



Inspector of
Custodial Services

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Inspection of Parklea
Correctional Centre



Inspector of Custodial Services

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Inspector's overview

This is the second time Parklea Correctional Centre (Parklea CC) has been inspected by our office. The first occasion was for a themed inspection related to growing inmate numbers and crowding in the NSW correctional system. This inspection focused solely on Parklea CC.

Since our last inspection there have been considerable changes at Parklea CC. It has a new minimum security area for sentenced minimum security men outside the secure perimeter of the original centre. Although it has retained its primary function as one of two metropolitan Sydney reception and remand centres for male inmates, its capacity has increased substantially. Significant construction works have taken place onsite over an extended period to provide additional new accommodation and facilities. It has also been through a change of private operator from GEO Group Australia Pty Ltd (GEO) to MTC-Broadspectrum (MTC-BRS). There was also a change of health service provider from the Justice Health and Forensic Mental Health Network (JH&FMHN) to St Vincent's Correctional Health (SVCH). By all accounts it was not an easy transition and less than a year later the COVID-19 pandemic was declared.

Although Parklea CC was relatively COVID-19 free at the time of the inspection in November/December 2020, it was impacted by policy changes implemented to prevent the introduction and transmission of COVID-19. In particular, visits and group activities such as programs and education had been affected. Reception and processes for new inmates were also significantly impacted by additional screening and quarantine requirements. Since our inspection further restrictions were imposed on correctional centres due to widespread community outbreaks of COVID-19. Parklea CC has also had to manage several outbreaks of COVID-19 within the centre. We recognise the challenge of delivering rehabilitation activities and health and correctional services within this context and the impact on both staff and inmates.

This report does not examine the events of mid-2021, when a significant outbreak of COVID-19 in Sydney resulted in both inmates and staff of Parklea CC (and other correctional centres) acquiring the virus in the community, leading to more positive cases within the correctional system. Reported transmission of COVID-19 within Parklea CC as well as other matters are currently being examined by the Kirby Institute,¹ and we have commenced a separate independent review into the management of COVID-19 in the NSW custodial system.

I would like to thank the management, staff and inmates at the centre for their co-operation. I also need to acknowledge the assistance of Parklea CC's official visitors; and our three independent consultants who joined the inspection team: Rod Wise, the current Commissioner of Corrective Services Tasmania for his expertise in custodial operations and management; Craig Gear OAM, for his expertise related to prison health services; and Dr Elizabeth McIntyre for her expertise in matters affecting Aboriginal people, and mental health.

Fiona Rafter
Inspector of Custodial Services
June 2022

¹ The Kirby Institute is a global medical research institute dedicated to the prevention and treatment of infectious diseases, based at the University of NSW in Sydney.

Glossary of terms and acronyms

Aboriginal	'Aboriginal' when used in this report is inclusive of Aboriginal and Torres Strait Islander people.
AVL	Audio visual link
BRS	Broadspectrum Australia Pty Ltd
CAS Act	Crimes (Administration of Sentences) Act 1999
CAS Regulation	Crimes (Administration of Sentences) Regulation 2014
CC	Correctional Centre
CCTV	Closed-circuit television
CESU	Court Escort Security Unit
COPP	Custodial Operations Policy and Procedures
COVID-19	Coronavirus disease 2019, caused by the SARS-CoV-2 virus
CRES CSNSW	Corrections Research Evaluation and Statistics branch of CSNSW
CSNSW	Corrective Services NSW
EQUIPS	Explore, Question, Understand, Investigate, Practice and Succeed programs
ICS	Inspector of Custodial Services NSW
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
IDC	Inmate development committee
JH&FMHN	Justice Health and Forensic Mental Health Network
KPI	Key performance indicator
MTC	Management and Training Corporation
MTC-BRS	Management and Training Corporation and Broadspectrum Australia Pty Ltd joint venture to operate Parklea CC
OST	Opioid substitution therapy
PI	Performance indicator
PRNA	Protection non association
SMAP	Special management area placement
SVCH	St Vincent's Correctional Health

Executive summary

Parklea CC has a range of distinct functions. It is a major reception centre, it manages high volumes of remand and sentenced inmates, it has a separate minimum security area, and it holds a high number of inmates who require protection. It is also strategically important to the NSW custodial system, as it is a large centre in metropolitan Sydney, close to the courts, where the demand for remand placement options is concentrated.

Parklea CC's reputation as a difficult and complex site is not a recent development. It is longstanding, and pre-dates the 2018 NSW Parliamentary inquiry into the centre, which reported on a number of serious and systemic problems.²

This centre carries high risk due to several factors: size, ageing infrastructure, high population, high turnover, short stays and a high proportion of unconvicted inmates detained on remand. When the current operator MTC-BRS took over from GEO in April 2019, the inherent challenges were compounded further. Parklea CC was the site of major multi-year construction works and the proportion of unconvicted inmates was increasing. Further, there was an increasingly inexperienced staffing complement, and MTC-BRS was taking over an existing centre from a departing operator, as opposed to establishing a new centre, or taking over from Corrective Services NSW (CSNSW), (who unlike GEO, would have remained involved). With the opening of a new accommodation precinct in early 2020, which on its own is the size of a new prison, there was also significant population growth. In our view, it was a high-risk strategy in the circumstances to transfer management to a brand new private operator immediately after GEO's departure.

A two-day preliminary visit in September 2019 gave the impression that staff on the ground were only then beginning to fully grasp the position they were in, and the enormity of the challenge before them. It had been a volatile and unsuccessful first six months. By the time of the inspection in November/December 2020 (postponed from earlier in the year due to the onset of COVID-19) a substantial level of dysfunction may have been anticipated.

The inspection team ultimately saw some encouraging progress, and the centre had settled somewhat since the earlier visit. This does not mean there were not significant areas of concern, but we acknowledge the considerable efforts of staff and management on the ground to try to improve the functioning of Parklea CC. The recommendations in this report highlight a number of key areas where sustained and consistent focus and improvement is necessary.

Although it is still too early to comprehensively evaluate, the Parklea CC contract does require the operator to meet important standards and performance expectations. Some of the key performance indicators (KPI's) reflect areas where improved performance has been needed across the NSW correctional system, and where there has been policy development across the system. Overall, there appears to be functional and appropriate information sharing, both systematic and targeted, in place between CSNSW and MTC-BRS at the working and senior manager/executive level. MTC-BRS has detailed monthly reporting requirements to CSNSW, in addition to quarterly, annual and incident specific reporting.

Some of the features of the performance regime discussed in this report are: KPIs, 'charge events', performance indicators (PIs), and minimum service requirements.³ Financial abatements apply to the monthly fees paid to MTC-BRS under the contract subject to MTC-BRS' performance against the KPIs.

2 NSW Legislative Council Portfolio Committee No. 4 – Legal Affairs, Parliament of NSW, *Parklea Correctional Centre and Other Operational Issues* (Report 38, December 2018) (Parklea inquiry report).

3 Contract, Schedule 11, Performance Regime.

CSNSW advise that the full performance regime did not formally commence until April 2020, due to delays in construction of some of the new infrastructure.

We did find however, a disconnect between what the MTC-BRS joint venture had clearly contracted to undertake at Parklea CC and their ultimate staff planning and implementation. This led to transitional gaps in the staffing model in several areas, including welfare screening and classification. While subsequently rectified, with training assistance from CSNSW, we believe that this is in part linked to the focus on contractual compliance with KPIs. That is, less focus on service delivery for inmates where unrelated to KPIs.

The NSW Government now has three relatively new management agreements in place with private operators, at Junee Correctional Centre, Clarence Correctional Centre and Parklea CC. These three large centres accommodate almost one quarter of the inmate population and implicate over \$230 million annually in fees and costs.⁴ We believe it is imperative that the efficiency and value for money or cost effectiveness of these new major performance frameworks be independently reviewed. This is outside the scope of this report, which has focused on the conditions at Parklea CC and the services for inmates. We have made a recommendation on this, as well as a recommendation to increase and improve public reporting of individual prison performance (public and private).

We observed Parklea CC to be operating under constant pressure. It was managing a high volume of prisoner movement, with constant arrivals, new receptions and turnover. With most inmates staying at Parklea CC for short periods, demands on reception were intense. The first few days of custody is a particularly vulnerable and stressful time for new inmates, and resource intensive for a correctional centre. Despite hardworking efforts of staff, we were concerned that the risks to the safety and wellbeing of people coming into custody were exacerbated by how inmates were being managed through 24-hour court cells and into the metropolitan remand and reception centres (Parklea CC and MRRC). We have made recommendations on this issue, as well as on privacy in reception processes and placement and accommodation for new arrivals.

Parklea CC required more focus on the provision of services for remand inmates. The maximum security section of the jail was approximately 70% remand and 30% sentenced for much of 2020 and was closer to 80% remand and 20% sentenced in early 2021. During the inspection, it appeared that many MTC-BRS staff on the ground at Parklea CC, across custodial, non-custodial, and management, had initially formed an expectation or assumption (legitimate or otherwise) that they would be managing a facility that held a relatively even balance of sentenced and unconvicted inmates. This was not the case. Parklea CC needs to better prioritise front-end services that people need when they are first taken into custody, like health services, welfare needs and access to lawyers, rather than services for convicted and sentenced inmates (such as case planning and behavioural programs). We also found access to legal materials and resources at Parklea CC was inadequate.

A lot of the new infrastructure at Parklea CC is a considerable improvement, for example, the new visits centre, gatehouse, and programs and industries area. Regarding inmate accommodation specifically, it is now a mix of 35+ year old cell blocks which have not aged well, and more recent additions which are more fit for purpose. Some of the older infrastructure is arguably unsafe for staff and inmates. We have made a recommendation around ligature points in these areas. This is a broader safety issue that has been raised previously by the NSW Coroner's Court and is a longstanding critical issue across the NSW system. We believe Parklea CC should be prioritised by CSNSW due to its function as a remand and reception centre,

4 23.1% for the 2020–21 year: Productivity Commission, *Report on Government Services 2022: 8 Corrective Services* (Report, 28 January 2022) table 8A.4; Evidence to Portfolio Committee No.5 – Regional NSW and Stronger Communities, NSW Legislative Council, Sydney, 7 March 2022, 52 (Carlo Scassera, Assistant Commissioner, Corrective Services NSW).

which by its very nature has increased risks of self-harm. Looking forward, we also believe thought needs to be given to managing extreme heat in the maximum security areas.

The high rates of incidents were concerning. This reflects not only a high risk and unsettled population, but likely unmet demand for health and welfare resources and high demand for health centre observation cells. There are ongoing risks of burnout for health and custodial staff at Parklea CC. We have made recommendations around communication, staff rostering, and the segregation and non-association regimes.

Recruitment and retention of sufficient experienced custodial and non-custodial staff will require constant effort, training, support and focus from MTC-BRS. CSNSW (and the NSW Government) must acknowledge that selecting an operator that is not currently managing any other facilities in NSW (or Australia) presents a distinct risk in relation to the recruitment of sufficient experienced staff. Associated with this is the risk that the new operator will not always have a broader pool of ready resources to draw on to fill sudden vacancies.

Some of the positives observed during the inspection were professional conduct by staff and respectful interactions between inmates and staff. We understand the temperature at a correctional centre can vary. We expect that the extreme pressures of extended pandemic-related lockdowns during 2021 and 2022 may present a different picture after the inspection. Notwithstanding, it is important to acknowledge the progress that staff reported between the first and second year of MTC-BRS operations.

Regarding health services, MTC-BRS has sub-contracted St Vincent's Correctional Health (SVCH) to deliver health services at Parklea CC. A few specific elements of care of the SVCH service had the potential to drive positive developments in prisoner health care, and the ability to leverage clinical resources more broadly of a teaching hospital such as St Vincent's has promise. However access to health services was the issue most frequently raised with us by inmates. While this is not necessarily unusual in correctional settings, there was a high level of inmate anxiety and concern.

Remand inmates, and new reception inmates in particular often have more intensive health needs. The sheer volume of people moving in and out of Parklea CC adds further complexity, as each person, no matter how short the stay, requires a full health assessment. Numerically, an amount representing the daily average population of the centre is moving into the centre at least every two months, often faster than that. All of these inmates require health assessment. It is unclear whether SVCH were sufficiently briefed, prepared and staffed for this workload on commencement of the contract. This is before considering the impact of screening and testing inmates for COVID-19.

SVCH was meeting its targets around high priority cases, and doctors performed a substantial role in treating onsite trauma injuries. However the patient profile and associated level of incidents requiring medical attention is a challenge for SVCH. The need to prioritise emergency or acute medical conditions clearly impacted the health centre's ability to manage the demand for primary health care and the treatment of chronic illnesses. We believe there is a need to better manage waitlists for lower priority cases and chronic conditions, as these can become acute over time. There was also a need for additional resourcing to support closer monitoring of Aboriginal patients regarding their health needs.

Overall we found the organisational structure of the SVCH clinical primary care nursing workforce at Parklea CC to be sound. However additional nursing hours are required in the SVCH service, as well as an increased scope of practice for experienced primary health nurses, and an ongoing focus on training for all primary care nurses.

The inspection found there was a deficit in mental health services and crisis support for inmates at Parklea CC. A number of factors were implicated. Firstly, the staffing model for psychiatry, mental health nurses and nurse practitioners was insufficient for the cohort and turnover of population. We felt this presented safety risks and was not aligned with mental health resources available at other high volume reception and remand facilities. Second, Parklea CC has no dedicated infrastructure to accommodate inmates with acute mental health needs, outside of immediate clinic observation cells. Third, we observed a gap in available psychology services at Parklea CC.

We have recommended better coordination regarding triage of reception arrivals to ensure patients with acute mental health needs are not sent to Parklea CC in the first place as it is ill-equipped to manage this group until a more suitable placement becomes available. We have also recommended mental health resources and psychology resources be increased as a priority.

We did observe some positive initiatives at Parklea CC. This included a trial drug-free unit, endeavours to significantly boost inmate employment numbers (challenging for a remand population), peer-led activities, a range of wellbeing, cultural and skills-based activities, and the repurposing of part of the minimum security area for further training and skills. This may be in some part due to having concrete requirements around purposeful activity for inmates. In some instances, as elsewhere around the state, COVID-19 interfered with some programs. In others, take-up and participation was very low, or they had only recently commenced. We encourage Parklea CC's efforts to develop opportunities for inmates to acquire new skills, or simply have something purposeful to do while on remand. Hopefully the number of sessions and small number of inmates participating can be increased, so its impact can be more widely felt in the centre.

In some core areas though, Parklea CC inmates simply lacked services, and the centre had not managed to get on top of the large and revolving population. This included delays in establishing phone contacts, inadequate systems for monitoring requests and complaints (both health and unit based), delays in establishing Aboriginal cultural knowledge and connection activities and cultural support, and misaligned case planning assessment tools. We also believe the role of case planners at Parklea CC was too stretched and needed review in terms of scope and resourcing to ensure they are better able to meet inmates' needs.

Recommendations

The Inspector recommends:

1. The effectiveness (including cost effectiveness) of the new contracts to operate Parklea, Junee and Clarence Correctional Centres be independently assessed.
2. Corrective Services NSW, and the Department of Communities and Justice, increase and improve public reporting of individual prison performance (public and private) under the new performance framework, whether in the Annual Reports or otherwise.
3. Corrective Services NSW, together with the Justice Health and Forensic Mental Health Network, triage new inmate receptions through 24-hour court cells and into metropolitan remand centres.
4. MTC-Broadspectrum expand the structured induction for new inmates.
5. MTC-Broadspectrum and other Corrective Services NSW staff operating at Parklea Correctional Centre improve inmate privacy in reception processes.
6. MTC-Broadspectrum continue to use Area 6 as the first placement for new receptions arriving at Parklea Correctional Centre.
7. Parklea Correctional Centre focus its long-term vision for maximum security on the provision of services to remand inmates.
8. Corrective Services NSW and MTC-Broadspectrum improve sound proofing for audio-visual link suites in Area 5 and consider increasing the number of suites.
9. Corrective Services NSW and MTC-Broadspectrum improve inmate access to legal resources and computers to view and prepare legal documentation.
10. Corrective Services NSW and MTC-Broadspectrum jointly develop a strategy for the removal of hanging points at Parklea Correctional Centre.
11. MTC-Broadspectrum make in-cell fans available to all inmates at Parklea Correctional Centre maximum security complex.
12. MTC-Broadspectrum introduce a morning briefing for staff in each area of the prison.
13. MTC-Broadspectrum ensure that staff rostering always takes into account staffing with requisite skills.
14. Corrective Services NSW ensure onsite monitors are regularly reviewing the operation of segregation and related governance processes.

15. Corrective Services NSW and MTC-Broadspectrum review the protection non-association regime at Parklea Correctional Centre.
16. MTC- Broadspectrum and St Vincent's Correctional Health review the reception health screening process and use of clinic observation beds to ensure it is resourced to meet demand.
17. St Vincent's Correctional Health ensure regular clinical review and education regarding Priority 1 and 2 assessment.
18. The Justice Health and Forensic Mental Health Network review the appropriateness of triage categorisation in their monitoring role for all private providers.
19. St Vincent's Correctional Health develop capacity within Parklea Correctional Centre health services model to manage non-urgent and chronic care conditions.
20. St Vincent's Correctional Health further develop advanced nursing practice and nurse practitioners to increase the access to timely primary care.
21. St Vincent's Correctional Health and MTC-Broadspectrum hold a Close the Gap day or event at Parklea Correctional Centre to boost opportunities for screening Aboriginal people for prevalent chronic conditions.
22. St Vincent's Correctional Health engage Aboriginal Health Practitioners to increase access to primary health care services including mental health and wellbeing assessments, care and supports.
23. MTC-Broadspectrum and St Vincent's Correctional Health ensure consistent access to (non-emergency) dental services at Parklea Correctional Centre.
24. The Justice Health and Forensic Mental Health Network facilitate access to their dental database system, and St Vincent's Correctional Health manage dental waiting lists through this system.
25. St Vincent's Correctional Health ensure ongoing adequate training, supervision and credentialing for all primary care nurses, with avenues for identifying and addressing skill gaps.
26. Corrective Services NSW and MTC-Broadspectrum increase mental health resources at Parklea Correctional Centre.
27. Corrective Services NSW, the Justice Health and Forensic Mental Health Network, MTC-Broadspectrum and St Vincent's Correctional Health collaborate to ensure acutely unwell persons in need of specialised mental health facilities are triaged to the Metropolitan Remand and Reception Centre.
28. MTC-Broadspectrum increase resources directed to psychology services at Parklea Correctional Centre.

29. MTC-Broadspectrum and St Vincent's Correctional Health collaborate to improve the timeliness of drug and alcohol assessments and ensure inmate access for those assessments.
30. MTC-Broadspectrum and St Vincent's Correctional Health work to improve patient flow and access to available health services.
31. MTC-Broadspectrum and St Vincent's Correctional Health ensure that the new health centre is utilised to its full potential and dedicate necessary custodial and health resources.
32. Justice Health and Forensic Mental Health Network consult St Vincent's Correctional Health and other private providers within the implementation of Titanium, pathology and other JHeHS clinical system functionality upgrades and any future electronic system upgrades.
33. MTC-Broadspectrum and St Vincent's Correctional Health implement auditable systems that record requests for health services.
34. MTC-Broadspectrum reduce delays in verifying and establishing inmate phone contacts.
35. MTC-Broadspectrum ensure an auditable system to record internal requests and complaints.
36. MTC-Broadspectrum establish a local Elders Visiting Program to provide cultural support, guidance and advice for younger Aboriginal men, with appropriate resourcing.
37. MTC-Broadspectrum provide Aboriginal cultural knowledge and connection activities (art, stories, music etc) delivered and evaluated by Aboriginal people.
38. MTC-Broadspectrum ensure valuable property is stored appropriately, and inmate property descriptions are recorded with sufficient detail on the Offender Integrated Management System (OIMS).
39. Corrective Services NSW and MTC-Broadspectrum align case planning assessment tools and review the role and resourcing of case planners at Parklea CC, to ensure they can meet the needs of the inmate population.
40. MTC-Broadspectrum improve pre-release planning for its sentenced population.
41. 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*.

Parklea Correctional Centre profile

Location

Parklea Correctional Centre is located on Darug country in the Western Sydney suburb of Parklea, north of Blacktown NSW.

Function

Parklea CC incorporates a large maximum security centre which accommodates persons detained on remand as well as sentenced inmates. It also has a separate smaller section for minimum security (sentenced) inmates. It is a critical reception and remand centre for men in NSW, located in proximity to Sydney and metropolitan courts, and is one of the largest correctional centres in NSW.

Population

On 26 November 2020, at the beginning of the onsite inspection, the total population was 1,294. This included 807 persons held on remand and 487 sentenced inmates.

Previous inspection by the Inspector of Custodial Services

Parklea CC was first inspected by the Inspector of Custodial Services (ICS) in September 2014 as part of a thematic inspection focused on crowding and capacity across several correctional centres in NSW. The report was published in 2015.⁵

Inspection Dates

Preliminary: 17 and 18 September 2019

Pre-inspection liaison visits: 25 June 2020 and 29 October 2020

Main: 26 November 2020 – 3 December 2020

⁵ Inspector of Custodial Services, *Full House: The Growth of the Inmate Population in NSW* (Report, April 2015).

Inspection process

The office of the 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.⁶

The main onsite phase of the inspection of Parklea CC took place between 26 November and 3 December 2020. Three independent consultants were engaged to join the inspection team: one with a background in custodial operations and management, one with a clinical background in custodial health settings, and one State-wide Aboriginal Official Visitor with a background in mental health social work and criminal justice. The inspection team consisted of the Inspector, three consultants, three principal inspection and research officers, two senior inspection and research officers and the executive support officer.

From the point of view of inspection, it can be premature to inspect a new prison, or a prison with a new operator before it has had enough time for processes and protocols to settle and the culture to evolve and consolidate. Consequently, a two-day preliminary inspection visit took place in September 2019, with the main onsite phase planned for April/May 2020, after approximately one year under new management.⁷ In April 2020 the inspection was postponed, due to the onset of the COVID-19 pandemic.⁸

Inspection provides independent information gathering and analysis concerning what is working well and which areas require improvement. During the inspection, structured and semi-structured interviews were conducted with senior and middle management as well as uniformed and non-uniformed frontline staff and health staff. The inspection team also interviewed inmate representatives of the inmate development committees (IDCs) of the maximum and minimum security areas and engaged with inmates individually and in small groups throughout the inspection. In addition to these discussions, the inspection team observed the environment and practices of the centre and collected documentation.

Prior to the inspection, we received documents and data from staff at Parklea CC, CSNSW and the Corrections Research Evaluation and Statistics branch of CSNSW (CRES CSNSW). We requested additional documents and data following the inspection.

It is acknowledged that inspections capture a snapshot in time, with understanding and observations limited by time spent on site. Information obtained onsite was complemented by additional data obtained post-inspection. Conclusions are therefore drawn from the period of observation and additional data.

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.

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

⁷ The Office of the Inspector of Custodial Services in Western Australia has stated in a report dealing with a new contract operator, for example, that they aim for a 'baseline' inspection after 12 months. See Office of the Inspector of Custodial Services Western Australia, *2017 Inspection of Melaleuca Remand and Reintegration Facility* (Report, April 2018) 6.

⁸ For an overview of activities undertaken by the Inspector of Custodial Services in the early months of the COVID-19 pandemic, please see Inspector of Custodial Services, *Annual Report 2019-2020* (Report, October 2020) 30–32.

A draft report or relevant parts thereof were provided to MTC-BRS, CSNSW, and JH&FMHN in accordance with section 14(2) of the ICS Act. Submissions were received from those three entities, as well as from SVCH. In accordance with section 14(1) of the ICS Act, the Inspector provided the Hon Dr Geoff Lee, 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.

1 Introduction and overview

1.1 Background

1.1.1 Historical expansion

Parklea CC first received inmates less than 40 years ago.⁹ It is not an old facility within the NSW custodial context, but it has not aged well. It was originally built as a maximum security facility for approximately 220 inmates. Over the years, it has expanded to receive more inmates. A minimum security area intended for inmates participating in work release was constructed outside the perimeter walls of the main facility in the early 1990s (now called Area 4). A major extension to the maximum security accommodation (Area 5 A-C) opened in February 2003. This was intended to increase capacity by approximately 200 inmates.¹⁰ Area 5D, an 80-bed modular maximum security unit was added in 2015.¹¹

The 2016–17 NSW Budget included an investment of \$3.8 billion over four years to create around 7,000 new beds in NSW correctional centres.¹² This included the construction of additional accommodation for male inmates with maximum security classifications at Parklea CC as well as Junee, Bathurst, Mid-North Coast, South Coast, and Shortland correctional centres.¹³ Parklea CC was then the site of major new construction and expansion between 2017 and 2020, some of which was badly needed. This included the addition of a new 500-bed maximum security accommodation area (Area 6), a new 150-bed minimum security accommodation area in Area 4, as well as other facilities such as a new entry gatehouse, new visits building, and a new education and programs area.

Most of the new infrastructure is a considerable improvement. However the gap between the old and the new is stark. And while expansion provided improved infrastructure, it has also added to Parklea CC's complexity due to the increased size of the site and the inmate population. The new Area 6 is effectively the size of a new prison, placed within the secure boundary of an already very challenging correctional centre. Within the past 20 years, the inmate population of Parklea CC has almost tripled. On 30 June 2002 the population of Parklea CC was a total of 426 inmates.¹⁴ On 31 October 2009, the population was 588.¹⁵ In 2016–17, the daily average exceeded 900.¹⁶ At the time of the inspection, in November/December 2020, the population was close to 1,300.

1.1.2 Contract history and previous ICS inspection

Parklea CC commenced operation as a publicly operated prison in late 1983. The security classification was reportedly regressed from maximum to medium security following some major disturbances, and it

9 November 1983. Corrective Services NSW, Submission No 37 to Portfolio Committee No 4 – Legal Affairs, *Inquiry into Parklea Correctional Centre and Other Operational Issues* (March 2018) 19.

10 NSW Department of Corrective Services, *Annual Report 2002/03* (Report, October 2003) 7.

11 The Compulsory Drug Treatment Correctional Centre, established in 2006, is also located within the Parklea Correctional Complex. However this is administered separately by CSNSW in partnership with the NSW Drug Court and JH&FMHN.

12 NSW Government, 'NSW Budget: New Prisoner Beds, Record Corrections Funding' (Media Release, 16 June 2016).

13 'New Prisons: Completed Projects', *Corrective Services NSW* (Web Page, 11 January 2021) <<https://correctiveservices.dcj.nsw.gov.au/csnsw-home/correctional-centres/new-prisons/completed-projects.html>>. It also included the construction of three new correctional centres, Clarence, Macquarie, and Hunter correctional centres.

14 NSW Department of Corrective Services, *Annual Report 2002/03* (Report, October 2003) 139.

15 Corrective Services NSW, Submission No 37 to Portfolio Committee No 4 – Legal Affairs, *Inquiry into Parklea Correctional Centre and Other Operational Issues* (March 2018) 21.

16 Corrective Services NSW, Submission No 37 to Portfolio Committee No 4 – Legal Affairs, *Inquiry into Parklea Correctional Centre and Other Operational Issues* (March 2018) 21.

was also for a time designated as a centre for young offenders.¹⁷ It was reclassified as a maximum security prison in 2001.

In 2008, the NSW Government announced plans to contract out the management and operation of Parklea CC and Cessnock Correctional Centre, as well as the Court Escort Security Unit (CESU). Ultimately, only Parklea CC's operation was put out to tender. In 2009, GEO was selected by the NSW Government as the preferred tenderer to operate Parklea CC. At the time GEO managed Junee Correctional Centre (Junee CC) in the Riverina area of southern NSW, which they continue to operate today. GEO commenced as the Parklea CC operator on 1 November 2009. Health services at Parklea CC were provided by the JH&FMHN during this time.

As the ICS was established in 2013, there are no inspection reports from our office which cover the period during which Parklea CC was operated by the State.

Parklea CC was included in a thematic inspection focusing on overcrowding in NSW prisons in 2014. The Metropolitan Remand and Reception Centre (MRRC), located at the Silverwater complex, and the Metropolitan Special Programs Centre Area 2 (MSPC 2) located at the Long Bay Correctional Complex were also included in this inspection. The resulting 2015 report primarily focused on systemic issues across these three centres, and the correctional system, finding that in NSW the 'existing prison infrastructure and resources [were] inadequate to support the correctional population'.¹⁸ It also found that:

- The practice of 'double-bunking' had limited the flexibility of CSNSW to respond humanely to rapid increases in the inmate population.¹⁹
- Despite increases in inmate numbers there was no equivalent increase in specialist cells for segregation, special management, or at-risk inmates.²⁰
- Health infrastructure and services had not been increased proportionally to the addition of beds.²¹
- Due to the high and complex health needs of the prison population, the impact of overcrowding on health care was considered a high risk, and there were long waiting lists for mental health services.²²
- Shared amenities for inmates were strained across all centres (including numbers of phones, access to shade in the yards and access to ovals). At Parklea CC in particular, the visits infrastructure was inadequate, and was not designed to accommodate separate inmate cohorts simultaneously.²³
- There was a particularly large shortage of male remand beds in the Sydney metropolitan area.²⁴
- CSNSW was addressing the above deficit through the 'remand bed placement practice', which allowed for the movement of remand inmates to and from regional areas to create bed vacancies in Sydney to facilitate court attendance, albeit at considerable financial and human cost to the system.²⁵

17 From 1992 to 2001. See Corrective Services NSW, Submission No 37 to Portfolio Committee No 4 – Legal Affairs, *Inquiry into Parklea Correctional Centre and Other Operational Issues* (March 2018) 19.

18 Inspector of Custodial Services, *Full House: The Growth of the Inmate Population in NSW* (Report, April 2015) 32.

19 Inspector of Custodial Services, *Full House: The Growth of the Inmate Population in NSW* (Report, April 2015) 32.

20 Inspector of Custodial Services, *Full House: The Growth of the Inmate Population in NSW* (Report, 2015) 11, 40.

21 Inspector of Custodial Services, *Full House: The Growth of the Inmate Population in NSW* (Report, 2015) 11, 49.

22 Inspector of Custodial Services, *Full House: The Growth of the Inmate Population in NSW* (Report, April 2015) 49, 54.

23 Inspector of Custodial Services, *Full House: The Growth of the Inmate Population in NSW* (Report, April 2015) 49, 63.

24 Inspector of Custodial Services, *Full House: The Growth of the Inmate Population in NSW* (Report, April 2015) 49, 36.

25 Inspector of Custodial Services, *Full House: The Growth of the Inmate Population in NSW* (Report, April 2015) 36.

In 2018 Parklea CC was the subject of a NSW parliamentary inquiry that reported on the operations of the centre.²⁶ The inquiry looked into the adequacy of staffing levels and staff safety; the inflow of contraband; the security of the facility; the corporate governance provided by the GEO Group, as well as other issues, including the 'rapid build' prisons at Cessnock and Wellington, and independent oversight by the ICS. In December 2018 an Upper House committee released its report, concluding there were serious and systemic problems at the centre. The committee made several negative findings about the prison, its management, and its oversight, including fundamental failures of leadership and culture, and what it viewed as a failure to address issues in a timely and effective way.

In September 2018, before the December 2018 publication of the parliamentary inquiry report, the Minister for Corrections announced that a joint venture between Management and Training Corporation (MTC) and Broadspectrum Australia Pty Ltd (BRS) would be the new operator of Parklea CC. Parklea was managed by GEO between 1 November 2009 and 31 March 2019, and the joint venture MTC-BRS commenced on 1 April 2019, under a contract executed with the State.²⁷

MTC operates over 20 correctional and immigration facilities in the United States, and also has contracts to provide probation services in the United Kingdom.²⁸ While Parklea CC is the first time MTC has operated a correctional centre in NSW, MTC was contracted to operate Borallon Correctional Centre in Queensland between 2001 and 2007.²⁹ BRS (formerly Transfield Services) has operated the contract in Western Australia for court custody and court security services since 2017.³⁰ In December 2019 the independent company Ventia announced its intention to purchase BRS, and the acquisition completed in June 2020. For ease of reference, this report will use the term MTC-BRS when referring to the joint venture that manages and operates Parklea CC.

NSW currently has three privately operated correctional centres including Parklea CC. The other two are Junee CC operated by GEO, and Clarence Correctional Centre, a new facility operated by Serco Pty Ltd which opened in 2020 near Grafton. Approximately one quarter of the adult prison population in NSW are now accommodated in privately operated prisons (incorporating private health providers).³¹ This is a significant proportion by any measure.

26 NSW Legislative Council Portfolio Committee No. 4 – Legal Affairs, Parliament of NSW, *Parklea Correctional Centre and Other Operational Issues* (Report 38, December 2018).

27 In this report, the term 'the contract' refers to the contract between the NSW Minister for Corrections and the Commissioner for Corrective Services NSW (the State) and Management & Training Corporation Pty. Ltd and Broadspectrum (Australia) Pty Ltd (MTC-BRS), for MTC-BRS to manage and operate Parklea CC.

28 See, for example, HM Inspectorate of Probation, *An Inspection of London Community Rehabilitation Company* (Report, 2019) 9.

29 See Office of the Chief Inspector Qld, *Full Announced Inspection Borallon Correctional Centre* (Report, 2009) viii.

30 Office of the Inspector of Custodial Services Western Australia, *2018 Inspection of Court Custody Centres and Fiona Stanley Hospital Secure Facility* (Report, 2019).

31 CSNSW Corrections Research, Evaluations and Statistics, *Offender Population Report*, 14 February 2021.

1.1.3 Role and function

Parklea CC has several key functions within the NSW custodial system:

- Reception: Parklea CC receives inmates into custody as lawfully directed by NSW courts and judicial authorities, as well as those remanded into custody following police charge.
- Remand: Parklea CC holds inmates who are detained on remand and await finalisation of legal proceedings. The centre needs to facilitate their participation in legal proceedings, and communications with legal representatives.
- Sentenced: Parklea CC holds primarily recently sentenced inmates who await their security classification (maximum, medium or minimum), and transfer to their centre of placement. For most sentenced inmates, this is a period of less than two months.³²
- Sentenced minimum security: Parklea CC includes a separate minimum security area, where inmates have more freedoms, and should prepare for release back into the community.³³
- Transfer: inmates being moved between correctional centres in NSW will sometimes transfer through Parklea CC.

The range of distinct functions is quite complex. It is a major reception centre, it manages high volumes of remand and sentenced inmates, it has a separate minimum security area, and it holds a high number of inmates who require protection.

Parklea CC is also strategically important to the NSW custodial system, as it is a large centre in metropolitan Sydney, close to the courts, where the demand for remand placement options is concentrated.

1.1.4 Staffing profile

MTC-BRS includes a staffing structure update in its monthly performance reports to CSNSW. For November 2020, the month of the onsite inspection, the below update was provided. In addition to the governor and deputy governor of Parklea CC, the onsite senior management team (SMT) includes a head of safety and security, head of reducing reoffending, operational support services manager (overseeing industries, facilities, logistics, information technology etc), commercial and finance manager, head of residence and head of human resources.³⁴

32 Not including the separate Area 4 minimum security complex, as at 11 April 2021 the average time served at Parklea CC for a sentenced inmate was 48 days, but the median time served was only 29 days. Information provided by CRES CSNSW, July 2021.

33 As at 11 April 2021, the average time served in Area 4 (minimum security) was 173 days, and the median was 79 days. Information provided by CRES CSNSW, July 2021.

34 As discussed further in Chapter 5, healthcare services at Parklea CC are provided by St Vincent's Correctional Health, through a sub-contract with MTC-BRS.

Table 1: MTC-BRS personnel numbers for November 2020³⁵

Stream	Current
Management	8.00
Administration	54.00
Custodial	280.00
Casual correctional officers	50.00
Facilities maintenance	9.00
Education and programs	25.00
Total	426.00

1.2 Inmate Profile – who is accommodated at Parklea

1.2.1 Population and legal status

On 1 April 2019, the first day of operation for MTC-BRS, the total population was 965 inmates. This included 516 persons on remand (53.5%) and 449 sentenced inmates (46.5%). The average daily population throughout 2019 was 1,038.³⁶

On the first day of the inspection, 26 November 2020, the total population was 1,294. This included 807 men on remand (62.4%) and 487 sentenced inmates (37.6%). In the first three months of 2021, the average monthly population remained reasonably consistent between 1,200 to 1,300. Likewise, the average monthly proportion of remand to sentenced prisoners was approximately 70% to 30%.

Almost all remand inmates had been refused bail. A very small number (less than 1%) had been granted bail but had not met the bail conditions.³⁷

1.2.2 Age and cultural background

As at 12 January 2020, just over 50% of the Parklea CC population was aged 34 or under, with approximately 6% aged 55 or older. Over 12 months later these percentages remained consistent.³⁸

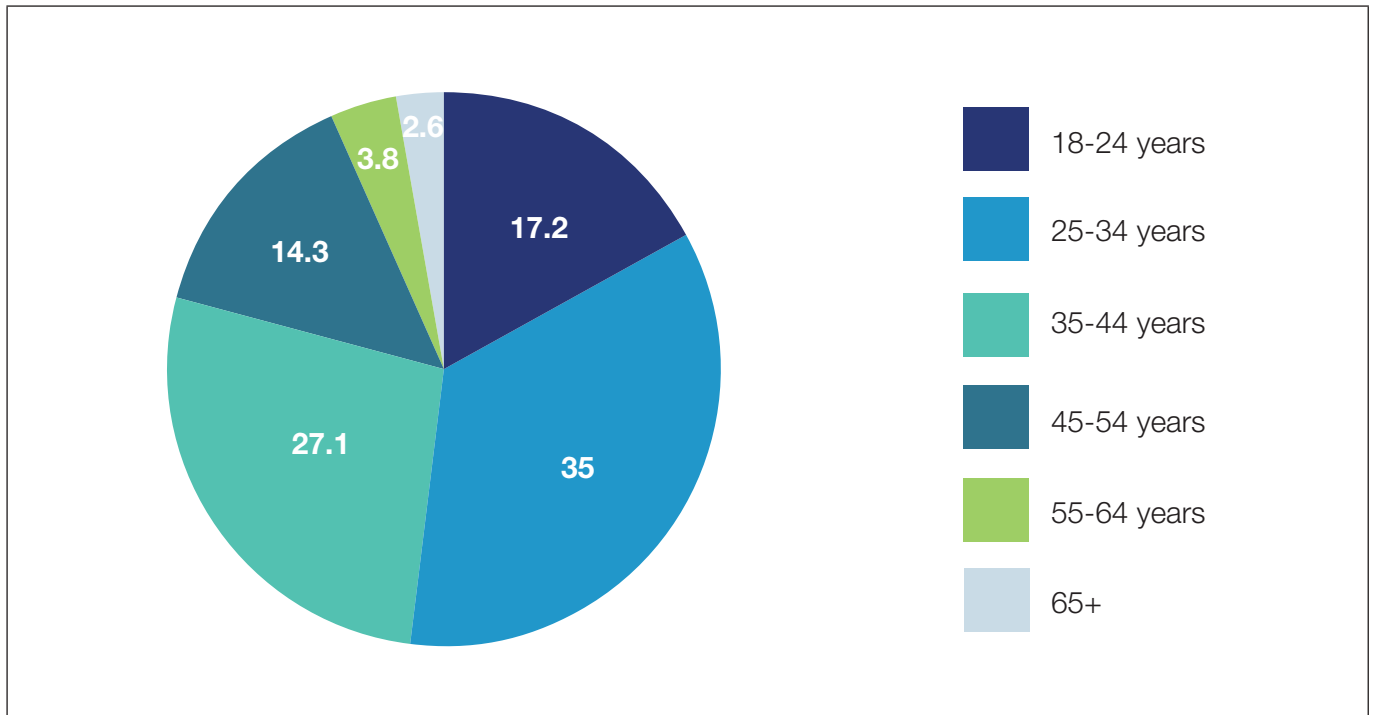
35 Not including health services. In the same month, St Vincent's Correctional Health reported 71.05 current FTE staff, and 84.76 approved FTE staff.

36 Information provided by CRES CSNSW, May 2020. Based on 12 months prior to 12 January 2020.

37 As at 11 April 2021. Information provided by CRES CSNSW, July 2021.

38 As at 11 April 2021 50.9% were aged between 18-34, and 7.2% over 55. Information provided by CRES CSNSW, July 2021.

Figure 1: Age distribution (percentage) of inmates at Parklea CC January 2020³⁹



As at 12 January 2020, there were 208 Aboriginal inmates at Parklea CC, or 19.4% of the total population. This remained reasonably consistent in the months leading up to inspection.⁴⁰ Approximately two thirds of the inmate population (67.4%) was Australian born. For the one third born outside of Australia, over 50 countries were represented, making it a diverse population. Countries with the largest representation after Australia were New Zealand (2.2%), Vietnam (2.0%), Lebanon (1.1%), China (0.7%), Iraq (0.7%), England (0.6%) and Sudan (0.6%).

Most inmates identified their cultural background as Australian (63%). The next largest cultural background identified was North African and Middle Eastern (9.2%), followed by Oceanian (6.5%), Southern and Eastern European (4.1%) and South-East Asian (4%).

While most inmates reported speaking English at home (78.1%), other key languages reported were Arabic (3.4%) and Vietnamese (1.9%). There were 27 inmates (or 2.5%) identified as requiring an interpreter.⁴¹

A large majority of inmates (72.9%) had no preferred religion, no recorded religion, or identified as Atheist. The largest religious group was Muslim (11.4%), followed by Christian (8.9%) and Christian Orthodox (1.8%).

1.2.3 Security classifications

As at 11 April 2021, Parklea CC held 424 inmates (or 33.3%) with a maximum (A2) security classification, 350 inmates (27.5%) with a medium (B) security classification, and 303 inmates (23.9%) with a minimum security classification (C1, C2 or C3). There were also 72 inmates (5.7%) with an 'escape risk' classification (E1 or E2), and the remainder had no classification (not yet classified).⁴²

³⁹ Information provided by CRES CSNSW, May 2020.

⁴⁰ In August, September and October 2020, the percentage of Aboriginal inmates in the total population was between 17% and 18%.

⁴¹ As at 12 January 2020. Information provided by CRES CSNSW, May 2020.

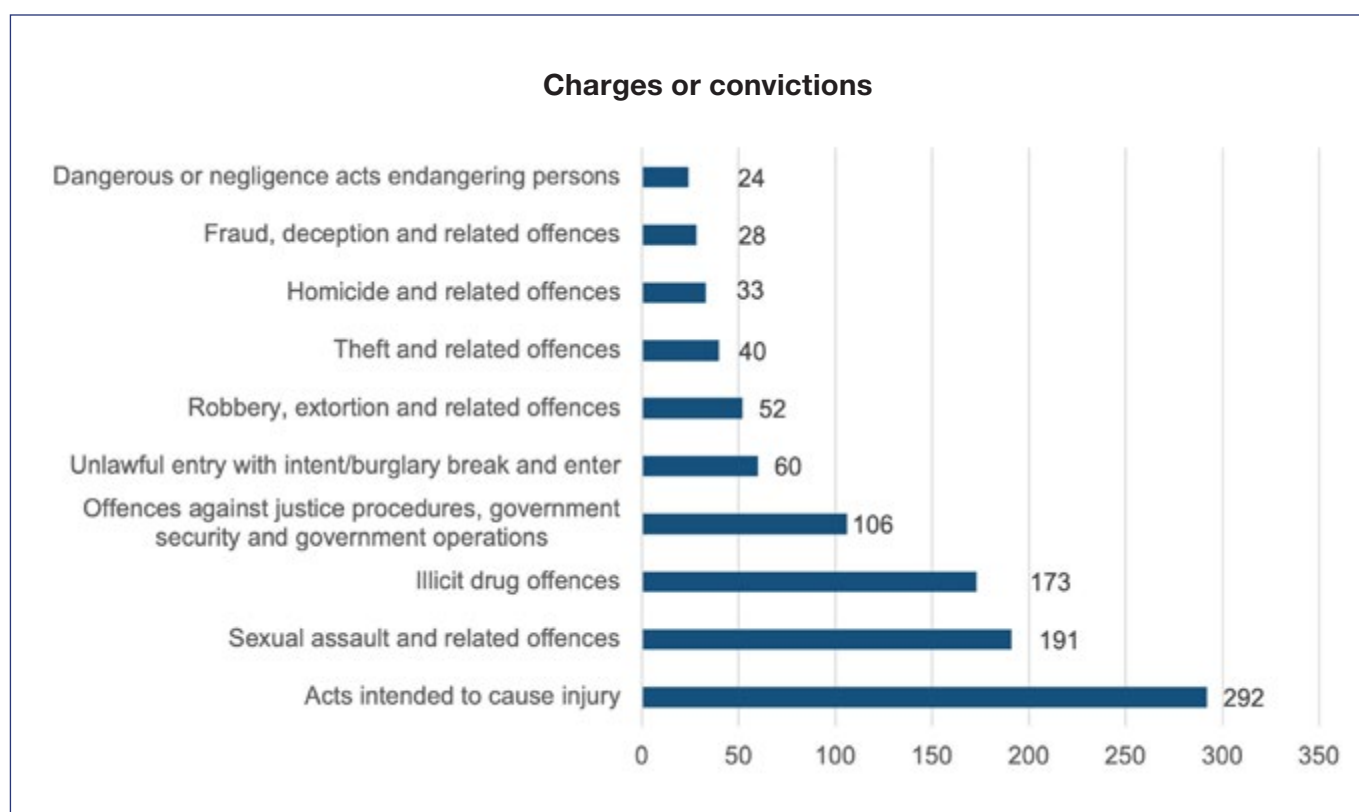
⁴² Inmate security classifications and risk designations are defined in the *Crimes (Administration of Sentences) Regulation 2014* cls 12, 14–15.

A significant proportion of inmates held at Parklea CC were special management area placement (SMAP),⁴³ or protection inmates (42.1% or 535 inmates as at 11 April 2021).⁴⁴ A small number were protection non association (PRNA).⁴⁵

1.2.4 Most serious offences

Parklea CC manages a significant number of inmates who have been convicted or remanded into custody for serious violent or sexual offences. Acts intended to cause injury was the most serious offence or charge for the largest number of inmates, followed by sexual assault and related offences, illicit drug offences, offences against justice procedures, government security and government operations and unlawful entry with intent/burglary, break and enter. Figure 2 displays the profile of most serious offences (ten most common categories).⁴⁶

Figure 2: Most common serious offence at Parklea CC at 12 January 2020



43 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 Area Placement* (version 1.3, October 2020).

44 Information provided by CRES CSNSW, July 2021.

45 0.9% or 11 inmates as at 11 April 2021. Information provided by CRES CSNSW.

46 Current inmates as at 12 January 2020. The profile remained consistent as at April 2021, with no change in the five most common most serious offences.

2 Performance expectations and monitoring

2.1 Introduction

There are currently three correctional centres managed by private operators in NSW, Parklea, Junee and Clarence. Due to the size of these three centres, they house approximately one quarter of the NSW prison population.⁴⁷ Victoria's privately operated prisons accommodate an even higher proportion, around one third of that state's male prisoners in December 2017.⁴⁸ In South Australia, following the decision to contract operations of the Adelaide Remand Centre to Serco Australia in 2019, more than one quarter of the custodial population is privately managed.⁴⁹ By contrast Queensland and Western Australia have recently seen a reduction of privately operated centres, with some returning to public management.⁵⁰

Our role is to report publicly on custodial services and conditions, and recommend improvements, irrespective of whether the public or private sector provides the services.

Section 238 of the *Crimes (Administration of Sentences) Act 1999* (the CAS Act) permits the Commissioner of Corrective Services to enter into an agreement with a corporation to manage a correctional centre. Provisions in management agreements must not be inconsistent with the CAS Act or the *Crimes (Administration of Sentences) Regulation 2014* (CAS Regulation).⁵¹ Management agreements may however establish a standard in relation to inmate welfare that exceeds the standards of the CAS Act or CAS Regulation.⁵² Further, staff employed at privately operated centres in NSW are subject by law to the provisions of the CAS Regulation, and to any directions given by the Commissioner of CSNSW, either generally or in a particular case.⁵³

In referring to 'privatisation' public commentary can sometimes give a misleading impression that a privately operated correctional centre has been 'sold', or that somehow the government is no longer responsible for the inmates housed there. It is important to clarify that the State (the NSW Government) retains the ultimate duty of care, even when it enters contractual arrangements for services at NSW prisons. Although the State can 'buy-in' or 'contract-in' services, it does not and cannot contract out of its fundamental obligations to people in custody. Inmates in NSW are transferred between public and privately operated prisons daily, and CSNSW retains responsibility for inmates housed in all locations. It is therefore crucial that CSNSW maintains robust oversight and monitoring of performance in both public and privately operated centres.

47 23.1% in 2020–21. See Productivity Commission, *Report on Government Services 2022: 8 Corrective Services* (Report, 28 January 2022) table 8A.4. See also CSNSW Corrections Research, Evaluations and Statistics, *Offender Population Report*, 14 February 2021.

48 Victorian Auditor-General's Office, *Safety and Cost Effectiveness of Private Prisons* (Report, March 2018) 7. More recently, the total proportion of inmates in Victoria held in privately operated prisons increased to 39%. See Productivity Commission, *Report on Government Services 2022: 8 Corrective Services* (Report, 28 January 2022).

49 28.6% in 2020–2021. See Productivity Commission, *Report on Government Services 2022: 8 Corrective Services* (Report, 28 January 2022). In addition to the Adelaide Remand Centre, Mount Gambier Prison is privately managed and operated by G4S Custodial Services Pty Ltd.

50 Western Australia's largest prison, Acacia, has been privately operated since it opened in 2001. The second privately operated centre, Wandoo Reintegration Facility, was repurposed as a dedicated drug and alcohol rehabilitation prison for women and returned to public hands in 2018. This is notwithstanding Wandoo had been assessed as performing to a high standard (See Office of the Inspector of Custodial Services Western Australia, *2016 Inspection of Wandoo Reintegration Facility*, (Report, January 2017). The Melaleuca Remand and Reintegration Facility for women commenced operations in 2016, however in 2019 the private operator Sodexo Australia Ltd and the West Australia Government signed an agreement to end the management contract early, and it also returned to state operation. In Queensland, the Arthur Gorrie Correctional Centre transitioned back to Queensland Corrective Services in 2020 after 28 years of operation by GEO.

51 *Crimes (Administration of Sentences) Act 1999* s 238.

52 *Crimes (Administration of Sentences) Act 1999* s 238(4).

53 *Crimes (Administration of Sentences) Act 1999* s 241(2).

2.1.1 New performance frameworks

The initial contract term for the management of Parklea CC by MTC-BRS is until 1 April 2026, a seven-year management term. Around the same time as this contract was settled, the contract to manage Junee Correctional Centre was renegotiated, amended and extended, with a contract term from 1 April 2019 to 31 March 2024. There is also now a twenty-year contract in place to manage and operate the Clarence Correctional Centre. This heralds a significant change in the operation of the correctional system in NSW and presents both significant risk and opportunity.

This has also coincided with a process of benchmarking publicly operated prisons, which introduced a performance monitoring and reporting framework for all correctional centres in NSW. This was partly in response to a report from the NSW Auditor General, which found that individual public prisons lacked clear targets, and that a lack of public reporting on publicly run prison performance limited transparency and accountability.⁵⁴

CSNSW has described the central objective of the development of consistent performance targets across the public and private system as being 'to ensure continuous improvement in the delivery of custodial services' and to 'clearly identify areas in which prisons are performing well and areas in which improvement is required'.⁵⁵

With three, relatively new management agreements now in place with private operators, accommodating one quarter of the inmate population, we believe it imperative that the efficiency and value for money or cost effectiveness of these new major performance frameworks be independently reviewed. This is outside the scope of this report, which has focused on the conditions at Parklea CC and the services for inmates.

Additionally, despite the large amount of information now being collected and held by CSNSW on public and private prison performance, little data on whether they are meeting performance expectations is routinely publicly available. While acknowledging the significant body of work undertaken in establishing and implementing these frameworks, there is room to increase transparency around outcomes.

The Parklea inquiry report recommended that a report by CSNSW on the implementation and effectiveness of its performance framework, lessons learned, and future improvements be tabled in Parliament by the Minister for Corrections by the end of 2021.⁵⁶ It also recommended that such a report specifically consider the effectiveness of the new contract for Parklea CC and the private provision of health services at Parklea CC, as well as other matters. The Government noted but did not support the former recommendation in its response, stating that:

- CSNSW is committed to continuous improvement and is closely monitoring the implementation of the new performance framework and will continue to scrutinise its effectiveness.
- CSNSW reports regularly to the Minister for Corrections on the subject.
- The development and implementation of the new performance framework is overseen by an independently chaired, inter-agency committee who will consider the effectiveness of the performance framework.
- Security and safety is assessed before information is publicly disseminated.

54 Audit Office of NSW, *Performance Frameworks in Custodial Centre Operations*, (Report, March 2016) 2–3.

55 Corrective Services NSW, Submission No 37 to Legislative Council Portfolio Committee No. 4 – Legal Affairs, Parliament of NSW, *Parklea Correctional Centre and Other Operational Issues* (16 March 2018) 122 [812].

56 NSW Legislative Council Portfolio Committee No. 4 – Legal Affairs, Parliament of NSW, *Parklea Correctional Centre and Other Operational Issues* (Report 38, December 2018) xi.

The latter recommendation was supported in principle only, with the Government noting that work was being overseen by ‘an independently chaired, inter-agency committee’, and referring to information included in Annual Reports filed by the Department of Justice (now the Department of Communities and Justice).⁵⁷

Recommendation: The effectiveness (including cost effectiveness) of the new contracts to operate Parklea, Junee and Clarence Correctional Centres be independently assessed.⁵⁸

Recommendation: Corrective Services NSW, and the Department of Communities and Justice, increase and improve public reporting of individual prison performance (public and private) under the new performance framework, whether in the Annual Reports or otherwise.

2.2 Performance regime

MTC-BRS was contracted by the State to manage Parklea CC for a period of seven years, until 31 March 2026. The State then has an option to extend the contract for a period of no greater than five years.

A performance regime applies to the contract, containing 25 KPIs and 4 ‘Charge Events’.⁵⁹ Financial abatements apply to the monthly fees paid to MTC-BRS under the contract subject to MTC-BRS’ performance against the KPIs.

2.2.1 Charge Events

The four Charge Events are described in the performance regime and allow the Commissioner of CSNSW to issue a significant financial penalty, or ‘charge’. They are

- unnatural deaths⁶⁰
- escapes from custody⁶¹
- major disruption to the operation of the correctional complex⁶² and
- compliance with release dates.

There are specific reporting requirements to CSNSW for each Charge Event, and the Commissioner does not need to wait for a Coroner’s finding or other police investigations to issue a charge for a prisoner death, an escape from custody or similar.

57 NSW Legislative Council Portfolio Committee No. 4 – Legal Affairs, Parliament of New South Wales, *Parklea Correctional Centre and Other Operational Issues*, NSW Government Response (25 January 2019).

58 See for example, Victorian Auditor General’s Office, *Safety and Effectiveness of Private Prisons*, (Report, March 2018) Chapters 4 and 5; Economic Regulation Authority Western Australia, *Inquiry into the Efficiency and Performance of Western Australian Prisons* (Final Report, 8 October 2015).

59 Contract, Schedule 11, Performance Regime.

60 A death of an inmate at Parklea CC or during an escort or otherwise in custody, which the Coroner or Commissioner determines is the result of an unnatural cause. Unnatural cause includes homicide, suicide, accidental cause or drug overdose.

61 There is one charge for an escape from open custody, and a higher charge for any escape from secure custody.

62 Major disruption is defined as an ‘incident involving defiance or disorder by one or more inmates’ which results in loss of effective control of any part of the complex (or of an inmate during temporary leave or escort), hostage taking, riot, or otherwise resulting in the State lawfully intervening to restore good order or security to any part of the correctional centre or complex.

In the first two years of operation, between April 2019 and March 2021, there were eight incidents identified as Charge Events by CSNSW. The combined charge value of these events was more than \$2.4 million. This is notable, as if MTC-BRS accrues a Charge Event liability of greater than \$2 million (indexed by CPI) in any rolling 12-month period, this amounts to a 'Default Termination Event' under the contract.⁶³

The inspection team reviewed some examples of formal correspondence issued following some of these incidents. CSNSW issued a written 'Notice of Major Default', advising of its determination that a Charge Event had occurred and advising of a monetary amount to be charged pursuant to the contract. It also requested MTC-BRS to provide a remedy program within 10 business days, in some instances including matters to be addressed in the remedy program.

2.2.2 Key performance indicators

Broadly, the KPIs to the contract cover inmate safety, security, health services, out of cell hours, access to purposeful activities and programs, asset maintenance, performance and reporting. The requirement to provide monthly (rather than a longer period) performance data, together with the linked financial abatement regime, ensures the focus on meeting performance targets is regular and consistent.

'Quality Failures' arise when MTC-BRS fail to meet a target performance range for any KPI, and the contract includes a methodology for calculating 'Quality Performance Points' which then operate to reduce the monthly service payment CSNSW pays to MTC-BRS.⁶⁴

63 Contract, Definitions, 12-13.

64 CSNSW advised that the previous term, 'Quality Failure Points' was changed to 'Quality Performance Points through a variation to the contract.

The following table shows the KPIs to the contract to operate Parklea CC.⁶⁵

Table 2: Key performance indicators

KPI	Description	Target or performance range/comment
KPI 1	Purposeful activity ⁶⁶	There is a target of 4.8 to 6 hours for sentenced inmates, and 3 to 4 hours for remand inmates.
KPI 2	Time out of cells	Minimum out of cell hours are specified, 7.5 hours for secure accommodation areas and 11 hours for open areas.
KPI 3	Serious self-harm	Target is zero. Two or more incidents per month result in QPPs
KPI 4	Assaults on non-inmates	Target is zero. One or more per month result in QPPs.
KPI 5	Assaults on inmates by other inmates	Target is zero. One or more serious or significant incidents results in QPPs. ⁶⁷
KPI 6	Specified serious incidents ⁶⁸	Target is zero. QPPs accrue per incident.
KPI 7	Illicit drug use	Calculated by reference to the rate of random drug tests returning a positive result. ⁶⁹ Anything more than 6% accrues QPPs, with a higher deduction above 12%.
KPI 8	Staff misconduct	Target is zero.
KPI 9	Accuracy of reporting	Target is zero non-compliant incident reports and zero critical reporting failures. Higher rate of QPPs for critical reporting failures.
KPI 10	Adherence to Performance Improvement Notice cure plans	Target is 100% adherence (or zero failures to comply)
KPI 11	Carrying out scheduled FM service tasks	Target is zero failures to undertake critical or non-critical maintenance tasks. Higher rate of QPPs for failures in relation to critical planned maintenance.
KPI 12	Rectifying FM service failures ⁷⁰	The KPI describes four levels of service failures, emergency, high, medium and low, each with specific time frames and QPPs
KPI 13	Chronic healthcare plans	Target is 100% eligible patients with up to date plans. QPPs accrue at 85% or less.

65 Approved exceptions or exemptions for each KPI are not discussed.

66 Purposeful activity is defined as including employment, offending behaviour programs, education, one to one well-being services, personal development and life skills programs, programs or one to one services that support reintegration upon release. It also includes recreational and social activities on weekends and public holidays.

67 For the third category, assault, a rate of 1.5% or more (by reference to the daily average inmate population) will result in QPPs.

68 This includes certain specific incidents, such as deliberately lit fires, serious security breaches, serious contraband breaches or non-fatal drug overdoses. These terms are specifically defined in the contract.

69 Random drug tests as defined under the contract are a monthly exercise whereby the State selects a random 5% sample of the population of eligible inmates and notifies MTC-BRS who then conduct the tests. Inmates who have been in custody for less than 30 days are excluded.

70 In the contract FM services or facilities management services broadly refers to asset management, utilities, waste management, grounds maintenance, pest control and cleaning.

KPI 14	Timely primary health services	Target is 100% compliance with time frames for priority 1 and 2 patients. QPPs apply for any failure periods.
KPI 15	Health discharge plans	Target is 100% eligible patients provided with a health discharge plan. QPPs accrue at 90% or less eligible sentenced patients and 70% or less eligible remand patients.
KPI 16	Early detection programs and immunisation services	Target is 100% eligible patients provided with immunisations, with QPPs accruing below this rate. For early detection programs, the target is also 100%, but QPPs accrue from 75% or below.
KPI 17	Health related incident reporting	Relates to timeframes for submitting health incident reports and resolving patient complaints, as well as 'incorrect' health procedures performed. QPPs accrue for any failure period or incorrect incident
KPI 18	Health screening	Target is 100%. QPPs accrue at 97% or less.
KPI 19	Inmate place unavailability	QPPs accrue for each day a cell is unavailable for inmate placement (for a variety of reasons that may require rectification)
KPI 20	Meal failures	QPPs accrue for any failure to provide an inmate food in accordance with the Contract. ⁷¹
KPI 21	Current case plans	Target is 100% of eligible inmates with a current case plan. ⁷² QPPs begin to accrue at 90% or less.
KPI 22	Outstanding case plan interventions	Target is zero outstanding. QPPs begin to accrue at 3% or more. The rate of QPPs is higher for medium/high risk inmates, than applies for low risk inmates.
KPI 23	Participation in temporary leave programs and compliance with temporary leave orders	Based on the rate of eligible inmates participating in temporary leave programs such as weekend and day leave, external work release or education under a leave permit, as well as the number of breaches of temporary leave orders. There is a zero threshold for the latter.
KPI 24	Escapes from temporary leave	Zero threshold- any escape from temporary leave (so defined) results in QPPs.
KPI 25	Drug and alcohol referrals for pregnancies ⁷³	N/A Parklea CC

Some of the KPIs reflect areas where improved performance has been needed in the NSW correctional system, and where there has been policy development across the system. It is a good development, for example, to see some KPIs focus on purposeful activity, out of cell hours, case plans and participation in leave programs, crucially with specific targets attached. The KPIs are more directed to relevant targets or outcomes, as opposed to reflecting simply work inputs by the operator, which was reportedly a drawback in

71 There is an exemption in some specific circumstances if the failure is a direct result of the State's failure to meet its own obligations.

72 Complete case plans are required within six weeks of the date of sentence for newly sentenced inmates, or six weeks from the date a sentenced inmate is transferred into Parklea CC custody.

73 While a KPI in the new CSNSW contracts, Parklea CC does not accommodate women.

previous contractual arrangements.⁷⁴ Combined with specific monthly reporting required for each KPI under the contract, CSNSW receives detailed ongoing information and overview as to whether KPI targets are being met.

While acknowledging the positive target focus of the KPIs, the inspection team was left with some specific questions for applicability to Parklea CC and the population. And how the reception and remand focus is complemented by the KPIs.

Example 1: Current case plans

One KPI requires all sentenced inmates who have three months or more on their sentence to have a case plan within six weeks of sentence, or within six weeks of transfer to Parklea CC. Ensuring targets on this issue was an essential development in NSW in recent years, and broadly it is positive to see case plans aligned with performance targets across the system. Case plans are important for the minimum security sentenced inmates at Parklea CC. For the remainder of the sentenced population however, data in April 2021 revealed that the average length of stay for sentenced inmates (excluding minimum security) is 48 days, or effectively seven weeks. The median time served was 29 days (four weeks). Is this an effective use of Parklea CC resources?

CSNSW has suggested that rules around eligibility, combined with high remand numbers was a variable measure that meant Parklea CC would ultimately not be required to do a high volume of case plans. However, with inmate needs around welfare, health, safety, screening, and legal communication so high, and turnaround so frequent, we question whether this KPI (combined with the six week eligibility rule) is a useful measure for Parklea CC performance. Some case planners felt that a case plan finalised a week or two before transfer would inevitably be modified or changed by the next jail of classification.

Example 2: Illicit drug use

MTC-BRS felt the performance range of 0% to 6% for this KPI was unrealistic for a large reception centre such as Parklea CC, with high rates of drug and alcohol use on arrival. CSNSW countered that eligible inmates for random testing must have been in custody for at least 30 days, and should therefore have no unfair or disproportionate impact on Parklea CC.

Example 3: KPI gaps

There were no KPIs specifically targeted for a reception facility, outside of some of the health requirements. While there are specific contractual obligations relevant to reception and remand, detailed in the Outcome Specifications, the KPIs did not necessarily reflect all of Parklea CC pressure points. CSNSW advised that the KPIs were developed to apply to all centres.

MTC-BRS, for example, had reportedly addressed welfare screening in its tender to CNSSW, but then did not prepare for staffing around welfare screening on transition. While subsequently rectified, including training support by CSNSW, it is unlikely that a matter the subject of KPI reporting would have been a staffing oversight.

2.2.3 Contract Outcomes and Services Specification

Part C of Schedule 3 (Output Specification) to the contract is referred to as the 'Services Specification'.

⁷⁴ CSNSW stated to the Parklea Inquiry that the new contracting model was 'to focus strongly on the delivery of security, safety and inmate rehabilitation outcomes rather than on the execution of process, which typified the contract model when Parklea's operations were originally outsourced in 2009.' See Corrective Services NSW, Submission No 37 to Portfolio Committee No 4 – Legal Affairs, *Inquiry into Parklea Correctional Centre and Other Operational Issues* (March 2018) 33.

These are the detailed service requirements of the contract. They are grouped under five key areas:

- rehabilitation and reintegration
- safety and security
- decency and respect
- professionalism and accountability
- health services.

This establishes a lengthy and comprehensive list of ‘minimum service requirements’ on the private operator. Each process or requirement is structured around a broader ‘outcome required’. For example, in the rehabilitation and reintegration section, there are a number of outcomes required, such as ‘Each inmate completes all Offence Related Programs specified in the inmate’s case plan and reduces the inmate’s risk of reoffending’ and ‘Each inmate completes personal development and life skills programs specified in their case plan and reduced their risk of reoffending’. There is then a range of minimum service requirements for each specific outcome area. Each category also includes any relevant legislation and mandatory policies that MTC-MRS must comply with.

2.2.4 Performance indicators

Also included in Schedule 3 Part C to the contract are performance indicators (PIs). These are described as ‘a tool which may be used by the State to monitor MTC-BRS performance of its obligations under the contract.’⁷⁵ Table 3 lists the 23 PIs in the contract.

Table 3: Performance indicators

PI Number	Description	PI Number	Description
PI 1	Offence related programs	PI 2	Adult basic education
PI 3	Average weekly participation in adult basic education	PI 4	Vocational education
PI 5	Inmate employment	PI 6	Inmate misconduct – violent
PI 7	Inmate misconduct – drugs and related	PI 8	Inmate misconduct – other
PI 9	Protective custody	PI 10	Segregated custody
PI 11	Use of force	PI 12	Self-harm assessment and intervention
PI 13	Non-serious self-harm	PI 14	Inmate screening
PI 15	Inmate searches	PI 16	Cell searches
PI 17	Correctional centre searches	PI 18	Contraband detection
PI 19	Inmate visits	PI 20	Inmate complaints
PI 21	MQPL and SQL ⁷⁶	PI 22	Current case plans
PI 23	Outstanding case plan interventions		

⁷⁵ Contract Schedule 3 (Output Specification) Part C Services Specification, Section 4A Performance Indicators.

⁷⁶ This refers to a ‘Measure of Quality of Prison Life’ questionnaire for inmates and a ‘Staff Quality of Life’ questionnaire to be reported on every three years.

MTC-BRS must report on its performance against each of the PIs in its monthly performance reporting to CSNSW. They do not in and of themselves necessarily result in financial abatements, however they are monitored by CSNSW and can be used to formulate a Performance Improvement Notice (PIN) should performance be unsatisfactory.⁷⁷

Although it is still too early to comprehensively evaluate, the contract does require the private operator to meet important standards and performance expectations, and the operator is required to assume significant operating and financial risks.

We also note that during the COVID-19 pandemic, CSNSW has continued to issue a range of Commissioner's Instructions to all correctional centres, including privately operated centres. In addition to instructions directed at infection control, quarantine, testing, PPE etc, at times there have been restrictions for example on third parties attending correctional centres to deliver educational programs or other services and activities, suspension of external work release, in-person visits etc. CSNSW has granted relief to MTC-BRS for KPIs affected by such cancellations as instructed by the Commissioner.

2.2.5 Other features

There are some other notable features of the contract, including:

Transport

Transportation of inmates between Parklea CC and other correctional centres, as well as transport of inmates between Parklea CC and NSW court complexes is carried out by CSNSW CESU. Given the volume of daily movements within NSW, it makes sense that this remains centrally coordinated.

MTC-BRS is however responsible for the escort of Parklea CC inmates to hospital or other external medical facility, as well as to any compassionate or temporary leave granted within Sydney. While this also is a logical division of responsibility, it was unclear MTC-BRS had engaged sufficient staff to meet the high volume of escorts from Parklea CC for medical and hospital care. Several staff noted that medical escorts have placed a strain on the centre's operations, due to staff escort requirements.

For unscheduled or unpredictable hospital escorts, staffing can be facilitated through overtime shifts, utilising casual correctional officers or redeploying centre staff. Redeploying staff draws resources that have been rostered elsewhere. The ICS *Health Services in NSW Correctional Centres* report (Health Services report) noted that this practice frequently results in partial correctional centre lock ins.⁷⁸

Under the contract, MTC-BRS is paid for each escort and scheduled escort, so staffing these escorts is MTC-BRS responsibility.⁷⁹ CSNSW advised that MTC-BRS were provided with appropriate information and statistics on the medical escorting service requirements during the tender process. The issue should be monitored closely by CSNSW so that the State can be assured MTC-BRS ensures sufficient staffing capacity to manage its daily operations and meet its KPIs. Longer term, this in an area either for contract review between CSNSW and MTC-BRS or for MTC-BRS to consider dedicated staffing.

77 Compliance with PIN cure plans being its own KPI.

78 Inspector of Custodial Services, *Health Services in NSW Correctional Facilities* (Report, March 2021) 102.

79 Contract, Schedule 10 Payment Schedule, Part 10.

The ICS Health Services report recommended that CSNSW implement an appropriately planned and resourced Medical Escorts Unit to service key regional and metropolitan hubs.⁸⁰ A pilot had commenced at the time, with the hope that it would improve efficiencies, enhance bed flow and reduce cancellations across the system. CSNSW has since expanded the Medical Escorts Unit. Indeed at one stage during the COVID-19 outbreak in mid-2021, the centralised Medical Escorts Unit expanded its purview, including temporarily conducting Parklea CC escorts. A core group of staff with additional practice and training in relevant protocols reduces risk, in addition to several other efficiencies. CSNSW and MTC-BRS should review arrangements for medical escorts, explore the possibility of creating a dedicated Parklea CC based escort team, or CSNSW retaining responsibility for inmate medical escorts.

Remand/Sentenced Cohorts

The contract does not particularly reflect remand or reception functions in its KPIs or PIs. Some found this incongruent at Parklea CC given the additional risks and workload associated with a high remand and reception function. The contract does however use the concept of a 'Cohort Adjustment'. This is a monetary adjustment built into the contract based on the percentage inmate population that is on remand.⁸¹

Effectively, MTC-BRS is additionally compensated where the number of remand inmates exceeds the 'remand inmate threshold' (defined as 60%). Similarly, the State's monthly payment obligation is reduced where the number of remand inmates is lower than the 60% threshold. This provision also refers to a 'Remand Inmate Floor' of 30% of the daily average inmate population. The contract says the purpose of the Cohort Adjustment is 'to enhance value for money and provide flexibility to the State'.

This is another area where there was some disconnect between the contract and expectations on the ground. While MTC-BRS (contractually) had clearly committed to certain expectations around remand numbers, operationally staff on the ground did not appear ready (or staffed) for the proportion of remand and reception inmates.

Population levels

In relation to population levels, the contract uses a 'Volumetric Adjustment' to compensate MTC-BRS for costs associated with higher population levels. Where the population exceeds certain minimum levels, there is a related adjustment, one for the minimum security facility and one for the maximum security facility. The 'Minimum Population' is defined in the payment schedule as 80 inmates for the minimum security centre, and 846 inmates for the max security centre.⁸² The adjustment is either zero or positive (there is no negative adjustment foreseen).

80 Inspector of Custodial Services, *Health Services in NSW Correctional Facilities* (Report, March 2021) 106 (recommendation 25).

81 See Contract, Schedule 10 Payment Schedule, Part 7.

82 Contract, Schedule 10 Payment Schedule, Part 5. Maximum capacity is referred to in this document as 230 for minimum security and 1346 for the max security centre. Total nominal surge capacity is also defined as 1816 inmates in this document.

2.3 Contract/performance monitoring by CSNSW

2.3.1 Reporting

MTC-BRS has considerable ongoing performance reporting requirements to CSNSW under the contract. This regular reporting is in addition to any specific incident or issue-related reports that may arise (for example following a charge event or the issuance of a PIN Notice). Key elements include:

- continuous on-line reporting (continuous read and print access to information, reports and data used by MTC-BRS to measure its performance)
- daily inmate population report⁸³
- monthly performance reports
- quarterly performance reports
- annual reports.⁸⁴

Examples of monthly and quarterly performance reports were reviewed. In addition to an overview of services delivered and any major incidents and trends for the month, they addressed KPI reporting and performance, relevant figures and analysis. They also included monthly updates and statistics in a variety of areas.⁸⁵ The Quarterly Performance Report is intended to consolidate the information contained in the previous three-monthly reports, with some additional summary information, additional auditing requirements and identification of areas of non-compliance and remedial actions.

The contract also required MTC-BRS to submit over 20 formal plans for review by CSNSW prior to commencement of operation, covering areas including safety and security, emergency management and staff recruitment and training. These are required to be updated on an annual basis with a deadline attached.⁸⁶

2.3.2 Monitoring and governance

The Operational Performance and Review Branch (OPRB) within CSNSW is the primary team managing contract performance, and one of their stated aims is to provide systematic oversight of correctional services delivered by private operators including MTC-BRS. This team sits within the Governance and Continuation Improvement (G&CI) Division of CSNSW, which is headed by an Assistant Commissioner.⁸⁷

Contract monitors for CSNSW are part of the OPRB. A CSNSW contract monitor is onsite at Parklea CC seven days per week.⁸⁸ At the time of the inspection there were three monitors appointed, one held a manager of security (MOS) rank, and two were senior assistant superintendent (SAS) level. They had an appropriate secure access work location. We observed monitors' real time access to Parklea CC documentation and CCTV footage, as well as to locations within the centre. We also observed the issues register/spreadsheet maintained in relation to incidents.

83 Including a breakdown of the location of any vacant available inmate places.

84 CSNSW Contract Management Plan, 11.

85 Including for example: Aboriginal participation in the MTC-BRS and SVCH workforce; any relevant stakeholder engagement; pharmaceuticals reporting; case management, programs and reintegration services (e.g. assessments, interventions and programs completed and waiting lists); health services; staffing deployments; asset management and maintenance.

86 Contract, Schedule 7, Plans and Reports Schedule, Part B, 4.

87 The Governance and Continuation Improvement Division (GCI) includes CRES (Corrections Research, Evaluation and Statistics), Professional Standards, Coronial Matters, Learning and Culture as well as other governance and statistical areas. The Assistant Commissioner for GCI is the contract administrator.

88 Not 24/7.

Monitors held regular scheduled meetings with the deputy governor and/or security manager, as well as ad-hoc meetings and interviews with a range of staff following incidents or during regular monitoring and observation tasks. There was a higher frequency of scheduled meetings in the first twelve months due to the volume of issues, however this had settled at weekly or fortnightly at the time of the inspection. The monitoring team was of the view that MTC-BRS disclosed issues to CSNSW as appropriate, were open to suggestions and advice from the monitors, and had shown improvement in responsiveness to problems or issues. OPRB management also held monthly meetings with the governor or other members of the Parklea CC SMT, as well representatives from MTC-BRS corporate executive. The inspection team reviewed meeting minutes to confirm regularity and purpose.

The OPRB has established a set of protocols of qualitative assessments for validating or assessing performance against the minimum service requirements in the contract. Frequency of assessment, for example monthly, quarterly, or random is subject to the task and risk rating, as well as any incidents and live issues or performance trends observed. KPI and PI data is also analysed monthly, to ascertain any trends or concerns, which is reported to the Assistant Commissioner G&CI.

The State (CSNSW) may issue a PIN if MTC-BRS fails to comply with the Services Specification in the contract. If the State issues a PIN, MTC-BRS must develop a 'cure plan' to remedy the failures identified, which is provided to the State for review.⁸⁹ The inspection team requested MTC-BRS to provide copies of any PIN's issued by CSNSW, which revealed that the process was implemented on eight occasions between January 2020 and March 2021. MTC-BRS (and SVCH) appeared to respond diligently and promptly to the matters raised.

Overall, there appears to be functional and appropriate information sharing, both systematic and targeted, in place between CSNSW and MTC-BRS at the working and senior manager/executive level. Importantly for such a complex transition and early phase new operator, MTC-BRS has largely had stability in senior management, albeit with some exceptions. A long-term governor appointed at the outset was important, and while one or two SMT positions have changed personnel since opening, there has been a relatively stable core. Both CSNSW and MTC-BRS advised that they had established good working relationships with each other. The MTC-BRS SMT also appeared to work functionally well together, and communication and meetings were regular.

There does however remain a question regarding external governance of the effectiveness of the contract. CSNSW has advised Parliament that an independently chaired, inter-agency committee is responsible for considering the effectiveness of the performance frameworks established through the benchmarking process for public prisons.

The CSNSW Commissioning and Contestability Advisory Board (CCAB) is primarily composed of senior public service representatives from a number of government departments. It includes representatives from CSNSW, the Department of Communities and Justice, NSW Treasury, NSW Industrial Relations and the Department of Premier and Cabinet. It is independently chaired by Professor Gary Sturgess, who is the NSW Premier's ANZSOG⁹⁰ Chair of Public Service Delivery at the University of NSW. A review of meeting records noted the CCAB met five times between June 2020 and November 2021. CSNSW advised that the operational response to COVID-19 was a major disruption to board meetings. The OPRB provides relatively detailed updates to the CCAB regarding Parklea CC performance.

As to whether the CCAB provides sufficient independence from CSNSW should be a matter for consideration in our recommended independent review.

89 Contract, Schedule 11, Performance Regime, 2.10.

90 The Australia and New Zealand School of Government.

3 Reception and remand

Parklea CC is a major metropolitan reception and remand facility in NSW. It receives persons detained directly following court proceedings, or directly from police and court cells. It holds people detained on remand who are either waiting for or attending their court proceedings. It also holds those recently sentenced to a custodial sentence, mostly awaiting transfer to a different facility to serve their sentence.

In general, remand inmates are less settled when compared to a sentenced population. They have higher rates of physical and mental health issues, and substance abuse problems. They also have different needs, for example, more frequent contact with their lawyers, access to legal information and resources, and often more intensive medical and welfare requirements. Many will be anxious about their legal case or court appearances, will not know how long they will be incarcerated, and many will be reflecting on the circumstances that have led them to be incarcerated. These elements can often present elevated risk, and less predictable behaviour. A 2015 report on the increasing remand population in Western Australia found that adult remandees were almost twice as likely as their sentenced counterparts to be involved in an assault incident.⁹¹ The first few days of custody, following reception, is also a particularly vulnerable time for new inmates.

We observed Parklea CC to be an extremely complex and transient prison, operating under constant pressure. In addition to the elevated needs of remand prisoners, and the increasing proportion of remand prisoners in the population, the centre was managing a high volume of prisoner movement, with constant arrivals, new receptions and turnover. With most prisoners staying at Parklea CC for short periods, demands on reception services were intense. Despite the hardworking efforts of staff, almost inevitably things fell through the cracks.

3.1 Reception

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.⁹²

Reception into custody is a stressful and volatile period. It is also very resource intensive. The Contract specifies several minimum service requirements around reception, under a core outcome that 'any risks to

91 Office of the Inspector of Custodial Services Western Australia, *Western Australia's rapidly increasing remand population* (Report, October 2015) 15.

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

an inmate's safety and security is mitigated through effective assessments and reception processes'.⁹³

Broadly, staff in reception at Parklea CC appeared well practiced (see the numbers discussed below) and confident in what they were doing, with a relatively efficient process considering the large volume of persons. Several opportunities for improvement were nonetheless identified.

3.1.1 Daily arrivals

Parklea CC receives new inmates seven days a week. There is no cap on the number of daily arrivals (provided the prison has suitable bed capacity on a given day). In December 2020, Parklea received 591 new reception inmates into custody, an average of 19 per day over seven days. Data requested from CSNSW over a longer period confirmed that these figures were reasonably consistent. In the six months from October 2020 to March 2021, total numbers ranged from 495 and 591 per month, averaging at least 18 per day.⁹⁴ With the onset of the COVID-19 pandemic in 2020, and consistent with practice adopted by JH&FMHN across correctional centres in NSW, Parklea CC also introduced COVID-19 screening and testing for all new receptions as an essential priority.

For the same six-month period to March 2021, the total number of inmates transferred into Parklea CC custody from other correctional centres ranged from 277 to 371 per month, averaging approximately 11 per day. Taken together with new receptions, Parklea CC was receiving around 29 inmates per day. This is a relentless pace of inmates coming into reception requiring individual screening and placement at the centre.

Adding to the pressure, and the associated risk, was that most inmates were arriving at Parklea CC during the late afternoon and evening, with activity appearing to peak after 5pm. On one evening during the inspection at 6.30pm there were four further transport trucks carrying inmates anticipated. Sydney's other major reception and remand centre for men, MRRC, together with CSNSW, had established a daily 'cut-off' for accepting new receptions at 12.30pm. This unsurprisingly impacted Parklea CC by default. Gate records indicated that inmate transport vehicles arrived of an evening at Parklea CC as late as 10.38pm (November 2020), 9.37pm (December 2020) and 10.49pm (January 2021). This meant that some inmates were arriving in their cells through to midnight.

According to information provided by CSNSW, Parklea CC received 6,408 new inmate receptions between April 2020 and March 2021.⁹⁵ Over a similar 12-month period (March 2020 to February 2021) MRRC received 4,459.⁹⁶ This is a notable shift from previous years. In the 2016–17 year, MRRC received 5,753 new receptions, and Parklea CC received 4,331.⁹⁷ Since the commencement of the contract with MTC-BRS, as well as the opening of new beds in Area 6, there appears to have been a notable shift in responsibility for managing new reception inmates in NSW (and therefore risk) from the public system to the (new) private operator. We are concerned that where this responsibility is not evenly distributed, risks to the safety and wellbeing of people coming into custody are exacerbated.

CSNSW's own summary of their reception policy and procedures states that the successful reintegration of inmates into the community 'starts with the reception process where information is gathered and communicated to the screening and induction staff'.⁹⁸ Inmates being received into custody late at night are

93 Contract Schedule 3 (Output Specification), Part C Services Specification, 2.5.1.

94 Information provided by CRES CSNSW, July 2021.

95 Information provided by CRES CSNSW, July 2021.

96 Information provided by CRES CSNSW, May 2021.

97 Corrective Services NSW, Submission No 37 to Portfolio Committee No 4 – Legal Affairs, *Inquiry into Parklea Correctional Centre and Other Operational Issues* (March 2018) 22.

98 Corrective Services NSW, *Custodial Operations Policy and Procedures: 1.1 Reception Procedures* (version 1.8, 28 January 2022) 1.

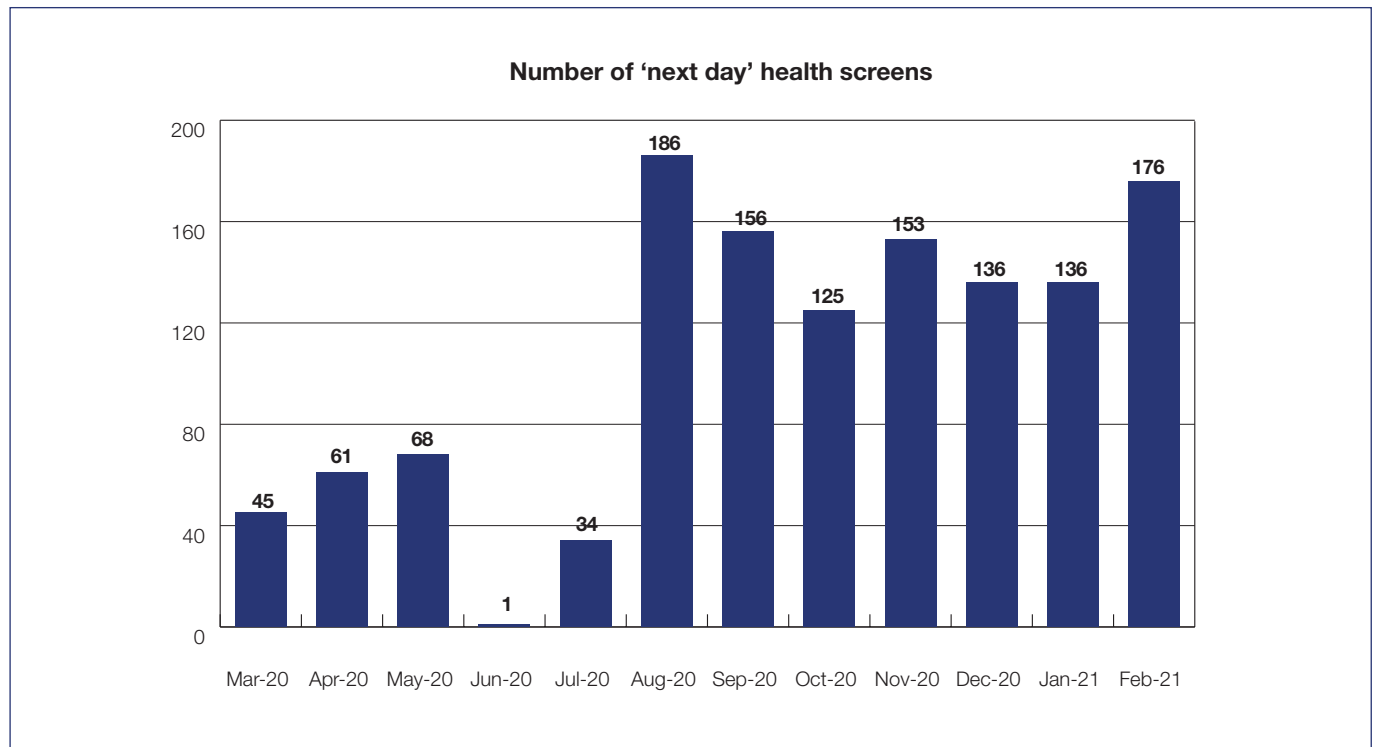
likely very tired, and probably wanting reception processes to be over and done with as soon as possible to get to their cell. This can cause strain on ensuring an effective reception process and receiving necessary information from the inmate. We observed staff using checklists to ensure that no part of the process was missed and considered this to be good practice. However cursory or inconsistent cross checking of information provided by CSNSW or the police with the inmate or rushing through the induction checklist with custodial staff, can present risk.

3.1.2 Impact on reception health screening

Critically, it was not always possible to complete a reception health screening on the same evening an inmate arrived at Parklea CC. SVCH was meeting the requirement to complete an initial health screening of inmates within 24 hours of their arrival at Parklea CC. While the reception health screenings we observed were appropriate and well managed, records revealed that large numbers of inmates were not being seen by health staff for the first time until after their first night in custody.

If health screening is not possible immediately, the ICS Standards state that appropriate management action must be taken to ensure the safety of the inmate until the inmate’s health status/vulnerability is known.⁹⁹ MTC-BRS and SVCH stated that in such circumstances, inmates would be brought to the accommodation wing on what they called a ‘green card’ meaning officers were required to conduct hourly checks on the inmate until health screening could be completed the next day. Others with outstanding health screenings would be placed in the health centre overnight, although it was noted that the health centre cells were often full.

Figure 3: Number of intake health screenings occurring the day after the first night in custody ¹⁰⁰



While MTC-BRS and SVCH had scheduled afternoon/evening shifts to respond to afternoon/evening

⁹⁹ Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 3.8.

¹⁰⁰ Information provided by St Vincent’s Correctional Health 31 March 2021.

receptions, it appeared that both MTC-BRS and SVCH were not sufficiently prepared and staffed at the commencement of the contract for the substantial night-time reception loads. Further changes in SVCH shift patterns were being discussed during the inspection, (and implemented shortly thereafter) to schedule reception health staffing shifts even later in the evening to accommodate the flow of inmates. While it is good that SVCH was able to adjust to these realities, there is a limit to how far this should, or can, be safely stretched by the system overall. While it is important that at-risk inmates or inmates identified as having immediate health needs are prioritised for transfer out of 24-hour court cell complexes and into a correctional centre, planning is required to better manage the risk of new receptions across the system. As the Sydney metropolitan area has two major reception prisons, it is unclear why a 12.30pm time cut off at MRRRC determines the management of new inmate receptions, as opposed to capacity, medical and mental health resources, and risk.

Recommendation: Corrective Services NSW, together with the Justice Health and Forensic Mental Health Network, triage new inmate receptions through 24-hour court cells and into metropolitan remand centres.

3.1.3 Other screening and induction

In addition to health and security matters, an initial reception screening assessment should include welfare needs, (for example, relevant notifications to any relevant government housing or income support bodies). While this obligation is included in the 'minimum service requirements' outlined in the Contract,¹⁰¹ we were informed that the MTC-BRS bid did not allocate specific staffing for this. This disconnect between what MTC-BRS contracted to provide and what they implemented operationally, led to a gap on transition. On taking over operations, MTC-BRS, with training support from CSNSW, had to train and locate specific staff for this role. The role of inmate screening and support officer (ISSO) was created for this purpose, as well as to facilitate inductions and work ready programs. Screening staff receive training from the Brush Farm Corrective Services Academy and administer the Intake Screening Questionnaire (ISQ) with new inmates, usually the morning after arrival.

The induction program at Parklea CC effectively consisted of an inmate handbook, a DVD shown at reception ('first 24 hours') and two hours of staff led induction, which included a one hour work ready meeting. Since the onset of COVID-19 restrictions, the two-hour induction takes place after the new inmates have completed 14 days in quarantine on arrival. Several staff stated that plans for a two to three day induction program had been discussed when MTC-BRS took over operations and was foreseen in the bid. They advised that the initial plan had not been possible due to the high number of daily arrivals and had to be wound back. It was unclear whether expectations of daily arrivals were formed based on past practice with GEO, as opposed to commitments undertaken in the contract.

Inmates should receive a structured and comprehensive induction to a correctional centre.¹⁰² It is good that MTC-BRS had implemented and maintained some induction processes. However, it should be more comprehensive. The induction checklist, for example, requires a staff member to record whether the inmate has watched the 'first 24 hours' DVD. While the video is an efficient broad tool, many newly received inmates will not have been in a position to absorb much useful information while going through reception procedures, (whether due to stress, symptoms of withdrawal from alcohol or drugs, cognitive impairments, language difficulties etc.). There is nothing on the checklist to guide staff to request a follow up with the inmate if they sense the information should be delivered face-to-face in a few days' time.

Although we acknowledge the challenges presented by the volume of inmate movement, short stays and

101 Contract Schedule 3 (Output Specification), Part C Services Specification, 2.5.2 (6).

102 Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 2.8.

COVID-19 entry requirements, induction should receive higher priority at Parklea CC so that new inmates are better informed about their custody.¹⁰³ MTC-BRS have since advised they are conducting a review of the induction program.

Recommendation: MTC-BRS expand the structured induction for new inmates.

3.1.4 Searching and privacy

Parklea CC has a new full body x-ray scanner (body scanner) in the reception area that was operational during the inspection. Similar machines have been introduced across several correctional centres in NSW in the past two to three years. Inmates may be body scanned as an alternative to a strip search in circumstances where strip searching is otherwise routine, such as on arrival from court or from another correctional centre. The *Custodial Operations Policy and Procedures (COPP)* establishes limits regarding the number of times an individual may be scanned in a 12-month period, and there are related training and auditing requirements.¹⁰⁴

This technology reduces the need for strip searching inmates and is an improvement to prior practice at Parklea CC. During a visit to Parklea CC in September 2019, before the body scanner was operating, we noted that inmates were changing into their prison-issue clothing and being (inconsistently) searched behind metal screens in the corner of the reception room. This infrastructure was inherited by MTC-BRS. The screens provided inadequate privacy or dignity, as inmates being searched or getting changed were visible to other staff and inmate workers in reception. Searches should be conducted away from the view of those not directly involved in the search. The semi-public nature impacts not only the appropriateness of the search, but its effectiveness.

Although the body scanner was operational at the time of the inspection in 2020, we observed that staff from CSNSW's CESU did not use the body scanner. Inmates were still being searched behind metal screens in the reception room, before being transported elsewhere.¹⁰⁵ Strip searching should be done in a private setting where use of the body scanner is not available or is impractical, or where strip searching has been determined as suitable in the circumstances.

More broadly, privacy of information was not ideal in the reception room. Two inmates were often screened by custodial staff side by side at the staff station, separated by Perspex screens. These screens were COVID-19 measures, and do not prevent information from being overheard. While correctional officers can subtly remove an inmate to a more private office or meeting room should they discern an inmate is uncomfortable or may require protection, the fact this was the exception to the rule could draw attention to those inmates. This can lead to increased risk if an inmate is loath to talk about safety or health concerns or other critical sensitive information. He may worry that another inmate might overhear something, or alternatively infer something (perhaps incorrectly) from accessing a private room. We acknowledge the high volume of inmates being received into custody, and the challenging physical environment. However, those interviews should not take place in circumstances where prisoners can overhear others' personal details. Privacy in reception should be improved. MTC-BRS subsequently advised they have commissioned a redesign of the area to enhance privacy.

¹⁰³ For example, the orientation program offered at John Morony Correctional Centre is structured across five days with presentations from many of the key staff and service providers in the centre. Inmates engage a workbook throughout the program in which they map relevant support and prioritise areas they wish to work on in custody.

¹⁰⁴ Corrective Services NSW, *Custodial Operations Policy and Procedures: 17.1 Searching Inmates* (version 1.10, 20 January 2022) 18; Corrective Services NSW, *Custodial Operations Policy and Procedures: 17.5 Body Scanning* (version 1.1, 5 November 2021).

¹⁰⁵ CESU is a specialist transportation unit within the Security and Intelligence division of CSNSW. The CESU transports inmates between correctional centres, 24-hour court cells, court houses, medical facilities and other approved locations.

Inmate workers in reception had a very busy role but appeared well organised in preparing prison-issue clothing for new arrivals. They ensured new arrivals through the evening were provided with hot tea or coffee quite promptly and a meal while waiting in the reception holding cells. They performed this important task efficiently. We observed the clothing issued in reception to new inmates was in reasonable condition.

There is a room for storing inmate property upstairs from the reception area. This room also contained court clothes and new inmate clothing for inmates being received into the centre. While the area was tidy and organised, inmate workers appeared to have unsupervised incidental access to this area. While inmate clothing bags were properly secured and not easily tampered with, (and inmates did not have access to the secure valuable property room) access to inmate property should be reviewed.

Recommendation: MTC-BRS and other CSNSW staff operating at Parklea Correctional Centre improve inmate privacy in reception processes.

X-ray body scanner adjacent to strip search screen, reception



External view of reception building with holding cells at rear



3.1.5 Placement and accommodation for new arrivals

Newly admitted inmates into a maximum security facility should ideally be accommodated separately from the general population during the admission and induction process.¹⁰⁶ Also, special first night and first (few) days regimes should be in place to ensure remand inmates' safety and wellbeing.¹⁰⁷ This is particularly so at a centre with a large remand population.

During our visit in September 2019 we observed that many new reception inmates were held in Area 3 at Parklea CC for their first days in custody. We understand this was also regular prior practice. This area, together with Areas 1 and 2 comprise the older or original accommodation sections of Parklea CC. Inmate cells were not fully dilapidated, some painting and refurbishment was taking place at the time. However, we observed hanging points. As highlighted previously, people may be particularly vulnerable when first entering custody and holding new inmates in cells with hanging points should be avoided wherever possible.

Staff offices are cramped and uncomfortable for staff. Glass windows through to the wing had recently been tinted to limit inmate visibility to a new digital inmate cell map. Unfortunately, this resulted in poor visibility between the unit office and the wing (as well as from the outside in) which was unsatisfactory for any maximum or medium security facility, let alone one housing new receptions and remand inmates. This was reported to Parklea CC as an issue requiring attention.

By the time of the 2020 inspection, Units 3A and 3B had been completely emptied of inmates and were unused and Unit 3C had been repurposed.¹⁰⁸ Area 6 was being used to house all new reception inmates. Area 6 is a new 500-bed accommodation area, comprised of four wings (A-D) which formally opened at the beginning of March 2020 as part of major building works that had taken place at the Parklea complex over the previous three to four years. The Area 6 accommodation units are of similar design to those forming part of recent expansions to maximum security bed capacity in several other prisons in NSW (for example, at Shortland Correctional Centre, South Coast Correctional Centre, Junee Correctional Centre and others).

While theoretically adding placement flexibility within the centre, almost immediately after Area 6 opened restrictions were implemented both in the NSW (and Australian) community at large and at NSW correctional centres as a response to the risk presented by the emerging COVID-19 pandemic. From April 2020, all persons newly received into the custody of correctional authorities in NSW were subject to 14 days of quarantine in a designated area within their first correctional centre placement. This meant inmates were separated from the rest of the prisoner population for 14 days and could only mix with the cohort of people they were received into custody with (a 'same day' cohort). In May 2020, NSW Health also introduced sentinel testing for all persons entering custody, which is administered during quarantine.^{109,110} Parklea CC was able to implement 14-day quarantine (which at a busy centre means managing up to 14 different 'day cohorts' who cannot mix with each other during time out of cell) by using the new accommodation in Area 6.

We support the decision taken by Parklea CC management in 2020 (and agreed to by CSNSW) to cease using Area 3 as de-facto reception units. Area 6 represents much safer accommodation for new inmates. Also, the new facilities connected to the accommodation wings in Area 6 (for example AVL suites and

106 Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 2.10.

107 Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 8.4.

108 See further Chapter 5 Health Services.

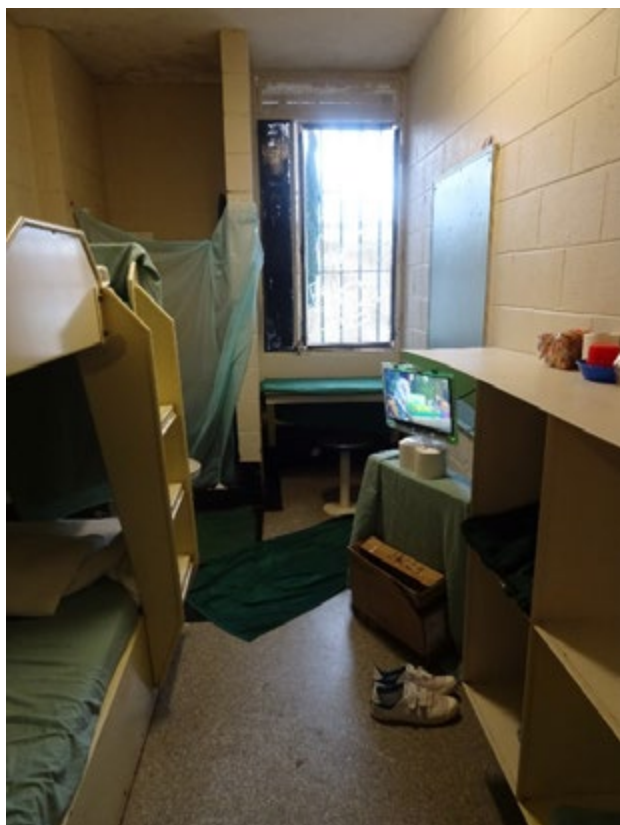
109 Sentinel testing involves the systematic testing of persons, rather than targeted (and potentially biased) testing around geographical hotspots or in response to the presentation of symptoms. Sentinel testing of people coming into custody provides insight into community transmission rates while at the same time reducing risk of COVID-19 transmission in NSW custodial settings.

110 These measures were implemented in privately operated facilities as well as those operated by the state.

meeting rooms) allow more practical and efficient access to new inmates, avoiding the added time and movement required to reach centralised facilities. For example, welfare staff attend Area 6 to meet with new inmates and conduct intake screening in an appropriate office/meeting room. MTC-BRS advise they have continued to use Area 6 as the first placement for new receptions since the inspection. If and/or when quarantine measures are no longer required into the future, Area 6 or part thereof should continue to be used as first night or first (few) days accommodation or similar for new inmates.

Recommendation: MTC-BRS continue to use Area 6 as the first placement for new receptions arriving at Parklea Correctional Centre.

Recently repainted cell, Unit 3B



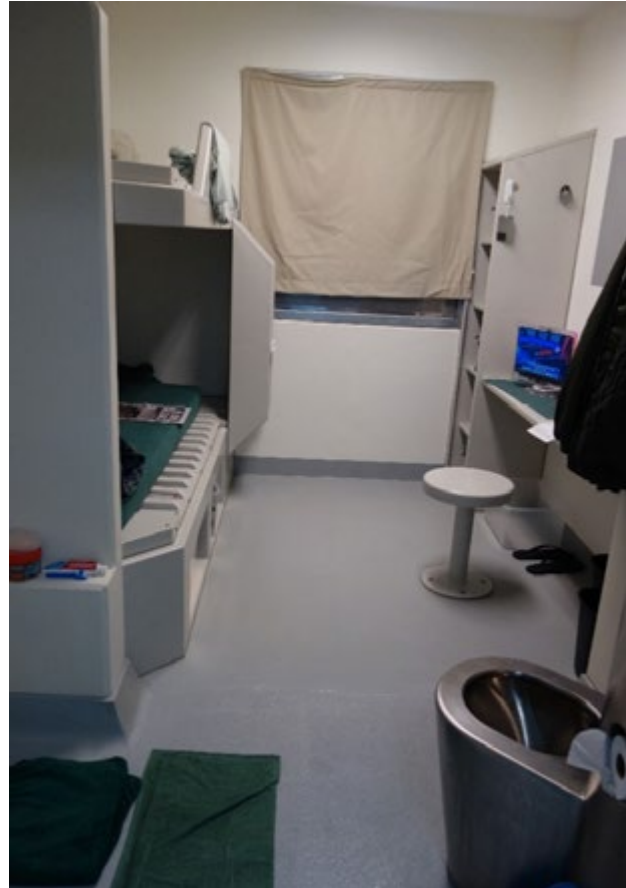
Unused cell, Unit 3B



Double cell, Unit 6A



Single cell with bunk bed for surge capacity, Unit 6C



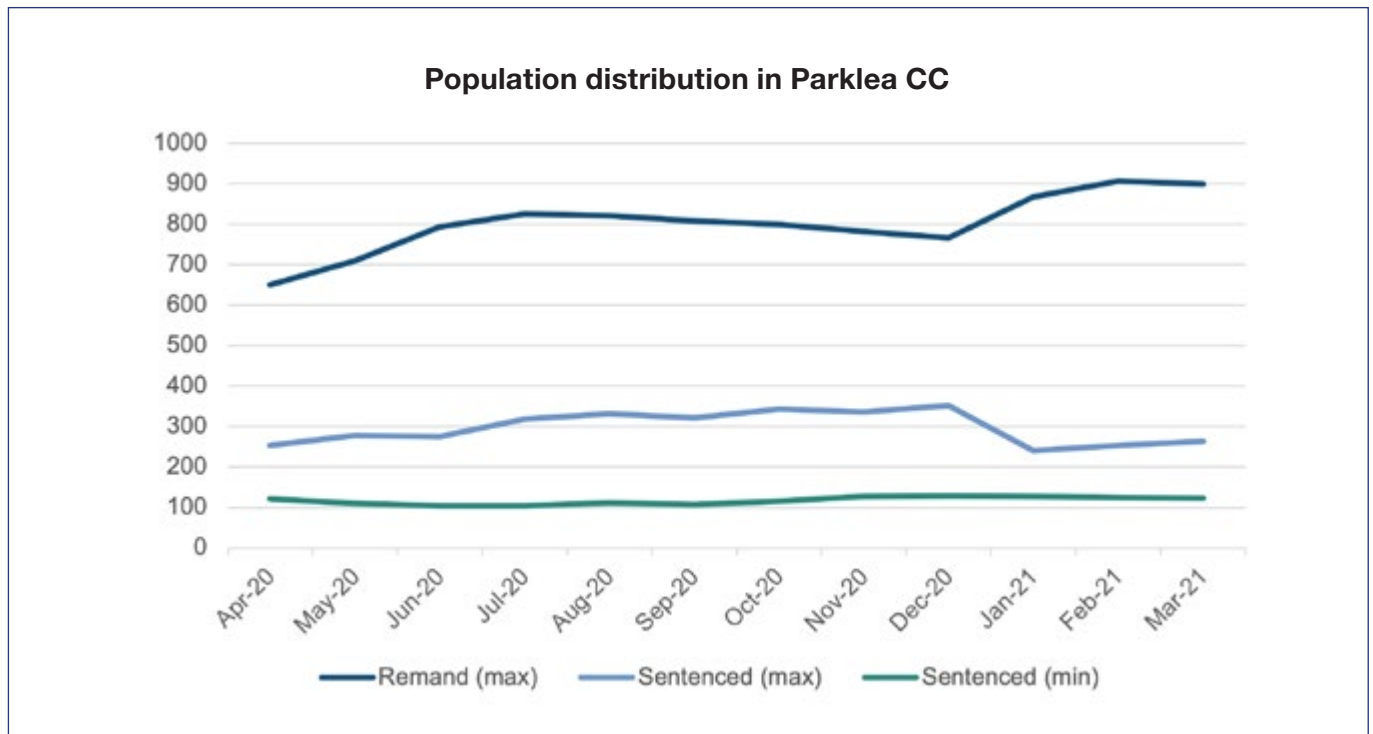
3.2 Remand Services

The regime for remand or unconvicted inmates should reflect the fact that they have been charged, but not convicted, of a criminal offence. This presents challenges for many centres which hold a mix of sentenced and remand inmates. During the inspection, it appeared that many MTC-BRS staff on the ground at Parklea CC, across custodial, non-custodial, and management, had initially formed an expectation or assumption (legitimate or otherwise) that they would be managing a facility that held a relatively even balance of sentenced and unconvicted inmates. CSNSW advised that this was considered likely during the tender process, and that the original MTC-BRS response to tender was based on a proposed remand percentage of 40% to 50%. This was and is not the case.¹¹¹

Parklea CC effectively comprises two separate centres: a large maximum security facility, as well as a small minimum security area, that is a standalone facility outside of the secure perimeter. While the same staff support both areas, the inmates appropriately do not mix. The graph below presents the distribution of the three main population groups between April 2020 and March 2021.

¹¹¹ As discussed in Chapter 2, the contract includes a concept of a 'remand inmate threshold', defined as 60%. See section 2.2.5.

Figure 4: Population distribution at Parklea CC between remand inmates, maximum security sentenced inmates and minimum security sentenced inmates¹¹²



The minimum security area at Parklea CC is for sentenced inmates and does not accommodate inmates on remand. Deducting the minimum security population from the total gives a more accurate picture of the maximum security complex. Between April and December 2020 the maximum security area was effectively 70% remand and 30% sentenced.¹¹³ In the first three months of 2021 it was closer to 80% remand to 20% sentenced. CSNSW also confirmed that Parklea CC was required to take higher than anticipated numbers of new receptions and remand inmates in the first years of operation due to pressures elsewhere in the State system.

In addition, stays are short, and turnover is high. As at 12 January 2020, the *median time* spent at Parklea CC on remand was 39 days.¹¹⁴ Similarly, as at 11 April 2021 it was 38 days.¹¹⁵ Although the *average* time spent on remand was higher, at closer to four months, this number was likely affected by some very high outliers, with the longest time spent on remand 1,413 days (3.8 years) and 1,830 days (five years) in January 2020 and April 2021 respectively. These are extraordinarily long periods for an individual to be detained on remand.

Unlike many other maximum security correctional centres in NSW, Parklea CC has the added challenge of managing a high intake of potentially unsettled and unwell inmates who leave after a short period, meaning change is constant and stability is rare. Despite several well-intentioned initiatives put in place by MTC-BRS, there was little evidence that the routine, conditions and services had been designed for unconvicted persons. Parklea CC should focus its long-term vision (for the maximum security) on the provision of services to remand inmates.

¹¹² Information provided by CRES CSNSW July 2021.

¹¹³ Ranging from 68.5%:31.5% to 74.2%:25.8%.

¹¹⁴ Information provided by CRES CSNSW, May 2020.

¹¹⁵ Information provided by CRES CSNSW, July 2021.

3.2.1 Managing remand inmates

In the context of prisons, public interest in well-known or notorious offenders can often lead to a misconception that those convicted of the most serious crimes are the most difficult to manage in custody. However, these things do not always necessarily correlate. Remand prisoners are often a more difficult group of prisoners to manage than those who are sentenced. In part, this is because many have recently been received into custody, and newly received prisoners, irrespective of whether they are sentenced or unsentenced, are a higher risk group (and more complex) due to:

- the increased stress, anxiety and depression associated with being uprooted from the community and incarcerated
- the physical and mental issues associated with drug and/or alcohol withdrawal
- their untreated (or perhaps undiagnosed) medical and psychiatric issues
- for some inmates, particularly first time or otherwise vulnerable inmates, the fear of prison or fear of encountering particular inmates
- the uncertainty as to what the future holds, including whether things such as jobs, relationships and housing will survive the period of imprisonment
- in some cases, the realisation that some relationships with partners, children, parents, other family members or friends will *not* survive
- practical issues such as how to pay bills, how families may cope without their contribution or presence, arrangements for pets and what will happen to their housing and belongings in their absence
- feelings of having let people down, or yourself down (perhaps not for the first time)
- feelings of hopelessness, resentment, humiliation, shame, and disgrace regarding your actions.

Accordingly, inmates remanded in custody can be expected to have a high need for welfare services because of their transition into custody.¹¹⁶ The inspection team spoke to many inmates who were confused and frustrated. Often this related to fundamental processes, like registering telephone numbers or accessing legal or health services. Parklea CC needs to better prioritise front-end services (the things people need when they are first taken into custody, like health services, welfare needs and access to lawyers) rather than services for convicted and sentenced inmates (such as case planning and behavioural programs).

One of the other main challenges for any remand prison (setting aside minimum security) is how to provide an environment which reflects that the inmate population is not guilty in the eyes of the law. We saw little that differentiated the prison's regime and focus from that of a sentenced prison. For example, the centre runs some behavioural incentives, which in principle can be good management initiatives. Some of the related documentation however demonstrates misalignment with a remand population. For example, it discusses being 'fully committed to your rehabilitation' or a 'willingness to contribute to [their] rehabilitation'. While it is good that Parklea CC staff and management set expectations around behaviour, particularly at a difficult and volatile centre, a majority remand population cannot be expected to acknowledge their need for rehabilitation. Staff may also require training around what the presumption of innocence is, and the different services required by a remand population.

¹¹⁶ Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 8.

It is admittedly not an easy task to adapt a prison regime to reflect the presumption of innocence. Particularly while at least 20% to 30% of the population in maximum security are in fact sentenced inmates and many of the unconvicted inmates have previously been under sentence.¹¹⁷ It is also understood that there are many security and safety considerations that drive regimes and operational decisions where there cannot be any distinction between inmates based on their remand or sentenced status. Nevertheless, for a prison of Parklea CC's size, and what appears to now be its primary purpose, it is reasonable to expect the prison to explore this issue more directly. MTC-BRS advised they are conducting an audit of services relevant to remand inmates.

Recommendation: Parklea Correctional Centre focus its long-term vision for maximum security on the provision of services to remand inmates.

3.2.2 Access to the courts and legal representatives

The population at Parklea CC on remand must engage with their ongoing criminal legal processes from a secure custodial setting. There are numerous challenges that can arise in custody that are less relevant to people awaiting the resolution of a criminal legal process in the community. The structure of the physical environment, and restrictions on movement, contact and communication, can operate as barriers to accessing necessary legal representation, legal materials and information and support about the legal process. In this restrictive environment, inmates on remand need to be held in readiness for their next court appearance and assisted to prepare for that appearance.¹¹⁸

Many court appearances for inmates detained at Parklea CC are facilitated by audio-visual link (AVL), and this is a significant focus of movement and activity at this centre. In 2020, over 14,000 court appearances were facilitated through AVL at Parklea CC, which is more than anywhere else in the NSW correctional system.¹¹⁹ Records obtained onsite showed the AVL list one day during the inspection totalling 57 matters.¹²⁰ The majority were to a range of local courts, with the remainder to the District and Supreme Court.

There are several different AVL areas across the Parklea complex. The main area sits up a high set of stairs above reception. It contains four court AVL suites and four legal AVL suites.

While the actual suites are of fair standard, the location at the top of the stairs is another example of poor inherited infrastructure. We observed an area very busy with inmates coming in and out of appointments and frequent phone calls.

Inmates wait in reception holding cells for their AVL appointment. Part of the new construction at the Parklea complex included a new row of holding cells behind the existing one. This has increased capacity and allowed a better separation of different cohorts. However with only four AVL suites in the main area, inmates are potentially waiting all day in a loud, unpleasant and difficult to manage area. This area is used for holding transfers in and out, new receptions and those returning from an in-person court appearance, who are often required to wait for several hours before returning to their cells late in the evening. A death in custody resulting from an altercation between two inmates in an AVL holding room in April 2020 is currently the subject of a coronial inquiry.

Area 5 has a separate AVL facility, which is a more recent construction. It has 11 court suites, three

117 The benefits to inmates on remand of being accommodated in a remand-only environment, as opposed to a mixed environment, were noted during an inspection of the Mary Wade Correctional Centre, where good access to lawyers, the courts and legal materials was generally observed. See further: Inspector of Custodial Services, *Inspection of Mary Wade Correctional Centre* (Report, October 2020).

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

119 Information provided by CRES CSNSW, 11 February 2021.

120 For Monday 30 November 2020.

professional/legal contact suites and four holding cells. The conditions are more appropriate than reception, however, there have been complaints of echo and noise due to the hard surfaces and poor sound proofing. As above, inmates for court are brought to Area 5 AVL at 8.30am in the morning regardless of the timing of their matter. Sound proofing issues should be addressed as it is important that use of this area is maximised to reduce pressure on reception AVL.

As with similar other new buildings across NSW, the new Area 6 accommodation blocks all include AVL suites for court and professional communication. This means there is no need for holding cells, and inmates can be brought from the wing directly to the suite without having to wait with other inmates in a waiting area for (potentially) hours. It also means less movement of inmates across the centre, which is a constant burden for operational staff at Parklea CC. This is a positive aspect of new custodial infrastructure in the NSW system.

Inmates at Parklea CC communicate with lawyers by telephone, in person and via AVL. A new visits area opened in early 2020, a much needed and welcome development. It contains rooms that can be used for legal and professional visits. The former Inspector had recommended in 2015 that legal visits take place outside of the secure perimeter, to avoid unnecessary movement.¹²¹ While this did not eventuate, the placement of the new building is directly inside the secure gate enabling relatively easy access once through front gate security.

Some legal organisations gave feedback prior to the inspection that Parklea CC has always been one of the most difficult facilities in NSW to arrange an in-person visit. While resources are now considerably improved, with the increasing population and short stays, we recommend Parklea CC management engage directly and regularly with relevant legal bodies to resolve any access issues.

New AVL infrastructure discussed above has increased capacity for communication between inmates and their legal representatives. During the inspection, 87 inmates were registered to have a legal appointment via telephone or AVL on a single day. However the same issues of waiting times and sound proofing discussed above apply to the respective areas.

Table 4: Number of telephone or video legal visits at Parklea CC in 2020¹²²

Month	AVL, telephone or other
Jan-20	1464
Feb-20	1416
Mar-20	1681
Apr-20	1778
May-20	2148
Jun-20	2394
Jul-20	2784
Aug-20	2690
Sep-20	2698
Oct-20	2517
Nov-20	3043
Dec-20	2571

¹²¹ Inspector of Custodial Services, *Full House: The Growth of the Inmate Population in NSW* (Report, April 2015) 62–3.

¹²² Information provided by MTC-BRS, April 2021.

Recommendation: CSNSW and MTC-BRS improve sound proofing for audio-visual link suites in Area 5 and consider increasing the number of suites.

3.2.3 Access to legal materials

Inmates must be provided with access to up-to-date Australian legislation and sentencing information. This is normally provided through the secure CSNSW Legal Info Portal, which is a secure internal CSNSW website, available on networked 'green' computers.¹²³ They should also have access to stand alone computers (not networked) to prepare their own legal documents, or to read and review legal information related to their case provided by their solicitor. This is both CSNSW policy,¹²⁴ as well as a minimum service obligation stipulated in the contract.¹²⁵ Hard copy legal reference books and guides should also be available in an accessible library.

Access to legal materials and resources at Parklea CC was inadequate. There was a lack of networked green computers, which prevented inmates from accessing the legal portal. This was acknowledged by Parklea CC management who stated it was an unresolved issue with CSNSW. CSNSW has acknowledged responsibility for the delay, and that there have been ongoing technical issues affecting the ability of Parklea (and some other correctional centres) to access the Offender Access to Computers (OAC) Network. This difficulty with imaging and licensing was a CSNSW issue.

Signage in different locations indicated that non-networked computers (to view legal material provided by lawyers or corrections policy for example) were available to be booked for use in Areas 2, 4, 6 and reception.

Despite the signs, there was little to no general awareness in the inmate population in the main jail as to how to book or access an inmate computer at Parklea CC.¹²⁶ MTC-BRS had constructed one small suite within the reception area with two computers to provide access to online legal resources. This is an insufficient number for a facility of this size with a large remand population. It is also placed in an extremely busy and noisy part of the centre, with a high volume of movement and associated lack of privacy. Inmates also had concerns as to whether the materials accessible on the computer in reception were up to date and had requested clarification internally.

One of the main libraries was located upstairs from the segregation unit and next to accommodation wing 2E. There was a range of hard copy legal resources but few related to criminal law. There was an adjacent computer room, but it was unclear whether the computers worked or whether inmates knew about or used them.

CSNSW and MTC-BRS have advised that the technical issue with the networked green computers was ultimately resolved in July 2021, and that they have since installed increased numbers of those across the centre.

Recommendation: CSNSW and MTC-BRS improve inmate access to legal resources and computers to view and prepare legal documentation.

123 Inmates should have an individual account in the State-wide centralised CSNSW Offender Citrix Environment (Offender Access to Computers (OAC)) Network ('OAC Network').

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

125 Contract Schedule 3 (Output Specification), Part C Services Specification, 3.15.2.(4) and (5). These provisions place an obligation on MTC-BRS to ensure each inmate can access the OAC Network, and to ensure stand-alone computers with no network access are available to inmates to view and prepare legal documentation.

126 Although some usage was observed during the inspection.

Older AVL suite in reception



Area 5 AVL holding cell



4 Custody and Security

4.1 Custodial Infrastructure

4.1.1 Inmate accommodation

The physical environment of correctional centres can be as important as the correctional centre regime in determining the experience of inmates and staff. Design should support staff in the execution of their duties and not exacerbate stress over concerns for safety, security, and well-being.¹²⁷

The Parklea CC complex is a challenging physical environment for inmates and staff. It is sprawled over a large area with low visibility between areas. There is a central area referred to as the 'fiveways', which, as the name suggests, allows access to different parts of the centre. This creates a bottleneck that can make moving people around the centre difficult.

Accommodation infrastructure at Parklea CC is now a mix of 35+ year old cell blocks which have not aged well, and more recent additions which are more fit for purpose. There are six main accommodation precincts, which are referred to by number, i.e., Area 1, Area 2 through to Area 6.

Cell infrastructure and physical conditions in the older units at Parklea CC (Areas 1, 2 and 3) are arguably unsafe for staff and inmates. This is CSNSW infrastructure inherited by MTC-BRS and GEO before them. In Areas 1 and 2 specifically, the units are two storeys but unlike newer custodial designs the upper level cannot be seen from the ground floor, and vice versa. Although there are some staff offices upstairs, the main officer station is on the ground floor. For staff, these offices are cramped and have poor visibility over all the areas they manage. CCTV coverage in Areas 1 and 2 had however improved following recent CCTV upgrades. Accommodation in these areas have ligature points, a broader safety issue that has been raised previously by the NSW Coroner's Court.

The Area 4 minimum security complex was a mix of old and new. The older accommodation units were originally used as periodic detention centre cells. They were not in use at the time of the inspection, although inmates were still accommodated there as late as September 2019, noted during the pre-inspection visit. This older accommodation is cold and institutional and does not align well with the rehabilitation and reintegration focus of the minimum security section. Pleasingly during the 2020 inspection, part of it was being refurbished, with plans to incorporate its use in a training area and community hub for minimum security inmates. We support the development of this area for training and activities related to release preparation, rather than inmate accommodation.

The 150 new minimum security beds became operational in December 2017. Accommodation is in the style of communal living units, more commonly seen in modern minimum security settings. Area 4 is effectively self-contained, with its own AVL, visits, group rooms and interview rooms, as well as library and recreation facilities. The overall infrastructure was decent and functional.

Area 5 (A-C) accommodation blocks were an 'add-on' to the original build and opened in 2003. Their layout and design is more fit for purpose than Areas 1, 2 and 3, and interiors were refurbished in 2020.¹²⁸ Area 5(D) is a newer demountable section. Prior to the opening of Area 6 it mainly held inmate workers, however at the time of inspection was holding SMAP inmates. This is a smaller single storey unit and was in reasonable condition. We were concerned however that it was difficult for some inmates to safely access upper bunks,

¹²⁷ Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) 30.

¹²⁸ Unfortunately, one of the wings was subject to a major disturbance including fire damage in July 2021, resulting in the destruction of much of one block. Due to the timing of the inspection that incident has not been reviewed in this report.

when used. The upper bunks should not be used by inmates with impaired mobility.

Area 6 (A-D) is a new 500-bed precinct that opened in 2020. As discussed in Chapter 3, Parklea CC management had closed two of the three wings in Area 3 not long prior to the 2020 onsite inspection. It was considered unsuitable for new arrivals (its previous use) and the opening of the new accommodation in Area 6 presented a more suitable option for the initial 14-day quarantine period following the onset of the COVID-19 pandemic. The contemporary design of Area 6 is safer for new receptions, and the officer station is also an improvement for staff, providing good line of sight to all landings, common areas and outdoor spaces. There are also several accessible cells in Area 6.

Inmates who are segregated are held in two areas of the facility, the main segregation unit in Area 2, and part of Area 3, which is used as an overflow. Some of the cells and yards in both locations contained hanging points. A death in custody took place in one of the main segregation cells in 2020 and is currently under investigation by the Coroner. The yards at the rear of the overflow cells also have poor CCTV coverage. Inmates are staying in these segregation cells for considerable periods of time at Parklea CC. The average segregation period per duration was 15 days at the time of the inspection.¹²⁹

Under the contract, discussed more fully in Chapter 2, an unnatural death is a Charge Event that will result in a charge of \$500,000 to MTC-BRS (known as an abatement). While cause of death is subject to determination by the Coroner, the contract states that unnatural causes include homicide, suicide, accident and drug overdose.¹³⁰ At the time of the inspection there was some discussion that one \$500,000 abatement could be redirected by the State to remove some hanging points, with segregation cells a priority. While this is a start, more needs to be done, as removal of hanging points in NSW custodial facilities is a longstanding critical issue. Parklea CC should be prioritised due to its role and function as a remand and reception centre, which by its very nature has increased risks of self-harm. If broader remedial work is outside the budgetary capacity of CSNSW, this should be a transparent determination of the NSW Government.

Recommendation: CSNSW and MTC-BRS jointly develop a strategy for the removal of hanging points at Parklea Correctional Centre.

Parklea CC is in an area of Western Sydney that can experience high to extreme heat in warmer months. Common outdoor areas were mostly exposed concrete, with little shade. Older accommodation blocks were poorly ventilated and tended to retain heat. In-cell fans were available for purchase by inmates through the activity buy up process. While this is a standard arrangement at facilities for sentenced inmates, due to the short stays and high turnover of inmates at Parklea CC, this is not suitable (nor practical) for the Parklea CC maximum security area. In-cell fans should be available to all remand inmates, either by installing them in the cells or by making them available to rent.

Hats should also be part of the greens issued to all inmates, particularly at Parklea CC given the amount of time these inmates spend outside in the yards (which have only limited shelter). Correctional centres across NSW are required to make sunscreen available to inmates.¹³¹ However sunscreen alone is insufficient in summer, particularly in locations that can experience very high temperatures. Current CSNSW policy requires broad brimmed hats to be supplied to all outdoor workers,¹³² however they should be issued to all inmates at Parklea CC. We encourage MTC-BRS and CSNSW to develop a strategy to manage extreme heat in the main jail.

129 November 2020.

130 Contract, Schedule 11 Performance Regime, 3.1.

131 Corrective Services NSW, *Custodial Operations Policy and Procedures: 6.12 Sun Protection for Inmates* (version 1.1, 12 March 2020) 4.

132 Corrective Services NSW, *Custodial Operations Policy and Procedures: 6.12 Sun Protection for Inmates* (version 1.1, 12 March 2020) 4.

Recommendation: MTC-BRS make in-cell fans available to all inmates at Parklea Correctional Centre maximum security complex.

4.1.2 Other infrastructure

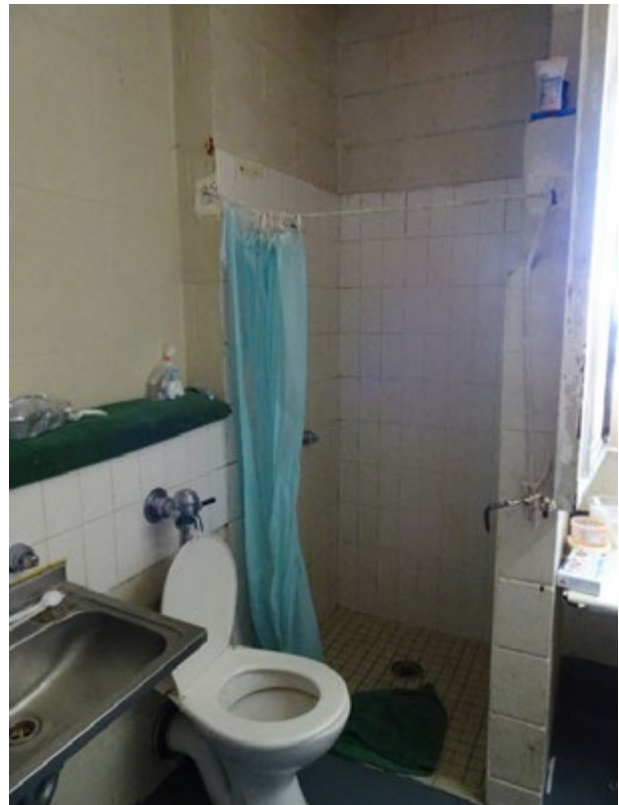
Part of the recent construction at Parklea CC was a new 'Programs and Industries' area. It incorporates new classrooms and rooms for group activities, as well as a barbershop, art room, new library (for Areas 5 and 6), new kitchen and kitchen storage areas. We were pleased to see dedicated new infrastructure for group activities, dedicated to programs, activities, education and employment. The challenge ahead for Parklea CC will be to ensure use of this facility is maximised, and inmates are able to access these resources regularly.

Other notable new infrastructure includes a new visits area (discussed further in Chapter 6) and a new satellite health centre (discussed further in Chapter 5).

Cell, Area 1



Shower and toilet, Area 1 cell



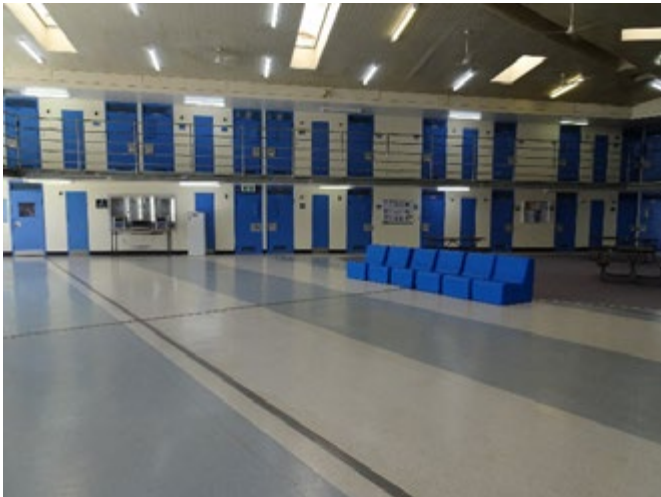
Area 2 common room



Area 3A, inside view



Unit 5C inside view



Unit 5D common area



Unit 6B, inside view



Unit 6C, inside view to officer station



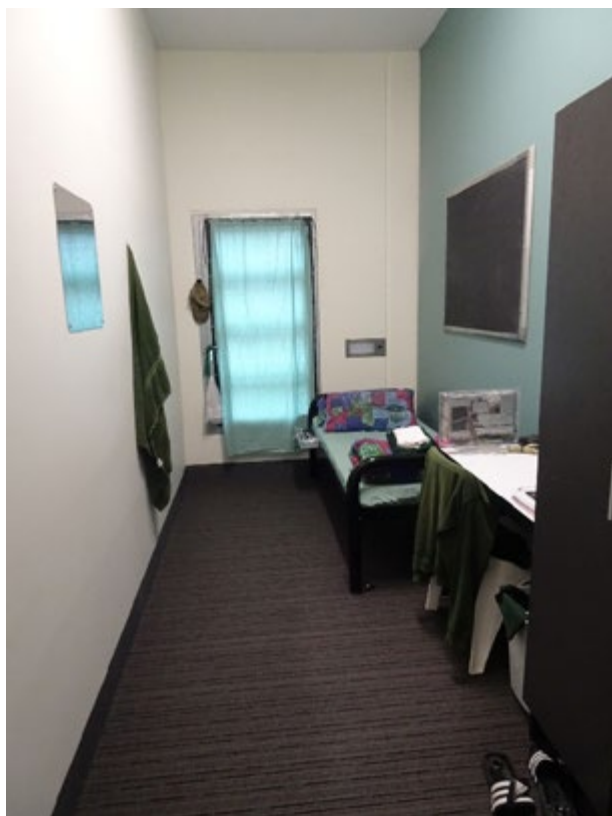
New minimum security area accommodation building and grounds



Kitchen area, minimum security accommodation



Cell, minimum security



Cell refurbishment, old minimum security area



4.2 Dynamic security

Safety and security in prisons is heavily reliant on how well staff interact with prisoners and how much the staffing group know about the inmate population and what is happening in the facility. With the median time spent on remand at Parklea CC less than six weeks, combined with the high population, this is a particular challenge at Parklea CC.

4.2.1 High risk transition

The transfer of operation from GEO to MTC-BRS was unusual. The original awarding of contracts to private operators to manage Junee and Clarence correctional centres took place as those respective facilities opened. Meaning not only were they brand new facilities, but the inmate population could be introduced on a rolling basis. To take over a large correctional facility that is already fully occupied on day one is a very difficult task. This particular transition was complex and very high risk due to several factors, including:

- a) the size, function and inmate profile of Parklea CC
- b) the previous operator would exit involvement (as opposed to taking over from the State/CSNSW who remain closely involved), and
- c) it was the site of major multi-year construction works.

A number of staff confided their view that in the early months following takeover by MTC-BRS in April 2019, the centre 'felt unsafe'. This was reflected in responses to Parklea CC's own 2019 staff survey, in which 31% of respondents either disagreed or strongly disagreed with the statement that Parklea CC is safe. During the September 2019 preliminary inspection visit, senior management acknowledged to us that one of the (many) challenges identified during the transition was that many staff felt fearful of inmates (irrespective of individual risk) which led to poor engagement with inmates.¹³³ The Community and Public Sector Union (CPSU NSW), which has representatives onsite at Parklea CC, described the transitional arrangements for the transfer of operations between GEO and MTC-BRS as 'grossly inadequate', placing the new operator in an 'invidious position' with, in their view, an insufficient or only theoretical understanding of the centre's operational demands.¹³⁴

Following a number of serious incidents in July and August 2019, the Commissioner of CSNSW requested the CSNSW Assistant Commissioner for Security and Intelligence to conduct a review of Parklea CC operations.¹³⁵ It was also agreed that CSNSW Security Operations Group (SOG) staff would be stationed on site for a period of six weeks, and there would be a temporary reduction in numbers of daily new reception inmates. By all accounts the first six months of the MTC-BRS contract were volatile and difficult.

One of the foreseeable factors influencing dynamic security at the outset was the high proportion of relatively inexperienced custodial staff. This was not necessarily a new factor: an operational review conducted by CSNSW in March to April 2017 (while operated by GEO) noted that there was a significant proportion of relatively new and inexperienced staff working within Parklea CC, and that this was exacerbated by ongoing vacancies and staff retention rates.¹³⁶

133 Information provided to Inspector Custodial Services 17 September 2019.

134 Letter to Inspector of Custodial Services from the CPSU NSW State Branch Secretary, 19 September 2019.

135 Operational Review, Parklea Correctional Centre, August 2019 unpublished ('CSNSW Operational Review').

136 At this time it was reported that 50% of permanent correctional officers had less than two years' service, (of which 26% had less than one year). See Parklea Correctional Centre Well-Being Review Report, CSNSW Governance and Continuous Improvement Division, March-April 2017.

Some years later MTC-BRS was in a similar position, with half the staffing profile having less than two years of experience.¹³⁷ While this can present some opportunities, for example in building and developing a positive staffing culture, there are also downsides. With a significant number of new staff, there are fewer people who are experienced in managing high risk or unwell inmates and dealing with serious incidents. New staff, as evidenced by Parklea CC's own 2019 staff survey results, are more likely to feel unsafe. The work of custodial officers at Parklea is difficult, relentless and at times dangerous and this can lead to staff feeling unsafe and to staff turnover. This will be an ongoing challenge for MTC-BRS to manage at Parklea CC.

Despite the above, at the time of the inspection Parklea CC seemed to have settled somewhat since 2019. Staff members who spoke to us asserted that the prison was now operating much better, and many cited an increased level of engagement with inmates. While the number of serious incidents that have taken place in the first 18 months of operation are concerning, we saw the progress made at the prison by the time of the inspection as encouraging. Staff conducted themselves professionally, engaged well with the inmates, and spoke well of the prison.

It was also evident to us that the governor was a regular presence in the different areas of the prison. Inmates in all areas knew the governor. We observed uniformly respectful interactions between the governor and inmates when inmates approached him to follow up on issues they were experiencing. Staff and inmates were clearly used to receiving visits from the governor, which is as it should be.

4.2.2 Information sharing and communication

In addition to regular and consistent interactions between staff and inmates, dynamic security requires timely gathering and analysis of information through observations and communication (for example, rapport building, training, networking, intelligence and strategic analysis).¹³⁸

Good communication is key to all prisons. Staff need to feel that they are aware of emerging risks, that their work is valued, that they understand how their work relates to the prison achieving its goals and to community safety. They also need an opportunity to contribute ideas and provide feedback on the way in which the prison is run.

The SMT was proud of its communication with staff. The degree to which staff appeared to be on board with the direction of the prison also suggested that the SMT's key messages were being well received and well reinforced. However, in Parklea's 2019 Staff Survey, 43 of the 135 respondents (or 32%) rated the effectiveness of the communication as 'not so effective' or 'not at all effective'. The largest group of respondents (46%) gave a neutral reply, rating communication as 'somewhat effective'. While things had likely improved in the year or more since the staff survey was undertaken, the exchange of information to middle managers and other staff required improvement.

There were an array of other channels of information, for example regular managers' meetings, fortnightly training sessions, all of staff meetings, newsletters, and emails. The daily managers' meeting, held later in the morning, occurs after unlocking, so if there needs to be a handover of information *before* cells are opened it was not clear how this happens (other than perhaps relying on the night shift manager to inform the relevant area managers). It is critical that staff are, firstly, apprised of what has happened during the previous day, and what is likely to happen on the current shift, not just for their area, but for the whole of the prison.

¹³⁷ We were informed that 53% of current staff had been recruited by MTC-BRS, and nearly all of them had less than 18 months' experience.

¹³⁸ See Corrective Services Administrators' Council, *Guiding Principles for Corrections in Australia* (February 2018) ('Guiding Principles for Corrections') 34.

In Areas 5 and 6 the more senior officers have set up and conduct a morning roll call before cells are unlocked. It was hard to conceive of that forum being a place where learning takes place, or much information from the SMT or other staff is passed on, or where good work is celebrated; it was mainly about filling the roster. This appeared to be a missed opportunity.

With a relatively inexperienced staffing group, a morning briefing allows a range of different managers or supervisors to talk briefly about key themes, acknowledge good work, alert staff to new risks, and celebrate good outcomes. It allows staff to see how senior managers model required behaviours and make sense of new directions. It also provides a forum for senior managers to explain how Parklea CC contributes to community safety, or to the prison system as a whole, or how developments in other prisons might affect Parklea CC.

We were told that the additional time taken for officers to get to their posts and commence unlock after a whole of centre morning briefing would prove a challenge to meeting the time out of cell contract KPI of 7.5 hours per day. It is acknowledged that a whole of centre morning meeting at Parklea CC is not practical given the size and scale of the centre, however meeting the contract KPI should not compromise good practice. Inadequate information exchange was one such practice. Another, observed one morning during the inspection, was that cells were opened without a staff member first looking through the hatch of all cells to ensure that all inmates were present and well/uninjured in their cells, before unlocking the first cell. If these visual checks are not undertaken and there is an incident to deal with, staff will have to deal with it while some (perhaps many) inmates are not secured in their cells, potentially compromising the emergency response. A review of unlock practices should occur and a morning briefing in each area should be introduced.¹³⁹

Recommendation: MTC-BRS introduce a morning briefing for staff in each area of the prison.

4.2.3 Time out of cell

Earlier reports from this office have recommended that CSNSW increase time out of cells across the NSW correctional system.¹⁴⁰ In 2018–19, the average time out-of-cells for prisoners in secure custody in NSW was 7.2 hours per day.¹⁴¹ This was the lowest average time out of cells for secure custody across all Australian jurisdictions. It is therefore encouraging to see that CSNSW has ensured a minimum time out of cell is a KPI in the contractual performance regime.¹⁴²

The Services Specification details that MTC-BRS must maximise the amount of time each inmate is out of their cell each day to ensure a minimum of: i) 7.5 hours out of cells for inmates housed in secure accommodation areas; and ii) 11 hours out of cells for inmates housed in open accommodation areas.¹⁴³

Parklea CC struggled to achieve this target in the early months of the contract. This is perhaps unsurprising given the reported challenges and volatility on commencement. In 2019–20, after taking into account lockdowns, the centre averaged 6.5 hours of time out of cells for maximum security.¹⁴⁴ During the first half of 2020–21 however, the centre was meeting or almost meeting this target much more consistently, which is

139 MTC-BRS advised that morning parade briefs have since recommenced, following easing of certain COVID-19 restrictions.

140 Inspector of Custodial Services, *Inspection of Macquarie Correctional Centre and Hunter Correctional Centre* (Report, November 2020) 20 and Inspector of Custodial Services, *Inspection of Five Minimum Security Correctional Centres in Non-Metropolitan NSW* (Report, February 2020) 28, 29.

141 Productivity Commission, *Report on Government Services 2020: 8 Corrective Services* (Report, 29 January 2020).

142 Contract, Schedule 11 Performance Regime, 2.2.

143 Contract, Schedule 3 (Output Specification), Part C Services Specification, 3.7.2.

144 Information provided by CRES CSNSW, July 2021.

a positive outcome.¹⁴⁵ The minimum security area was exceeding the target, with an average of 12.32 hours out of cell for minimum security in 2019–20.¹⁴⁶

While not covered in this report due to the timing of the inspection, average time out of cell during periods of elevated COVID-19 infections within the NSW correctional system (and the NSW community), particularly in mid-2021 and early-2022 will likely have been affected by increased lockdowns and other measures implemented to limit transmission of COVID-19.

4.2.4 Assaults

Recently published data for prisoner assault rates across Australia presents NSW at both ends of the spectrum. Positively, the rate of inmate on inmate serious assault was the lowest in the country in 2020–21, at a rate of 0.27 per 100 prisoners. The rate of (non-serious) assault was however the highest in the country by some way, a rate of 24.62 per 100 prisoners.¹⁴⁷ Parklea CC reflects this picture, as well as research which has found that adult remandees were almost twice as likely as their sentenced counterparts to be involved in an assault incident.¹⁴⁸

Parklea CC is a centre with high rates of incidents, including assaults. The contract requires MTC-BRS to record instances of assault into three different categories: serious, significant and assault.¹⁴⁹ Assaults on non-inmates and assaults on inmates are both KPI measures in the contract performance regime.

There were no serious assaults on staff members in 2020. While any number of staff assaults is concerning, the total number (all categories, 34) was consistent with the total figures reported over a similar 12-month period at MRRC (24), which has a broadly similar function and inmate profile, but held fewer inmates than Parklea CC (approximately 40% less) during much of the same period.¹⁵⁰

More detailed assault numbers are set out in Table 5.

Table 5: Number of assaults at Parklea CC in 2020¹⁵¹

Assaults on non-inmates (staff) during 2020	Number	Assaults on inmates during 2020	Number
Serious assault	0	Serious assault	16
Significant assault	10	Significant assault	4
Assault	24	Assault	507
Total	34	Total	527

145 The centre reported an average of 7.48 hours out of cell between July and December 2020. Parklea CC MTC-BRS KPI Performance Trends Report 2020.

146 Information provided by CRES CSNSW, July 2021.

147 Productivity Commission, *Report on Government Services 2022: 8 Corrective Services* (Report, 28 January 2022) table 8A.18.

148 Office of the Inspector of Custodial Services Western Australia, *Western Australia's Rapidly Increasing Remand Population*, (Report, October 2015) 15.

149 Contract, Schedule 11 Performance Regime, 1.4 (definitions), 2.4–2.5. A serious assault is defined as physical violence resulting in injury requiring immediate transfer to hospital or offsite medical centre and inpatient medical treatment. Serious assault is also deemed to include any instance of sexual intercourse without consent; deliberate transfer of blood or other bodily fluids that results in infection or the transmittal of disease, and any deliberate 'needle stick' injury. A significant assault is defined as the deliberate transfer of blood or other bodily fluid or matter that has the potential to cause infection or transmit disease, such as spitting onto a person's face or on an open wound or biting.

150 March 2020 to February 2021, information provided by CRES CNSW, May 2021.

151 Parklea CC MTC-BRS KPI Performance Trends Report 2020. This information was reviewed against data provided from CRES CSNSW. For an overlapping but slightly later 12-month period, April 2020 to March 2021. Numbers were consistent but slightly lower, with a total of 28 assaults on staff and a total of 496 assaults on inmates recorded.

Inmate on inmate assaults are high. While very few (approximately 3%) of inmate assaults recorded in 2020 were classified as serious, this still means that at least one a month is so serious as to require immediate transfer off-site for medical treatment. These are troubling statistics in relation to inmate safety.

We reviewed statistics from other correctional centres to place these numbers in context. MRRC recorded 175 inmate assaults over a similar 12-month period, which is approximately one-third of the number recorded for Parklea CC. However for at least nine of those months MRRC held approximately 50% to 60% of the Parklea CC population. At Lithgow and Goulburn correctional centres, both maximum security centres holding a predominantly sentenced population, inmate assault numbers were 145 and 165 respectively over a similar 12-month period.¹⁵² While this is approximately 28% to 31% of Parklea CC totals, those centres held approximately 25% to 35% of Parklea CCs population.

Accordingly, while Parklea CC is experiencing high volumes of inmate assaults, the numbers are not inconsistent with other maximum security correctional centres (operated by CSNSW) when taking size and population into account.

Parklea CC had a Violence Reduction Strategy. This included a variety of measures, including a tactical tasking group, which met regularly and looked at trends/data/hotspots/placements relevant to violent incidents in order to identify risk mitigation. There was also a Safe Custody Committee, which brought together staff representatives from health, psychology, welfare support, security, intelligence and others to review trends in incidents including self-harm, management of inmates with complex needs and behaviours, and propose initiatives/recommendation regarding safer custody. It also included a 'Red Dot' policy which was developed as an additional security layer, regularly alerting staff to inmates identified with an elevated risk of engaging in acts of violence, in addition to standard alerts recorded in CSNSW's Offender Integrated Management System (OIMS). While positive in purpose (to reduce the number of assaults) it is not a substitute for good communication between staff on managing the individual risks and needs of inmates.

4.2.5 Incidents of self-harm and use of force

Risk of self-harm may be identified upon reception screening; self-identified by an inmate presenting to the health centre or identified by a custodial officer as a result of observing inmate behaviour. Managing inmates at risk of self-harm or suicide is the shared responsibility of custodial and health staff.

Under the performance regime in the contract, MTC-BRS must report incidents of serious and non-serious self-harm separately. Serious self-harm is defined as a deliberate injury to self that results in immediate transfer to a hospital or off-site medical centre and inpatient medical treatment.¹⁵³ Non-serious self-harm is defined as deliberate injury to self that requires either the use of force or physical restraint to prevent further self-harm by the inmate, or medical treatment at the correctional centre.¹⁵⁴ Parklea CC reported seven incidents of serious self-harm in the 12 months between January and December 2020. CSNSW take the view that this is a low occurrence of serious self-harm for a large maximum-security remand centre.

There were 183 total reported incidents of self-harm in the 12 months between April 2020 and March 2021, at Parklea CC.¹⁵⁵ This total number includes reported threats and assessments that an inmate is deemed at risk, but where no act has occurred. This reflects the high-risk environment and cohort, and the very

¹⁵² December 2019 to November 2020 (Lithgow CC) and February 2020 to January 2021 (Goulburn CC). Information provided by CRES CNSW.

¹⁵³ Contract, Schedule 11 Performance Regime, 2.3. Serious Self-harm is a KPI measure in the contract.

¹⁵⁴ Contract Schedule 3 (Output Specification) Part C Services Specification, Part 4A Performance Indicators, PI 13. Acts of non-serious self-harm is a Performance Indicator (PI), meaning a monthly overview must be provided to CSNSW. The contract describes performance indicators as a tool which may be used by the State to monitor MTC-BRS performance of its obligations under the contract. They do not in and of themselves result in any monetary consequences. See Chapter 2 for further discussion.

¹⁵⁵ Information provided by CRES CSNSW, July 2021.

real concerns around inmate safety. This number was relatively consistent with figures viewed for MRRC (also a reception and remand function), which recorded 165 incidents of self-harm over a similar 12-month period.¹⁵⁶ However, unlike the numbers for assaults, the difference is stark when compared to maximum security centres with majority sentenced populations. For example Goulburn and Lithgow correctional centres recorded eight and 19 acts of self-harm respectively over similar 12-month periods.¹⁵⁷ We note here that a 2015 report from Western Australia found that remandees were disproportionately more likely than their sentenced counterparts to be involved in incidents of actual or threatened self-harm.¹⁵⁸

One month of self-harm incident reports were selected for review. Incidents occurred in the clinic, Area 2, Area 3, and the reception intake area, as well as one in Area 6. Most inmates disclosed having self-harmed (with minor or superficial injuries) to staff, or the injury was observed during roll call or regular monitoring. Some incidents occurred just prior to a transport to another correctional centre or escort elsewhere, or following an announced move to another part of Parklea CC, apparently connected with a desire to go to the clinic or to stay in the clinic, or following advice of a pending court date.¹⁵⁹

Inmates were generally managed under a Risk Intervention Team (RIT) following such incidents. This process was observed during the inspection and was done well, with appropriate input from health and custodial staff. However the rates of incidents confirm not only a high risk and unsettled population, but likely unmet demand for health and welfare resources, high demand for clinic observation cells, and ongoing risks of burnout for health and custodial staff.

There were 219 recorded uses of force at Parklea CC in the year between April 2020 and March 2021, an average of 18 per month.¹⁶⁰ This is similar to (a little less than) numbers recorded for MRRC over a similar period.¹⁶¹ It is also not inconsistent with Lithgow CC, which recorded 70 uses of force between December 2019 and November 2020 and holds approximately one third of Parklea CC's population.

During the inspection, we observed CCTV footage onsite of two recent uses of force. One concerned a threatening act by one inmate, and was managed well. The other was in response to a dispute between a number of inmates several days before the inspection. While the officers ultimately managed to contain a volatile incident, we were concerned they had put themselves at some risk doing so. It was being reviewed by managers as well as CSNSW monitors for debrief, training and support.

4.3 Procedural security

4.3.1 Gatehouse and entry processes

The new gatehouse for the main jail, which became operational in 2020, is an important improvement to the Parklea CC complex. The inspection team observed the former gatehouse in September 2019. It was cramped and unsuitable for a facility the size of Parklea CC. The old walk-through scanner appeared unreliable, it was difficult to manage more than a small number of visitors and staff at any one-time, ongoing construction projects brought high numbers of external contractors and workers on site, and entry

¹⁵⁶ March 2020 to February 2021. Information provided by CRES CSNSW.

¹⁵⁷ Information provided by CRES CSNSW. Figures for Goulburn CC from February 2020 to January 2021, and figures for Lithgow CC for December 2019 to November 2020.

¹⁵⁸ Office of Inspector of Custodial Services Western Australia, *Western Australia's Rapidly Increasing Remand Population*, (Report, October 2015) 15.

¹⁵⁹ Self-harm incident reports for October 2020.

¹⁶⁰ Information provided by CRES CSNSW, July 2021.

¹⁶¹ 243 between March 2020 and February 2021. Information provided by CRES CSNSW, May 2021.

processing was slow. We were concerned about the potential for security lapses in the former gatehouse.

The new gatehouse was finished and operational at the time of the 2020 inspection. It incorporates two millimetre wave scanners that all visitors and staff walk through, x-ray screening for possessions, lockers where visitors can secure valuables, and a waiting area.¹⁶² The prison's entry processes were appropriate for a maximum security prison. Staff appropriately asked visitors and staff to demonstrate that areas highlighted by the scanner were not contraband items.

Parklea CC was also operating a variety of external perimeter control methods, however procedure around supervision of boom gate entry/departure from Area 4 minimum security required review and improvement. In October 2020 an inmate walked through the vehicle gate entry to the minimum security area while it was open to allow vehicle entry. He ran through internal grounds and exited the facility boundary. He was pursued on foot by staff and recovered several minutes later, within 100 metres of the boundary. This was identified as a Charge Event under the contract, and a Major Default notice was issued by CSNSW, requesting a remedy program within 10 days. Under the contract, each escape from open custody results in a charge to the operator of \$200,000, and MTC-BRS was charged by CSNSW for this incident.¹⁶³ The location of the minimum security complex adjacent to a residential area also presents increased risk of contraband. Perimeter security for this area was identified by MTC-BRS as an area requiring increased vigilance in the early weeks of operation. The sally port had also been malfunctioning during the inspection. This caused some delays to transport, and an armed guard was positioned in the tower of the centre to maintain security while it was not working.

Gatehouse screening area and milliwave scanners



¹⁶² Millimetre wave (Milli wave) scanners screen both staff and visitors. They emit a microwave that bounces off potential security threats to create a high-resolution image of unusual objects.

¹⁶³ Schedule 11, Performance Regime, 3.2. Each escape from secure custody results in a charge of \$500,000.

4.3.2 Drugs and contraband

Correctional centres should have effective mechanisms in place to prevent and detect the supply of illicit drugs and other contraband.¹⁶⁴ The contract requires MTC-BRS to implement strategies, systems and procedures around searches and contraband prevention and detection.¹⁶⁵ MTC-BRS has also developed a written 'Contraband Reduction Strategy' for Parklea CC ('CRS'). MTC-BRS notes in the CRS that contraband is primarily trafficked into prisons through visits, mail, breaches of perimeter fence security, drone, or staff/contractor introduction.¹⁶⁶

Parklea CC conducts contraband searches on a random, targeted, and monthly basis. The suburban location of the centre adds challenges to policing the perimeter of the minimum security section in particular.

Data obtained from CSNSW showed that in the 12 months from April 2020 to March 2021, there were 238 discoveries of contraband drugs, of which 127 related to buprenorphine and 51 to tobacco.¹⁶⁷ Interestingly, these numbers were fairly consistent with an earlier 12-month period.¹⁶⁸ So despite the fact that in-person visits were suspended across NSW correctional centres for most of April to November 2020 due to the COVID-19 pandemic, there was no decrease in contraband drug detection during this period. Tobacco and buprenorphine were the most frequently discovered contraband drugs in that earlier period as well, although tobacco was more frequent that year (79).

In the 12 months from April 2020 to March 2021 there were 111 discoveries of contraband drug paraphernalia, the most common being gaol made syringe (35) followed by needles (33). This was slightly down from the numbers recorded for the 12 months of 2019 (146). In this earlier period the most common discoveries were smoking implements (36), followed by gaol made syringes (34).

There were also 254 urinalysis tests that returned a laboratory confirmed positive result for drugs in the 12 months between April 2020 and March 2021, the most detected was buprenorphine followed by mirtazapine.¹⁶⁹ The third most common detection was for paracetamol. Urinalysis tests were a combination of targeted, random and program related tests.

The rate of positive random drug tests is a KPI in the contract.¹⁷⁰ In January and March 2020, for example, 13 of 23 randomly selected inmates tested negative for drugs, and 15 of 22 in February 2020. This means that in those months, 10 inmates (43%) and seven inmates (32%) either returned a positive result or failed to supply a sample. Between May and November 2020 however, while in-person visits remained suspended due to the COVID-19 pandemic, the average rate of positive random drug tests had reduced to 7%.¹⁷¹

164 Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 37.

165 Contract, Schedule 3 (Output Specification) Part C Services Specification, 2.3.2.2 and 2.3.2.3. Contraband is reported in the following categories: drugs; drugs paraphernalia; communication device (such as phone or SIM card); weapons; alcohol; tattoo equipment; and other.

166 This is reflected in the range of technologies currently being used or trialled by Corrective Services to reduce entry of contraband and illicit substances into correctional centres (including those that are privately operated such as Parklea CC), including: full body x-ray scanners; ion scanners, equipment to detect drones, and milliwave scanners. See Special Commission of Inquiry into crystal methamphetamine and other amphetamine-type simulants, (Report January 2020), 880.

167 Counting by CSNSW across all centres refers to instances of discovery/detection. Detailed reports provided separately by MTC-BRS record details of each discovery, for example, 3 x strips of buprenorphine, where located, method of concealment etc.

168 207 discoveries of contraband drugs between January and December 2019, incorporating the final three months operating under GEO and the first nine months under MTC-BRS.

169 A prescription anti-depressant medication. Information provided by CRES CSNSW July 2021.

170 Random drug tests are defined under the contract as a monthly exercise where the State (CSNSW) selects a random 5% sample of the population of eligible inmates and notifies MTC-BRS who then conduct the tests. Inmates who have been in custody for less than 30 days are excluded.

171 Parklea CC MTC-BRS KPI Performance Trends Report 2020.

4.3.3 Other issues

Positively, some of the older analogue CCTV cameras across the centre had recently been upgraded, and better-quality clearer images were observed on the upgraded cameras. We recommend ongoing attention to ensure all are upgraded and to monitor for any blackspots.

In the August 2019 Operational Review, CSNSW identified the lack of an operational K9 unit (drug detection dogs) as a 'high impact security measure' that was not in place at Parklea CC. It was assessed as still some time away due to training requirements. At the time of the inspection in November/December 2020, some 12 months later, MTC-BRS was expecting its first K9 officer later in December 2020, and the second a few months later in March 2021. In the interim they had engaged CSNSW's K9 units under a contractual/user pays agreement. This demonstrates the gaps that can occur in transition to a new private operator without an existing specialist workforce to draw on.

The Incident Response Team (IRT) respond to critical incidents across the facility. They also carry out a variety of other tasks including target searches, perimeter and cell checks, assisting with movements of inmates within the facility, assist call monitoring and monitoring of high-risk areas. They are supported by a wider Centre Emergency Response Team (CERT), who are allocated to specific areas and units per shift and called upon to respond when required. CERT officers were observed at the unit level, providing an additional level of support to custodial staff. The IRT team can call upon a pool of qualified custodial staff members to assist when needed. The CSNSW Security Operations Group (SOG) can also be called on to support Parklea CC during major incidents or emergencies.

All IRT members must complete the Emergency Response Operators Course (EROC) which is a CSNSW program. It takes seven full days to complete and is conducted by CSNSW personnel, ensuring consistency of training across the system. Body cameras are always expected to be worn by IRT members.

The 2019 Operational Review by CSNSW noted concerns about the IRT and its capacity in the early months of the MTC-BRS contract. Members had transferred from GEO, and MTC-BRS had not yet placed any new staff through relevant training provided by the SOG. Training records show that in 2020, 11 MTC-BRS staff members completed the EROC course. MTC-BRS custodial staff also attended several firearms and firearms re-certification training courses delivered in person by CSNSW personnel in 2020.

We were concerned that wider custodial staffing rosters may not always provide for sufficient staff onsite trained in gas, batons and weapons, particularly on weekends. In addition, we were surprised to note that the area managers were all rostered on Monday to Friday. This leaves the representation of senior staff on weekends at a low level. MTC-BRS had recently adopted a practice to roster on at least one SMT member each weekend, seemingly in recognition of this. However, removing a layer of experienced staff each weekend arguably creates unnecessary risk. We were informed that there was no difference between weekend and weekday pay rates.

MTC-BRS have advised they have increased the number of officers trained in EROC and as Aerosol Operators since the inspection.

Recommendation: MTC-BRS ensure that staff rostering always takes into account staffing with requisite skills.

4.4 Segregation and protective custody

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 CAS Act
- needs to enter protective custody under section 11 of the CAS Act¹⁷²
- is being held separately from other inmates for ‘the purposes of the care, control or management of the inmate ...’ under section 78A of the CAS Act.

There are two segregation areas at Parklea CC, the main segregation unit (2F) and part of Area 3A, which was referred to as the ‘overflow’ unit for segregation. There were primarily two types of inmates held in these units. Those who pose a risk to others, or to the good order of the facility, and those who require protection and cannot associate with any other inmates (PRNA). In addition, although the adjacent Compulsory Drug Treatment Court Centre (CDTCC) is not managed by Parklea CC, an inmate from CDTCC was observed in the segregation unit during the inspection, awaiting determination as to whether he would be permitted to return and complete the program.¹⁷³

In the 12 months from April 2020 to March 2021, 397 periods of segregation commenced at Parklea CC. It ranged from 22 in February 2021 to 45 in both April and May 2020. The average time spent on segregation was 16 days. This was only a slight reduction from figures reported the previous year. In the 12 months between January and December 2019, there were 363 periods of segregation commenced, with the average lasting for 22 days.¹⁷⁴

As discussed earlier in this chapter, cell infrastructure in the segregation units is poor, and both included numerous hanging points. In the 2015 *Full House* report, we highlighted that the number of segregation cells at the three centres inspected (including Parklea CC) had not kept pace with operational capacity. While Parklea’s operational capacity had nearly doubled from its original design capacity at that time, the number of segregation cells had not increased.¹⁷⁵ Parklea CC’s population has increased significantly again since that report, but the segregation infrastructure remains the same. The report noted that when two cohorts who have been assessed as not able to mix, are accommodated in a single area, it results in substantially reduced out of cell hours for each group. It stated:

Crowding reduces the ability of correctional administrators to provide discrete accommodation to special management cohorts. Crowding in the correctional system makes the separation of inmates more difficult to manage, as there is often not the physical space available to keep them apart, giving rise to duty-of-care risks. The rotation of available communal space may result in one or more groups having limited access to recreation or programs.¹⁷⁶

CSNSW have advised that in 2021 (after the inspection) the Area 2F segregation unit was refitted to include new doors, beds, plumbing facilities and removal of ligature points.

172 Section 11 of the *Crimes (Administration of Sentences) Act 1999* provides that the Commissioner may direct an inmate be held in protective custody if the association of the inmate with other inmates constitutes or is likely to constitute a threat to the inmate’s personal safety. Inmates who are unable to mix with any other inmates are designated ‘protection non association’ or PRNA.

173 The contract allows for inmates from the CDTCC who cannot be managed at the CDTCC for security reasons to be housed at Parklea CC short term. This is another unique cohort that Parklea CC has to manage.

174 January to March operated by GEO, April to December by MTC-BRS.

175 Inspector of Custodial Services, *Full House: The Growth of the Inmate Population in NSW* (Report, 2015) 40.

176 Inspector of Custodial Services, *Full House: The Growth of the Inmate Population in NSW* (Report, 2015) 39.

During the inspection we observed an inmate in this area who was very unwell, not taking medication, and likely needed to be transferred to the MHSU. Custodial officers were (understandably) concerned about the risk he posed to staff but did not appear to grasp the risk he posed to himself. This also underscores the importance of better triaging between Parklea CC and MRRC for mentally unwell patients.

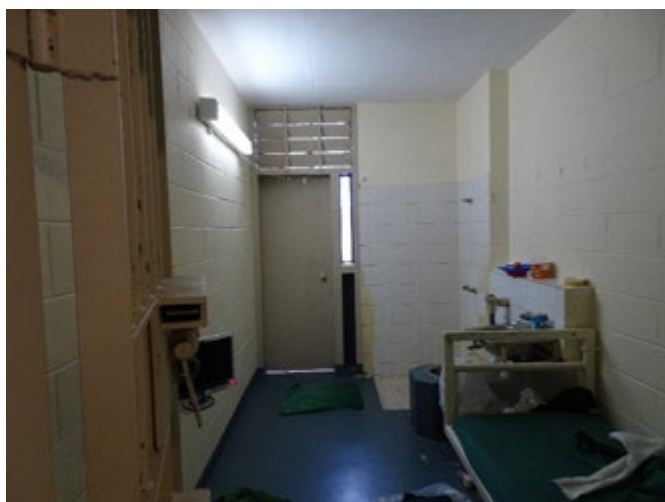
The regime for PRNA inmates observed during this inspection was harsh. Inmates spoken to generally understood their placement was for their own protection and did not desire to move elsewhere in the prison. However it is effectively a punishment regime. Little was available, with movements seemingly limited to accessing telephones and health care. Parklea CC staff were awaiting a determination from CSNSW to move PRNA inmates out of Parklea CC, due to the poor conditions. A lack of privacy for PRNA inmates was also noted, with names and number visible from cell doors.¹⁷⁷

The non-association orders are made based on an inmate's background and every 3 months the non-association order is reviewed by the area manager. Segregation orders are reviewed every Thursday by the area manager. Governance in segregation should be reviewed and monitored closely. MTC-BRS advised that CSNSW onsite monitors regularly attend weekly segregation reviews. This is welcomed.

Recommendation: CSNSW ensure onsite monitors are regularly reviewing the operation of segregation and related governance processes.

Recommendation: CSNSW and MTC-BRS review the protection non-association regime at Parklea Correctional Centre.

Segregation cell



Secure yards attached to segregation cells



¹⁷⁷ There were 11 PRNA inmates at Parklea CC as at 11 April 2021 and 13 as at 12 January 2020.

4.5 Classification and placement

Inmates should be classified as soon as practicable after they are received into a correctional centre and their security classification should also be reviewed when sentenced, and on an annual basis.¹⁷⁸ The contract requires MTC-BRS to ensure initial classification and placement recommendations for each inmate are completed within seven days of reception. These recommendations must be available for review and approval by the State in CSNSW's Offender Integrated Management System (OIMS) within that time frame.¹⁷⁹ There are several other contractual requirements, including a safety and security assessment around cell allocation, and systems for maintaining effective exchange of classification and placement information with the State.¹⁸⁰

This was an area where there were gaps in the original MTC-BRS initial staffing model. There was no classification or sentence management staff on commencement of the contract and additional staff had to be located and trained during the transition. While the CSNSW manager for classification and placement has final approval, assessments and recommendations are Parklea CC's responsibility.

At the time of the inspection thankfully there were good collaborative arrangements in place between CSNSW and MTC-BRS. A Classification Consultative Group had been established between CSNSW and MTC-BRS, and a deputy manager of classification and placement for CSNSW was stationed at Parklea CC.

4.6 Correctional centre discipline

The CAS Act and the CAS Regulation make provision for correctional centre offences.¹⁸¹ Where it is alleged that an inmate has committed a correctional centre offence, the governor of the correctional centre may charge the inmate with the offence and conduct an inquiry into the allegation. If satisfied beyond a reasonable doubt that an inmate is guilty of a correctional centre offence the governor may apply a penalty provided for in the CAS Act.¹⁸² 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.¹⁸³ Withdrawable privileges include contact visits, telephone access, inmate buy-up, and leisure and recreation activities.¹⁸⁴ 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.¹⁸⁵

Unsurprisingly for a centre with a large and transient population, there were high numbers of institutional offences at Parklea CC. Between April 2020 and March 2021, a total of 2,282 breaches of correctional centre regulations were reported. The following table gives an overview of the breaches by category of offence.

178 *Crimes (Administration of Sentences) Regulation 2014* cl 11.

179 Contract, Schedule 3 (Output Specification) Part C Services Specification, 2.6.2.1.

180 Contract, Schedule 3 (Output Specification) Part C Services Specification, 2.6.2 (5) and (8).

181 *Crimes (Administration of Sentences) Act 1999* pt 2, div 6; *Crimes (Administration of Sentences) Regulation 2014* pt 6.

182 *Crimes (Administration of Sentences) Act 1999* s 52.

183 *Crimes (Administration of Sentences) Act 1999* s 53.

184 *Crimes (Administration of Sentences) Regulation 2014* cl 163(b), (g), (j)-(k).

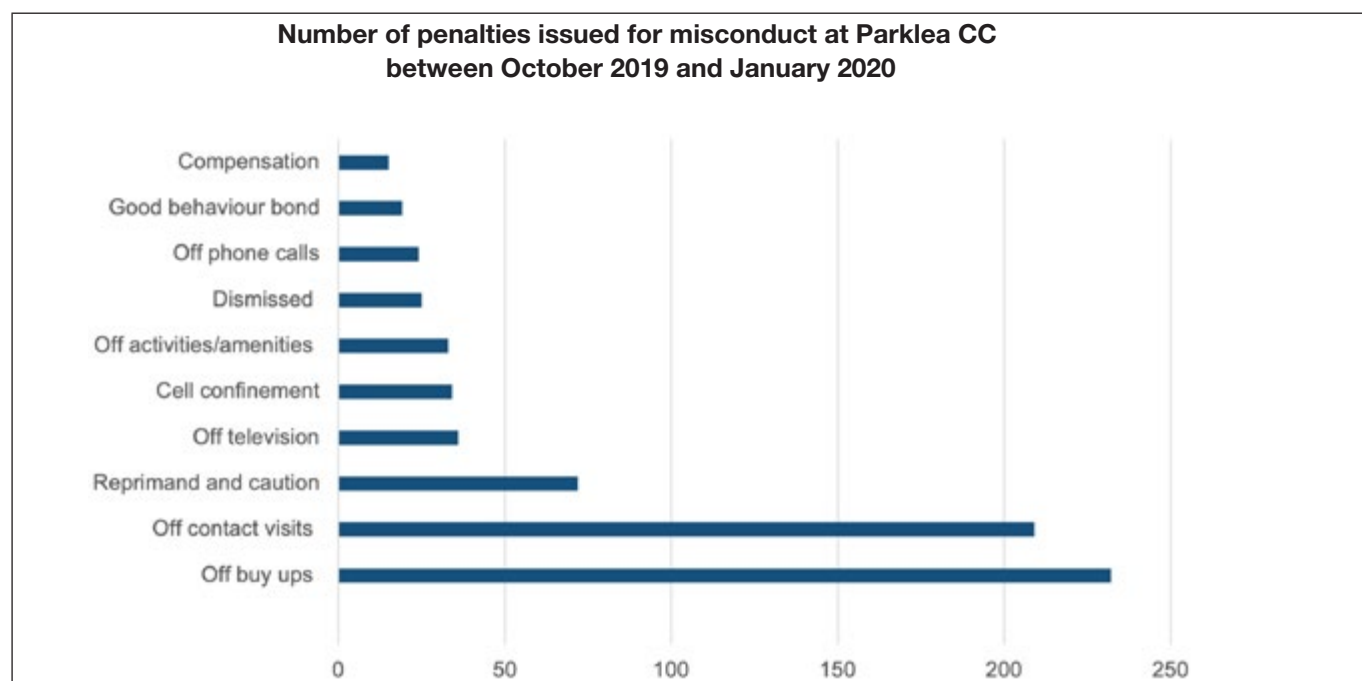
185 *Crimes (Administration of Sentences) Act 1999* s 53.

Table 6: Breaches of correctional centre regulations at Parklea CC by category, April 2020 to March 2021¹⁸⁶

Offence category	Number	Percent
Charges against good order	1,097	48.1%
Fighting or assault	373	16.3%
Property damage	297	13.0%
Other drug charges	263	11.5%
Abusive behaviour	169	7.4%
Smoking related	30	1.3%
Failure to attend muster	23	1.0%
Alcohol charges	12	0.5%
Stealing	11	0.5%
Phone related	7	0.3%

More detailed data was analysed over an earlier four-month period from October 2019 to January 2020. During this period, there were 630 misconduct-related incidents committed by inmates recorded at Parklea CC. A total of 316 inmates were charged during this period.¹⁸⁷ The top five misconduct-related incidents that were recorded during this period include disobey direction (103), fight or engage in other physical combat (80), fail to comply with correctional centre routine (64), assault (54) and fail drug test (44). Of the penalties issued for misconduct during this period, the top five issued were off buy-ups (232), off contact visits (209), reprimand and caution (72), off television (36) and cell confinement (34). The below table shows the most common penalties issued against the most common misconduct incidents over a four-month period.

Figure 5: Number of penalties issued for misconduct at Parklea CC between October 2019 and January 2020¹⁸⁸



186 Information provided by CRES CSNSW, July 2021.

187 One inmate may be charged with more than one offence.

188 Information provided by MTC-BRS, March 2020.

The CSNSW COPP provides that only governors or delegated officers may charge inmates with correctional centre offences and conduct inquiries (unless referred to a Visiting Magistrate), and only officers occupying the positions of manager of security (MOS) or functional managers (FM) may be so delegated.¹⁸⁹ The contract with Parklea CC requires inmate discipline hearings to be conducted by staff 'with the appropriate delegation and training'.¹⁹⁰ This function was delegated to area managers at Parklea CC. CSNSW has advised area managers are equivalent to functional managers in the State system and are therefore the most appropriate.

Given the high number of correctional centre offences, area managers spent a disproportionate amount of their time dealing with offences in custody. Area managers are also responsible for staff supervision, mentoring and training. While Parklea CC is not obliged to have identical rank structures or senior management roles, the inspection team recommends both MTC-BRS and CSNSW review this issue, to ensure that: i) functions are delegated to roles of equivalent seniority, and ii) area managers have sufficient time for staff supervision and mentoring.

¹⁸⁹ Corrective Services NSW, *Custodial Operations Policy and Procedures – 14.1 Inmate Discipline* (version 1.1, 12 March 2020) 5–6.

¹⁹⁰ Contract, Schedule 3 (Output Specification) Part C Services Specification, 2.7.2.1.

5 Health services

5.1 Introduction

In the majority of NSW correctional centres, health and custodial services are each provided by separate public entities; that is, health services and clinical governance by the JH&FMHN and custodial services by CSNSW.¹⁹¹ There are now three major correctional centres in NSW where a private entity provides both custodial and health services under a contract with CSNSW: Junee Correctional Centre with GEO, Clarence Correctional Centre with Serco and Parklea CC with the MTC-BRS joint venture and a sub-contract to St Vincent's Correctional Health (SVCH).

5.1.1 A contractual framework to deliver health services

MTC-BRS is required under the contract to provide comprehensive health services to custodial patients (inmates). At the outset, they must ensure that healthcare facilities and services are provided to the standards of the public health system, in compliance with NSW Health and JH&FMHN policies and procedures, with special regard to the unique health needs of custodial patients.¹⁹² They must ensure custodial patients are comprehensively assessed for their healthcare needs, and have access to a range of health services. They must also have a system to prioritise or triage patients seeking or requiring healthcare according to clinical and specific health care needs.¹⁹³

The contract establishes 'required outcomes' and 'minimum service requirements' across correctional health services at Parklea CC.¹⁹⁴ The performance regime in the contract also sets out a range of health delivery KPIs, including:

- numbers of eligible patients with up to date chronic health care plans
- timely provision of primary health services to high priority patients
- numbers of health discharge plans
- early detection programs and immunisation services
- health-related incident reporting
- health screening.¹⁹⁵

In addition to the requirements under the performance management scheme, any instance of unsatisfactory professional conduct or professional misconduct in providing health services, as determined by a court, tribunal or applicable professional regulatory body, is deemed to be a 'Major Default' under the contract.¹⁹⁶

191 For more discussion of the different health care service delivery models in NSW prisons, see Inspector of Custodial Services, *Health Services in NSW Correctional Facilities* (Report, March 2021) chapter 2.4.

192 Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.2.

193 Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.4.2.1.3.

194 Contract, Schedule 3 (Output Specification) Part C Services Specification, Outcome 5 Health Services, 86–123.

195 Contract Schedule 11, Performance Regime, 2.13–2.18.

196 Contract, Definitions, 21.

St Vincent's Hospital Sydney Ltd (St Vincent's Health Network Sydney) is sub-contracted by MTC-BRS to deliver health services at Parklea CC. This is performed by SVCH, its correctional health division.¹⁹⁷ While SVCH is a new provider of prison health services in NSW, St Vincent's Hospital (Melbourne) Ltd is similarly subcontracted to deliver health services at Port Philip Prison in Victoria. St Vincent's Healthcare Network describes itself as a Catholic healthcare service, with a mission of commitment to poor and vulnerable persons.

Within the first 12 months of the contract, the SVCH health service at Parklea CC received an accreditation against the Australian Council of Health Care Standards. This is the same processes undertaken by hospitals and health services within Australia, as well as by JH&FMHN in NSW. This provides an assessment of the service meeting benchmark standards for comparable health services.

5.1.2 Inspection and monitoring of health services

This was our first inspection of a correctional centre where SVCH is delivering health services. Our focus was the access and availability of health services to inmates at Parklea CC.¹⁹⁸

The delivery of health services by SVCH (and other private providers in NSW) is monitored by JH&FMHN. Under the CAS Act, the CEO of JH&FMHN may have free and unfettered access to all parts of correctional centres, including all offenders and all medical records.¹⁹⁹ This includes privately operated centres and this requirement is specifically enshrined in the contract with MTC-BRS for Parklea CC.²⁰⁰ The contract also states that JH&FMHN may undertake a review of health service delivery at a minimum of once per year.²⁰¹

This monitoring role has not been examined in this report, which focused on services provided to Parklea CC inmates. In 2021, the NSW Audit Office published a report on access to health services in custody, which included findings and recommendations directly related to this function.²⁰²

5.1.3 Health status and needs of NSW (and Parklea CC) inmates

Incarcerated people have poorer health compared to the broader community.²⁰³ They experience higher rates of communicable disease, chronic illness, substance misuse, and dual diagnoses of mental health issues and physical or other health problems.²⁰⁴ They are also more likely to have experience of mental health issues including anxiety, depression, post-traumatic stress disorder, psychosis and suicidal thoughts.²⁰⁵

Remand prisoners, much of the Parklea CC population, often have even more intensive needs. A 2013

197 St Vincent's Health Network Sydney is a division of St Vincent's Health Australia, which is one of Australia's largest non-profit providers of health and aged-care services.

198 See further, the ICS Act div 2 and Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standards 76–90.

199 *Crimes (Administration of Sentences) Act 1999* s 236B.

200 Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.3 Right to Inspection of Health Services.

201 Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.3 Right to Inspection of Health Services.

202 The audit office found there is a conflict of interest in the JH&FMHN monitoring role of health services in private prisons, as it is also a provider of health services in a private prison and recommended that the NSW Ministry of Health take action to remediate the conflicting monitoring arrangements of public and private prison health operators. Audit Office of New South Wales, *Access to health services in custody* (Report, 23 September 2021) 11.

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

204 Australian Institute of Health and Welfare, 'The Health of Australia's Prisoners 2018' (Report, 30 May 2019) vi, 49; Justice Health and Forensic Mental Health Network, *Year in Review 2016-17* (Department of Health (NSW)) December 2017) 14.

205 Justice Health and Forensic Mental Health Network (NSW), *2015 Network Patient Health Survey Report* (May 2017) 52-62.

survey of reception prisoners in Western Australia found that the prevalence of anxiety disorders in male reception prisoners was three times that in the general population, mood disorders was nearly four times more common, and psychiatric disorders were more than twenty times more common.²⁰⁶

The challenge for any prison health service is to provide all basic health services in a restricted environment to a population with generally poor health and particularly high needs in the areas of mental health and drug and alcohol. This task is made more complex by the sheer volume of people moving through the system.²⁰⁷ As discussed in the ICS Health Services report, high numbers of people moving through the correctional system each year, even for short periods, has placed extra demands on prison health services in NSW. This is because each person entering the correctional environment, even for the shortest period of time, needs to be fully assessed from a health, welfare and safety perspective.²⁰⁸ From a health perspective, this is to ensure high risk health and mental health issues are identified as they enter, previously prescribed medication needs to be confirmed, ordered, administered (within a secure environment) and both current and emerging acute and chronic health issues need to be identified, assessed and managed.²⁰⁹ At Parklea CC, a large reception centre with high levels of turnover and short stays, it is the predominant workload of SVCH.

A few specific elements of care of the SVCH service had the potential to drive positive developments in prisoner health care. The ability to leverage clinical resources more broadly of a teaching hospital such as St Vincent's is promising. This included, for example:

- a partnership with the St Vincent's Hospital emergency department, with emergency staff specialists working across both Darlinghurst and Parklea CC, in recognition of the emergency care needs of the metropolitan remand population
- support from St Vincent's own pathology services, SydPath
- a full-time onsite pharmacist and dispensing staff comprising pharmacy assistants
- a GP-led model of health care with GP services available on site seven days a week.

Notwithstanding, there were significant challenges. During some seven days on site, we spoke to many inmates and staff across all areas of Parklea CC, both individually and in group settings, with access to health and medical care services the most frequently raised issue of concern.

This is not necessarily unusual, and context is important. In the 2015 Full House report, we wrote that inmates had 'identified a lack of health care as the single biggest issue at all centres, and was particularly so at Parklea CC'.²¹⁰ The ICS annual report for 2016–17 observed that the highest number of complaints recorded by Official Visitors across all centres in NSW related to medical issues, and this was effectively unchanged in 2019–20.²¹¹ While acknowledging the past context prior to MTC-BRS and SVCH involvement, the level of inmate anxiety and concern in relation to access to medical care at Parklea CC during the inspection was extremely high.

206 Davison, S, F. J. (2015) Mental health and substance abuse problems in Western Australian Prisoners. Report from the Health and Emotional Wellbeing Survey of Western Australian Reception Prisoners, 2013. Perth: WA Department of Health.

207 Inspector of Custodial Services, *Health Services in NSW Correctional Facilities* (Report, March 2021) 57.

208 Inspector of Custodial Services, *Health Services in NSW Correctional Facilities* (Report, March 2021) 50.

209 Inspector of Custodial Services, *Health Services in NSW Correctional Facilities* (Report, March 2021) 50.

210 Inspector of Custodial Services, *Full House: The Growth of the Inmate Population in NSW* (Report, April 2015) 12.

211 Inspector of Custodial Services, *Annual Report 2019-2020* (Report, October 2020) 16–18.

5.2 Reception health 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.²¹² This is incorporated into the contractual requirements at Parklea CC. There is an obligation on MTC-BRS to ensure that each inmate received into custody receives a comprehensive screening assessment (including medical) as soon as possible, and no later than 24 hours after initial reception.²¹³ Health assessment within 24 hours is also a specific contract KPI.

The contract also reflects the challenge and sensitivity of reception health screening, stating that MTC-BRS must ensure that:

health services staff are aware that reception into custody is a particularly stressful time for Custodial Patients and that communication by health services staff encourages participation and discussion by the Custodial Patient regarding their healthcare treatment needs and treatment planning.²¹⁴

As with any predominantly remand facility, the total population of Parklea CC at any one time does not give an accurate reflection of the volume of health screening required. The table below provides an overview of monthly receptions and transfers into Parklea CC between April 2020 and March 2021. In January, February and March 2021 the daily average population was 1,234, 1,283 and 1,287 inmates respectively. The number of new receptions and transfers into the centre for those months was 932, 878, and 937 respectively. This volume of movement in and out of Parklea CC represents, numerically, more than double the daily average prison population at Parklea CC entering Parklea CC custody every three months. All of these inmates require health assessment. It is unclear whether SVCH were sufficiently briefed, prepared and staffed for this workload on commencement of the contract. This workload also impacts the delivery of primary health services, which is what most prisoner complaints relate to.

Table 7: Monthly overview of receptions/transfers/releases²¹⁵

Month	Receptions	Transferred to centre	Transferred from centre	Released from centre	Released within 7 days after transfer
April 20	455	301	428	229	20
May 20	525	236	568	186	17
June 20	545	260	466	214	12
July 20	502	312	471	243	20
August 20	545	319	654	216	18
September 20	520	332	616	205	13
October 20	495	342	652	203	14
November 20	535	348	614	209	13
December 20	591	277	668	251	31
January 21	576	356	582	240	11
February 21	553	325	624	242	19
March 21	566	371	621	247	13

²¹² Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 78.

²¹³ Contract, Schedule 3 (Output Specification) Part C Services Specification, 2.5.2.6 (iii).

²¹⁴ Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.10.4.1.

²¹⁵ Information provided by CRES CSNSW, July 2021.

We requested a number of monthly performance reports prior to, and following, the onsite inspection. These reports recorded that all custodial patients received their health reception screening assessment within a 24 hour time frame. In addition, since early 2020, reception health also included COVID-19 screening and sentinel testing, which added significant workload for health staff. In the nine months between April and December 2020, over 12,000 inmates were screened and tested for COVID-19 by SVCH.²¹⁶

Alongside an independent health consultant, we observed several health reception assessments and COVID-19 sentinel testing during the inspection, which were done well. SVCH was also conducting appropriate screening for conditions such as Hepatitis C and HIV and had measures in place for Hepatitis C treatment and harm minimisation. The level of focus and processes for this public health screening was also managed well.

It is critical that thorough and timely assessments are completed to identify those at risk. As highlighted previously (section 3.1), we were concerned about the volume of evening arrivals to Parklea CC, meaning that some health assessments were necessarily taking place the following day, although still within a 24-hour period. Some cells in the main clinic were regularly used to accommodate the flow of overnight admissions who were awaiting reception health screening and subsequent placement in Area 6. While a new, later evening shift for SVCH nurses was under discussion at the time of the inspection (and was subsequently implemented) the centre carries a high risk. This risk arises in relation to conducting late screenings through to 11pm (with new receptions at greater likelihood of tiredness and unwillingness or inability to engage) and holding inmates overnight who will be monitored but not assessed until the morning. The timing of arrivals is outside of SVCH control, being the domain of CSNSW.

The demands of reception health screening have broader implications for the delivery of health services at Parklea CC. It places significant strain on the health centre to manage the availability of observation cells. The main health centre has 28 beds, and the Area 6 satellite health centre was not staffed or equipped for overnight observation. Consequently, the volume of daily receptions in poor health or who have yet to be assessed requiring observation or immediate treatment in the health centre creates pressures to frequently move people in and out of the main health centre. The situation also impacted the delivery of health services the following day, with resources prioritised to complete screening the following morning rather than running scheduled primary health clinics.

Unlike MRRC or Long Bay Hospital, Parklea CC does not have any designated acute mental health infrastructure, so inmates who need acute mental health care must also be accommodated in the health centre observation cells.

Recommendation: MTC-BRS and SVCH review the reception health screening process and use of clinic observation beds to ensure it is resourced to meet demand.

²¹⁶ Information provided by SVCH April 2021. While this number would include testing inmates presenting with any relevant symptoms throughout this period, the bulk of this number would be persons presenting on reception into custody at Parklea CC.

5.3 Access to primary health services

5.3.1 Health care model and urgent care capacity

All inmates should have access to a 24 hour, on-call, or standby primary health service that is a registered doctor or nurse.²¹⁷ The contract includes numerous minimum service requirements in this regard, under a broader 'required outcome' that all patients 'have timely access to a coordinated range of health services appropriate to their health needs provided by a multidisciplinary team'.²¹⁸ The contract also specifies that MTC-BRS must ensure custodial patients are 'comprehensively assessed for their healthcare needs, and have access to a range of health services equivalent to those provided in the public health system'.²¹⁹ This includes primary health services, mental health services, allied health services, medication management services, diagnostic services, specialist health services and specific treatment programs. There was also x-ray/radiology capacity onsite, and SVCH offered radiology clinics as part of their medical service.

SVCH staffing included a doctor onsite seven days per week. This function was shared by one full-time GP and one part-time role filled by emergency medicine specialists from St Vincent's Hospital on rotation. The latter was added to the SVCH staffing profile after their opening. During the evening after-hours, there is 24-hour access to an on-call medical officer. In addition, a complement of primary health staff are available including registered and enrolled nurses, and some Allied Health staff which support the medical team.

Access to this expertise onsite is a positive aspect of the health care model, and well-suited due to the high volume of incidents at Parklea CC requiring medical attention. There was high-level capability to respond to sudden events and emergencies, and doctors performed a substantial role in treating trauma injuries onsite. However the patient profile and level of incidents requiring medical attention is a challenge for SVCH. The need to prioritise emergency or acute medical conditions clearly impacted the health centre's ability to manage the demand for primary health care and the treatment of chronic illnesses.

Inmates reported alarm at effectively one full-time doctor for over 1,000 inmates. However, this ratio is not inconsistent with the community, nor with the JH&FMHN model of care operating in most correctional centres in NSW. The Grattan Institute reported in 2018 that on a full-time service equivalent basis, there are about 110 GPs per 100,000 people in major cities and inner regional areas in Australia, or 1.1 per 1,000.²²⁰ While recognising the increased supplementation of the primary health team with registered nurses, the needs are higher in a correctional setting, due to chronic health care needs, the nature of the correctional environment, and population turnover and movement, which are particularly high at Parklea CC.

Patients waiting for health appointments are given a priority rating according to the time frame within which they should be seen by a clinician. Timely provision of primary health services is a contract KPI for Parklea CC, specifically for Priority 1 and 2 custodial patients.²²¹ Patients requiring the most time-critical care (Priority 1) should be seen within 72 hours (three days). The required timeframe for Priority 2 is within 14 days.²²² Having timely provision of primary health services as a key performance measure ensures that

217 Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 80.

218 Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.4 Access and continuity of care.

219 Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.10.1 Context of service delivery.

220 GP Workforce Statistics – 2001-02 to 2016-17. Department of Health, reported in 'Grattan Institute, Mapping primary care in Australia, July 2018, p11. By comparison, the British Medical Association has recently reported that there are just 0.45 fully qualified GPs per 1000 patients in England, down from 0.52 in 2015. See NHS Digital, General Practice Workforce, Official Statistics accessed at: <https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services>, and <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/pressures-in-general-practice>.

221 Contract Schedule 11, Performance Regime 2.14.

222 Priority 2 is defined in the contract Performance Regime '[...] where lack of immediate intervention may result in an adverse health outcome and who require attention within three to fourteen days.'

time-critical appointments are regularly scrutinised by MTC-BRS, CSNSW and JH&FMHN.

We reviewed a selection of monthly performance reports. SVCH achieved Priority 1 and 2 time frames in almost all instances, and this is a positive result. In September 2020, all Priority 1 (one) and 2 (26) patients were seen within the required timeframe. In October 2020, two of three Priority 1 patients and all Priority 2 patients (12) were seen within the required timeframe. In November 2020 all Priority 1 and 2 patients were seen within the required timeframe. In December 2020 all Priority 2 patients (11) were seen within the required timeframe and nil patients were classified as Priority 1. In January 2021 there were no failures (numbers unclear) and in February 2021 all Priority 2 (26) patients were seen within the required timeframe and nil patients were reported as Priority 1.

In addition to monthly reporting, point-in-time health centre waitlists were requested and reviewed prior to and following the onsite inspection.²²³ These indicated that Priority 1 and 2 appointments were being managed as required, with low numbers on the Priority 2 wait lists in a few categories only.

Some earlier monthly reports were also reviewed from the first year of SVCH delivering health services at Parklea CC. Between September and November 2019 all Priority 1 and 2 patients were seen within the benchmark timeframe. December 2019 appeared to be an outlier, with eight of 16 (50%) Priority 1 patients and 148 of 191 (77.5%) Priority 2 patients seen within the benchmark. This report included a comment that further nursing education was required to ensure daily waitlist review.

It should be noted that a much higher number of patients were triaged as Priority 1 or 2 in November 2019 (17 and 148 respectively) and December 2019 (16 and 191 respectively) as compared with 12 months later. SVCH did comment that work had been undertaken reviewing the process and allocation of triage categories with nursing staff. It is possible this revised approach and review process by more senior clinical staff has seen recalibration of the triage categorisation of patients. Without review of the individual cases we are unable to comment on the appropriateness of this initiative. We have recommended ongoing monitoring.²²⁴

Another challenge was that SVCH was also reporting receiving patients transferred into Parklea CC from other correctional facilities where they had already breached the timeframe for Priority 2 and were overdue for an appointment.²²⁵ SVCH stated that these patients were re-triaged and placed on the waitlist according to clinical need.

Recommendation: SVCH ensure regular clinical review and education regarding Priority 1 and 2 assessment.

Recommendation: The Justice Health and Forensic Mental Health Network review the appropriateness of triage categorisation in their monitoring role for all private providers.

Emergency treatment responses are recorded separately to high priority health appointments. The contract requires all custodial patients to have access to 24-hour emergency health care. The table below provides a monthly overview of medical services provided at the Parklea CC health centre on an emergency basis, rather than a scheduled/appointment basis.

Although the GP is not listed as a clinician in the table, we observed the involvement of a GP in emergency responses that occurred during the inspection. This appears recorded within the primary health nurse data

²²³ One in February 2020 and one in March 2021.

²²⁴ Justice Health recommends including a clinic note when assigning/reprioritising a waitlist, in accordance with their PAS Waiting List Priority Protocol.

²²⁵ Eight Priority 2 patients arrived during September 2020 having waited a range of 19 to 214 days on arrival. Nine Priority 2 patients arrived in October 2020 having waited a range of 16 to 97 days before arrival.

provided to us. We observed that the need to prioritise emergency responses impacted the ability of the health centre to conduct scheduled GP and primary health clinic sessions.

Table 8: Monthly overview of emergency treatment responses provided at Parklea CC health centre²²⁶

Clinician	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Aboriginal health worker				1	1				
Drug and alcohol nurse								1	
Mental health nurse				1	1	3	1		
Primary health nurse	6	3	6	42	40	24	31	28	31
Total	6	3	6	44	42	27	32	29	31

SVCH nursing staff reported good support from on-call doctors who supported 24-hour (overnight) nursing coverage. Parklea CC also used hospital and ambulance services for the provision of emergency care as required. Two emergency transfers to hospital were observed during the inspection and these were well managed, including appropriate transfer of clinical information to the treating hospital.

5.3.2 Managing lower priority waitlists and chronic health needs

One consequence of the need to focus on urgent priorities, was long waiting lists for lower priority appointments. As mentioned above patients are triaged according to clinical need into priority categories. Priority 3 refers to those requiring an appointment between 14 days and 3 months. Priority 4 patients should be seen within 12 months. As at 28 February 2020, there was a total of 1,035 patients on various Priority 3 waitlists for a variety of health services, the highest being for the primary health nurse, followed by the mental health nurse, the dentist, the GP, and the population health nurse. This had increased by 31 March 2021, to a total of 1,524 persons on various waitlists triaged as Priority 3.²²⁷ The highest numbers were for the primary health nurse, followed by the mental health nurse, the drug and alcohol nurse, the dentist and chronic care.²²⁸ There is a need to better manage these waitlists as lower priority or chronic conditions can become acute over time and become emergency cases.

Under the contract MTC-BRS must ensure chronic disease screening for all those diagnosed with or identified as potentially affected by chronic health conditions. There are several minimum requirements established in the contract in this regard and having up to date chronic health care plans for eligible patients is a contract KPI. The stated contractual target is that 85% to 100% of eligible patients have an up-to-date chronic health care plan within a required timeframe.²²⁹

Many inmates with chronic health conditions pass through Parklea CC, often for a limited time. Based on a

²²⁶ Information provided by SVCH April 2021.

²²⁷ Information provided by SVCH April 2021.

²²⁸ Noting that Area 6 opened in March 2020 with a population increase, and the additional workload of COVID-19 management.

²²⁹ Contract Schedule 11, Performance Regime 2.13. The required timeframe means 29 days from reception at Parklea CC or from diagnosis of the chronic illness by SVCH, or, where the condition is identified by an alternative health care provider prior to reception at Parklea CC, 29 days from identification of the condition, or 14 days from transfer/reception into Parklea CC.

review of monthly reporting around the inspection period, SVCH was achieving the required targets.²³⁰ While identification and health care planning was being managed, and a chronic care nurse had been added to the staffing profile to closely monitor and manage Priority 3 waitlists, there was still considerable work to do on lower priority waitlists. It is acknowledged that this is difficult in a remand setting, particularly with the average length of stay for inmates at Parklea CC being so short. SVCH advise they have taken additional steps around escalation mechanisms and waitlist reviews, as well as holding health delegate committees, but it will require ongoing monitoring.

Additional nursing hours are required in the SVCH service, as well as an increased scope of practice for experienced primary health nurses. One solution is to recruit nurse practitioners and/or clinical nurse specialists to add capacity at Parklea CC. Nurse practitioners can treat and review low acuity and chronic health patients within their scope of practice as well as prescribe medications.²³¹ Advanced skilled registered nurses can assess and treat lower acuity patients if the presenting condition is within their scope of practice. However, this is a challenging workforce to access and recruit due to the lengthy training period required as well as the constrained nature of their scope of practice. We encourage SVCH to explore an increase in investment in nurse practitioners and to continue to encourage nurses to complete further studies including nurse practitioner qualifications.

There was also a need for additional resourcing to support closer monitoring of Aboriginal patients regarding their health needs. The management of the chronic health KPIs for the entire population are important, but there is a need for culturally safe and responsive outreach services to impact the chronic and high risk health issues of Aboriginal inmates. The SVCH staffing complement included one full-time Aboriginal health worker. At the time of the inspection, the staff member in this role was in training for this position, and we strongly encourage continued support for this position.²³² SVCH acknowledged this and advised they were in the process of creating a new position for Aboriginal chronic care nursing, which was a good development. We are advised by SVCH this role is now in place.

We note recruitment, professional and cultural support for and retention of this specialist workforce is challenging. We encourage liaison with local Aboriginal Community Controlled Organisations and JH&FMHN for assistance with any ongoing recruitment challenges. SVCH could also consider engaging additional Aboriginal health practitioners on a contract or visiting basis to increase access to primary health services including mental health and well-being assessments, care and supports.²³³ Furthermore, activities or events such as a Close the Gap Day event, can allow additional dedicated screening for and awareness of prevalent chronic conditions for Aboriginal people (such as cardiovascular, diabetes, renal, respiratory).

Overall we found the organisational structure of the SVCH clinical nursing workforce at Parklea CC to be sound. The inclusion of a clinical nurse educator, chronic care nurse, clinical practice nurse consultant and Aboriginal chronic care nurse will help build nursing capacity and skill, allowing for more nurse led models of care as occurs in other correctional facilities and jurisdictions. The oversight of a doctor provides good clinical governance and will assist in the further development of a comprehensive and aligned primary health and emergency response clinical model which most effectively and efficiently uses the skills sets of the medical and nursing workforces.

Recommendation: SVCH develop capacity within Parklea Correctional Centre health services model to manage non-urgent and chronic care conditions.

230 September 2020, October 2020, and November 2020.

231 The contract states that policies and procedures for supplying nurse initiated and standing order medications must be in place. Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.10.7.2 Prescription of Medication (4).

232 SVCH advised that cultural supervision and support for this role was provided by the Director of Aboriginal Health for the St Vincent's Health Network.

233 SVCH advise they are exploring local partnerships in this regard.

Recommendation: SVCH further develop advanced nursing practice and nurse practitioners to increase the access to timely primary care.

Recommendation: SVCH and MTC-BRS hold a Close the Gap day or event at Parklea Correctional Centre to boost opportunities for screening Aboriginal people for prevalent chronic conditions.

Recommendation: SVCH engage Aboriginal health practitioners to increase access to primary health care services including mental health and wellbeing assessments, care and supports.

5.3.3 Dental

Every inmate is to have access to the services of specialist medical practitioners as well as psychiatric, dental, optical and radiological services, on medical referral.²³⁴ At the time of the inspection, however, there was a serious gap in dental services at Parklea CC.

Positively, the SVCH staffing model at Parklea CC included an onsite dentist and dental nurse.²³⁵ However, following a reported departure some months before the inspection, the dentist position had not been filled, and it was still vacant some months later.²³⁶ Individual inmates as well as inmate representatives considered this one of the most pressing issues at Parklea CC.

This is consistent with the findings of the ICS Health Services report, which noted that dental health is a particular concern among inmates across the correctional system. Disadvantage in the social determinants of health combined with the prevalence of substance misuse, results in a concentration of poor oral health among the general cohort.^{237, 238}

SVCH had taken repeated steps to recruit for the vacancy, which was reportedly challenging to fill. Emergency cases were managed as 'walk-ins' attended to by the medical teams, and complex urgent care referred to the dental hospital or to hospital more generally if an emergency. It appeared however that there was little capacity for over six months to prevent serious issues from turning into emergency level care.

One of the known risks of a new operator in a correctional system is that the operator will not always have a broader pool of ready resources to draw on to fill sudden vacancies. While acknowledging genuine efforts and challenges around recruitment to Parklea CC, contract, locum, or other short-term solutions need to be explored to ensure service to inmates.

SVCH advise that a dentist was appointed in May 2021 and is treating inmates onsite three days per week.

In addition, unlike patients at publicly operated facilities, inmates at Parklea CC did not have access to a dedicated dental/oral health phone line. Patients were triaged according to clinical need at reception or as a walk-in, and the health centre received referrals from staff and Official Visitors, as well as self-referrals from inmates. The dental database system used by JH&FMHN was not accessible to SVCH, and they relied therefore on a manual system to determine which inmates transferred to Parklea CC were already on the dental waiting list. SVCH advised that they communicated via email the 'dental patient transfer list' between Parklea CC and JH&FMHN facilities on a weekly basis. We also identified this issue at Junee CC and reported it in the ICS Health Services report. This impacts the continuity of dental care for both returning

²³⁴ Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 82.

²³⁵ Both positions established as 0.6 FTE.

²³⁶ ICS was advised in April 2021 that a dentist had been recruited and would start in May 2021.

²³⁷ Inspector of Custodial Services, *Health Services in NSW Correctional Facilities* (Report, March 2021) 35.

²³⁸ The prevalence of dental cavities and periodontal disease is higher among substance misusers than in the general population. See World Health Organisation, *Prisons and Health*, 2014, 99-100.

remand and transferring remand and sentenced inmates. Manual workarounds should be avoided and JH&FMHN should facilitate SVCH access to its dental database system.

Recommendation: MTC-BRS and SVCH ensure consistent access to (non-emergency) dental services at Parklea Correctional Centre.

Recommendation: The Justice Health and Forensic Mental Health Network facilitate access to their dental database system, and SVCH manage dental waiting lists through this system.

5.3.4 Staff training

As might be expected with a new operator, SVCH had a higher level of nursing staff who had less direct experience in a correctional environment. The built environment, the remand function, and high rates of incidents and substance use present elevated risks to health staff and create a high pressure work environment that increases the complexity of their work. In addition to their health qualifications, staff also need the skills and attitudes to engage with inmates.

SVCH management acknowledged that a key priority at the time of the inspection was to stabilise the nursing workforce and lift skills. At the time of the inspection they were approximately seven nurses short of their staffing complement and noted that recruitment was an ongoing challenge. The presence of a full-time clinical nurse educator was a positive initiative and will contribute to good clinical governance and nursing practice development. SVCH advise that they have also employed a Clinical Practice CNC, whose role is focused on supporting the nursing workforce to improve skills and knowledge in the correctional health environment.

Continued focus on workforce capability and training is necessary to ensure that the nursing skill level is appropriate to respond to the health profile of the custodial environment. Peer learning, case reviews and reflective practice are some options that could enhance the risk assessment skills of staff undertaking reception health screening.

One notable achievement is that SVCH recently began offering a Postgraduate Certificate in Correctional Health Nursing (Correctional Health), in collaboration with Australian Catholic University. This professional development opportunity focused on the unique health care needs of incarcerated persons is an excellent development. The program has the potential to support nurses new to providing health services in a correctional environment and contribute to workforce attraction. It will also assist in the development of advanced nursing practice across the correctional health environment.²³⁹

Recommendation: SVCH ensure ongoing adequate training, supervision and credentialing for all primary care nurses, with avenues for identifying and addressing skill gaps.

5.3.5 Medication management

There must be a safe procedure for the distribution of medications to inmates.²⁴⁰ The contract specifies in detail a large number of minimum service requirements for medication management, covering elements such as governance, legislation, documentation and audits; prescriptions; storage; administration and dispensing; and medications in transfer and discharge planning.²⁴¹

The medication management observed during the inspection was of a high standard. There was a high level of direct involvement from a pharmacist and pharmacy technicians. SVCH had plans at the time to

239 SVCH advised that in April 2022 five staff members held scholarships to complete this training.

240 Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 84.

241 Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.10.7 Medication Management.

implement a daily medication review, as an additional measure for maintaining overview of any inmate who did not receive their medication on a particular day, and if so why. We encourage this initiative.

Beyond the acute phase, mental health staff reported that they were often dealing with drug-related anxiety and insomnia issues, and that many inmates use drugs as a coping mechanism for stress. They also observed a number of inmates arrived at Parklea having previously been prescribed potentially dangerous medication as a sedative, (Seroquel), which caused issues when not continued at Parklea CC.²⁴² The contract requires that prescription medications known to have potential for dependency or abuse are avoided wherever possible and only prescribed where clinically indicated.²⁴³

Another significant issue faced by SVCH since commencing service provision at Parklea CC was around obtaining a licence under the *Poisons and Therapeutic Goods Act 1966* from the NSW Ministry of Health. SVCH was not recognised under this legislation as a health service similar to JH&FMHN sites. This required additional pharmacy staffing to manage the workload with medication dispensing. The model, while aligned with best practice for medication management, is resource intensive with all medications requiring pharmacy dispensing prior to nursing administration. Another issue is that Parklea CC lacked an appropriate set of nurse-initiated low-risk medications that could be administered via standing orders or through a nurse-initiated model. The ability for SVCH at Parklea CC to be recognised as a facility in line with how JH&FMHN facilities are recognised would mean a more effective and efficient use of the pharmacy dispensing resources as part of the comprehensive primary health team.

5.3.6 COVID-19

At the time of the inspection, protocols put in place by JH&FMHN, together with CSNSW and the private providers, had largely succeeded in preventing COVID-19 from entering the correctional system. The single COVID-19 positive inmate managed in 2020 was initially received into custody at Parklea CC, before being transferred to MRRC for management. The infection was acquired outside of NSW and detected through entry screening and testing requirements. Through medical isolation and testing protocols, there was no evidence of transmission to any other inmate or staff.

Good collaboration and communication practices between JH&FMHN and providers such as SVCH throughout 2020 had been implemented to ensure consistent approaches to matters such as screening, testing, quarantine and medical isolation. As with many areas, health staff managed well despite the burden of considerable work added by necessary protocols and staff and inmate education. In addition to the population health nurse, Parklea CC retained the assistance of a medical specialist in infectious diseases one day per week. Outside of the health response however, there were signs of 'COVID-19 fatigue' within the inmate quarantine areas, particularly with regard to managing movements of inmates responsible for cleaning and maintaining hygiene.

Due to the timing of the inspection, this report does not examine the events of mid-2021, when a significant outbreak of the delta variant of the COVID-19 virus in Sydney resulted in both inmates and staff of Parklea CC (and other jails) acquiring the virus in the community, leading to more positive cases within the correctional system. Reported transmission of COVID-19 within Parklea CC as well as other matters are currently being examined by the Kirby Institute,²⁴⁴ and the ICS has commenced a review into the management of COVID-19 in NSW prisons.

242 The ICS Health Services report noted that there were reports of some anti-psychotic medications being tradeable and used as currency within prisons. It noted there was a need to move towards appropriate and limited prescribing of these and similar medications in the correctional environment. See Inspector of Custodial Services, *Health Services in NSW Correctional Facilities* (Report, March 2021) 97.

243 Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.10.12.3.3 Mental Health Services (Treatment).

244 A global medical research institute dedicated to the prevention and treatment of infectious diseases, based in UNSW Sydney.

5.4 Mental health care

Correctional centres must make appropriate and adequate provision to meet the mental health care needs of inmates. They must also have effective processes to detect and manage inmates in crisis, particularly where they may self-harm.²⁴⁵ A required outcome in the Guiding Principles for Corrections is that appropriate mental health care is accessible to prisoners with systems in place to refer persons with deteriorating or acute mental illness for specialist mental health treatments.²⁴⁶

The contract states that the provision of mental health services must at a minimum align with the community-based model provided by general practitioners and mental health nurses. It also states that patients requiring a higher level of care to manage their symptoms of a mental health illness are referred to a higher level of service provided by JH&FMHN.²⁴⁷ The state retains responsibility for forensic mental health care.

The contract specifies several related minimum service requirements more broadly, including:

- reception screening assessment to include mental health (including the risk of self-harm or suicide)²⁴⁸
- referral to an appropriate health professional as required after the assessment²⁴⁹
- health services staffing levels are appropriate to ensure provision of holistic healthcare and access to required health interventions in a timely manner.²⁵⁰

There are also minimum requirements specifically related to mental health services including:

- a multidisciplinary health team, that: provides mental health assessments, care plans, treatment including a range of therapies and interventions, conducts regular reviews of patients with mental illnesses, aims to minimise psychiatric disability and prevent relapse; works closely with JH&FMHN for the patient's ongoing management²⁵¹
- timely access to mental health services that are non-urgent and do not relate to the initial reception process²⁵²
- mental health care plans reviewed and updated at least every three months²⁵³
- ensuring the coordination and integration of care between mental health services provided by MTC-BRS and those provided by JH&FMHN²⁵⁴
- daily follow up of patients who decline a mental health assessment²⁵⁵

245 Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales*, (May 2020) standards 89, 90.

246 Corrective Services Administrators' Council, *Guiding Principles for Corrections in Australia*, 2018, Outcome 4.1.12.

247 Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.10.12 Mental Health Services. For example, the Mental Health Screening Unit at Silverwater, Long Bay Hospital or other inpatient forensic mental health settings.

248 Contract, Schedule 3 (Output Specification) Part C Services Specification, 2.5.2.6.

249 Contract, Schedule 3 (Output Specification) Part C Services Specification, 2.5.2.6.

250 Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.4.2.1.1.

251 Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.10.12.1.4.

252 Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.10.12.1.5.

253 Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.10.12.1.6.

254 Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.10.12.1.7.

255 Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.10.12.1.8.

- triage and assessment by mental health professionals and timely referral to appropriate level of care²⁵⁶
- documented systems for prioritising referrals according to risk, urgency, distress, dysfunction and disability²⁵⁷
- treatment and support to patients with a mental health illness or mental health issues with an emphasis on early intervention and positive outcomes under a recovery-led model of care.²⁵⁸

Prior to the inspection, on 12 January 2020, Parklea CC held 60 inmates with a recorded history of mental illness and 77 mandatory notification – Risk Intervention Team (RIT) inmates.²⁵⁹ The RIT is responsible for ongoing assessments of an inmate’s risk of suicide or self-harm and continuity of care and intervention. These numbers were similar one year later.²⁶⁰ We observed the RIT process during the inspection and found it was done well. This is the shared responsibility of MTC-BRS and SVCH.

Notwithstanding, mental health resources at Parklea CC were severely stretched. The staffing model included one onsite psychiatrist, one mental health nurse practitioner, and a number of mental health nurses.²⁶¹ For the particular cohort at Parklea CC, and taking consideration of the volume and turnover of population, this was insufficient resourcing, and of concern to the inspection team. While it is good that there is at least one mental health nurse on duty 24/7, they have no prescribing capacity, and this model is likely not sustainable. It is also high risk. It does not align with the mental health resources available at other high volume reception and remand facilities.

This is a systemic issue, not limited to SVCH mental health resources alone. Parklea CC has no specific dedicated acute mental health infrastructure, outside of immediate clinic observation cells. Male inmates whose mental illness is so acute it is unable to be managed at a correctional centre may be referred to specialised facilities in NSW. These include the Mental Health Screening Unit (MHSU) at MRRC and the Mental Health Unit of Long Bay Hospital. These centres also have ‘step-down units’ for inmates exiting the acute phase. In our review of health services we found that the capacity and timely access to these acute mental health services was already inadequate across the NSW correctional system.²⁶² We recommended: i) that JH&FMHN record and monitor waitlists for the MHSU to accurately assess demand for services, and ii) an increase in the number of acute, sub-acute, step-down and mental health screening beds available in the system.²⁶³

The particular risk at Parklea CC is that patients with emerging mental illness pathology are received into custody at Parklea CC and screened, only to be referred to those specialised facilities with limited capacity and waitlists for entry. SVCH reported that there were 51 referrals to the MHSU in 2020, of which 12 patients were accepted. Five patients were accepted by the Long Bay Mental Health Unit in 2020. As at April 2021 there were 12 patients at Parklea CC on a waitlist for the MHSU.²⁶⁴ We have recommended triage of reception arrivals to ensure patients with acute mental health needs are not sent to Parklea CC in the first

256 Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.10.12.2.1.

257 Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.10.12.2.3.

258 Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.10.12.3.1.

259 Information provided by CRES CSNSW, May 2020. See Corrective Services NSW, *Custodial Operations Policy and Procedures – 3.7 Management of Inmates at Risk of Self-harm or Suicide* (version 1.4, 16 August 2021).

260 As at 11 April 2021, there were 72 inmates with a recorded history of mental illness and 62 mandatory notification RIT inmates. Information provided by CRES CSNSW, July 2021.

261 5.6 FTE as at March 2021.

262 See Inspector of Custodial Services, *Health Services in NSW Correctional Facilities* (Report, March 2021) 14.

263 Inspector of Custodial Services, *Health Services in NSW Correctional Facilities* (Report, March 2021) 18.

264 Information provided by SVCH, April 2021.

place as it is ill-equipped to manage this group until a more suitable placement becomes available.²⁶⁵ These patients should be triaged to the MRRC.

In response to this report, JH&FMHN noted that full health assessments are completed at reception centres, and that there is limited capacity for them at police cells to intervene or make decisions about which centre patients go to. While this is acknowledged, we nonetheless believe this is an issue that requires exploration by CSNSW together with JH&FMHN. Ideally, patients are triaged. Alternatively, Parklea CC needs more mental health resources.

CSNSW advised in April 2022 that Parklea CC has a pool of 45 nursing staff, including nine dedicated mental health nurses, which was within the parameters accepted by the State at the time of tender. SVCH acknowledged custodial patients with mental health needs at Parklea CC would benefit from increased mental health resources.

Records indicated SVCH was managing its Priority 1 and 2 waitlists for mental health nursing and psychiatry, however the Priority 3 waitlist was long.²⁶⁶ While reception screening includes consideration of mental health and suicidality, there are high risk inmates whose mental health concerns may not be immediately apparent notwithstanding appropriate processes on entry. Psychiatric symptoms of serious mental illness may emerge during the first few days of custody and there were limited intervention options at Parklea CC other than observation.

In addition, while a full-time Aboriginal health worker was on staff, this person was still in training, and there was no dedicated Aboriginal mental health worker. Consequently, mental health staff would liaise with the Aboriginal health worker as required. The ICS Health Services report noted that recruitment for Aboriginal health worker roles and mental health nursing roles was a challenge across the system. We reiterate to SVCH a recommendation from that report, that JH&FMHN and private providers continue to explore partnerships with Aboriginal Medical Services and funding models to support primary health care (including mental health care) for Aboriginal inmates.

Recommendation: CSNSW and MTC-BRS increase mental health resources at Parklea Correctional Centre.

Recommendation: CSNSW, the Justice Health and Forensic Mental Health Network, MTC-BRS and SVCH collaborate to ensure acutely unwell persons in need of specialised mental health facilities are triaged to the Metropolitan Remand and Reception Centre.

5.4.1 Psychology services

An adequate and effective psychological counselling service should be available to inmates.²⁶⁷ Psychologists in NSW prisons are employed by CSNSW, not JH&FMHN. They offer a range of services including crisis support, short-term behavioural interventions for acute and chronic mental health conditions, and coping strategies for stress. They are also responsible for delivering programs related to offending, assessing inmates' risk and criminogenic needs, and preparing psychological reports for courts or parole authorities. Reflecting this arrangement, there is no specific mention of psychological counselling requirements in the Health Services Output Specification to the contract. This had led to confusion between MTC and SVCH

²⁶⁵ See ICS Health Services report for a detailed discussion on specialised mental health facilities in the NSW correctional system, and 'bed-block', where patients cannot access a bed because it is occupied by a patient who is ready to be discharged waiting for a bed to become available in another facility with a lower but appropriate level of care. Inspector of Custodial Services, *Health Services in NSW Correctional Facilities* (Report, March 2021) 66.

²⁶⁶ There were 368 people on the mental health nurse Priority 3 waiting list as at 31 March 2021.

²⁶⁷ Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 89.7.

over who was responsible for the delivery of psychology services at Parklea CC.

There was a gap in psychology services at Parklea CC, and resourcing was not appropriate for the cohort. At the time of the inspection there was only one full-time senior psychologist on staff at Parklea CC. This was aggravated by differing views between MTC-BRS and SVCH regarding the extent to which one-on-one psychological support formed part of primary mental health services. We observed that the very limited resources of SVCH mental health staff were largely occupied with managing acute psychosis and did not have capacity for providing broader supports or services to inmates.

Numerous health staff conveyed their view that there was a critical need for more psychological support for distressed people at Parklea CC, but that it was outside the scope of their service delivery. SVCH considered the role of counselling and support to inmates with mental health problems to be the responsibility of MTC-BRS psychology staff. MTC-BRS considered that too many referrals were being made to psychology staff that were more appropriately directed to mental health and medication management. Consultation and collaboration on this issue had not been prioritised. The result was unsatisfactory.

During the inspection CSNSW offered the view that Parklea CC was primarily a short stay venue, and that most long-term remands will be moved to John Morony CC or another venue while waiting for trial. Therefore there should be a reduced need for ongoing psychological support. We accept that resourcing should reflect the cohort and length of stay, however we are not satisfied resourcing at Parklea CC was acceptable considering the high-risk (albeit short-term) nature of the cohort.

MTC-BRS are required under the contract to provide case plan interventions that support inmate well-being, and this includes psychological and welfare services. MTC-BRS have advised they are increasing staff psychology resources, but this needs to be closely monitored to see whether it is sufficient to meet demand.

Ultimately, the inspection found there was a deficit in mental health services and crisis support for inmates at Parklea CC. Given the high number of new reception and remand inmates at Parklea CC psychology resources must be increased as a priority.

Recommendation: MTC-BRS increase resources directed to psychology services at Parklea Correctional Centre.

5.5 Management and treatment of substance abuse

Correctional centres should have effective mechanisms to treat and reduce the harm caused by drug use.²⁶⁸ This is partly because people entering prison have high rates of alcohol and other drug (AOD) use and dependence, including poly-substance abuse.²⁶⁹

There are a range of minimum AOD health service requirements in the contract. They cover areas including withdrawal assessment and management,²⁷⁰ brief interventions (for example, education about side effects/interactions of drugs, information on overdose risk management, distribution of information relevant to

268 Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 95.

269 See Justice Health and Forensic Mental Health Network, Drug and Alcohol Service Provision (Policy 1.040, 12 July 2017) 2.

270 Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.10.4 Health Assessment and 5.10.13.2.1 Withdrawal Management Services. This includes provision of comprehensive withdrawal management services for AODs in accordance with JH&FMHN Drug and Alcohol Procedures and the NSW Drug and Alcohol Withdrawal Clinical Practice Guidelines.

community-based services)²⁷¹ and health discharge plans.²⁷²

Considerable resources at Parklea CC are directed towards responding to the high number of people entering custody in active drug withdrawal, and medically managing that acute withdrawal. Patients identified as actively withdrawing are generally managed in health centre observation cells, under medical and drug and alcohol review.

However, we gained the sense during the inspection that there was a very challenging unmet need for drug and alcohol support at Parklea CC. Some services were available, however with the population of over 1,200, short stays and the regular population turnover, many inmates in the general population had the distinct impression that little to no services were available, and some reported seeking 'jail drugs'.

This reflects broader issues in the community. The Special Commission of Inquiry into Ice recommended in March 2020 that the NSW Government 'urgently increase its investment in specialist AOD health services to meet the significant unmet demand for services across the state'. It also made several specific recommendations addressed to the provision of AOD treatment services in correctional centres as a whole of government response.²⁷³ At the time of writing, the NSW Government had not provided a formal response to these recommendations. The ICS Health Services report recommended that a range of medical and non-medical drug and alcohol interventions should be available to all inmates regardless of sentencing status.²⁷⁴

5.5.1 Opioid substitution therapy

In terms of medical management,²⁷⁵ a key drug and alcohol (medical) service that is available in correctional centres is continuation of opioid substitution therapy (OST).²⁷⁶ The process of daily methadone dosing is resource intensive. We observed the administration of OST to inmates during the inspection and the process was managed (by a pharmacist and pharmacy technician) to a very high standard. Those observed were on methadone and low levels of oral buprenorphine were reportedly being prescribed. As is the case with other centres, SVCH also now offer long lasting intramuscular buprenorphine injections, known as depot, for people commencing OST in custody. Injectable buprenorphine (Buvidal) injections last one month and are preferable due to the inability to divert to others, and the reduced resource need for daily supervision of dosing.

Positively, there was a full-time addiction medicine specialist as part of the staffing profile, together with a drug and alcohol clinical nurse specialist. This was expanding to include an additional nurse to cover the weekends (as at March 2021 it was 1.5 full-time equivalent staff). As the administration of OST was undertaken by pharmacy staff and injectables by other nursing staff, the role of the drug and alcohol clinical nurse specialist appears more one of coordination. Waiting lists should be monitored to assess if this level of resource is adequate. While this model is good, it had reportedly taken over 18 months of advertising

271 Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.10.13.2.2 Withdrawal Management Services. There is a requirement to provide brief intervention which includes identification of any current at risk drug use behaviours, provision of information on overdose risk management and relevant harm minimisation strategies, education about side effects/interactions of drugs, distribution of information relevant to community-based services such as Needle and Syringe Programs, AOD counselling, Amphetamines Anon, Smart Recovery etc in the patients' post-release geographic area where appropriate.

272 Contract, Schedule 3 (Output Specification) Part C Services Specification, 5.7 Discharge and Release. A health discharge plan is required for the release of any custodial patient who has ongoing health issues, including AOD issues.

273 Special Commission of Inquiry into crystal methamphetamine and other amphetamine-type stimulants, (Report, January 2020) Recommendations 31 and 91-103.

274 Inspector of Custodial Services, *Health Services in NSW Correctional Facilities* (Report, March 2021) 78.

275 In NSW, behavioural and psychological interventions are provided by CSNSW, not JH&FMHN. This was also the subject of recommendations from the Special Commission of Inquiry into the drug 'ice'.

276 Provision of high-quality pharmacotherapy programs to manage and treat opioid dependence among custodial patients is a requirement on MTC-BRS under the contract, per Schedule 3 (Output Specification) Part C -Services Specification, 5.10.13 Pharmacotherapies.

and recruiting to fill the addiction medicine specialist position, although it had been filled at the time of the inspection.²⁷⁷

With dedicated resources in place, the focus should be the prioritisation of inmates for initial assessment of drug and alcohol needs and allowing the health centre access to those persons. SVCH was managing its high priority waitlists for drug and alcohol services, and in March 2021 there was no waitlist for the drug and alcohol nurse for those assessed as Priority 1 or 2. There were 180 persons on the waitlist triaged as Priority 3. However it was not clear if all inmates were able to present for timely initial assessment. Between October 2020 and February 2021 there were between 48 and 70 persons on approved OST per month. At the time of the inspection health staff reported approximately 78 persons receiving buprenorphine injections. We considered that this was likely not meeting (unassessed) demand. SVCH advised that as of April 2022 they have doubled the reported number of custodial patients on the OST program.

Recommendation: MTC-BRS and SVCH collaborate to improve the timeliness of drug and alcohol assessments and ensure inmate access for those assessments.

5.5.2 'Drug Free' Unit

Not long prior to the onsite inspection, one wing of Area 3 had been designated as a 'Drug Free' Unit. This was a relatively new initiative, and inmates present were still confused about some aspects. While health staff were consulted on the programme, they did not select the inmates. At the time of the inspection there were 12 inmates in the unit, so it was very much in a pilot phase.

The addictions medicine practitioner attended a weekly group session, as well as one individual session per week with each inmate. It was a 12-week program, with the medical role designed primarily around clinical education as well as positive lifestyle changes. Volunteers from Narcotics Anonymous had also attended.

While we were of the view this was a positive initiative, albeit implemented just before the inspection, it was clear that a more coordinated approach between MTC-BRS and SVCH was required. Some inmates in the unit were still drug seeking within the jail, as they were reportedly awaiting assessment for OST.

5.6 Other issues

5.6.1 Patient access and health services infrastructure

Better patient flow and access to the Parklea CC health centre is required. For example, in September 2020 there were 122 appointments booked for the psychiatry clinic, and ultimately 66 occasions of service. SVCH had recently taken steps to record reasons for missed appointments, to determine and address any barriers to patient access. This is necessary to ensure patient access to the scarce medical resources at Parklea CC is maximised. This requires collaborative planning by both MTC-BRS as well as SVCH, both in terms of resources and attitude. This includes providing sufficient custodial staff to support running necessary clinics in the new Area 5/6 health centre.

The main health centre for Parklea CC is busy and cramped, with high demand for services for inmates requiring close care and observation. In early 2020, a brand-new satellite health clinic was opened near the new Area 6 accommodation area. Several staff expressed disappointment to the inspection team that the lack of showers in observation cells meant that the cells were unsuitable for the overnight or extended observation of at-risk inmates.

²⁷⁷ The Special Commission of Inquiry into the drug 'ice' heard evidence of a shortage of suitably qualified and skilled staff, including addiction medicine specialists, in NSW, although particularly for remote, rural and regional NSW. Paragraph 96 Volume 1.

With COVID-19 processes resulting in new receptions spending 14 days in quarantine in Area 6, the option to house those requiring high-risk clinic observation in the nearby new satellite health centre, rather than the main health centre would appear preferable, as it potentially limits unnecessary movement of inmates. It is unclear why showered cells were not included in the infrastructure design, and rectification should be explored. If not used, this means an additional 500 capacity accommodation section has been added to Parklea CC by the State without increasing the number of usable health centre observation cells, which were already in high demand. Moving inmates for showers is not an easy solution, particularly in the circumstances of a pandemic. Under the circumstances the practical decision by SVCH to centralise out-of-hours health resources in the main health centre specifically for overnight management is understandable.

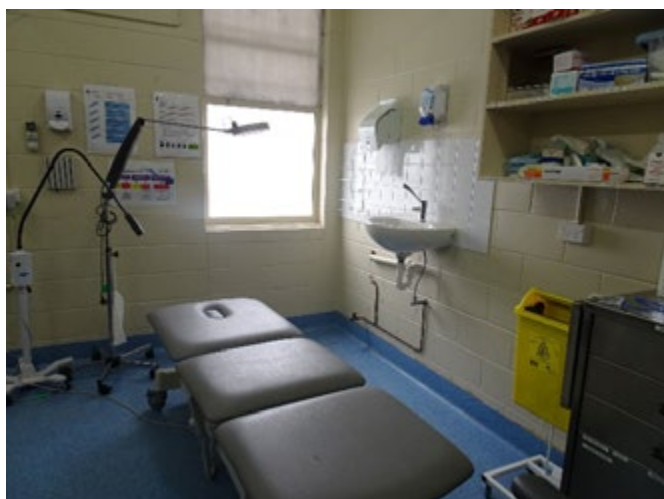
The more pressing issue was the fact that this new facility was under-utilised, and not running as a typical health centre. There was disagreement between MTC-BRS and SVCH regarding the level of custodial support required to support its efficient functioning. This means fewer clinics were able to be held and less patients seen across the campus.

MTC-BRS advised that plans have been developed for the installation of shower facilities in four of the custody cells in the satellite health centre.

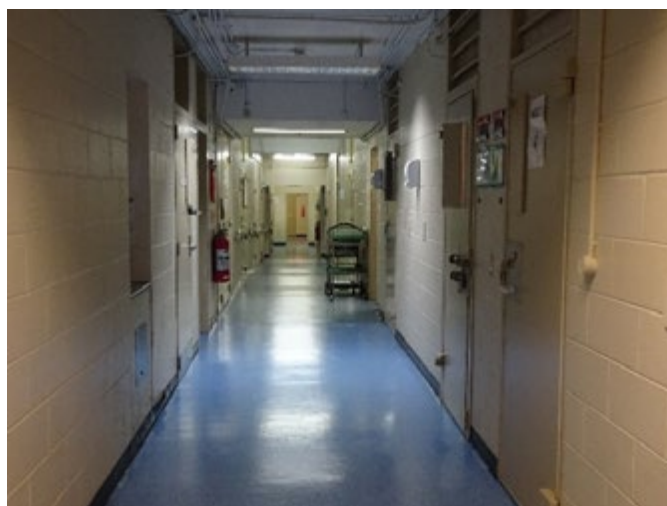
Recommendation: MTC-BRS and SVCH work to improve patient flow and access to available health services.

Recommendation: MTC-BRS and SVCH ensure that the new health centre is utilised to its full potential and dedicate necessary custodial and health resources.

Consulting/treatment room



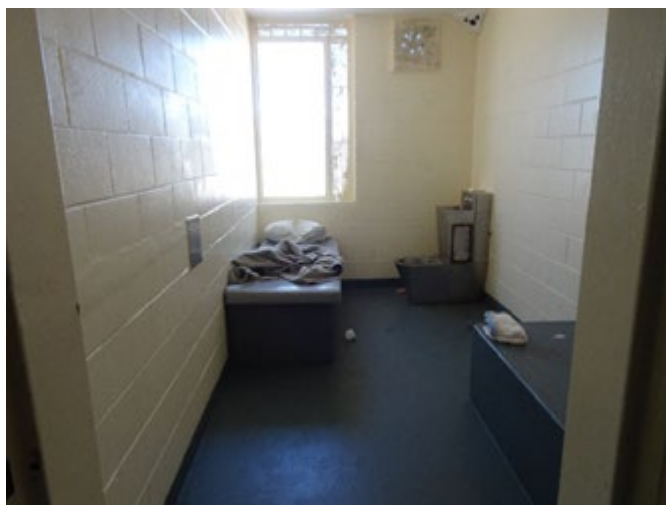
Ward corridor, health centre



X-ray room, health centre



Health centre cell (inmate just transferred to hospital)



Consulting room, new satellite health centre



OST window, new satellite health centre



5.6.2 Medical systems

While SVCH and MTC-BRS have separate IT systems, which can present challenges, it is not necessarily unusual, noting JH&FMHN and CSNSW are also separate entities. SVCH could access the JH&FMHN clinical information systems which assisted in access to some clinical history of its patients.

SVCH has access to the St Vincent's Hospital Network own pathology services, SydPath, which is a valuable resource. Tests are taken by courier to Darlinghurst, allowing prompt turnaround and adding capacity to the correctional health system. However, pathology results then need to be uploaded manually into the Justice Health Electronic Health System (JHeHS). This manual step creates risk of human error. SVCH advised that they had reported this issue to JH&FMHN as a clinical risk. In the public system, the JHeHS pathology ordering system has improved transparency and communication of pathology information. We encourage JH&FMHN and SVCH to explore how to automate or integrate this process. We would also encourage SVCH to progress implementation of point of care pathology, in line with emerging models in other correctional facilities, where possible and appropriate.

JH&FMHN dental waiting lists across NSW are managed on the Titanium electronic health record. SVCH was not integrated in this state-wide JH&FMHN dental list. This is like the situation we observed while inspecting Junee CC.²⁷⁸ To address this, JH&FMHN sends a list once a week of inmates on the dental waiting list who have transferred to privately operated facilities. Better triage and management would occur if private health providers such as SVCH were able to access the JH&FMHN system, as we have previously recommended. Having a single electronic record is ideal as this helps provide continuity of care and reduce clinical risk.

Continuity of care, effective risk management and clinical communication should be the primary drivers in facilitating access to these standard practice systems, rather than delineation between service providers or funders. This has been raised with both CSNSW and JH&FMHN however it appears little progress has been made in resolving this issue. Therefore we repeat the recommendation we made in the ICS Health Services report.²⁷⁹

Recommendation: Justice Health and Forensic Mental Health Network consult SVCH and other private providers within the implementation of Titanium, pathology and other JHeHS clinical system functionality upgrades and any future electronic system upgrades.

5.6.3 Patient experience

Most of the questions and complaints we received from inmates related to health services, largely referral and access but also other matters. While certainly not unique to Parklea CC, it was quite common to hear from an inmate that they had completed or attempted multiple requests for referral to the health centre, and did not know whether the request was pending action or 'lost in the system'. This perception does not necessarily accurately reflect the constant work of the health centre in assessment, triage and referral, however the impact of that work within the centre was unfortunately not felt, or not reaching many inmates in their view. They were understandably upset and concerned.

Parklea CC is designated as a major reception and remand facility, and capacity has been significantly expanded to over 1,300 inmates. Large volumes of people transfer in and out of the centre within 30 days. To some extent, this reality means that many inmates will move through too quickly for non-urgent, non-critical issues to be addressed, and too quickly to become accustomed with some processes. However the anxiety adds to the difficult and challenging atmosphere of Parklea CC.

Nurses attended units on medication rounds daily and used this as an opportunity to collect any self-referrals to the health centre, however this needs to be enhanced. Locked boxes should be freely available to inmates in a range of settings including accommodation, program and employment areas to allow inmates to make confidential requests directly to health staff. SVCH reported that some previous attempts to provide secure boxes had been damaged by inmates. Communication and support from MTC-BRS staff is required to ensure these boxes remain secure and available to inmates. Further, work is needed to ensure requests and self-referrals are transferred to SVCH and inmate requests are acknowledged.

We also observed some examples of correctional officers present during confidential medical settings in the clinic. SVCH reported recent examples of incidents with health staff from inmates who were unwell or volatile, and the need to prioritise staff safety. Noting the high level of incidents at Parklea CC, and the importance of staff safety, dynamic risk assessment should be applied where patient confidentiality may be compromised.

Recommendation: MTC-BRS and SVCH implement auditable systems that record requests for health services.

278 Inspector of Custodial Services, *Health Services in NSW Correctional Facilities* (Report, March 2021) 94.

279 Inspector of Custodial Services, *Health Services in NSW Correctional Facilities* (Report, March 2021) 139.

6 Living conditions

6.1 Contact with family and friends

One of the Guiding Principles for Corrections is that prisoners are supported to maintain family relationships and links to the community through personal and professional visits.²⁸⁰ The contract with Parklea CC incorporates this principle as a required outcome.²⁸¹ Inmates in NSW correctional centres can maintain contact with family and friends in the community by telephone, mail, or in-person or virtual visits.

6.1.1 Visits

In response to the COVID-19 pandemic, for much of 2020 in-person social visits to inmates in NSW correctional centres were either stopped entirely or were significantly restricted.²⁸² This was a particularly difficult year for inmates across NSW (as well as elsewhere in the country and other jurisdictions worldwide).

Our previous reports have recommended CSNSW increase the use of AVL to facilitate family visits, particularly for long distance, interstate and international family visits, and work to increase awareness of relevant policies among staff and inmates.²⁸³ Following the onset of COVID-19 restrictions, CSNSW significantly increased the availability of virtual visits via AVL or tablets. CSNSW had been through a series of trial use and pilot programs using tablets for social visits in recent years and was therefore in a good position to quickly accelerate their rollout and use across NSW.

The contract with MTC-BRS requires Parklea CC to facilitate approved AVL visits 'in circumstances where approved visitors are unable to attend in person'.²⁸⁴ Following the onset of COVID-19 Parklea CC also increased the availability of social visits via AVL. As a large reception and remand centre, however, AVL facilities at Parklea CC were already extremely busy meeting essential court and legal contact priorities during regular business hours. Therefore MTC-BRS primarily facilitated AVL social visits through late afternoon and weekend sessions. However this was still not commensurate with the level of in-person visits that would have been available before the pandemic. Ordinarily, virtual visits should supplement in-person visits, and provide an option for those whose family and friends cannot visit regularly or at all due to distance. It could never be a permanent replacement.

MTC-BRS was not 'system-ready' with an approved tablet visit solution prior to the pandemic. Although a proposal to introduce tablets was made by MTC-BRS, it required vetting by CSNSW to ensure the security of the platform, which took considerable time. Any new technical solution into a correctional facility requires careful and robust vetting. Notwithstanding, inmates and family members no doubt experienced reduced access to social visits during this period.

280 Corrective Services Administrators' Council, *Guiding Principles for Corrections in Australia* (February 2018) s 5.2.2.

281 Contract, Schedule 3 Part C, part 3.5.1: 'Each Inmate is able to maintain the Inmate's family relationships and links to the community through access to personal and professional visits'.

282 *Crimes (Administration of Sentences) Act 1999* s 275. In-person social visits were originally suspended between mid-March and mid-November 2020.

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

284 Contract, Schedule 3 Part C Services Specification, 3.5.2.21.

Table 9: Number of family and social video visits facilitated per month at Parklea CC between April 2020 and March 2021²⁸⁵

Month	Video
April 2020	27
May 2020	21
June 2020	348
July 2020	370
August 2020	329
September 2020	374
October 2020	427
November 2020	440
December 2020	332
January 2021	296
February 2021	155
March 2021	141

After a long period of suspension, in person social visits resumed across NSW correctional centres from 23 November 2020. These were initially reintroduced with a variety of safety measures to mitigate the risk of COVID-19 being transmitted.²⁸⁶

In 2015, the former Inspector highlighted drawbacks with the Parklea CC visits facility. In particular, the infrastructure did not enable separate visit spaces, which meant that visits could not be facilitated for different cohorts at the same time. This resulted in truncated visiting hours.²⁸⁷ The Inspector also recommended an alternative space for legal visits outside the secure perimeter. Following that report, CSNSW advised that it had developed plans for the improvement and relocation of the visits area.²⁸⁸

The new visits facility opened in 2020, with three separate contact visit areas, and separate areas for non-contact visits and professional visits. We observed weekend social visits during the inspection. These appeared to be conducted reasonably efficiently in the circumstances. Several family members told us they were relieved to be able to attend in person after the long suspension due to COVID-19. Several said they had never managed to arrange an 'AVL visit' due to phone delays when trying to book, or spots filling up too quickly. This matched with feedback we heard from inmates that many were unable to secure a virtual visit. Visitors and inmates were required to wear masks during the visit. Visit sessions also had reduced capacity to allow for physical distancing between different groups. Although visitors would normally be able to purchase food and drink from vending machines in the visits area, this was not permitted as a COVID-19 precaution.

There is a separate visits facility for inmates in Area 4 minimum security. While relatively spacious and in good condition, some factors were not ideal in high heat conditions.²⁸⁹ Unfortunately the air conditioning was not functioning normally at the time. While large fans were in use, ventilation was not ideal indoors where groups of people share the space. There was also a lack of shelter from the sun in the outdoor space.

²⁸⁵ Information provided by CRES CSNSW, July 2021.

²⁸⁶ For example, face mask and hygiene requirements, visitor COVID-19 screening, time limits, visitor numbers etc. Restrictions on the number of visitors, visit duration, physical contact and the wearing of face masks were subsequently removed effective 5 April 2021. Unfortunately, due to the serious outbreak of COVID -19 in the Greater Sydney area, in persons social visits were again suspended across NSW from 24 June 2021.

²⁸⁷ Inspector of Custodial Services, *Full House: The Growth of the Inmate Population in NSW* (Report, April 2015) 63.

²⁸⁸ Letter Commissioner CSNSW to Inspector of Custodial Services, 10 June 2015.

²⁸⁹ Temperatures were more than 35 degrees Celsius during the inspection visit.

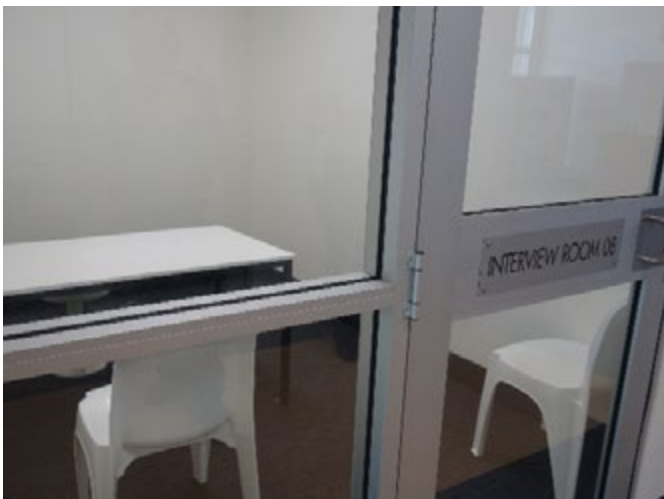
Main visits facility, external view



Visit room



Professional visits room



Visits area, minimum security



6.1.2 Telephone access and verification of contacts

Parklea CC was struggling to efficiently verify inmate telephone contacts. While initial family and welfare calls were facilitated by ISQ screeners, there is then a process of verifying phone contacts for family and friends to be placed into the inmate telephone system. The verification of numbers is an important step that must be approached diligently, not least as community members such as victims or witnesses should not be subjected to unwanted or unsolicited communications or harassment from inmates.²⁹⁰ It is understood this can take some time.

Nevertheless inmates reported lengthy delays, which can be particularly stressful for new arrivals. Management acknowledged the existing system was not keeping up with the volume of new receptions (and therefore phone verifications). They had recently added additional administrative staff to the role, to support correctional officers. MTC-BRS advised that a new system for placing numbers onto the Offender Telephone System was implemented in 2021 with monthly audits. This is welcomed and requires sustained effort.

²⁹⁰ Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) 107.

Recommendation: MTC-BRS reduce delays in verifying and establishing inmate phone contacts.

6.1.3 Mail

The cessation of in-person social visits due to COVID-19 was widely considered to have limited the introduction of contraband into NSW correctional centres. To prevent contraband such as buprenorphine strips from being concealed and introduced to correctional centres via inmate mail, CSNSW began photocopying all incoming mail that was not-privileged mail (that is mail received from exempt persons or bodies including legal practitioners and the NSW Ombudsman).²⁹¹

The Commissioner of CSNSW instructed staff that colour photocopies of the mail, including the front and back of the envelope, should be delivered to the inmate and only destroyed after it had been confirmed that the inmate had received the copy. Photographs were permitted to be issued to an inmate provided they had not been tampered with and the subject-matter was not prohibited or inappropriate. Official documents such as birth certificates were required to be provided to the inmate or stored in their property.²⁹² We heard complaints from inmates about delays in receiving mail.

6.2 Prisoner advocacy and complaints

Inmate development committees (IDCs) provide a forum in which inmates, via nominated inmate representatives, can raise issues of concern regarding services, programs and activities with the management staff of a correctional centre.²⁹³ According to the COPP, IDCs are supposed to develop and promote 'positive dialogue and understanding between staff and inmates' and help correctional centre management deal with 'conflicts and difficulties that may otherwise adversely affect correctional centre life'.²⁹⁴

Parklea CC had two IDCs – one for maximum security inmates and one for minimum security inmates. Parklea CC provided ICS with the minutes from recent meetings of each IDC that occurred prior to the inspection. These minutes suggested that IDC meetings were occurring regularly, attended by senior management, and minutes appropriately reflected issues raised by inmates.²⁹⁵ Regular attendance by the deputy governor as chair was appreciated by inmate delegates as improving the consistency and usefulness of the meetings. While we observed meeting minutes displayed on noticeboards in several wings for the information of the wider inmate population, in some maximum security wings older minutes had not been replaced and refreshed with the most recent one, giving some inmates the (wrong) impression that the meetings were not regular, or had been cancelled.

We met with the inmate representatives for both IDCs on the first two days of the inspection. One of the challenges with a high turnover population, is that delegates usually serve less than six months, making it harder to follow issues long-term. This was perceived as reducing the onus on senior management to resolve issues of concern to inmates. Notwithstanding, in conversations with us the delegates well-articulated and identified systemic issues at the centre, which were subsequently echoed during the inspection through observation, discussion and meetings on subsequent days.

291 This is permitted under the *Crimes (Administration of Sentences) Regulation 2014* cl 112, unless the letter or parcel is addressed to or received from an 'exempt body' or an 'exempt person' as defined in the *Crimes (Administration of Sentences) Regulation 2014* cl 3.

292 Corrective Services NSW, *Commissioner's Instruction No: 86/2020* (26 November 2020).

293 See Corrective Services NSW, *Custodial Operations Policy and Procedures – 9.8 Inmate Development Committee* (version 1.2, 12 March 2020).

294 Corrective Services NSW, *Custodial Operations Policy and Procedures – 9.8 Inmate Development Committee* (version 1.2, 12 March 2020) 4.

295 In at least one instance there was closer to a two-month gap between meetings (as opposed to monthly which is required by the COPP).

Inmates at Parklea CC have access to the Inmate Corrective Services Support Line (CSSL) which is a free telephone support service for inmates in all correctional centres state-wide. Inmates can also contact the Ombudsman to raise complaints externally, as they can from other correctional centres.

The internal system for lodging and receiving responses to individual inmate requests was inadequate. Inmates reported no system for logging requests or tracking progress. This led to a perception of significant delay, and inmate requests being 'lost'. Parklea CC SMT acknowledged that internal systems for inmate requests required improvements and new measures were under review. They also wished to increase the use of 'Prisoner Information Desks' which was in use in some wings. MTC-BRS advise they have implemented a new internal system since the inspection, which they will review.

At the time of the inspection, due to the size and population of the centre there were four official visitors appointed to Parklea CC. While reductions in frequency of visits did occur during the COVID-19 pandemic, legislative requirements of a minimum one in-person visit per month were maintained.²⁹⁶

Recommendation: MTC-BRS ensure an auditable system to record internal requests and complaints.

6.3 Cultural support for Aboriginal inmates

The Aboriginal population at Parklea CC was approximately 19% of the total population in January 2020 and 22% in April 2021.²⁹⁷ At the time of the inspection, 25.8% of the NSW adult male prison population were Aboriginal.²⁹⁸

The contract states that MTC-BRS must provide opportunities for Aboriginal inmates to have access to recognised Elders and participate in celebrations and ceremonies of cultural importance.²⁹⁹ It also requires MTC-BRS to ensure Aboriginal inmates have access to Elders 'that are approved by the State and who are recognised as [E]lders or leaders of their community, to address their emotional and spiritual needs where possible, and consistent with the security and good order of the Correctional Complex.'³⁰⁰

We found that cultural programs and support, activities and events were lacking at Parklea CC, and had not been sufficiently prioritised. Inmates and staff were disappointed in NAIDOC celebrations, stating they had been poorly designed, targeted and implemented. MTC-BRS should consider establishing a NAIDOC planning committee and have a designated budget, with involvement and input of Aboriginal inmates on decision making.

Arrangements had been finalised with a local Aboriginal organisation for a cultural program not long prior to the inspection and a cultural services advisor had commenced. The cultural program was expected to involve visiting Elders, and included art, dance, storytelling, and peer mentorship. While this has positive potential, it had not yet commenced at the time of the inspection, due in part to COVID-19 precautions. It was disappointing to see the lack of progress in this area 18 months into operations by MTC-BRS.

MTC-BRS have acknowledged the issue and have taken some steps in this area, which we will continue to monitor.

296 *Crimes (Administration of Sentences) Act 1999* s 228(5).

297 Information provided by CRES NSW, 208 as at 12 January 2020 and 278 as at 11 April 2021.

298 CRES NSW, Offender Population Report, Week ending 29 November 2020.

299 Contract, Schedule 3 (Output Specification) Part C Services Specification, 1.9.2.5.

300 Contract, Schedule 3 (Output Specification) Part C Services Specification, 3.8.2.6.

There were Aboriginal inmate delegates at Parklea CC, whose role was to communicate issues, concerns and good practice with senior management through the IDC meetings. Such positions are paid roles, however some delegates had dual cleaning roles, limiting their availability to visit all areas and wings within their scope. Aboriginal men we spoke with felt that this left them more unsupported.

Although discussed more fully in Chapter 5, there were opportunities to add to regular access to chronic care through holding opportunistic events (for example a Close the Gap day or similar) for screening of prevalent chronic health conditions.

Recommendation: MTC-BRS establish a local Elders Visiting Program to provide cultural support, guidance and advice for younger Aboriginal men, with appropriate resourcing.

Recommendation: MTC-BRS provide Aboriginal cultural knowledge and connection activities (art, stories, music etc) delivered and evaluated by Aboriginal people.

6.4 Clothing, bedding, food, and property

6.4.1 Clothing and bedding

Inmates are provided with clothing and bed linen reception packs on arrival at Parklea CC. It was good to see information regarding health and hygiene included in the reception packs. Some reception packs were selected at random during the inspection period for review, and the items we observed were in reasonable condition. Likewise the quality of clothing and linen we observed in cells or worn by inmates was generally acceptable. Many mattresses had been replaced with new ones prior to the inspection, some as part of a broader cell refurbishment (in Area 5). This was a welcome effort by MTC-BRS.

6.4.2 Food

Kitchen workers prepared basic sandwiches for inmates' lunch. There was however no variety in the lunches provided to inmates. Lunch consistently comprised of meat and cheese sandwiches and a piece of fruit or muffin. It was pleasing to learn of plans to review lunch menus to include greater variety.

Evening meals at Parklea CC are effectively the same as most other correctional centres in NSW and special diets are catered for. Meals are prepared by Corrective Service Industries (CSI) and delivered to Parklea CC, to be re-heated in the centre kitchen. Although CSI meals are prepared to nutritional standards, the cooking, freezing, and re-heating of these meals can result in food that is unappetising. Moreover, like many other centres in NSW, reheated evening meals are distributed at 3.00pm. There was evidence of food wastage.

It was reported by staff and management that the governor had made changes to meal delivery when MTC-BRS took over. The practice of placing inmate meals on the floor had been stopped in line with the governor's expectations around treating inmates with respect.

In minimum security, Area 4 accommodation areas have additional cooking appliances (for example, microwave, toasted sandwich/grill, rice cooker) that inmates can use to prepare different items for themselves. However inmates were disappointed that unlike some other minimum security centres, they were not permitted to purchase and cook supplies of meats and fresh vegetables themselves. MTC-BRS should consider whether such an arrangement could be implemented for Area 4 inmates.

6.4.3 Property

The main issue at Parklea CC was managing a backlog with inmate property for those transferring to or from other correctional centres. Inmate transport to and from Parklea CC to and from other correctional centres is carried out by CESU. Inmates are broadly allowed two storage tubs of personal property, plus any legal materials if applicable.³⁰¹ This is in addition to a small 'carry-on' bag with necessary items such as toiletries, underwear etc. Ideally this will travel at the same time as the inmate.³⁰² Property was at times arriving at Parklea later or being sent subsequently to 'catch up' with inmates. This can result in property tubs sitting at Parklea CC for days or weeks after an inmate has moved to another centre. Inmate property is already a frequent area of enquiry or complaint to official visitors across NSW.³⁰³ These delays likely add to inevitable frustration regarding access to property on transferring between correctional centres, particular at a short stay centre such as Parklea CC. While we understand CESU did provide staff support in tracking down property between centres, this practice should be minimised where possible.

Improvement was required in recording property items in OIMS with adequate detail (for example brands/ make/type). Sufficient details are essential when dealing with inmate's property, and their absence can lead to delay in attending to lost property, inmate frustration and unnecessary administrative burden for staff. MTC-BRS should ensure staff are recording detailed descriptions.

The valuable property room was secured, and inmate clerks had no access to this room. The valuable property room is used to store valuable items like jewellery or mobile phones that were in an inmate's possession when they entered custody. Inmate valuables are recorded on OIMS and placed in clear, zip-lock plastic bags. The room contained rows of lockers for securely storing these bags. However not all valuable property bags were properly secured in the lockers, as some were too large for the lockers available. We observed some of these valuable bags simply lying on the floor. This was reported to MTC-BRS as requiring immediate attention. MTC-BRS advise they have installed additional secure storage for larger items and additional CCTV in the area since the inspection.

Recommendation: MTC-BRS ensure valuable property is stored appropriately, and inmate property descriptions are recorded with sufficient detail on OIMS.

6.5 Activities

At the time of the inspection there were six health and recreation officers employed at Parklea CC. Maximum security inmates had timetabled access to a relatively new oval and playing field, with three sessions per day absent staffing or other restrictions. Most wings had access once per week, although some privileged 'worker pods' had scheduled access twice per week.

The number of structured activities appeared to vary from month to month. In December 2020 for example, there were a total of 30 1-hour sessions recorded by Parklea CC, incorporating touch football, strength training, kanga cricket, and soccer. In July 2020 there were 20 sessions facilitated.³⁰⁴

Units had differing levels of static exercise equipment in the yards. The new Area 6 units yards were well stocked with fitness and activities equipment. The older units (Areas 1 and 2) had large outdoor concrete yards, but little in the way of static exercise equipment, outside of a basketball ring. We observed that

301 Corrective Services NSW, *Custodial Operations Policy and Procedures: 4 Inmate property (Under review)* (version 1.0) 32.

302 ICS Standards 61.14, Private property should also accompany inmates unless it is known that these will not be required.

303 Inspector of Custodial Services, *Annual Report 2019-20* (Report, October 2020) 17–18.

304 Information provided by MTC-BRS, March 2021.

cupboards in some Unit 1 and 2 wings were well stocked with a variety of board games that appeared to have been recently purchased.

Area 4 minimum security inmates did not have a standalone indoor gym area, which is found in many minimum security correctional centres. However new outdoor static gym equipment had recently been installed outside the officer's station, and there is a tennis and basketball court.

We thought it was positive that Parklea CC was encouraging inmate led activities. Interested inmates could submit applications to be a health and fitness mentor, for which there would be a short induction if approved. Other focused peer mentor roles (for example dance, art, writing assistance) were envisaged. MTC-BRS should regularly review inmate awareness and communication around this initiative, to ensure there is effective uptake and implementation across the centre.

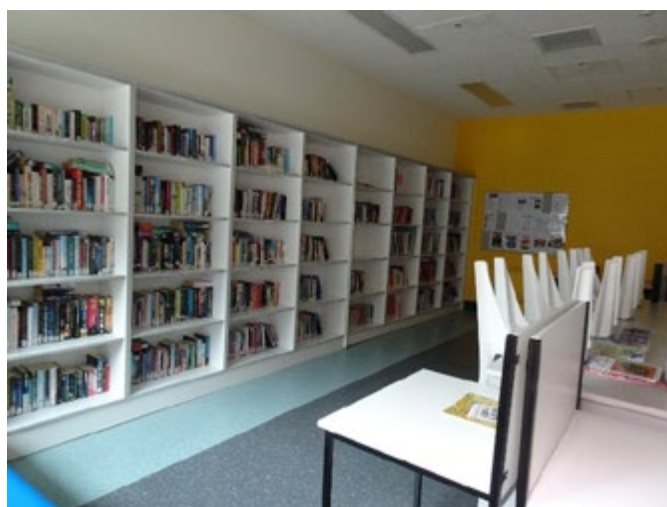
A new library area was included as part of the Programs and Industry area construction, and it was effectively in new condition. However due to the complicated movements at the centre, it is essentially only available to those in Areas 5 and 6 (who are not in quarantine), although we understood access for Area 5 inmates was not regular. Acknowledging this MTC-BRS had completed some refurbishments to the Area 5 wings prior to inspection, with a corner room stocked with some books to allow more regular access, which was a positive initiative. Area 3A (The 'Drug-Free' Unit) had its own small library that those inmates could access freely. A separate library was available in Area 2, above the segregation unit, which was reportedly run as a mobile unit, with books transferred to different units. The library looked well organised and generally well equipped with English and foreign language resources. There were a range of (somewhat out-of-date) hard copy legal resources but few seemed to relate to criminal law. Inmates also reported that there had been no new library stock for some time. MTC-BRS should ensure regular review of its library resources.

As mentioned in Chapter 4, at the time of the inspection construction was underway on refurbishing parts of the old Area 4 accommodation for a 'Success for Life Centre' which was to include a new library, as well as a café with commercial kitchen, a new gym and facilities for a dog grooming program. This was a promising initiative for Area 4 that we will be interested to see in operation on completion.

Main oval and outdoor activities area



New library, programs and industries area



6.6 Support for religious inmates

At the time of the inspection Parklea CC had one chaplain on site, (a member of the Uniting Church). Two additional chaplain positions, including for a Muslim chaplain were vacant and awaiting to be filled. Regular Christian worship services were being held. Muslim inmates were able to pray together on Fridays in Area 4, although this was a recent development. Chaplains stated they worked with volunteers and religious leaders from different faith traditions to provide support to other faith groups (for example, Jewish and Buddhist traditions), however as this was usually on a volunteer basis, frequency fluctuated. COVID-19 had also placed restrictions on volunteers visiting correctional centres.

Chaplaincy received referrals for pastoral care and individual inmate support, although it was challenging for one individual chaplain to spend as much time in the units talking to inmates as preferred, given the high inmate population. Chaplains were also able to make referrals for inmates to see a psychologist or access health services.

Some chaplaincy initiatives were not operating at full capacity at the time of the inspection due to vacancies in chaplaincy staffing. These included weekly scripture readings (Christian and Islam), a positive lifestyles course,³⁰⁵ and 'The Prisoner's Journey' program.

During this inspection we observed one chapel area in use in the main jail. The new Area 5 Programs and Industries area also included a new multifaith centre.

³⁰⁵ An eight-module course aimed at helping inmates gain a better understanding of themselves. with topics including self-awareness, anger, depression and loneliness, stress, grief and loss, assertiveness, self-esteem etc.

7 Programs, education and employment

7.1 Introduction

Rehabilitation and release preparation are widely embedded in various international and domestic instruments of law and policy as a priority for custodial placements. In NSW, they are established as a primary object of the CAS Act³⁰⁶ and they are also included in the Guiding Principles for Corrections in Australia.³⁰⁷

The contract for the operation of Parklea CC includes 'Purposeful Activity' as a KPI.³⁰⁸ A range of activities are included in this concept:

- employment or work release
- offence related programs
- adult basic education
- vocational education and training
- services that support inmate wellbeing³⁰⁹
- personal development and life skills programs³¹⁰
- reintegration and rehabilitation programs.

The above should be contemplated in an inmate's case plan (for a sentenced inmate) or otherwise approved by the State. The following can also be recognised as purposeful activity:

- exercise (not more than one hour per day can be counted towards daily purposeful activity)
- recreational activities (on weekends and public holidays)
- community and social activities (on weekends and public holidays).

There are also several Performance Indicators³¹¹ related to education and programs.³¹¹

Providing rehabilitative activity for inmates is a challenge at Parklea CC. The majority of inmates are unsentenced,³¹² inmate turnover is high, and the average stay is short, even for sentenced inmates. This leaves little time or opportunity to focus on the road ahead. Nevertheless the centre was making reasonable efforts to engage inmates in purposeful activities.

306 *Crimes (Administration of Sentences) Act 1999* s 2A.

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

308 Contract, Schedule 11, Performance Regime, 2.1.

309 Described as 'one-to-one services that address health, psychological, motivational, pre-release or welfare factors that impact on an inmate's well-being.'

310 Described as 'a structured program that addresses the life skills and well-being of the inmate's needs.'

311 See 7.2.2 for a discussion of Performance Indicators.

312 Rehabilitation from criminal offending can generally only be a focus from the beginning of a custodial sentence (after a legal finding of guilt). See *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 107.

7.2 Programs and activities

Programs at Parklea CC are based around addressing problematic behaviours and learning new skills. The centre does offer a suite of programs designed at engaging both remand and sentenced inmates. However the transient nature of the population affects both uptake and completion.

Parklea CC offered a limited number of behaviour change or criminogenic programs. This is unsurprising as it holds low numbers of eligible inmates. Most sentenced inmates spend little time at Parklea as they wait to be moved to their centre of classification. It is therefore not identified by CSNSW as a location for intensive or specialist programs, such as Sex Offender Programs or the Violent Offender Therapeutic Program (VOTP) (which run between six to 18 months), and nor is there a High Intensity Program Unit (HIPU) at Parklea CC.

Some EQUIPS programs were delivered (EQUIPS Addiction and EQUIPS Foundation), as well as the RUSH program.³¹³ At the end of December 2020, MTC-BRS held 10 inmates in Area 4 minimum security who were on the waitlist for other EQUIPS programs, EQUIPS Aggression (6) and EQUIPS Domestic Abuse (4).³¹⁴ These programs were projected to run in 2021 if they had sufficient numbers for the class.

The centre primarily offered general interventions suitable for both remand and sentenced inmates. This included Addictions Support, Health Survival Tips, and the Positive Lifestyle Program. The bid had reportedly incorporated a higher number of interventions, but not all were ultimately relevant to the Parklea CC population, and were also subject to recognition by CSNSW as equivalent to the programs and interventions it delivers. The Remand Addictions rolling program was offered, and Narcotics Anonymous was facilitated, although there were several months of absence regarding the latter due to COVID-19 restrictions.

The Free Your Mind program was an MTC-BRS initiative. This is a behaviour management program designed to address risky behaviour and unhelpful thinking. Inmates learn skills to observe their thinking, identify their emotions and act with purpose. State approval was required to deliver the full program to sentenced offenders. Based on information provided by MTC-BRS, the Free Your Mind core program began delivery to sentenced inmates in December 2020. Modified components of this program were delivered to remand inmates on a rolling entry basis (referred to as 'Free Your Mind Remand Orientation') and there were plans to deliver modified components to segregation inmates. A Free Your Mind rolling program for substance use was projected for remand inmates in 2021.

³¹³ The Explore, Question, Understand, Investigate, Practice and Succeed (EQUIPS) suite of programs consists of four moderate intensity programs targeting offenders assessed as having a medium to high risk of reoffending. Real Understanding of Self Help (RUSH) aims to help inmates address anti-social attitudes and beliefs, poor self-control, impulsivity, difficulties with self-management, and lack of interpersonal skills. See Corrective Services NSW, *Compendium of Offender Behaviour Change Programs in New South Wales* (June 2016). See also Inspector of Custodial Services, *Programs, Employment and Education Inspection* (Report, February 2020) 35–40.

³¹⁴ MTC-BRS monthly and quarterly report to CSNSW, December 2020.

Table 10: Offender programs delivered at Parklea CC February 2019-January 2020³¹⁵

Program type	Participants
Addictions support group	111
EQUIPS addiction	10
EQUIPS foundation	27
Health survival tips	1244
NEXUS v13	10
Positive lifestyle program (group)	91
Positive lifestyle program (individual)	70
RUSH	97

Table 11: Offender programs delivered at Parklea CC May 2020-April 2021³¹⁶

Program type	Participants
Addictions support group	57
EQUIPS addiction	10
Health survival tips	846
Positive lifestyle program (group)	1
Positive lifestyle program (individual)	282
PrivPro Criminogenic Equivalent	60
RUSH	9

At the time of the inspection, the centre was in the process of recruiting two full-time program facilitators. Case planners at Parklea CC had been performing a broad role up to that point, that included program facilitation. However we had concerns about whether this model was sustainable. It is important that appropriately trained staff are available to deliver the programs agenda.

7.2.1 Personal development and life skills

A Purposeful Activity Committee (PAC) consisting of area managers and staff from programs, education and employment areas within the centre met monthly. Its role was to monitor the delivery of programs and employment rates and opportunities at the centre. At the time of the inspection the centre had introduced a range of wellbeing and skills-based activities such as art, cooking, music, yoga and meditation. These programs were designed for both remand and sentenced inmates to encourage participation and reduce idle time in custody. It was unclear at the time how long these had been running prior to the inspection. Information subsequently provided by MTC-BRS for 2020 indicated that art classes were running regularly between July and December 2020, and yoga and meditation was available in December 2020. Nevertheless the PAC had launched a promotional campaign to tackle inmate complacency and encourage program uptake. We saw posters and pamphlets displayed in units and employment areas. The centre had recently begun offering various incentives to units with the highest attendances. We encourage Parklea CC's efforts to develop opportunities for inmates to acquire new skills, or simply have something useful to

315 Information provided by CRES CSNSW May 2020. Based on 12 months of data to 5 February 2020. GEO was the Parklea CC operator until end of March 2019.

316 Information provided by CRES CSNSW July 2021 (Based on 12 months prior to 21 April 2021).

do while on remand. Hopefully the number of sessions and small number of inmates participating can be increased, so its impact can be more widely felt in the centre.³¹⁷

The staffing complement at Parklea CC included a cultural services officer. While the pandemic had impacted progress, there were plans for cooking programs to add to art classes. While numbers were very small, a few cultural dancing sessions had also been facilitated. As stated in more detail in Chapter 6, programs and activities for the Aboriginal population required attention. A visiting Elders and Aboriginal cultural program was due to commence in 2021 but had not commenced at the time of the inspection. It was developed in conjunction with Muru Mittigar, and was expected to incorporate dance, art, storytelling, identity and a peer mentor component. Parklea CC also had a relationship with the Time to Work Employment Service (TWES). TWES is a national voluntary in-prison employment service targeted at adult sentenced Aboriginal inmates.

7.2.2 New initiatives

The 'Drug Free' unit, discussed in Chapter 5, was a new initiative under the programs umbrella, referred to as the 'Success for Life Drug Free Recovery Program'. Positively, it was available for remand inmates (although very small numbers). It was intended to include weekly sessions in areas such as literacy and numeracy, gardening, and emotional wellbeing, in addition to group meetings for Narcotics Anonymous and weekly sessions with the addictions medicine specialist. While in its infancy, it should be further supported to become a comprehensive program targeting addiction and associated behaviours. Undoubtedly there will be operational challenges and issues around recruitment and retention. Parklea CC management and SVCH will need to work together to deliver a coordinated program that incorporates adequate health support to ensure its success. We recommend that CSNSW continue to monitor the program as it progresses.

At the time of the inspection Parklea CC had commenced a trial 'online' 'Intervention Hub' in Area 4, for minimum security sentenced inmates. This was a pilot roll out of individual tablets, loaded with a computerised cognitive behaviour therapy program, including courses in alcohol, cannabis, education and employment, emotional well-being, thinking skills etc. Each course would require approximately 10 to 12 hours engagement from the inmate. Separately, the tablets were also pre-loaded with audiobooks and e-readers, health information, and a capacity to perform inmate requests and buy-ups.

7.3 Case planning

CSNSW describe case management as 'the collaborative process between staff and inmates where assessment and planning occurs in order to provide appropriate individual interventions.'³¹⁸ 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.³¹⁹

The contract with MTC-BRS incorporates detailed case planning requirements under the same timetable. It is a required outcome under the contract that all eligible inmates 'receive a case plan and complete all interventions in sequence and on time'.³²⁰ There are also numerous minimum service requirements related

317 Information provided by MTC-BRS for the month of December 2020, for example, noted 14 sessions of art class, 3 sessions of peer-led reflective art, and 4 sessions of meditation-yoga.

318 Corrective Services NSW, *Policy for Case Management in Correctional Centres*, Version 1.0, 8 December 2017, 1.

319 Corrective Services NSW, *Policy for Case Management in Correctional Centres*, (Version 1.0, 8 December 2017) 14. Other inmates (remand and those sentenced to less than 3 months) should be given a Service Plan.

320 Contract Schedule 3 (Output Specification), Part C Services Specification, 1.2.

to matters such as assessments of criminogenic needs and risk of re-offending; assessment for education and training; inclusion of a range of interventions including welfare and psychological services, life skills programs, employment and community referrals; opportunity for inmates to participate in the development of their case plans, and many others. The contract also includes current case plans and timely case plan interventions as KPIs.³²¹

An inmate's case plan identifies their criminogenic needs, interventions and goals which provides an essential map of their custodial and rehabilitative pathway. Case plans are therefore an essential tool and important first step for all sentenced inmates. All case plans were developed at Parklea CC by case planners and case plans were approved by the CSNSW classification manager.³²²

MTC-BRS was doing well in maintaining up-to-date case plans. In the five monthly reports reviewed from August to December 2020, MTC-BRS reported 91% of eligible inmates had a current case plan in December 2020, 100% in August, and 94% or 96% in the other months. While the total numbers of eligible sentenced inmates are relatively few at any one time, the regular population turnover means the work is constant.³²³

Parklea CC had nine case planner positions, of which seven were filled at the time of the inspection. Their role was comprehensive and included tasks that might be performed by both Services and Programs Officers as well as case management officers at publicly run facilities. We were concerned the role was perhaps too broad, including program facilitation in some instances, leaving welfare issues with insufficient attention. Further, while we were pleased to see an identified role at Parklea CC for an Aboriginal case planner to support Aboriginal inmates, the volume of work and the population of Aboriginal inmates was too much for one individual.

Compatibility and continuity with CSNSW was another issue of concern. Parklea CC was using the Level of Service Inventory-Revised (LSI-R) to assess the risk of reoffending and identify the criminogenic needs of individual inmates. The LSI-R is based on the Risk-Need-Responsivity (RNR) principles and is designed to address an inmate's criminogenic needs.³²⁴ This was the standard tool used by CSNSW for assessing the risk and needs of all offenders at the time MTC-BRS entered the contract to manage Parklea CC. However in early 2020 CSNSW ceased using the LSI-R assessment tool and introduced a new intervention pathways model Planning for Adjustment, Responsivity, Reintegration, Criminogenic Needs and Communication (PARRCC) as the primary case plan assessment tool.³²⁵ PARRCC is described as a 'dynamic assessment that measures the functional needs of inmates'.³²⁶ It is a tool that awards an algorithmic score to the inmate which determines what criminogenic programs are necessary for the inmate to complete. It is reportedly more efficient, with scoring 'predominantly based on a consensus between case managers and file information on the inmate'.³²⁷ This in turn helps CSNSW in placing inmates in a centre that will enable them to meet their identified programs and goals.

321 Contract Schedule 11, Performance Regime, 2.21 and 2.22.

322 Case plans developed in privately run correctional centre are approved by the CSNSW classification manager on the Offender Integrated Management System (OIMS). Corrective Services NSW, *Policy for Case Management in Correctional Centres*, version 1.0, 8 December 2017; clause 6.

323 For example, in August, October and December 2020 there were 150, 135 and 85 eligible sentenced inmates respectively.

324 Corrective Services NSW, *Compendium of Assessments* (September 2016) 11.

325 The Intervention Pathways model replaced the LSIR with the Planning for Adjustment, Responsivity, Reintegration, Criminogenic Needs and Communication (PARRCC) assessment tool in 2020.

326 Assessment and Case Management Support Team, Corrective Services NSW, *Compendium of Offender Assessments*, 5th Edition, August 2021, 143.

327 Assessment and Case Management Support Team, Corrective Services NSW, *Compendium of Offender Assessments*, 5th Edition, August 2021, 143.

While the LSI-R tool is equally valid, and approved by CSNSW, there is limited value in a case planning process at Parklea CC that is misaligned with the public system. It can result in inmates being classified to the wrong centre and requires a new assessment as soon as inmates are transferred to a publicly operated facility. Staff at Parklea CC believed they were contractually obliged to continue to use the LSI-R method, although it was unclear to us if this was a formal constraint. CSNSW and MTC-BRS should ensure case management processes are aligned. MTC-BRS advised that they have since implemented PARRCC as their primary case plan assessment tool.

Recommendation: CSNSW and MTC-BRS align case planning assessment tools and review the role and resourcing of case planners at Parklea CC, to ensure they can meet the needs of the inmate population.

7.4 Education and training

Parklea CC had relationships with TAFE NSW and Novaskill (a registered training organisation) to provide vocational education and training to inmates at Parklea CC. At the time of the inspection, inmates could apply to participate in several accredited education courses. Most were offered as short course modules that could be built on in other locations or in the community.

MTC-BRS had established an employment profile that permitted up to 150 inmates to be classed (and paid) as full-time students, which was ambitious for a centre like Parklea CC with a predominantly remand population.³²⁸ As of 11 April 2021, 30 inmates were recorded by CSNSW as engaging in full-time education.³²⁹

In addition to mandatory courses connected with onsite employment (for example, related to preparation for work, workplace safety and hygiene), Parklea CC offered regular first aid training, and basic adult education (literacy and numeracy courses). Additionally, they facilitated some vocational and skills training, including barber hygiene and safety, barista/espresso coffee making skills, training and fitness Certificate III, and warehousing. The number of individual inmates participating in these vocational courses over a 12-month period ranged from 35 to 120.

Course modules in desktop publishing were also offered, which provided credit towards a Certificate II in Information Technology. Likewise inmates could complete modules in building and construction, which could be accredited towards qualifications post-release. It was pleasing to see these arrangements, given the utility of such skills in the labour market, although the number of participants was few (nine and 22 individuals respectively over a 12-month period). At the time of the inspection, MTC-BRS was promoting the availability of full traineeships in construction, horticulture and warehousing and business for inmates with 12 months or more remaining on their sentence. We encourage Parklea CC to continue to expand participation numbers in skills training.

We also detected some inconsistency in education information provided by CRES CSNSW and MTC-BRS. For example, MTC-BRS recorded instructor-led sessions in carpentry/cabinet making for November and December 2020. Details of all offender education and vocational training for the 12 months to April 2021 was requested from CRES CSNSW, and there was no record of cabinet making or carpentry at Parklea CC, either enrolments or ultimate participation.

328 Information provided by Parklea CC March 2021.

329 Information provided by CRES CSNSW, July 2021.

New programs and training area



New barbershop



7.5 Employment

One of the challenges identified by MTC-BRS on taking over management of Parklea CC was the lack of work for inmates. They advised there were 270 jobs for 1,160 inmates, which they had managed to increase to 319 in the first year, but this was still not enough.³³⁰

By the time of the inspection, a snapshot provided by MTC-BRS for October 2020 demonstrated a further modest increase, with a monthly average of 376 inmates working per day.³³¹ This included both remand and sentenced inmates, and protection inmates. Data subsequently requested from CSNSW was consistent with these numbers, with 396 inmates recorded as employed at 11 April 2021.³³²

MTC-BRS had developed an employment profile with potential for 720 positions, and we were informed that a daily employment figure high of 511 had been reached. It was positive to see the centre substantially increase its own targets. We observed genuine efforts to provide meaningful employment and training opportunities for inmates. By January 2021, MTC-BRS was reporting that over 95% of inmates in the minimum security section were employed. Most of the overseers and custodial staff appeared committed to their roles despite having to manage high inmate turnover in the workplace. We observed good working relationships between staff and inmates and there seemed to be a commitment to ensure safe and healthy work environments with fair dismissal practices. MTC-BRS is required to report employment data to CSNSW monthly.³³³

Parklea CC operated several industries and service areas which provided employment opportunities for inmates. Some areas such as external work release and community projects had been curtailed at Parklea CC (and across the NSW correctional system) due to COVID-19 restrictions. Paid peer mentors by contrast were a recent initiative at Parklea CC. They were employed in the accommodation units and in all industry workplaces at the centre. Their role was to help new inmates, answer their questions and provide support where needed. The role also provided leadership opportunities for inmates.

³³⁰ September 2019 visit, presentation by governor.

³³¹ Information provided by MTC-BRS, 2 December 2021.

³³² Information provided by CRES CSNSW, July 2021. 789 inmates were recorded as either unemployed or non-workers and 30 inmates were recorded as paid under an education profile.

³³³ Inmate employment is a Performance Indicator (PI 5). See Chapter 2.

7.5.1 Furniture

The furniture industry can provide employment for up to 40 inmates at Parklea CC. The industry was overseen by two correctional staff one of whom was a qualified cabinet maker. Work performed by inmates included the manufacture of timber furniture, customised cabinetry, children's toys, refurbishment of timbers and recycling of pallet timber waste. Inmates worked Monday to Saturday to meet the demand of external contracts with schools, community and private businesses.

We were pleased to find a number of charitable works being undertaken by inmates, including donations of toys to hospitals and community projects for various charities. The challenge for the furniture industry was securing contracts that have a fast turnover and the ability to train and develop skillsets of inmates. TAFE was offering three modules of a Certificate III in cabinet making which inmates could build upon at other correctional centres or in the community.

We observed occupational health and safety (OH&S) signage and tools were secured and recorded in a logbook. There was an adequate and well-resourced communal area for inmate workers with bathroom, telephone and kitchen facilities. Inmates reported favourable working conditions and interactions with staff.

7.5.2 Engineering

Parklea CC operated a metal shop industry with two full-time overseers and employment for up to 40 inmates. At the time of inspection there were 15 inmates working in the metal shop which operated Monday to Friday from 7.30am to 2.00pm. The metal shop manufactured customised steel and metal goods for the centre and external contractors. OH&S signage was noted throughout the workplace and appropriate protective clothing, including masks and goggles, were worn by inmates.

Due to the high turnover of inmates at the centre, maintaining a full complement of inmate employees was at times problematic and affected output and skills training for inmates. TAFE allowed inmates to complete accredited modules that could go towards a subsequent full qualification. Unfortunately though, data from CRES CSNSW indicated that in the 12 months to April 2021, while 13 individuals enrolled in modules for a Certificate II in Engineering, there were ultimately no sessions offered (or participants). This was most likely due to COVID-19 restrictions.

7.5.3 Print Shop

The print shop employed one overseer and offered 15 inmate positions. At the time of inspection 11 positions were filled and there were four vacancies. The print shop operated Monday to Friday and manufactured items in-house for Parklea CC as well as performing contract work for several external customers.

TAFE attended the centre two days per week and delivered training to inmates in desktop publishing. Inmates could complete four modules which provided credit towards a Certificate II qualification. At the time of inspection there were three inmates undertaking the course. OH&S signage was noted throughout the workplace. Inmates reported positive communications with staff and TAFE teachers.

Entrance to industries complex



7.5.4 Food services

The food services industry was responsible for food preparation and the delivery of meals to inmates at Parklea CC. A new kitchen and catering facility was part of the new construction around programs and industries. It was well-equipped to meet meal demands of the centre and provide valuable employment and training for inmates. Food services had 42 inmate positions. At the time of inspection there were 25 inmates employed. Inmates were required to meet safety and security requirements and were selected on the basis of their behaviour and level of risk. Inmates generally worked seven days per week with a rotational weekend off.

Duties performed by inmates included the preparation of breakfast packs and lunches and the re-heating of pre-packaged evening meals purchased from CSI.³³⁴

All inmates completed induction training prior to commencing work. This involved a security briefing and instruction on kitchen polices and food safety procedures. In-house training was complemented with education on food preparation, cleaning and hygiene operations. Due to logistical issues around the delivery of an accredited two-day TAFE course, training was being delivered by qualified kitchen staff. Whilst this was a pragmatic solution, inmates were unable to receive formal certificates of attainment.

Adequate OH&S signage was observed throughout the work areas as well as appropriate work wear. Inmates were provided with access to a separate kitchen area, bathroom and the inmate phone system. Overall reports on workplace safety were good. It was however disappointing to observe a few old faulty ovens being used to service the reheating of evening meals. Repair or replacement of the ovens was needed.

³³⁴ CSI is the commercial division of CSNSW. Retherm meals are prepared and packaged by inmates at publicly run correctional centres.

Work was performed Monday to Friday by inmates to prepare breakfast and amenities packs for inmates at Parklea CC. Breakfast packs were overseen by food services staff and were completed by inmates employed in the kitchen. Amenities packs were overseen by a senior correctional officer and employed 10 inmate workers. An amenities pack is given to all inmates who arrive at Parklea CC and includes linen, eating utensils and hygiene items. In addition, amenities pack employees were responsible for sorting used clothing and linen for continued use or destruction.

Inmates reported positive relationships with staff. An area was available to inmate workers with an adequate kitchen and rest area, however there was no phone. This should be addressed to ensure equitable arrangements for all inmate employees at Parklea CC.

CSI pre-prepared meals in the oven



Sandwich making



7.5.5 Laundry

Parklea CC operated a commercial laundry that provided employment and training opportunities for inmates. The laundry employed two staff which includes one overseer and one correctional officer and offered employment for up to 18 inmates. The laundry attended to inmate clothing and linen at both Parklea CC and the Compulsory Drug Treatment Correctional Centre (CDTCC). Laundry from the health centre was washed separately, and different procedures were followed. This also applied to new admissions in the COVID-19 quarantine unit. The laundry also operated a repair shop with sewing machines for mending inmate linen which employed two inmates.

All inmates participated in a formal induction where safety, rules and expected behaviour was explained. OH&S is an important consideration in the laundry where work involves heavy lifting and the use of machines and chemicals. It was pleasing to learn of intended improvements to reduce manual handling and introduce trolleys, lifts and additional chemical protection. We observed appropriate OH&S signage throughout the laundry.

Inmates received limited training apart from that delivered by laundry staff and inmates. However, the ability to complete limited modules of a TAFE accreditation were being considered. Inmates would benefit from having recognised accreditations that they can build upon and help with employment prospects on release. Inmates were provided with adequate communal areas including a bathroom, telephone and kitchen area.

7.6 Preparation for release

Inmates released from Parklea CC are sentenced inmates who have completed their time in custody, or remandees who have been granted bail or found not guilty by the court. In the 12 months September 2019 to August 2020, 2,177 inmates were discharged from Parklea CC. The average monthly number of inmates released in that time from Parklea CC was 181.³³⁵ In the 12 months from April 2020 to March 2021, the total was 2,685 and the average number of releases per month had increased to 224. On average 17 of those (or approximately 7.5%) were released within seven days of transfer into Parklea CC from another correctional centre.³³⁶

Of releases in the 12 months prior to 11 April 2021, a total of 1,278 inmates were granted bail after a period of remand. Of that number 274 (21%) were granted bail within 24 hours. A further 201 (16%) were granted bail between 24–72 hours and 472 (37%) were granted bail between 72 hours and three weeks.³³⁷ A large proportion of releases from Parklea CC are therefore within a very short period.

Release dates are generally known for sentenced inmates with the information recorded in their case file summary. Having this information enables some planning and preparation to occur for an inmate's release. Despite the high numbers of inmates being released from Parklea CC only 10 inmates had participated in the NEXUS pre-release program between February 2019 and January 2020. Inmates are eligible for the program if they are sentenced and have three months to their earliest release date. The small number of participants could be explained by Parklea CC being a predominantly remand centre and most inmates being released to bail. The release of remand inmates to bail is less predictable as the decision is determined by the court and the centre is not always aware that an inmate is applying for bail. Notwithstanding this, Parklea CC has a 150-bed minimum security area that should be preparing sentenced minimum security inmates for release into the community.

Pre-release procedures for all inmates include an interview with the inmate and completion of a pre-release checklist.³³⁸ The checklist addresses access to accommodation, transport, employment, income, health and community services available to the inmate. The process involves recording answers from the inmate and providing them with post release information. However, there is often no time prior to the inmate's release to pursue any matters in need of follow up.

At the time of inspection reintegration initiatives were underway at Parklea CC. The role of community case planners had been established, and a senior community case planner and a community case planner had been recruited. They were responsible for reintegration planning and identifying post release services for remand inmates who had been at Parklea CC for over four weeks and inmates sentenced to over three months, with reintegration processes to be initiated six weeks prior to an inmate's earliest release date. It was however unclear to us how reintegration planning was to operate in practice. This was in part attributable to the fact that community case planning had not formally commenced. The extensive brief and high volume of work performed by case planners at Parklea CC meant that the newly recruited community case planners were often redeployed to help them meet compliance with contractual KPI's.

335 CSNSW Custodial Movements Report August 2020 (Table 5).

336 Information provided by CRES CSNSW, July 2021.

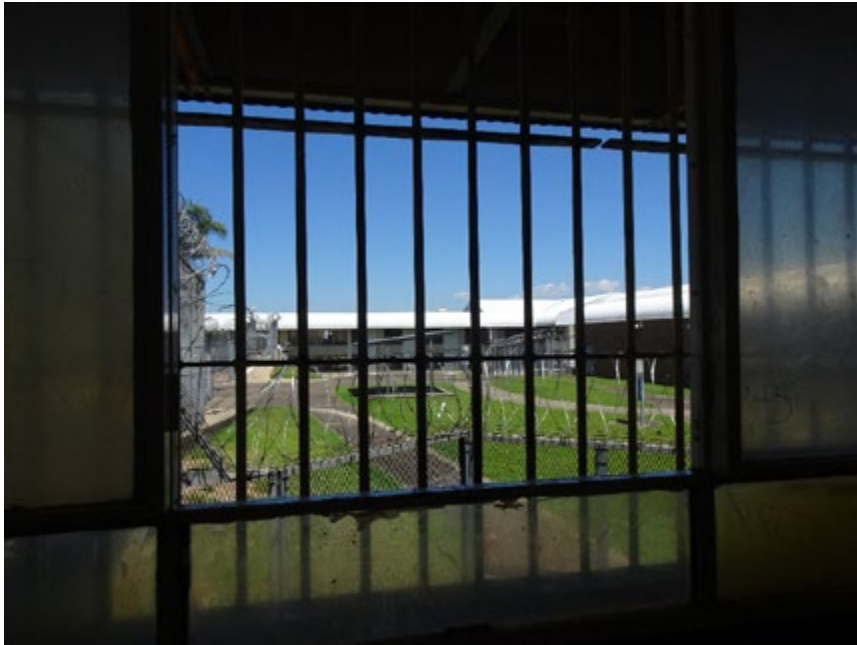
337 Information provided by CRES CSNSW, July 2021.

338 Information provided by Parklea CC December 2020.

MTC-BRS advise that they introduced a new throughcare program on 1 July 2021, and that 103 sentenced inmates have been involved in the program as at mid-April 2022. This development is welcomed.

Recommendation: MTC-BRS improve pre-release planning for its sentenced population.

View from common area window, Area 1





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