



Inspector of
Custodial Services

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Inspection of Silverwater
Women's and Dillwynia
Correctional Centres 2022



Inspector of Custodial Services

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Inspector's overview

This is our fourth report concerning the women's custodial estate in NSW. This report considers the operation of the only two women's correctional centres currently operating in the State. Silverwater Women's Correctional Centre is the main reception and remand centre for women in NSW and Dillwynia Correctional Centre is the largest correctional centre for women in NSW. Both are located in the Greater Sydney region.

We first inspected these two centres in 2017 as part of a thematic inspection focused on women on remand.¹ Since then the women's population in NSW has changed. In 2017 there were over 1,000 women in custody, constituting 7.8% of the population.² At the time of these inspections in 2022, the number of women in custody in NSW had reduced to below 850 and constituted closer to 6.5% of the total prison population.³ This is a positive outcome overall and women continue to be a minority within the NSW correctional system. It is notable however, that despite fewer women in custody overall, the actual numbers of Aboriginal women in custody have not changed significantly, meaning the percentage of Aboriginal women in custody has grown. The overall percentage of women on remand has also grown to 47% of all women in custody in 2023.⁴

Five years on from our first inspection of these two correctional centres, these inspections that took place in 2022 have highlighted the failure by Corrective Services NSW to properly plan for and respond to the risks and needs of women in custody in NSW.

It would be appropriate to call for the closure of Silverwater Women's Correctional Centre if it were not for the presence of the specialist units that operate on the site: the Mental Health Screening Unit and the Mum Shirl Unit; and the well-resourced health centre. Silverwater Women's Correctional Centre's function as the primary women's reception centre in Greater Sydney is compromised by its dilapidated induction unit and segregation cells, and cells in accommodation units that contain multiple ligature points.

The expansion of Dillwynia Correctional Centre with an additional 248 new beds and new reception area and health centre should have been the solution to the issues that plague Silverwater Women's Correctional Centre. It was also intended to provide much needed additional accommodation for women in the Greater Sydney region. However, the new infrastructure that has been built to accommodate women is the same type of accommodation that has become the standard build in maximum and medium security centres for men across NSW.⁵ It is unsuitable for accommodating women, the majority of whom are classified as minimum security. As our report discusses, the newly constructed Area 1 of Dillwynia effectively operates as a completely separate correctional centre from the original Dillwynia Correctional Centre that was purpose built as a women's centre and remains fit for purpose. Corrective Services NSW must integrate the two distinct areas of Dillwynia or consider repurposing the Area 1 infrastructure to a men's centre.

It is unfortunate that since our last inspection Mary Wade Correctional Centre, that accommodated women on remand from 2018 to 2020, was repurposed to a men's minimum security centre. This centre was originally built to accommodate young women and girls and should have remained a women's remand

1 Inspector of Custodial Services, *Women on Remand* (Report, February 2020).

2 At the end of March 2017 and September 2017 the total number of women in custody was 1016 and 1014 respectively. See NSW Bureau of Crime Statistics and Research, *NSW Custody Statistics Quarterly Update March 2017* and NSW Bureau of Crime Statistics and Research, *NSW Custody Statistics Quarterly Update September 2017*.

3 For the week ending 29 May 2022, between the two inspections, the total population was 829. Corrective Services NSW, *Offender Population Report* (Report, 29 May 2022). At the end of March 2023, the population was fairly unchanged, at 834. See NSW Bureau of Crime Statistics and Research, *NSW Custody Statistics Quarterly Update March 2023* (Report, 11 May 2023).

4 NSW Bureau of Crime Statistics and Research, *NSW Custody Statistics Quarterly Update March 2023* (Report, 11 May 2023).

5 The 2016–17 NSW Budget of the former government included an investment of \$3.8 billion over four years to create around 7,000 new beds in NSW correctional centres. This included the construction of additional accommodation for male inmates with maximum security classifications at Bathurst, Junee, Metropolitan Reception and Remand, Mid North Coast, Parklea, Shortland and South Coast correctional centres.

centre.⁶ It was the only centre in the Greater Sydney area that accommodated women on remand only, separate from sentenced women, and was focused on providing services to women on remand. Instead, due to a declining women's population and new infrastructure being opened at Dillwynia Correctional Centre and Clarence Correctional Centre at Grafton, Mary Wade Correctional Centre was repurposed to a men's facility. Despite many women being dislocated from family support in Greater Sydney, the purpose built women's area at Clarence Correctional centre was highly regarded by women in custody. However, as a consequence of a further decline in numbers of women in custody in NSW, this accommodation is underutilised and only accommodates a small number of women.

The temporary closure of Emu Plains Correctional Centre, the only minimum security centre for women in the whole of NSW, has also had detrimental impacts on women in custody. This is because it was the only correctional centre in NSW that catered for women to have their children accommodated with them in custody.⁷ The mothers and children program is no longer available to women in custody in NSW, and the reopening of Emu Plains Correctional Centre should be prioritised.

The failure to adequately plan for the accommodation of women in custody in the Greater Sydney area results in women being transferred to men's correctional centres in regional NSW that have small women's units attached. These are located at Wellington and Kempsey and are intended to accommodate women from the local area.

The Women on Remand Report, containing 38 recommendations, called for the implementation of a Women's Strategy, as well as a Women's Command to oversee implementation.⁸ Five years on, the inspection of the two women's centres in NSW has revealed that despite a welcome decline in the number of women in custody in NSW, and the implementation of some of our recommendations, conditions and access to services for many women in custody have deteriorated. The COVID-19 pandemic and associated staffing shortages contributed to the deterioration in access to basic services and amenity. It also exacerbated existing weaknesses in the NSW custodial system. In addition to the recommendations in this report, our recommendations from five years ago remain relevant for Corrective Services NSW to be responsive to the changing demographic and needs of women in custody in NSW.

Finally, I wish to acknowledge the valuable contribution of our expert health consultant Maureen Hanly, who participated in the onsite inspections and drafting of this report.

Fiona Rafter
Inspector of Custodial Services
November 2023

6 See Inspector of Custodial Services, *Inspection of Mary Wade Correctional Centre* (Report, October 2020).

7 See Inspector of Custodial Services, *Inspection of Emu Plains Correctional Centre 2021* (Report, April 2022).

8 Inspector of Custodial Services, *Women on Remand* (Report, February 2020) 37-38.

Glossary of terms and acronyms

Aboriginal	'Aboriginal' when used in this report is inclusive of Aboriginal and Torres Strait Islander women.
AVL	Audio visual link
Bangkok Rules	United Nations Rules for the Treatment of Women Prisoners and Noncustodial Measures for Women Offenders
BIU	Behavioural intervention unit
CAS Act	<i>Crimes (Administration of Sentences) Act 1999</i>
CAS Regulation	<i>Crimes (Administration of Sentences) Regulation 2014</i>
CMU	Case management unit
CNC	Clinical nurse consultant
COPP	Custodial Operations Policy and Procedures
COVID-19	Coronavirus disease caused by the SARS-CoV-2 virus
CSI	Corrective Services Industries
CSNSW	Corrective Services New South Wales
DCC	Dillwynia Correctional Centre
ESC	Education services coordinator
HIPU	High intensity programs unit
IAT	Immediate action team
ICS	Inspector of Custodial Services
ICS Act	<i>Inspector of Custodial Services Act 2012</i>
ICS Standards	Inspector of Custodial Services, Inspection Standards for Adult Custodial Services in New South Wales
IDATP	Intensive Drug and Alcohol Treatment Program
IDC	Inmate development committee
ILU	Independent living unit
Isolation	Where people with COVID-19 or the close contacts of people with COVID-19 are separated to prevent further transmission

JH&FMHN	Justice Health and Forensic Mental Health Network
Mandela Rules	United Nations Standard Minimum Rules for the Treatment of Prisoners
MHSDU	Mental Health Step Down Unit
MHSU	Mental Health Screening Unit
MPU	Multipurpose unit
MRRC	Metropolitan Remand and Reception Centre
MSA	Management service agreement
MSU	Mum Shirl Unit
MWCC	Mary Wade Correctional Centre
NUM	Nursing unit manager
OAT	Opioid agonist treatment
OIMS	Offender Integrated Management System
Quarantine	Where young people and adults entering custody are separated for a period after entering custody to ensure they are not infected with COVID-19.
RAS	Rapid antigen screening
RIT	Risk intervention team
ROAMS	Remote offsite afterhours medical services provided by on-call JH&FMHN staff
SAPO	Services and programs officer
SMAP	Special management area placement (protection)
SSIP	Short sentence intensive program
SWCC	Silverwater Women's Correctional Centre
WRBP	Women's Remand Bed Placement
WRP	Work release program

Executive summary

Introduction

In the NSW custodial system women are often held in custody in predominantly male correctional centres, in smaller separate dedicated sections.⁹ There are currently only three correctional centres that are designated women's correctional centres: Silverwater Women's Correctional Centre (SWCC), Dillwynia Correctional Centre (DCC) and Emu Plains Correctional Centre (EPCC), all in the Greater Sydney and Greater Western Sydney areas.¹⁰

We inspected SWCC in May 2022 and DCC in June 2022 during the COVID-19 pandemic. It needs to be acknowledged at the outset that COVID-19 has posed significant challenges for Corrective Services NSW (CSNSW) and the Justice Health and Forensic Mental Health Network (JH&FMHN), their staff and women in custody. Despite these challenges we had high levels of engagement from staff and inmates alike over the course of both inspections. Broadly, we observed good representation of female staff at a range of custodial staffing levels at both centres. This is good practice at women's correctional centres.

This report sets out findings from those inspections in separate chapters, as the facilities have distinct features and challenges. However we did observe a range of common concerns for women in custody and we have published a combined report.

SWCC and DCC both accommodate sentenced and unsentenced (unconvicted) women. SWCC is a reception centre and includes the only state-wide specialised mental health and behavioural units for women in custody. DCC, following a major expansion in recent years, is now the largest female correctional centre in Australia and includes a high intensity programs unit (HIPU) and an intensive drug and alcohol program (IDATP).¹¹

We previously inspected SWCC and DCC in 2017 as part of a thematic inspection focused on women on remand.¹² Shortly after those inspections the Mary Wade Correctional Centre (MWCC) was opened in November 2017. This was a stand-alone remand facility for women in metropolitan Sydney, a positive addition to the women's custodial estate. When we inspected MWCC in 2019 we observed a level of access to relevant services that was much improved on the access for women on remand when they are accommodated in predominantly male custodial centres or alongside sentenced women.¹³ Unfortunately, in late 2020 this centre was repurposed as a custodial facility to accommodate minimum security men in custody.

The third centre designated for women, EPCC, is the only location in NSW that provides an opportunity for women to have their young children reside in their care while they are in custody.¹⁴ Following our inspection of EPCC in 2021, we found it was underutilised and recommended that programs and services be delivered there to ensure that greater numbers of minimum security classified women could be placed in

9 In regional NSW, women are located in a separate, smaller section of a larger facility that accommodates men, for example at Broken Hill Correctional Centre, Clarence Correctional Centre, Mid North Coast Correctional Centre, and Wellington Correctional Centre.

10 Emu Plains Correctional Centre is currently closed. It accommodates only sentenced women with a minimum security classification. See Inspector of Custodial Services, *Inspection of Emu Plains Correctional Centre 2021* (Report, April 2022).

11 The expanded area opened in 2020, and increased DCC capacity to 531 women.

12 Inspector of Custodial Services, *Women on Remand* (Report, February 2020).

13 Inspector of Custodial Services, *Inspection of Mary Wade Correctional Centre* (Report, October 2020).

14 See Inspector of Custodial Services, *Inspection of Emu Plains Correctional Centre 2021* (Report, April 2022) 41-42.

an appropriate minimum security setting.¹⁵ EPCC was temporarily evacuated due to flooding risk in 2022, and subsequently remained empty for an extended period. In November 2022, it was announced that EPCC would remain temporarily closed until at least June 2023 (together with two other minimum security centres for men) as part of a strategy to consolidate inmates during a period of staffing shortages across NSW caused by COVID-19. At time of writing, EPCC remains closed. This needs to be urgently addressed. CSNSW have advised that the Commissioner and executive are reviewing the operating bed network to ensure it supports the current inmate population, anticipated growth and operating environment.

Infrastructure and conditions in the women's estate

In inspecting these two centres, difficult questions arise for the women's estate, some new and some longstanding. The physical conditions in parts of SWCC are impoverished and unsuitable for accommodating women. After our inspection in 2017, we found the induction unit at SWCC to be dilapidated and we recommended that CSNSW consider the closure of the unit, and the construction of a new induction unit at SWCC.¹⁶ This has not been implemented, and now requires immediate attention. Area 2, physically separated from the rest of the site, was being used for management of COVID-19 at the centre (for example, for quarantine and medical isolation regimes). Conditions there had deteriorated, and the approach to its management and regime lacked sufficient oversight. The cells in Area 2 of SWCC contain ligature points and should not be used to accommodate a vulnerable population, with little time out of cell, high mental health needs, and high rates of self-harm. The accommodation units in Area 1 of SWCC also have cells with ligature points. We support the coroner's 2022 recommendation to refit cells to remove hanging points or decommission as soon as practicable, at least for use as accommodation for new receptions and women on remand.¹⁷

SWCC also incorporates several units designed for the management of women with specific mental health or behavioural management needs. These units, the Mental Health Screening Unit and the Mum Shirl Unit, are fit for purpose, in reasonable condition, and serve crucial functions for the women's estate. The general health centre is also fit for purpose. SWCC has also constructed a dedicated AVL building since the previous inspection, which was in use. This was a needed improvement, implementing one of our earlier recommendations.¹⁸

At DCC, this was our first inspection since its expansion. Unfortunately, while the new accommodation in Area 1 was in good condition as you would expect, the design is radically different to most other women's centres, and more closely aligned with the profile of a medium or maximum security men's setting.

There are decent quality amenities in this new area (for example, library, health centre, gymnasium, program and education spaces, visits centre). However the design and functioning of Area 1 does not permit freedom of movement. Access to those services was contingent upon officers being available to escort and supervise women. Access in certain units to inmate request processes and assistance and support from custodial officers was limited.

While DCC is a secure custodial setting, 70% of women in Area 1 and 91% of women in Area 2 had minimum security ratings.¹⁹ Concerningly, we observed significant inconsistency between the purposeful day routine we were provided ahead of the inspection, and that which we observed during our time onsite.

15 Inspector of Custodial Services, *Inspection of Emu Plains Correctional Centre 2021* (Report, April 2022) 30-31, 39-42.

16 Inspector of Custodial Services, *Women on Remand* (Report, February 2020) 58, 69.

17 *Inquest into the death of Kerry-Ellen (Nikki) Knight*, (Coroners Court of New South Wales, Deputy State Coroner Harriet Grahame, 28 September 2022) 25, 34.

18 Inspector of Custodial Services, *Women on Remand* (Report, February 2020) 118.

19 Information provided by Corrective Services NSW, 6 June 2022.

We were particularly concerned with the operation of Area 1, which we observed to be reflective of a men's maximum security custodial centre. The notion that these women require their movements restricted to the same extent that maximum security inmates at Goulburn or Lithgow Correctional Centres is not supported by any evidence. Moreover, the reliance on physical security appeared to be at the cost of strong dynamic or relational security measures.

It stands in contrast to the physical design of the original DCC, now called Area 2 since expansion. This is an open campus with single storey cottage style inmate accommodation and offers freedom to move between various inmate services without escort, and to access an expansive grassed outdoor area for walking and exercise.²⁰

The infrastructure of Area 1 at DCC was influencing the staffing culture, and the physical delineation between Area 1 and Area 2 was operating as a barrier to the centre operating as a cohesive single entity. We found Area 1 and 2 operated as distinct correctional centres separated by an internal access road. The separation was producing unnecessary challenges in the custodial placement of women, unnecessary barriers in women's access to particular programs and services, and inefficiencies and fragmentation amongst staff. DCC needs to operate more coherently as one custodial centre. If this is not achievable, then CSNSW needs to re-think the best use of this new infrastructure and capacity in Area 1, which is better suited to accommodating men than women.

At SWCC, CSNSW needs to focus on how to maximise the therapeutic potential of the specialist units, which includes a consideration of how best to support the transition from those units where applicable, and how best to design time out of cell, daily routines, staffing resources etc. CSNSW and the JH&FMHN need to ensure a high quality improved reception process.

We formed the view that CSNSW should minimise time spent at SWCC by any woman who does not need to be there to access specialist health or psychological services offered in the specialist units. The management regime, limited time out of cell, and consequent inability to access basic welfare services was not conducive to a reception centre holding predominantly unconvicted women on remand. For women who are resident in the Greater Sydney area, DCC is a more suitable option for placement than SWCC.

However, at DCC we found a lack of demonstrated understanding by staff of the different needs of women who were on remand, particularly in relation to access to legal resources and services. Consideration needs to be given as to how the needs of these women are met in the daily routine, and we have made recommendations in this regard. It was apparent to us that the closure of MWCC as a dedicated remand centre for women in the Greater Sydney Area had left a chasm in the women's estate. This must be urgently addressed as the number of women on remand in NSW, the majority of whom enter custody in metropolitan Sydney, is approaching 50% of the women's population.²¹

Unlike SWCC, DCC is resourced to deliver a variety of services and programs to remand and sentenced inmates. However, we found that delivery was being impacted by the centre not operating as one entity and limited out of cell hours. CSNSW needs to ensure placement in Area 1 or 2 of DCC does not limit women's opportunity to participate in programs offered outside of their accommodation area. CSNSW also need to increase access to women in Area 1 of DCC to the services and amenities outside accommodation units, and improve the inmate request process, notwithstanding the physical barriers in the design. A custodial placement in NSW where women requiring special management area placement (SMAP) can complete the programs that they have been assessed as requiring to address their offending is also required. At the time of the inspection there were no custodial placements for SMAP women in NSW where criminogenic

20 With the exception of Special Management Area Placement (SMAP) women, who have limited time outside their area.

21 See NSW Bureau of Crime Statistics and Research, *NSW Custody Statistics Quarterly Update March 2023* (Report, 11 May 2023).

programs were delivered.

While the Multipurpose Unit (MPU) at DCC in Area 1 was fit for purpose, too few women accommodated there were under a segregation order or an order under section 78A of the *Crimes (Administration of Sentences) Act 1999* (CAS Act). Accuracy in the use of formal orders when confining women away from the general population is important for ensuring proper oversight and the required notifications to the Commissioner of CSNSW.²² CSNSW needs to ensure that women held in a restrictive placement or separated from other women are subject to an appropriate legal order that authorises their separation from other women and includes reviews and checks around their isolation.

Impact of COVID-19

The COVID-19 pandemic has presented unprecedented challenges for people working in custodial environments, as well as harsher regimes for inmates.²³ As a workplace, custodial environments have been subject to constantly changing modifications and restrictions. They are designated as a high risk setting because of the health vulnerability of inmates and because of the elevated risk of transmission in a setting with a large number of people cohabiting. Staff have experienced anxiety about bringing COVID-19 into the workplace and about contracting it and presenting a transmission risk to their families. Staff shortages arising as a result of various isolation requirements were particularly prevalent in the months following the emergence of the Omicron variant in December 2021, in the lead up to these inspections. Staff training was also impacted. Although there were specific examples at each centre of good uptake of new custodial training, other areas require improvement.

The health and wellbeing of women at both centres (and elsewhere) has been impacted significantly by the pandemic. The initial 14 and then 10 day quarantine period on reception into custody and prevalence of unscheduled lockdowns to mitigate the transmission of COVID-19 and the associated staffing shortages have reduced women's time outside of their cells and units. It also reduced their access to basic amenities and services, including health services, and limited their participation in the purposeful activity that is usually available in custody, including criminogenic or wellbeing programs, education, cultural and recreational activities, in-person engagement with psychology, case management, classification and placement and other services and supports.

While this is not confined to SWCC and DCC, we observed high levels of staff absenteeism at both centres, and an associated reliance on overtime and double shifts to fill rosters. This has had a major impact on the consistency of daily routine at both centres, increased lockdowns and restricted access to women for various services. It also meant that key custodial roles ensuring consistent and predictable operations of a particular area or function were backfilled by different people on different days, and the workforce was increasingly tired and depleted. We are aware that CSNSW has been making a major effort to recruit new custodial staff over the past 24 months, an ongoing project. We have made recommendations around addressing staff burnout, absenteeism and lockdowns, and suggested a review of rosters and staffing profiles.

Even though some COVID-19 restrictions had lifted at the time of the inspections, many services were not 'back to normal', and there was a sense of inertia acting against returning certain services to women. There was a good range of employment opportunities at DCC, as well as education in support of work areas. While opportunities were more limited at SWCC, primarily due to its reception and quarantine function and short stays, the centre made good efforts to maintain the availability of paid work for women at SWCC during major interruptions to work orders caused by COVID-19.

²² *Crimes (Administration of Sentences Act) 1999* s 10(2).

²³ We have conducted a separate review into the response to COVID-19 in NSW custody, which we expect to publish in 2023.

We were concerned however that certain workarounds were becoming entrenched. It is vitally important that there is a return to in-person delivery of programs, education, case management, classification and placement, and other services and supports. AVL and other virtual platforms have the potential to improve access to services. However, they should be used to supplement onsite service delivery, not to replace it, as face to face engagement remains important for rapport building. We have made recommendations around in-person classification and case management reviews.

At both centres, cultural support for Aboriginal women appeared to have collapsed. While acknowledging the negative impact of the pandemic on external service provision at all centres (as well as travel between multiple centres), plans are urgently needed to provide a coordinated range of cultural services and support to Aboriginal women in custody.

More broadly, with over one third of the populations at both centres being Aboriginal women, we would like to see more targeted, individual support, particularly at SWCC which houses a disproportionately vulnerable population. While SWCC in particular had a few important Aboriginal identified positions in the staffing profile, which is good, these were unfilled at the time of the inspections due to recruitment challenges or recent departures. Consideration must be given to expanding the role and/or number of paid visiting Elders and advocates.

CSNSW advise that after COVID-19 restrictions were lifted, the Aboriginal Strategy and Policy Unit (ASPU) focused on the rollout of the Aboriginal Community Mentor Program in which Aboriginal Elders were connected to centres in their communities to provide cultural support to inmates and staff. Although this is a positive policy position, SWCC and DCC advise that apart from annual NAIDOC events, there are no Elders regularly visiting either centre.

The necessary suspension of in-person visits to reduce transmission of COVID-19 in custody has had a detrimental impact on people in custody. While in-person visits had recommenced at the time of the inspections, after lengthy periods of suspension across the state, we were concerned to encounter an attitude of resistance to in-person visits with some staff at both centres. We also observed issues with communication around cancellations and efficiency of screening, and that in-person visits had remained at the reduced level of one day per week, which is insufficient particularly for women on remand. We were also not satisfied that CSNSW was complying with the *Crimes (Administration of Sentences) Regulation 2014* (CAS Regulation) during the inspection, which allows visits at least twice weekly for remand (unconvicted) inmates.²⁴ We have recommended CSNSW introduce more in-person visits at SWCC and DCC. Also, where visits are operating, CSNSW needs to increase its efforts to communicate clearly with visitors about visitor screening and expected timeframes, ensure efficient visitor screening, and apply some flexibility to the management of in-person visits.

The quick rollout and availability of virtual visits during the pandemic was an achievement by CSNSW and allowed women and their families to remain connected. The continued availability of video visits as a standard alternative feature is a big improvement to visit options for women and their families. The subsequent roll out of in cell tablets at DCC and the ability for women to make phone calls to their children, and support networks well into the evening after they are locked into their cells is also acknowledged and applauded.

Finally, we are concerned about the impacts on women and their children of the introduction of a policy and procedure across CSNSW for the secure destruction of original mail items once a photocopy has been delivered to an inmate. This policy was introduced to prevent contraband coming through the mail

24 The CAS Regulation provides that unconvicted inmates may be visited at least twice per week, see *Crimes (Administration of Sentences) Regulation 2014* cl 76(1). The prescribed period that applied to section 275 of the CAS Act, which allowed CSNSW to restrict in-person social visits on health grounds, ended on 26 March 2022, per *Crimes (Administration of Sentences) Act 1999* s 274. See also *Statute Law (Miscellaneous Provisions) Act 2023* sch 2.15 item 2.

during the pandemic, following the cessation of in person visits. While we take no issue with CSNSW taking steps to prevent drugs from entering correctional centres, incomplete or poor copies have been a source of ongoing frustration for women in custody. We also believe the policy is inconsistent with the available powers under the CAS Act. Following our observations at DCC, (which followed from concerns raised during recent inspections of other correctional centres), and review of relevant material, we have recommended that CSNSW cease the practice and review the lawfulness of relevant policy amendments.

Reception

We were pleased to see x-ray body scanners in regular use at both centres, a positive development since the 2017 inspections, where we recommended reconsidering the practice of routine strip searches on women. However we remain of the belief that there is inconsistent practice in this regard and improvement is still needed. We believe CSNSW should maintain a record of when and why each strip search has taken place, so they can monitor compliance with relevant policy. There are also several factors around intake screening at SWCC that require review and improvement. We also believe access to an initial allocation of a range of hygiene items must be consistent and standardised to ensure they are immediately available to all women entering custody. We have made several recommendations around the reception process.

Classification, placement and case management

The majority of women at both centres are classified as minimum security. Nearly 60% of women at SWCC were unconvicted and on remand, and at DCC the proportion was 45%. We reiterate our concern about the use of the Women's Remand Bed Placement (WRBP) policy to move women on remand to another centre without proper consideration of a change of placement. Transferring women with children and outstanding court matters who reside in the Sydney area to regional centres in NSW simply because there is an empty bed in a regional centre is not acceptable. This practice must cease.

Women on remand or serving short sentences of less than three months are not eligible for a case plan. This makes up a significant number of women in custody in the Sydney area. It was therefore disappointing to see that in the small sample of case plans we obtained and reviewed during the DCC inspection, 40% of women were not able to participate in the criminogenic program identified on their case plans due to association issues. This was perplexing given the variety of programs and number of paid program places on offer at DCC. Now that the case management model has been in operation since 2017, consideration needs to be given to elevating performance indicators that measure the implementation of case plans to at least the same priority as measuring their existence.

There were many employment opportunities for women at DCC but not all women were employed. Sentenced women who refuse to work or are dismissed from work are denied an unemployment wage, in addition to their suspension from work or programs for 14 days.²⁵ We confirmed during our inspection that DCC's approach was to deny the basic gaol wage (unemployment wage) to women who were deemed non-workers or who had been dismissed. We have previously expressed our view that inmates should always have access to a minimum allowance that allows them to purchase basic hygiene items or to pay for a phone call.²⁶ We continue to recommend that CSNSW does not suspend the minimum gaol allowance in connection with gaol employment. Not all women (or men) have sources of financial support in the community during their time in custody.

Managing women at-risk

Both centres manage women at risk of self-harm, with particularly high numbers and incidents at SWCC.

²⁵ Corrective Services NSW, *CSI Policy Manual: 8.2 Inmate Wages System* (December 2020) 4-5.

²⁶ Inspector of Custodial Services, *Programs, Employment and Education* (Report, February 2020) 68.

SWCC is a particularly challenging place to work for all staff in this regard. There is a disproportionately vulnerable, and also volatile population, whether from past trauma, mental illness, behavioural disorders, general behavioural issues, or simply the experience of being incarcerated. SWCC houses longer term a larger number of patients with significant mental health issues than other correctional centres, and also has the Mum Shirl Unit where women are placed for the management of extreme at-risk behaviours. Staff at SWCC demonstrated a reasonable awareness of the background trauma and mental health conditions of some of their population, particularly in the specialised mental health units. The placement of women managed by a risk intervention team (RIT) in the dilapidated Induction/Segregation Unit at SWCC is not appropriate.

The management of women identified at risk of self-harm or suicide is shared by CSNSW and JH&FMHN whose staff constitute a RIT to assess risk and formulate a management plan. We have made recommendations regarding recent changes to the RIT processes by nursing staff at SWCC. We have also recommended for both SWCC and DCC that case management under the RIT framework should only be attended by custodial, offender services and programs, and JH&FMHN staff who have sufficient competence and knowledge in managing women at risk.

Health services

JH&FMHN operate the health centres at SWCC and DCC. A comprehensive scope of services were available, including women's health. We have made several recommendations to JH&FMHN to improve compliance, and patient interactions at both centres. We also identified several issues in respect of patient medication at both centres and have included relevant recommendations.

SWCC as the primary reception centre for women in Greater Sydney managed the initial COVID-19 testing and quarantine periods to prevent COVID-19 entering the correctional system. Further COVID-19 testing was required before women were transferred from SWCC to another centre to prevent transmission from centre to centre. SWCC also operated as a hub for women across the State who tested positive for COVID-19. This created a significant additional workload for health staff at SWCC, who are responsible for providing a health service to a cohort with very high and complex health needs.

There were mixed views at SWCC regarding the impact of COVID-19 on access to patients and the provision of routine health care. Daily quarantine health checks were considered an essential health service, meaning they were undertaken regardless of health and custodial staffing levels. However, the requirements of monitoring and managing COVID-19 as a priority has resulted in some other aspects of health care not being able to be undertaken, or being delayed, such as pathology collection, metabolic monitoring, chronic disease screening and plan reviews.²⁷ While most services were maintained, wait times for non-urgent appointments have been impacted. Likewise, we heard several examples of outpatient appointments at external hospitals being cancelled, suspended or delayed by the hospital.

We are concerned about the long-term effect the management of COVID-19 has had on the provision of health care. There would be benefit at some stage for JH&FMHN and CSNSW to jointly undertake a review of the impact of the COVID pandemic on the provision of health care in all correctional centres in NSW. The review would help to inform what 'business as usual/routine' health care looks like in the future and how access to patients and health services can be better facilitated. In our separate review into the management of COVID-19 in NSW custodial centres, we recommend that JH&FMHN, CSNSW and private operators undertake a review of the impact of COVID-19 pandemic on the provision of health care in adult custodial centres in NSW.²⁸

²⁷ The health centre reported a recent concerted effort to undertake at least six chronic disease screens per week.

²⁸ To be published in 2023.

Recommendations

The Inspector recommends:

To Silverwater Women's and Dillwynia Correctional Centres

1. Corrective Services NSW record strip searches undertaken of women in custody and the reason why body scanners have not been used and cease unnecessary strip searching.
2. Corrective Services NSW reduce lockdowns and increase time out of cell at Silverwater Women's and Dillwynia Correctional Centres.
3. The Justice Health and Forensic Mental Health Network ensures that access to the pharmacy rooms at Silverwater Women's and Dillwynia Correctional Centres are managed in accordance with the *Poisons and Therapeutic Goods Regulation 2008* and consider installing a secure and auditable automated system to secure the pharmacy room doors.
4. The Justice Health and Forensic Mental Health Network monitor the implementation of the changes to the risk assessment and management process by nursing staff to ensure it enables effective assessment of suicide and self-harm risk and conduct a review of the new process after 18 months.
5. The Justice Health and Forensic Mental Health Network remind all health staff at Silverwater Women's and Dillwynia Correctional Centres of the requirement to refer to patients in the correct manner.
6. Corrective Services NSW provide a coordinated range of cultural services and support to Aboriginal women at Silverwater Women's and Dillwynia Correctional Centres, incorporating paid Aboriginal Elders and community mentors.
7. Corrective Services NSW provide sanitary items and deodorant to women on their arrival at any correctional centre to ensure they are immediately available.
8. Corrective Services NSW ensures all property is registered on an inmate's property card and reissued to the inmate as required by the 'Inmate Property' section of the Custodial Operations Policy and Procedures.
9. Corrective Services NSW reviews its Menu Control Plan to ensure that pregnant women in custody have access to meals that are consistent with the NSW Food Authority's 'Food Safety During Pregnancy' guidelines.
10. Corrective Services NSW introduce more than one day each week for in-person visits at Silverwater and Dillwynia Correctional Centres, streamlines the visitor screening process and ensures advice to visitors about expected timeframes is accurate.
11. Corrective Services NSW obtain legal advice in relation to the lawfulness of Commissioner's Instruction 2020/86 and relevant parts of the Custodial Operations Policy and Procedures and cease the destruction of original mail.
12. Corrective Services NSW updates the Custodial Operations Policy and Procedures to specify that civilian clothing may be worn for certain court appearances via audio visual link.
13. Corrective Services NSW ensures that women held in a restrictive placement or separated from other women are subject to an appropriate legal order that authorises their separation from other women and includes reviews and checks around their isolation.

14. Corrective Services NSW and the Justice Health and Forensic Mental Health Network commit to allocating staff members to the risk intervention team framework who have sufficient competence and knowledge in managing women at risk.
15. Corrective Services NSW cease the practice of transferring women on remand who reside in the Greater Sydney area to regional centres in NSW simply because of bed availability in regional centres.
16. Corrective Services NSW includes case plan implementation and achievement as measurable indicators of case management success.
17. Corrective Services ensures there is a custodial placement option for women on protection to participate in criminogenic programs.

To Silverwater Women's Correctional Centre:

18. Corrective Services NSW review staffing arrangements for intake screening at Silverwater Women's Correctional Centre, including the availability of female staff, and improve privacy in intake screening procedures.
19. Corrective Services NSW improve oversight and management of isolation and any other special regimes and conditions in Area 2 of Silverwater Women's Correctional Centre and clean and refurbish the cells to a decent standard.
20. Corrective Services NSW establish a regular cleaning schedule for the satellite clinic in Area 2 of Silverwater Women's Correctional Centre.
21. Corrective Services NSW establish fit for purpose units at Silverwater Women's Correctional Centre to accommodate new reception inmates, and other inmates subject to segregation or disciplinary orders, and close the current induction unit.
22. Corrective Services NSW ensures all kitchen workers receive training and that regular food safety audits are conducted at Silverwater Women's Correctional Centre.
23. Corrective Services NSW take steps to address burnout and absenteeism among staff at Silverwater Women's Correctional Centre and consider a review of the staffing profile and rosters.
24. Corrective Services NSW and the Justice Health and Forensic Mental Health Network review the process at Silverwater Women's Correctional Centre for provision of discharge medication to patients and make improvements to ensure all applicable patients are provided with discharge medication.
25. Corrective Services NSW take steps to maximise the therapeutic potential of the Mum Shirl Unit, including consideration of custodial staffing resources and training, as well as increased out of cell hours.
26. Corrective Services NSW provide training to staff at Silverwater Women's Correctional Centre on the correct application of section 5.4 of the Custodial Operations Policy and Procedures and cease incorrect use.
27. Corrective Services NSW ensure classification and case management reviews at Silverwater Women's Correctional Centre include the inmate's presence absent exceptional circumstances and refresh staff training and knowledge around classification.

To Dillwynia Correctional Centre:

28. Corrective Services NSW facilitates increased access to women in Area 1 of Dillwynia Correctional Centre to the services and amenities outside accommodation units.
29. Corrective Services NSW reviews the inmate request form process in Area 1 of Dillwynia Correctional Centre to ensure forms can be submitted securely and confidentially.
30. Corrective Services NSW replenishes clothing and underwear stocks to ensure the full range of sizes are consistently available for women on their arrival to Dillwynia Correctional Centre.
31. Corrective Services NSW discontinues the requirement that women wear overalls to visits at Dillwynia Correctional Centre.
32. Corrective Services NSW identifies women on remand at Dillwynia Correctional Centre and ensures they have access to legal resources and services within the centre's daily routine.
33. Corrective Services NSW provide training and development to enhance the capacity of custodial officers to support the services and programs delivered at Dillwynia Correctional Centre, in particular drug and alcohol interventions, domestic and family violence interventions and health services.
34. Corrective Services NSW facilitate access to diabetic patients in Dillwynia Correctional Centre Area 1 to receive their insulin before breakfast.
35. Corrective Services NSW review the operation of security protocols at Dillwynia Correctional Centre to ensure they are conducted consistently, and that staff are clear on their responsibilities.
36. Corrective Services NSW should ensure that women's placement in Area 1 or 2 at Dillwynia Correctional Centre does not necessarily limit their opportunity to participate in programs offered outside of their accommodation area.

Other

37. The Inspector recommends that this report is made public immediately upon being tabled in NSW Parliament, in accordance with section 16(2) of the *Inspector of Custodial Services Act 2012*.

Inspection process

The office of the Inspector of Custodial Services (ICS) was established by the *Inspector of Custodial Services Act 2012* (the ICS Act) in October 2013. The mandate of the office is to provide independent scrutiny of the conditions, treatment and outcomes for people in custody, and to promote excellence in staff professional practice. The Inspector is required to inspect each adult custodial centre at least once every five years and report on each such inspection to the NSW Parliament with relevant advice and recommendations.²⁹

Inspection provides independent information gathering and analysis concerning what is working well and which areas require improvement. Prior to, and after, the onsite inspection, a range of information was obtained (via meetings and in documentary form) from CSNSW, the JH&FMHN and Official Visitors.

We also gathered a range of information during the onsite component. Observations were made, documentation was obtained, and discussions were held with individual women in custody, groups of women (including the inmate development committee), and a range of CSNSW and JH&FMHN staff.

The inspection of Silverwater Women's Correctional Centre (SWCC) took place in May 2022. The inspection team consisted of the Inspector, three Principal Inspection and Research Officers, a Senior Inspection and Research Officer and an Aboriginal Inspection and Liaison Officer. Two independent consultants were also engaged to join the inspection team, one with a clinical background in custodial health settings and one Aboriginal Official Visitor. The inspection of Dillwynia Correctional Centre (DCC) took place in June 2022. The inspection team consisted of the Inspector, two Principal Inspection and Research Officers, a Senior Inspection and Research Officer, an Aboriginal Inspection and Liaison Officer and a Research Assistant. An independent health consultant and an Aboriginal Official Visitor were engaged on this inspection also.

The inspection considered sensitive information and methodologies. In accordance with section 15 of the ICS Act, information that could prejudice the security, discipline or good order of any custodial centre, identify or allow the identification of a person who is or was detained at a youth justice centre or in custody in a juvenile correctional centre, or identify or allow the identification of a custodial centre staff member, has been removed in the public interest.

A draft report or relevant parts thereof were provided to Corrective Services NSW and the Justice Health and Forensic Mental Health Network in accordance with section 14(2) of the ICS Act. Submissions were received from both agencies. In accordance with section 14(1) of the ICS Act, the Inspector provided the Honourable Anoulack Chanthivong MP, Minister for Corrections, with the opportunity to make a submission in relation to the draft report. In accordance with section 14(3)(b) of the ICS Act, each submission and the Minister's response was considered before the finalisation of the report for tabling.

²⁹ *Inspector of Custodial Services Act 2012* s 6.

1 Silverwater Women's Correctional Centre

1.1 Profile

Location

Silverwater Women's Correctional Centre (SWCC) is in the suburb of Silverwater, approximately 20km from the Sydney central business district. It is part of the Silverwater Correctional Complex, where the Metropolitan Remand and Reception Centre (MRRRC) and Dawn de Loas Correctional Centre are co-located. SWCC is located on Dharug country, on the lands of the Burramattagal clan.

Function

SWCC holds sentenced and unsentenced women with a minimum to maximum security classification. SWCC is the primary reception centre for women in Greater Sydney and receives inmates into custody as lawfully directed by NSW courts and judicial authorities, as well as those remanded into custody following police charge. Broadly, its core functions are:

- reception screening and induction of female inmates within Corrective Services NSW (CSNSW)
- ongoing management of remand and sentenced female inmates, particularly those in need of specialised mental health or behavioural units based at SWCC
- assessment of security, classification rating and progression plans
- since early 2020, implementing COVID-19 quarantine and isolation procedures for new female inmates to CSNSW.

Capacity

SWCC incorporates two designated areas, 'Area 1' and 'Area 2'. The SWCC management plan describes the capacity of Area 1 as 210 women, who are accommodated across several mainstream and specialist units. Area 2 can accommodate up to 122 inmates across five units. At the time of the inspection in May 2022, Area 2 was used solely for the purposes of COVID-19 management (quarantine and isolation), and not for any mainstream accommodation. A decision had previously been taken to remove Area 2 from SWCC and repurpose it as part of neighbouring Dawn de Loas Correctional Centre, which housed male minimum security inmates. However the onset of the COVID-19 pandemic necessitated a suspension of those plans.

Inmate profile

During the 12 months of 2021 the average daily population of SWCC ranged from a low of 154 (October 2021) to a high of 210 (April 2021). The daily average number of inmates in May 2022, the month of the inspection, was 195.

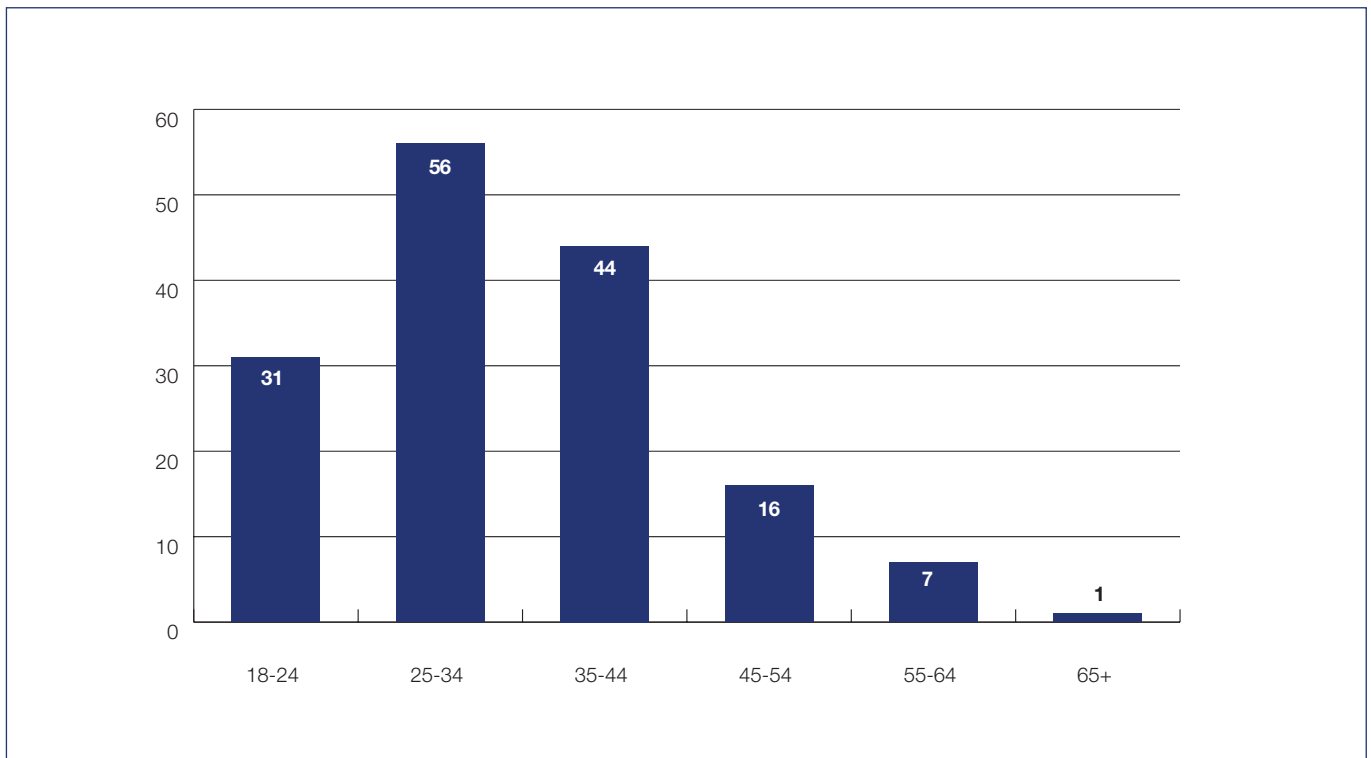
On 1 January 2022 there were 155 women at SWCC. The key demographic characteristics of this group of women included that:

- There were 91 (58.7%) unsentenced and 64 (41.3%) sentenced women at SWCC. This balance of sentenced and unsentenced women was relatively similar through the previous 12 months.³⁰

³⁰ Information provided by Corrective Services NSW, January 2022.

- There were 60 Aboriginal or Torres Strait Islander women comprising 38.7% of the inmate population.³¹
- As at 8 April 2022, six women at SWCC were pregnant.³²
- The top three languages spoken at home were English (94.2%), Mandarin (1.9%) and Vietnamese (1.3%).
- Approximately two thirds of the population were aged between 25 and 44.

Figure 1: Ages of women at Silverwater Correctional Centre on 1 January 2022



Security classification

SWCC holds maximum to minimum security women. At the time of the inspection it was the only women’s correctional centre that could accommodate Category 5 classification (maximum security, special risk to national security), however there were no inmates with this classification as at 1 January 2022. Inmate classifications ranged from sentenced/unsentenced Category 2, 3 and 4, and there were also four inmates with escape-risk classifications.³³ There were no Category 1 inmates (minimum security, need not be supervised outside of a physical barrier).³⁴

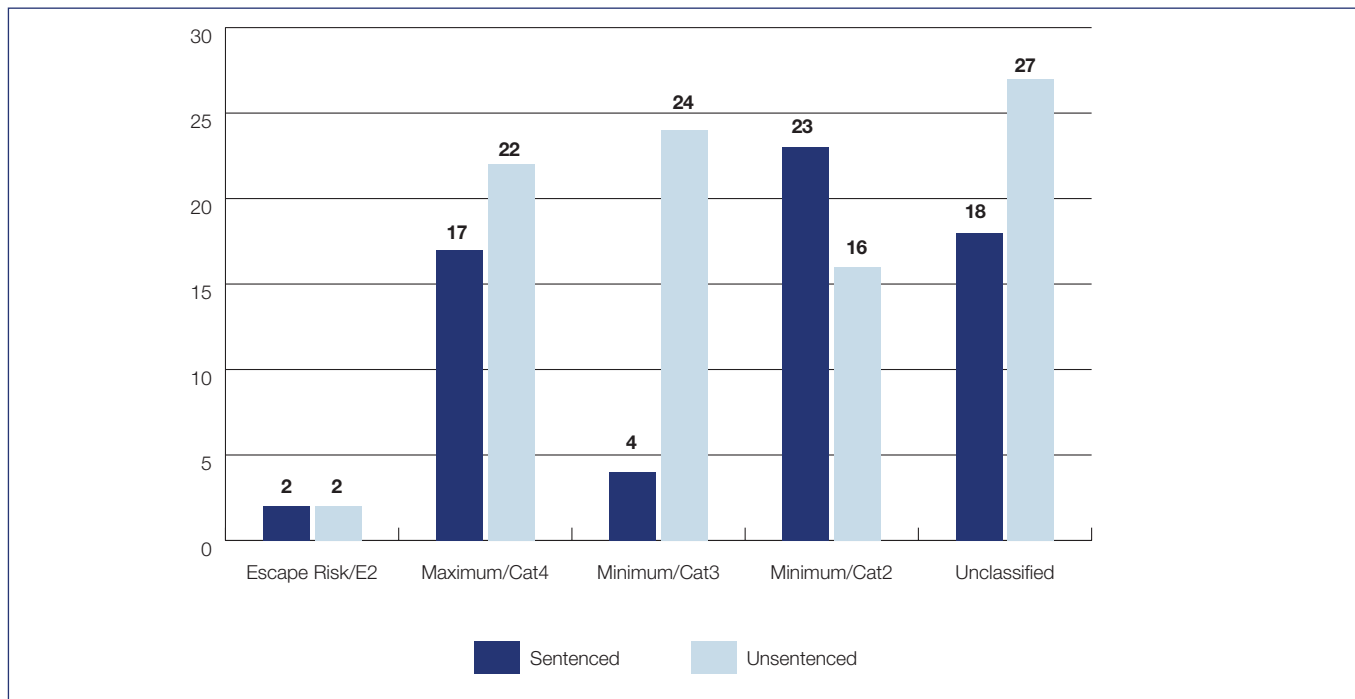
31 Between January and June 2022, the population of Aboriginal women at SWCC ranged between 38% and 43%. Information provided by Corrective Services NSW, September 2022.

32 Information provided by the Justice Health and Forensic Mental Health Network, 19 April 2022.

33 (Un)sentenced Category 2 and 3 classifications are both minimum security classifications and (un)sentenced Category 4 is designated as a maximum security classification.

34 See the *Crimes (Administration of Sentences) Regulation 2014* cl 13. Silverwater CC generally does not accommodate Category 1 inmates.

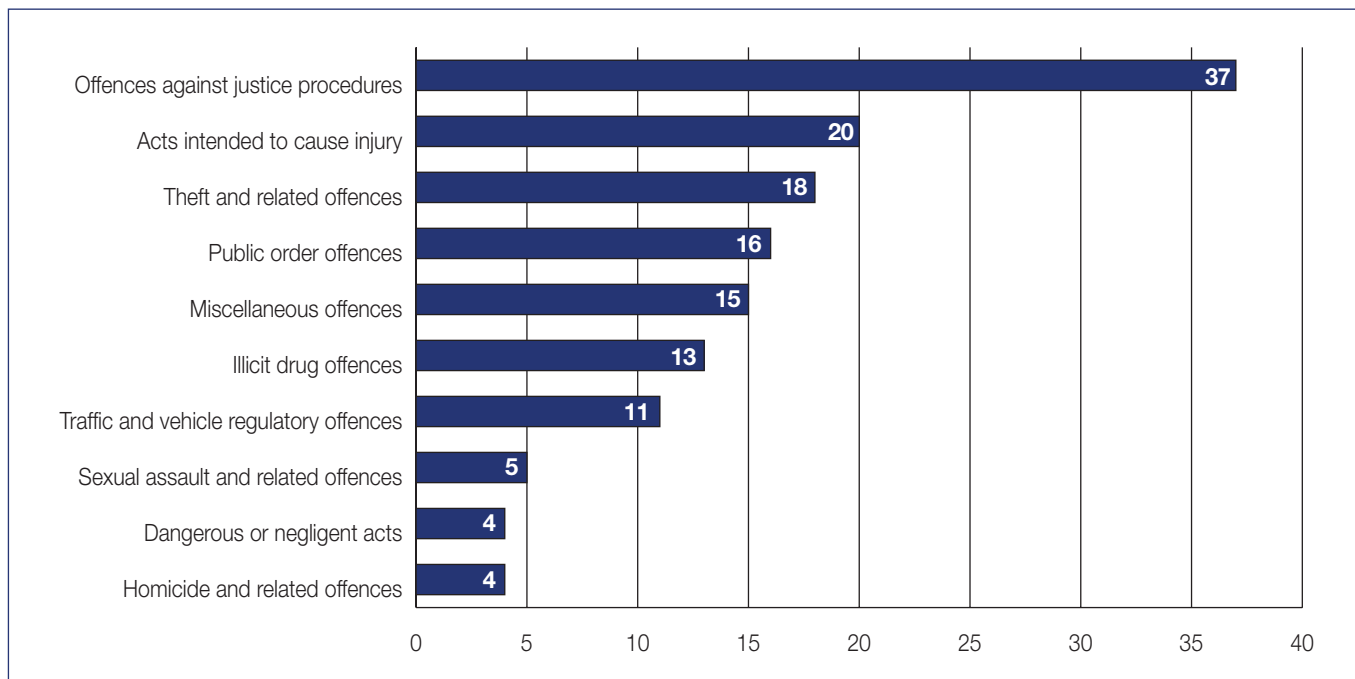
Figure 2: Security classifications at SWCC on 1 January 2022



Most serious charge or offence

Offences against justice procedures, government security and government operations was the most serious charge or offence for 37 inmates. This was followed by acts intended to cause injury (20 inmates), theft and related offences (18 inmates), public order offences (16 inmates), illicit drug offences (13 inmates) and traffic and vehicle regulatory offences (11 inmates).³⁵

Figure 3: Ten most common charges or offences on 1 January 2022



³⁵ Information provided by Corrective Services NSW, January 2022. 15 inmates were categorised with 'miscellaneous offences'.

History

SWCC was built on the site of the old Newington state hospital, after the land was transferred to CSNSW (then known as NSW Department of Prisons) in 1968. SWCC was then opened as the 'Training and Detention Centre for Women' on 21 November 1969, centred around two historical blocks built in the 1880's that had previously been used as an asylum.³⁶ In 2007 a first stage of redevelopment was completed, and the centre was renamed Silverwater Women's Correctional Centre.³⁷

Inspection dates

Pre-inspection liaison visit: 24 November 2021

Inspection: 10-14, 18-20 and 23 May 2022

Previous inspection by the Inspector of Custodial Services

SWCC was previously inspected in 2017 as part of a series of inspections focused on women on remand. The *Women on Remand* report was published in February 2020.³⁸

1.2 Reception into custody and first days

1.2.1 Reception

One of SWCC's core functions is to receive women detained directly following court proceedings, or directly from police or court cells. There are several key priorities for a correctional centre when receiving and admitting people into custody. Some of these are described in the ICS *Inspection Standards for Adult Custodial Services in New South Wales* (ICS Standards) and include:

- ensuring access to all relevant risk, assessment, and management information, to facilitate informed and appropriate arrangements
- ensuring an inmate's individual safety and wellbeing, safeguarding their privacy, and treating them with decency
- health screening and assessment to identify treatment needs and pressing medical (including drug, alcohol, or mental health) concerns
- identification of inmates at risk of self-harm or suicide
- providing the opportunity for inmates to inform their families of their imprisonment as soon as possible, and to make arrangements for the welfare of any children or dependents as applicable.³⁹

Reception into custody is a stressful and volatile period, and a high risk time for inmates, both sentenced and unsentenced. Accordingly, the process for receiving and admitting a person to a correctional centre is crucial in ensuring that they adjust to the environment safely. The *United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders* (the Bangkok Rules) describe the importance of an adequate reception process into prison as follows:

36 Sue Rosen, *Historic context report Silverwater & Mulawa Correctional Centres: Conservation Plan* (Report, 1993) 64.

37 Corrective Services NSW, *Annual Report 2006-07* (Annual Report, 2007) 52. The centre is often referred to by staff as 'Mulawa', the name it was given in the 1970s.

38 Inspector of Custodial Services, *Women on Remand* (Report, February 2020).

39 Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standards 1-4.

'Adequate attention shall be paid to the admission procedures for women [...] due to their particular vulnerability at this time. Newly arrived women prisoners shall be provided with facilities to contact their relatives; access to legal advice; information about prison rules and regulations, the prison regime and where to seek help in a language they understand; and, in the case of foreign nationals, access to consular representatives as well [...] Prior to or on admission, women with caretaking responsibilities for children shall be permitted to make arrangements for those children [...]'⁴⁰

1.2.2 Daily arrivals

In the 12 months to 30 June 2022 SWCC received 1,466 new reception inmates into custody, an average of approximately four per day over a seven day week.⁴¹ Looking at May 2022 for example, the month of the inspection, brings a similar average: 135 new receptions over 31 days averaging between four and five women per day.⁴² An arrangement had been implemented with CSNSW and the Court Escort and Security Unit (CESU) for a 1pm cut-off for new receptions, meaning absent unusual circumstances, SWCC was not admitting new arrivals in the later afternoon or evening.⁴³

The physical reception area was in fair condition. There were several holding cells, separate interview rooms for staff to speak confidentially with women, and a search room including separate toilet facility and body scanner. Positively since the 2017 inspection, audio visual suites for court and legal communications are no longer co-located to this area, which has reduced crowding and noise. Despite this relatively stable scenario, we were concerned about some aspects of the reception process.

1.2.3 Searching, privacy and intake screening

An x-ray body scanner is in operation at SWCC reception, which is a positive development since the 2017 inspection. The Inspector had previously recommended that CSNSW reconsider the use of routine strip searches on women because of their inconsistency with trauma-informed principles.⁴⁴ The scanner is in an area which affords privacy to the individual and was in regular use.

As of 30 August 2022, 50 custodial staff at SWCC were trained and licenced to operate body scanners, which is a relatively good proportion.⁴⁵ We have had concerns at other correctional centres regarding underutilisation of x-ray body scanners, reportedly due in part to a lack of appropriately trained staff.⁴⁶ So the number of trained officers at SWCC was encouraging and should continue to grow.

However, accounts from some staff suggested some inconsistency of practice and that some unnecessary strip searches were taking place *prior to* body scanning.⁴⁷ While we did not observe this, it was suggested that an initial manual strip search may provide an opportunity for discussion and direct observation to detect evidence of injury or drug use, as well as for detection of items. Absent specific risk assessment, there is no need to conduct a manual strip search first when the body scanner is available. It is also inappropriate

40 *United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders*, GA Res 65/229, UN Doc A/RES/65/229 (16 March 2011, adopted on 21 December 2010) Rules 2.1, 2.2.

41 Information provided by Corrective Services NSW, September 2022.

42 4.35 per day.

43 See Commissioner's Instructions 2022/34; 2022/23; 2021/34; 2021/31. This cut-off did not apply to transfers from other correctional centres.

44 Inspector of Custodial Services, *Women on Remand* (Report, February 2020) 12, 18.

In this report the Inspector recommended that 'CSNSW review the use of routine strip searches on female inmates and consider a risk-based approach to strip searching utilising technology'.

45 Approximately 40% of filled permanent positions.

46 See Inspector of Custodial Services, *Inspection of Goulburn Correctional Centre and the High Risk Management Correctional Centre 2021* (Report, June 2022) 40, 69.

47 As opposed to a strip search which may follow the detection of contraband on the scanner.

and inconsistent with a trauma-informed approach to ask questions around noticeable injuries or suspected drug use while a woman is partially clothed. Women in custody subsequently reported being strip searched as well as body scanned. While relatively high numbers of custodial staff at SWCC had completed training in trauma-informed practice, there remains a need to conduct refresher training around the conduct of searches when the scanner is available. We note that in December 2022 the relevant section of the COPP was updated to explicitly state that inmates should be body scanned in preference to strip searching where a body scanner is available, and it is practicable to do so.⁴⁸ In locations such as SWCC which have a body scanner in reception, CSNSW should maintain a record of when and why strip searches have taken place, so they are able to monitor compliance with this new policy.

The inmate screening questionnaire is administered through a team of services and programs officers (SAPOs) based at MRRC. Every day at approximately 10am to 10.30am, a rotating staff member from this team attends SWCC to screen new receptions. While there is a suitable room available for this purpose, on one occasion during the inspection a screener was advised by custodial staff in reception that a screening interview could not take place in this room for security reasons. The justification was that the woman had not yet been searched, although only two new receptions had arrived in custody that morning. Consequently, we observed the interview take place through the meal hatch of a holding cell. This meant the SAPO and the inmate had to awkwardly talk to each other through a low-placed hatch, reducing the decency of the interaction. It was also within earshot of other custodial staff, and potentially other inmates in adjoining cells. This was inappropriate for an interview that touches on needs and risks for a woman recently arrived into custody, as well as a range of personal background information. CSNSW should ensure that searches are conducted in a timely manner, to allow SAPOs to use the purpose built offices for induction screening.

There were female SAPOs at SWCC, however they did not undertake induction screening. We were advised that the screening team from MRRC attended SWCC on a shared roster basis, for fairness and to ensure staff undertake a variety of tasks. While we accept this may be beneficial for staff, there appeared to be no weight afforded to assigning female staff to this role, which is not trauma-informed given the personal and sensitive nature of the screening questionnaire. We believe the key metropolitan woman's reception centre should prioritise female staff for induction screening where possible. Further, a rotating staff based at MRRC attending SWCC for this purpose may not have the necessary and comprehensive knowledge of the services and staff available at SWCC. A review of staffing arrangements to undertake screening is required.

Recommendation: CSNSW record strip searches undertaken of women in custody and the reason why body scanners have not been used and cease unnecessary strip searching.

Recommendation: CSNSW review staffing arrangements for intake screening at SWCC, including the availability of female staff, and improve privacy in intake screening procedures.

1.2.4 Reception property

The COPP provides for a minimum allocation of clothing to be provided to women when they enter custody.⁴⁹ We observed a handwritten guide in the reception clothing stores which was consistent with this policy. As in most correctional centres, inmate workers were working in reception assisting with various tasks, including preparation of clothing and supplies. We observed linen and clothing packs prepared and ready for distribution to the new women arriving. While appearing to be in good order, we observed a note had been stuck to one pack stating that there were no bras of a particular size. In the reception clothing stores, there were two bra sizes (including the one referred above) that appeared to be out of stock, or

48 Corrective Services NSW, *Custodial Operations Policy and Procedures: 17.1 Searching Inmates* (version 1.11, 16 December 2022) 18.

49 Corrective Services NSW, *Custodial Operations Policy and Procedures: 1.5 Issuing Correctional Centre Clothing and Linen* (version 1.4, June 2023) 6.

at least waiting to be replenished or unpacked from storage. While clothing supplies in reception were generally very well organised, a full range of underwear sizes needs to be available for women arriving at SWCC.

1.2.5 Entry into quarantine or COVID-19 isolation

From the onset of the COVID-19 pandemic in 2020, adults and young people entering the custodial system have been required to undertake a period of quarantine. This is to try and ensure that any person with COVID-19 is identified before they have contact with others in custody, preventing the introduction and spread of COVID-19 in custodial centres. The quarantining of people entering custody has been implemented across jurisdictions within Australia and internationally.⁵⁰

As a reception centre, SWCC has been required to implement a quarantine regime. From early-2020 until early-2022, the quarantine period for people entering custody in NSW was 14 days, with COVID-19 testing on the first and 12th days of quarantine.⁵¹ At the time of the inspection in May 2022, the quarantine period for women entering custody at SWCC was 10 days and rapid antigen testing was undertaken on the first and tenth days of quarantine.⁵² The reduction of the quarantine period from 14 to 10 days was considered to be better tolerated by the women.

Additionally SWCC managed COVID-19 medical isolation regimes for women who tested positive at other correctional centres. From August 2021 until August 2022, (covering the time of the inspection) women in other NSW correctional centres with COVID-19 were transferred to SWCC, in addition to those who tested positive at SWCC.⁵³ In June 2022, CSNSW estimated around 70 women had been transferred from other correctional centres to SWCC to isolate after testing positive for COVID-19.⁵⁴ This was a notable addition to the core functions of SWCC.

1.2.6 Quarantine conditions at SWCC

At the time of the inspection, most new reception inmates were taken to Area 2, an area of the correctional centre that is physically separated from the rest of the site, to undertake quarantine. Area 2 comprised three single storey buildings divided into five wings (A, C/D and E/F). Previously this area had been earmarked for closure and re-use by Dawn de Loas Correctional Centre, which is located nearby. At the onset of the pandemic however, it was repurposed for management of COVID-19 at SWCC. During the inspection, one area was used for women with COVID-19, one was used for women identified as close contacts of a person with COVID-19 and one was used for quarantining new reception inmates.

By the time of the inspection, SWCC had done reasonably well to avoid any significant outbreaks of COVID-19, perhaps aided by the physical separation between Areas 1 and 2. However, it appeared to us that the conditions and regime for women in Area 2, where many spent their first weeks in custody, was inadequate, and perhaps an afterthought.

50 See World Health Organization, *Good Practices in Managing Infectious Diseases in Prison Settings: A Snapshot of Responses to COVID-19 Implemented Around the Globe between May and September 2020* (Report, 2022); Victorian Government, 'Our Response to COVID-19', *Corrections, Prisons & Parole* (Web Page, 15 March 2023) <<https://www.corrections.vic.gov.au/covid19>>.

51 Commissioner's Instructions 2020/21; 2020/48; 2020/51; 2020/59; 2021/31; 2021/34; 2021/64 Youth Justice NSW, *Custodial Management of Young People at Risk of COVID-19* (6 September 2021) 4.

52 Justice Health and Forensic Mental Health Network, *Patient COVID-19 Public Health Management and Risk Matrix* (version 4, 30 March 2022); Commissioner's Instructions 2022/04; 2022/23. The quarantining of new reception inmates ceased entirely in March 2023, Commissioner's Instruction 2023/07.

53 Commissioner's Instructions 2021/31; 2022/04; 2022/23; 2022/30, 2022/34.

54 Information provided by Corrective Services NSW, 3 June 2022. From August 2022, inmates with COVID-19 were to be managed 'in-situ' at the correctional centre where they were located and no longer automatically moved to SWCC, Commissioner's Instruction 2022/34.

The cells in Area 2 contained a shower and toilet, and each connected to a small veranda, allowing fresh air. In the COVID-19 positive units, perspex screens had been installed on the metal grates between neighbouring balconies. This measure would have made more sense for women in quarantine and isolation, as opposed to women who already have COVID-19. The general condition of the Area 2 cells was poor. They were unclean and had not been adequately maintained and refurbishment was required. We saw evidence of various leakages. Considering that women are confined to their cell almost all-day during quarantine and isolation, the conditions were disappointing. Further, as noted by the coroner in a recent decision concerning a death in custody in Area 2 in 2021, the cells contain hanging points, noting they were not originally designed for new reception inmates. We support the coroner's 2022 recommendation to refit cells to remove hanging points or decommission as soon as practicable, at least for use as accommodation for new receptions and women on remand.⁵⁵

In *Women on Remand* we commented that the lawn and garden space between the wings in Area 2 created a nicer environment for women.⁵⁶ During that inspection it was the preferred section of the centre (although not applicable for anyone assessed as high risk or requiring close observation). This outdoor feature was now unavailable to the women due to the quarantine and isolation regimes. This is despite the fact that outdoor environments present less risk of COVID-19 transmission than indoor spaces. 'Boredom packs' were provided by health and programs staff which contain activities and mindfulness information to assist the women in their self-management of the quarantine/isolation requirements. We sighted examples of these, containing puzzles, crosswords, exercise tips, riddles etc.

Many women (including those spoken to at DCC) were distressed regarding their experience quarantining at SWCC. While women in quarantine could access AVL and legal phone calls, we were concerned that there was a lack of support that may be required during an initial period in custody. Women were required to ask officers for sanitary items as needed, which is not appropriate. Logbooks did not indicate whether women in isolation had been issued with any new sets of clothing or linen. Some staff indicated that women could ask for that, which assumes a certain level of knowledge from new arrivals or transferees. While some women reported receiving 30 minutes time out of cell during quarantine, this was not consistent, and some staff suggested that the use of the enclosed balcony of each cell satisfied time out of cell requirements. As we have seen at other reception centres during the pandemic, the extremely restricted access to time out of cell, and therefore ability to make phone calls and engage in interactions with staff, make this an especially stressful period, which requires heightened support. The coroner also raised several concerns around the quarantine regime, including access to phone calls, time out of cell, access to recreational activities and alleviating boredom and isolation.⁵⁷

Some women were spending longer than necessary in quarantine conditions. This is something we observed at other correctional centres during the pandemic and is not unique to SWCC. In addition to centralised records maintained by JH&FMHN and the COVID-19 command centre, SWCC was able to produce a local manual record which identified start and (expected) end dates for all women in quarantine and isolation. This was a positive as not all correctional centres have been able to produce such a record on request during the pandemic. C wing was being used largely for women who had recently completed initial quarantine but were awaiting a suitable bed placement within the centre (or elsewhere). The SWCC record for 23 May 2022 indicated that 14 women in this unit were entering their 14th to 20th day of quarantine conditions, when the guideline was 10. While good that the women with this status had been moved to a separate unit, it would have been good to see more freedom of movement allowed within this unit, and also

55 *Inquest into the death of Kerry-Ellen (Nikki) Knight*, (Coroners Court of New South Wales, Deputy State Coroner Harriet Grahame, 28 September 2022).

56 Inspector of Custodial Services, *Women on Remand* (Report, February 2020) 60.

57 *Inquest into the death of Kerry-Ellen (Nikki) Knight*, (Coroners Court of New South Wales, Deputy State Coroner Harriet Grahame, 28 September 2022).

use of the outdoor area in Area 2, while an alternative placement was organised. Instead, women effectively remained in quarantine conditions until moved elsewhere. CSNSW advise that they moved inmates as soon as operationally possible after women were cleared by JH&FMHN. In our view this was not adequate oversight of the length of time women remained in quarantine conditions.

While several custodial staffing positions had been created for management of COVID-19 in Area 2, these were filled from the existing staffing pool which was already under significant strain. Combined with the fact that Area 2 had been removed from the SWCC profile prior to the pandemic, we believe that the approach to its management was a short-term solution only, that continued for too long, and oversight of conditions was lacking.

In addition, while positive that the centre had established a satellite clinic area in Area 2 for use during the pandemic, we were not satisfied it was being cleaned to a satisfactory standard. We were also advised that emergency health equipment was on order and in the meantime staff had to respond to the area with emergency equipment from the main health centre.

Recommendation: CSNSW improve oversight and management of isolation and any other special regimes and conditions in Area 2 of SWCC and clean and refurbish the cells to a decent standard.

Recommendation: CSNSW establish a regular cleaning schedule for the satellite clinic in Area 2 of SWCC.

Area 2 C wing, cell



Shower



Area 2 grounds, unavailable to women during COVID-19 pandemic



1.2.7 Entry into the induction unit

Area 2 was not designed for accommodating women requiring very close observation or deemed at high risk of self-harm or serious illness and does not include any camera (CCTV) cells. Some women therefore undertook some or all of their COVID-19 quarantine period in the health centre, an assessment cell in the Mental Health Screening Unit, or the induction unit.

The induction unit at SWCC is a standalone building, and accommodates different categories of inmates, including women who are being segregated or need to be in a camera cell. It is more accurately described as a multi-purpose unit. Before the onset of the pandemic, and when we inspected in 2017, most women spent their first nights in custody at SWCC in this unit.⁵⁸

The condition of this building has been raised as an issue as far back as 1994, when an official visitor noted the detrimental effect the infrastructure had on inmates housed there and staff who worked there.⁵⁹ A report in 2002 described the building as suffering fit-out and design deficiencies.⁶⁰

After our inspection in 2017, we found the induction unit to be dilapidated and the Inspector recommended that CSNSW consider the closure of the unit, and the construction of a new induction unit at SWCC.⁶¹ This has not been implemented.

This time we found the induction unit to be largely unchanged, and it remains in poor condition. The environment is ill-suited to accommodate women who are in a vulnerable state and/or new to the

58 An alternative could have been a cell in the health centre, or an assessment cell in the Mental Health Screening Unit.

59 NSW Ombudsman, *Mulawa Report* (Report, 1997) 23.

60 Inspector General of Corrective Services, *Report on an Inspection of Mulawa Correctional Centre for Women* (Report, 2002) 24.

61 Inspector of Custodial Services, *Women on Remand* (Report, February 2020) 58, 69.

correctional environment. While the unit incorporates higher staffing levels than the mainstream units, the range of regimes in effect in this unit (for example segregation, RIT, COVID-19 quarantine) adds complexity, and staff appeared to have difficulty staying across the different needs, risks and reasons for placement of the women located there, as well as the variable PPE requirements. It is not a suitable environment for new arrivals to adjust to custody. We understand that camera cells and segregation cells are essential infrastructure in a reception centre, making decommissioning and replacement challenging. If SWCC is to remain the primary reception and remand centre for women in the Greater Sydney area, we reiterate our earlier recommendation. A new dedicated induction unit should be a priority.

Recommendation: CSNSW establish fit for purpose units at SWCC to accommodate new reception inmates, and other inmates subject to segregation or disciplinary orders, and close the current induction unit.

Occupied cell, induction unit



Shower in cell, induction unit



Unoccupied segregation cell



Segregation cell shower and sink



1.3 Living conditions

SWCC is located within an enclosed perimeter on the Silverwater Correctional Complex. Much of the infrastructure at SWCC differs from more modern correctional centres, as SWCC was not opened as a purpose-built facility. The centre opened in 1969 utilising existing historical buildings and since then has been subject to several redevelopments.

Prison buildings and management systems are often designed to meet the needs of male inmates. The Victorian women's prison standards reference the unique architectural and design requirements of female prisons:

Living conditions in prison should reflect as closely as possible normal living standards in the community, within the boundaries of correctional practice, and be consistent with the maintenance of a healthy environment for prisoners. The provision of appropriate living conditions for prisoners is based on respect and dignity and provides prisoners with opportunities to assume responsibility.⁶²

At the time of the inspection SWCC was divided into two areas known as Area 1 and Area 2 (discussed in the previous chapter).

⁶² Corrections Victoria, Department of Justice (Vic), *Standards for the Management of Women Inmates in Victoria* (2014) 79.

1.3.1 Brady, Teresa and Willett accommodation units (Area 1)

Brady, Willett and Theresa are three single storey living units that opened in 1990. Each unit has two wings connected to an exercise yard, with an officer's station located centrally. The units originally accommodated a total of 76 women in single occupant cells and included self-sufficient kitchens to allow women to cook their own meals.⁶³

Today the three units have a total operational capacity of 120 women, with the majority of the cells accommodating two women (through bunk beds). They include a shared laundry and a shared kitchen area. Some aspects of the design (single storey setting, shared facilities, ease of physical access to unit staff) are consistent with good practice.⁶⁴

Some of the drawbacks included the fact that the kitchens are no longer fully self-sufficient, with women provided ready-made meals. Also, the practice of 'double-bunking' was standard, with a shared toilet and shower inside the cell (which is common in many NSW facilities). In our 2017 inspection we noted that the bottom bunks in cells were positioned very closely to the toilet with no privacy screen, and that it would be humiliating for women to use the facilities in the presence of others, particularly during menstruation. This inspection we found that no privacy screens had been installed in the units.

Apart from the above, while these units were showing signs of wear and tear, they were overall in fair condition. We did note that the Brady Unit had benefited from the cells being recently repainted.

Inmate cell, Brady



Cell 'balcony', Willett



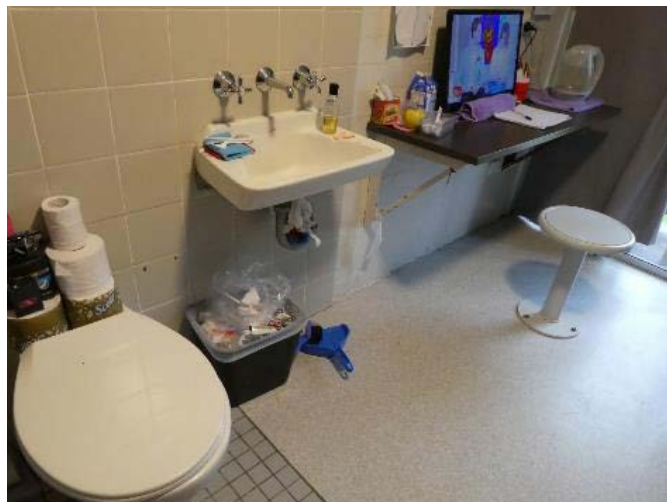
63 NSW Ombudsman, *Mulawa Report* (Report, 1997) 19.

64 The Australian publication *Good Practice in Women's Prisons* reviewed literature concerning examples of good practice in prison architecture. Key examples included a focus on self-standing 'cottage'-style accommodation, where each woman has their own room, but share other resources, including bathrooms, laundries and kitchen. See Bartels L and Gaffney A, *Good Practice in Women's Prisons: A Literature Review* (Report, 2011).

Kitchen area, Willett



Cell amenities, Teresa



External view (front), Teresa



External view (rear), Brady



1.3.2 Specialist unit accommodation

SWCC incorporates several units designed for the management of women with specific mental health needs.

The Mental Health Screening Unit (MHSU) is a 10-bed mental health facility that opened in 2007 on the previous site of the Conlon Wing at SWCC.⁶⁵ The main unit includes cells, an activity room, kitchen, laundry, sensory room, two areas with couches and a television, a dining area, two interview rooms, and an outdoor yard area with a garden and a small balcony. The relatively small size of the unit as well as the location of the adjacent yard and garden allow good natural light. There are also three assessment cells within the footprint of the MHSU, which are separated from the main unit and are not included in the unit's bed count.

⁶⁵ Department of Corrective Services (NSW), *Annual Report 2006/07* (Annual Report, 2007) 34; Department of Corrective Services (NSW), *Annual Report 2003/04* (Annual Report, 2004) 75.

The Mental Health Step Down Unit (MHSDU) includes a common area with a television and lounges, a balcony and small yard space and a room with exercise equipment.

The current Mum Shirl Unit (MSU) was opened June 2009 to provide intensive treatment and support for women with severe personality disorders and mental illness. When it opened the unit had a capacity for 19 women and was designed to complement the MHSU and MHSDU.⁶⁶

We found the MHSU, MHSDU and MSU to be in reasonably good physical condition.

These units are discussed further in section 1.5.

Mental Health Screening Unit, common area with yard to the side



1.3.3 Structure of day

On average, during the 2020–21 financial year women at SWCC were afforded 7.3 hours out of their cells each day.⁶⁷ This is almost an hour less than the NSW-wide daily average in secure custodial settings (8 hours), which is the second lowest time out of cell allocation of any Australian jurisdiction.⁶⁸

We observed inconsistency between the daily routine we were provided ahead of the inspection, and that which we observed during our time onsite. This was particularly reflected by women being locked into cell early, or specific units being locked down for all or part of the day. On days without lockdowns, most women are locked into their units (but not their cells) at around 10.30am to 11am for at least one hour for lunch.

Major reductions in time out of cells and units across SWCC have been attributed to the increase in unscheduled partial and full lockdowns. While some of these lockdowns are due to the containment of COVID-19 outbreaks in certain areas, most have been the result of custodial staffing deficiencies (absenteeism).

66 Corrective Services NSW, *Annual Report 2008/09* (Annual Report, 2009) 25.

67 Information provided by Corrective Services NSW, January 2022. A similar figure (7.2 hours) was reported for DCC.

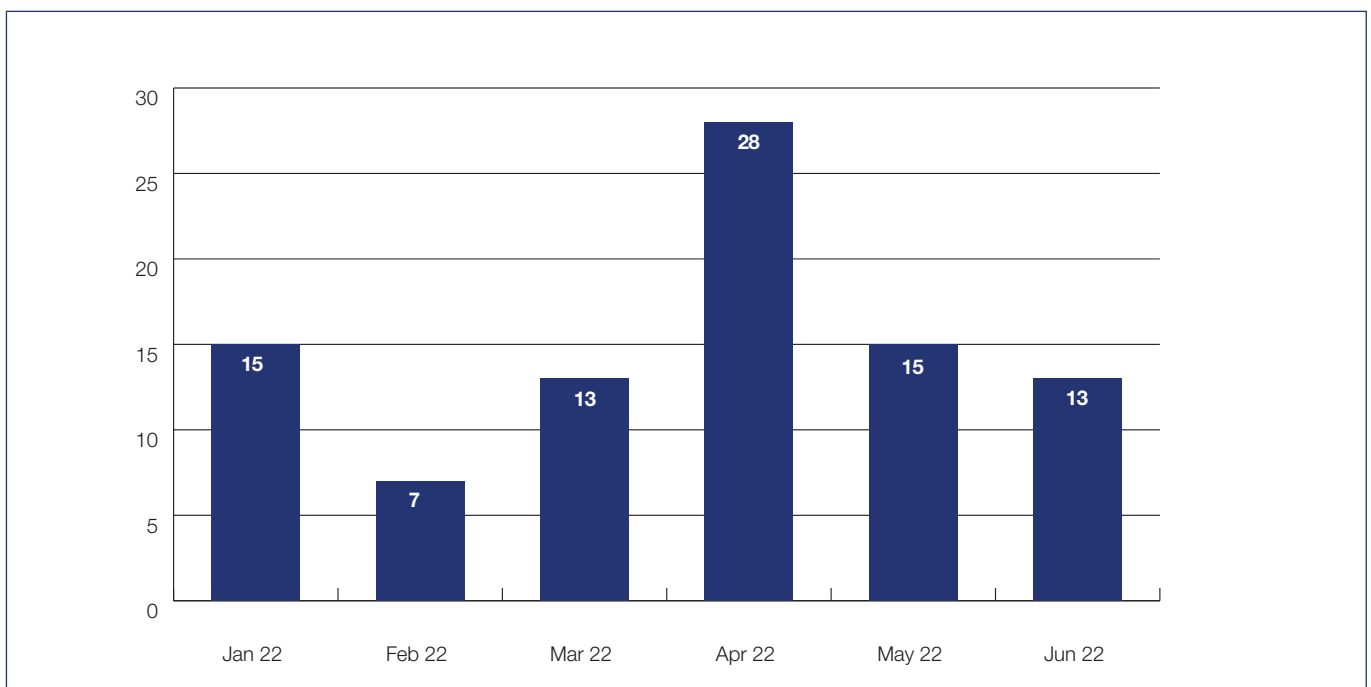
68 Productivity Commission, *Report on Government Services 2022* (Report, January 2022) Table 8A.13.

As is discussed through the report, this impacts services and general wellbeing. While health and AVL appointments appear to have been prioritised, unit lockdowns and short staffing significantly curtail access to programs officers, case managers, education and library services and other staff, as well as access to fresh air and other activities available in an already limited custodial setting.

Most staff and inmates reported the impression that partial lockdowns (i.e. a lockdown of one or more specific units for a limited time or full day) were equally distributed across the centre, so that there was no one group of inmates disproportionately impacted. Our review of several months of lockdown data below broadly reflected this, although some units were locked down slightly more often, and employed inmates sometimes had the opportunity to attend the workplace even when their accommodation unit was locked down. Overall, women at SWCC were impacted greatly by limitations to the prison routine, and this included women requiring specialist mental health care or behavioural support in the specialised units.

Information provided prior to the inspection showed that during 2021, there were 110 lockdowns of some kind, averaging nine per month. Numbers were higher in the last four months of the year. The following graph sets out the number of unscheduled lockdowns at SWCC by month during the first half of 2022. The figures include partial (i.e. unit-specific, or part-day) as well as full centre lockdowns.

Figure 4: SWCC lockdowns by month⁶⁹



We reviewed more detailed data for the months around the inspection, from March to July 2022. During the most affected month of April 2022, almost all units at SWCC were locked down for between 12 and 15 whole days, in addition to partial or early lockdowns for between two and 10 days.

Considering: i) more than 50% of the population of SWCC is unsentenced (detained on remand), ii) all inmates began their time in custody with a period of restricted quarantine, and iii) SWCC holds women requiring specialist mental and behavioural health accommodation, this is a heavy burden. This issue also arose at DCC, discussed in section 2.2.2. Prolonged and repeated impacts of staffing shortages and lockdowns at centres housing vulnerable women is perhaps underappreciated in the wider community.

Recommendation: CSNSW reduce lockdowns and increase time out of cell at SWCC and DCC.

⁶⁹ Information provided by Corrective Services NSW, September 2022.

1.3.4 Family contact and communication

Visits and phones

Access to visits for people in custody and their families was significantly impacted throughout 2020, 2021 and 2022. In response to the risk of COVID-19 being introduced to custodial facilities, section 275 was inserted into the CAS Act in 2020 to enable the Commissioner of CSNSW to 'prohibit or otherwise restrict any person, or any class of persons' from entering or visiting a correctional premises.⁷⁰ During this period CSNSW imposed various restrictions on people entering custodial facilities to reduce the risk of COVID-19 transmission in custodial settings. In-person visits were wholly suspended during the following periods:

- 17 March 2020 - 22 November 2020
- 21 December 2020 - 17 January 2021
- 23 June 2021 - 28 November 2021
- 11 January 2022 - 2 March 2022⁷¹

Outside of these periods, visits were still impacted by a range of pandemic-related rules at various stages, including:

- visitors and inmates were required to be fully vaccinated
- physical distancing was imposed on visits
- limits were placed on the number of visitors and the duration of visits.

Video visits using tablets or AVL suites were rolled out by CSNSW in 2020 following the first cancellation of in-person visits, and they remain as an alternative in most custodial centres, including SWCC. At the time of the inspection in-person visits could be booked on Saturdays and video visits on Sundays.

In-person visits should be offered on more than one day each week, particularly for a large remand population who are unconvicted. We are not satisfied that CSNSW was complying with the CAS Regulation during the inspection, which allows visits at least twice weekly for remand (unconvicted) inmates.⁷² Also, one weekend day is not sufficiently flexible for visitors and does not allow access for children in out of home care who may rely on a caseworker to facilitate a visit to SWCC between Monday to Friday. When we last inspected SWCC in 2017 one weekday morning was available for such purpose, in addition to the weekends. Each correctional centre should be working to return to pre-pandemic conditions for in-person visits. Subject to COVID-19 restrictions, CSNSW should reintroduce more than one day each week for in-person visits.⁷³

Video visits provide an alternative for families and friends who face difficulties accessing in-person visits because of physical distance, transport constraints, accommodation costs and other factors. Prior to the

70 *Crimes (Administration of Sentences) Act 1999* s 275, as inserted by the *COVID-19 Legislation Amendment (Emergency Measures) Act 2020* No 1.

71 Commissioner's Instructions 2020/02; 2020/06; 2020/82; 2020/89; 2021/91; 2021/03; 2021/16; 2021/16; 2021/18; 2021/58; 2022/03; 2022/10.

72 The CAS Regulation provides that unconvicted inmates may be visited at least twice per week, see *Crimes (Administration of Sentences) Regulation 2014* cl 76(1). The provisions enacted to allow CSNSW to restrict in-person social visits on health grounds had a prescribed period that ended on 26 March 2022, per *Crimes (Administration of Sentences) Act 1999* s 274 and *Crimes (Administration of Sentences) Regulation 2014* cl 329A.

73 See section 2.2.5 for further discussion, and a recommendation to SWCC and DCC.

onset of the pandemic we had recommended on more than one occasion that CSNSW increase the use of technology to facilitate remote family visits, particularly for those at long distance.⁷⁴

CSNSW is to be congratulated for a successful roll out of this feature over the past two to three years; they are a positive enhancement to communications options for people in custody. However, they should not be considered as a replacement for in-person visits. During the inspection we heard comments from some staff which indicated interest and support for cessation of in-person visits entirely, due to the utility and popularity of video visits. This attitude should be discouraged. In-person contact between inmates and the community should always be encouraged at correctional centres, not only for the wellbeing of inmates and their families, but also with a view to assisting with reintegration to the community upon release.⁷⁵

There were an adequate number of fixed phones for the population at SWCC. In-cell tablets which allow women to make personal calls until 10pm were due to be rolled out in September 2022, following a successful roll out at DCC. However, this was postponed to 2023. As discussed in the previous chapter, issues arose in Area 2 for women in quarantine who had limited opportunity to exit their cell and access the telephone. Cordless phones were available in Area 2 for professional and legal calls.

Booking process and communication

A new visit booking procedure commenced in 2022, with an online booking platform established through the Department of Communities and Justice 'Just Connect' software. For many families and friends of inmates, this is a more efficient process for booking visits, avoiding long waits on the phone to book, and enabling booking requests outside of standard business hours. We welcome this process as a positive enhancement. However, as with video visits, we believe it should be an enhancement, not a replacement for all. The visitor phone line at SWCC was closed in December 2021, and the centre moved to a dedicated e-mail address to respond to queries or concerns. The centre reported significantly fewer complaints with the new system. While this may be so, some women told us their families found the procedure difficult to navigate, and it will be dependent on access to some form of technology. A standard phone option for visits should be retained, to ensure it remains accessible to as many people as possible.

Additionally, during the inspection we noted at least two instances of visitors being turned away upon arrival, with staff acting in accordance with COVID-19 protocols. Both involved instances where ideally families would have been advised the visits were cancelled before travelling to SWCC. A number of visitors had been contacted the day prior and told visits had to be cancelled due to isolation protocols from a recent case of COVID-19, however it appeared one visit group traveling from outside the Sydney area had not received the message in time. Another inmate was expected to be cleared from COVID-19 restrictions by JH&FMHN on the morning of the visit, but the exact timing had not worked out, and thus the family was turned away from their first in-person visit since the inmate was taken into custody. We observed respectful and apologetic communication to that family, and staff were acting in good faith, but it was unfortunate to observe. CSNSW needs to increase its efforts to communicate clearly and in a timelier manner with visitors. We have addressed several recommendations to CSNSW in section 2.2.5 of this report, applicable to both SWCC and DCC.

1.3.5 Food and nutrition

Corrective Services Industries (CSI) supplies food to most correctional centres in NSW, including SWCC. In addition to CSI meals, inmates can buy various food items on the 'buy-up list'. This is dependent on

74 Inspector of Custodial Services, *Full House: The Growth of the Inmate Population in NSW* (Report, April 2015) 63; Inspector of Custodial Services, *Announced Inspection of Five Minimum Security Correctional Centres in Non-Metropolitan NSW* (Report, February 2020) 35.

75 Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 108.1.

the inmate having sufficient funds in their accounts to purchase those products. Mainstream units were equipped with a kettle, refrigerator, toaster, hotplate and microwave for shared use.

Inmate workers in the kitchen and industry staff are responsible for the rethermalisation and distribution of meals to women. They may also assist with meals for Dawn de Loas Correctional Centre. During the inspection we visited the kitchen on a day that coincided with the detection of a new positive case of COVID-19 at SWCC, which led to an extended lockdown of Brady unit residents for isolation and testing. This unit housed many of the centre's employed women. We were concerned that some of the workers assisting in the kitchen that day were not adequately trained, and some of the paperwork relating to food temperature testing, while completed, included unusual identical entries. While perhaps out of the ordinary, we remind of the importance of ensuring all kitchen workers have received the necessary food safety training, as well as training in how to correctly temperature check and record necessary information. CSNSW advise that all permanent workers receive basic food handling courses, and the SWCC Food Services Unit adheres to an approved food safety program which is audited annually.

Recommendation: CSNSW ensures all kitchen workers receive training and that regular food safety audits are conducted at SWCC.

Another concern during the inspection was the timing of meals. Like most maximum security centres in NSW, three meals per day are provided within a compressed time. This was quite stark at SWCC. Lunch was delivered around 10.30-11am, and at times (if an early lock in was planned) the evening meal was being provided as early as 1pm, although it could be closer to 2pm or 2.30pm. The early dinner and subsequent long wait until breakfast the following morning meant many women consumed purchased snacks in later hours in their cells. It was particularly an issue for women who have an increased appetite due to medication and for those who cannot afford to purchase extra food through buy-ups. Compression of meals into shorter and shorter periods can also impact women's health, particularly considering reduced opportunities for physical activity during lockdowns and staff shortages. We were advised in September 2022 that increased staff availability meant dinner will be delivered to most units closer to 3.30pm, which is an improvement.

At the time of the inspection, staff from JH&FMHN and custodial staff representatives were meeting in relation to the possibility of a revised meal timetable specifically for women in the MHSU. These women struggled particularly with increased appetite due to certain medications and were not necessarily able to plan (or afford) to retain any food for the evening. A trial was subsequently agreed and implemented for this unit, where the CSI issued hot meal would be delivered around 12pm, and the 'CSI lunch', which is a cold meal, would be delivered closer to 5pm. We commend the custodial and health staff at SWCC for working collaboratively and exploring improvements for the women in this unit.

1.3.6 Legal access

Remand inmates should be held in readiness for their next court appearance and should be assisted to prepare for that appearance.⁷⁶ This includes a range of things including communication with legal representatives, access to legal resources, facilitation of video court appearances and practical arrangements such as meals for inmates attending court in person.

One of the recommendations from the *Women on Remand* report was to increase the number of telephones and AVL suites at correctional centres with remand inmates such as SWCC.⁷⁷ Pleasingly, SWCC is better equipped since our last inspection. There is now a dedicated AVL building in Area 1, which includes

⁷⁶ Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 6.

⁷⁷ Inspector of Custodial Services, *Women on Remand* (Report, February 2020) 118.

five court AVL suites, three professional studios, three dedicated telephone booths, as well as phones in each of the six holding cells. There are also two older AVL suites in Area 2. In the 12 months from July 2021 to June 2022 there were 2,710 court appearances facilitated by AVL at SWCC.⁷⁸

Since March 2020, the demand for alternative means of communication between legal representatives and their clients in custody dramatically increased. At the time of the inspection cordless phones were available in Area 2 to facilitate legal calls to cells for COVID-19 positive women, although as we have observed at other correctional centres, this solution was often plagued by poor reception/connectivity and was not private if the cell was shared.

On one occasion during the inspection we noted that there were 23 court appearances and 28 professional/legal contacts on the appointments schedule that day.⁷⁹ The AVL officers staffing the AVL building in Area 1 were also responsible for collecting women from Area 2, escorting them to Area 2 AVL and supervising for court appearances.⁸⁰ This was for women in quarantine or close contact isolation, and therefore could only be done one woman at a time, with staff wearing PPE. On these occasions managing the main AVL facility with fewer staff could be very hectic. Regular movement and management of women, constant telephone calls and monitoring the Just Connect dashboard which updated in real time with the specific timing requests of various courts made this area very busy. We observed staff from other areas attend to offer support to AVL staff at times, which was a positive example of teamwork.

One observation however is potentially poor centralised record keeping. Information provided by CSNSW from OIMS records indicated that, in the 12 months between July 2021 and June 2022, there were 41 legal visits via AVL or remote video and 16 legal telephone call bookings. We have no confidence these numbers are accurate given the large remand population at SWCC and the reliance on virtual and phone communications between legal representatives and their clients.⁸¹ CSNSW has advised in relation to the Just Connect system, that due to the additional pressures on staff 'some administrative tasks were not prioritised to be high level' during various periods during the COVID-19 pandemic and that this 'may account for some bookings being left in a pending state or some records not being continuously update[d]'. In our review into management of COVID-19 we recommend that CSNSW ensure there are state-wide and local documented protocols for facilitating communication between people subject to quarantine, close contact isolation and clinical isolation and their legal representatives.

Women had limited access to the library at SWCC due to staffing shortages. It was unclear whether women were aware of the availability of computers for legal purposes.

78 Information provided by Corrective Services NSW, September 2022.

79 Attendance on 11 May 2022.

80 COVID-19 positive women remained in cell.

81 As indicated above, there were 28 professional/legal contacts scheduled on one day alone during the inspection.

AVL facility, external view



AVL suite



Telephone suite



1.4 Organisational environment

1.4.1 Staff profile

The Bangkok Rules set out a number of requirements around the staffing of correctional centres holding women in custody, including:

- Capacity-building for staff in women's prisons should focus on the social reintegration needs of women in custody and managing safe and rehabilitative facilities.
- A clear and sustained commitment at the managerial level to prevent and address gender-based discrimination against women staff; and all staff involved in the management of women's prisons should receive training on gender sensitivity and prohibition of discrimination and sexual harassment.
- The development and implementation of clear policies and regulations on the conduct of prison staff aimed at providing maximum protection for women in custody from any gender-based physical or verbal violence, abuse and sexual harassment.
- Staff should receive training related to the gender-specific needs and human rights of women in custody; the main issues related to women's health as well as first aid; and mental health care needs and risk of self-harm and suicide among women in custody.
- There should be a pathway for female staff to access senior management positions with responsibility for the treatment and care of women in custody.⁸²

Following a reasonably long tenure by the former female governor of SWCC, a new (female) governor had been appointed. However, following a charge of common assault against an inmate, which was pending in the court system at the time of the inspection, the appointed governor had been on an extended leave of absence since mid-2021. Regardless of the ultimate legal outcome, these circumstances are potentially destabilising for management of a correctional centre.⁸³ An acting governor (male) had been in position for approximately six months only at the time of the inspection. Added to the staffing challenges associated with the impact of the COVID-19 pandemic (discussed below) stronger support from regional and executive CSNSW management was likely required.

The gender staffing balance at SWCC was good, including in senior roles. The gender breakdown of custodial staffing (permanent positions) at SWCC, provided as at December 2021:

- of six functional manager positions, three (50%) were female
- of 24 (filled) senior correctional officer positions, 14 (58%) were female⁸⁴
- of 95 (filled) correctional officer positions, 61 (64%) were female.⁸⁵

Approximately 62% of the total custodial staff was female. This compares favourably with the state-wide substantive custodial staffing pool, which in 2020 was made up of only 26% female officers⁸⁶ and is consistent with guidance offered by the United Nations Office on Drugs and Crime around the staffing of women's prisons that '[f]emale prison staff should be employed in senior positions with key responsibility for

82 *United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders*, rules 29-35.

83 In April 2023, the former Governor was found guilty of common assault at Burwood Local Court.

84 Of 27 permanent positions, three were vacant.

85 Of 97 permanent positions, two were vacant. Information provided by Corrective Services NSW, December 2021.

86 Information provided by Corrective Services NSW on 24 June 2020.

the development of policies and strategies and delivery of programmes for female prisoners'.⁸⁷

We acknowledge work has likely gone into providing female staff with pathways to senior and leadership roles in recent years. One area where female staff were not well represented was in industries.

The inspection team also heard accounts of positive collaboration between custodial and non-custodial staff at SWCC. It was good to hear supportive professional language between different staffing groups, which reflected well on staff collegiality. We do caution though that some feedback indicated collaboration was less effective for non-custodial staff who were less experienced or less familiar with the custodial staffing group, and that managing expectations was common. Reducing barriers to collaboration between custodial and non-custodial staff is crucial for providing a contemporary model of custody, focused on providing women with access to services and individualised support. This should continue to be prioritised at SWCC.

1.4.2 Staff absences

The COVID-19 pandemic has presented unprecedented challenges for people working in custodial environments. As a workplace, custodial environments have been subject to constantly changing modifications and restrictions. They are designated as a high risk setting because of the health vulnerability of inmates and because of the elevated risk of transmission in a setting with many people cohabiting. Staff have experienced anxiety about bringing COVID-19 into the workplace and about contracting it and presenting a transmission risk to their families. Staff shortages arising because of isolation requirements and restrictions on entry to custodial settings have been particularly prevalent since the Omicron variant emerged in December 2021.

While this is not confined to or unique to SWCC, we observed high levels of staff absenteeism, and an associated reliance on overtime and double shifts to fill rosters. This has had a major impact on the consistency of daily routine, increased lockdowns, restricted access to women for various services, and meant that key custodial roles ensuring consistent and predictable operations of a particular area or function were backfilled by different people on different days. We were advised that the pool of casual staff was effectively bare, and that staff fatigue understandably affected the number of personnel willing and available to accept extra shifts, which is ordinarily attractive to staff (within reason) due to overtime rates.

Data for April, May and June 2022 revealed 223, 295 and 281 sick leave days were recorded each month respectively, averaging between 7 and 9.5 per day. Over 500 overtime shifts were performed in each of those months, averaging between 16 and 18 per day, and as high as 30 on one day in April 2022. Not only does this suggest a gap in available staffing resources, the timing or staggering of shifts was a factor leading to early lock-ins of inmates of 1.30pm, so that a half hour break could be afforded to staff performing double shifts. Not only does the level of overtime and double shifts lead to staff fatigue and burnout, but we were also concerned that the timing and staggering of shifts was not directed to maximising services for inmates.

Recommendation: CSNSW take steps to address burnout and absenteeism among staff at SWCC and consider a review of the staffing profile and rosters.

1.4.3 Training and development

The Bangkok Rules provide that 'staff assigned to work with women prisoners shall receive training relating to the gender-specific needs and human rights of women prisoners'.⁸⁸

⁸⁷ United Nations Office on Drugs and Crime, *Handbook on Women and Imprisonment* (Criminal Justice Handbook Series, 2nd ed, 2014) 29.

⁸⁸ *United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders*, GA Res 65/229, UN Doc A/RES/65/229 (16 March 2011, adopted on 21 December 2010) Rule 33.

A high number of custodial staff (142) had completed CSNSW's Trauma Informed Practice, a foundational training module for staff working with women in custody.⁸⁹ In 2021 CSNSW made available a new three-day working with women offenders training course, which we have recommended is delivered to staff at all custodial centres that hold women in NSW.⁹⁰ As of 30 August 2022 only 16 custodial staff (less than 15%) had completed this training course. While a relatively new course introduced at a time of staffing challenges, it is important that SWCC encourage increased uptake of this training. A similar number of custodial staff had completed the Mental Health Awareness training module (18) and given the specific needs population of SWCC this figure should be higher. Better numbers had completed Aboriginal Cultural Awareness (45), although all staff should complete this training.

1.5 Health and wellbeing

Health services are of critical importance at a reception and remand centre such as SWCC. Some women will be at risk of self-harm or suicide, some may be in urgent need of medication or treatment of acute or chronic health conditions, some may be withdrawing from drugs and/or alcohol, some will be pregnant. There are also broader public health benefits of delivering effective health services here, as many women will return to the community after serving time on remand or a relatively short period of imprisonment. Many will also move between custody and the community a number of times.⁹¹

1.5.1 The Justice Health and Forensic Mental Health Network

The JH&FMHN is the provider of health services at SWCC. Services included primary health, drug and alcohol, population health, women's health, services for pregnant women, oral health, mental health, Aboriginal health and allied health. Patients requiring specialist services were referred to Westmead Hospital outpatient services.⁹² Emergency and inpatient care was also provided at Westmead Hospital.

The health workforce consisted of primary health nurses, specialist nurses in population health, drug and alcohol and women's health, mental health nurses, clinical nurse consultants in perinatal mental health and antenatal substance abuse, Aboriginal health worker, NDIS worker (primary health), general practitioners (GPs), dentist, psychiatrists, radiographers and administrative staff. The workforce was led by a number of nursing management positions and clinical directors for primary health, mental health, drug and alcohol and population health.

Reception screening

All newly received inmates should undergo a health examination by a qualified health professional within 24 hours of being received into a correctional facility.⁹³ In addition, since early 2020, reception health also includes COVID-19 screening and sentinel testing.

Reception screening assessments (RSAs) are completed by registered or enrolled nurses. We were advised that only nursing staff who have undertaken training in conducting RSAs and have been supervised conducting RSAs are permitted to undertake them, which is good practice. There is a 'clinic' room within the SWCC reception area, which affords appropriate privacy during consultation.

89 As of 30 August 2022. Information provided by Corrective Services NSW, September 2022.

90 Inspector of Custodial Services, *Inspection of Emu Plains Correctional Centre 2021* (Report, April 2022) 19-20.

91 Australian Institute of Health and Welfare, *The Health of Australia's Prisoners 2018* (Report, 30 May 2019) vi.

92 The term custodial patient or patient is used to describe a person in custody receiving health care from JH&FMHN or a private health services provider.

93 Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 78.

Although there is a cut-off time for new receptions (1pm) it was reported that some RSAs do not get completed on the same day due to delays in nursing staff being able to access the patients, and that some staff can wait two hours to gain access to a patient to undertake their RSA. Any outstanding RSAs are conducted the following day and within the first 24-hour time frame requirements. The patients who do not have their RSAs completed on the day of reception are triaged and briefly reviewed by nursing staff and a notation made in their e-health record (JHeHS). At the time of the inspection, patients who had not had their RSA completed prior to transfer to Area 2 for quarantine had it undertaken in the consultation room in the Area 2 satellite clinic.

Given the number of new receptions entering SWCC, we would ordinarily expect 'next day' RSA's to be the exception rather than the rule, and it suggests some inefficiencies in access to patients in reception. While triage and review is in place, the centre still carries elevated risk when health screening is completed the following day.⁹⁴ This should be closely monitored by JH&FMHN. We also note that the coroner has recommended JH&FMHN consider amending relevant policy to include a requirement for nurses conducting reception screening to undertake a review of any recent patient medical records particularly where the patient is not responding or communicative.⁹⁵

Access to health services

Women use self-referral forms to request access to health services. The referrals were placed in locked boxes in the accommodation units and collected by nursing staff when they attended units to administer medication. The afternoon registered nurse reviewed and triaged the referral forms and placed the patients on the respective clinic waitlist with the electronic appointment scheduling system (referred to as the patient administration system, or PAS).

There were routine primary health nurse, GP, drug and alcohol and other specialist clinics which the patients could be booked into. Patients were also seen as 'walk ins', meaning they were not scheduled on a clinic list. The health centre was able to operate six different clinics and have up to 10 patients, including those within the holding cells, in the health centre at one time.

Three custodial staff were rostered to the health centre daily. Work has been undertaken between JH&FMHN and CSNSW to ensure there are regular custodial officers working in the health centre which helps ensure greater efficiency and better flow of patients throughout the health centre.

At least two nursing staff, including a registered nurse, are required to respond to health-related emergencies. If the matter is complex additional nursing staff and the GP (if onsite) may also respond. When there is a health-related emergency the health centre will continue routine operations if possible. All custodial officers are trained in first aid and will initiate resuscitation prior to nursing staff attending an emergency.

The nursing unit manager (NUM) advised us that health care requiring patients to be interviewed or clinically assessed is never routinely undertaken through the hatches in the cell doors. If nursing staff need to review a patient in their cell they request the custodial staff to open the door. Medications are administered in the evenings and during lock downs through the hatches.

94 We requested an overview of 'next day' health screenings (that is performed within 24 hours but not on the same day as received into custody) however the SWCC health centre does not collect this data.

95 See *Inquest into the death of Kerry-Ellen (Nikki) Knight*, (Coroners Court of New South Wales, Deputy State Coroner Harriet Grahame, 28 September 2022) 26-27, 34.

Issues impacting access

The hours of operation of the health centre were 7.30am to 10.30am and 12pm to 2.15/2.30pm. Medication and opiate agonist treatment (OAT) administration commenced at 7.30am and clinics commenced at 8am. This means JH&FMHN had access to patients for a maximum of 5.5 hours each day. This is a very limited time within which to provide health services to a population with complex health needs.

Operational changes also impacted access to health care for patients. Previously women in the general population could attend the health centre independently, however due to COVID-19 this practice had ceased. At the time of the inspection custodial staff took patients to the health centre as per lists provided to them by health staff. The efficiency of the flow of patients into and out of the health centre was therefore very dependent on the organisation skills of these custodial staff.

The NUM monitors the waitlist for services each day and reported priority 1 and 2 waitlists were well managed but priority 3 and 4 waitlists could be better managed. We were advised of long waitlists for pathology collection, chronic disease screens and metabolic monitoring and that a large number of the patients on waitlists were for pregnancy tests. When the waitlists become too long, they may roster additional nursing resources and/or move some services to facilitate a reduction in certain waitlists. In an effort to better manage health service demand a trial was due to commence after the inspection where OAT would be administered in the afternoon to free up nursing resources in the morning to provide more primary health nurse clinic time.

We consider that the limited time available to access women at SWCC is contributing to the longer waitlists for particular health services. By not being able to undertake pathology collection in a timely manner there is a risk there may be a delay in diagnosing a patient's health condition. Chronic disease screens and metabolic monitoring are also important aspects of health care, especially regarding prevention and early intervention. There are higher rates of chronic disease among people in custody and Aboriginal people than in the general population. There is a real risk that a patient's chronic disease may deteriorate, or a patient may develop metabolic syndrome because they cannot be adequately monitored.

The GP advised they see an average of eight patients per day, but this can depend on custodial staff and their familiarity with health centre routine and commitment to the efficient patient flow.

Mental health staff also described access to patients as a significant challenge to providing care. We were told that several years ago there was a longer window during which mental health staff could access women at SWCC, from around 8.30am to 3.30-4pm. However, over time and before COVID-19 women have been locked in from around 2.30pm and COVID-19 has further limited access to women, even within the MHSU.

We heard that one of the first units to be locked in when there were custodial staff shortages was the subacute/step-down unit (MHSDU). This meant mental health staff had no access to the women in the MHSDU which was of concern. We were also advised that in the month of April 2022, there were 16 days when the women at SWCC were locked in their cells. We reviewed detailed lockdown data from March to July 2022. Two of those months showed the MHSDU experiencing slightly more lockdowns than other units. However, the overall impression from the data is the heavy burden of lockdowns is distributed across all areas of SWCC, including specialist health areas with a disproportionately vulnerable population.

Mental health services

Mental health staff at SWCC consist of mental health nurses, psychiatrists and psychiatric registrars. Mental health services are provided in the MHSU, the subacute/step-down unit (MHSDU) and an outreach service

throughout the centre for review and monitoring of existing mental health patients and assessment of patients with acute presentations.

The mental health staff appeared to work as a cohesive team, and we considered that they provide a good level of service to women at SWCC. The psychiatrists stated they worked very well with the mental health nurses, who were very clinically experienced and managed some extremely complex patients. Regular mental health nursing staff had worked at SWCC for around the last two years and the psychiatrists believed this consistency had made a significant improvement to the provision of mental health services. Regular nursing staff had also assisted in more effective and efficient flow of women into and out of the MHSU, resulting in better managed bed waiting lists.

There were 3.4 FTE mental health nursing staff at SWCC providing a daytime service seven days a week. These nursing staff worked in the MHSU, provided services in the subacute/step-down unit, outreach services, and covered the 1800 Mental Health Line during the daytime. We heard there have been some challenges maintaining staffing levels and required services during COVID-19.

Mental health services to patients were delineated into two levels. Level A were those patients with anxiety disorders and depression on low dose antidepressants, managed by primary health GPs. Level B were those patients with a diagnosed serious mental illness and on antipsychotics, managed by psychiatrists/psychiatric registrars and mental health nurses.

New reception patients identified with mental illness were referred to the mental health team. A release of information (ROI) form should be completed and, depending on the clinical presentation of the patient, they would be immediately commenced on medication by a ROAMs psychiatrist or reviewed and recommenced on medication once the ROI is obtained from the community. The wait times for review of new receptions with a mental illness was reported to occur within the required timeframes in most cases, however, there were occasions when there was time pressure to assess the patients within the timeframes. The decision to discharge a patient from the mental health team is made by a psychiatrist and they are then managed by the primary health team.

When female patients require treatment under the *Mental Health and Cognitive Impairment Forensic Provisions Act 2020* they are not treated at SWCC and instead are moved to the Austinmer unit at the Forensic Hospital at Malabar.

When mentally ill women were remanded in custody on non-serious charges, the psychiatrists prepared a report to the court recommending diversion to a community mental health facility for treatment. Given the high numbers of court appearances via AVL during the pandemic, some women at SWCC have been diverted to Cumberland Hospital for assessment and treatment as it is the closest mental health facility. The regular referral of women from SWCC to Cumberland Hospital has resulted in positive relationships being established between the treating teams. Cumberland Hospital can link women with their local community mental health service upon release. This is a very positive outcome and will assist in improved continuity of care for these patients.

Discharge planning is undertaken on all women with a diagnosed mental illness. The Mental Health Team refer patients to the NSW Health state-wide 1800 Mental Health Line previously mental health referral line which is used by all public mental health service providers. The referral to the service details the patient's home address and the referral is then forwarded to the respective local health district community mental health team. A copy of the patient's discharge summary is sent to the Referral Service by JH&FMHN.

Psychiatry workforce

There is a 0.6 FTE Deputy Clinical Director for Custodial Mental Health, responsible for leadership of psychiatry services at SWCC. At the time of the inspection the person in this position had resigned and recruitment for a replacement was underway. In the interim the role was being shared between the previous Deputy Clinical Director and another psychiatrist. We were informed that custodial mental health can sometimes have a shortage of psychiatrists however, they actively recruit on an ongoing basis.

We heard that psychiatrists working at SWCC experience vicarious trauma as a result of working with women who have experienced severe trauma in their lives. Good support from peers as well as adequate supervision is therefore very important. However, team building and the development of these support systems had been impacted by staff shortages (psychiatrists), and staff turnover in recent years.

Women's health programs and management of pregnant women

We were impressed by the women's health program at SWCC. A dedicated women's health nurse position worked between SWCC and DCC. Pap tests and mammograms were managed by the women's health nurse and contraception management was shared between the women's health nurse and the midwives. Mammograms were undertaken for women at Westmead Hospital. The NUM advised that women's health services had decreased during COVID-19 due to the level of access to patients, but services were returning to normal. For example, Grevillia Cottage provides sexual assault and family violence counselling, a joint service funded by CSNSW and the JH&FMHN.⁹⁶ While this had re-started at the time of the inspection, we understood these visits to SWCC were suspended or restricted for long periods of time due to COVID-19 restrictions placed on external service providers.⁹⁷ For certain periods, third-party service providers were not permitted entry and the services they facilitated were suspended.⁹⁸

Pregnant women appeared to be well managed at SWCC and the ante and post-natal service was well-resourced. All women entering custody have a pregnancy test on the day of reception and at 14 and 28 days after reception. All pregnant women new to custody and those identified as pregnant at reception or after a subsequent pregnancy test were placed in the health centre for assessment and management for a minimum of five days. Pregnant women withdrawing from drugs were reviewed by a drug and alcohol specialist and prioritised for commencement on opioid agonist treatment (OAT) if clinically indicated.

Services for pregnant women included two midwife positions, a perinatal mental health clinical nurse consultant (CNC) and an antenatal substance abuse CNC, shared between SWCC and DCC.

Pregnant women from SWCC delivered their babies at Westmead Hospital, where they also went for all the required antenatal reviews and scans. For some patients a midwife would also attend the appointments. Women were able to express breast milk for a period of time post-birth which was provided to their baby. Five women held at SWCC gave birth in the 12 months to April 2022, all in a hospital setting.⁹⁹

A new initiative commenced prior to the inspection where women at SWCC who had delivered their babies while in custody could visit them at the hospital. This had been found to be especially invaluable for babies requiring a period of time in the neonatal intensive care unit for drug withdrawal monitoring. We commend SWCC for this initiative.

96 Grevillia Cottage, a sexual assault service at Westmead Hospital, provides an in-reach service to SWCC.

97 At various times throughout the pandemic, restrictions have applied to third-party service providers to try and limit opportunities for COVID-19 to be introduced to custodial centres. These restrictions reflected any relevant public health orders and were scaled up or down in response to COVID-19 outbreaks in the community.

98 Commissioner's Instructions 2020/03; 2020/13; 2020/28; 2020/49; 2021/21; 2021/26; 2021/29; 2021/33; 2021/53; 2022/02; 2022/08; 2022/11; 2022/24.

99 Information provided by Justice Health and Forensic Mental Health Network, April 2022.

Termination of pregnancy management was also undertaken by midwives. Women who miscarry or undergo a termination of pregnancy were reviewed by the midwife and referred to the psychologist for counselling.

Provision of health care to Aboriginal women

There was an Aboriginal health worker position for SWCC and DCC however this position had been vacant for a period at the time of the inspection. When the position was filled, it was considered by the health team to provide an invaluable service. The Aboriginal health worker used to attend appointments with women, including external appointments, and this was found to encourage women to access more health services.

There was also a state-wide Aboriginal chronic care position. This position had also been vacant, but pleasingly someone was due to commence in the role at the end of May 2022. We heard this was an excellent service and assisted greatly in effective discharge planning for Aboriginal patients with chronic diseases.

While the identified Aboriginal position/s were vacant, the nursing staff referred all Aboriginal patients with a chronic disease to primary health chronic disease screening.

The GP advised they are the lead in a research project which is looking at the introduction of Aboriginal Traditional Healers as a service provision for Aboriginal women to address their physical and mental health issues.

All staff in JH&FMHN are required to undertake 'Respecting the Difference', an Aboriginal cultural awareness training program. This includes an e-learning module developed by NSW Health, and a full-day workshop delivered by an external Aboriginal facilitator.¹⁰⁰ The health centre also celebrates 'Closing the Gap' week and invites women to provide Aboriginal art to be placed in the health centre.

Drug and alcohol services

The drug and alcohol workforce consists of a drug and alcohol CNC five days a week; drug and alcohol nurse practitioner, when required, a drug and alcohol staff specialist (0.3 FTE) and an antenatal substance abuse CNC, shared between SWCC and DCC.

Patients entering custody on an OAT have their treatment maintained. The preferred OAT in correctional centres in NSW is Buvidal[®], which is an OAT and, an injectable depot (long acting) version of buprenorphine. Patients requesting OAT were assessed by a drug and alcohol staff specialist or nurse practitioner and, if considered suitable, placed on a waiting list to commence treatment. Patients had reported at inmate development committee (IDC) meetings and to the official visitor that there was, what they considered, to be a long wait to commence on Buvidal[®]. During the inspection we also heard from several women who believed there was considerable delay in accessing OAT, even after having been confirmed as eligible to start a program.

However, the concerns raised by patients need to be considered in the context of the intensive clinical work involved in commencing a patient on Buvidal[®]. This work requires a drug and alcohol assessment by a drug and alcohol staff specialist or nurse practitioner, clinical observations and electrocardiograms to be taken as well as a review of the patient's medications to ensure there are no contraindications. For some patients with mental health co-morbidities there is also a requirement for the drug and alcohol staff specialist or nurse practitioner to discuss the patient's suitability with their treating psychiatrist. Once the patient is commenced

¹⁰⁰ The one-day workshop is intended for in-person delivery, however shifted to an online format during COVID-19 restrictions.

on Bupropion® they must be closely monitored by the drug and alcohol nurse and staff specialist or nurse practitioner until they are considered to be stabilised on their Bupropion® dose. All of these requirements take time and resources and because of this there is a need to stagger the commencement of patients on Bupropion®. While this is a clinically safe and effective way to manage the Bupropion® commencement waitlist, it does create waiting times to access the program.

Medication management

During our inspection, we observed OAT (methadone) administration in the health centre. All aspects of the administration procedure, i.e. identification of the patient, confirmation of the OAT prescription for the patient, measuring of the OAT, supervision of administration of the OAT by a nurse, and documentation of the OAT administration was undertaken correctly by the two nurses, one of which was a registered nurse. The procedure also correctly included the patient's mouth being checked post ingestion by a correctional officer.

JH&FMHN is planning to implement an electronic medication prescribing (e-prescribing) system across its facilities. The system will allow for electronic prescribing by approved prescribers and this information will also be linked to the JH&FMHN pharmacy dispensing system. It will also have the capacity for staff to record medication as administered.

We congratulate JH&FMHN on this initiative. The implementation of an e-prescribing system will increase the safety of medication prescribing as it results in legible prescriptions and the provision of prescriptions in 'real time', including after hours as prescribers will be able to access the system remotely. A significant amount of prescriber time will be saved as e-prescribing is more efficient than having to handwrite prescriptions. It will also result in the more efficient dispensing of medication due to the prescribing and dispensing systems being linked.

Medication for patients on discharge and pharmacy storage

There appeared to be no formal process ensuring all women were provided with their discharge medication. Some patients, i.e. those with complex health issues or serious mental illness (or otherwise identified as needing to receive discharge medication by health staff) would be prioritised and brought to the health centre en-route to being released. However not all women fell into this category, and due to communication issues health staff were not always provided with enough notice to prepare discharge medication prior to release.

Patient access to discharge medication is crucial for continuity of care from custody to the community. JH&FMHN advise that existing policy and guidelines do include requirements around supporting discharge planning and guidance for patients released without/short notice. Even so, there is a need for a formalised process to be developed by the health services team in consultation with local CSNSW management to ensure all patients are offered and (if they accept it) provided their discharge medication prior to leaving SWCC. For example, escorting all patients who are due for release via the health centre may increase the total number of inmates being provided their discharge medication and discharge summaries. For this process to be successful there is a need for health and custodial staff to work effectively together and communicate between the teams regarding patients due for release.

During our visit to the health centre we also observed some non-compliance in relation to secure storage of pharmaceuticals. There was a sign on the pharmacy room door stating 'Pharmacy door to be locked at all times'. On the day of our visit, we noted on several occasions the door was completely open, although staff were in the room. On one occasion we walked past the door with the NUM, who also noted the door was opened and proceeded to close it in our presence.

Clause 29(a) of the *Poisons and Therapeutic Goods Regulation 2008* (Poisons Regulation), states that '[A] dealer who has possession of any restricted substance must keep the substance in a room or enclosure to which the public does not have access'. Clause 30(1) of the Poisons Regulation states that prescribed restricted substances kept in a hospital ward:

must be stored apart from all other goods (other than drugs of addition or propofol) in a separate room, safe, cupboard or other receptacle securely attached to a part of the premises and kept securely locked when not in immediate use.

The pharmacy room at the SWCC is a large room with open shelving to store medications. The shelving cannot be secured, which means the only way clauses 29 and 30 of the Poisons Regulation can be adhered to is to keep the pharmacy room door locked at all times, including when staff are inside the room. Without keeping the room secure at all times there is a risk that pharmacy room may be accessed by non-authorised people and/or medication may be lost. A similar issue was observed at DCC in the Area 2 health centre.

Nursing staff should be formally reminded that keeping the pharmacy door locked at all times is a legal requirement under the Poisons Regulation. JH&FMHN may also wish to consider installing a biometric (fingerprint) system, or an otherwise secure automated system, to unlock the door. Using such a system increases the efficiency of unlocking the pharmacy door as keys do not have to be used. A biometric system also has the capacity to record when a person enters the pharmacy room which would assist the NUM in monitoring nursing staff compliance with keeping the room secure.

Recommendation: CSNSW and the JH&FMHN review the process at SWCC for provision of discharge medication to patients and make improvements to ensure all applicable patients are provided with discharge medication.

Recommendation: The JH&FMHN ensures that access to the pharmacy rooms at SWCC and DCC are managed in accordance with the *Poisons and Therapeutic Goods Regulation 2008* and consider installing a secure and auditable automated system to secure the pharmacy room doors.

Management of self-harm

The management of women at SWCC identified as at risk of self-harm or suicide is shared by CSNSW and the JH&FMHN whose staff constitute a risk intervention team (RIT) to assess risk and formulate a management plan. In December 2021 changes were made to the role of nursing staff involved in this process. Previously mental health nurses at SWCC and MRRC were part of the risk assessment and management process. In all other NSW correctional centres primary health nurses have traditionally been responsible for this. A decision was made to change the RIT process at MRRC and SWCC from mental health to primary health nurses undertaking the assessment and management processes, in line with other centres. The mental health nurse resource previously used for RITs at these locations would assume the responsibility for the 1800 Mental Health Line (previously) Monday to Friday. The health centre was not given an additional primary health resource to assume the RIT responsibilities.

During the implementation of this change, it was decided that RIT reviews for patients in the MHSU would include a mental health nurse as well as the primary health nurse.

As part of the implementation of the changes nursing managers and clinical nurse educators as well as the mental health nurses provided education and support on the process. Online suicide in custody training was also a requirement for all primary health nurses prior to undertaking RIT reviews. While there has been little negative feedback, there was a perception that the change was leading to more referrals from the RIT

team to the mental health service, as primary health nurses may not all have the clinical experience and confidence to know when a patient requires ongoing mental health services.

We have some concerns about these changes to the process for assessment of risk of self-harm at SWCC (and MRRC). The MRRC and SWCC are somewhat different to other publicly operated correctional centres in NSW as they have a larger number of new receptions to custody than other correctional centres. In addition, they both have mental health screening units which are the pathway for patients to inpatient mental health services within the NSW criminal justice system. Both the MRRC and SWCC have step-down units for patients with mental illness and house longer term a larger number of patients with significant mental health issues than other correctional centres. SWCC also has the MSU where women are placed for the management of extreme at-risk behaviours.

In some other jurisdictions and at a number of privately operated correctional centres only mental health nurses conduct risk assessments for self-harm and/or suicide. As the new process only commenced in December 2021 it will be important for the JH&FMHN to monitor the effectiveness of the changes to the risk assessment process to ensure it enables effective assessment of suicide and self-harm risk, including the rates of patient self-harm/suicide. Consideration could also be given to JH&FMHN undertaking a review of the introduction of the changes to the RIT assessment and management processes after the first 18 months.

Recommendation: The JH&FMHN monitor the implementation of the changes to the risk assessment and management process by nursing staff to ensure it enables effective assessment of suicide and self-harm risk and conduct a review of the new process after 18 months.

Population health

Population health staff manage blood born virus (BBV) screening, sexually transmitted infection (STI) screening, HIV management and hepatitis treatment. There is usually a population health nurse position that works across the Silverwater Correctional Complex, providing an average of three days a week service at SWCC.

The COVID-19 pandemic, and the involvement of population health staff in managing COVID-19, has impacted on the wait times for BBV and STI screening as well as the commencement of patients on Hepatitis treatment. The NUM was hopeful that a more regular service would be able to be introduced soon after our inspection.

Oral health/dental services

We were informed that the majority of self-referrals for health services from patients were for dental services, and that there was significant demand.

There is always a demand for oral health services from the patient population within custodial environments. Research has demonstrated the oral health status of patients in custody is usually quite poor due to drug use/misuse, lifestyle factors, diet and nutrition, socio-economic factors and lack of access to oral health services in the community.

Wait times for dental services increased during the COVID-19 pandemic. This was reportedly due to a reduction in access to patients as well as dentists being restricted to undertaking non-invasive procedures for a certain time. There is a central oral health service that can be contacted by health staff for support for urgent problems and emergencies.

On review of the data provided by JH&FMHN on oral health assessment and treatment wait lists, it appears the majority of patients prioritised to be seen by a dentist within one week are not seen within this timeframe. For the period February 2021 to January 2022, 17% of patients on the dental assessment wait list with a priority 3a (within one week) categorisation were seen by a dentist within this timeframe. For the same period, only 33% of those on the dental treatment waiting list with a priority A (within one week) categorisation were seen by a dentist within this timeframe. The wait times for assessment and treatment within 1, 3, 6, 12 and 24 months on almost all occasions met the timeframes.

At the time of the inspection, dental services were provided at SWCC for 5 hours and 45 minutes one day a week. An increase in hours would be beneficial.

Health centre staffing, induction and primary health leadership and support

Positively, it was reported that there was not a high turnover of nursing and administrative staff. There were 1.5 FTE vacant nursing positions, as well as the vacant Aboriginal health worker position, and recruitment was underway at the time of the inspection.

The health centre had a 0.3 FTE clinical nurse educator position, responsible for coordinating the orientation and induction of nursing staff at SWCC. The length of orientation for staff was dependent on their level of experience. All nursing staff were provided with training in various roles such as medication administration, evening shifts and night shifts.

All health staff underwent training in patient information and reporting systems such as PAS, JHeHS and the incident management system. All clinical staff have mandatory online (through NSW Health's Health Education and Training Institute) and in-person training requirements which they must complete annually. JH&FMHN also runs ongoing professional development programs for their staff. Many of these programs were suspended for a period due to COVID-19 but had recently recommenced at the time of the inspection.¹⁰¹

We were advised that during the week there was a daily meeting at midday with all the GPs across the state and either of the Clinical Directors, Primary Health. During the meeting 'patients of concern' were discussed as well as any other issues the GPs wished to raise. The GP advised this was a great support for them. This is an excellent example of providing support and supervision to a clinical workforce which is located across the state and work in isolated roles.

Information sharing/case management/shared care

There were formal and informal mechanisms for patient review, information sharing and case management between mental health and other clinical streams and mental health and CSNSW SAPOs and psychologists.

Verbal handovers occurred between mental health and primary health regarding specific patients. We were informed that due to there being a variety of GPs providing services at SWCC, the psychiatrists tended to escalate patients of concern to one of the two staff sharing the Primary Health Clinical Director position.

SWCC holds some patients with very complex health needs. Some people with mental illness experience physical health issues associated with antipsychotic medication such as obesity, diabetes, hypertension and hyperlipidaemia. We consider that there would be benefit in more formal joint case review processes being in place to more effectively and proactively manage the health care of these patients. This is an area which could be improved upon and would result in better outcomes for patients.

¹⁰¹ JH&FMHN also organise an annual conference, with state, national and international presenters. This conference was maintained for the last two years as an in person and virtual conference and the most recent took place on 9 to 10 June 2022 and again on 10 to 11 August 2023.

There appeared to be some tension as to whether GPs or psychiatrists were responsible for prescribing certain mental health medications. The issue of who should and should not prescribe antipsychotic and antidepressant medication within custodial health services is not unique to NSW and many jurisdictions struggle to get consensus between the GPs and psychiatrists. In some jurisdictions, mental health patients are jointly managed by mental health nurses and GPs and this approach appears to assist with GPs re-prescribing medications for those patients.

Other issues

Addressing patients: During the inspection, we noted health centre staff referring to patients at clinical handover by their last name only, or last name and MIN number. This is not a respectful or appropriate way to refer to patients. If a patient's full name is not known, they should be referred to as Ms Smith for example. We observed a similar practice at DCC in the Area 1 health centre.

Verbal aggression towards health centre staff: We acknowledge that nursing staff do face episodes of verbal aggression by patients at SWCC. While this is not tolerated and nursing staff are encouraged to report incidents, it is a challenging aspect of the role.

Night duty custodial staffing: During the night shift (generally 10pm to 6am) one custodial officer was assigned to both the MHSU and the MSU. Women are locked into their cells at this time, however incidents can and do occur. Patients in camera cells should also be observed on CCTV from the central control monitor room. While these two specialist units are not far from each other, SWCC should regularly debrief with custodial staff rostered in this role together with central control and managers in both specialist units to maintain an overview of whether this staffing level is adequate.

Recommendation: JH&FMHN remind all health staff at SWCC and DCC of the requirement to refer to patients in the correct manner.

1.5.2 Impact of the COVID-19 pandemic on health services at SWCC

While COVID-19 has for the most part been managed very well by health staff at SWCC, it has had an impact on the provision of care, the patients and the staff.

At the time of the inspection, SWCC had been fortunate to have had relatively few cases of patients with COVID-19 within the centre, (as opposed to those detected on reception or transferred to the centre while positive). This resulted in only occasional times when general accommodation units were locked down for close contact isolation. However during the inspection we observed an example of such a situation and its impact. A group of women had been brought to the reception holding cells awaiting transfer to another facility or court. One of the women tested positive on a routine rapid antigen screening (RAS) test required prior to transfer. Because all of the women were waiting in the same holding cell for several hours they were determined to be close contacts and required to re-enter isolation conditions for 10 days. A separate group of women who had just exited initial quarantine earlier that day were also impacted. They had barely arrived at their new accommodation unit, where the COVID-19 positive woman had been accommodated, when the positive result was received, and that unit was then locked down for an extended period.

Although we heard that there was no issue with health staff accessing women in quarantine or isolation to undertake clinical observations and to assess the women's physical and mental state, the coroner criticised the approach to some of these checks in a specific case.¹⁰²

¹⁰² *Inquest into the death of Kerry-Ellen (Nikki) Knight*, (Coroners Court of New South Wales, Deputy State Coroner Harriet Grahame, 28 September 2022) 15-19.

Quarantine was particularly difficult for mental health patients in the MHSU and reviewing and assessing patients while health staff are in full PPE is challenging.

There were mixed views at SWCC regarding the impact of COVID-19 on access to patients and the provision of routine health care. Daily quarantine health checks were considered an essential health service, meaning they were undertaken regardless of health and custodial staffing levels. This required primary health nursing staff to prioritise what other health services could be provided. There was a sense at times that COVID-19 'took over everything', meaning other health care was compromised.

The requirements of monitoring and managing COVID-19 as a priority has resulted in some other aspects of health care not being able to be undertaken, or being delayed, such as pathology collection, metabolic monitoring, chronic disease screening and plan reviews.¹⁰³ While most services were maintained, wait times for priority 3 and 4 appointments in particular have been impacted. Likewise, we heard several examples of outpatient appointments at external hospitals being cancelled, suspended or delayed by the hospital.

There have been periods during the pandemic where substantial numbers of health and custodial staff were either on leave or required to isolate due to being COVID-19 positive or a close contact. In addition, decisions to lock women in specialist mental health units into their cells went from being a rare multi-disciplinary decision (i.e. with input from health staff, SAPOs, psychologists and custodial staff), to a more frequent determination at the discretion of custodial staff only, due to their staffing levels.

We are concerned about the long-term effect the management of COVID-19 has had on the provision of health care at SWCC. Important health service provision such as metabolic monitoring, pathology collection and chronic disease screens were not being undertaken with the same frequency as prior to the pandemic. At the time of the inspection patients were not attending specialist outpatient appointments or were waiting an unsatisfactory length of time for appointments due to Westmead Hospital suspending its outpatient services. Priority 3 waitlist appointments were not always occurring within the specified timeframes.

We heard limited out of cell hours for women before the pandemic already created challenges for JH&FMHN staff to access women and provide health care. COVID-19 has further exacerbated this with staffing shortages resulting in women spending more time in their cells. In addition to a lack of access to healthcare, increasing time in cell means women lose opportunities to be active and have access to exercise.

There would be benefit at some stage for JH&FMHN and CSNSW to jointly undertake a review of the impact of the COVID pandemic on the provision of health care in correctional centres in NSW. It would be important to include the privately operated correctional centres in the review as it is assumed health service delivery in their centres have also been impacted by the pandemic. The review would help to inform what 'business as usual/routine' health care looks like in the future with or without the pandemic continuing and how access to patients and health services can be better facilitated. In our separate review into the management of COVID-19 in NSW custodial centres, we have recommended that JH&FMHN, CSNSW and private operators undertake a review of the impact of COVID-19 pandemic on the provision of health care in adult custodial centres in NSW. This recommendation is reiterated here.

¹⁰³ The health centre reported a recent concerted effort to undertake at least six chronic disease screens per week.

**Corridor with view to clinic cells,
health centre**



**Treatment room,
health centre**



1.5.3 Mum Shirl Unit

The Mum Shirl Unit (MSU) is a specialist 19 bed unit for women with behavioural management issues, such as those with personality disorders, challenging behaviours, self-harm and suicidal behaviours. The unit is managed by a CSNSW senior psychologist. There is a second psychologist position attached to the unit, of which 0.5 FTE was vacant at the time of the inspection. Custodial staff also work in the unit.

There are two areas on either side of the unit. Stage one has seven beds and is more highly regulated in regard to out of cell hours, access to items and associating with other residents. Stage two has 12 beds and is referred to as the 'community side', the goal being that participants and staff work together as a team within a 'community' philosophy. Stage three previously involved accommodation in a designated wing of Willet unit for a transitional period before (potentially) re-entering mainstream accommodation. As this wing is now used for NSW Drug Court participants, women will sometimes visit other accommodation units during the day before returning to MSU for the evening. It is unfortunate for the MSU cohort, who are often vulnerable, that the transitional stage could not be maintained.

At the time of the inspection, there were fortnightly multidisciplinary review meetings. We heard that the waitlist for the MSU was usually not very long, and the majority of referrals were accepted. Positively, a psychiatrist reviews the patients every two to three weeks.

The MSU is an important resource with good clinical support and overview. However it was not effectively operating to its potential as a therapeutic community. Despite what appeared to be good collaboration between custodial and clinical staff, reduced out of cell hours, the number of lock ins, COVID-19 and staffing pressures, had meant little to no specialist staff training/professional development activities or inmate programs were taking place.¹⁰⁴ It was also difficult to ensure regular senior correctional officers for the unit, as they were often called to act up as functional managers elsewhere. Even absent a specific lock in, a 'regular' day at SWCC in 2022, with a lock in around 2 or 2.30pm, following an earlier lunch lock in, constrains the potential of this unit, and is adapted around rostering patterns as opposed to maximising the unit's potential.

A previous initiative to allocate custodial staff to the MSU on an expression of interest basis had reportedly

¹⁰⁴ We were advised that RUSH (Real Understanding of Self-Help) had been delivered prior to the COVID-19 pandemic.

worked well, as regular staffing for certain periods (say six to 12 months) can provide more stability for a group of inmates that can both be vulnerable as well as challenging. We encourage CSNSW to explore ways to increase out of cell hours for the MSU, and to continue to facilitate regular custodial staffing groups for the unit who have i) expressed interest in the role and ii) are willing and available to participate in relevant training recommended by the clinical manager.

Recommendation: CSNSW take steps to maximise the therapeutic potential of the Mum Shirl Unit, including consideration of staffing resources and training, as well as increased out of cell hours.

Wing, Mum Shirl Unit



Cell, Mum Shirl Unit



1.5.4 Psychology

Psychologists from CSNSW's Sydney Central cluster provide services to inmates at SWCC. This is in addition to the psychologists specifically dedicated to the MSU. While the SWCC population is relatively low, the cohort is high needs, with many women having a history of trauma. SWCC was fortunate to have two relatively long-serving full-time psychologists to support the general population and provide valuable consistency to the inmates. As with many roles in correctional centres it is demanding, and the specific population would still greatly benefit from additional resources.

We heard that on a regular day, a psychologist will see four women. They meet women in a dedicated room in the health centre, which was suitable, although if needed will attend specific areas such as the induction unit or Area 2 (quarantine) to attend a crisis referral or to hand out information.

Distress has been exacerbated for women in the past three years by periods of mandatory quarantine and/or isolation, as well as reduced out of cell hours. A large part of the psychologist's role in these circumstances is to support women with coping strategies. The table below details services provided over two months in 2021.

Table 1: Details of psychology service provision at SWCC in October and November 2021¹⁰⁵

Psychology services	Oct-21	Nov-21
Number of new referrals	20	15
Number of suicide/self-harm sessions	34	44
Number of mental health impairment sessions	182	154
Number of challenging behaviour sessions	7	8
Number of suitability, readiness and responsivity sessions	0	1
Number of transition, coping and adjustment sessions	2	0

1.5.5 Cultural support for Aboriginal women

The Guiding Principles for Corrections in Australia provide that:

interventions for Aboriginal and Torres Strait Islander prisoners/offenders [should be] culturally specific or adapted to cultural needs. They [should] acknowledge the impact of Stolen Generations and emphasise indigenous healing and wellbeing.¹⁰⁶

Aboriginal women are significantly overrepresented at SWCC, as they are across the NSW correctional system. In the 12 months between July 2021 and June 2022, the total daily average population of SWCC ranged from 154 to 195 inmates.¹⁰⁷ The proportion of the population identifying as Aboriginal in this period ranged from 35% to 43%.¹⁰⁸ This is higher than the state-wide average for Aboriginal men, which was 27.6% for the week ending 1 May 2022.¹⁰⁹ However it is consistent with the very high proportion of Aboriginal women incarcerated across NSW, which was 40.2% the same week.

We also reviewed figures for new receptions and transfers over the same 12-month period for additional context and found them to be consistent. Of 1,466 new receptions into custody, 550, or 37.5% were Aboriginal. Of 521 transfers from other correctional centres into SWCC, 213 or 40.9% were Aboriginal.¹¹⁰ The number of Aboriginal women in a reception and remand facility such as SWCC has remained stubbornly high since our *Women on Remand* inspection in 2017. In that report we noted that the number of women detained on remand identifying as Aboriginal was 39% in 2016-17 and 40% in 2017-18.¹¹¹

With such numbers, we would hope to see inmates having access to cultural activities that reflect the diversity of Aboriginal cultures, traditions and histories.¹¹² Also, particularly in the context of managing relatively large numbers of at-risk inmates, it can be beneficial for Aboriginal women in custody to have access to traditional healers or Elders, where appropriate and practicable.¹¹³

¹⁰⁵ Information provided by Corrective Services NSW, January 2022.

¹⁰⁶ Corrective Services Administrators' Council, *Guiding Principles for Corrections in Australia* (2018) 23.

¹⁰⁷ The daily average population was 154 in October 2021 and January 2022, and the daily average was 195 in May 2022.

¹⁰⁸ Information provided by Corrective Services NSW, September 2022.

¹⁰⁹ Corrective Services NSW, *Offender Population Report*, 1 May 2022.

¹¹⁰ Information provided by Corrective Services NSW, September 2022.

¹¹¹ Inspector of Custodial Services, *Women on Remand* (Report, February 2020) 28.

¹¹² Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 120.1.

¹¹³ Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 90.3.

Unfortunately, cultural support for Aboriginal women at SWCC appeared to have effectively collapsed at the time of the inspection. COVID-19 restrictions on external service providers (as well as periods of community lockdowns in the wider Sydney area) had clearly had a negative impact throughout the pandemic, but services had not recommenced at the time of the inspection (when many restrictions had lifted). There was no regular attendance by Elders, and we were also concerned that more systemic support was needed for the Regional Aboriginal Programs Officer (RAPO) role, as staff could not recall the last attendance. There were also times when CSNSW staff such as RAPOs were not permitted to attend correctional centres unless they were normally based at that centre (for example between 7 January and 10 March 2022) which would have impacted SWCC.¹¹⁴ A songbird weekly music education program started in May 2021, but unfortunately ceased in July 2021 due to COVID-19 restrictions. CSNSW advise that this program was delivered again in May-June 2022 after the inspection. Some women told us that their main cultural support was from a fellow inmate who had experience in the custodial environment. There appeared to be little focus on art or cultural activities or other culturally responsive programs and services for Aboriginal women.

We do acknowledge the upgrade to the Yarning Circle and note the Aboriginal artwork that has appeared around the centre since the last inspection, and that NAIDOC is celebrated annually.¹¹⁵ However this is not enough. We also note the Aboriginal health worker positions with JH&FMHN were valuable (when filled). The centre had not managed to fill the identified Aboriginal SAPO position and this remains vacant at the time of writing. In the absence of other regular support, much fell to the onsite chaplain, who is clearly dedicated to the inmates of SWCC, but cannot fill these gaps. Initiatives should be developed with input from Aboriginal women in custody and other Aboriginal stakeholders. CSNSW should identify and remunerate Aboriginal Elders and community mentors to attend SWCC, which is permitted under the COPP, and support their actual travel costs to and from the centre.¹¹⁶

Following the inspection of the Mary Wade Correctional Centre (at that time, a women's correctional centre), we recommended that CSNSW remunerate Aboriginal Elders and community mentors to attend. While this recommendation was accepted, action and implementation is clearly still required at SWCC and DCC. We understand there have been restrictions on a wide range of third party visitors from entering correctional centres at various times in the past three years, outside the control of individual centres. Plans are now urgently needed to provide a coordinated range of cultural services and support to Aboriginal women in custody.

CSNSW advise that the ASPU have available funding for Aboriginal cultural programs. An Aboriginal music teacher has been engaged to commence a singing program with Aboriginal women at SWCC in 2023. The APSU have also relaunched the Aboriginal Community Mentor Program and Elder program state-wide. Despite this, there are no Elders regularly visiting SWCC and a more coordinated approach is required between the APSU and the centres to provide cultural services to Aboriginal women in custody.

Recommendation: CSNSW provide a coordinated range of cultural services and support to Aboriginal women at SWCC and DCC, incorporating paid Aboriginal Elders and community mentors.

114 Commissioner's Instructions 2022/08 and 2022/11. CSNSW advise that the RAPO now attends SWCC on a weekly basis.

115 Although we understand most NAIDOC celebrations were cancelled in 2021 due to community outbreaks of COVID-19.

116 Corrective Services NSW, *Custodial Operations Policy and Procedures: 11.6 Aboriginal Community Mentors* (version 1.1, 12 March 2020) 5-6.

1.5.6 Support for religious inmates

On 1 January 2022 70 inmates at SWCC (45%) identified with a faith.¹¹⁷ Most of those indicated some form of Christianity, and there were also 12 women identifying as Muslim. SWCC has a Christian chaplain onsite who offers several structural pastoral programs in addition to delivering a weekly chapel service. She also arranged for weekly prayers and individual reflection handouts from a Muslim chaplain to be provided.

Faith services reportedly remained functional throughout ongoing lockdowns and limitations throughout the COVID-19 pandemic. The Chaplain also made efforts to attend quarantine areas and provide information where possible and felt supported by custodial staff in facilitating faith services.

The Chaplain has a long-standing relationship with SWCC and continues to be supportive of women regardless of faith. In the year prior to the inspection, 137 women participated in Seasons for Growth, which is a grief and loss program facilitated by the Chaplaincy.

At the time of the inspection the Chaplain had recently received training in and had begun delivering Seasons for Healing, a program developed by the Mackillop Institute that is described as 'a culturally appropriate, safe and supportive' program focused on cultural healing.¹¹⁸

We commend the Chaplain's individual efforts, particularly given how restricted programs and services were throughout the COVID-19 pandemic. More broadly though, the program should be delivered in a culturally safe way and where practicable, recognised Aboriginal Elders or leaders should be permitted to address the emotional and spiritual needs of Aboriginal women.¹¹⁹ This needs to be prioritised. The program information for Seasons for Healing for example states that it should be facilitated by an Aboriginal or Torres Strait Islander person where possible. We have made a recommendation above around the need for cultural support for Aboriginal women at SWCC (and DCC).

1.6 Safety and security

1.6.1 Dynamic and procedural security

Different types of security measures – physical, procedural and dynamic – need to be balanced to ensure that correctional centres are safe and secure:

- Physical security concerns the infrastructure of the correctional centre and security devices, such as the walls and fencing, closed-circuit television (CCTV) cameras, locks, gates, body scanners and alarm systems.¹²⁰
- Procedural security concerns the processes and rules implemented that stipulate how and when staff should perform security-related tasks, such as CCTV monitoring, searches and inmate counts and movements.¹²¹
- Dynamic security concerns staff-inmate relationships and interactions such that staff understand the dynamics between inmates and are aware what is going on within the correctional centre.¹²²

117 Information provided by Corrective Services NSW, January 2022. 55% of the population reported either no religion or no preferred religion.

118 For further information, see <https://www.mackillopinstitute.org.au/programs/seasons-for-healing/#program-overview>.

119 Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 99.10.

120 United Nations Office on Drugs and Crime, *Handbook on Dynamic Security and Prison Intelligence* (December 2015) 9–10.

121 United Nations Office on Drugs and Crime, *Handbook on Dynamic Security and Prison Intelligence* (December 2015) 5–6, 12–13.

122 United Nations Office on Drugs and Crime, *Handbook on Dynamic Security and Prison Intelligence* (December 2015) 29–30.

Dynamic security relies on staff developing professional relationships, and regularly engaging, with inmates. This entails staff building trust and rapport with inmates; applying rules and responding to poor behaviour in a way that is consistent, firm and fair; encouraging good behaviour; and being responsive to inmate needs and requests. These connections allow staff to obtain insight into the social climate of the correctional centre and any associated risks. It also provides a basis for inmates to approach staff with information that enables staff to anticipate, and respond early and effectively, to issues or situations that threaten the safety and security of the correctional centre.¹²³

At SWCC (when not locked down), we observed a reasonable level of engagement between women and staff in mainstream and specialised health units, and the layout does not hinder access. Staff also demonstrated a reasonable awareness of the background trauma and mental health conditions of some of their population, particularly in the specialised mental health units. One issue we would raise are the signs we observed in mainstream units indicating a time 'window' for making enquiries to unit officers. While we understand staff have competing work obligations, suggesting women should only approach staff within a specific time per day means those periods can be increasingly hectic and stressful. This practice is particularly problematic as SWCC is a centre where women enter and try to adjust to the custodial environment, sometimes for the first time.

The prison's entry processes at the gatehouse were appropriate for a maximum security prison and we observed a professional standard upheld by gatehouse staff.

Consistent with other correctional centres SWCC conducts regular and targeted searches for drugs and contraband. In 2021, there were 74 recorded instances of drugs found and 48 instances of drug paraphernalia found. The most common drug found was either buprenorphine strips or buprenorphine, and for drug implements syringes and smoking implements. No data was available around random drug testing at the centre between January and June 2022, and it appeared random testing was not taking place.¹²⁴ Results from the previous 12 months returned only one positive result, which is excellent, albeit only very low numbers (10) were recorded as having been (random) tested during that entire period.¹²⁵ Notwithstanding the lack of data, we are of the view that contraband drugs continue to enter the centre and that we encountered some women under the influence during the inspection. Targeted testing continued. We note our earlier recommendation in the Women on Remand report that a comprehensive and integrated drug strategy is required.¹²⁶

The number and rate of assaults on staff is regrettably high, adding to the challenge and complexity of the centre for staff. In the 12 months between January and December 2021, there were 26 inmate assaults on staff.¹²⁷ The number was 25 for the period 1 July 2021 to 30 June 2022. Combined with the relatively low population (compared to other centres in NSW), this reflected a rate of just over 14 assaults per 100 inmates, the highest rate in the state during that period.¹²⁸ Incident reports for October 2021 were reviewed. The three staff assaults in that period took place in the MSU and the segregation area and involved throwing food or water or other liquid. The majority of incidents at SWCC during 2021 related to use of force and self-harm.

123 United Nations Office on Drugs and Crime, *Handbook on Dynamic Security and Prison Intelligence* (December 2015) 29–31.

124 All drug and alcohol testing of inmates in correctional centres was suspended for a brief one month period in early 2020, to minimise the risk of COVID-19 transmission. Commissioner's Instructions 2020/32; 2020/41.

125 Information provided by Corrective Services NSW January 2022.

126 Inspector of Custodial Services, *Women on Remand* (Report, February 2020) 109-113.

127 Information provided by Corrective Services NSW January 2022. There were 37 inmate assaults on other inmates.

128 Portfolio Committee No. 5 – Regional NSW and Stronger Communities, Document from Corrective Services NSW containing statistical data on assaults in correctional centres during the 2021-2022 financial year, tendered by Mr. Corcoran, (tabled document) 24 October 2022.

Women at risk of self-injury

SWCC manages high numbers of women who threaten self-harm and/or self-harm. There is a complex range of mental and behavioural health issues in the inmate population, and on balance, we felt most staff understood this reality. Nevertheless, subject to the placement location the regime for many was still harsh.

The management of women at SWCC identified at risk of self-harm or suicide is shared by CSNSW and the JH&FMHN whose staff constitute a risk intervention team (RIT) to assess risk and formulate a management plan. As at 1 January 2022, SWCC held 31 mandatory notification RIT inmates. This is high, meaning on this date 20% of the total population had a RIT notification. We have made a recommendation in section 2.5.2 of this report that both CSNSW and JH&FMHN commit to allocating staff members who have sufficient experience and knowledge in managing women at risk.

Assessments of self-harm as well as threats and actual incidents are recorded in OIMS. In the 12 months from January to December 2021 there were 353 recorded incidents (threatened, actual or assessment) of self-harm at SWCC.¹²⁹ This is a very high number. On raw numbers, this is approximately twice as many self-harm incidents as reported at the MRRC and Parklea Correctional Centre over 12-month periods in 2020/2021, which are the large metropolitan reception and remand centres for men holding at least three to four times as many inmates (over 1,000).¹³⁰ Relevant UK research found self-harming behaviours were considerably more prevalent among female prisoners than male prisoners.¹³¹

One month of incident reports for October 2021 were reviewed. Of the 63 reports, 30 were described as actual acts of self-harm and 33 were reports of a threat or an assessment of risk of self-harm. Approximately half (16) of the actual harm incidents concerned the same four individuals. Two thirds of the actual harm incidents took place in either the MSU or induction unit, where at-risk individuals are often located.

The SWCC immediate action team (IAT) plays an active role in responding to threats or actual self-harm, or other mental health concerns. This team is constituted by specially trained custodial officers who can be deployed rapidly within a correctional centre to respond to critical or high risk incidents, particularly where use of force is involved. The IAT was observed onsite to be equipped (body worn cameras, foggers) and appeared to be a team of three during the A watch (7am to 3pm).

It is pleasing to note that women made up 50% of the pool of 20 IAT-trained officers at SWCC.¹³² We were advised that at least one woman was rostered on every IAT shift, which is good practice. SWCC should ensure this level is maintained as a minimum, and also seek to increase on a regular basis. Also opportunities to increase the number of trained IAT officers should be explored, particularly following an extended period of staff performing considerable overtime and the associated risk of burnout. Given the high rates of use of force and self-harm in the centre, and the corresponding need for skills in de-escalation, SWCC and CSNSW should prioritise any opportunities to support the IAT through refresher training and adding to the staffing pool.

129 Information provided by Corrective Services NSW January 2022.

130 DCC for example recorded 51 self-harm related incidents in the 12 months to March 2022. Information provided by Corrective Services NSW May 2022.

131 Hawton K, Linsell L, Adeniji T, et al. Self-harm in prisons in England and Wales: an epidemiological study of prevalence, risk factors, clustering and subsequent suicide. *Lancet* 2014, 383:1147-1154.

132 Information provided by Corrective Services NSW, September 2022.

1.6.2 Special regimes and discipline

Separation from the general population may be required for a range of reasons, including where an inmate:

- is subject to segregation under section 10 of the Crimes (Administration of Sentences) Act 1999
- needs to enter protective custody under section 11 of the Crimes (Administration of Sentences) Act 1999
- is being held separately from other inmates for ‘the purposes of the care, control or management of the inmate [...]’ under section 78A of the Crimes (Administration of Sentences) Act 1999.

Special management area placement (SMAP) inmates were held in a wing with the same or similar physical conditions to other mainstream units/wings at SWCC.¹³³ Similarly to the specialist mental health units, inmates reported better support and more respectful interactions from staff with regular experience in the unit. While acknowledging there are limited options at SWCC, the location of the SMAP wing means that in order to leave the unit to attend other activities or appointments they must walk past the adjoining unit, which can expose them to verbal abuse due to their protection status. More concerningly, when we requested to meet with the inmate delegates, which is routine practice in our inspections, a SMAP inmate was escorted to the meeting even though she had never participated in an actual SWCC IDC meeting before. Some correctional centres have combined IDC meetings (which are attended by management representatives) and at some centres management meet with SMAP inmates separately. However this introduction of a SMAP inmate with no prior IDC experience to a confidential meeting with inspectors and other inmates was potentially unsafe.

‘Section 5.4 orders’

During the inspection a number of women were described as being on ‘Section 5.4 orders’ and this term was commonly used around the centre. Section 5.4 of the COPP requires additional security procedures where an inmate has a history of violence against staff or where recent behaviour suggests staff may be at risk when in close proximity to an inmate. It prescribes certain actions when entering a cell or planning movement of an inmate, such as how to enter and exit cells, handcuffing, directions to the inmate, kneeling, requirements to record movement on video etc. The application of these procedures to a particular inmate must be reviewed and risk assessed weekly and can be incorporated into weekly segregation reviews.¹³⁴ There will be instances when such prescribed terms are required at SWCC for staff safety.

The segregation review observed during the inspection included several women referred to as under 5.4 restrictions. However at times during the meeting and across the inspection various staff referred to this status as a step-down or a transition from segregation. The prescriptive terms of section 5.4 were generally not referenced. We were concerned the 5.4 framework was being used and discussed as a quasi/lesser segregation status without the oversight required by legislation. Or simply that the requirements of the provision of the COPP were broadly misunderstood.

On raising this, we were advised that the ‘5.4’ was a local term used for a behavioural management contract, which is not an order but an agreed plan how to manage particular inmates, particularly those who have completed a term of segregation and being re-introduced to other accommodation areas. There is potential for confusion when using a prescriptive policy to refer to something different.

SWCC manages women in various states of distress or agitation, whether from past trauma, mental

¹³³ A special management area is a designated area for those inmates assessed as being vulnerable or at risk from other inmates in a normal discipline area of a correctional centre. SMAP inmates should have their status reviewed once every 12 months to ensure this placement remains relevant. See Corrective Services NSW, *Custodial Operations Policy and Procedures: 3.3 Special Management Placement* (version 1.4, August 2023).

¹³⁴ Corrective Services NSW, *Custodial Operations Policy and Procedures: 5.4 Entering Cell of Inmate Posing Risk* (version 1.2, August 2023) 4.

illness, behavioural disorders, general behavioural issues, or simply the experience of being incarcerated. Staff safety does require constant vigilance, and it is correct that staff approach reintegration of women to mainstream accommodation in a careful, multidisciplinary way. We recommend avoiding any terms or practices that blur the lines between legislatively required orders and management plans.

Recommendation: CSNSW provide training to staff at SWCC on the correct application of section 5.4 of the COPP and cease incorrect use.

Discipline

In NSW the deprivation of prescribed 'withdrawable [inmate] privileges' for up to 56 days is one of several lawful punishments available to address a correctional centre offence.¹³⁵ Withdrawable privileges include contact visits, telephone access,¹³⁶ inmate buy-up, access to television, and leisure and recreation activities.¹³⁷ Lawful punishment also includes a penalty of confinement to a cell for up to seven days, with or without deprivation of withdrawable privileges, as well as reprimand or caution.

In the 12 months to January 2022 there were 476 breaches of correctional centre regulations recorded at SWCC. This total is relatively proportionate to the 923 breaches in the 12 months to March 2022 recorded at DCC for example, as SWCC accommodated approximately 45-55% of the number of women held at DCC throughout 2021.

The most frequent charge categories were 198 (41%) charges against good order; 89 (18.7%) abusive behaviour; 55 (11.6%) other drug charges; 54 (11.3%) property damage; 41 (8.6%) fighting or assault; and 27 (5.7%) smoking related offence.

At a centre like SWCC, guidance and training for staff is important to ensure that women do not unnecessarily receive multiple punishments or charges for the same disciplinary offence. Particularly where the majority of charges relate to the good order of the centre and abusive behaviour, which presents a challenging context to staff-inmate relationships. After the onsite inspection, we requested a list of all disciplinary punishments issued against inmates at SWCC for correctional centre offences for the month of May 2022, together with a copy of the corresponding incident reports (if applicable) for each relevant incident/charge.

The standard CSNSW 'inmate discipline decision cover page' used includes room for up to four penalties per offence. It also includes space for up to three correctional centre offences to be dealt with at the same time. On review we found no regular practice of multiple punishments or charges for that month. However there was one incident where a woman in quarantine reportedly became aggressive and began abusive swearing towards a nurse who was conducting regular temperature checks. The inmate then resisted the attending correctional officer by reportedly sticking her foot out and trying to prevent the door being closed and trying to push the door open. For this incident the inmate was charged with both intimidation as well as failure to comply with correctional centre routine. We do urge caution regarding application of multiple charges for the same incident and note that this inmate was only received into custody approximately three days before the incident.

¹³⁵ *Crimes (Administration of Sentences) Act 1993* s 53.

¹³⁶ Except for calls to legal practitioners and exempt bodies, see *Crimes (Administration of Sentences) Regulation 2014* cl 163(j).

¹³⁷ *Crimes (Administration of Sentences) Regulation 2014* cl 163.

1.7 Rehabilitation and release preparation

1.7.1 Classification, case management and release preparation

Classification

Some initial classification decisions at SWCC were taking place in women's absence. CSNSW policy allows for paper based review in exceptional circumstances, "for example, in times of OIMS being unavailable or restricted access to an inmate due to security or lockdown measures."¹³⁸ While understanding the need to adapt practice in cases of inmates in quarantine or medical isolation, we were concerned that pressures around custodial staffing and lock-ins was resulting in a more regular practice of classification decisions without women present, as opposed to being reserved for exceptional circumstances only. It is likely not coincidental that we encountered several women who were not aware what correctional centre they would be transferred to. CSNSW should address this poor practice.

Further, from observation we are of the view that staff knowledge and experience in classification assessment could be improved. Due to the complexity of the inmate population, an over reliance on length of sentence in guiding classification decisions can, for example, run the risk of underestimating or overestimating the security risk posed by an inmate.¹³⁹

In our previous inspection report, the practice referred to as Women's Remand Bed Placement (WRBP) was discussed at length.¹⁴⁰ This described a practice of placing women on remand at correctional centres according to bed availability and court dates. This led to examples of women on remand being transferred between correctional centres several times during a remand episode, or to women on remand from Greater Sydney being placed in regional centres, away from family support. The opening of MWCC combined with the expansion of DCC was hoped to alleviate this issue. As discussed earlier in this report, MWCC has since been repurposed to accommodate male minimum security inmates. Further, following our more recent inspections of larger regional centres in 2022 and 2023, this practice appears to be continuing, and we are not satisfied the issue has been addressed.

Recommendation: CSNSW cease the practice of transferring women on remand who reside in the Greater Sydney area to regional centres in NSW simply because of bed availability in regional centres.

Case management

The purpose of case planning and management is for staff to work with sentenced inmates to identify interventions, and motivate inmates to complete these interventions, to reduce their risk of reoffending. Case management units use assessments that aim to identify the individual risks and needs of inmates and develop an individualised case plan that outlines the programs and activities that an inmate should undertake during their sentence.

CSNSW policy requires a case plan for all sentenced inmates with more than three months of imprisonment to serve from the date of sentencing. Plans should be developed and approved within 42 days of sentencing.¹⁴¹ Inmates on remand or sentenced to less than three months should be given a service plan.

¹³⁸ Corrective Services NSW, *Policy for Inmate Classification and Placement* (version 2.1, 29 October 2021) 14.

¹³⁹ See Corrective Services NSW, *Policy for Inmate Classification and Placement* (version 2.1, 29 October 2021) 7–9, for the range of stated classification considerations for female inmates.

¹⁴⁰ Inspector of Custodial Services, *Women on Remand* (Report, February 2020) 11, 41-50.

¹⁴¹ Corrective Services NSW, *Policy for Case Management in Correctional Centres* (Version 1.0, 8 December 2017) 14.

For the 12 months to June 2022, the shortest sentence served at SWCC was one day, and the longest was 909 days (approximately two and half years). However when removing these outliers, the median time served by sentenced women at SWCC was only 27 days.¹⁴² This broadly reflects that most women sentenced to a term of imprisonment of any considerable length will be transferred to another correctional centre to serve their sentence. For these women, the SWCC case management unit would generally initiate a case plan and attempt to engage and explain the role of case management, but the plan would be developed and finalised elsewhere. On 1 January 2022, 16.4% of the 55 women at SWCC eligible for a case plan had a current plan. Almost all had a current service plan.¹⁴³ During the inspection period in May 2022, we were advised that of 60 women who were sentenced and had been allocated case managers, 24 had approved case plans and were classified to SWCC.

Similar to our concerns regarding classification, access to women for case management staff appeared poor. During the inspection we noted that women were not being brought to the case management building for interviews. Apart from the specialist units and the induction unit, there are no interview rooms in the 'mainstream' accommodation areas. Hence case management staff attempted to speak to women in their limited free time in the unit yards, or effectively not at all.

Release preparation

Most stays at SWCC are relatively short, for both sentenced and unsentenced women. During the 2021 calendar year 726 women were discharged/released from SWCC to the community. Of those, 220 had been transferred to SWCC from another correctional centre and released within seven days.¹⁴⁴ In the 12 months to June 2022, 128 women who spent time in custody at SWCC on remand were granted bail within one week.¹⁴⁵ The table below gives an overview of the median length of stay.

Table 2: Median time spent at SWCC between 1 July 2021 and 30 June 2022¹⁴⁶

Category	Duration
Median time on remand at SWCC before release to bail ¹⁴⁷	11 days
Median time on remand at SWCC before transfer to another correctional centre ¹⁴⁸	20 days
Median time served at SWCC for sentenced inmates ¹⁴⁹	27 days

Considering that all new receptions into custody have been required to complete a period of between 10 and 14 days of quarantine during that period, there is considerable turnover and little opportunity for formal release planning for many.

NEXUS is a three-part intervention delivery by CSNSW to help inmates plan their exit from custody. Stream 1 is essentially an initial interaction that should be provided to all inmates received into custody, including

142 Inmates who were sentenced and resided in SWCC during the period 1 July 2021 and 30 June 2022. Information provided by Corrective Services NSW, September 2022.

143 Information provided by Corrective Services NSW, January 2022.

144 Information provided by Corrective Services NSW, January 2022.

145 17 were granted bail within 48 hours, and 111 were granted bail between 48 hours and one week. Information provided by Corrective Services NSW, September 2022.

146 Information provided by Corrective Services NSW, September 2022.

147 Inmates who resided in SWCC and were released to bail from SWCC during the period 1 July 2021 to 30 June 2022.

148 Inmates who resided in SWCC on remand before transfer to other correctional centres during the period 1 July 2021 to 30 June 2022.

149 Inmates who were sentenced and resided in SWCC for the period 1 July 2021 to 30 June 2022.

the provision of a 'Planning your Release' brochure and asking the inmate to consider what assistance they may require to improve return to the community. Stream 2 is the provision of a 'Planning your Release Worksheet' intended to assist the inmate consider needs and goals around topics such as housing, identity, transport, employment, property and clothing, parole, immigration etc. In a two month period between 1 October and 30 November 2021 SWCC recorded 103 of one of these 'NEXUS reintegration planning' sessions. The third part is delivered by services and programs officers three to six months from release or discharge to parole. CSNSW's NEXUS Stream 3 is designed to provide advice to women in a structured group setting (where possible) on services as they near release from custody, such as employment preparation, driver's licence, accessing Medicare, identifying housing options, setting up bank accounts etc. Where an inmate cannot participate in group or one-on-one modules (i.e. due to isolation) a self-directed workbook delivery option can be used, provided a follow up session is scheduled.¹⁵⁰

For sentenced inmates anticipating parole, SWCC is supported by a team from Community Corrections that includes four community corrections officers and one team leader. There is a dedicated resource for women housed in the MHSU and MSU. Positively, good collaboration and information sharing was reported, with the parole team attending the weekly multi-disciplinary meetings regarding women in the MHSU and fortnightly meetings for women in the MSU. This better informs community corrections staff in relation to scheduling interviews with women and insight into what settings may or may not be suitable for women on return to the community.

Access to women generally had been challenging around the time of the inspection due to lockdowns and staffing levels, and community corrections staff reported at times being forced to speak to women through external verandas at the back of their cells which is neither appropriate nor confidential if a cell is shared.

Observations in reception on release

We observed a release process in reception. The opening, checking and return of the inmate's personal property including cash was done appropriately. However some release paperwork was observed to be pre-signed and pre-populated, as opposed to being completed as it was happening. Also, women were provided with a clear plastic bag for belongings and were walked through the transport/vehicle entrance of the centre, as opposed to the visitor exit. We were disappointed at this lack of respect for the woman's dignity.

Observations in reception on transfer

During the inspection we observed preparations for women being transferred to other correctional centres. Inmate workers in reception were responsible for going through women's property tubs and identifying any items that are not approved for transfer. We observed them removing such items and then sealing the property tubs unsupervised. While the workers appeared to be carrying out their task diligently and in a manner they had been instructed to by staff, we are concerned about this work being done without staff supervision. While acknowledging reception is a trusted role in any correctional centre, the workers felt confident to seal up other inmates' property tubs without consulting staff for review of items removed and were clearly permitted to do so.

Recommendation: CSNSW ensure classification and case management reviews at SWCC include the inmate's presence absent exceptional circumstances and refresh staff training and knowledge around classification.

¹⁵⁰ Corrective Service NSW, *Policy and Procedure for the Delivery of NEXUS* (version 3.0, June 2021) 9.

1.7.2 Programs and interventions

CSNSW policy notes that participating in criminogenic and wellbeing programs aids offenders to reintegrate into the community in a pro-social way.¹⁵¹ Wellbeing programs are designed to develop pro-social skills, including for example parenting programs and programs that aim to assist inmates experiencing grief and trauma. Wellbeing programs are particularly important in remand centres as they do not directly target behaviour or risk factors for reoffending, meaning they are accessible to unsentenced as well as sentenced inmates. They are also generally of short-term duration. This is primarily the focus of interventions at SWCC, as the high frequency of movements of women is a barrier to running multi-week programs. While access to programs and services was limited at the time of the inspection, broadly, the range of programs available to unsentenced women at SWCC has improved since our last inspection. While the centre is approved to run an EQUIPS program for sentenced women, this was not running at the time of the inspection.

The COVID-19 pandemic proved challenging, triggering frequent lockdowns that reduce staff access to women, restrictions on visits to custodial centres by external providers, as well as reduced participation numbers at times to enable social distancing. There were also several months from mid July 2021 when all group-based face to face programs delivered in correctional centres by Offender Management and Programs staff and/or third party external providers were completely suspended by the Commissioner.¹⁵²

Between December 2020 and November 2021 staff facilitated short duration interventions around addictions, parenting and family and domestic violence, as well as health survival tips and RUSH (Real Understanding of Self-Help). During lockdowns and quarantine periods, staff provided a number of in-cell workbooks and handouts to women, for example the 'Getting Equip'd' guidebook which is designed for inmates to work through self-reflective and mindfulness activities on their own, ideally followed up by a validation session after each chapter. In-cell materials were also provided on topics related to addiction and healthy relationships. Also in this period there were 38 individual 'positive lifestyle' sessions which is run by the chaplaincy, as well as 137 sessions of the Seasons for Growth grief and loss program.

SAPOs also participate in RIT assessments daily. There was an identified position for an Aboriginal SAPO in the team that was vacant at the time of the inspection. It was reported they had not been successful in trying to fill the position, and this was felt among staff and women in the centre as a notable gap. CSNSW advise that they are still working to find a suitable individual for the role.

As observed in our review of the response to COVID-19 in NSW custody, there were good initiatives by CSNSW to develop written resources to facilitate the delivery of content during disrupted periods or when inmates are confined to their cells. However, these may have limited benefit to those who are unmotivated, have an intellectual disability or cognitive impairment, or who struggle with reading and writing, all of whom require the guidance and structure of a face-to-face setting. Going forward, at a centre like SWCC, it is important that this does not become the accepted norm for delivering programs and interventions. CSNSW have confirmed there are no plans to replace face to face delivery of interventions and programs with in-cell activities.

1.7.3 Employment

Employment in custody is important both as a source of purposeful activity and of earning some money, to assist with the cost of personal telephone calls and purchase of items through the buy-up system.

¹⁵¹ Corrective Services NSW, *Compendium of Offender Behaviour Change Programs in New South Wales* (Offender Services & Programs Division, Feb 2021).

¹⁵² Commissioner's Instructions 2021/29; 2021/32.

More than half the population of SWCC are on remand and cannot be required to work.¹⁵³ CSNSW policy however acknowledges that remand inmates should be 'encouraged to participate in work and other programs for their own self-development.'¹⁵⁴ Our previous inspection found that one of the main issues identified amongst women on remand was 'the lack of opportunities to engage in programs, employment and education'.¹⁵⁵

The median length of stay for both sentenced and remand inmates is short at SWCC. This constant turnover and need to train new workers was a stated source of pressure for industry staff.

The largest work unit at SWCC is the technology and assembly business unit. CSNSW has a contract with Qantas for the cleaning, refurbishing and packing of airline headsets. This work was suspended for long periods during the COVID-19 pandemic due to the significant reduction of international and domestic flights. In the interim, SWCC and CSI made efforts to diversify external work sources. These alternatives included packaging COVID-19 kits and decanting hand sanitiser for CSNSW head office, DVD recycling and other packaging work for external clients. We commend SWCC management and industry staff for efforts to maintain the availability of paid work for women at SWCC during this time. Other work opportunities were in prison services industries such as cleaning/hygiene, ground maintenance, facilities maintenance, food services etc.

The CSI employment profile provided for SWCC as at 1 October 2021 was up to 75 positions in services and 45 positions in the technology and assembly unit/CSI industries, adding up to a total of 120. In November 2022 we were advised that 95 women were employed (58 in services and 37 in CSI industries) and that the total number was 112 during the inspection on 10 May 2022.¹⁵⁶ This is a good achievement and broadly consistent with a statement provided prior to the inspection that they achieved an average of almost 95% actual employment compared to their profile over a 12 month period in 2021.

1.7.4 Education

As a reception centre, one of SWCC's main education functions is to conduct core skills assessments, which identify literacy and numeracy levels, before women are transferred to other facilities.¹⁵⁷ We were informed that the rate of completion of assessments had diminished significantly since the onset of the COVID-19 pandemic. The centre also offers digital literacy, delivered by BSI Learning, and some vocational training delivered by TAFE. This service was likewise extremely limited in the year prior to the inspection.

On 18 July 2021 the Commissioner suspended all education activities in custodial centres in Greater Sydney (including SWCC).¹⁵⁸ There was therefore no education delivered in the second half of that year. Between December 2020 and July 2021 BSI Learning ran three 10 week sessions in Digital Literacy at SWCC. An additional session commenced but was cancelled mid-way through due to those restrictions. For vocational training, sessions in cleaning operations and food safety were offered in the first half of 2021. Additional vocational training such as Aboriginal Cultural Arts and Warehousing were approved for delivery in early 2021 but reportedly cancelled due to TAFE being unable to provide a teacher for the former and

¹⁵³ *Crimes (Administration of Sentences) Regulation 2014* cl 38 (1).

¹⁵⁴ *Corrective Services NSW, CSI Policy Manual: 8.2 Inmate Wages System* (December 2020) 2.

¹⁵⁵ Inspector of Custodial Services, *Women on Remand* (Report, February 2020) 13.

¹⁵⁶ Information provided by Corrective Services NSW, November 2022.

¹⁵⁷ Core skills assessments are online literacy and numeracy assessments conducted by education staff to provide an indication of an inmate's Australian Core Skills Framework (ACSF) level and identify inmates with low literacy and numeracy skills who need to participate in the Foundation Skills Programs.

¹⁵⁸ Commissioner's Instruction 2021/29. Subsequently across centres located in any region subject to NSW Government COVID-19 related lockdown orders. Commissioner's Instruction 2021/33.

insufficient numbers for the latter.

Entry for third party education providers was permitted again in correctional centres from 8 November 2021, subject to strict vaccination and other screening requirements.¹⁵⁹ While this permission was rescinded again effective 7 January 2022, BSI Learning and TAFE NSW were specifically exempted and permitted to attend.¹⁶⁰ All third party service providers were again permitted entry to centres to deliver individual and group based face to face activities effective 10 March 2022.¹⁶¹ However the situation had remained more or less the same at SWCC at the time of the inspection. Education services were heavily impacted by custodial staffing absences. Frequent lockdowns, staff shortages, inmate turnover and short stays and availability of TAFE educators were reportedly all factors. Separately, inherited infrastructure means a lack of ease of physical access, with inmates accessing the area via two-storey external stairs.

Even the primary task of assessing inmates' core skills was happening rarely. A custodial staff member assigned in the program officer role would ordinarily be responsible for escorting and supervising inmates in the education area. It was reported that this role had been filled from the roster on 14 occasions only from January 2022 through to the week of the inspection in May 2022. This worked out to just under one day per week on average. No inmates can access education, or even the library when this position is not filled on the roster.¹⁶² So while the SWCC library and education area was in good condition and had reasonable supplies, inmate access to library and educational services at SWCC was inadequate.

Headset workspace, technology and assembly unit



Library



¹⁵⁹ Commissioner's Instructions 2021/53; 2022/14.

¹⁶⁰ Commissioner's Instruction 2022/08.

¹⁶¹ Commissioner's Instruction 2022/11.

¹⁶² We heard that mobile deliveries of books to units can be facilitated, as happens in some other centres.

2 Dillwynia Correctional Centre

2.1 Profile

Location

Dillwynia Correctional Centre (DCC) is located on Dharug country, at the Francis Greenway Correctional Complex in Berkshire Park. Geoffrey Pearce Correctional Centre and John Morony Correctional Centre are co-located at this correctional complex.

Function

DCC holds sentenced and unsentenced women with a minimum to maximum security classification. Women have already been received into custody at a reception centre before being transferred to DCC. DCC's Management Plan stipulates the following as core functions:

- ongoing management of sentenced/remand female offenders
- review of security, classification rating and progression plans for women based on their individual needs designed to minimise their risk of reoffending
- provide an Intensive Drug and Alcohol Treatment Program and a High Intensity Program Unit for women to minimise their risk of reoffending
- provide a high intensity program unit to address the criminogenic needs of women with short sentences.¹⁶³

Capacity

DCC has a maximum capacity of 531 women, making it the largest female correctional centre in Australia.¹⁶⁴ Area 1 can accommodate 248 women across five double-storey accommodation units. Area 2 can accommodate 250 women across 13 single-storey accommodation units. A separate independent living unit can accommodate up to 33 women.

Inmate profile

On 1 March 2022 there were 388 women at DCC. The key demographic characteristics of this group of women included that:

- There were 214 (55%) sentenced and 174 (45%) unsentenced women at DCC. This balance of sentenced and unsentenced women was consistent throughout the year prior to our inspection.
- There were 139 Aboriginal or Torres Strait Islander women, comprising 36% of the inmate population.
- The majority of women (57%) had their children living with them before they came into custody and 5% of women had children in out of home care.
- On 3 May 2022, seven women at DCC were pregnant.¹⁶⁵

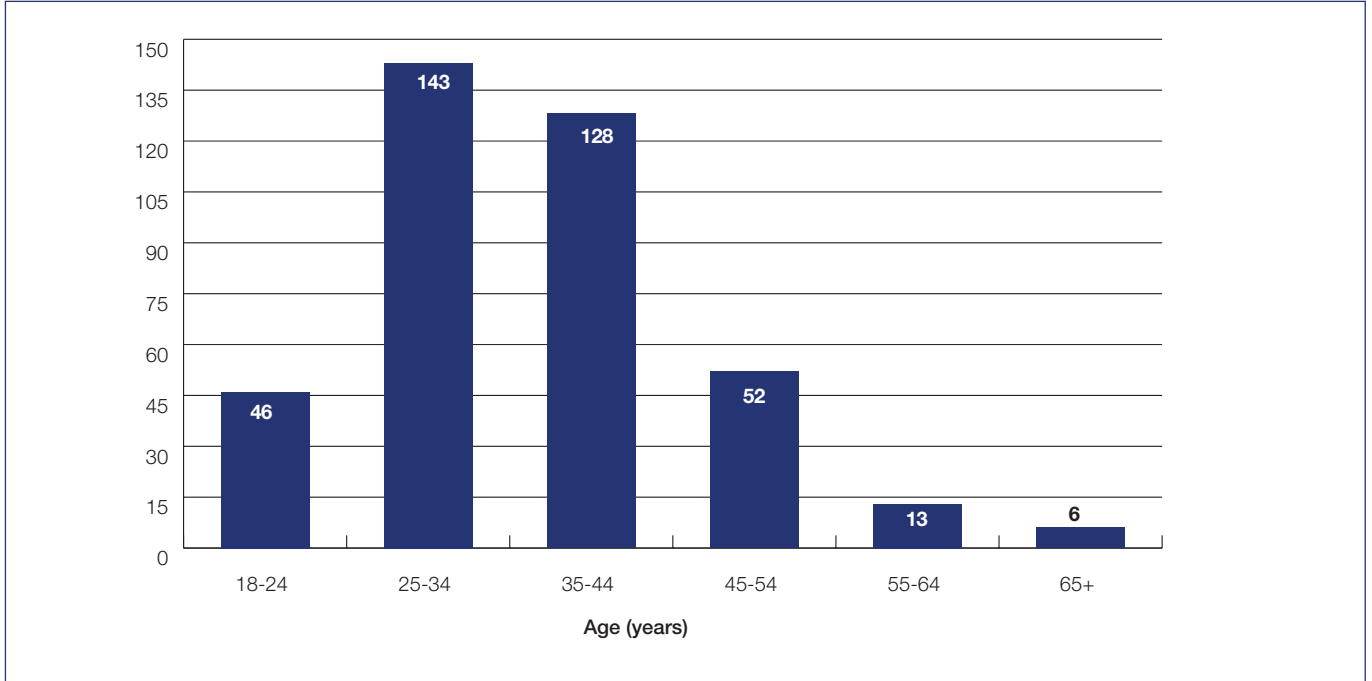
163 Corrective Services NSW, *Management Plan Dillwynia Correctional Centre* (version 3, September 2021).

164 The NSW Department of Communities and Justice, 'Australia's largest women's prison opens' (Media Release, 27 November 2020).

165 Information provided by the Justice Health and Forensic Mental Health Network, 18 May 2022.

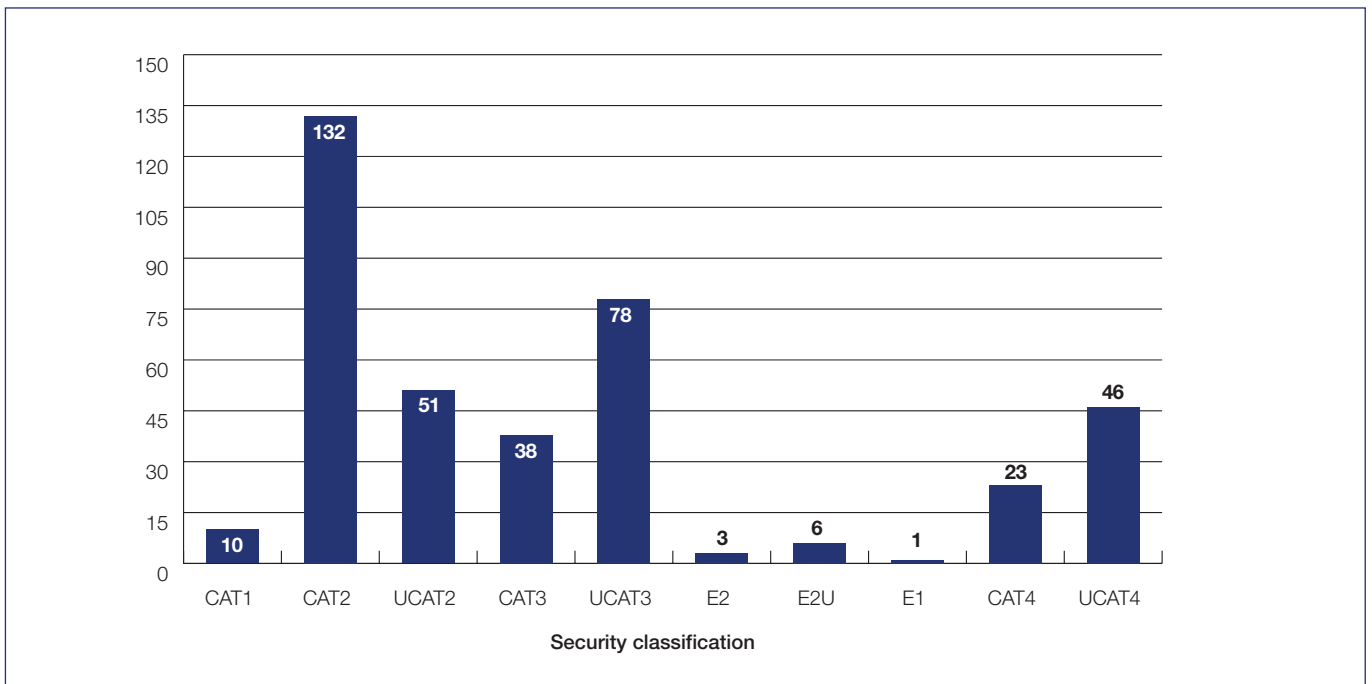
- The top five languages spoken at home were English (91%), Vietnamese (2.3%), Chinese (1.3%), Arabic (1.3%), and Mandarin (0.8%). 9 women (2.3%) required interpreters.

Figure 5: Ages of women at Dillwynia Correctional Centre



While DCC holds minimum and maximum security women, the majority of women have a minimum security classification.

Figure 6: Classification of women at Dillwynia Correctional Centre¹⁶⁶



¹⁶⁶ These security ratings reflect the population of women as at 1 March 2022. Category 1 is the lowest security classification and Category 4 is the highest security classification. The 'U' indicates these are unsentenced women.

History

DCC was opened in July 2004 to address an increase in the female inmate population and to provide NSW with its 'first modern purpose-built correctional centre for women'. The original centre, now designated as Area 2, accommodated women in a minimum to medium security setting.¹⁶⁷

A new compound was built and opened in 2020, which increased DCC's capacity from 273 to 531 women. This expansion was designated Area 1 and accommodates women in maximum security accommodation.

Inspection dates

Pre-inspection liaison visit: 17 March 2022

Inspection: 6-11 June 2022

Previous inspection by the Inspector of Custodial Services

DCC was previously inspected in 2017 as part of a series of inspections focused on women on remand. The *Women on Remand* report was published in February 2020.

2.2 Living conditions

2.2.1 Physical environment

When it originally opened in 2004 DCC accommodated 273 women in an open campus compound with access to outdoor space and natural light. The accommodation was designed to be more responsive to the needs of women and represented a departure from the majority of NSW's custodial infrastructure. The original DCC is now designated Area 2.

In 2020 a newly constructed compound was opened at DCC that expanded its capacity from 273 to 531 women. This new build was effectively an entirely separate custodial centre, with its own inmate reception, visits area, inmate accommodation and health centre. It is designated Area 1 at DCC.

One of the challenges for DCC is that Areas 1 and 2 have been designed as separate custodial centres. Each is serviced by separate offender services, education, custodial case management, psychology and JH&FMHN teams, and each has its own visits and visitor reception. There were no movements of women between Areas 1 and 2.

Area 2 and the independent living unit

Area 2 is an open campus with single-storey cottage style inmate accommodation. There are five 'medium needs' units and five 'low needs' units. There are also three 'high needs' units that are contained within secure fencing. One of these was a demountable that was built later than the rest and was a departure from the cottage design, instead incorporating narrow corridors, low light and inadequate toilet and shower facilities for the 40 women it can accommodate. The designation of high, medium or low needs in Area 2 is aligned with a higher or lower security rating, with the exception of one of the 'high needs' units, that accommodates women who are on protection and registered as having Special Management Area Placement (SMAP) needs. The table below sets out the main units by needs, capacity and permitted security classification.

¹⁶⁷ New South Wales Department of Corrective Services, *Annual Report 2003/04* (Annual Report, 2004) 8.

Table 3: Area 2 accommodation units

Needs designation	Unit	Capacity	Classification range
High needs units contained within secure fencing in Area 2	J	22	CAT2, UCAT2, CAT3, UCAT3, CAT4, UCAT4, E2, or UE2
	K	22	
	K2	40	
Medium needs	L1	22	CAT2, UCAT2, CAT3, UCAT3, E2, UE2 or specially approved CAT 4
	L2	22	
	L3	22	
	L4	20 ¹⁶⁸	
	M	24	
Low needs	N1	11	CAT2 or specially approved CAT3
	N2	11	
	N3	11	
	N4	11	
	O	12	

While self-catering options at DCC are limited, Area 2 accommodation units each have a shared kitchen with a microwave, toaster, fridge, and kettle.

High needs unit exterior in Area 2



High needs unit kitchen in Area 2



Each unit in Area 2 also has its own laundry enabling the women accommodated in Area 2 to wash their own clothing. High needs units have a shower and toilet inside single rooms and the lower density medium and low needs units have shared bathroom facilities.

¹⁶⁸ L4 has 40 beds, but CSNSW advised the population is limited to 20 women.

Medium needs unit bedroom in Area 2



Medium needs shared kitchen in Area 2



The physical design of Area 2 is one of the positive features of DCC. In addition to the accommodation units, there are program and education rooms, a library, health centre and an expansive outdoor area for walking and other forms of physical activity. It offers women freedom to exercise and to move between their accommodation and various inmate services without escort. The exception to this is the secure high needs compound, and in particular the women designated SMAP, who cannot mix with other women at DCC. Accordingly, this unit operates on a different routine from the rest of DCC and we observed significant constraints on women's access to all centre services and activities, including employment, education, health services, and recreational activities.

The independent living unit (ILU) was also part of the original DCC build but is located outside the secure Area 2 compound. It accommodates up to 33 minimum classified women (Category 1 and Category 2) across three houses.

Independent living unit exterior



Independent living unit lounge room



During our previous inspection of DCC, we found the accommodation to be in good condition. Pleasingly we found this generally to be the case again during this inspection. However, there were some indicators that greater attention to maintenance and cleaning was required, including our observation of mould and some water damage in the Area 2 and ILU units. We also observed some instances where household appliances were not in working order. These require prompt remedy.

We were also puzzled that the purpose-built internal courtyards with clotheslines in the ILU houses were secured and inaccessible to women for drying their clothes. Instead women had to dry their clothes in an internal room of the house. We encourage DCC management to maximise the utility of these courtyards.

Area 1

Since our 2017 inspection DCC has undergone a major expansion that increased its capacity from 273 to 531. This expansion incorporated a new compound (Area 1) that was built adjacent to the original DCC and opened in 2020. It includes a reception, health centre, five maximum security double-storey accommodation blocks, a 10-bed multipurpose unit, program and education rooms, multifaith space, library and gym. The accommodation units in Area 1 and their capacity are reflected in Table 4.

Table 4: Area 1 accommodation units

Unit	Capacity	Classification range
Q	48	CAT3, UCAT3, CAT4, UCAT4, E2, UE2, E1, UE1, and LIFE
R	48	
S	48	
T	52	
U	52	
Total	248	

The accommodation and amenities in Area 1 were new and in good working order, except for some kitchen appliances that were replaced during our time onsite. Dual occupancy cells have an extra panel built in to offer additional privacy between the beds and the bathroom facilities. The issue of window coverings has remained outstanding since the opening of Area 1. Some cells had the benefit of coverings, as shown in the single occupancy cell below, the use of which was being trialled at the time of the inspection. Many cell windows had no covering or coverings that women had fashioned from various available materials.

Dual occupancy cell in Area 1



Single occupancy cell in Area 1



T Unit common area in Area 1



While the accommodation was in good condition, its design represents a radical departure from Area 2 and is more closely aligned with the profile of a maximum security men's setting than a women's custodial centre. Area 1 does not permit access to the outdoors or indeed any freedom of movement for women outside their accommodation unit. Access to the common amenities and services including the library, health centre, program and education spaces, basketball court, and gymnasium were contingent upon custodial officers being available to escort and supervise women.

Outdoor tables and a basketball court were inaccessible to women in Area 1



While T and U units each had a traditional internally located officer station, Q, R and S units shared an officer station that was located in a common area that was inaccessible to women from Q, R and S units unless they were released from their units. We observed this was limiting access to inmate request processes and to assistance and support from custodial officers. It is common in other custodial environments that inmates can access custodial officers for a fixed period each day and that they can submit request forms and self-referrals confidentially into secure containers in accommodation units that are collected daily by officers. In Q, R and S units, there was no fixed inmate enquiry times and inmate request forms were collected in unsecured plastic tubs that were left in the yards for a few hours each day. This inmate self-referral process needs urgent review to ensure it provides a safe, secure, and confidential means by which women can submit request forms.

Unsecured and unsupervised tubs for inmate request forms in the Q, R and S unit yards



The co-location of inmate reception and the health centre in the same building was a positive design feature in the new build. Across the majority of functions, Areas 1 and 2 have been resourced and organised as two distinct custodial centres but the Area 1 reception was responsible for the whole of DCC. The proximity of the Area 1 health centre to inmate reception improved access to, and efficient delivery of, arrival screening and discharge health services.

Recommendation: CSNSW facilitates increased access to women in Area 1 of DCC to the services and amenities outside accommodation units.

Recommendation: CSNSW reviews the inmate request process in Area 1 of DCC to ensure forms can be submitted securely and confidentially.

2.2.2 Structure of day

On average, during the 2020-21 financial year women at DCC were afforded 7.2 hours out of their cells each day.¹⁶⁹ This is almost an hour less than the NSW-wide daily average in secure custodial settings (8 hours), which is the second lowest time out of cell allocation of any Australian jurisdiction.¹⁷⁰

While DCC is a secure custodial setting, 70% of women in Area 1 and 91% of women in Area 2 have minimum security ratings.¹⁷¹ Concerningly, we observed significant inconsistency between the purposeful day routine we were provided ahead of the inspection, and that which we observed during our time onsite. We were particularly concerned about the operation of Area 1, which we observed to be reflective of a men's maximum security custodial centre.

The purposeful routine we obtained pre-inspection indicated that diabetic inmates were collected and brought to the health centre for medication between 6.30am and 7am. Morning headcount was indicated for 8.10am and women were due to be let go from their accommodation for the day at 8.20am. While we confirmed with the JH&FMHN that women in Area 2 requiring insulin management are brought to the health centre before breakfast, we observed women in medium needs in Area 2 still waiting at 8.50am to be unlocked from their units. In Area 1 we observed the first custodial officers enter the compound after 8.10am. The first unit to be unlocked was U unit and this did not occur until 8.50am. Delayed morning let-go and associated security checks have a cumulative impact on inmate access to programs and services across the course of a day in a custodial setting. These processes need careful monitoring.

Major reductions in time out of cells and units across DCC have also been attributed to the increase in unscheduled partial and full lockdowns. While a few of these lockdowns are attributable to the containment of COVID-19 in Areas 1 or 2, most have been the result of custodial staffing deficiencies (absenteeism). The impact of this is disproportionately experienced in Area 1, where concerns about inmate associations have informed very controlled movements (not dissimilar to our observations during our 2021 inspections of Lithgow and Goulburn Correctional Centres).¹⁷² There is one allocated custodial post to escort women in Area 1 between accommodation units and various inmate services and programs and this post is frequently stripped when there are staffing shortages at DCC. This leaves chaplains, services and programs officers, case managers, psychologists and other staff to try to access women via accommodation unit yards which is neither confidential nor constructive. The following graph sets out the number of unscheduled lockdowns at DCC by month during the period 1 March 2021 - 31 July 2022. The recommendation in section 1.3.3 of this report regarding lockdowns and time out of cell is addressed to both SWCC and DCC.

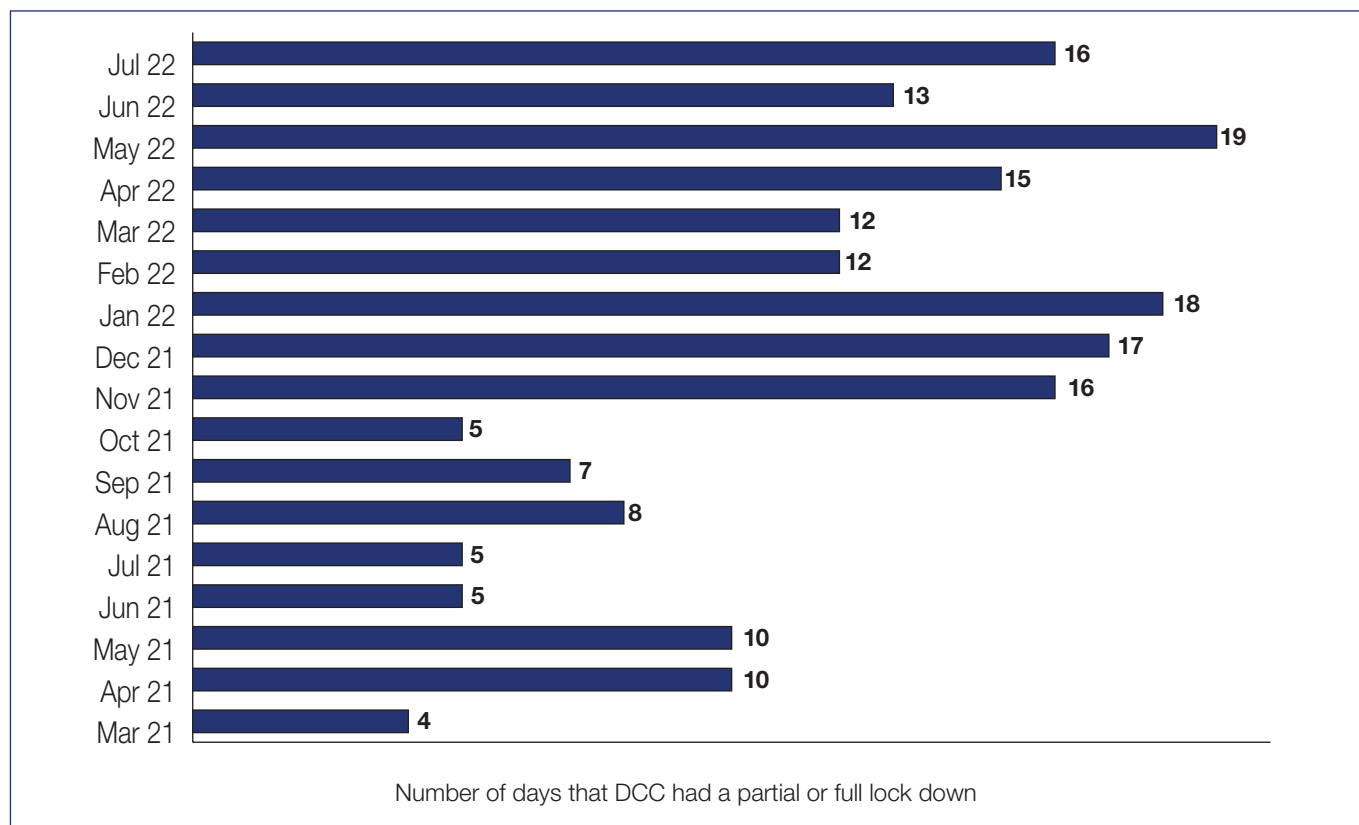
¹⁶⁹ Information provided by Corrective Services NSW, 10 May 2022.

¹⁷⁰ Productivity Commission, Australian Government, *Report on Government Services 2022* (Report, January 2022) Table 8A.13.

¹⁷¹ Information provided by Corrective Services NSW, 6 June 2022.

¹⁷² See Inspector of Custodial Services, *Inspection of Goulburn Correctional Centre and the High Risk Management Correctional Centre 2021* (Report, June 2022) 64–65; Inspector of Custodial Services, *Inspection of Lithgow Correctional Centre 2021* (Report, April 2022) 36.

Figure 7: DCC lockdowns by month



2.2.3 Clothing and hygiene items

The COPP provides for a minimum allocation of clothing to be provided to women when they enter custody, detailed in Table 5.

Table 5: Initial clothing issue at reception: female inmates¹⁷³

Item	Quantity
T-shirt (short or long sleeve)	5
Sports shorts	2
Tracksuit top/jumper	2
Pants (cotton pants and/or tracksuit pants)	2
Bra/sports bra	4
Pyjamas	2
Underpants	7
Socks	7 pairs
Brim hat or baseball cap	1
Shoes	1 pair
Thongs	1 pair
Washbags	1

¹⁷³ Corrective Services NSW, *Custodial Operations Policy and Procedures: 1.5 Issuing Correctional Centre Clothing and Linen* (version 1.4, June 2023) 6.

The clothing stores in reception were well organised and generally well stocked except for bras, which were not available in all sizes. While the COPP requires women to be transferred from their custodial centre of initial reception with their full clothing allowance issued at the custodial centre into which they were initially received, we know this does not always occur.¹⁷⁴ A full range of underwear sizes needs to be available for women arriving at DCC. The clothing stores in reception were replenished from the main clothing stores weekly but this needs to be completed more frequently to ensure that women have access to a full range of clothing and underwear in their size on arrival to DCC. Corrective Services Industries is adamant they have sufficient stock, and the centre is at fault for not ordering and providing clothing to women. CSNSW needs to provide a level of oversight to ensure better coordination of basic service provision. In Area 1, CSNSW-issued inmate clothing is washed in the Area 1 laundry. Women in Area 2 launder their own CSNSW-issued clothing in washing machines located in accommodation units.

The COPP provides for a minimum allocation of personal hygiene items to be provided to women when they enter custody, detailed in Table 6.

Table 6: Hygiene items¹⁷⁵

Item	Quantity
Soap	1
Toothbrush	1
Toothpaste	1
Comb	1
Disposable razor and shaving soap	1
Sanitary pads or tampons	Several
Towel	2

Women in custody in NSW are still not routinely provided with deodorant on their initial reception to custody. Previously we have identified this as an issue, particularly for women new to custody, or for those who are on remand with no access to funds to purchase hygiene items.

¹⁷⁴ Inspector of Custodial Services, *Inspection of Goulburn Correctional Centre and the High Risk Management Correctional Centre 2021* (Report, June 2022) 36; Inspector of Custodial Services, *Inspection of St Heliers Correctional Centre 2021* (Report, November 2022) 29–30.

¹⁷⁵ Corrective Services NSW, *Custodial Operations Policy and Procedures: 1.5 Issuing Correctional Centre Clothing and Linen* (version 1.4, June 2023) 7.

Reception pack for women arriving at DCC



At DCC the reception packs for women arriving (mostly from SWCC) included toothbrush and toothpaste, soap, plate, bowl, cup and a roll of toilet paper. Other hygiene items, including sanitary pads and tampons, were not routinely included. While the COPP requires that these items should travel with women from their centre of reception to DCC, many do not arrive at DCC with their full complement of property. Women were expected to buy deodorant through the inmate buy-up scheme and to access sanitary products from custodial officers as required once they were moved to their accommodation units. Reception staff can assess whether a woman has financial means to buy deodorant and other hygiene items beyond the standard allocation and can issue additional products at their discretion, but this gives rise to a lack of consistency. Consequently access may instead be contingent upon their arrival time at DCC, how busy the reception area is, and which staff members are on duty. At a minimum, sanitary pads and tampons should be routinely included in reception packs for women at all custodial centres, including following an inter-centre transfer to ensure they have immediate access to these items. CSNSW responded by saying women could purchase basic hygiene items through the weekly or monthly buy up system. We are of the view this is not an adequate solution as it can take weeks to receive these items.

Recommendation: CSNSW replenishes clothing and underwear stocks to ensure the full range of sizes are consistently available for women on their arrival to DCC.

Recommendation: CSNSW provide sanitary items and deodorant to women on their arrival at any correctional centre to ensure that they are immediately available.

Bedding

Mattresses at DCC had vinyl coverings intact and were observed to be in clean and suitable condition. Bedding from Areas 1 and 2 is laundered weekly through the laundry in Area 1. Many women at DCC had purchased a doona to supplement the blankets issued by CSNSW. Women in Area 2 were using washing

machines in their accommodation units to launder the doonas but women in Area 1 could not wash their doonas because they were deemed to be too delicate for the commercial washers in the Area 1 laundry. We acknowledge that DCC committed to investigating regular washing of doona covers to improve the hygiene of bedding.

Except for consumable items of little value, property obtained in custody from visitors, or through the monthly activities buy-ups must be approved, recorded on OIMS and added to the inmate's property list before issue.¹⁷⁶ This process exists to verify ownership and to ensure inmates only have access to permitted property items while in custody.

We heard accounts from staff and women that items purchased through activities buy-ups were not consistently recorded on women's property lists in Area 1. This had resulted in instances where women were left vulnerable to having items that were legitimately purchased with prior approval, such as doonas, removed from their possession.

Recommendation: CSNSW ensures all property is registered on an inmate's property card and reissued to the inmate as required by the 'Inmate Property' section of the COPP.

2.2.4 Food and nutrition

Meals at DCC are provided by Corrective Services Industries (CSI). Dinners are prepared in the cook-freeze facility at the adjacent Geoffrey Pearce Correctional Centre. The kitchen located in Area 1 at DCC is responsible for the preparation of lunch items, rethermalisation of dinners and the distribution of meals to women across the centre.

DCC accommodated seven pregnant women at the time of our inspection. The only special dietary provision made for pregnant women was to issue them with an extra daily serve of CSI Lite milk for their calcium needs. This was prescribed by the JH&FMHN via an inmate's Health Problem Notification Form (HPNF). The JH&FMHN also provided a pregnancy multivitamin to meet the folate, iron, calcium and iodine needs of women. CSI Corporate Food Services have advised that there is no special 'pregnancy' diet provided to women in custody. Pregnant women have received 'regular' CSI meals unless they had other special dietary needs, for example those connected to an allergy, religious identity, or vegetarian preference. We have observed that many of the cold lunches involve pre-packaged salads with a cold meat, including crumbed fish, chicken wings, chicken schnitzel, ham slices, and pepperoni. These food items are all inconsistent with the 'Food Safety During Pregnancy' guidelines issued by the NSW Food Authority, which recommends pregnant women avoid pre-packaged salads, processed cold meats, or cooked meats served cold.¹⁷⁷ CSI do not believe a specific pregnancy diet is needed and believes their standard menu is safe for pregnant women to consume, whilst acknowledging nutritional shortcomings they believe can be managed at a centre level. We believe a thorough review is necessary to ensure that pregnant women are provided with safe and nutritional food during pregnancy.

Self-catering options at DCC were limited. Area 1 accommodation units had shared kitchenettes that were equipped with a kettle, toaster, microwave and refrigerator. Area 2 accommodation units were equipped with a kettle, toaster, microwave, refrigerator and sandwich press. Select low needs units were also equipped with an air fryer.

Women in the ILU had fully equipped kitchens, with kettles, refrigerators, microwaves, toasters, electric stovetops and ovens. Despite the ILU's stated function to support independent living, and its functional

¹⁷⁶ Corrective Services NSW, *Custodial Operations Policy and Procedures: 4.2 Receiving Property After Admission* (version 1.14, October 2016) 15.

¹⁷⁷ NSW Food Authority, 'Food Safety During Pregnancy', (Brochure, undated) 12 <www.foodauthority.nsw.gov.au/consumer/life-events-and-food/pregnancy>.

kitchens, women still received pre-prepared CSI meals, were only permitted to use plastic cutlery and did not have access to cooking utensils required to utilise the kitchen facilities. The ILU is located outside the main DCC compound and requires women to be a minimum security classification. Women are trusted to attend work locations unsupervised across the Windsor complex and in the community. Access to meal planning, grocery shopping and self-catering should be a feature of the ILU.

Recommendation: CSNSW reviews its Menu Control Plan to ensure that pregnant women in custody have access to meals that are consistent with the NSW Food Authority's 'Food Safety During Pregnancy' guidelines.

2.2.5 Family contact

The responsibility of correctional authorities to support an inmate to maintain and strengthen their family connections and relationships is prescribed in the Mandela Rules¹⁷⁸, the Bangkok Rules¹⁷⁹ and the Guiding Principles for Corrections in Australia.¹⁸⁰ The Bangkok Rules state that:

Women prisoners' contact with their families, including their children, their children's guardians and legal representatives shall be encouraged and facilitated by all reasonable means. Where possible, measures shall be taken to counterbalance disadvantages faced by women detained in institutions located far from their homes.¹⁸¹

Visits

Access to visits for people in custody and their families has been significantly impacted throughout 2020, 2021 and 2022. During this period CSNSW imposed various restrictions on people entering custodial facilities to reduce the risk of COVID-19 transmission in custodial settings. In-person visits were wholly suspended during the following periods:

- 17 March 2020 - 22 November 2020
- 21 December 2020 - 17 January 2021
- 23 June 2021 - 28 November 2021
- 11 January 2022 - 2 March 2022.¹⁸²

Outside of these periods, visits were still impacted by a range of pandemic-related rules at various stages including:

- visitors and inmates were required to be fully vaccinated
- physical distancing was imposed on visits
- limits were placed on the number of visitors and the duration of visits.

At the time of our inspection inmates were allowed one visit per week, including virtual tablet visits. In-

178 *United Nations Standard Minimum rules for the Treatment of Prisoners*, GA Res 70/175, UN Doc A/RES/70/175 (8 January 2016, adopted on 17 December 2015) Rules 43, 58, 59, 106 and 107.

179 *United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders*, GA Res 65/229, UN Doc A/RES/65/229 (16 March 2011, adopted on 21 December 2010) Rules 23, 26-28, 43-47.

180 Corrective Services Administrators' Council, *Guiding Principles for Corrections in Australia* (2018) 24.

181 *United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders*, GA Res 65/229, UN Doc A/RES/65/229 (16 March 2011, adopted on 21 December 2010) Rule 26.

182 Commissioner's Instructions 2020/02; 2020/06; 2020/82; 2020/89; 2021/91; 2021/03; 2021/16; 2021/16; 2021/18; 2021/58; 2022/03; 2022/10.

person visits were scheduled to run on Saturdays and tablet visits were scheduled to run on Sundays. Ideally in-person visits should be offered on more than one day each week. One weekend day is not sufficiently flexible for visitors and does not allow access for children in out of home care who may rely on their caseworker to facilitate a visit to DCC. Also, as with SWCC, we are not satisfied that CSNSW was complying with the CAS Regulation at DCC during the inspection, which allows visits at least twice weekly for remand (unconvicted) inmates.¹⁸³

Area 1 visits



Area 2 visits



While the suspension of in-person visits at DCC had lifted on 3 March 2022, reliable weekly visits had not returned after this date. Accounts from staff and women were consistent in identifying that in-person visits had occurred infrequently since March 2022. Records indicate that since the suspension of in-person visits was lifted on 3 March 2022, visits were cancelled on two out of four Saturdays in March, two out of five Saturdays in April, and one out of four Saturdays in May.

We observed visits occurring in Areas 1 and 2 during the inspection. Of significant concern to us was the visitor screening process. CSNSW advises visitors to allow 30 minutes for the COVID-19 screening process. At DCC this screening process involved:

- returning a negative rapid antigen screening (RAS) test result outside DCC
- submitting to a search by a sniffer dog outside DCC
- answering a series of COVID-19 screening questions inside the Area 1 or Area 2 visitor processing area at DCC
- submitting to a millimetre wave body scanner inside (Area 1 visitors only).

We observed the screening of visitors arriving for a scheduled 12.40pm visit. When DCC officers arrived at 12.10pm (30 minutes prior to the visit) to commence administering RAS tests, there were already six groups of visitors waiting to be screened. The administering of RAS tests on these six groups was not completed until 12.25pm and results are returned within 15 minutes. After a negative result was confirmed for each party, visitors were required to submit to a search by a sniffer dog and then make their way into Area 1 or 2

¹⁸³ The CAS Regulation provides that unconvicted inmates may be visited at least twice per week, see *Crimes (Administration of Sentences) Regulation 2014* cl 76(1).

for a COVID-19 screening questionnaire and further security screening.

In Area 1, the first visitor had arrived over an hour before their visit at 12.40pm and they were the only visitor who enjoyed the full allocated hour from 12.40pm to 1.40pm. Despite having arrived more than 30 minutes prior to 12.40pm, the sixth visitor group was not admitted to their visit until 12.55pm. Notwithstanding this delay was entirely outside the control of these visitors, who had complied with the advice and directions issued by CSNSW for visits, the session was still ended by DCC staff at 1.40pm.

The suspension of in-person visits to reduce transmission of COVID-19 in custody has had a significant detrimental impact on people in custody. Where visits are operating, CSNSW needs to increase its efforts to communicate clearly with visitors about visitor screening, ensure efficient visitor screening, and apply some flexibility to the management of in-person visits.

We were also confused as to the requirement for women receiving a visit to get changed into secure prison overalls. In Areas 1 and 2, women were subject to a millimetre wave scanner after their visit. Additionally, Area 1 visitors are also subject to a millimetre wave scanner. This technology produces an x-ray image of a person and is used to identify the secretion of any contraband. The use of this technology should largely negate the requirement for women to change out of their inmate greens unless there is specific intelligence that informs custodial officers otherwise.

The introduction of tablets for virtual visits was an important measure that CSNSW introduced to mitigate the impact of restrictions on visits throughout 2020, 2021 and 2022. The tablets available for video visits are distinct from those issued to women at DCC each day at lock-in. During periods of increased COVID-19 restrictions, tablet visits were available for women across several days each week. Since the resumption of in-person visits their availability had been reduced to Sundays. As we have previously discussed, tablet visits provide an alternative to in-person visits, which are inaccessible for many women and their families because of physical distance, transport constraints, accommodation costs and a range of other factors. Several women at DCC had family overseas and the single, fixed weekly timeslot allocated was not aligned with their family's time zone. It has been disappointing to see the flexibility associated with tablets underutilised in custody and we reiterate the recommendation to address this that we previously made in connection with our inspection of Emu Plains Correctional Centre.¹⁸⁴

Several staff at DCC indicated their preference for tablet visits as a permanent replacement for in-person visits in custody. While tablets are an important option for facilitating family contact for women in custody, tablets should not be understood as a replacement for in-person visits, which remain a critical source of family connection.

Recommendation: CSNSW discontinues the requirement that women wear overalls to visits at DCC.

Recommendation: CSNSW introduce more than one day each week for in-person visits at DCC and SWCC, streamline the visitor screening process and ensures advice to visitors about expected timeframes is accurate.

Telephone

Access to telephone calls for women at DCC was very good. There are sufficient numbers of fixed telephones to cater for the number of women at DCC. Additionally, women were issued with a tablet device each day at afternoon lock-in, and outgoing phone calls were available from these devices until 10pm each day.

¹⁸⁴ Inspector of Custodial Services, *Inspection of Emu Plains Correctional Centre 2021* (Report, April 2022) 32-34.

On 27 March 2020 CSNSW introduced an allocation of three free telephone calls for inmates each week to mitigate the impact of the suspension of visits and reduced time out of cell arising in connection with the COVID-19 pandemic.¹⁸⁵ On 8 January 2021 this allocation was reduced to one free weekly telephone call each week and then expired on 19 February 2021.¹⁸⁶ However, further periods of suspension of in-person visits were imposed again from 23 June 2021 to 28 November 2021 and from 11 January 2022 to 2 March 2022. As discussed above, even after in-person visits resumed in March 2022, they were not consistently available at DCC. It is unfortunate that further free calls do not appear to have been offered during subsequent periods where in-person social visits were suspended or restricted due to the spread of COVID-19 in the community and custodial centres. Careful consideration should be given to extinguishing any measures implemented to mitigate COVID-19 restrictions while the impacts of those restrictions are still felt by people in custody.

Mail

In 2020 an amendment was made to the CAS Regulation providing that an inmate may be provided with a photocopy of their mail instead of the original, which may be dealt with according to the direction of the Commissioner for Corrections.¹⁸⁷ This policy was introduced to prevent contraband coming through the mail during the pandemic, following the cessation of in person visits. The CAS Act provides that regulations may be made in respect of 'the sending and receiving of letters and parcels by inmates, including the circumstances in which letters and parcels may be opened for inspection or confiscated'.¹⁸⁸

Following this amendment of the CAS Regulation, two Commissioner's Instructions were issued in October and November 2020 concerning the photocopying of inmate mail¹⁸⁹ and CSNSW subsequently enacted state-wide policy directing inmate mail be managed as follows:

For all mail that is non-privileged and does not contain prohibited goods:

- Colour photocopy the mail including letter, front and back of envelope and attachments;
- Deliver the colour photocopy to the inmate;
- Place the original mail in a secure bin or shred the mail if it is not suitable to be placed in a secure bin

The above applies to all mail items including children's drawings and any cards received unless an exemption applies (see below in this section).

Photographs may be issued to an inmate if they have been identified as not having been tampered with subject to:

- the photographs not being prohibited goods (e.g. obscene or offensive etc); or
- otherwise not being appropriate to issue to the inmate (e.g. an unauthorised photograph of a child sent to an inmate who is a child sex offender).¹⁹⁰

We are concerned that the Commissioner's directions and CSNSW's policy and procedure for the secure destruction of original mail items once a photocopy has been delivered to an inmate is inconsistent with

185 Commissioner's Instruction 2020/14. This was in addition to the standard allowances in the COPP, which provides that CSNSW will meet the cost of certain calls including one personal local call per week for a sentenced inmate and three personal local calls per week for unsentenced inmates. Corrective Services NSW, *Custodial Operations Policy and Procedures: 8.2 Inmate Telephones* (version 1.11, August 2023) 8.

186 Commissioner's Instruction 2021/01 (5 January 2021).

187 *Crimes (Administration of Sentences) Amendment (Inmate Mail) Regulation 2020*.

188 *Crimes (Administration of Sentences) Act 1999* s 79(1)(k).

189 Commissioner's Instructions 2020/80, 2020/86.

190 Corrective Services NSW, *Custodial Operations Policy and Procedures: 8.1 Inmate Mail* (version 1.10, November 2021) 5.

the available powers under the CAS Act. Regulations are permitted only in respect of the inspection and confiscation of inmate mail, not its destruction. While the CAS Regulation provides that original mail may be dealt with according to the directions of the Commissioner, the Commissioner is still bound by the legislation under which this regulation was made. The CAS Regulation is delegated legislation and made under the authority of the CAS Act. It cannot go beyond the regulation-making authority provided in the CAS Act.

Since this change to the handling of inmate mail, issues concerning the quality of photocopying and mistaken distribution have been raised consistently by inmates during our inspections.¹⁹¹ At DCC, these issues had featured heavily in the feedback provided to DCC management by inmate representatives and were identified with us during our inspection as remaining outstanding. Inmate mail has also gone from an almost non-existent subject of complaints to official visitors to one of the most frequently raised complaints by inmates.¹⁹²

We observed photocopied mail distributed to women at DCC where multiple colour photos had been positioned together collage-style by the relevant officer and photocopied to fit on a single A4 page. The result was that several images were cropped in the photocopy. Discretion over what part of a photo should be reproduced is not available to officers under the legislation or the COPP. Any attachments to letters should be photocopied in full. If photographs are not identified as having been tampered with and permitted in terms of content and recipient, they should still be issued as originals to inmates.

It was pleasing to hear that the governor had implemented a local initiative to retain original mail for five days to ensure that women have an opportunity to have any concerns about their mail addressed before the original documents are destroyed. However, it was unclear how these complaints would be lodged, received and resolved within a five-day period when access to prison administrative processes is so restricted in Area 1.

Recommendation: CSNSW obtain legal advice in relation to the lawfulness of Commissioner's Instruction 2020/86 and relevant parts of the COPP and cease the destruction of original mail.

2.2.6 Legal access

Almost 45% of women at DCC were on remand and still participating in unresolved criminal legal processes from custody. Access to justice is a right enshrined in article 14 of the International Covenant of Civil and Political Rights.¹⁹³ This right exists regardless of whether a person is in custody or not and it encompasses the right to participate in judicial process, access to legal advice and representation, and access to legal resources and materials. The Mandela Rules also include specific provisions on access to legal advisers.¹⁹⁴

Custodial authorities have a special responsibility to ensure that access to justice is not constrained by elements of the custodial environment, including restrictions on physical movement, technology, and communication. CSNSW policy demands that inmates are provided with access to legal resources including:

191 Inspector of Custodial Services, *Inspection of Lithgow Correctional Centre 2021* (Report, April 2022) 41; Inspector of Custodial Services, *Inspection of Goulburn Correctional Centre and the High Risk Management Correctional Centre 2021* (Report, June 2022) 40-41.

192 In 2019–20, complaints about mail did not appear in our annual report statistics, however in 2020–21 and 2021–22, it was the third and second most recorded complaint to official visitors respectively. See Inspector of Custodial Services, *Annual Report 2019–2020* (Annual Report, October 2020) 17; Inspector of Custodial Services, *Annual Report 2020–21* (Annual Report, October 2021) 21 and Inspector of Custodial Services, *Annual Report 2021–22* (Annual Report, October 2022) 19.

193 *International Covenant on Civil and Political Rights*, opened for signature 16 December 1966, 999 UNTS 171 (entered into force 23 March 1976) art 14.

194 *United Nations Standard Minimum Rules for the Treatment of Prisoners*, GA Res 70/175, UN Doc A/RES/70/175 (8 January 2016, adopted on 17 December 2015) Rule 61.

- their own legal representative, Legal Aid NSW, Aboriginal Legal Service and other Court officers
- Australian legislation and sentencing information (via the secure CSNSW Legal Info Portal)
- networked computers for reviewing electronic legal briefs and non-networked computers for word processing and accessing the CSNSW Legal Info Portal
- CSNSW policies and procedures concerning custodial management
- legal reference books
- legal information guides and pamphlets
- writing materials.¹⁹⁵

There was no demonstrated understanding by DCC staff of the different needs of women who were on remand. Women on remand were scattered across a range of accommodation units in Areas 1 and 2. In Area 1 the library housed several networked inmate computers but had very little in the way of legal reference books or guides and pamphlets. Access to the Area 1 library was available infrequently because it was contingent upon the availability of a custodial officer to escort women from their accommodation units, an education officer to supervise the library and accommodation units to be unlocked. There was one blue computer in Area 1 but this was located in a police charge room inside the reception building. It was unclear how women would be aware of this resource, or request access to it. Women in Area 2 had improved access to the library, which had a larger range of reference resources and several networked computers that could be booked for 45-minute time slots Monday to Friday.

Since the COVID-19 pandemic, there has been an increased demand on AVL technology to enable participation in court matters. DCC had the following AVL facilities.

Table 7: AVL suites at Dillwynia Correctional Centre

	Court suites	Legal and professional suites
Area 1	3	9
Area 2	2	2

At the time of the inspection there was some confusion around whether women were permitted to attend court via AVL in their civilian clothing. Historically, inmates attending court via AVL would remain in their green CSNSW-issued inmate clothing, but this reflected the limited scope of matters that an inmate would participate in via AVL. Since the pandemic, the range of matters conducted via AVL has expanded to include some trials and sentencing matters. Accordingly, CSNSW policy should be updated to ensure that inmates participating in court matters that historically required their in-person attendance at court are afforded the opportunity to appear in civilian clothing. We are pleased to note that after the inspection, in January 2023 the COPP was amended to allow for inmates to wear civilian clothes appearing via AVL in a trial before a jury, under certain circumstances.¹⁹⁶

It was positive to observe the AVL capacity in Area 1 for legal and professional visits. Units Q, R and S shared three legal and professional AVL suites, while Units T and U each had three legal and professional AVL suites. While the number of court AVL suites appeared sufficient to meet demands across the centre, we observed a lack of holding cell capacity in Area 1. Area 1 had three court AVL suites in the reception

¹⁹⁵ Corrective Services NSW, *Custodial Operations Policy and Procedures: 20.8 Inmate Access to Legal Resources* (version 1.2 November 2021) 4.

¹⁹⁶ Corrective Services NSW, *Custodial Operations Policy and Procedures: 20.4 AVL for legal and court matters* (version 1.4, January 2023) 5-6.

area and two adjacent holding cells. Most women require a phone conference with their legal representative before a court appearance. At SWCC, purpose-built telephone booths are available outside the holding cells to facilitate this communication. At DCC, there were no spaces allocated for women to talk with their legal representative via telephone. Women were handed cordless telephones inside the holding cells to discuss their private legal matters prior to their court appearance. We observed 12 women across these two holding cells, which were cramped, noisy and without adequate seating for that number of women. It was not an appropriate space in which to facilitate a legal phone call before a court appearance.

After Mary Wade Correctional Centre was repurposed from a women's remand centre to a minimum security men's centre, most women were relocated to DCC. While it is not a reception centre, DCC will always need to manage a substantial population of women on remand and consideration needs to be given in both Areas 1 and 2, to how the needs of these women are met in the daily routine.

Recommendation: CSNSW identifies women on remand at DCC and ensures they have access to legal resources and services within the centre's daily routine.

Recommendation: CSNSW updates the COPP to specify that civilian clothing may be worn for certain court appearances via AVL.

2.2.7 Prisoner advocacy and complaints

Women can access a number of external agencies via the free telephone call system, including the NSW Ombudsman, the Health Care Complaints Commission, the Independent Commission Against Corruption (ICAC), the Law Enforcement Conduct Commission (LECC), Legal Aid NSW, Aboriginal Legal Service and Women's Legal Services.¹⁹⁷

Official Visitors also visit the centre on a regular basis. These visits occurred at a reduced capacity and were subject to additional precautionary measures during periods of heightened COVID-19 restrictions in the community. A phone line was established to facilitate access to the Official Visitor Program during periods of reduced visits.

The key channel for inmates to provide feedback to a custodial centre's management team is via the inmate development committee (IDC), which is constituted by nominated inmate representatives from around a custodial centre. The IDC provides a forum for inmates 'to meet with senior management to discuss problems and concerns about inmate services, programs and activities within the correctional centre'.¹⁹⁸

At DCC, the IDC had representatives from Areas 1 and 2. However, both the Area 1 Aboriginal delegate and the Area 2 Aboriginal delegate positions were vacant and had been throughout 2022. These are paid positions, whose holders are employed to advocate on behalf of Aboriginal women at DCC, who comprise almost 36% of the inmate population. They are positions that should demand priority recruitment if they become vacant. We have since received advice that both positions are filled.¹⁹⁹

Substantive participation by inmate representatives demands consistency and transparency in the operation of the IDC. Inmate representatives at DCC reported that agendas and minutes of IDC meetings were not reliably made available. Delegates on the IDC need to be able to have input to the meeting agenda, which should be finalised and circulated prior to the meeting. Similarly minutes should be finalised promptly after the meetings and distributed to delegates.

197 As discussed in our review into the response to COVID-19 in NSW custody, access to phones during quarantine, isolation, and lockdowns was a challenge for adults in custody.

198 Corrective Services NSW, *Custodial Operations Policy and Procedures: 9.8 Inmate Development Committee* (version 1.2, March 2020) 4.

199 Information provided by Corrective Services NSW, 26 August 2022.

2.3 Organisational environment

2.3.1 Staff profile

A consistent observation we made throughout the inspection was that DCC was struggling to operate coherently as one custodial centre. Instead, Area 1 and Area 2 had been staffed, resourced and physically constructed as two very distinct entities. This was producing unnecessary challenges in the custodial placement of women, unnecessary barriers in women's access to particular programs and services, and inefficiencies and fragmentation amongst staff.

In many ways the staffing profile has reinforced the notion that DCC encompasses two centres in one. While there are several senior positions whose remits extend to the whole of DCC, there are numerous functions that resource Areas 1 and 2 separately and work exclusively of one another. The following functions have resourced Area 1 and 2 separately as if they were separate custodial centres:

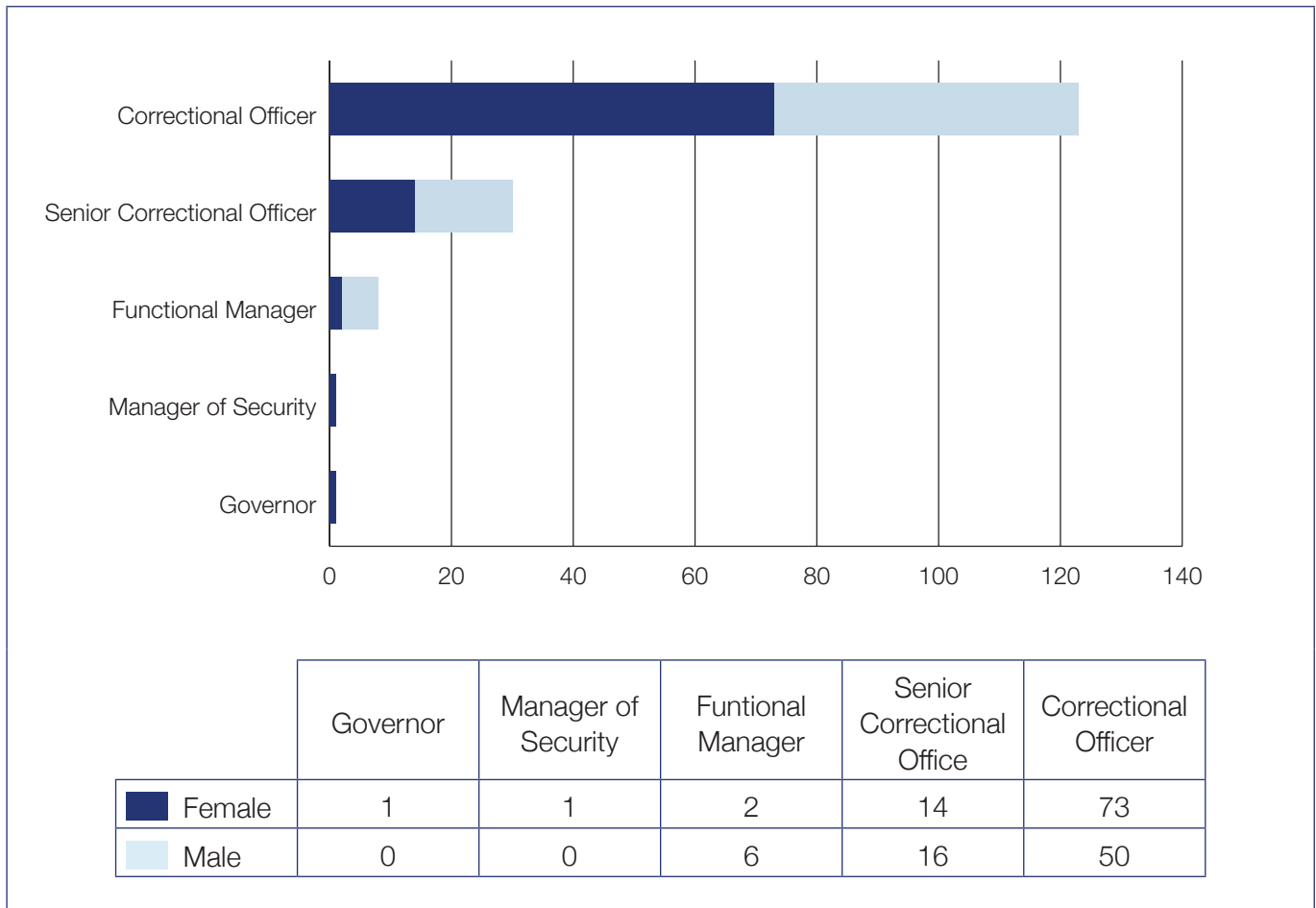
- JH&FMHN
- Services and programs
- Education
- Psychology
- Case management
- Chaplaincy
- Custodial officers

The physical delineation between Area 1 and Area 2 is already a barrier to operating as a coherent single entity but the fact that so many staff work exclusively in Area 1 or 2 has exacerbated this by creating organisational silos. While Area 1 and Area 2 may have maximum capacities that warrant considerable resources, a review of DCC's staffing profile taking into account the current and projected inmate population may offer an opportunity to ensure that resources are deployed efficiently and effectively across the centre as a whole and minimise the duplication of resources.

The Bangkok Rules recognise that the establishment of a gender-responsive custodial environment requires a gender-responsive organisational environment, which includes pathways for women staff to progress into leadership roles with responsibility for the management of women in custody.²⁰⁰ We were pleased to note that women occupied the two most senior leadership positions at DCC and were well represented at all levels within CSNSW's custodial, industries, offender services and programs, and administrative domains. Figure 8 shows a breakdown of custodial officers at DCC by gender.

²⁰⁰ *United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders*, GA Res 65/229, UN Doc A/RES/65/229 (16 March 2011, adopted on 21 December 2010) Rule 29.

Figure 8: Breakdown of custodial staff at DCC by gender²⁰¹



One function we noted would benefit from higher participation rates by women staff was the immediate action team (IAT). This team is constituted by specially trained custodial officers who can be deployed rapidly within a custodial centre to respond to critical or high risk incidents, particularly where use of force is involved. At DCC we were pleased that the officer in charge of the IAT was a female staff member, but we noted that women only made up 26% of the pool of IAT-trained officers at DCC. Centre management at DCC has since advised that a local expression of interest process was run to identify women interested in being trained for the IAT function.

The COVID-19 pandemic has without question presented unprecedented challenges for people working in custodial environments. As a workplace, custodial environments have been subject to constantly changing modifications and restrictions. They are designated as a high risk setting because of the health vulnerability of inmates and because of the elevated risk of transmission in a setting with a large number of people cohabiting. Staff have experienced anxiety about bringing COVID-19 into the workplace and about contracting it and presenting a transmission risk to their families. Staff shortages arising as a result of clinical isolation or close contact isolation requirements have been particularly prevalent since the Omicron variant emerged in December 2021. In addition to the pandemic, DCC is located in an area of Greater Sydney that was impacted by significant flood events in February-March and again in July 2022. Some staff were directly impacted by property damage and others were disrupted through evacuation orders or restricted access routes to and from DCC.

201 Information provided by Corrective Services NSW, 6 May 2022.

While this is not confined to DCC, we observed high levels of staff absenteeism, and an associated reliance on overtime and double shifts to fill rosters. This has had a major impact on the consistency of daily routine, increased lockdowns, restricted access to women for various services, and meant that key custodial roles ensuring consistent and predictable operations of a particular area or function were backfilled by different people on different days. It was encouraging to hear of some of the local initiatives implemented in 2022 by members of the centre's management team to address these issues and improve communication between custodial and non-custodial staff.

2.3.2 Training and development

The Bangkok Rules provide that 'staff assigned to work with women prisoners shall receive training relating to the gender-specific needs and human rights of women prisoners'.²⁰²

In 2021 CSNSW made available a new three-day working with women offenders training course, which we have recommended is delivered to staff at all custodial centres that hold women in NSW.²⁰³ We noted that as of 26 August 2022 almost 42% of custodial staff at DCC had completed this training course since it became available approximately 12 months earlier. Further, almost 72% of custodial staff had completed CSNSW's Trauma Informed Practice, another foundational training module for staff working with women in custody. CSNSW needs to ensure that there is emphasis on the need for specialist teams, such as the IAT, to have completed Trauma Informed Practice. At DCC only 60% of IAT-trained officers had completed this training and this was concerning as we also observed inappropriate material posted on the walls of the IAT office. This suggested there was a need for a reminder about the importance of professional standards and interpersonal respect. Lower custodial completion rates were also noted for other relevant training modules including Aboriginal Cultural Awareness (less than 1%) and Mental Health Awareness (less than 5%).²⁰⁴ This requires improvement.

DCC is the primary women's custodial setting for program delivery in NSW. It follows that custodial staff should have an awareness of, and interest in, the profile, value and delivery of the services and programs at DCC. As discussed elsewhere in this report, we consider that it is important that there is some consistency in the assignment of custodial officers to specialist program or service posts and that these officers see their responsibilities as supporting service delivery and women's engagement.

Recommendation: CSNSW provide training and development to enhance the capacity of custodial officers to support the services and programs delivered at DCC, in particular drug and alcohol interventions, domestic and family violence interventions and health services.

202 *United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders*, GA Res 65/229, UN Doc A/RES/65/229 (16 March 2011, adopted on 21 December 2010) Rule 33.

203 Inspector of Custodial Services, *Inspection of Emu Plains Correctional Centre 2021* (Report, April 2022) 19-20.

204 Information provided by Corrective Services NSW, 26 August 2022.

2.4 Health and wellbeing

The health and wellbeing of women at DCC (and elsewhere) has been impacted significantly by the pandemic. The prevalence of unscheduled lockdowns to mitigate the transmission of COVID-19 or the associated staffing shortages have reduced women's time outside of their cells and units, their access to basic amenities and services and limited their participation in the purposeful activity that is usually available in custody, including criminogenic programs, education, employment, and Cultural activities. While virtual visits have been an option, in-person visits from family have been suspended for lengthy periods. These conditions have had an impact on the physical, mental, social and Cultural dimensions of the health and wellbeing of women at DCC. CSNSW and the JH&FMHN need to collaborate to ensure the broader dimensions of women's health are incorporated into the physical design and daily operation of a custodial environment and that restrictions imposed in a custodial setting to mitigate the health risks of COVID-19 are balanced with the risks to health that these restrictions may pose.

2.4.1 The Justice Health and Forensic Mental Health Network

The JH&FMHN provides a comprehensive scope of health services to women at DCC. Services included primary health, drug and alcohol, population health, women's health, services for pregnant women,²⁰⁵ oral health, mental health, Aboriginal health and allied health. Specialist women's health services and mental health services were well resourced at DCC. Patients requiring specialist services were referred to Nepean Hospital outpatient services. Emergency Department and inpatient care was provided at Nepean Hospital.

Areas 1 and 2 each has its own health centre, nursing unit manager (NUM), primary health nursing workforce, and administrative staff. The specialty streams provide services across the two areas. The Area 1 health centre is staffed 7am - 9pm, seven days and the Area 2 health centre has nursing coverage 24 hours, seven days. While the night duty registered nurse is attached to the Area 2 health centre, they provide coverage across Areas 1 and 2 at DCC.²⁰⁶ Area 1 and Area 2 health centre facilities are reflected in Table 8.

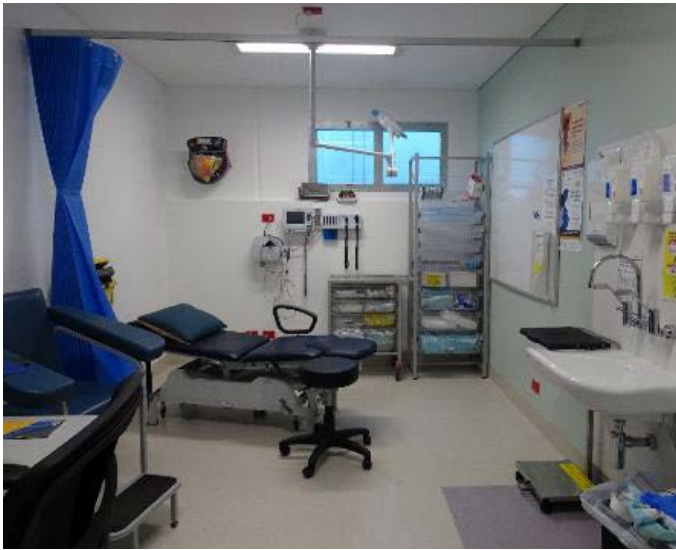
Table 8: Health centre infrastructure at DCC

Infrastructure	Area 1	Area 2
Treatment room	1	1
Dental suite	1	nil
Consulting room	4 in health centre and 1 in reception	4
Telehealth facility	1	1
Medical observation beds	2 (with camera)	2 (without camera)
Assessment cells (RIT)	5	2

²⁰⁵ Services available for pregnant women included midwifery care, perinatal mental health care, and specific support around any substance use issues in pregnancy.

²⁰⁶ The night duty registered nurse also provides a service to the other two centres on the correctional complex, John Morony Correctional Centre and Geoffrey Pearce Correctional Centre.

Health centre treatment room in Area 1



Health centre treatment room in Area 2



There is a Management Service Agreement (MSA) in place between JH&FMHN and CSNSW at DCC which defines the hours of access to patients, number of patients permitted in the health centres at any time, medication administration routine and other relevant operational details. The MSA is reviewed annually. Unfortunately we observed a significant disparity in the access to the health services for patients between Areas 1 and 2.

Patient referral

While patients use self-referral forms in both areas to request access to health services (as is standard practice through the NSW custodial system), the processes in Areas 1 and 2 for collecting and managing these forms was inconsistent. In Area 2 the self-referrals are placed in a locked box outside the health centre. The night duty registered nurse reviews and triages the referral forms and places the patients on the respective clinic waitlist. Custodial staff and other women will also refer a patient to health staff if they are concerned about them.

In Area 1, women were required to place their completed self-referral form into unsecure plastic tubs that were left in accommodation units each day. After lunch, custodial staff would collect the tubs and review the request forms, which included requests for a range of inmate services. Health service request forms would be separated out by custodial officers and left in an unsecure pigeon-hole in DCC's main administration building for collection by the Area 1 health centre clerk. Nursing staff then reviewed the forms and placed the patients on the respective clinic waitlist.

This self-referral process did not protect the personal health information of women. The tubs were accessible by other women for the period they were left in accommodation units and custodial officers reviewed women's confidential personal health information in the initial triage of inmate request forms. We also observed several referral forms in the pigeon-hole awaiting collection by the JH&FMHN staff with submission dates indicating daily collection had not been occurring. Pleasingly, in response to our concerns about this process, the Area 1 NUM ordered secure boxes to be installed in each accommodation unit. JH&FMHN staff will be responsible for checking these boxes daily and collecting and triaging self-referral forms. This will ensure better privacy of the information contained on the self-referral forms and reassure the patients that their health information will be kept confidential. We were also advised that the JH&FMHN

is currently piloting a centralised telephone patient self-referral system. This will hopefully negate or at least reduce the need to manage paper request forms. We will monitor the implementation of this system but are encouraged at its potential for reducing barriers in custody to women requesting health care.

JH&FMHN access to patients

There were routine primary health clinics (including those offered by the primary health nurse and general practitioner) and other specialist clinics were scheduled around specific patient needs. Patients were also seen as 'walk-ins', meaning they were not scheduled on a primary clinic list or a specialist clinic list.

Access to patients was reportedly good in Area 2. The layout of Area 2 and the freedom of movement that women have between their accommodation units and programs and services ensures women can attend the health centre to receive medication or to attend clinical appointments. Custodial posts assigned to support the operation of the health centre were generally filled by consistent officers and this supported a more efficient flow of patients and delivery of health services.

There was less access for women held in the high needs unit on protection and women residing in the ILU. Women designated as SMAP only had access to the health centre for 30 minutes each day during lunchtime lock-in of the rest of Area 2. The women in the ILU had to be escorted into the secure Area 2 to attend appointments. It is important that consideration is given by CSNSW and JH&FMHN to ensuring both these groups of women have more equitable access to health services.

While increased lockdowns and staff shortages had constrained health service delivery in both areas, Area 1 had been disproportionately impacted because women cannot leave their accommodation unit and attend the health centre for medication or an appointment without the assistance of custodial officers.

Excluding women held in the assessment cells or observation beds, the MSA allows for four patients to be in the Area 1 health centre at a time. Each day nursing staff provide custodial staff with a list of patients scheduled to attend clinics. However, as a result of frequent short staffing, the design of Area 1, and association concerns, there were rarely four patients in the health centre at one time. There were two custodial posts assigned daily to the health centre. These posts need to be staffed by consistent officers who understand the operations of the health centre and the importance of health service delivery.

Waitlists

The NUMs in Area 1 and 2 monitored patient waitlists. Similar to SWCC, we considered that the priority 1 and 2 waitlists appeared to be very well managed but that the management of priority 3 and 4 waitlists could be strengthened. This is particularly important to ensure that the pressure of COVID-19 on health services (and outcomes) is mitigated to the greatest extent possible. Waitlists for pathology collection, chronic disease screening and metabolic monitoring have increased.

It will be important for CSNSW and JH&FMHN to negotiate increased access to patients (including the hours that clinics can be attended by women at DCC) to reduce the priority 3 and 4 waitlists for particular health services. While these waitlists do not reflect acute or critical needs, delays in services like pathology collection risks delayed diagnosis. Chronic disease screens, metabolic monitoring and care planning for women with chronic health conditions are important aspects of preventive health care and early intervention options, both of which are critical for cohorts of people that we know experience higher rates of chronic disease and mental illness than the general community. There is a real risk that a patient's chronic disease may deteriorate, or a patient may develop metabolic syndrome if they cannot be adequately monitored.

Patient medication

As discussed in section 1.5.1 of this report, at the time of the inspection, JH&FMHN was planning to implement an electronic medication prescribing (e-prescribing) system across custodial centres (including those managed by private operators). The system will allow for electronic prescribing by approved prescribers and this information will be linked to the JH&FMHN pharmacy dispensing system.²⁰⁷

During the inspection we observed the administering of OAT (methadone) from the Area 1 health centre by two nurses, including one registered nurse. This procedure, including identification of the patient, confirmation of the patient's prescribed dosage; measuring of the treatment substance, supervision of administration by a registered nurse, and recording of the dose administration was carried out correctly. Custodial officers supervised the patient flow to the medication window and checked the patients' mouths post-ingestion.

There were, however, several issues identified in respect of patient medication at DCC. There was a disparity between the administering of insulin to diabetic women in Areas 1 and 2. In Area 2 women were brought to the health centre at 6.30am for their insulin. In Area 1 diabetic patients are meant to be brought to the health centre between 7.30am and 8am to receive their insulin but we received reports that these women may not be brought to the health centre until closer to 9am. This was consistent with our observations during the inspection that custodial staff were not available in Area 1 before 8.10am. Insulin is meant to be administered before food is consumed in the morning but the timing in Area 1 suggested that patients were either having their insulin after their breakfast or having to fast until later in the morning, neither of which are ideal. Diabetic women in Area 1 require earlier access to their morning insulin, preferably prior to the broader unlock of Area 1.

To improve efficiency in the issuing of non-supervised medications in Area 1, a new trial process had commenced just prior to the inspection on 30 May 2022. This involved issuing patients with their medication in their accommodation units at 12.30pm each day. To support this new process, the following had been agreed locally between JH&FMHN and CSNSW:

- Two custodial officers would collect the nursing staff from the Area 1 health centre and escort them from unit to unit.
- In T and U units, nurses would administer medication from the officer station via the window hatch.
- In Q, R and S units, nurses would administer medication to women inside the unit common areas.

During the inspection we observed nursing staff waiting at 12.30pm for custodial officers to collect them. Nursing staff confirmed that commencing the medication round at 12.30pm was often not possible due to non-availability of escorting custodial officers. When nursing staff phoned the officer station in Area 1, they were advised nobody was available to escort them on their medication round. Following another enquiry by nurses at 12.55pm, a single officer from T and U units arrived to support the medication round, which commenced at 1pm. Inconsistency and delays in medication processes are frustrating for women and this can have an adverse impact on the interactions between nursing staff and patients.

Nursing staff were using a trolley with open shelves to transport the medications, which were packaged in sachets and plastic bags. Neither the cardboard boxes containing the medications, nor the trolley were secured or lockable. In T and U units custodial staff announced the arrival of medication. Nurses needed to remind custodial staff to advise women to bring their custodial ID cards. Several women attended without ID. Multiple women were attending the window simultaneously, compromising patient confidentiality. Some

²⁰⁷ See section 1.5.1 (medication management) for further discussion.

women were attending the window to make requests of the custodial officers. Custodial staff stayed inside the officer station with the nurses and provided no directions or guidance to women about the need to approach the window in an orderly fashion.

The custodial officer who escorted the nursing staff to T and U units did not remain with them and they had to request another custodial officer to escort them for the remainder of medication administration. In Q, R and S units, the external yard gates were not unlocked by custodial staff. There was no officer on the inside of the gate to control the flow of the patients and the custodial officer with the nursing staff did not offer any direction to women about queuing and the ID requirement. We observed a large group of women waiting at the gates for their medication. Nursing staff had to repeatedly ask patients to step back from the gate and to form a queue.

Medications were administered to the patients through the gap between the gate and the fence, and if the plastic pouch could not fit through this space, it was slid along the ground under the gate. Whilst medication was being administered at the gate, custodial staff were unlocking the gate to allow women to pass in and out for other purposes. At one point it was observed there were at least 12 women standing close to the gate on the inside and the gate was opened to allow a woman to enter the unit. On many occasions the nursing staff had their backs to the unsecured trolley which contained the medications. None of this was under cover and it is unclear how such an approach would be feasible in inclement weather.

Pleasingly, in response to our concerns about patient confidentiality and security risks, the Area 1 NUM and senior JH&FMHN staff promptly reviewed the process and suspended the trial in late June 2022. As of 21 June 2022, all patients in Area 1 attended the health centre for supervised and unsupervised medication administration and OAT. We acknowledge the JH&FMHN's efforts to address these quality and safety issues so quickly.

In Area 2, we inspected the physical health centre facilities, including the pharmacy room, which is accessed via the nurse's station. We observed that the door to the pharmacy room was not locked while JH&FMHN staff were inside. We observed that the door to the adjacent room containing the schedule 8 drugs safe was also left unlocked while a staff member accessed the safe. We were advised that the pharmacy door is left unlocked when staff are inside and then locked when staff leave the room.

This is not correct procedure. Clause 29(a) of the *Poisons and Therapeutic Goods Regulation 2008* stipulates that a 'dealer who has possession of any restricted substance must keep the substance in a room or enclosure which does not have public access'. Further, clause 30(1) stipulates that:

prescribed restricted substances that are kept in a hospital ward must be stored apart from all other goods (other than drugs or addiction or propofol) in a separate room, safe, cupboard or other receptacle securely attached to a part of the premises and kept securely locked when not in immediate use.

The pharmacy room at DCC is a large room which has open shelving to store medications. The shelving cannot be secured, which means the only way that obligations under clauses 29 and 30 of the *Poisons and Therapeutic Goods Regulation 2008* can be satisfied is to keep the pharmacy room locked at all times, including when authorised staff are inside the room. If the room is not secured at all times there is a risk that pharmacy room and the restricted substances stored therein may be accessed by non-authorised people.

We have made a relevant recommendation to both centres in section 1.5.1 of this report. JH&FMHN should ensure that access to the pharmacy room in Area 2 of DCC is managed in accordance with the *Poisons and Therapeutic Goods Regulation 2008*.

Recommendation: CSNSW facilitate access to diabetic patients in DCC Area 1 to receive their insulin before breakfast.

2.4.2 Psychology

A range of psychology services were provided to women at DCC by CSNSW's Metropolitan West Psychology Service cluster. In addition to individual treatment interventions, psychologists co-facilitate the RUSH program that is a component of the High Intensity Program Unit's (HIPU) offering.

Area 1 was managed by an onsite senior psychologist and four psychologists and Area 2 was managed by an offsite senior psychologist and five psychologists. Women participating in the Intensive Drug and Alcohol Treatment Program (IDATP) at DCC were serviced by a separate IDATP psychologist.

Service referrals were generally made via custodial officers or inmate request forms, registered on OIMS by custodial officers. JH&FMHN staff may also refer women to the psychology service. Referrals received by psychology services must be triaged within three days and then reviewed in line with their designated priority.

CSNSW policy requires priority 1 referrals to be actioned within three days and priority 2 referrals to be actioned within 12 weeks. Table 9 reflects the percentage of priority 1 and priority 2 referrals actioned within these timeframes during the period December 2021 - February 2022.

Table 9: Key psychology service measures at DCC

Key indicator	Target	November 2021	December 2021	January 2022	February 2022
PSYCH1 services actioned within three working days	100%	N/A	86%	100%	100%
PSYCH2 services actioned within 12 weeks	100%	N/A	95%	96%	93%
Number of contact sessions	N/A	149	90	83	147
Number of non-contact sessions	N/A	298	214	266	356

The lockdowns at DCC were identified by psychologists in Areas 1 and 2 as the major barrier to psychology service delivery. In particular, the lockdowns at DCC associated with the emergence of the Omicron wave of COVID-19 in December 2021 prevented psychologists from delivering face-to-face psychology services. Table 9 shows the marked reduction in contact sessions delivered between November (149) and December 2021 (90) and January 2022 (83).

Psychologists also reported having to conduct triaging with women in Area 1 through yard fences and gates because while women had been unlocked into their yards, custodial staffing shortages had seen the programs officer posts stripped and no capacity allocated for moving women between their units and psychology interview rooms.

2.4.3 Cultural support for Aboriginal women

There were 139 Aboriginal and Torres Strait Islander women held at DCC on 1 March 2022, being 36% of the inmate population.²⁰⁸ This proportion was similar to SWCC, even though the core functions of the two centres vary. Many of the women were off Country and expressed interest in being moved closer to their families, for example to Clarence Correctional Centre or Wellington Correctional Centre.

²⁰⁸ Information provided by Corrective Services NSW, 10 May 2022.

Cultural support was severely limited at the time of our inspection. Outside of an art program pilot, we did not observe any specific programs or external support for Aboriginal women from visiting Elders during the inspection. DCC advised that there were Aboriginal-focused programs available such as craft activities, and the Time to Work employment scheme, although opportunities to undertake these programs were limited at the time of the inspection. The official visitor noted that requests for Aboriginal-based programs and visits from Aboriginal Elders were some of the most common issues raised by women at DCC. Women also desired more frequent attendance and support from the Regional Aboriginal Programs Officer (RAPO).

In terms of identified positions, DCC had two Aboriginal identified Services and Programs Officers (SAPOs), one located in Area 1 and another in the HIPU in Area 2.

As noted in section 2.2.7, there were no Aboriginal delegates appointed to the IDC at the time of the inspection, although we were advised these positions were subsequently filled. It was also unclear why DCC did not have a dedicated Aboriginal Inmate Committee, per section 11.3 of the COPP, as the population was not small.²⁰⁹ Although there is a small Yarning Circle in Area 2, this cannot be accessed by women held in Area 1. The lack of a Yarning Circle in Area 1 needs to be remedied.

The recommendation in section 1.5.5 of this report regarding support for Aboriginal women is also directed to DCC.

In response to this report, CSNSW advised of a number of initiatives in the year following the inspection. This includes the construction of Yarning Circles in Area 1 and the ILU which is ongoing, and funding for art supplies for women to participate in the Aboriginal Strategy and Policy Unit's NAIDOC art competition. We also note that DCC participated in a pilot program 'Dreaming Inside', a mentor program facilitated by Black Wallaby. Elders and mentors attended DCC over several days and worked with inmates to create a book of women's creative writing, stories and poetry. We observed the launch of this booklet at DCC NAIDOC celebrations in July 2023 and are pleased to note this very positive initiative is expected to take place again in the year ahead.

2.4.4 Faith support

The chaplaincy program at DCC was well resourced. Anglican and Catholic chaplains were available full time and the Buddhist and Muslim chaplains attended one to two days per week. In addition to providing inmates with one-on-one pastoral care and emotional support, the chaplains facilitated a number of structured group programs, including peer-based loss and grief education programs (Seasons for Growth and Seasons for Healing), and the Positive Lifestyle Program aimed at supporting the development of increased self-awareness and positive decision-making.

Unfortunately, as has been the case for a range of other inmate services at DCC, the chaplains have had challenges in getting regular access to women. While chaplains have been largely exempt from the restrictions on external providers to accessing custodial centres, they were not permitted to conduct group programs from 6 January 2022 until 9 March 2022.²¹⁰ There were also several months in 2021 when chaplains working in other high-risk settings, e.g. aged care, hospitals, could not enter correctional centres, and when chaplains were restricted from entering more than one correctional centre.²¹¹

209 In correctional centres where there is only a small number of Aboriginal inmates, the governor may seek approval not to establish a local Aboriginal Inmate Committee. See Corrective Services NSW, *Custodial Operations Policy and Procedures: 11.3 Aboriginal Inmate Committees* (version 1.2, 12 March 2020) 4. CSNSW advise that work is underway to create this committee at DCC.

210 Commissioner's Instructions 2022/02; 2022/11.

211 Commissioner's Instruction 2021/38.

Chaplains have also had to navigate the frequent lockdowns and restrictions on women's movements within DCC. They have relied, at times, on talking with women through fences and yard gates.

2.4.5 Activities

Despite there being good common amenities for women in Area 1 (a basketball court, outdoor tables, a gym, and a library) we observed very limited access to activities. Women were permitted access to the gym by unit but this was occurring infrequently, especially for T and U units. We reviewed records onsite that indicated T unit had last accessed the gym on 15 May 2022, two to three weeks prior to the inspection. Women in T unit had instead erected a makeshift volleyball net to string up in their internal common area because they were provided so little time outside of their unit. A collection of books was available in the unit's common area to mitigate the fact that the unit had no library access. Staff confirmed that since the COVID-19 pandemic, there had not been a consistent activities schedule in Area 1.

In Area 2 there were fewer activities for women but their movements were also less restricted. Women reported great value in the availability of the green space to use as a walking track on their own terms. Use of computers in the library required a booking but general access to the library was open. Women in both areas would benefit from a range of dual-language dictionaries that reflects the linguistic diversity of the women at DCC.

One of CSNSW's key strategies for mitigating the impact on inmates of restrictions introduced to reduce the risk of COVID-19 transmission has been to introduce tablets to custodial settings. As an initial pilot site for this initiative, DCC received tablets in October 2020. Tablets were issued to women in the afternoon before they were locked into their accommodation and then collected each morning after let-go. Women could watch free-to-air television or purchase a range of entertainment bundles that included movies, additional television channels, music and audiobooks. They could be used to access the offender telephone system to make audio calls to approved family and social contacts and provided some information about forthcoming education opportunities at DCC. We noted that the entertainment bundles far exceeded the cost of such subscriptions in the community. Consideration should be given to reducing barriers to these sources of entertainment, especially during periods during which they have been relied upon to reduce the monotony and social isolation associated with lengthy and frequent lockdowns in 2021 and 2022.

We noted that there was no hairdressing service available for women at DCC. Prior to the COVID-19 pandemic an external contractor had been attending DCC monthly. The last time this service was offered was 5 March 2020. Service was resumed briefly in June 2021 but between 24 June 2021 and August 2022 no hairdresser had been in attendance.²¹² DCC management has confirmed that they are working to resume access to this service and intend to run an expression of interest process for inmates to undertake a barber/hairdressing training course. There is obvious benefit in providing women with an opportunity to train for employment that is in high community demand as well as provide an important service to other women in custody.

²¹² Information provided by Corrective Services NSW, 26 August 2022.

2.5 Safety and security

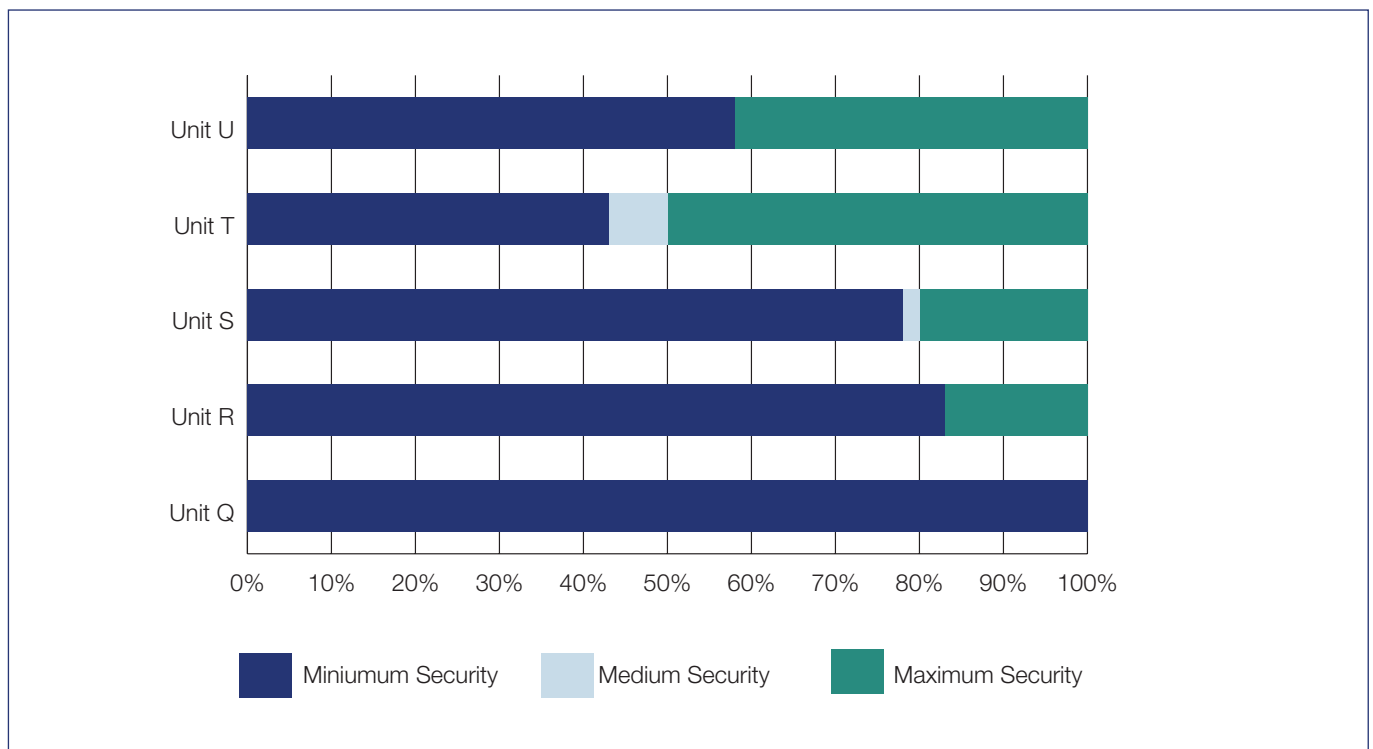
2.5.1 Dynamic, procedural and physical security

The safety and security of a custodial centre is contingent upon the humane treatment of people in custody. Some protocols and environmental features of a custodial centre necessarily curtail freedoms and rights to prevent escape, and to ensure that inmates do not cause harm to themselves or other people. Any consideration of a custodial setting must have regard to this balance and the principle of using the least restrictive measures necessary.²¹³

The security of DCC is constituted by dynamic, procedural and physical measures, all of which need to align with the purpose of DCC, the security needs of women in custody, and DCC's staffing capacity.

Physically, DCC now has two very distinct compounds, with Area 2 appropriately matched to the security needs of women and Area 1 more aligned to the security needs of maximum security rated male inmates. Arising out of the harder physical security of Area 1 was a perception amongst staff that the women accommodated there had higher security needs. These perceptions were not supported by the security ratings of women across Area 1 or relative to Area 2. Figure 9 reflects the breakdown of security classifications across Area 1 on 6 June 2022 and Figure 10 reflects the relative security rating of Area 1 and Area 2 on 6 June 2022.

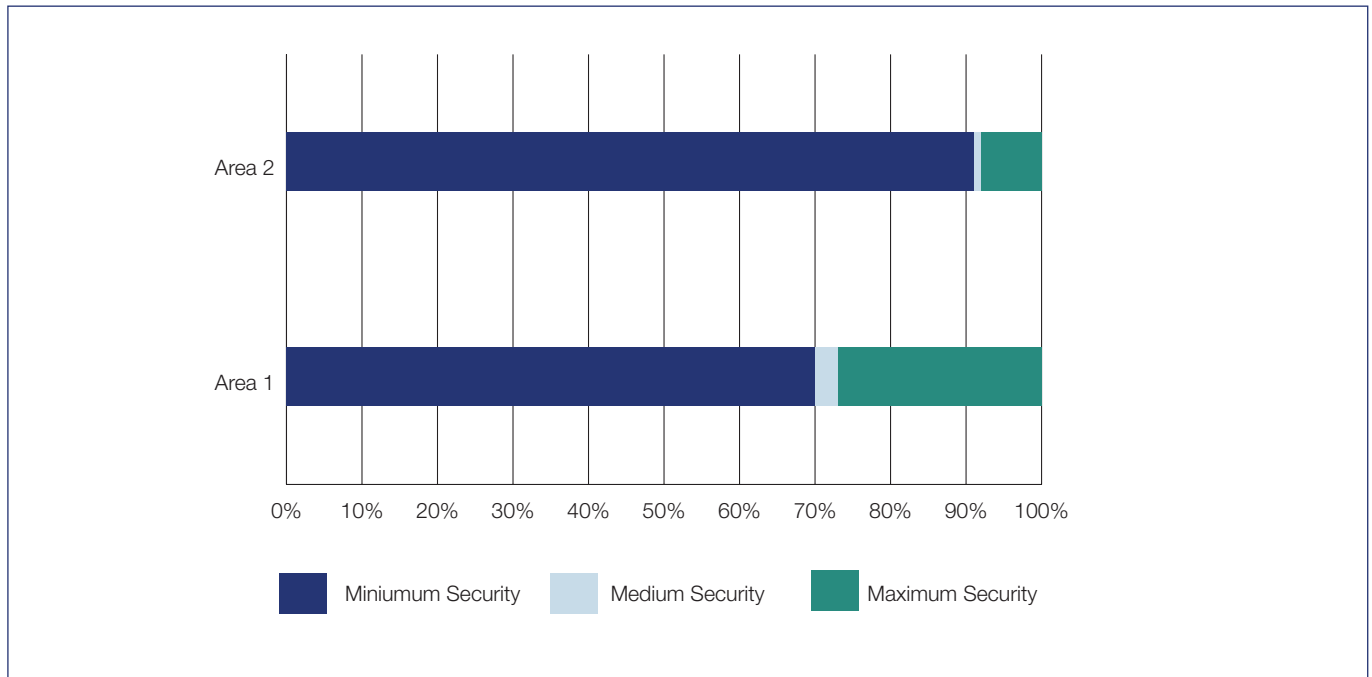
Figure 9: Women in Area 1 by accommodation unit and security classification²¹⁴



213 *United Nations Standard Minimum Rules for the Treatment of Prisoners*, GA Res 70/175, UN Doc A/RES/70/175 (8 January 2016, adopted on 17 December 2015) Rule 36.

214 Information provided by Corrective Services NSW, 6 June 2022.

Figure 10: Women in Areas 1 and 2 by security classification²¹⁵



The majority of women in Area 1 are minimum security classified women and at the time we obtained this data, Q unit was 100% minimum security women. The notion that these women require their movements restricted to the same extent that maximum security inmates at Goulburn or Lithgow Correctional Centres is not supported by any evidence. Moreover the reliance on physical security appeared to be at the cost of strong dynamic or relational security measures.

It also raises questions about how women’s progression within DCC is designed. When Area 1 was built we were advised that women would commence at a higher security classification in this area before progressing to Area 2 through high needs, medium needs and finally low needs accommodation. This has not eventuated because the criminogenic interventions for women serving very short sentences is only available in Area 1.²¹⁶ These are often women who will be classified minimum security in connection with their offence and sentence.

We observed the procedural security at DCC requires some tightening. We found that the timing of various security protocols throughout the day did not operate according to the approved purposeful daily routine. In Area 1 we observed delayed headcounts and let-go in T and U units that was facilitated by custodial officers who were unfamiliar with the protocols. The lunchtime headcount and lock-in we observed in Q, R and S units was unstructured. Headcount books that hold details of the inmates in a unit and their cell placements were not up to date, which led to confusion about why some women were or were not lined up in front of officers. Our observations were consistent with reports from women that the headcount process changed frequently; sometimes they were directed to line up in the yards and other times they were directed to stand at their cell doors. In Area 2, we observed a very rushed and unstructured headcount and morning let-go which included one woman being erroneously counted and then unknowingly left locked in a unit.

Recommendation: CSNSW review the operation of security protocols at DCC to ensure they are conducted consistently, and that staff are clear on their responsibilities.

²¹⁵ Information provided by Corrective Services NSW, 6 June 2022.

²¹⁶ As discussed further in 2.6.2, there is a Short Sentence Intensive Program (SSIP) based in Area 1, targeted at those women who have been sentenced and classified and have less than five months until their earliest release date. There were 40 places for women in the SSIP in Area 1.

2.5.2 Managing women at risk

Multipurpose unit

A woman's separation from the general population may be required for a range of reasons, including where she:

- is subject to segregation under section 10 of the *Crimes (Administration of Sentences) Act 1999*
- needs to enter protective custody under section 11 of the *Crimes (Administration of Sentences) Act 1999*
- is being held separately from other inmates for 'the purposes of the care, control or management of the inmate [...]' under section 78A of the *Crimes (Administration of Sentences) Act 1999*.

Since the opening of Area 1, women who require separation or isolation are accommodated in the Area 1 Multipurpose Unit (MPU). This 10-bed unit is fit for the purpose of managing women subject to special restrictive regimes for their own safety or that of others. It is also an improvement on the existing Behavioural Intervention Unit (BIU) in Area 2. Pleasingly the BIU was under direction by the governor not to be used to accommodate women.

While the MPU is physically fit for purpose, concerningly few women being accommodated in it, and subject to restrictive isolation regimes, were under a segregation order or an order under section 78A of the *Crimes (Administration of Sentences) Act 1999*. As discussed in our report on the inspection of Macquarie and Hunter Correctional Centres, accuracy in the use of orders for placing inmates in MPUs is important for ensuring proper oversight of the practice of confining inmates away from the general inmate population. Inmates being placed in the MPU who meet the criteria for segregated custody but who are not formally placed in segregated custody will not be captured in relevant data. Further, where a Governor is exercising the functions to place an inmate in segregated custody, the legislation requires that the Commissioner of CSNSW is notified.²¹⁷ This notification will not occur where the formal process has not been undertaken.²¹⁸

Recommendation: CSNSW ensures that women held in a restrictive placement or separated from other women are subject to an appropriate legal order that authorises their separation from other women and includes reviews and checks around their isolation.

Women at risk of self-injury

In the three-month period from 2 December 2021 - 2 March 2022 there were 26 self-harm incidents, including 16 threats of self-harm and 10 acts of self-harm. Seven acts of self-harm were serious self-harm associated with one inmate in Area 1.²¹⁹

The management of women at DCC identified at risk of self-harm or suicide is shared by CSNSW and JH&FMHN whose staff constitute a RIT to assess risk and formulate a management plan.²²⁰ The RIT is a multidisciplinary team constituted at DCC by a:

- custodial RIT coordinator who is at least of the rank of senior correctional officer and who has undertaken special RIT training

217 *Crimes (Administration of Sentences Act) 1999 s 10(2)*.

218 Inspector of Custodial Services, *Inspection of Macquarie Correctional Centre and Hunter Correctional Centre* (Report, November 2020) 40-41.

219 Information provided by Corrective Services NSW, 6 May 2022.

220 Corrective Services NSW, *Custodial Operations Policy and Procedures: 3.7 Management of Inmates at Risk of Self-harm or Suicide* (version 1.8, October 2023) 1.

- services and programs officer
- primary health nurse from the JH&FMHN team.

Area 1 and 2 coordinated separate RITs and utilised assessment cells co-located within each health centre.

We were advised that a senior registered nurse ordinarily participates in the RIT reviews of women. This is important because experience, confidence and specialist knowledge is required in this function. The RIT review we observed in Area 1 was attended by a graduate (year one) registered nurse. Case management under the RIT framework should only be attended by custodial, offender services and programs, and JH&FMHN staff who have sufficient competence and knowledge in managing women at risk.

JH&FMHN advise they are working to enhance the competence and confidence of all nursing staff to assess and manage the risk of suicide and self-harm through a range of training initiatives, including a newly developed RIT workshop that is being piloted at MRRC.²²¹

Recommendation: CSNSW and JH&FMHN commit to allocating staff members to the RIT framework who have sufficient competence and knowledge in managing women at risk.

²²¹ JH&FMHN NSW also chairs a joint Adult Custodial Severe Self-Harm Clinical Governance Committee with CSNSW, which provides oversight of patients who engage in repeated severe self-harm behaviours. JH&FMHN advise that this committee supports centre staff to manage these patients.

2.6 Rehabilitation and release preparation

2.6.1 Case management

The stated goals of CSNSW's custodial case management function are to:

- assess an inmate's risks, needs and responsibility to inform a plan for the delivery of targeted and sequenced programs and services to reduce reoffending
- motivate inmates to engage in rehabilitation interventions
- support inmates to assume greater personal responsibility and develop pro-social attitudes, behaviours and skills
- assist inmates with release and reintegration planning.²²²

Unlike many of the other functions at DCC, there was a single case management unit (CMU) for Areas 1 and 2. The CMU's functions align with their listed goals. They are responsible for interviewing inmates after they are sentenced to assess their needs and to devise a plan for interventions while they are in custody. Every inmate serving a sentence of three months or more should have a current case plan that sets out their intervention pathway. This is a primary key performance indicator for CMUs across NSW. At DCC 68% of eligible women had a current case plan as at 2 March 2022.²²³

The work to motivate women to engage in rehabilitation and assume greater personal responsibility, and the work to support women with release planning, should be facilitated through regular face-to-face case management contact and the delivery of specific case management interventions. It was reported that the frequent lockdowns attributable to staff shortages and COVID-19 outbreaks had significantly reduced the access that the CMU had to women at DCC. This, in combination with a prioritisation of meeting the current case plan KPI meant that during the six-month period 2 September 2021 - 2 March 2022 only 128 specific case management interventions were delivered to women at DCC.²²⁴

In the small sample of recently reviewed case plans we obtained during the inspection, we noted that 40% of women were not able to participate in the criminogenic program identified on their case plans due to association issues. Now that the custodial case management model has been in operation since 2017, consideration needs to be given to elevating performance indicators that measure the implementation of case plans to at least the same priority as measuring their existence.

Recommendation: CSNSW includes case plan implementation and achievement as measurable indicators of case management success.

2.6.2 Programs and interventions

Criminogenic programs were generally delivered at DCC as components of one of three intervention streams. The IDATP for Women 'Yallul Kalima' is a long duration (6-8 months), high intensity (300 hours) program that enables women to address their disordered substance use and their offending behaviour.²²⁵ IDATP operated in Area 2 within a modified therapeutic community model. While beds in Area 2 were not permanently allocated to IDATP participants there was an attempt to accommodate these women together and to establish a sense of community-based living and participation. IDATP can accommodate up to 36

222 Corrective Services NSW, *Policy for Case Management in Correctional Centres* (December 2017) 4-5.

223 Information provided by Corrective Services NSW, 6 May 2022.

224 Information provided by Corrective Services NSW, 6 May 2022.

225 Corrective Services NSW, *Compendium of Offender Behaviour Change Programs in New South Wales* (February 2021) 59.

women from Area 2. IDATP was staffed discretely from the Area 2 offender services and programs function and included a therapeutic manager, senior services and programs officer, and four services and programs officers. Psychology services for IDATP participants is also resourced separately by the IDATP program, and a program psychologist or senior psychologist attend regularly as required. IDATP participants were also supported after completion and release from custody by an IDATP reintegration team who maintained contact through community-based virtual meetings and could facilitate maintenance treatment.

The HIPU delivers intensive rolling programs for women serving shorter sentences. The goal is for women participating to complete up to 200 hours of programs and reintegration services within a 16-week period.²²⁶ There were 40 places for women in the HIPU in Area 2. Women who were not identified for full HIPU streams could still complete individual programs through the HIPU in Area 2.

The Short Sentence Intensive Program (SSIP) is targeted at those women who have been sentenced and classified and have less than five months until their earliest release date. Women completing SSIP will be allocated into one of three groups depending on their time left to serve: 6 weeks or less; 7-12 weeks; or 13 weeks - 5 months.²²⁷ There were 40 places for women in the SSIP in Area 1.

During the period 3 March 2021 - 2 March 2022 the following programs were delivered at DCC:

Program and location	Summary of program	Intervention stream
Remand Addictions Area 1 & Area	Regularly scheduled addiction program for remand offenders. Participation is on a volunteer basis.	
EQUIPS Foundation Area 1 & Area	Criminogenic program that introduces CBT concepts of EQUIPS programs to offenders and gets them to look at their thoughts and behaviours.	SSIP, HIPU
EQUIPS Addictions Area 1 & Area 2	Criminogenic program that addresses addiction and living a life without addiction using CBT principles.	SSIP, HIPU
EQUIPS Aggression Area 1 & Area	Criminogenic program that addresses aggression and behaviours using CBT principles.	SSIP, HIPU
EQUIPS Domestic Family Violence Area 1 & Area	Criminogenic program that addresses domestic violence and assists participants to use CBT principles. – Did not run during this period as did not have enough participants that met eligibility criteria.	SSIP, HIPU
Real Understanding of Self-Help (RUSH) Area 2	RUSH is a skills-based group treatment program comprising adapted versions of DBT skills-training modules. It addresses: anti-social attitudes/beliefs, poor self-control, impulsivity, difficulties with self-management and lack of interpersonal skills.	SSIP, HIPU, IDATP
TRIP Area 1 & Area 2	TRIP is an evidence-based ten session group program that targets the high-risk driving behaviours of eligible offenders	SSIP, HIPU

²²⁶ Corrective Services NSW, *Compendium of Offender Behaviour Change Programs in New South Wales* (February 2021) 21.

²²⁷ Corrective Services NSW, *Compendium of Offender Behaviour Change Programs in New South Wales* (February 2021) 28.

Connect Area 1 & Area 2	A criminogenic program that uses dialectical behaviour therapy to assist offenders to use better decision methods.	HIPU
Out of the dark Area 1 & Area 2	Program for victims of domestic abuse - did not run during this period as did not have enough participants that met the eligibility criteria.	HIPU
Mothering At a Distance (MAAD/Mini MAAD) Area 1 & Area 2	Parenting program – educate and assist offenders in reconnecting/connecting with their children whilst incarcerated	HIPU
Criminal Conduct and Substance Abuse - Pathways Program	Long duration, high intensive cognitive-behavioural criminogenic program to address drug and alcohol substance use and its relationship to criminal conduct. This is the core therapeutic intervention of IDATP.	IDATP

Some of the programs above are also offered as part of regular program delivery, outside the specific intervention streams highlighted. COVID-19 restrictions did impact service delivery during relevant periods in 2021. This meant that the program delivery model was adapted, and some women who may have needed to participate in a EQUIPS program stream for example were able to do this via the HIPU.

The offender services and programs function at DCC was well-resourced in both Areas 1 and 2 but there were a number of challenges for staff in delivering service interventions and programs. Women's participation in an intervention stream required their placement in Area 1 or 2. Women accommodated in Area 1 cannot be moved to participate in a program that is running in Area 2 and vice versa.

There were no criminogenic programs available to SMAP women at DCC. In fact, there were no custodial placements for SMAP women in NSW where criminogenic programs were delivered. We acknowledge that women comprise a much smaller custodial population than men, which makes group based programming difficult to achieve. Notwithstanding, the needs of SMAP women for offence-based programs and interventions are no less critical. CSNSW needs to consider designating a custodial placement in NSW where SMAP women can complete the programs that they have been assessed as requiring to address their offending.

The COVID-19 pandemic has also proved challenging, triggering frequent lockdowns that reduce staff access to women and restrictions on visits to custodial centres by external providers.²²⁸ There were no programs offered at DCC outside the CSNSW prescribed behaviour change programs during our inspection. It is important that support groups such as Narcotics Anonymous and Alcoholics Anonymous are available at DCC.

These restrictions have also significantly reduced the reintegration services and pathways offered to women at DCC by community service providers. One-off visits and ongoing mentoring programs were halted and shifted to alternative virtual delivery modes. This has been particularly detrimental for women in the ILU, who generally serve lengthier sentences and need to build community ties with service providers before they are released. In combination with the suspension of external leave options (day and weekend leave programs and the work release program) the value of the ILU placement has been substantially reduced. It was disappointing to hear that, unlike Geoffrey Pearce Correctional Centre, DCC had not made the necessary preparations to assess and approve community sponsors to ensure that women could recommence these

²²⁸ CSNSW advise that Victims Services counselling by external providers was made accessible to women in custody at DCC during the pandemic via AVL.

leave programs as soon as the suspension was lifted.²²⁹

Recommendation: CSNSW should ensure that women’s placement in Area 1 or 2 does not necessarily limit their opportunity to participate in programs offered outside of their accommodation area.

Recommendation: CSNSW ensures there is a custodial placement option for women on protection to participate in criminogenic programs.

2.6.3 Employment

Employment at a correctional centre provides purposeful activity for inmates, as well as an opportunity to maintain an income, and to develop new skills. The ICS Standards provide that inmates ‘should have access to a range of productive employment opportunities’ that are ‘constructive and beneficial’.²³⁰

DCC’s employment profile included 10 services industries supporting the operation of the centre, three business units, and a work release program (WRP). Criminogenic program participation was also reflected in DCC’s employment profile.

The employment industries at DCC were well supported by education courses offered at DCC. For example, the warehousing and logistics course was offered as a priority to women working in the inmate buy-ups and tech assembly.

DCC’s employment profile is reflected in Table 10.

Table 10: Employment at DCC in July 2022²³¹

Service industries			
Work unit	Description	Profile	Actual
Aboriginal delegate	Aboriginal delegates represent Aboriginal inmates on the Area 1 and Area 2 Inmate Development Committees (one Aboriginal delegate on each IDC).	2	0
Area 1 accommodation sweeper	Inmates do general cleaning duties in Area 1 accommodation areas.	16	12
Centre maintenance	Inmates undertake maintenance tasks.	16	6
Clerks	Inmates provide administrative assistance to support the operation of different industries.	12	8
Facilities maintenance	Inmates undertake maintenance tasks.	15	0

²²⁹ The suspension of all day and weekend leave and other Social Leave activities was lifted on 30 May 2022, subject to a range of risk mitigation strategies in response to COVID-19 that have been amended over time. See Commissioner’s Instructions 2022/25; 2022/37; 2022/41; 2023/05; 2023/10.

²³⁰ Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 126.

²³¹ Information provided by Corrective Services NSW, August 2022.

Food services	Inmates organise, re-heat and distribute ready-made meals for Area 1 and Area 2.	20	15
Greyhound program	Oversee the rehabilitation of up to seven rescue greyhounds at a time.	2	1
Grounds maintenance/ recycling	Inmates undertake tasks such as lawn mowing and gardening.	30	16
Hygiene	Inmates clean accommodation units and other areas of correctional centres.	32	21
Logistics	Inmates undertake work at the CSI Logistics head office warehouse located on the Francis Greenway Correctional Complex.	14	4
Business units			
Work unit	Description	Profile	Actual
Buy-ups	Inmates organise and distribute discretionary inmate purchases to centres around NSW.	30	21
Laundry	Inmates launder clothing for inmates in Area 1, and towels and bedding for Area 1 and Area 2.	15	15
Technology and assembly	Inmates organise and assemble passenger headsets for Qantas, personal hygiene packs and products for a local lighting company.	30	26
Community based employment or criminogenic programs			
Work unit	Description	Profile	Actual
Work release program	Inmates work in paid community employment in the lead up to the end of their sentence.	10	6
Criminogenic programs	Inmates participate in the HIPU, SSIP or IDATP.	116	61
Employment total		360	212

Throughout the inspection we generally heard positive feedback from women working at DCC. We observed the positive impact that the greyhound program had on women, and it was pleasing to hear there were plans to expand the program and its available employment opportunities. There were more employment opportunities for women in Area 2 than in Area 1 and DCC would do well to explore additional employment to ensure women enjoy equal access to employment across DCC.

Kitchen in Area 1



Laundry in Area 1



In line with CSI policy, women who are unemployed when there is no vacant work or program positions receive an unemployment wage. If there are vacant work or program positions and a woman chooses not to participate, they are classified as a 'non-worker' and can be denied this unemployment wage.²³² Under this policy, women who are dismissed from work can also be denied an unemployment wage, in addition to their suspension from work or programs for 14 days.²³³ We confirmed during our inspection that DCC's approach was to deny basic gaol wage (unemployment wage) to women who were deemed non-workers or who had been dismissed.

We have previously expressed our view that inmates should always have access to a minimum allowance that allows them to purchase basic hygiene items or to pay for a phone call.²³⁴ We continue to recommend that CSNSW does not suspend the minimum gaol allowance in connection with gaol employment. Not all women (or men) have sources of financial support in the community during their time in custody.

When we inspected DCC in 2017 we identified that women who were dismissed from gaol employment were placed in a non-workers yard, referred to as the 'Chook Pen', for two weeks as a punishment.²³⁵ We are pleased to confirm through this inspection that this practise has been ceased.

The WRP at DCC had 10 attached positions and provided minimum security inmates with the opportunity to participate in community-based employment. Women must have progressed to a Category 1 security classification and have no more than two years until their earliest possible release date to be considered for the WRP. When we inspected, there were six women in the WRP, all of whom were employed by CSI. While they received a standard community award wage, their place of employment was still inside the Francis Greenway Correctional Complex. We have previously identified concerns with a heavy reliance on CSI as an employer in the WRP.²³⁶ CSI does not provide ongoing employment for inmates after their release from custody and does not issue referee reports for inmates. The value of the WRP is to reduce some of the barriers that exist for people in securing employment after their release from custody. It is preferable that women in the WRP find employment in the community rather than for CSNSW. The employment of

²³² Corrective Services NSW, *CSI Policy Manual: 8.2 Inmate Wages System* (December 2020) 2.

²³³ Corrective Services NSW, *CSI Policy Manual: 8.2 Inmate Wages System* (December 2020) 4-5.

²³⁴ Inspector of Custodial Services, *Programs, Employment and Education* (Report, February 2020) 68.

²³⁵ Inspector of Custodial Services, *Women on Remand* (Report, February 2020) 84.

²³⁶ Inspector of Custodial Services, *Residential Facilities and the Compulsory Drug Treatment Correctional Centre* (Report, February 2020) 50.

women at CSI on community wages may also give rise to tensions between inmates because other women employed by CSI receive gaol wages.

2.6.4 Education

The Mandela Rules provide for the education of people in custody. The delivery of education in custodial centres should align with community delivery so that people may continue their education following their release. The Mandela Rules also make specific provision for the education of people who are illiterate.²³⁷

DCC employs two education services coordinators (ESC). The Area 1 ESC has responsibility for the planning and delivery of services and programs in Area 1 and EPCC and the Area 2 ESC manages Area 2. DCC has key performance targets in relation to the delivery of:

- core skills assessments, which assess an inmate’s literacy and numeracy skills
- education and employment plans, which map relevant educational services and programs for an inmate during their time in custody
- foundation skills programs, which develop language, literacy and numeracy skills and support an inmate’s participation in further training and employment (delivered by external contractor BSI Learning)
- vocational training programs, including part qualification skill sets and licencing courses (delivered by TAFE NSW or BSI Learning).

Foundation skills programs and vocational training delivered at DCC during the period 3 March 2021 - 3 March 2022 are reflected in the table below.

Table 11: Education delivery at DCC 3 March 2021 - 3 March 2022²³⁸

Education program	Month delivered	Number of deliveries
Foundation skills programs		
Digital literacy	March - May 2021	3
Foundation skills	March - May 2021	2
Digital literacy	May - July 2021	3
Foundation skills	May - July 2021	2
Vocational and workplace training programs		
Forklift licence	March 2021	1
Aboriginal cultural art	March 2021	1
Business services	April 2021	1
Cleaning operations	April 2021	1

²³⁷ *United Nations Standard Minimum Rules for the Treatment of Prisoners*, GA Res 70/175, UN Doc A/RES/70/175 (8 January 2016, adopted on 17 December 2015) Rule 104.

²³⁸ Information provided by Corrective Services NSW, 6 May 2022.

First aid	April 2021	2
White card - general construction induction card	April 2021	1
First aid	May 2021	1
Aboriginal cultural art	May 2021	1
Cleaning operations	July 2021	1
Food safety certificate	March 2022	1

Between August 2021 and March 2022 there were no education programs delivered at DCC. On 18 July 2021 the Commissioner suspended all education activities in custodial centres in Greater Sydney and did not permit access to custodial centres by external education providers until 9 March 2022.²³⁹

While BSI Learning and TAFE NSW resumed their delivery of education programs in March 2022, women's access to education continued to be limited by regular lockdowns and variations to daily routine at DCC. Access to education for women in Area 1 was disproportionately impacted because custodial officers were required to escort women from their accommodation units to programs and education rooms. If the program custodial post is not filled, women in Area 1 are not moved to their scheduled purposeful activities. In Area 2 women have greater freedom of movement within the compound and are expected to make their own way to scheduled education.

239 Commissioner's Instructions 2021/29; 2022/11.



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