought issues were 'swept under the rug' and felt let down by the responses and actions by some of those with responsibility higher up the chain of command. Staff said they had little faith in drawn out internal investigations, and while unresolved, felt their integrity was being questioned. Staff variously alleged:

- a lack of acknowledgement of initial complaints
- lack of support while an investigation was ongoing
- no feedback, updates or outcomes provided.

This left many staff dissatisfied with all tiers of management, including Head Office, for what was seen as their underperformance in addressing staff complaints and culture. Eighty-four per cent of staff respondents said support from Head Office was 'poor' or 'mixed' and 79 per cent thought the same about local management.

This is not how the MTC runs at Wandoo. When conflict arises intervention, resolution and feedback is usually swift, so that residents can move on.

We understand that it is not always appropriate or possible for managers to comment while investigations are ongoing. However, staff felt that more could have been done to hear and acknowledge people's feedback and experiences sooner. While the Commissioner's visit in October 2022 gave staff a welcomed opportunity to express concerns, this is not how a trauma-informed workplace functions. Staff should feel psychologically safe, have trust in feedback mechanisms, and experience the code of conduct as a living document. But at Wandoo, we were told that workplace cultural issues had festered, and resentment had become entrenched.

None of this will be news to the Department which told us before we began the inspection that a cultural review was underway to address these issues, and staff would be invited to provide anonymous and confidential feedback. This is a real opportunity for Wandoo leadership and the Department to listen, take stock, and reset. This will be of benefit to the entire Wandoo community.

The blind eye of the management to recognise the decline of the morale and positivity of the staff.

Lack of care for residents' and staff safety by the SMT.

Bullying.

Corruption prevents staff from having anywhere to safely report bullying.

Quotes from staff in our survey about the least satisfying things about working at Wandoo.

3.2 Quality and quantity of communications can be improved

In a facility where residents were expected to communicate respectfully and constructively, we heard that communication between staff across all levels was not always appropriate or adequate. This strained relationships and made for a stressful, frustrating, or uncomfortable workplace for many.

In our pre-inspection survey, only 12 per cent of staff thought communication from Head Office was 'good' which was down five per cent since last inspection. And only 13 per cent said the same for communication from local management.

It is likely that these poor results are a carryover from the longer-term instability and cultural issues described above, but we were told about more recent issues. We heard of a level of conflict and a lack of cohesion in the leadership team. Several staff from across the prison spoke of their concerns about this and that they were looking for a unified management team, that was trained in how an MTC should operate, to lead them through a period of change.

Several staff told us that the quality and quantity of communication from SMT was sometimes poor. Others said they did not feel they had easy access to some senior managers or they were not approachable. Custodial staff wanted visible leadership because this helped build relationships and understanding of the MTC, and non-custodial staff looked forward to working in more collegial and consultative partnerships.

Although 52 per cent of staff respondents thought staff worked well together, we heard a small minority of custodial staff engaged in bullying type behaviours towards other staff, including undermining particular positions. Harassment and bullying cannot be tolerated and are behaviours that residents would be held to account over. Colleagues should look out for each other and we encouraged all staff to be aware of their role in setting workplace culture and calling out unhealthy workplace interactions. Furthermore, the Department's Code of Conduct places a positive obligation on staff to report suspected breaches of the code, including behaviours that constitute bullying and harassment (DOJ, 2020, p. 9).

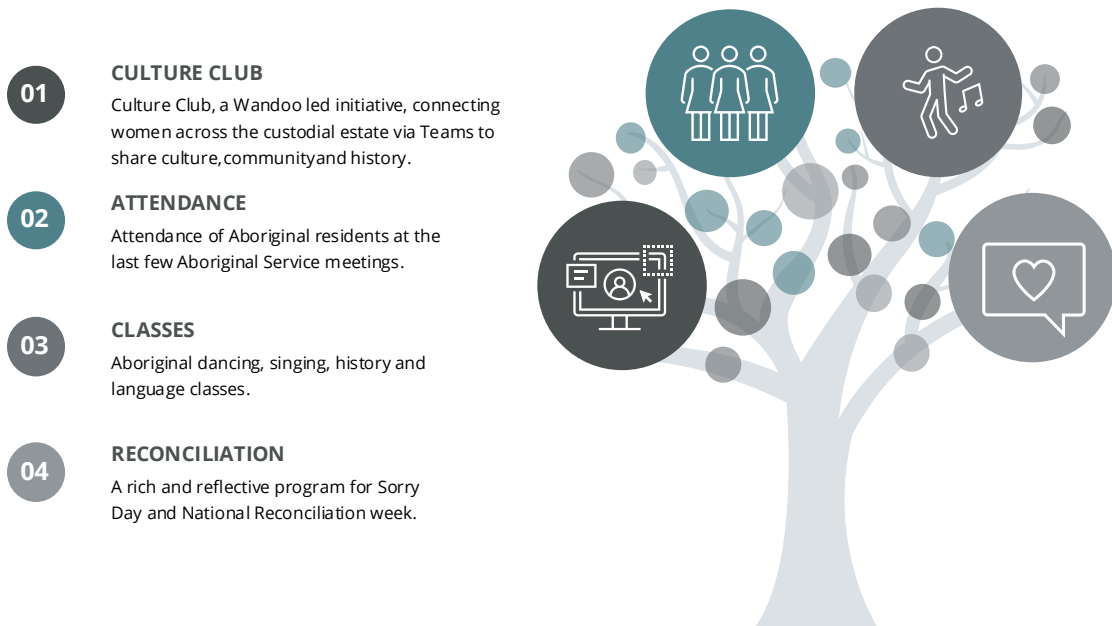
The cultural review was seen by many, including us, as the means of addressing many troubling issues and behaviours, so that staff can refocus on their shared interest in providing a rehabilitating environment for residents.

Recommendation 4

Improve communications and relations across management and with staff.

4 Good initiatives but cultural safety could be strengthened

Wandoo was committed to improving the prison experience for Aboriginal residents who comprised around 30 per cent of the population, an improvement from 19 per cent last inspection. The environment was welcoming with Aboriginal cultures represented by residents' art on walls, and well cared for native plants in the gardens. Wandoo had also developed a range of opportunities for women to grow their connection to culture and history which included:



But more could be done to make Wandoo a culturally safe place for Aboriginal women and to add layers and depth to what is already happening. This may motivate other Aboriginal women in custody who may be considering a placement at Wandoo. Recruiting Aboriginal staff is part of this but may be challenging in the current employment market. Although the Aboriginal residents we spoke to were passionate about the program and acknowledged the cultural experiences open to them, overall, they felt they lacked a collective voice. Aboriginal women wanted to make a systemic contribution to Wandoo, rather than just be participants.



Photo 1: The meeting place was well looked after.



Photo 2: Artwork celebrating residents' graduation.

We attended the graduation of four residents on 5 January 2023. An Aboriginal Elder performed a smoking ceremony and invited residents, staff, and guests to join in. This was an unusual graduation as a resident who had recently passed away, was posthumously acknowledged as a graduate alongside her peers. She had already written her graduation speech, which was read by the chaplain. Several family members attended and explained how in the last few months of her life, she was happy and living her best life for the first time in many years.

Residents gave her family thoughtful memories to celebrate her life and they grieved together. Wandoo staff and residents should be commended for their sensitivity and care in celebrating her achievements and grieving her loss.

4.1 More Aboriginal staff would benefit Wandoo

There were no Aboriginal custodial or Cyrenian House staff and Aboriginal residents felt disadvantaged by this. Although three members of staff identified as Aboriginal as of 30 June 2022, two were in administration and one in a part-time Prison Support Services role. The Aboriginal Mental Health Worker who helped Aboriginal women access health and mental health services at the time of the last inspection, had since left and not been replaced.

Although Aboriginal residents said they got on well with staff, there were no Aboriginal faces or voices to seek out. So Aboriginal residents felt they missed out on day-to-day cultural support on issues such as kinship connections and grieving when there had been a loss.

Residents said staff understood the impact of domestic violence on self-esteem and substance use. But Aboriginal women thought staff needed greater insight into how they expressed the historical and cultural trauma experienced by past generations. Residents thought it would help staff understand their psychological hurt and associated behaviours.

When we asked residents in our pre-inspection survey if staff understood their culture, 51 per cent of respondents said they did. Sixty per cent of respondents said their culture was respected by staff. These results were encouraging, despite being slightly down on last inspection.

Staff were more positive in their view. Seventy-seven per cent of staff respondents said communication with Aboriginal and Torres Strait Islander residents was generally good and 81 per cent thought there was generally good respect for and recognition of their culture.

Community Elders regularly visited the facility, and the Superintendent advised us that an Aboriginal trainee was due to start at Wandoo. This is a small step in the right direction. But we know from speaking with Aboriginal staff at other prisons, that unless there is a team around them, Aboriginal staff are expected to be the voice for all First Nations people, and this is not possible with such small numbers.

Recommendation 5

Increase Aboriginal staffing at Wandoo.

Recommendation 6

Offer culturally specific training, including around intergenerational trauma to all staff.

4.2 Aboriginal women wanted a forum

Although Aboriginal cultures were celebrated, many Aboriginal women did not think Wandoo went far enough. They told us an Aboriginal voice or forum would strengthen cultural practices and promote respect for cultural expression. Such an initiative would support both the MTC and custodial outcomes.

Before the inspection, we spoke with a group of Aboriginal and non-Aboriginal residents. They agreed with a woman who told us:

Everyone has a responsibility to talk about racism, but Cyrenian House and custodial won't address it because racism is a touchy subject.

It was clear to us that residents wanted opportunities to explore issues around the systemic racism they alleged experiencing. Many Aboriginal residents will likely have faced disadvantage and racism, so it is important that the therapeutic processes in play at Wandoo acknowledge and address such issues. But for some women, there was a counter problem. For example, we heard from some non-Aboriginal residents who did not want to support Aboriginal residents with a flag as they said they were 'intimidating'. This meant Aboriginal women did not get the work and the supports they needed to keep growing.

Women did not want to deny their culture in order to progress through the MTC, but one resident said she felt as though she had to 'act white' to fit in. Another woman told us she wanted time out of the program to grieve but was told that self-isolation was a behaviour associated with substance use. Other residents told us it was hard to uphold kinship and family status responsibilities when residents were not allowed to form 'exclusive' relationships. Women were unclear if they could use terms such as 'sister' or 'auntie' to acknowledge family ties, or if this would be seen as 'recruiting'. Aboriginal women said they turned to family to talk through their issues as there were no Aboriginal staff to talk with but risked being supported with a flag for gossiping. The counter to this was an assertion from Cyrenian House staff that such behaviours were permitted, albeit with some limitations.

Residents also wanted more ownership of the Culture Club. They saw the potential of connecting with women in other prisons and encouraging them to make change. Residents were not fond of following an agenda or taking turns to talk, which set limits on their ability to make meaningful connections. As articulate women, acquiring new communication skills, they were interested in chairing and hosting online meetings in a different form.

Unfortunately, due to staff absence, the yarning circle had stopped so Aboriginal residents did not know where to take their concerns or suggestions. We understand that after our inspection, Cyrenian House staff met with some Aboriginal residents to progress discussions. This was an important step, but there is opportunity to establish something new, like an Aboriginal liaison group.

Recommendation 7

Establish a regular forum for Aboriginal residents.

4.3 Support services were interrupted but Wandoo tried to fill gaps

The Aboriginal Visitor Scheme (AVS) and Prison Support Officer (PSO) functions were established after the Royal Commission into Aboriginal Deaths in Custody. Both were intended to provide cultural and welfare support to residents. But there had been no onsite AVS attendance at Wandoo between July 2021 and August 2022 and over the same period there had been an inconsistent PSO presence.

Two Aboriginal women and two non-Aboriginal residents provided help to their peers, for example they assisted with parole plans and offered welfare support. But the peer support residents, who volunteered their time, felt 'let down' by the service as they had not had a consistent staff member to support them in their work.

Wandoo secured temporary, on loan backfill of one day a week for each position and the ASOS took on some PSO tasks including running peer support meetings and being a contact point for residents. One peer support resident was also the resident coordinator and took welfare forms to handover meetings with Cyrenian House. This was a valuable opportunity for her to feed into discussions and provide her perspective on residents' concerns.

However, we heard there was overlap between the 'senior' role and the different levels of peer support workers. This was confusing for some staff and residents, especially when seniors were also peer support workers as was often the case because they were more experienced in the MTC. Residents could choose if they wanted to speak to someone in their capacity as a senior or as a peer support resident. However, if a resident took an MTC concern to a stage two peer support worker it was considered gossip, but not if they spoke with a stage three peer support resident. Further to this, some peer support tasks, such as advocating for a fellow resident to make a welfare phone call, were reportedly seen by some staff as 'caretaking' and therefore a breach of MTC rules. **Senior and peer support job descriptions should be clarified so that residents do not attract negative consequences for seeking or providing support.**

Recommendation 8

Appoint a dedicated Aboriginal visitor and Prison Support Officer to Wandoo.

5 A good place to live with room to do even better

As in 2019, residents spoke highly of life at Wandoo (OICS, 2019a). Women were busy spending most of the day out of cells undertaking the MTC program, work, or education. Accommodation was generally decent with large day rooms equipped with table tennis and pool tables and kitchen areas that had been partially renovated. The visits area was child-friendly and welcoming, and serviced by 'Barista Sistas', a coffee outlet run by trained residents. And the onsite dental suite offered a good restorative service, which was really important to the many women who suffered poor dental health.



Photo 3: Barista Sistas coffee shop.



Photo 4: Spacious shared living area.

But some areas needed attention. Residents were dissatisfied with the arrangements for canteen and town spends, and with the level of engagement they said they had with some staff in the health centre.

5.1 Many aspects of daily life worked well

Residents told us that life at Wandoo was good. We saw this as women went about their day, chatted with staff, and reimagined their future. So, it was no surprise that in our pre-inspection survey, residents rated their quality of life highly.

Residents were welcomed to the facility by an experienced reception officer and the admissions process was well organised. Peer support residents provided new arrivals with a tour around the facility and a senior resident was allocated as their 'buddy' to help them settle in.

Wandoo's vision is about promoting personal responsibility and accountability. In keeping with this, residents laundered their own clothing and bedding, and booked their own social visitors. Residents who had qualified in barista training served refreshments for guests and residents paid for these out of their earnings. Residents told us it was easy to maintain contact and connections through the phone, and E-visits helped residents maintain connection with family, including those who lived overseas.

The daily regime was highly structured, and women were productive and busy. The MTC ran in either morning or afternoon streams and residents could choose from activities such as employment, education, and recreation to fill the remainder of the day. Social visits happened after 4.00 pm and women were secured in their rooms at around 6.30 pm, after the evening meal.

In the education centre, residents could choose from multiple courses including hospitality, textiles, Noongar language, and self-awareness. Nationally accredited vocational education and training courses, such as community services, infectious cleaning, construction, and mining were also available. And the Western Australian Recovery College Alliance was delivering a course on life after prison, navigating life with a criminal record and parenting through triggers, which were relevant to women overcoming addictions.

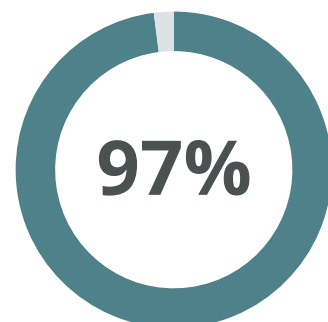
QUALITY OF LIFE



8.06 / 10

Slightly lower than last inspection but better than the state average of 5.17.

RESIDENTS SURVEYED



Said their time was spent doing useful things.



Photo 5: A well-resourced art room.

In February 2022, all units moved to self-care catering and kitchens were upgraded with new ovens and hotplates. Residents said this was 'empowering'. The resident survey suggested food quality had risen, with approval rates at 83 per cent which is double the state average. Kitchen staff ran weekend cooking classes to support women learn new skills and residents could enrol in Healthy Eating on a Budget at the Education Centre. One tutor delivered a Food Hygiene course.

Women were paid gratuities at higher levels to reflect the hard work and commitment that the MTC required of them. Minutes of the Wandoo Aboriginal Services Committee meetings in April, June and August 2022 suggested a steadily increasing proportion of Aboriginal residents earning high gratuities.



Photo 6: A fridge full of ingredients.

Dental services were much improved

In 2019, dental care had been the weak link in health services. Then only 18 per cent of surveyed residents thought that dental care was good. In 2022, this was up to 34 per cent. While this was still a low percentage, it was an increase in resident satisfaction of almost 100 per cent.

In 2019, Wandoo residents had to access dental services at Bandyup. Although residents had been referred, the service could not meet the demand for both sites and in the 12 months leading up to that inspection, no Wandoo residents were seen. Because the situation was so dire, we recommended exploring opportunities to improve dental services for Wandoo residents (OICS, 2019a, p. 22).

In December 2021, Wandoo opened its own dental suite in the health centre with an onsite dentist once a week. A key aspect of this service was the commitment to a rehabilitative approach to dental treatment. Residents received more than just emergency treatment, which in a prison setting most often results in extraction rather than treating the source of the problem and providing follow-up restorative care. At Wandoo, residents could now access comprehensive dental treatment, including restorative work and dentures if required. This is significant because our 2021 review into prisoner dental care confirmed that people who have a history of addictions often come into custody with poor oral health. As Wandoo was part of the Government's Methamphetamine Action Plan, matching services to the needs of the population was good practice (OICS, 2021).



Photo 7: Wandoo's dental suite.

We were assured that residents who started dental work at Wandoo and were released or transferred before it was completed, could access the remainder of their dental treatment at the next facility or a community dental clinic.

We heard from several residents that they were concerned about this follow-up process. A number of women told us that they had multiple teeth removed in anticipation of getting dentures but were now concerned that the treatment may not be completed as they had graduated from the MTC program and were scheduled for release or transfer. We understand the residents' concerns and hope that the processes and assurances we were told about are in fact followed. This is an aspect of Wandoo health services that we will monitor closely in our post-inspection liaison visits bearing in mind that dental care is primarily delivered by Dental Health Services (DHS) Department of Health, and that assurances for the completion of treatment post-release or transfer are DHS responsibility. In responding to the draft report, the Department advised us that it will discuss follow-up procedures with DHS to ensure continuity of treatment in the community

5.2 Some key services were stretched

Forty-three per cent of surveyed residents thought the canteen was 'good' compared to 86 per cent at our last inspection. The canteen now ran like a shop, with women able to choose from shelf stock, rather than collecting their shopping from the distribution point. This was a positive initiative that did not explain the drop in satisfaction ratings.

According to Wandoo's privilege matrix, as residents progress through the stages of the MTC, they would be rewarded for their hard work through access to 'deluxe' canteen stock items or 'town spends' (items from community retailers). But residents were dissatisfied with the variety of stock available and told us that:

- some women could only buy shoes that did not fit them (i.e. the correct size was not available)
- they could not buy 'privileged' items that were generally available at other facilities
- products were not varied over time.

In fact, women gave us a list of 95 products that should be added to the stock list, to make sure it matched the items listed in the privilege matrix. They also told us that they felt let down, because town spends had stopped some time ago and the privileges that should come with a Wandoo placement were not available.

We heard the Vocational Support Officer who ran canteen was stretched across multiple roles and had little time to:

- survey residents for stock satisfaction
- identify and secure high-quality stock
- go off-site to fill town spends orders.

We understand that management has met with residents to discuss their concerns. However, we encourage Wandoo to ensure its incentives and privileges are adequate. This would undoubtedly increase resident's overall satisfaction at Wandoo.

Recommendation 9

Ensure that the canteen provides the quality of stock, and access to town spends as listed in the Privileges Matrix.

Recreation activities were diverse but reduced

Residents had access to a well-equipped gym, a well-stocked art room, and a library with a DVD collection. Cultural and mixed dance workshops took place and a residents choir performed at special events. Parkrun took place on Saturdays and a sports session ran on Sundays. Although residents rated recreation highly, the survey was completed at a time when the recreation team was fully staffed. Eighty-six per cent said the gym was good and 91 per cent said the library and amount of organised sport was good.



Photo 8: A well-equipped gym.



Photo 9: Residents at a yoga class.

But we were told that some elements of recreation had fallen away due to ongoing staff absences. And although resident recreation workers did their best to put on activities, it was challenging and time consuming for them. Residents were also concerned that once the women left who had stepped in to run passive recreation or sports competitions, the gap would be left unfilled.

We know anecdotally that many women take up recreation activities for the first time when they come to Wandoo, and that physical activity supports their mental health and wellbeing. **So, Wandoo should ensure recreation services are maintained, and any gaps in staffing do not detract from residents' access.**

Some health services were impacted by unstable staffing

Health staffing had been unstable, and the team was now much smaller than the one in place three years ago. With the CNM position vacant for more than a year, the service was left to the two clinical nurses to manage. There was also inconsistency in the Senior Medical Receptionist (SMR) position, and the role was left unattended so frequently that the service was disrupted. Nurses were left to pick up some of the SMR tasks such as triaging medical requests, scheduling daily residents' appointments in addition to their own responsibilities in the MTC, and managing external medical appointments. Health staff agreed there had been some slippage. For example, we heard that staff and residents were not always told about upcoming external medical appointments, or if they had been cancelled.



Photo 10: The health centre looked welcoming.

Mental health services had also reduced. In 2019, we found the focus on residents' mental health created a 'really positive environment' at Wandoo (DOJ, 2022, p. 25). At that time, the mental health services team included a full-time Mental Health Nurse (MHN), PHS Counsellor, an Aboriginal Mental Health Worker, and a part-time Psychiatrist. In 2022, the team had reduced and now there was no Aboriginal Mental Health Worker or Psychiatrist. This left a part-time MHN who was only on site for half a day a fortnight, and an experienced PHS counsellor who provided fortnightly counselling to over half of the population.

Feedback from residents was mixed

When we surveyed residents prior to the inspection, 43 per cent of respondents thought general health services were good. This was an improvement on figures in 2019 when only 28 per cent rated this as good.

Although residents could get an appointment quickly, several women told us (before and after the inspection) that they did not feel cared for by nursing staff who did not always show them empathy or compassion. Some residents told us they had to 'plead their case' with nursing staff. Residents said they felt judged if they asked for Panadol, and were told to go for a walk, have a drink of water and 'sit with the pain'. Twenty-nine per cent of survey respondents reported they did not believe staff in the medical centre would help them, and health concerns were the most frequently raised issue with our Independent Visitors, at more than twice the rate of the next issue (canteen).

6 Wandoo was safe but required some security upgrades

Prisons rely upon several different strategies to maintain a safe and secure environment for those who live and work there. At Wandoo, these elements were generally functioning well, and the prison had a safe but relaxed feel.

Procedural security includes the processes and controls in place, for example around entry to the prison. Contractors and visitors were thoroughly searched, and drug detection dogs regularly attended visit sessions. Physical security included infrastructure such as the gatehouse, perimeter fences and human resources, and the gatehouse was well managed as a first point of contact with the prison. Relational, or dynamic security is built upon positive relations between staff and residents. We only saw respectful and courteous engagements.

Wandoo benefited from one additional component, and that was the MTC itself. We found that the rules, expectations, and shared goal of rehabilitation had a positive influence over residents' behaviour. And we thought there was a prison-wide approach to working in a trauma-informed way. This can also improve safety and security outcomes in a custodial setting. Overall, Wandoo was safe, but there was room for improvement as outlined in the next sections. **It may be that the recently formed Security and Training group can progress some of these considerations.**

6.1 Behaviour was positive and residents addressed most breaches

Wandoo provided a safe environment for residents to work on themselves and their recovery. The prison had a comprehensive local searching strategy of people, property, and places that exceeded requirements. The drug testing regime was rigorous – as it should be in a facility for women overcoming addictions. Residents were swab tested once a week and waste water was monitored to detect drug use. Residents were not strip searched, including when being tested for drugs and staff supported this. In our 2019 review into the practice of strip searching, we found it was an ineffective and undignified way to find contraband (OICS, 2019b).



Since Wandoo opened as a female facility, we know of only one occasion when drugs entered the prison, and they were quickly identified. Other incidents we often see in a custodial setting that require staff intervention, such as fighting and standovers, were few and far between at Wandoo. There were no recorded incidents of use of force for the 12 months prior to the inspection. Data

inspection, we saw polite, respectful interactions. Staff called residents by their first names and were often thanked in graduation speeches for their support and encouragement. Surveyed residents' perceptions of relationships with staff were positive.



These positive responses about staff were quite unusual. The state averages across these measures are less than 40 per cent. These results confirmed that staff at Wandoo managed the residents differently to staff at other facilities.

There were other practices and procedures that supported trauma informed work. We saw staff use de-escalation techniques when a resident was distressed. Motivational and encouraging quotes were displayed in prominent places, shower curtains were installed and offered privacy, and 97 per cent of surveyed residents reported cell searches were done respectfully.



Photo 12: A shower curtain offered privacy.

While this is impressive, we think Wandoo could do even better. **As mentioned in other sections, ensuring all staff understand the ongoing impact of intergenerational trauma and residents are offered a safe, confidential space for MTC groups would be a good place to start.**

6.3 Physical infrastructure required improvements

Although much work had gone into upgrading the facility when it was recommissioned as a women's prison, there were still some issues. Not all of the physical infrastructure was suitable. For example:

- The Eyre unit has a fire hazard. The kitchen is located in the middle of two hallways leading to resident's accommodation. If a fire was to start in the kitchen, residents in each wing would have to go through the fire to leave the building as there is no other safe exit point.
- Cell doors did not have hatches. If residents asked for medication or other items after hours, staff had to unlock and open the cell door. This was a risk when staffing is at its lowest overnight. Retrofitting hatches should be considered.
- The Incident Control Facility (ICF) was not suitable. The main ICF was in the master control room and if stood up to manage an emergency event, could distract and obscure the view of the monitors. The secondary ICF in the board room lacked communication tools. We saw one monitor, limited phone lines, maps and writing material.
- The master control room controlled the doors in the gatehouse, but in the day when gate staff were on duty, they had better vision of what was happening at the front door and beyond.

Human resources seemed stretched at times too. Security staffing comprised the Assistant Superintendent and two Senior Officer positions which were filled on a rotational basis. However, we heard it was difficult to fill both positions at times and some staff swapped out of the role when they could. **We think one of these positions should be filled on a permanent basis to provide stability and consistency.**



Photo 13: Eyre Unit kitchen sat in between two accommodation wings.

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Appendix 2 Acronyms

ACM	Assessments and Case Management Coordinator
CNM	Clinical Nurse Manager
AOD	Alcohol and other Drugs
AVS	Aboriginal Visitor Scheme
ASO & S	Assistant Superintendent Operations and Security
CCC	Choice, Change and Consequences program
COVID-19	Coronavirus disease
CPFS	Child Protection and Family Services
DOJ	Department of Justice
GP	General Practitioner
MDT	Multi-disciplinary team
MRT	Moral Reconciliation Therapy
MTC	Modified therapeutic community
OICS	Office of the Inspector of Custodial Services
PHS	Psychological Health Services
PSO	Prisoner Support Officer
SMR	Senior Medical Receptionist
TC	Therapeutic community
TM	Transitional Manager

Appendix 3 Department of Justice's response

Response to OICS Draft Report:
2022 Inspection of Wandoo Rehabilitation Prison

Response Overview

Introduction

On 4 July 2022, the Office of the Inspector of Custodial Services (OICS) announced the commencement of the 2022 Inspection of Wandoo Rehabilitation Prison (Wandoo).

To assist with the inspection, the Department of Justice (the Department) facilitated the provision of a wide range of documentation, including policies and procedures, as well as access to systems, facilities, staff, prisoners, and contractors upon OICS' request for the purpose of the inspection.

On 28 February 2023, the Department received the draft inspection report from OICS for review and comment. The draft report has highlighted key findings and made nine recommendations. The Department has reviewed the draft report and provides further context, comments, and responses to the recommendations as below.

Appendix A contains comments linked to sections in the report for the Inspector's attention and consideration when finalising the report.

Department Comments

The 2022 Inspection of Wandoo highlights the importance and value that Wandoo provides to the custodial estate as a dedicated alcohol and other drug rehabilitation prison for women in custody in Western Australia who are wanting to break the cycle of alcohol and or other drug addictions. The report also acknowledged Wandoo for the opportunity it provides women as a means of intervention in attempt to break the cycle of addiction, citing that many women have described Wandoo as a '*life changing intervention*'.

The life changing intervention at Wandoo offers a safe, healthy, supportive, and respectful place for women to recover from their alcohol and drug additions and make positive, lasting changes through treatment within a Modified Therapeutic Community (MTC). The OICS inspection report (the report) acknowledges the success of Wandoo citing that '*more prisons should run like Wandoo. It is safe, staff and residents appear dedicated to change and rehabilitation, and women leave with hope for the future.*'

Although the Department is pleased with how Wandoo has matured and improved over the years since its establishment in July 2018, Wandoo is not without its challenges and the Department will consider the findings highlighted in the report to address issues identified and improve the program.

The overall wellbeing of the MTC at Wandoo is dependent on sound working relationships between the residents, staff and the service provider. At times this has been challenging due to changes within the leadership teams at Wandoo and Cyrenian House. Since the inspection, a number of vacant positions within the administration teams have been filled with further appointments planned. An experienced Clinical Nurse Manager has also been transferred to Wandoo to provide leadership and support to nursing staff and opportunities have been provided to staff to act in critical roles prior to being advertised for permanent filling.

In addition, program governance has been strengthened through reinvigorated clinical governance meetings aimed at working in collaboration to resolve service delivery challenges, continuous improvement of the program and maintaining the expected Department standards.

In respect to the workplace cultural issues and unacceptable staff behaviour at Wandoo, the Department acknowledges that there are further opportunities to enhance workplace culture and continues to implement strategies and initiatives to promote positive workplaces.

The Department continues to promote and embed the Code of Conduct which sets out the minimum behavioural standards for all staff. The Code of Conduct is clear in that behaviour such as bullying, unlawful discrimination or harassment of any form is not tolerated and emphasises that employees who engage in such behaviour will be referred to the Department's People Culture and Standards (PCS) Division.

The expected standards of behaviour are furthermore reinforced through mandatory Integrity and Ethics Awareness sessions which are tailored to individual facilities and focuses on pertinent issues within a particular custodial facility. Currently 63% of staff at Wandoo have participated in the mandatory integrity and ethics awareness sessions.

In addition, staff are also required to undertake the online Accountable and Ethical Decision-Making (AEDM) training module. This training ensures that all employees are aware of their obligations under the code of conduct and are required to refresh their AEDM training on an annual basis.

In November 2022, the Department undertook a workplace culture review of Wandoo which gave staff the opportunity to provide anonymous and confidential feedback. The findings of the review are in the process of being implemented which includes face-to-face training delivered to the senior management team on the Department's code of conduct and the expectations of the Director General in terms of behaviour.

With regard to concerns raised in relation to the delivery of the Choice, Change and Consequences (CCC) Program at Wandoo, the decision was made to pilot the delivery of the program at Wandoo commencing quarter 1, 2022. The purpose being to:

- improve program outcomes for Aboriginal women by supplementing the CCC with further AOD intervention following completion of the program;
- to alleviate the pressure of limited program room availability at Bandyup Women's Prison; and
- to provide more women the opportunity to participate in the MTC.

Following concerns identified in the evaluation of the pilot, the CCC program that was due to commence in quarter 3, 2022 was postponed until quarter 4, 2022, allowing time to review the suitability of continued CCC delivery at Wandoo.

At the time of the inspection there were 10 residents enrolled to complete the CCC program. Of these 10 residents, four were already at Wandoo, one of whom had completed the MTC, and the remaining three were nearing completion. If the CCC program had not been available at Wandoo, these four residents would have had to return to Bandyup to complete the CCC. The return of the residents to a mainstream/maximum facility is not conducive to their recovery, rehabilitation and reintegration following completion of the MTC.

The remaining six residents of the second CCC program had all self-referred to Wandoo and all were advised they could complete the MTC following completion of the CCC program.

The Department values and encourages family relationships by providing the residents every opportunity to connect with family through social visits and quarterly family days. Wandoo's primary purpose is the delivery of the MTC which requires a

significant level of commitment and engagement from the residents to see the program through to completion. As such, there is caution in introducing day and overnight visits for children at Wandoo as it may result in the residents being distracted and to lose focus of their MTC commitments.

Further, family visit opportunities may be explored in future; however, these would need to be considered as part of the formal evaluation of the MTC to assess the feasibility and impact it may have on residents' success in completing the program. It should also be noted that Wandoo does not have the infrastructure to facilitate day and overnight visits, however on completion of the MTC, residents rated minimum security are often transferred to Boronia in preparation for release, where there are opportunities for facilitating day and overnight visits for children.

The Department makes a concerted effort to work in collaboration with the service provider, Cyrenian House, to provide residents with safe housing options as part of their transitional preparations back into the community. The shortage of safe housing available to graduates of the MTC upon release from custody is a broader issue outside the Department's control, affecting not only the people of Western Australia but also at a national level.

Despite the challenges, Wandoo strives to implement cultural initiatives, these include Culture Club, an initiative to connect women across the custodial estate utilising online connectivity to share their culture, community and history, Aboriginal resident representation and attendance at the Aboriginal Services Committees, Aboriginal dancing, singing and language classes, and comprehensive programs for Sorry Day and National Reconciliation Week. These initiatives are undertaken in addition to the standard cultural activities undertaken as part of NAIDOC Week celebrations.

Overall, Wandoo is an exemplar in terms of the cultural initiatives and activities available to give Aboriginal residents a voice in sharing their culture. The Department understands there is always room for improvement, and an increase in Aboriginal staff would be key to achieving this. Recruitment of Aboriginal staff is an ongoing challenge for the Department and recruitment strategies continue to be explored by the Human Resources Directorate to identify solutions to employ and retain Aboriginal staff.

A formal evaluation of the Wandoo MTC has commenced. In consultation with the Western Australian Office of Crime Statistics and Research (WACSAR), the Department has engaged an independent consultant to evaluate the AOD programs currently run at both Wandoo and Mallee, including a process, outcome, and clinical evaluation. However, it should be noted that there are only a small number of MTCs nationwide, and that an evaluation of the Wandoo MTC against the outcomes of similar MTCs may be difficult.

The Department is proud of the unique role and service Wandoo provides to women in custody through its MTC and will continue to strive to provide the women the best opportunities to break the cycle of alcohol and other drug addictions whilst actively promoting personal change.

Response to Recommendations

1 All staff should complete training in therapeutic communities.

Level of Acceptance:	Supported
Responsible Division:	Corrective Services
Responsible Directorate:	Women and Young People

Response:

The Department recognises the importance and value of providing training in therapeutic communities to all staff at Wandoo. There are however practical impediments to achieving this, including the lack of a dedicated training program specifically for staff working within a MTC, and difficulty in achieving compliance with existing mandatory training modules.

Following feedback through a staff “town hall” meeting facilitated by the Wandoo Senior Management Team, in the absence of a formal training program, Cyrenian House has commenced delivering weekly information sessions to staff. These information sessions provide staff with information and knowledge about therapeutic communities to further assist them in their understanding of the Wandoo’s MTC. Information sessions include the following:

- TC Program Information Sessions (Cyrenian House)
- AOD Information Session (Mental Health Commission)
- Trauma Informed – Information session (Wandoo Clinical Manager)
- Family and Domestic Violence – Information session (Wandoo Clinical Manager)
- Difficult Presentations (Borderline Personalities) (Clinical Manager)
- Research and Evaluation (Clinical Evaluation Supervisor).
- Manipulation (SO Trainer)

In addition, following the establishment of the Mallee Rehabilitation Unit at Casuarina, the Department is considering how formal therapeutic community training can be delivered to custodial officers working within these therapeutic communities, including introductory training for new officers and refresher training for existing officers.

2 Women complete the CCC before transferring to Wandoo.

Level of Acceptance:	Supported in Principle
Responsible Division:	Corrective Services
Responsible Directorate:	Offender Services

Response:

Delivery of the CCC program at Wandoo was first piloted in quarter one of 2022. The concerns identified following the evaluation of this pilot have been addressed and a second pilot is currently underway.

As with the first pilot, the second pilot will also go through an evaluation process and upon completion, will provide further recommendations for action as appropriate.

3 Evaluate the alcohol and other drugs program at Wandoo.

Level of Acceptance: Supported – Current Practice / Project
Responsible Division: Corrective Services
Responsible Directorate: Offender Services

Response:

The process evaluation and short-term impact evaluation of the Moral Recognition Therapy (MRT) have been completed by the Department's Clinical Evaluation and Innovation Team with the long-term impact evaluation recently commenced.

The long-term evaluation is expected to be completed by the end of September 2023.

4 Improve communications and relations across management and with staff.

Level of Acceptance: Supported
Responsible Division: Corrective Services
Responsible Directorate: Women and Young People

Response:

The Wandoo SMT have commenced weekly "town hall" meetings for all staff. The meetings provide staff the opportunity to raise and discuss issues and concerns and provides a forum for the Superintendent and Assistant Superintendents to provide staff with updates on what is occurring within their respective portfolios.

In addition, Cyrenian House delivers information sessions to staff following the "town hall" meetings to further build upon their knowledge and understanding of the therapeutic community to better assist them in working with the residents.

5 Increase Aboriginal staffing at Wandoo.

Level of Acceptance: Supported in Principle
Responsible Division: Corrective Services
Responsible Directorate: Women and Young People

Response:

Recruitment of Aboriginal staff is an ongoing challenge for the Department and recruitment strategies continue to be explored by the Human Resources Directorate to identify solutions to employ and retain Aboriginal staff.

A recent recruitment process for Aboriginal Mental Health Worker positions failed to attract any suitable applicants and a request to advertise the positions a second time has been submitted.

It is noted that there has historically been challenges in filling Aboriginal Mental Health Worker positions at the Department of Justice given the difficulties in competing with the benefits that are offered by the Department of Health.

The Department continues to work with *Marr Mooditj Training* in attempt to encourage graduates to apply for upcoming positions within the Department.

6 Offer culturally specific training, including around intergenerational trauma to all staff.

Level of Acceptance:	Supported – Current Practice / Project
Responsible Division:	Corrective Services
Responsible Directorate:	Operational Support

Response:

The Department provides a range of online and face to face training for staff designed to build organisational capacity around cultural understanding. All frontline operational staff including newly appointed Prison Officers, complete a 16 hour Culturally Speaking training program whilst undertaking the Entry Level Training Program (ELTP) at the Corrective Services Academy. The program is culturally specific and delivered by Aboriginal facilitators and explores issues from a range of perspectives. The Working Effectively theme within the training program focusses on the damaged relationship between Aboriginal and non-Aboriginal people due to intergenerational trauma caused by disposition and displacement.

Further, under the Commissioners instruction 29: *Aboriginal and Torres Strait Islander Cultural Awareness*, cultural awareness training is mandatory for all public sector employees. As such, Aboriginal and Torres Strait Islander Cultural awareness training is provided and made available to all Departmental staff through the Departments learning platform. The training is owned by the Public Sector Commission and the Department requires that all employees are to complete the training.

The training provides employees with an understanding of the Aboriginal and Torres Strait Island culture, history and experiences, including intergenerational trauma, to enable employees to work in a culturally informed way. The resource has 4 sections, namely: family; education; country and work. Each section includes historical and contemporary information with audio and images to increase employee's knowledge and encourage reflection. Supplementary questions are also included to confirm employees understanding of the concepts and information provided.

In addition, multiple cultural awareness training is available to promote and reinforce the importance of recognising and embracing cultural diversity. These include:

- Sharing Culture – Aboriginal and Torres Strait Islander People (Certificate on completion);
- Diverse WA Cultural Competency Training; and
- Share Our Pride – Reconciliation Australia.

7 Establish a regular forum for Aboriginal residents.

Level of Acceptance:	Supported
Responsible Division:	Corrective Services
Responsible Directorate:	Women and Young People

Response:

Wandoo has established a Cultural Leadership Group to provide residents of culturally diverse backgrounds a forum to raise and discuss issues affecting them. The group consists of six nominated members put forward by residents, all of whom are from culturally diverse backgrounds.

The group meets monthly with Cyrenian House staff to raise and discuss issues they may be experiencing, identify solutions to address these issues, and to provide suggestions and feedback to strengthen cultural practices within Wandoo.

In addition, the Department will explore other mechanisms to support greater communication and interaction through forums with Aboriginal residents.

8 Appoint a dedicated Aboriginal Visitor and Prison Support Officer to Wandoo.

Level of Acceptance: Supported – Current Practice / Project
Responsible Division: Corrective Services
Responsible Directorate: Offender Services

Response:

Wandoo currently has 1 FTE AVS and 0.5 FTE PSO positions allocated.

The AVS position has been substantively vacant since August 2021 due to challenges in attracting and retaining AVS staff. These challenges arise from the current classification of the role at level 1. These issues are being considered as part of an ongoing AVS review process.

Although the PSO position is substantively occupied, Wandoo is working with Bandyup Women's Prison and Prison Support Services Management to ensure that sufficient coverage of the PSD position is provided during periods of leave.

In addition, Wandoo has engaged Voice of Hope, an Aboriginal-led volunteer group who attend Wandoo twice a month to provide emotional support and mentoring to residents. While this is beneficial to residents, the support Voice of Hope can provide to residents is limited in their capacity as a volunteer group.

9 Ensure that the canteen provides the quality of stock, and access to town spends as listed in the Privileges Matrix.

Level of Acceptance: Supported
Responsible Division: Corrective Services
Responsible Directorate: Women and Young People

Response:

Wandoo does not have a dedicated canteen officer position and as such, the canteen and town spends ordering is being facilitated on a part time basis by the stores officer with assistance from administrative staff.

As of December 2022, Wandoo has had all administrative team positions filled, which has allowed town spends to occur on a consistent basis, in accordance with the privileges matrix.

Appendix 4 Inspection details

Previous inspection

19–14 November 2019

Activity since previous inspection

Liaison visits to Wandoo Rehabilitation Prison	8
Independent Visitor visits	28

Surveys

Resident surveys	13 September 2022	35 responses
Staff survey (online)	5–20 September 2022	52 responses

Inspection team

Eamon Ryan	Inspector
Lauren Netto	Principal Inspections and Research Officer
Liz George	Principal Inspections and Research Officer
Charles Staples	Inspections and Research Officer
Cherie O'Connor	Research and Review Officer
Ben Shaw	Inspections and Research Officer
Joseph Wallam	Community Liaison Officer
Shane Starling	A/Research and Review Officer

Key dates

Inspection announced	4 July 2022
Start of on-site inspection	7 November 2022
Completion of on-site inspection	10 November 2022
Presentation of preliminary findings	9 December 2022
Draft report sent to Department of Justice	28 February 2023
Declaration of prepared report	20 April 2023

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



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