

Inspector's Overview

The transition of Melaleuca from private to public operation is slowly showing signs of success as it moves to normal operations.

The Melaleuca Remand and Reintegration Facility formally switched over to public operation on 4 April 2020 and was renamed Melaleuca Women's Prison (Melaleuca). The focus of the renamed Melaleuca was to be Western Australia's major remand and receipt prison for women. The transition team faced many obstacles and challenges, including a very short time frame for completion and the outbreak of the COVID-19 pandemic.

This report highlights many of the difficulties faced by the Department and the transition team, it identifies the impacts on staff and prisoners, and shows that there are many lessons to be learned from the transition process. It would be easy to minimise the difficulty in merging two operational systems and processes, or to overlook the challenges in blending two staff cultures into one, and simply focus on what did not go well. Our focus in this report is to look at what worked well and what could have been better in the transition, but to do so with an eye to what Melaleuca needs looking ahead.

Overall, an objective assessment is that the initial transition, with a few exceptions, went well and without major incident, but progress towards normal effective and efficient operations has been slow and hampered by many of the limitations we have identified in this report.

Limitations of the existing physical infrastructure is one of the most significant challenges facing Melaleuca and negatively impacts almost every facet of the prison's operations. These legacy design issues are well known and were identified in our 2017 inspection report, long before transition to public operation was contemplated.

Office space is limited, there is no dedicated education centre, there are limited employment workshops beyond the kitchen, and there is a lack of private interview rooms where confidential conversations can take place. This last point impacts on the effectiveness of many of the key support services for the women, including the Aboriginal Visitor Scheme, Prisoner Support Officer, Chaplaincy, Transition Manager, Counsellors and Assessments.

There is no functioning cultural meeting place and no gym or other indoor recreation facilities. There are only four program rooms, two in each of the accommodation units. The schedule for these rooms shows that they are almost constantly booked out for many different activities including, therapeutic programs, art, education, library, counselling, meetings, peer support and chaplaincy. They are even used for staff training. The list is long, but these are all essential services and a well-functioning remand centre should have adequate infrastructure to ensure effective delivery of each one.

Remand prisoners often have significant health and mental health needs on entry into the prison system so this was an obvious area of focus for our inspection. We were also aware of past

difficulties Melaleuca had experienced in these areas. We engaged the services of an experienced medical practitioner with forensic mental health expertise to assist us during the inspection. What we found was several areas around the provision of health and mental health support at Melaleuca that required immediate attention.

Many women had trouble accessing health services. The booking and appointment systems were inefficient and ineffective and led to many women missing their appointments because they were simply not aware that an appointment had been scheduled or they did not hear their name being called to attend the health centre.

We met with a group of six pregnant women who all described being anxious and uncertain about their pregnancy care plan while at Melaleuca. They all said they wanted to transfer to Bandyup as they felt they would be safer there and their pregnancy better managed.

There had been no dental services at Melaleuca since the transition, but subsequent to our inspection we were informed that Bandyup would allow four appointments each week for women from Melaleuca. While this is better than nothing, we are very concerned that the absence of adequate dental care is putting the health of women at an unacceptable risk.

Mental health services at Melaleuca are provided by two psychologists from the Department's Psychological Health Service and clinicians from the Primary Mental Health team. We heard that these two teams work effectively together to ensure that women in need are appropriately triaged and referred for support. The biggest challenge for mental health at Melaleuca is the Crisis Care Unit which is still not fit for purpose, despite some recent cosmetic refurbishments. Staff do their best, but the layout and design of the Unit is still harsh and distressing and offers no therapeutic benefit except perhaps for the potential to prevent women from harming themselves. The soon to be opened mental health sub-acute unit in Bandyup potentially offers some relief.

We made 7 recommendations relating to health and mental health services to address the identified areas of concern and all but one of these recommendations were supported or supported in principle. Given our concerns, the implementation of these recommendations will be a prime area of focus in our ongoing monitoring and liaison with Melaleuca in the months ahead.

The dividing fence between Melaleuca and Hakea Prison has been a point of interest and contention for as long as Melaleuca has existed. We have previously made recommendations to address identified deficiencies in the boundary fence following our inspections of Melaleuca (2017) and Hakea Prison (2018). Some work has been done in response to those recommendations but the problem of men being able to scale the fence continues with several recent incidents. In fact, during our inspection a man from Hakea was able to scale the fence and spend over 90 minutes walking up and down the cowling on the fence before agreeing to come down.

Considering this history, it was quite surprising that the Department did not support our recommendation for another upgrade to the perimeter fence between Hakea and Melaleuca. The response simply noted what had been done to date; but we were not sure if any of these things had been done subsequent to our site visit in November 2020. It appears that the Department is

confident that these steps are sufficient to mitigate the risk, but if nothing has changed since our inspection then we may not share that confidence.

ACKNOWLEDGMENTS

We have a very experienced Independent Prison Visitor who is a community volunteer appointed by the Minister for Corrective Services. She attends Melaleuca on a regular basis providing an opportunity for the women to raise issues and feedback that information to our office. I acknowledge the importance of her work and thank her for the contribution she has made to our ongoing monitoring of Melaleuca. The Minister has also recently appointed a new Independent Visitor for Melaleuca, and another is pending approval, and I welcome them to this important role.

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

Finally, I would like to thank the members of the inspection team for their expertise and hard work throughout the inspection. I would particularly acknowledge and thank Amanda Byres, for her hard work in planning this inspection and as principal drafter of this report, and Natalie Gibson, for her work on the final edition of this report.

Eamon Ryan
Inspector of Custodial Services

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