



OFFICE OF THE INSPECTOR  
OF CUSTODIAL SERVICES

2021 INSPECTION OF HAKEA PRISON

140

MARCH 2022

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that contributes to a more  
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## 2021 Inspection of Hakea Prison

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# Inspector's Overview

## A STRONG MANAGEMENT TEAM FACED WITH MANY CHALLENGES AND LIMITATIONS

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It is difficult to write an overview for an inspection of Hakea Prison (Hakea) without sounding a bit like a broken record. Looking back over previous inspection reports there is a ring of familiarity to many of the issues that we have identified and reported on following this inspection. Infrastructure limitations and inadequate services continue to dominate our findings.

Hakea as the main male reception and assessment prison in Western Australia, is a complex and busy facility. It is an ageing 1980s prison that has many infrastructure shortcomings. It is also seriously overcrowded, with most cells originally designed for one person now double bunked. The original total design capacity is listed at 666 beds, but with double bunking that now stands at a total of 1,211. The population at the time of our inspection was hovering around 940 but at the time of writing this has fallen further to 805.

Hakea recorded a total of almost 12,000 receptions and discharges in 2020–2021, and this continues to be an area of high performance and expertise. Management of remand prisoners is quite different to managing a stable sentenced prison population. The needs of the prisoners are different, the average length of their stay is often shorter, their entitlements differ, and the requirement to facilitate access to daily visits, courts and legal advisers poses ongoing challenges. Many remand prisoners are also unsettled and volatile, some are experiencing withdrawal, and others have higher mental health needs.

Moreover, Hakea also holds:

- a large number of sentenced prisoners, approximately 200 at the time of our inspection;
- a significant cohort of protection prisoners;
- many prisoners with serious mental health issues; and
- many other prisoners with alerts from gang affiliations or other reasons.

This paints a picture of the level of complexity involved in the day to day operation of the prison.

As noted above, the population at Hakea has continued to fall since the time of our inspection. At 805 the Department reports this as a 68.5 per cent utilisation rate (based on Hakea having 1,175 general purpose beds). Ordinarily this would create opportunities to release pressure on accommodation units. But at the time of our inspection and more recently, Hakea has been undertaking comprehensive COVID-19 planning and preparations which has led to one unit being designated as an isolation unit to deal with possible COVID-19 outbreaks. Added to this, we were recently advised that parts of Unit 8 are being closed due to problems with the structural integrity of the flooring. This means that the other units have remained under significant pressure despite the reduced overall population.

Infrastructure limitations continue to impact almost every aspect of Hakea's daily operations, with the notable exception being the new video-link facility. The area where these limitations are most obvious is in the double-bunked accommodation units, which are

## A STRONG MANAGEMENT TEAM FACED WITH MANY CHALLENGES AND LIMITATIONS

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mostly cramped and crowded with inadequate facilities to provide decent living conditions. Many units do not have enough space to allow all the men to sit and eat, resulting in many prisoners taking their meals back to their cells to eat sitting on their bed or standing up. There have, however, been some recent modifications in several mainstream units to create unit-based exercise yards and this has been a positive development.

Other infrastructure limitations impact Hakea's ability to provide all prisoners with a daily regime of purposeful activity involving employment, education, programs and organised recreation. High levels of custodial staff absences mean that other staff are often redeployed on a daily basis causing further restriction to whatever limited services that are available. Both staff and prisoners told us that most of the men at Hakea are just spending time on hold, a term often used was 'warehoused'. This is a lost opportunity for rehabilitation and creates safety risks with large groups of men sitting idle in their units.

A significant focus for this inspection was how Hakea manages a high caseload of prisoners with general health needs and serious mental health issues. We engaged the services of an experienced forensic psychiatrist to assist with this area of the inspection. We found that at an individual level many services operated effectively, and staff worked very hard. But we identified governance issues, lack of cohesion and integration, fragmentation of services, and poor communication and information exchange between the various health service teams at Hakea. This was having a negative impact on the quality of integrated health care and mental health support provided to prisoners in need.

The Department is a significant provider of mental health services and classifies prisoners with diagnosed mental health needs on a scale of P1 to P3.

- Prisoners rated P1 have a serious psychiatric condition requiring intensive and/or immediate care.
- P2 rated prisoners have a significant ongoing psychiatric condition requiring psychiatric treatment.
- P3 are prisoners with a stable psychiatric condition requiring appointment or continuing treatment.

In December 2021 the Department held 13 P1 rated prisoners (Hakea 6), 121 P2s (Hakea 33), and 481 P3s (Hakea 89). Our expert told us that prisoners rated at P1 should be receiving treatment in a hospital setting, but due to the absence of forensic beds in the public hospital system many of these prisoners had to be managed in prison.

Our expert's assessment of the Hakea Crisis Care Unit (CCU) was that it does not provide a therapeutic setting for mental health care, nor does it compare favourably to modern community standards for inpatient units. Accordingly, the CCU cannot be considered a therapeutic setting for prisoners with mental illness or for those in significant distress.

The CCU is staffed by custodial officers, who are not provided any specific training prior to working there. Aside from visits from the mental health team or prison counsellors, there is no proactive engagement with the men held there and few activities are available.

## A STRONG MANAGEMENT TEAM FACED WITH MANY CHALLENGES AND LIMITATIONS

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The CCU staff do a remarkable job despite these limitations.

Hakea's mental health staff are doing what they can with the limited tools and infrastructure available to them. But more appropriate health services are simply not accessible either in prisons or in the public health system. This is inhumane and cannot be allowed to continue for much longer.

Over half of the recommendations arising from this inspection (12 out of 21) related to either health or mental health services at Hakea. The Department's response to these recommendations was generally positive. Nine were supported or supported-in-principle, one recommendation was noted and only one was not supported. Many of the solutions will require an additional funding commitment from Government.

Reading all of this creates a somewhat bleak outlook for Hakea. But we did see many positives, none the least of which is a noticeable improvement in staff culture and relationships between staff and management. There is a strong and cohesive leadership team that have set a clear direction and started to build better relationships and communication with the staffing group and their union.

We saw many examples of staff, both custodial and non-custodial, doing a remarkable job in keeping Hakea running and managing all the daily challenges and difficulties they face. Most notably, we saw custodial staff with limited mental health training doing their best to manage a difficult and challenging cohort of very unwell prisoners with acute mental health needs.

Having an effective and efficient staffing group is the key to managing Hakea. Staff relationships and culture continue to improve, but there is more to be done and current improvement efforts need to be supported and encouraged. Stability, cohesion and a clear direction set by management has no doubt contributed to this, but credit must also go to the staff who are willing to engage and take on new opportunities. It is not perfect, and we heard that there are still many issues to be resolved, particularly around the impacts of custodial staffing absences. But cultural change is a journey, often with an evolving destination, and it was pleasing to see many positive changes.

### ACKNOWLEDGMENTS

We have two experienced Independent Prison Visitors who are community volunteers appointed by the Minister for Corrective Services. They attend Hakea on a regular basis providing an opportunity for the men to raise issues and feedback information to our office. I acknowledge the importance of this volunteer work and thank them for the contribution they are making to our oversight of Hakea.

It is important to also acknowledge the support and cooperation we received throughout the inspection from the Superintendent and staff at Hakea and from key personnel in the Department. The prisoners who spoke with us to share their perspective on being held in Hakea also deserve special acknowledgment and thanks.

## A STRONG MANAGEMENT TEAM FACED WITH MANY CHALLENGES AND LIMITATIONS

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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 Stephanie McFarlane for her hard work in planning this inspection and as principal drafter of this report.

**Eamon Ryan**  
**Inspector of Custodial Services**

1 March 2022



## EXECUTIVE SUMMARY

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### HAKEA PRISON

Hakea Prison (Hakea) is Western Australia's primary remand, receipt and assessments prison for male prisoners in the Perth metropolitan region.

In 2021 Hakea held fewer prisoners than in previous inspections, with its population dropping from 1,146 in 2018 to 939. Investment in infrastructure elsewhere in the male custodial estate, and the effects of the COVID-19 pandemic contributed to this population decrease, which helped reduce pressure at Hakea.

The majority of Hakea's prisoners are young men. Forty per cent of the population were aged between 25 and 34 years old. And despite making up approximately four per cent of Western Australia's population, Aboriginal prisoners made up 34 per cent of Hakea's population.

### GOVERNANCE

Relationships between staff and management at Hakea were more settled and positive than we had seen in previous years. And although the senior management team were not all substantive, they were cohesive, worked well together and had a clear direction.

The relationship between Hakea's management and the Western Australian Prison Officers Union (WAPOU) had also improved. Communication had improved across the board, and the acting Superintendent was frequently credited for this.

### EARLY DAYS IN CUSTODY

Hakea's reception centre works efficiently and effectively. It is staffed with experienced personnel who engage well with new and potentially vulnerable prisoners. But key staff were frequently redeployed to cover staff absences elsewhere in the prison, which slowed processes and introduced a number of risks.

Orientation had been relocated to make way for a protection precinct, which for a time had disrupted processes. Furthermore, new prisoners were spending only a short period in the orientation unit (24 to 48 hours) before being moved to mainstream accommodation. New young offenders were no longer being automatically placed on the Department's At-Risk Monitoring System (ARMS).

### DUTY OF CARE

Well-established processes ensured that court appearances were effective and on time. The new purpose-built video-link facility was providing a safe and decent environment for staff and prisoners.

Anecdotally, standover and bullying were common among prisoners at Hakea. Our pre-inspection survey found that 42 per cent of respondents did not feel safe. It was concerning to find that the Department's anti-bullying policy was rarely used.

The number of prisoners requiring protection tripled between July 2018 and July 2021. A new protection precinct at Hakea opened in early 2021, with the aim of improving quality

## EXECUTIVE SUMMARY

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of life for protection prisoners. Staff absences and inconsistent management were impacting its ability to function effectively.

Most of Hakea's cells cannot accommodate people in decent conditions. Single cell allocation is a challenge at Hakea, despite a fall in numbers. The average time out of cell per day for a Hakea prisoner is approximately nine and a half hours, leaving over 14 hours per day locked in a cramped cell with another person.

The prison is not well equipped to house elderly, infirm or disabled prisoners, and has no cells or accommodation options specifically for wheelchair users.

Most cells lack storage for personal property, and many contain ligature points. Most have shared in-cell toilets without privacy screening.

### MANAGING BEHAVIOUR AND SECURITY

A lack of CCTV coverage across Hakea poses ongoing risks. Investment in improved video-recording capability would protect staff and prisoners alike.

The fence that separates Melaleuca Women's Prison from Hakea has visible weak points and has been proven to be scalable. There have been two instances of Hakea prisoners breaching the fence line with Melaleuca.

Strip searching processes had recently changed and some officers felt that this would allow prisoners to secrete contraband.

### DAILY LIFE

The structured day at Hakea does not offer prisoners enough purposeful activity to keep them busy or occupied. Seventy-four per cent of prisoners surveyed felt that they could not spend their time on useful activities like education, programs, employment or recreation.

Hakea was managing COVID-19 risks well, in spite of the crowding, poor hygiene and inadequate infrastructure that we found. Hakea did not, however, have a systemic approach to environmental health and hygiene.

Improved access to telephones and e-visits mitigated restrictions on family and social contact due to the COVID-19 pandemic. And while the introduction of a new online visits booking system was a positive, it posed challenges for some.

There had been some improvement to recreation services since our last inspection, but organised activities were minimal. Access to Hakea's two libraries, including its legal library, was irregular.

Only 13 per cent of prisoners rated the quality of food at Hakea as good, considerably lower than the state average of 45 per cent. The menu lacked variety, fresh fruit and vegetables, and was poorly presented. A recent dietary assessment supported prisoner complaints but had disappointingly had little impact.

## EXECUTIVE SUMMARY

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Hakea's kitchen is old and poorly maintained. As a result, it poses health and safety risks. Three recent health and safety assessments of Hakea's food safety made negative findings, including that maintenance and repair of the kitchen is required in order to meet Food Safety Standards.

### HEALTH SERVICES

Prisoner satisfaction with health services was low, and an ineffective booking system was contributing to long wait times for appointments. There was also inadequate screening of new prisoners for mental health issues and cognitive disorders.

Despite the best intentions of staff, there was no evidence that the healthcare provided was culturally safe. There were no Aboriginal health staff, mental health workers or Liaison Officers as seen in most health settings.

The efficiency of the Psychological Health Services (PHS) team was compromised by a lack of rooms to work from. There was no consistent approach to mental health referrals, making it challenging for health care staff to refer patients to appropriate care.

Hakea typically holds the highest number of prisoners with psychiatric needs in the state. Without a dedicated mental health care unit they are dispersed across the large prison site, and the mental health team spend a lot of time moving from unit to unit.

Prison mental health teams cannot provide the same level of care to acutely unwell patients as an inpatient mental health unit. Therefore, Hakea holds a cohort of people whose mental illness cannot be properly treated on site. Hakea's mental health staff do what they can with the limited tools they have, but the situation is harmful to those with the most need.

At-risk identification and management training were lacking for some key roles, including those responsible for determining the placement and monitoring level of vulnerable prisoners. Some processes for the review of at-risk prisoners were also rushed and lacked a therapeutic approach.

There was little support for prisoners with addictions, despite substance use being extremely common. There was no standardised approach to medicating those facing withdrawal, resulting in inconsistent responses and outcomes.

### REHABILITATION AND REPARATION

Despite being a remand prison, Hakea holds approximately 200 sentenced prisoners at any one time. Many have been assessed as requiring offender treatment programs, which are not available at the prison.

Employment opportunities are limited to Hakea's workshops and industry areas. Unit based work employed far more prisoners, but this kind of work tends to be unskilled and take up little time. Aboriginal prisoners were under-represented at most workplaces and the great majority were under-employed (unit workers) or not working.

## EXECUTIVE SUMMARY

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Education, like so many other services at Hakea, suffered from the redeployment of officers. This affected the ability of prisoners to complete courses, and the performance of the education centre.

Transitional services were valuable, but demand was not being met. A loss of administrative support left the Transitional Manager largely office-bound and consumed with paperwork. Prisoners who engaged with services found them valuable, but too many were missing out.

## LIST OF RECOMMENDATIONS

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### RECOMMENDATION 1

Reintroduce arrangements at Hakea for new young offenders, including a specific assessment of their risk and vulnerability, automatic referrals to support services, and an extended period in orientation.

### RECOMMENDATION 2

Renovate a number of cells at Hakea to support the living requirements of elderly, infirm and disabled prisoners.

### RECOMMENDATION 3

Invest in body worn cameras and improved CCTV for high-risk areas of Hakea Prison and other maximum-security prisons.

### RECOMMENDATION 4

Upgrade the fence between Hakea and Melaleuca to rectify identified weaknesses.

### RECOMMENDATION 5

Explore current and emerging technologies with a view to implementing enhanced processes for the detection of secreted items while reducing reliance on strip-searching.

### RECOMMENDATION 6

Resource and implement systemic management of environmental health at Hakea, including oversight of cleaning, food storage and service, and pest control.

### RECOMMENDATION 7

Cease the redeployment of the Library VSO and ensure regular prisoner access to Hakea's two libraries.

### RECOMMENDATION 8

Bring the Hakea kitchen up to required food hygiene standards.

### RECOMMENDATION 9

Review the functioning of health and mental health teams in prisons, and where necessary take steps to restore cohesion and improve services.

### RECOMMENDATION 10

Clinical information sharing should be improved by the following:

1. Negotiating and implementing an agreement with the Department of Health to provide PSOLIS access for Department of Justice Mental Health staff (the advent of Web PSOLIS in August 2021 may prove to be an opportunity to facilitate this).
2. Developing a process for the PHS to feedback to the referrer, or for that information to be accessible on ECHO.

## LIST OF RECOMMENDATIONS

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3. Reviewing access to the Statement of Material Facts for mental health staff.
4. Exploring the feasibility of providing access to EcHO for on call medical staff.
5. Reviewing access to health information from other prisons for all health staff.

### RECOMMENDATION 11

Revise the appointment booking process, in Hakea and at all other prisons, to ensure that it is effective, efficient and makes the best use of available resources.

### RECOMMENDATION 12

Revise the initial health screen to include identification of intellectual disability and cognitive impairment.

### RECOMMENDATION 13

The Department of Justice must develop a model of care for the statewide provision of culturally safe healthcare in custodial settings.

### RECOMMENDATION 14

Identify and/or allocate consistent, safe consulting rooms for the PHS team either within or adjacent to Hakea's health centre.

### RECOMMENDATION 15

Improve the referral interface between primary care and the mental health team.

### RECOMMENDATION 16

The Department and Hakea should establish a project group to work towards the development of a mental health unit or area at the prison.

### RECOMMENDATION 17

Urgently address the lack of access to involuntary mental health care by:

1. Developing a process to report on and monitor the number of prisoners who remain in prison while requiring an inpatient bed for treatment of mental illness (including the ability to track and report on individual cases and actual wait times).
2. Agree on a set of clinical criteria to identify when safe care cannot be provided on site, and transfer to an emergency department is necessary.

### RECOMMENDATION 18

The Department should provide increased role specific training and support to staff tasked with chairing PRAG, and those conducting intake risk assessments across the prison estate.

## LIST OF RECOMMENDATIONS

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### RECOMMENDATION 19

Review the morning PRAG process, to ensure the most relevant support services are included and have sufficient time to conduct their risk assessments. Make sure this process is therapeutic and not distressing to prisoners.

### RECOMMENDATION 20

Introduce a standardised withdrawal treatment plan based on best practice.

### RECOMMENDATION 21

Provide additional support for the Transitional Manager.

## FACT PAGE

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### NAME OF FACILITY

Hakea Prison

### ROLE OF FACILITY

The main receipt and assessments prison for male prisoners in the Perth metropolitan region.

### LOCATION

Hakea Prison is located on Noongar Whadjuk land in the suburb of Canning Vale, Perth, Western Australia.

### BRIEF HISTORY

Hakea Prison incorporates the former Canning Vale Prison and the CW Campbell Remand Centre. Canning Vale Prison was originally opened in 1982, with the capacity to hold 248 prisoners. When the CW Campbell Remand Centre was built, it had the capacity to hold 150 remand prisoners. Over the years both sites were upgraded and expanded and in November 2000, the two adjacent centres were merged to become Hakea Prison.

### LAST INSPECTION

25 July to 2 August 2018

### THIS INSPECTION

21 July to 30 July 2021

### CAPACITY

Unit	Purpose	Original Design Capacity	Current Operational Capacity
1	Management Punishment	62	72
2	Orientation	63	126
3	Mainstream	64	128
4	Mainstream	63	126
5	Earned privilege	58	116
6	Protection	79	132
7	Protection	86	144
8	Earned privilege	48	96
9	Mainstream	64	128
10	Mainstream	64	128
Crisis Care Unit	Crisis Care Medical Observation	15	15



FACT PAGE

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NUMBER OF PRISONERS HELD AT THE TIME OF THE INSPECTION

939

NUMBER OF REMAND PRISONERS

739

# Chapter 1

## INTRODUCTION

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### 1.1 HAKEA PRISON

#### Context

Hakea Prison (Hakea) is Western Australia's primary remand, reception and assessments prison for male prisoners in the Perth metropolitan region. Today's Hakea is the product of a merging of two former prisons, the Canning Vale Prison and the CW Campbell Remand Centre, which were built in the early 1980s. The combined capacity of these two original sections of the prison was just under 400 prisoners. Additional infrastructure has been added to Hakea over the years, including numerous accommodation units and supporting facilities.

Our last inspection of Hakea, in 2018, took place in the context of statewide overcrowding. According to the Department of Justice (the Department) the capacity of Hakea was 1,200, and at the time of our inspection it held 1,146. This had been achieved by the installation of a second bunk or bed in every standard accommodation cell. The prison was crowded, and conditions for staff and prisoners alike were poor.

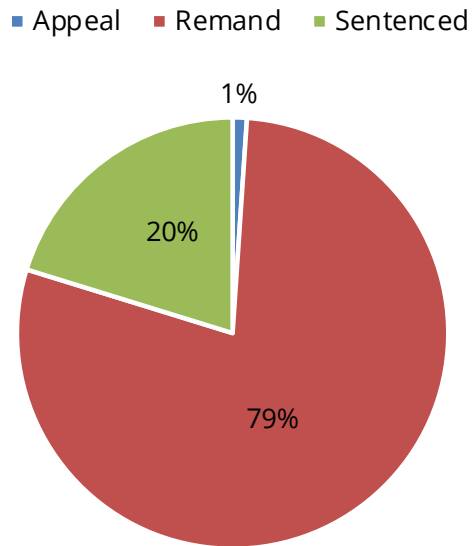
In 2021, Hakea held fewer prisoners than in 2018. The prisoner population had dropped from 1,146 to 939. By the time of writing it had dropped even further, to 870. Investment in infrastructure for the male custodial estate has seen new accommodation units built at Bunbury Regional Prison and Casuarina Prison, which relieved some of the pressure at Hakea. The COVID-19 pandemic has also seen prison populations across Australia fall, due to a variety of factors which have reduced the pressure on prisons. Whatever the reason for the drop in numbers at Hakea, it has provided the prison with a welcome, though likely temporary, reprieve.

#### Demographics

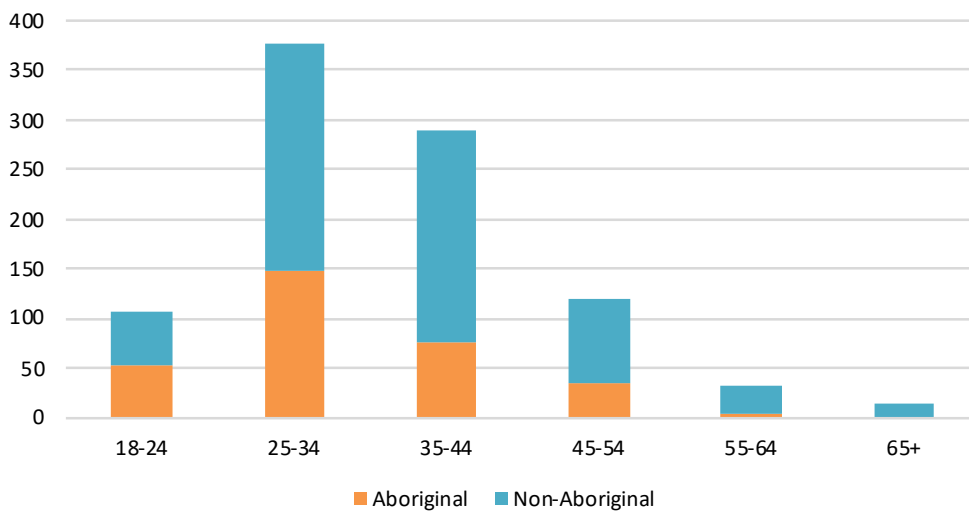
The majority of prisoners at Hakea are young men. According to departmental data from just prior to our inspection, 40 per cent of the population (or 376 individuals) were aged between 25 and 34 years old. Thirty-one per cent (289 prisoners) were aged from 35 to 44 years. And despite making up approximately four per cent of Western Australia's population at large, Aboriginal prisoners made up 34 per cent of Hakea's population. Ninety-three per cent of prisoners were Australian citizens (873), with the next largest cohorts coming from New Zealand, the United Kingdom, Vietnam and Malaysia. The majority of Hakea's prisoners were on remand (79%), though 190 prisoners (20%) were sentenced.

## INTRODUCTION

**Figure 1: Sentence status of Hakea prisoners, 19 July 2021**



**Figure 2: Hakea's population by age and Aboriginality, 19 July 2021**



## INTRODUCTION

### 1.2 THE 2021 INSPECTION

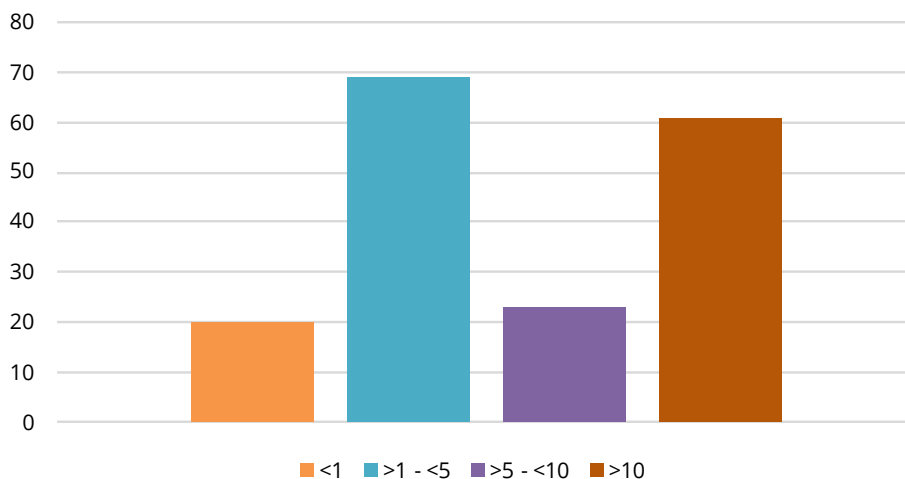
#### Methodology

Regular site visits to Hakea were conducted in the years since our 2018 inspection. We also received reports from our Independent Visitors, correspondence from prisoners via the confidential mail system, and queries from friends and family of prisoners at Hakea.

However, our model of continual inspection was interrupted for a time in 2020 due to COVID-19 visiting restrictions, as we elected to halt our in-person visits. During this time, we continued to monitor the prison via the Department's TOMS database and we maintained regular contact with key Hakea staff by telephone. We also continued to receive prisoner and family correspondence during lockdown periods.

Prior to our on-site inspection, we conducted two distinct surveys with staff and prisoners at Hakea. Staff received an online survey, which covered areas including human resources, management support and communication, staff training, treatment of prisoners, safety in the workplace, and the strengths and weakness of Hakea. After a two-week period, 173 staff had completed the survey, or 37 per cent of the prison's staff.

**Figure 3: Number of years worked at Hakea Prison, staff survey**



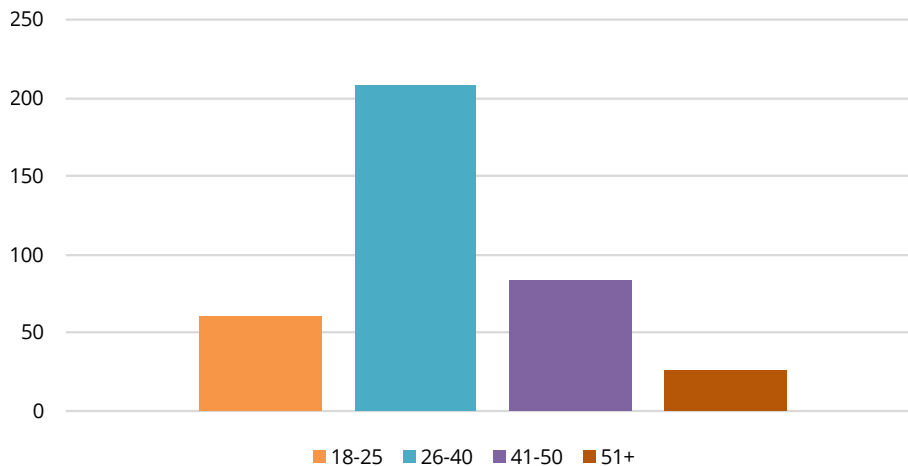
We conducted face to face surveys with prisoners at Hakea over a three-day period. This survey covered areas like living conditions, activities, family contact, health services, culture and religion, safety and security and staff relationships. We collected a total of 381 prisoner surveys, reflecting 39 per cent of the prisoner population. Findings from both surveys provided our inspection team with an indication of issues to consider prior to the commencement of on-site activities.

## INTRODUCTION

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**Figure 4: Prisoner survey respondents by age group**



Our inspection of Hakea ran from 19 to 30 July 2021. We assessed the prison's progress since our last inspection in 2018, and in particular looked at:

- The impact of Casuarina Prison's new units and the subsequent drop in Hakea's population.
- The impact of COVID-19 on Hakea's operations.
- The suitability of Hakea's health services in meeting the needs of the prison's population.

Eleven staff from our office took part in the inspection, along with an observer from the Office of the Commonwealth Ombudsman. We also engaged an expert in forensic psychiatry to provide us with an expert opinion on Hakea's health and mental health services. During the on-site phase of the inspection we met with prisoners, staff, senior management, and service providers. We observed Hakea's facilities and operations, and reviewed documents, data, and policies. The members of our inspection team worked in pairs to enhance information collection and accountability.

# Chapter 2

## GOVERNANCE

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### 2.1 STRATEGIC PLANNING

#### **Cultural change is underway, but needs support to continue**

Hakea has long been characterised by an adversarial staff culture and poor relationships between staff and management. In 2018, this had started to improve (OICS, 2019, p. 57). At that time, we found less antagonism in the staffing group and relations between staff and management were more settled and positive. In 2021 we found that this trend had continued. Although the senior management team were not all substantive, we found a cohesive team who worked well together, and a clear direction had been set.

Furthermore, the relationship between Hakea's management and the Western Australian Prison Officers Union (WAPOU) had improved. In the past the relationship had been fractious, frequently resulting in industrial disputes. Now, while they still often disagree, both parties are prepared to listen and approach issues in a professional and respectful manner. Communication had improved across the board, and the acting Superintendent was frequently credited for this. Both parties are benefiting from the improved relationship.

We still encountered some negativity from staff however, which was consistent with the results of the staff survey. These results broadly showed that staff had a poor view of their local management. Only 16 per cent of staff felt that support from local management was good, and only 14 per cent felt that communication from local management was good.

This may have been influenced by two issues. The Department has reintroduced a daily cap on overtime shifts. However, day to day staff absences regularly exceed the prison's allocated number. The officers felt that this left the prison 'short staffed' and resulted in the reduction of services to the prisoners. This was despite Hakea being staffed for 1,170 prisoners, while the actual number during the inspection was between 930 and 940. Furthermore, prison management, with the support of the Department, were taking a more active role in the management of casual absences. Staff said that they were feeling pressure not to take personal leave and were questioned when they did so. They felt this was an erosion of their hard-fought industrial entitlements.

Despite these issues, it is clear that Hakea is on a much-needed journey of cultural change. This will take time. It is important that the momentum be kept up for change to be embedded in the workplace culture. The Department should commit to supporting Hakea and its staff through this process.

#### **Hakea has a robust Strategic Business Plan but measures should be set**

In 2021, Hakea had a sound Strategic Business Plan 2021–2023 in place, with a clearly articulated vision statement:

To safely and securely manage adult male prisoners, received, remanded, newly sentenced, assessed and dispersed across the Prisons Estate within Western Australia.

## GOVERNANCE

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The plan articulates the values and principles of the Department, and includes eight key result areas and 32 deliverables. But there were no supporting documents to clarify how it would be operationalised, or how the deliverables should be prioritised. Plans work when priorities are identified, responsibility allocated, timeframes established, and outcomes measured. It is not practical for a busy prison to meet so many deliverables without a clear pathway.

Without a guide to implementation, prison management risk inertia due to a lack of clear direction, unclear ownership of initiatives, and a seemingly insurmountable workload. If the strategic plan is to have real meaning and impact, an action plan that outlines priorities, responsibility and measures is essential. We were advised that the strategic plan was relatively new and that supporting documents would soon be forthcoming, and we look forward to its implementation.

### **Hakea must work towards greater environmental sustainability**

Prisons use a great deal of energy and resources, and generate an enormous amount of waste. As the state's third largest prison, Hakea is no exception. However, there was little evidence of environmentally sustainable practice at the facility.

Environmental sustainability is not captured in the Hakea business plan. Prison management had recently introduced the container deposit scheme. Proceeds from the recycled containers are directed towards charities selected by representative prisoner groups. This is a positive start, but more must be done.

There are numerous opportunities that could be undertaken at Hakea. The site has unused vegetable garden beds that could supplement the kitchen, provide employment, purposeful activity, and the chance to recycle green waste. While we acknowledge that any such initiatives will incur upfront costs, in the long term they can generate real savings and offer additional prisoner employment and training. We accept that continuity in these types of programs is challenging, particularly given the nature of Hakea as a large remand prison. But if they are properly set up, with clearly defined roles and objectives, there is no reason why they should not succeed.

### **A fast approaching deadline for single use plastics**

Hakea's use of plastics is a particular area of concern. In 2021 the state government released *Western Australia's Plan for Plastics* which will result in the phasing out of plastic plates, cutlery, stirrers, thick plastic bags and polystyrene food containers by the end of the same year. Prisons are prolific users of single use plastics and as such they should already be actively exploring alternatives. Security considerations alone mean that replacements for single use plastics will not be a straightforward process.

However, when this was raised with Hakea's management there appeared to be little knowledge of the plan or concern about its impact. It is essential that the prison identify which of their commonly used plastics will become unavailable, and what they will use as replacements. This issue will have significant consequences for the prison estate, and it may be necessary for the Department to lead a uniformed response.

## GOVERNANCE

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### 2.2 HUMAN RESOURCES

#### **Human resources working well but processes are inefficient**

In 2018, we found that the administrative processes in human resources were labour intensive and outdated. The situation had seen no progress in 2021. Many processes are paper based, manual and inefficient. For example, prison officers use paper sign on sheets in the gatehouse to confirm they are at work. These must be collected by human resources staff who then manually populate spreadsheets, identify staff gaps, and arrange for overtime shifts to be filled.

All these activities are essential to keep the prison running and the human resources team, while very busy, did a good job and worked as a cohesive team. This was supported by our pre-inspection survey which received largely positive responses to areas of responsibility for human resources. But the systems they were working with were archaic and inefficient.

We understand that the Department is going through the process of procuring a new electronic rostering system. This will be the Department's third attempt at doing so in the past eight years. Wisely, they are adopting a cautious approach and trialling the system on one site. While we do not know the details of its capability, we can only hope that the new system will introduce efficiencies, by automating many of the manual processes noted above.

#### **Prison officer training was focussed on mandatory requirements**

Hakea has two full-time training officers, who are supported by on shift trainers. Prison officers are required to complete mandatory refresher training, and as such the prison locks down one morning each week so that staff can attend. Theoretical training can be delivered to 30 or 40 staff per session, but practical training must be delivered at a ratio of around 10 to one. This may vary further depending on the amount of equipment and space available on the day.

The training staff are well organised. They have developed spreadsheets that identify when staff are due to complete mandatory training refreshers. This enables them to arrange training sessions and target staff appropriately.

Despite this, training delivery was challenging and Hakea was not meeting its mandatory training requirements. Roster patterns, leave periods, staff absences and redeployments all impacted the delivery of training.

Prior to our inspection of Hakea, we conducted a survey of staff, and asked custodial officers whether they felt they had received adequate training in a variety of areas. The highest response rates were for use of restraints (86%), chemical agent (72%) and CPR/first aid (73%). These are the types of areas that require compulsory refresher training.



## GOVERNANCE

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The lowest responses related to how well the officers felt they were trained to deal with prisoners with mental health issues (21%), case management (21%), and managing prisoners with drug issues (25%). This was particularly concerning.

Hakea is a remand prison where prisoners are often dealing with mental health and drug issues. With such a busy mandatory refresher training schedule, the training team at Hakea rarely has capacity to deliver training on these issues. This means that officers would need to attend the Training Academy to do so. Often officers cannot be released because their absence would need to be filled through the use of overtime which cannot be accommodated.

### **New procedures were being introduced with some training concerns**

The Department has been developing new Commissioner's Operating Policies and Procedures (COPPs) for the past few years, which will eventually see the phasing out of Policy Directives. Positively, operational staff at Hakea were consulted during the COPPs drafting process and their feedback was taken on board. The COPPs project is ongoing and the documents are being released in a staggered manner.

Training on the new COPPs for prison officers is rolled out online as each new document is released. This requires officers to log into the Department's training database and work through each new COPP while on shift. At the end of each module they must acknowledge that they have read and understood the new COPP.

Many of the COPPs reflect existing policy, but in a different form. Others, including use of force, introduce new concepts. It is essential that all officers are familiar with policy and practice so they can do their jobs safely, and in line with departmental policy. Officers told us that the COPPs were lengthy and that they felt overwhelmed. With linked references included, some were more than 100 pages long. We must question then, if asking prison officers to read such documents while on shift, and then confirm that they have done so thoroughly, is a valid and reliable form of training.

### **Hakea would benefit from more Aboriginal officers**

At the time of our inspection, approximately 34 per cent of the prisoners in Hakea were Aboriginal. Yet only around one per cent of the custodial staff identified as Aboriginal. While not all staff declare their ethnicity, this number is still very low. The prison would benefit from the employment of more Aboriginal officers.

This can be difficult to achieve in prisons. Vacancies are often filled through the internal transfer process. However, there were more officers wanting to transfer out (188) of Hakea than in (24), and they had been receiving large numbers of new recruits from the Department's Training Academy.

In our pre-inspection survey, 53 per cent of prisoners stated that staff did not understand their culture, and 49 per cent said that staff did not respect their culture. These figures were consistent with the feedback from Aboriginal prisoners during the inspection.

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However, 53 per cent of staff felt that they did respect and recognise Aboriginal culture. That suggests that staff believe that they have a good understanding of Aboriginal culture, but that Aboriginal prisoners do not recognise this to be true.

The presence of Aboriginal staff helps to build stronger relationships with Aboriginal prisoners, who are known to seek out Aboriginal staff for assistance and support. Aboriginal staff can also support and respond to cultural obligations in an appropriate manner which assists with the wellbeing of the prisoner. They are an asset, who provide significant benefits in custodial environments. We therefore urge the Department to continue its attempts to increase Aboriginal recruitment, as well as continuing to provide ongoing support for current Aboriginal staff.

### **Staffing levels for the reduced prisoner population need to be established**

Hakea has a staffing level agreement (SLA) in place for 1,170 prisoners. This agreement offers an approved FTE level of 468.5 uniformed staff. At the time of the inspection, the number of prisoners in Hakea has reduced, and sat at 939. WAPOU had agreed to reduced staffing levels as a result of the lower numbers, but until a new SLA for 1,000 prisoners is finalised the actual number of staff required cannot be determined. During the inspection, the parties were reportedly close to agreement.

Despite being staffed for 1,170 prisoners, Hakea regularly has vacancies on its roster lines that are not filled due to staff absences. As in any workplace, there are many reasons why staff may be absent, including substantive vacancies, casual absence, workers' compensation, secondment, or approved leave. Such vacancies are filled through a combination of overtime and redeployment of existing staff.

In order to control spending on overtime, the Department has allocated each prison an overtime cap. This sets the maximum number of overtime shifts that can be worked each day. But Hakea regularly has more vacancies on the daily roster than can be filled by its overtime cap. This leaves two options:

1. The position remains vacant and the unit moves to an adaptive routine.
2. Staff are redeployed from their own jobs to cover a role elsewhere in the prison.

In either of these scenarios, services to prisoners are reduced which increases tension in the units. It is also frustrating for staff, who are often not working in the roles they signed up to do. Redeployments are an ongoing concern for Vocational Support Officers (VSOs), who perform non-custodial roles such as recreation, horticulture and the libraries. Many told us that having to step out of their own roles and do a different job all together was frustrating and demoralising.

Custodial officers in key functions such as reception and orientation were also being redeployed, which disrupted the functioning of these vital areas.

This situation is untenable and an effective solution needs to be found to ensure the prison operates on a normal daily routine.

## GOVERNANCE

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### **Hakea is tackling casual absences but more must be done**

One of the causes of staff shortages is casual absence. This is typically when an officer takes unplanned personal leave shortly before their rostered shift is due to start. Personal leave is available for instances of:

- personal illness or injury;
- carer's leave;
- unanticipated matters of a compassionate or pressing nature; and
- planned personal leave.

The summary of overtime in the year up to March 2021 shows that 34 per cent of Hakea's overtime spend was due to personal leave absences. As we have noted, Hakea was actively managing absences because of the significant impact such absences have on prison operations. However, the human resource systems at Hakea are manual, labour intensive, and the team of staff tasked with managing this was already stretched. If Hakea is to maintain momentum in this, further support may be required.

Officers were unhappy about being questioned for taking personal leave and being asked to justify absences. They felt that this was an erosion of their industrial entitlements. But the Department and Hakea are obliged to manage casual absences. The scale and impact of such absences at a prison like Hakea is significant. It has a substantial impact on the Department's budget, a negative impact on fellow officers and on the prison's ability to function.

### **Staff confidence in the resolution of formal grievances is low**

According to our pre-inspection survey of Hakea's staff, only 48 per cent of respondents felt able to express work-related grievances. However, only 10 per cent believed that staff grievances could be resolved, but 34 per cent said that they could not be resolved. These results suggest a lack of staff confidence in the Department's current processes.

The Department's grievance management framework includes both informal and formal processes. Grievance officers are key to the informal method. They are recruited at all prisons and trained to resolve grievances quickly and at the lowest possible level. During our inspection Hakea had two grievance officers. They were committed to the role, which they did in addition to their normal daily duties. However, informal grievances are not recorded, so we were unable to identify how many grievances were being handled at this level, nor the rate of successful outcomes.

If informal processes are unsuccessful, they are referred on to prison management for formal resolution. They may further be referred to head office for resolution, depending on the nature of the complaint and who is involved. Between 1 September 2018 and 31 March 2021, Hakea received only two formal grievances. Both were for bullying and were still under investigation.

## GOVERNANCE

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The resolution of formal grievances is slow. Once issues are raised they should be resolved quickly, as they can cause disharmony and division among staff. There may be valid reasons for the Hakea investigations remaining open, but they should be resolved as a matter of priority.

The length of time taken to resolve grievances may be contributing to staff's lack of confidence in the process. The Department must do more to understand why staff have such a poor view, and take steps to improve and speed up their current processes.

# Chapter 3

## EARLY DAYS IN CUSTODY

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### 3.1 RECEPTION AND ADMISSION

#### Reception continues to be a well-oiled machine

As the state's primary receival facility for males in the Perth metropolitan area, Hakea takes custody of remand and newly sentenced male prisoners. In the 2020-2021 financial year, Hakea received 5,697 prisoners, and discharged 5,701. This is a total of 11,398 movements in and out of the prison, averaging around 31 prisoners every day. These numbers were lower than the time of our 2018 inspection (around 45 per day) (OICS, 2019, p. 3) which reflects a downward trend in prisoner numbers since the beginning of the COVID-19 pandemic.

Hakea's reception centre works efficiently and effectively. It is staffed with experienced personnel who engage well with new and potentially vulnerable prisoners. Reception staff are on a static roster and work hours specific to their roles. A team of peer support prisoners are also employed to work in reception. They assist with administrative duties, guide new prisoners through the initial admission processes, and offer a first point of peer contact and support.

New arrivals are searched, and their clothing and property is itemised and stored. They receive identification, a clothing and bedding kit, and are offered a three-minute initial phone call. Each new prisoner is required to complete a number of interviews and assessments to determine their demographics and next of kin, suitability to share a cell, at-risk status, and finally a health assessment conducted by an on-site nurse.

Staff at all points of contact observe the prisoners for any signs of vulnerability or risk of self-harm. The Induction Senior Officer uses this information to determine the prisoner's initial placement and whether at-risk monitoring is required. During the inspection, we were surprised to find that there was no formal or specific training for these roles. Some staff had developed their own manual to support the use of key assessments, in the absence of a formal process.

Our pre-inspection survey of Hakea's prisoners revealed that 78 per cent of respondents said they were either upset or very upset on arrival at the facility. This is significantly higher than the state average of 55 per cent, and indicates the importance of an effective risk assessment by knowledgeable staff.

Reception and induction staff were also frequently being redeployed to cover staff absences elsewhere in the prison. The removal of staff from this key function slowed processes significantly, and at times left only one officer to run the reception centre. This poses a number of risks:

- There are fewer staff to observe and interact with new prisoners, which could mean a poorer assessment of their state of mind.
- Busier staff may be more distracted and are likely to spend less time with new prisoners.
- Prisoners will likely have to wait longer in the holding cells, increasing stress and tension.

## EARLY DAYS IN CUSTODY

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Reception processes are a key function at Hakea, at a time when new arrivals are potentially at their most vulnerable and volatile. Staff should not be redeployed from these critical roles.



**Photo 1: Holding cells in Hakea's reception centre**

### 3.2 PROPERTY

#### **Property generally functions well, but some weak points should be addressed**

The property store was clean, well-organised and appeared to be well-below capacity. Processes were orderly and understood by relevant staff. Appropriate records were kept relating to the storage and management of property, and staff had developed spreadsheets to track the disposal of abandoned property within required timelines. We also found that appropriate processes had been introduced to manage the property of new arrivals who were being isolated due to potential COVID-19 risks.

Unlike other prisons in Western Australia, Hakea does not have a position or team of positions specifically tasked with responsibility for prisoner property. Rather, a number of staff including custodial officers, VSOs, and public servants, have different areas of responsibility relating to the storage and management of property. We were told that this arrangement was historical, but we found that it led to too many individuals having access to prisoners' personal property, and that CCTV coverage of high-risk areas was inadequate. Access to property areas, including the storage of valuable property, would benefit from improved security, including CCTV coverage.

## EARLY DAYS IN CUSTODY

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It was positive to find that mobile phones were no longer being destroyed if not signed out in a set time frame. Instead these were now being collected or returned to the prisoner's designated next of kin. If this was not possible the phone was simply kept in storage. This is a positive outcome.

### 3.3 ORIENTATION

#### **Orientation was moved to make way for the new protection precinct**

In the first half of 2021, Hakea's orientation function was moved from Unit 7, where it had been for many years, to Unit 2. This move allowed the creation of an expanded protection precinct encompassing Units 6 and 7, along with much of the adjacent supporting infrastructure.

When Unit 7 ran orientation processes, the unit staffing model included two officer lines dedicated to specific orientation tasks. These two lines have remained on the Unit 7 roster even after orientation was moved to Unit 2.

#### **Orientation processes were disrupted for a period following the move**

Unit 2 does not offer the adjoining infrastructure required for orientation services that were available to Unit 7. This includes unit offices for orientation, programs rooms for short courses and presentations from the peer support team, and access to the Aboriginal Visitors Scheme (AVS) and the Prison Support Officers (PSOs). For a time, these orientation processes were run from within Unit 2, but the lack of available office space made this unworkable.

As a result, processes reverted and at the time of the inspection, orientation was once again being run from offices adjacent to the protection precinct. However, these offices were now within Hakea's new protection precinct. This was challenging for some staff and prisoners, as it saw newly arrived mainstream prisoners moving in and out of the protection precinct.

Results from our pre-inspection surveys on the topic of orientation were poor. More than half (52%) of prisoners who responded said they did not get enough information on arrival to understand how the facility worked. This was below the state average response to this question, which was 42 per cent. Furthermore, many staff were unhappy with the move from Unit 7, and only 30 per cent of prison officers felt that orientation processes were acceptable.

It is possible that these poor survey results reflect disruptions to orientation that occurred during the move. However, redeployment of the orientation officers was also common, which often delayed or disrupted prisoner orientations.

However, the move to a new unit presents opportunities. A promising operational plan had been put forward and was due to commence not long after the inspection. The proposal was sound and should see the orientation unit run more efficiently. We will continue to monitor its progress on future site visits.

## EARLY DAYS IN CUSTODY

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### Placement in orientation was brief for most, but long-term for some

We found that new prisoners were only spending around 24 to 48 hours in the orientation unit before being moved to mainstream accommodation. And while this may be sufficient for those who are used to the prison system, it is unlikely to be enough time for a first-time prisoner to adjust to their new surroundings.

The orientation unit had been instructed to keep its population low, to ensure that Hakea had the capacity to clear and quarantine a wing for COVID-19 isolation purposes at any time. Unit 2 has the capacity to hold a maximum of 126 prisoners, but was keeping its population between 45 and 65. To maintain this, new prisoners had to be moved on quickly, as Hakea receives up to 30 new prisoners per day.

However, Unit 2 also holds a number of long-term remandees along with some sentenced prisoners. A certain number of long-term placements in an orientation unit are necessary for it to function effectively for example, peer support prisoners and cleaners. But we were surprised to find that it also accommodated a number of security placement prisoners, who were unable to be accommodated anywhere else due to their behaviour and risk alerts with other prisoners. This places some of Hakea's most troublesome prisoners in the same unit as potentially vulnerable and volatile new arrivals. The above-mentioned unit plan should help to keep these cohorts in separate wings, but this remains a potentially fraught arrangement.

## 3.4 REMAND PRISONERS

### Remand status had little impact on management of people in custody

Our Inspection Standards (OICS, 2020) reflect national and international standards that state that remand prisoners should be managed differently to sentenced prisoners in recognition of the fact that they are unconvicted. However, there is little about the regime at Hakea that marks it out as a remand prison.

In July 2021, approximately 30 per cent of Western Australia's male prisoners were on remand. When we inspected Hakea, 79 per cent of the population were on remand. However, there were also about 670 remandees at Casuarina, and 440 in other prisons around the state. So, while Hakea is still the main reception facility, it is no longer the dedicated remand facility.

The basic practicalities of managing a remand population are managed well at Hakea. Most of these relate to facilitating court processes. Prison staff, particularly those in reception, work with the transport contractor (Ventia) to ensure that prisoners are delivered to court on time for in-person court appearances. Hakea also facilitates high numbers of court appearances via video-link, and both in-person and video appointments with lawyers. A Senior Community Corrections Officer serves as bail coordinator to help those granted bail to meet their conditions for release. Hakea has long experience with all of these processes, and manages them with expertise.



## EARLY DAYS IN CUSTODY

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But there is little to differentiate the management of remand prisoners from sentenced prisoners, both at Hakea and in Western Australia generally. This is despite a range of national and international standards which establish a number of rights for untried prisoners, including the right to:

- daily visits;
- separation from sentenced prisoners;
- wear their own clothing;
- procure their own food; and
- be treated by their own doctor or dentist (UNGA, 2015), *Prison Regulations 1981 (WA)*, (OICS, 2020).

There is in-principle recognition that remand prisoners are entitled to daily visits, but in practice this is not possible. There is also recognition that remand prisoners are not required to work except at their own request. Those who opt not to work receive a base gratuity payment (Level 5), and remand prisoners are excluded from most therapeutic programs and education courses. In day to day management however, remand prisoners are treated much the same as sentenced prisoners.

At present, there is no local or Department-wide policy that governs the management of remand prisoners.<sup>1</sup> Recognition of the special needs of remandees, particularly in the early days of custody, relies on established practice and staff experience rather than written policy. Many remand prisoners are entering custody for the first time, and are likely to be distressed and vulnerable. The lack of policy and procedural guidance represents a risk to individual prisoners, staff and the Department. A COPP relating to remand prisoners is currently under development. We hope that this will provide much-needed guidance in this area.

### 3.5 YOUNG OFFENDERS

#### **Younger prisoners are poorly supported in first few days**

In previous years, Hakea had a local policy which ensured that all new young offenders (20 years or younger) or repeat young offenders (up to 21 years) were automatically placed on the Department's At-Risk Monitoring System (ARMS). This meant that they spent at least their first night in the crisis care unit (CCU), guaranteeing a minimum level of staff interaction and a higher level of support in their first days of adult custody.

This order was revoked in November 2020, and there is now no longer a separate practice for the treatment of newly received young prisoners. Instead, new and repeat young offenders are placed in the orientation unit and processed like any other prisoner. The only difference we identified was that the unit files made up in reception (manila folders containing paperwork) are a different colour for new young offenders, which makes them easy to identify.

1 We acknowledge that COPP 4.1 – Remand Prisoners came into effect on 11 October 2021.

## EARLY DAYS IN CUSTODY

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Regardless of the change in policy, in the first six months of 2021, 30 per cent of new young offenders were placed on ARMS upon entry to Hakea. The majority of these had some history of self-harm or suicidal ideation. Positively, referring staff acknowledged the age of the prisoners and their subsequent vulnerability.

Young prisoners also appeared to transition through the orientation unit quickly. From January to June 2021, they spent an average of two and a half days in Unit 2 (orientation) before being placed in a mainstream unit. Prisoners we spoke with said they were provided with little assistance from officers while in orientation, and instead relied on other prisoners and peer support workers to find their way. This may further increase the vulnerability of new young offenders. And while there did appear to be some effort made to place new young offenders with family and friends, placement was not guaranteed.

New young offenders were not being routinely referred to a Prison Support Officer (PSO) during the orientation process. The orientation checklist includes a trigger for the orientation officer to refer the prisoner to a PSO if the prisoner is a young or first-time offender. However, this was not set out in policy and of the 16 new young offenders at Hakea on 1 July 2021, only six were referred to a PSO during their orientation. We urge Hakea's management to reconsider their management of new young offenders, particularly in regard to their placement and contact with support services.

### **Recommendation 1**

Reintroduce arrangements at Hakea for new young offenders, including a specific assessment of their risk and vulnerability, automatic referrals to support services, and an extended period in orientation.

# Chapter 4

## DUTY OF CARE

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### 4.1 ACCESS TO LEGAL REPRESENTATIVES AND RESOURCES, AND ATTENDANCE AT COURT

#### **Legal appointments and court appearances were managed appropriately**

As a remand prison, Hakea manages a high number of movements between prison and court. Well-established processes were in place to ensure that these were smooth and efficient, covering handover between prison staff and the prisoner transport contractor, and appropriate management of legal paperwork such as bail papers and warrants.

Courts are increasingly using video-link as a more efficient and less disruptive way to allow court appearances for people remanded in custody. As such, Hakea facilitates a high number of court appearances via video-link. At the time of our previous inspection in 2018, a new video-link facility was under construction, replacing the old facility that we had previously criticised as well outside its safe working capacity (OICS, 2016, p. 55) and dangerous, noisy and no longer fit for purpose (OICS, 2019, p. 7).

The new purpose-built facility opened in December 2018, providing a much safer and more decent environment for staff and prisoners. The building is modern, spacious, and was designed in consultation with video-link staff. There were enough video-link terminals and holding room spaces to comfortably accommodate demand. In fact, court activity had dropped, meaning the number of video-links Hakea was running had dropped from 80–100 per day to 50–60 per day.

The official visits area manages in-person, telephone, and video appointments with lawyers, police, community corrections staff, and other official visitors. It is a very busy area, and unlike the video-link facility, it had not benefitted from an infrastructure upgrade. Despite the limits of infrastructure and resourcing, the official visits area was managed well by experienced staff.

### 4.2 BULLYING AND VIOLENCE REDUCTION

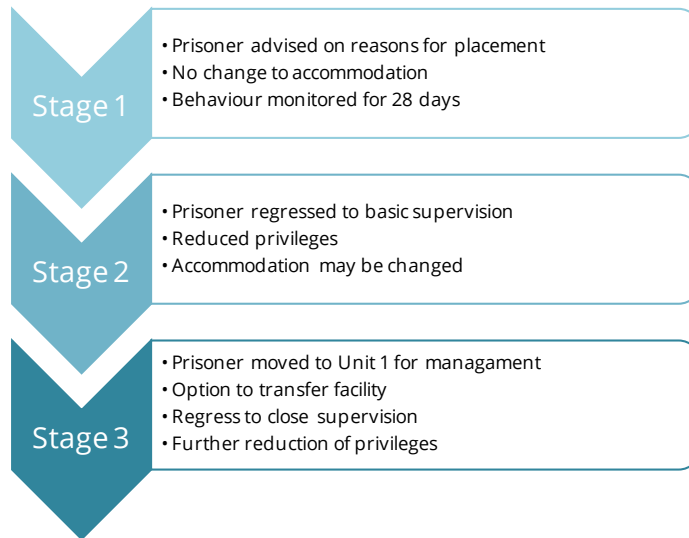
#### **Hakea's anti-bullying policy was rarely applied**

In response to the Department's new COPP 10.6 Anti-bullying, Hakea introduced a three-stage regime to manage bullying among prisoners. Depending on the severity of allegations, a prisoner may be placed on the regime at any of the three stages. They may then be progressed or regressed according to their ongoing behaviour.

COPP 10.6 also states that prison staff and/or service providers should apply targeted interventions to address bullying, such as discussions with Psychological Health Services (PHS), PSOs or coaching with staff. However, we heard that none of the nominated staff groups at Hakea had received any relevant training or otherwise to support such interventions.

## DUTY OF CARE

**Figure 5: Hakea's anti-bullying regime**

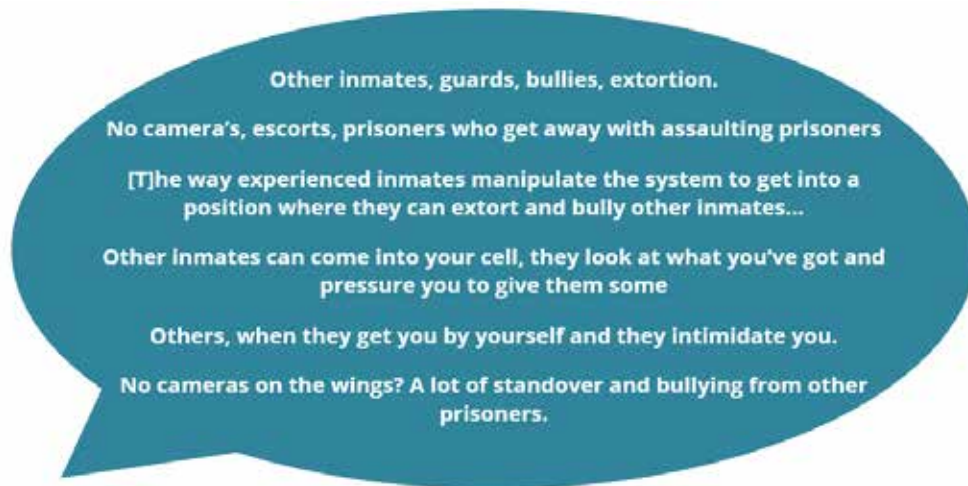


Anecdotally, standover and bullying was common. Our pre-inspection survey found that 42 per cent of respondents did not feel safe at Hakea. This compares poorly to the state average of 20 per cent. When asked what makes them feel unsafe at Hakea, survey respondents noted bullying and standover as a common reason.

It was concerning then, to find that only one prisoner was being managed on Stage 1 of the anti-bullying policy. This may indicate that instances of bullying and standover are going unobserved and unreported. Many unidentified assaults, and unexplained injuries, could be the result of bullying. Due to ongoing staff absences, prisoners are frequently locked in their wings, with fewer staff patrols. Furthermore, we were told that the anti-bullying policy was not widely used at Hakea because it was considered a poor fit for the prison. This is troubling. It is incumbent on prisons to follow departmental policy regardless. We urge Hakea's management to make greater efforts to address bullying behaviours early, and thereby prevent their escalation.

## DUTY OF CARE

**Figure 6: Prisoner survey: comments on why they don't feel safe at Hakea**



### 4.3 VICTIMS OF TRAUMA OR ABUSE

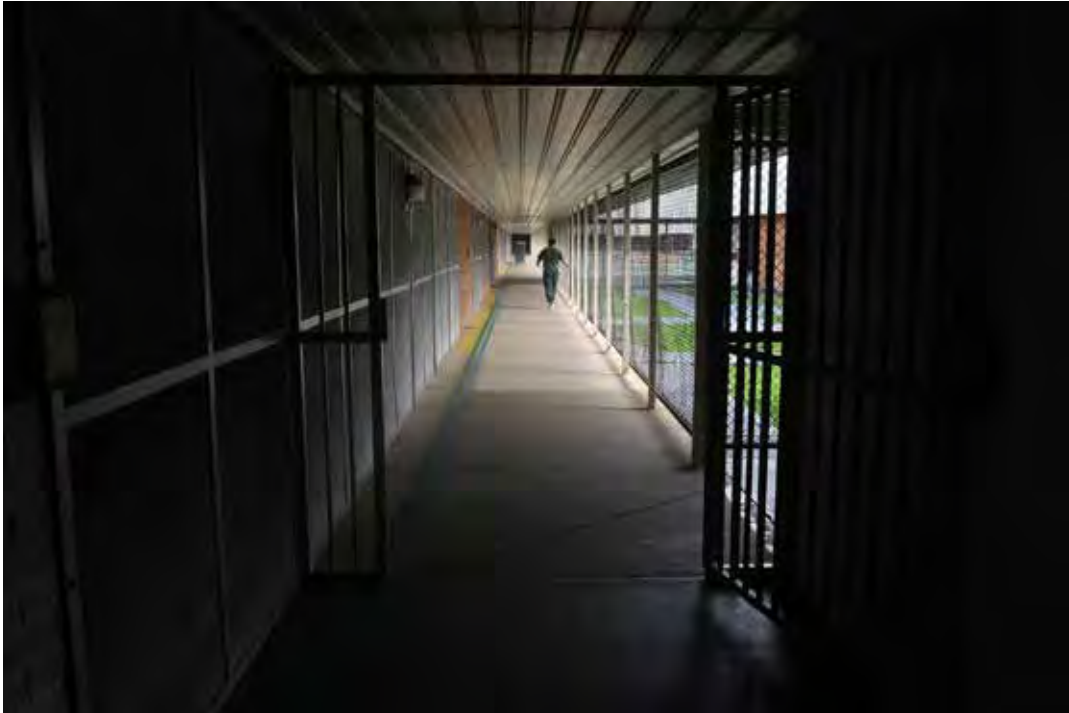
Hakea is a challenging setting for trauma-informed care

Many prisoners are victims as well as perpetrators. Many have experienced trauma, and as a result the rates of post-traumatic stress are typically higher in the incarcerated population than that of the community. Histories of self-harm are particularly common in prison populations, where risk factors for self-harm, such as a history of childhood abuse, mental health conditions, or alcohol and other drug use disorders, are also more prevalent than in the general population (Stewart, 2018; AIHW, 2019). People who have experienced such distress in their lives are furthermore vulnerable to mental illness and homelessness. The environment at Hakea can be particularly challenging for these individuals.

Prisons are challenging settings for trauma-informed care. Overcrowding, loud noise, violence and standover, lack of privacy, searches and isolation are all unavoidable triggers for victims in this setting. During our inspection we observed the significant distress one man was experiencing following placement in an observation gown and cell. He referred to previous trauma he had suffered as a child, and how triggering this placement was. We observed that the staff responded to this man's distress commendably in this instance.

## DUTY OF CARE

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**Photo 2: Corridor adjacent to Hakea's Unit 1**

Despite this, our inspection found that Hakea's staff group did not generally have a good understanding of trauma-informed care. In the lead up to the inspection we had heard that management were putting a greater emphasis on a trauma-informed approach to prisoner management, but unfortunately this was not borne out in our conversations with custodial officers. We would support any efforts on Hakea's behalf to introduce training for staff on a trauma-informed approach to prisoner management.

### 4.4 FOREIGN NATIONALS

#### **Foreign nationals felt isolated and lacked information on possible deportations**

Prisoners of foreign nationalities were not routinely placed in the same wing or unit. Some prisoners told us they had requested to be placed near others from similar cultures, but the request is rarely, if ever, granted. As a result, they felt isolated.

Prisoners who were at risk of deportation did not receive any information about relevant immigration processes, and nor were they aware of how they could get information should they need to. In August 2021, there were 15 identified prisoners at Hakea at risk of deportation. All but one were already sentenced. Eleven had received terms greater than 12 months, which made them eligible for visa cancellation. On average, these prisoners had lived in Australia for 20 years. Six had lived in Australia for more than 25 years, and three arrived more than 45 years ago. All were now facing visa cancellation and return to their country of citizenship.

## DUTY OF CARE

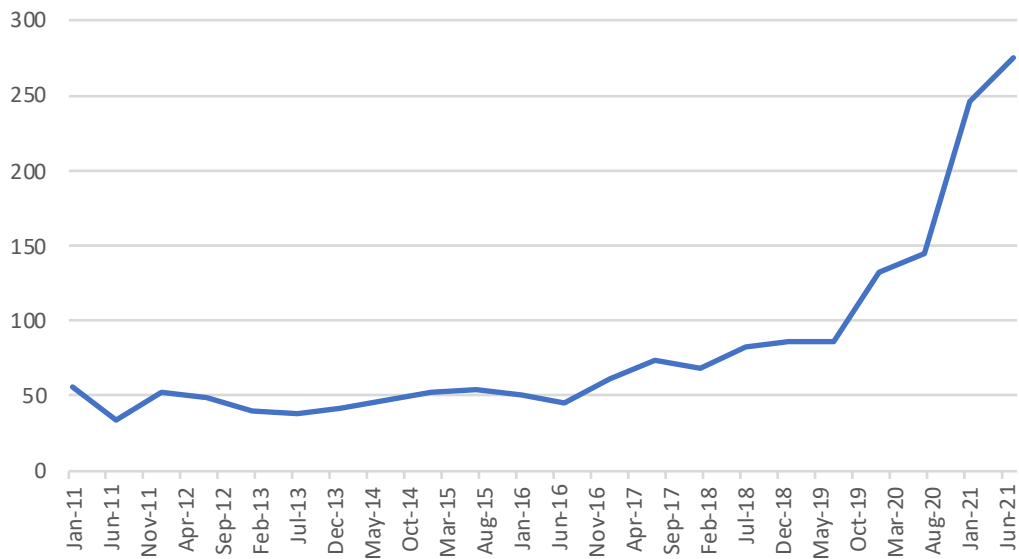
However, the determination of their immigration status was unlikely to occur until around a month prior to the end of their sentences. This left them in a kind of limbo. In Western Australia, prisoners who are eligible for deportation are not permitted access to many of the services other sentenced prisoners are, including education and placement in certain treatment programs. The uncertainty of such a situation may add to the mental health burden of prisoners and cause undue stress for the prisoner's family. More should be done to support prisoners in this situation.

### 4.5 PROTECTION PRISONERS

#### The number of prisoners requiring protection is growing

In recent years there has been significant growth in the number of prisoners requiring protection. At Hakea, this cohort of prisoners was relatively stable for much of the past decade. However, between July 2018 and July 2021 it tripled, from 82 to 275.

**Figure 7: Prisoners with active protection alerts at Hakea Prison, 2011-2021**



The majority of growth in this cohort can be linked to the following three causes:

- newly arrived prisoners seeking protection;
- difficulty transferring protection prisoners out; and
- no consistent approach for the review or removal of protection placement.

Part of the recent influx at Hakea was due to the closure of Albany Regional Prison's protection unit, but this only accounted for approximately 40 prisoners in late 2020. The remaining protection population are either sentenced or long-term remand prisoners unable to be transferred to other facilities, or new remandees.

## DUTY OF CARE

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The number of new protection alerts activated at Hakea has increased considerably. For the six-month period between January and July 2021, there were 145 new alerts activated. For comparison, in 2018, there were only nine. This demonstrates a significant shift in the number of incoming prisoners requiring protection.

The increase in the number of protection prisoners has resulted in Unit 7 being converted into a second protection unit, reducing the number of mainstream units to four. The protection units at Acacia and Casuarina are near capacity, and we were told that Hakea receives pushback from regional facilities when seeking to transfer protection prisoners.

There was no consistent approach for the review or removal of protection placement. Hakea's relevant local order requires each protection prisoner to be reviewed weekly by the Unit Manager. However, during the inspection we found that understanding and practice was inconsistent. A new COPP governing the management of protection prisoners is currently under development and likely to be released around the end of 2021.<sup>2</sup> We look forward to its release and hope to see a clearer approach to the future management of the protection cohort.

### **The new protection precinct will improve daily life if staffing can be assured**

The closure of Albany's protection unit in late 2020 prompted the development of Hakea's new protection precinct. Unit 6 has been the prison's protection unit for many years, and now the adjacent Unit 7 has been changed from the orientation unit, to a second protection unit. These units were the two original accommodation units from the CW Campbell facility, and already have their own supporting infrastructure. This made them an obvious choice for the development of a standalone precinct.

The intention of Hakea's protection precinct is to enable a greater degree of self-sufficiency and an improved quality of life for protection prisoners. Plans are underway to develop a satellite medical centre, and a gymnasium was completed in November 2020. The inclusion of these facilities will offer greater access to recreation and health services and reduce the need for resource intensive escorts. However, staff absences have meant that the gym has only been open a handful of times since its completion. The success of the precinct will depend on Hakea's ability to staff these services on a regular basis.

### **Inconsistent management of the protection units was impacting prisoners and staff**

The two units in the new protection precinct are not run in a consistent manner. The two units were staffed by longstanding staff groups, and the change from orientation to protection saw Unit 7 staff managing a very different kind of prisoner. During the inspection we heard that the differing approaches were a cause of tension and resulted in the units operating independently of the other, with different rules, practices and expectations. This is neither desirable nor sustainable.

<sup>2</sup> We acknowledge that COPP 4.10 Protection Prisoners came into effect on 28 December 2021.



## DUTY OF CARE

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For the protection precinct to function effectively it must operate with a single vision, purpose and method. Prison management acknowledged there were cultural differences between the units, and were considering ways to address it. We will continue to monitor this situation and hope to see more alignment between the units in our future visits.

### **Protection prisoners have less access to programs**

In the first half of 2021, protection prisoners were enrolled in substantially fewer programs than those residing in mainstream. This reflects our pre-inspection survey findings, which indicated that protection prisoners did not believe they had equal access to education and programs.

This issue is compounded by a greater need for programs within the protection units. There is a larger proportion of sentenced prisoners in Hakea's protection units (nearly one third), than in the mainstream units (between 11 and 19%). Sentenced prisoners in Units 6 and 7 are more disproportionately affected by a lack of programs, and many told us that their inability to access treatment programs was likely to affect their chances of parole. The development of the protection precinct offers Hakea the opportunity to offer a greater array of services to protection prisoners than they have seen in the past. We would hope that the provision of programs, particularly for sentenced prisoners, will be a consideration for the future.

### **Hakea is not well equipped to house older prisoners**

Hakea's protection units hold some of its oldest and most infirm prisoners. In July 2021, Hakea held 77 prisoners older than 50, of whom 48 per cent were in Units 6 and 7. This includes 19 prisoners aged over 60, and nine who were over 70. These numbers have increased slightly since 2018, in line with an increasing trend of older people entering prison on sex offences. A review conducted by our office on older prisoners in Western Australia found that these numbers are expected to increase (OICS, 2021). The review also found that Hakea was not prepared for an ageing population and did not have specific placement options for older and infirm residents.

We observed several elderly and wheelchair bound residents across the two units, including an 82-year-old who was too frail to leave his cell and was waiting to receive a wheelchair. Elderly prisoners were accommodated within line of sight for officers in the control room, however, the units have limited wheelchair accessibility. We observed several wheelchair users being assisted across poorly accessible footpaths, and over small raised steps around the units. Areas including pathways are also prone to flooding in winter.

Now that Hakea's protection precinct has been established and is under ongoing development, accessibility for older prisoners must be prioritised. This should include both access to wheelchairs and accessibility for wheelchairs, to ensure that infirm prisoners are able to maintain a decent quality of life.

## DUTY OF CARE

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However, it must be noted that this issue is not isolated to the protection units. We found that Hakea does not have any cells or accommodation options that offered the kind of space or aids that a person in a wheelchair would require. In the course of the inspection we encountered a prisoner in a wheelchair who was unable to shower himself in his cell or unit. Instead, he had to go to reception and use the shower there. Due to low staff numbers, he was often unable to find an officer to escort him, and as such was only able to access the reception shower once or twice a week. This is completely unacceptable. The Department must allocate funds to Hakea to enable the creation of allocated disability cells, to support the needs of the ageing and infirm prisoner population.

### **Recommendation 2**

**Renovate a number of cells at Hakea to support the living requirements of elderly, infirm and disabled prisoners.**

## 4.6 SHARED CELLS

### **Most of Hakea cells cannot accommodate people in decent conditions**

Population pressures continue to make single cell allocation a challenge at Hakea, despite a fall in numbers (939 compared to 1,146 at our 2018 inspection) (OICS, 2019, p. xvi). Every standard cell in the prison has been double-bunked, despite many being smaller than the recommended size for a single occupant. Departmental records indicate that the average time out of cell per day for a Hakea prisoner is approximately nine and a half hours. This leaves over 14 hours per day locked in a cramped cell with another person.

Most cells lack storage for personal property, and many contain ligature points. Most have shared in-cell toilets and some have in-cell showers, without privacy screening for either. This is degrading and inappropriate, both from the perspective of decency and public health. It is certainly not appropriate for new, vulnerable, and possibly volatile prisoners.

### **Shared cell placements were made with minimal assessment of suitability**

Hakea undertakes the standard placement assessments in line with departmental policy. One relates to a prisoner's suitability to be placed on an upper bunk, while the multiple cell occupancy risk assessment determines a prisoner's suitability to share a cell. It takes into account each prisoner's mental health and psychiatric history, and may result in a prisoner being found unsuitable to share a cell.

Just prior to our inspection, 38 prisoners at Hakea had been designated a Not to Share alert. Two of Hakea's prisoners with a Not to Share alert were being held at the Frankland Centre at the time of the inspection. However, the alert may also be applied to those who have been allocated use of a computer in preparation of their legal defence. This alert therefore is only applied to those with a very specific set of circumstances.

## DUTY OF CARE

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Most prisoners follow a different path. Once they have been through orientation, their name is placed on a list which is emailed out to control officers in other units. If a unit has spare beds to be filled, they consider the prisoners on the list and can select them for placement.

We were told that the officers consider issues such as the age, ethnicity, and family of prisoners before selecting and allocating them a placement. But this was an informal process undertaken by unit control officers, in an ad hoc manner and without oversight. There was, at this stage, no formal process to determine the suitability or compatibility of individual prisoners to share a cell. There was no formal practice of accommodating prisoners together based on Aboriginality, region, ethnicity or nationality. Nor was any specific area designated for new young offenders. Instead we heard that officers preferred to minimise disruption in the units. As such, prisoners of the same ethnicity might be accommodated in the same unit, but cell mates were not displaced to allow a preferable placement for a new prisoner.

# Chapter 5

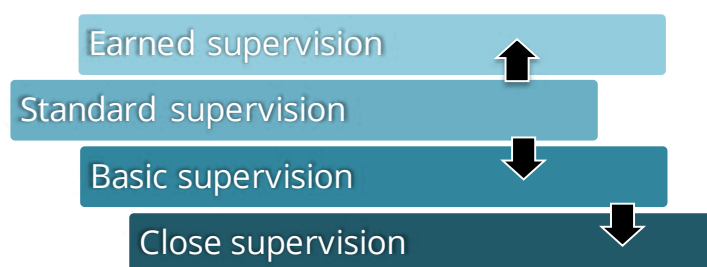
## MANAGING BEHAVIOUR AND SECURITY

### 5.1 ENCOURAGING POSITIVE BEHAVIOUR

#### Hierarchical management structures were in place despite infrastructure limitations

In West Australian prisons, a hierarchical system of privileges and supervision levels provides staff a valuable prisoner management tool. The system rewards prisoners who demonstrate continuing good standards of behaviour, and sanctions those with poor behaviour. The four supervision levels are:

**Figure 8: Supervision levels established by Policy Directive 3: Hierarchy of Prisoner Management Regimes**



Prisoners are granted standard supervision upon intake, on the presumption of good behaviour. This is where the majority remain. Standard supervision prisoners resided in general living units across Hakea.

Earned supervision status may be granted to prisoners who gain employment and demonstrate prolonged periods of good behaviour. At the time of our inspection, 14 per cent of men at Hakea were on earned supervision status. In other West Australian prisons, earned supervision prisoners would be considered for placement in self-care accommodation. However, due to infrastructure limitations, Hakea cannot offer self-care. Units 5 and 8 have sections identified as semi-self-care accommodation, which provide some incentives for prisoners, including a higher standard of accommodation and larger cells.

Close supervision regimes are used to maintain the good order and security of a prison, by temporarily removing a prisoner from the mainstream population. This is typically done in response to continued acts of violence or serious non-conformist behaviour. Six men were being held in Unit 1 on close supervision regimes during the inspection. Prisoners on close supervision will remain so until the reason for placement is no longer relevant or the prisoner's behaviour improves.

In instances of poor or inappropriate behaviour, prisoners may be regressed to basic supervision. This results in a reduction of privileges for a specified period, or until their behaviour improves. Prisoners on basic supervision typically remain in their own cell where possible. Only two prisoners at Hakea were on basic supervision at the time of the inspection.

## MANAGING BEHAVIOUR AND SECURITY



**Photo 3: A earned supervision cell in Hakea's Unit 8**

### Relationships between staff and prisoners were mixed

Relationships between staff and prisoners varied considerably at Hakea. We heard about or witnessed both concerning and encouraging examples of interactions between the two. Our pre-inspection survey of prisoners found that results at Hakea compared poorly to the state average.

**Table 1: Hakea pre-inspection survey of prisoners (those that answered 'good')**

At Hakea, how well do you get along with:	2021	State average
VSOs	41%	51%
Unit officers	54%	61%
Prison management	32%	40%
Other staff	42%	57%

The survey also indicated that only 25 per cent of responding prisoners felt they were treated with dignity. This is considerably lower than the state average of 40 per cent. As we found in our 2018 inspection, the increased redeployment of staff has a negative effect on relationships between staff and prisoners. It affects the development of relationships between the two groups and levels of daily interaction, and therefore the flow of information and intelligence from prisoners to staff.

## MANAGING BEHAVIOUR AND SECURITY

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It is also fair to acknowledge that as a primarily remand prison, Hakea will have a higher proportion of prisoners who may be unsettled or volatile so these results could be influenced by factors such as this.

Positively, 94 per cent of staff rated it 'important' or 'somewhat important' that prison officers have a role in the rehabilitation of prisoners. During our inspection we witnessed some good examples of supportive communication and management techniques from staff working with vulnerable and at-risk prisoners.

Each unit at Hakea runs differently, with its own staff group, culture, expectations and practices. This seemed to be a result of the fixed rosters that allowed staff to develop their own ways of doing business. There are both positive and negative implications of allowing unit management so much autonomy. On one hand, it provides greater day to consistency for both staff and prisoners. On the other, such differences make it hard for both prisoners and staff to move between units.

### 5.2 PUNISHMENT AND DISCIPLINARY PROCEEDINGS

#### **A lack of punishment cells was delaying prison prosecutions**

As we have found in previous years, in 2021 there was a backlog of outstanding prison charges at Hakea. We inspected in July, there were still 30 charges dating back to 2020 that were yet to be heard.

Reasons for the delays included the frequent redeployment of the prosecutions officer, an insufficient number of punishment cells (six) and the impact of the COVID-19 pandemic. Additionally, we heard that some charges were delayed, as the prosecutions officer determines the order the prisoners are seen in. While there is no formal method of prioritising cases, they appeared to be ordered by time since the offence, the seriousness and type of offence, and date of prisoner's release. Charges that would require restitution were given priority, to allow prisoners as much time as possible to repay before their release.

Charges against protection prisoners were often held back until there was a critical mass to be heard in one session. This made it easier to manage the protection prisoners in front of the Visiting Justice, and within the punishment cells. However, this causes further delays.

Significant delays in the hearing of prison charges can be problematic. Officers do not feel supported in putting forward charges, and prisoners see no consequences for poor behaviour. Neither of these are good outcomes for the prison. We therefore urge Hakea's management to take what steps it can to support the prosecution of charges in a timelier manner.

### 5.3 USE OF FORCE

#### Improved oversight of use of force incidents

The use of force against prisoners has been an issue at Hakea for some time. In 2018, we found that use of force incidents were not always captured on camera, which posed a risk to both prison officers and prisoners. Prisoner survey results in 2018 showed that 50 per cent of respondents thought officers used too much force. Therefore, we recommended that the Department should introduce body worn cameras in high-risk areas of maximum-security prisons (OICS, 2019, pp. 53-54). The Department only noted this recommendation but did not provide any reasoning to support their stance (OICS, 2019, p. 71).



**Photo 4: Hakea's Unit 1 D wing, used for punishment and observation**

That same year, the Corruption and Crime Commission (CCC) released a report which identified issues around the use of force and reporting of such incidents (CCC, 2018). This led to several changes taking place within the Department around the use of force and how it is reported.

The Department and Hakea have improved formal processes by introducing Use of Force Review Committees, both at local and head office levels. In 2020, additional resources were also introduced at Hakea in order to address a significant backlog of use of force reviews. In 2021, we observed Hakea's Use of Force committee and found it to be conducted well, with good discussion, and lessons learnt practices.

## MANAGING BEHAVIOUR AND SECURITY

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### Improved video-recording would protect staff and prisoners alike

In 2021, our pre-inspection survey found that the number of prisoners who felt that officers used too much force was down to 41 per cent. And while this was an improvement on 2018 findings, it still compares poorly with the state average of 35 per cent. Hakea's Use of Force Committee relies on CCTV footage where and when it is available. However, we observed the review of several incidents where there was none. It is standard practice to have a hand-held video camera present during a planned use of force incident, but most are unplanned, and CCTV coverage is poor. The lack of video coverage presents an ongoing risk to the Department, its staff and the prisoners in its care.

During the inspection we witnessed incidents that would have benefited from body worn cameras or improved CCTV coverage. In one instance, a use of force was underway when an officer had to leave, collect a camera, and return to film the rest of the incident. In the meantime, the rest of the officers had to stay where they were, restraining the prisoner, until their colleague returned. This introduced unnecessary risk for both the prisoner and officers involved. Furthermore, having one officer filming increases the number of staff required to attend each incident. Given that staff numbers are already a contentious issue at Hakea, the use of lapel cameras would certainly prove beneficial.

In May 2021, we released the *Use of force against prisoners in Western Australia* review (OICS, 2021). This review found that CCTV coverage in many prisons is aging, poor quality and lacks audio. At Hakea, few areas are covered at all. Body worn cameras are an obvious solution that would increase safety, security and transparency. Further benefits include:

- de-escalation;
- increased transparency and accountability of incident reporting;
- ability to record evidence from interviews, incidents and cell searches;
- protection against allegations of misconduct and complaints; and
- use of footage for training purposes and identification of trends.

The use of force review recommended that the Department consider the potential for investment in body worn cameras and high-quality CCTV (OICS, 2021, pp. 19-20). The Department supported this, subject to funding and prioritisation of capital expenditure. Furthermore, it noted that it was drafting a budget submission to enhance the CCTV capability at Hakea, and was expecting a decision from the Expenditure Review Committee in June 2021 (OICS, 2021, p. 31). At the time of writing in October 2021, we had not been advised of a decision. Given the significance of this matter, and the potential level of risk that could be reduced, we must again reiterate our position.

### **Recommendation 3**

**Invest in body worn cameras and improved CCTV for high-risk areas of Hakea Prison and other maximum-security prisons.**



## MANAGING BEHAVIOUR AND SECURITY

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### 5.4 PROCEDURAL SECURITY

#### **The fence between Hakea and Melaleuca remains an unacceptable risk**

Since our first inspection of Melaleuca Women's Prison (then called Melaleuca Remand and Reintegration Facility) in 2017, we have consistently raised concerns about the inadequacy of the fence which separates the women's prison from Hakea. Melaleuca's two units used to be part of Hakea, but were sectioned off to create a new women's prison. The two prisons therefore share a single perimeter wall but internally are separated by a single fence line. The cyclone wire fence has a drum cowling at the top and razor wire at the base, leaving an uninterrupted view from Hakea's eastern oval onto the service entries of Melaleuca's administrative buildings. We concluded then that the fence line was not secure, and posed an unacceptable risk (OICS, 2018, p. 22). The Department did not support our recommendation to upgrade the fence, noting that potential access points had been mitigated by razor wire.

However, our concerns have only increased. During the July 2018 loss of control at Greenough Regional Prison, male prisoners broke into the women's unit and used power tools to access women's cells. This event was utterly traumatising for prisoners and staff alike, and heightened our concerns about the fence between Hakea and Melaleuca. We made a further recommendation to reduce the risk of Hakea prisoners entering Melaleuca following our last inspection of Hakea (OICS, 2019, p. 49), which took place in the days after the Greenough riot. The Department chose not to support this recommendation.

There have been two instances of Hakea prisoners breaching the fence line with Melaleuca. One took place while we were inspecting Melaleuca in 2020, giving us an uninterrupted view of the incident and the disruption it caused, as the prisoner paced along the drum cowling on the fence for around 90 minutes. We made a third recommendation to upgrade the fence, and ensure that all weaknesses were addressed (OICS, 2021). This was also not supported, though additional patrols, roof ascending mitigation strategies, and detection systems were cited in the Department's response.

Steps were taken to mitigate fence ascents after each of these incidents. Additional razor wire has been added to prisoner access points, which should prevent future incidents from occurring in the same manner. We have also been advised that a security consultant was engaged to provide a comprehensive report on the state of Hakea's perimeter security and security management systems, with the hope that this would support a business case for the funding of future security upgrades. We understand that this report was likely to be delivered by the end of 2021.

Nonetheless, we remain concerned that the Department has chosen not to address our concerns regarding visibility between the facilities, and the potential that access to Melaleuca could be gained in the event of a loss of control at Hakea. We also note that in response to our latest recommendation, the Department noted that:

## MANAGING BEHAVIOUR AND SECURITY

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Visibility from Hakea across into Melaleuca is into non-prisoner areas and has no visibility onto any Melaleuca prisoner facilities.

This may be the case, but staff from Melaleuca are frequently in the area, and female staff have been subjected to inappropriate behaviour from Hakea prisoners (OICS, 2018, p. 23). The Department has a duty of care to protect its staff and prisoners alike, and the ongoing risk posed by the fence line must be mitigated.

We recently conducted an inspection of Greenough Regional Prison and observed the significant works that have been done on site following the 2018 loss of control. In response to the male prisoners' breach of the women's unit, \$12 million was allocated to fortify and develop the unit into a standalone precinct. The new fence is significantly more secure than both the previous fence, and the fence that separates Hakea from Melaleuca.

Greenough's new internal fence is over four metres high and makes it impossible to look from one section of the prison into the other. Its base is a solid 1.2 metre concrete plinth, with a 3.57 metre anti-climb mid-section, topped by a section of pulse energised wires. The energised wire strands deliver non-lethal volts of three varying stages – 7,000 volts, 13,000 volts and 20,000 volts. They cannot bear the weight of an adult and will collapse if climbing is attempted. There is signage warning that it is electrified.

This new fence at Greenough is a formidable deterrent. The internal fence at Hakea however, has visible weak points and has been proven to be scalable. It poses an unacceptable risk to the staff and prisoners of Melaleuca, and to the Department's reputation. The Department's response ought not be limited to only funding and installing such deterrents in response to serious security breaches. There must also be a capacity for proactive action to prevent them.

### **Recommendation 4**

**Upgrade the fence between Hakea and Melaleuca to rectify identified weaknesses.**

## 5.5 SEARCHES

### **The gatehouse remains outdated, but some processes had improved**

For many years we have raised our concerns about the design and functionality of Hakea's gatehouse. It is too small for the volume of traffic that passes through at peak times, the layout is ineffective, and the outdated design prohibits the introduction of technological improvements (OICS, 2019, p. 47). Addressing these issues would require significant resources and disruption to business.

Gatehouse searching had improved since our last inspection, but some issues were identified. Procedures for the walk-through metal detector were followed well for visitors, with respectful searches being undertaken. Observations of the gate staff throughout the inspection found them to be very professional and they were seen to speak to visitors in a polite and respectful manner.

## MANAGING BEHAVIOUR AND SECURITY

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Staff searches were sometimes dismissed, depending on how busy the gatehouse was or which officer was responsible for the searches. However, the majority of officers were vigilant and stuck to procedures. The walk-through metal detector which alarms periodically and indicates for the person walking through the detector to be searched was adhered to by gate staff. Those people were taken to a room on the side of the gatehouse and searched. This procedure was conducted well and those being searched accepted the process.

However, the same walk-through metal detector was ignored many times when alarming to indicate the presence of metal. Some staff did not even bother to take off their utility belts and other items that would trigger the alarm. When the alarm went off, no gate staff reacted, and staff could continue through with no explanation of why the alarm sounded.

### The strip-searching process had changed

Throughout the inspection process we heard that the strip-searching procedures had changed. Prisoners were no longer required to squat, presumably to protect the dignity of the individual. Many officers felt that this was a mistake that would allow prisoners to secrete contraband.

In 2019, we released a review of strip-searching practices in Western Australian prisons (OICS, 2019). The review made a number of key findings, including that:

- Strip searching is ineffective.
- Strip searching is harmful.
- Modern technology provides viable alternatives.
- Reducing or eliminating strip searching at certain prisons has not increased the entry of contraband (OICS, 2019).

Nonetheless, we are aware of several incidents at Hakea where a prisoner had possession of contraband after being strip searched. In one case, this had enabled a prisoner to start a fire in their cell after secreting a cigarette lighter.

In such instances, the introduction of improved technology would assist with such dilemmas. Walk through metal detectors are already in use at Hakea's gatehouse and reception, and while their applications are limited, they assist with the preservation of both safety and dignity for staff and prisoners alike. The Department should continue to explore technologies that could assist with detecting internally secreted contraband.

### **Recommendation 5**

Explore current and emerging technologies with a view to implementing enhanced processes for the detection of secreted items while reducing reliance on strip searching.

## MANAGING BEHAVIOUR AND SECURITY

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### 5.6 SPECIAL HIGH-SECURITY MANAGEMENT REGIMES

#### **Unit 1 is managed well in challenging circumstances**

Unit 1 is Hakea's punishment and management unit. In 2021, we found that it was being managed well despite inadequate infrastructure, a challenging cohort of prisoners and numerous concurrent regimes. Prisoners on a close supervision or punishment regime are permitted one hour out of their cell each day, but are not permitted to mix when doing so. The daily schedule of the unit must be tightly managed to ensure that all prisoners receive their entitlements in a safe and secure manner.

As the prison's management unit, there is a level of instability and unpredictability that Unit 1 officers must manage. But there are also several long-term residents in Unit 1, and officers did what they could to provide them with greater access to recreation and out of cell hours where possible.

In previous years we have held concerns about the culture and management of Unit 1, but at the time of our 2021 inspection this was not the case. The staff had a good working knowledge of the various regimes they were managing. They were confident in their management of their prisoners, who had complex needs and were at times were highly volatile. Prison management acknowledged that there had been a positive change in the culture of the unit's staff, and there was a wait list of officers who had applied to work there. This is a very positive development at Hakea and one we will continue to monitor.



**Photo 5: Unit 1 D wing, exercise yard**

# Chapter 6

## DAILY LIFE

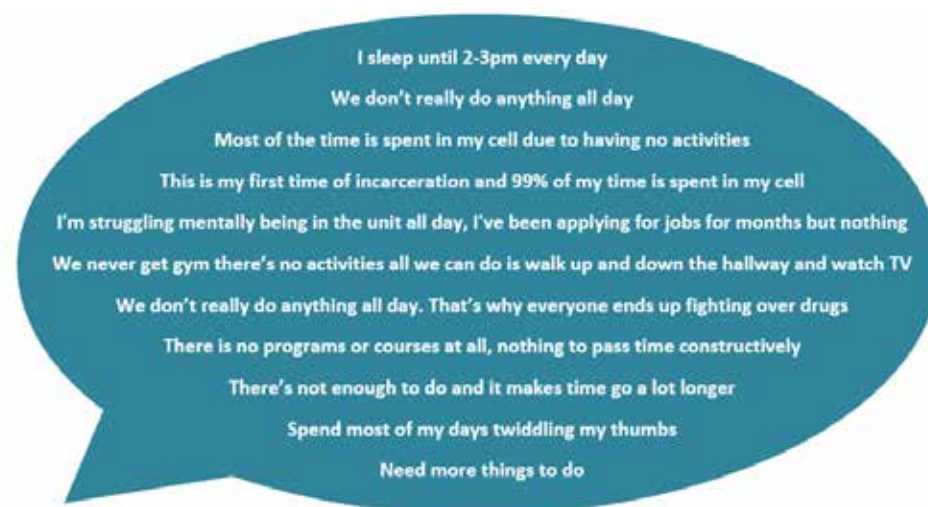
### 6.1 REGIME

#### Hakea does not offer enough purposeful activity

Our revised inspection standards state that a prison’s regime should be purposeful, maximise time out of cell and minimise the difference between life in prison and in the community (OICS, 2020, p. 18). The structured day at Hakea however, does not offer prisoners enough purposeful activity to keep them busy or occupied. Ordinarily, this gap would be filled by way of education, employment, programs, or organised recreation, but there were limited offerings in all of these areas.

Seventy-four per cent of prisoners surveyed prior to the inspection felt that they did not spend their time on useful activities. As a point of comparison, our latest survey of prisoners at Albany Regional Prison returned a response of only 34 per cent. Hakea prisoners also rated their quality of life as 3.96 out of 10, which compares poorly to state average of 5.02. Prisoner comments from the survey on the amount of useful activities at Hakea were largely negative. In particular, they pointed to the lack of education, programs, employment and recreation options.

**Figure 9: Prisoner survey: comments on useful activities at Hakea Prison**



As a receival prison, Hakea has traditionally held prisoners for short terms of imprisonment, before they were either released or moved on. This meant that longer term education, employment and program options were impractical, and as such the prison does not offer them. However, this scenario is becoming less and less relevant for Hakea, which consistently holds around 200 sentenced prisoners, as well as many long-term remand prisoners.

Our inspection found that the lack of services at Hakea was being further compounded by the redeployment of staff. This makes the provision of services unpredictable, as duty officers and VSOs are among the first to be redeployed. Without these staff, recreation, education programs, and many areas of employment cannot run. This situation is increasingly untenable. The Department should support Hakea to provide a more fulfilling and purposeful regime.

### 6.2 LIVING CONDITIONS

#### Hakea manages COVID-19 risks well

COVID-19 containment has been a major priority for the Department. Early in 2020, it initiated a dedicated COVID-19 Taskforce to address the challenges of the pandemic. Experience overseas has shown the devastating impact COVID-19 can have inside prison systems, where social distancing is not feasible and hygiene standards can be compromised. The taskforce developed a traffic-light system linked to the state government alert status, which determines what prison operations need to be altered and for how long.

Receiving prisons are particularly high-risk, and Hakea is the busiest receiptal prison in the state. Therefore, infection detection and prevention measures at the prison must be reliable. Robust procedures were developed and implemented, relating to:

- prisoner handover at reception;
- health screens and testing;
- use of PPE and sanitisers; and
- isolation protocols.

One unit wing has been set aside for isolation, while those determined to be at risk are placed under observation in the CCU. A further two wings throughout the prison are on stand-by should they be required. Among the thousands who entered Hakea in the 15 months prior to our inspection, around 600 were placed in isolation, either for:

- breaching COVID-19 restrictions;
- showing respiratory symptoms on arrival; and
- recent contact with a positive COVID-19 case.

Those in isolation receive their standard entitlements, including use of phone, and time out of cell. We were informed that release from isolation was tailored to the individual's circumstances following repeated negative tests, for example on days three and 11.

Prisoners who show flu-like symptoms are typically isolated to their cells, which has proven effective in minimising flu transmission. Prisoners were offered the influenza vaccine in May 2021 and were also encouraged to apply for a COVID-19 vaccination. Flu vaccine uptake at Hakea was low (around 25%), but by July 2021, at least 50 per cent of prisoners had received their first Pfizer vaccination.

To date, Hakea has had no COVID-19 positive cases. This is a credit to the Department. It is also extremely fortunate, given the state of crowding, poor hygiene and inadequate infrastructure that we found at Hakea.

## DAILY LIFE

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### **Hakea's prisoners are still crowded into unfit cells**

The majority of cells at Hakea are around 5.1 m<sup>2</sup> in size – the smallest cells in the state. The Australasian standard guideline for a single plumbed cell is 8.75 m<sup>2</sup> (Corrective Services Victoria, 1990). However, all cells at Hakea (bar those designated for crisis care, management or punishment) have had an additional bunk added. Even the largest cells at Hakea (10.75 m<sup>2</sup>) do not meet the standard for a plumbed cell for two occupants (12.75 m<sup>2</sup>). And despite a fall in population, around two-thirds of the cells at Hakea were still shared.

The design and condition of the cells are poor. Many lack decent furniture like desks, chairs, shelving, or window coverings. Some windows were covered by torn sheets, towels or blankets. Most cells have an uncovered, unscreened toilet located one to one-and-a-half meters from the beds.

Crowded prisoner accommodation has many effects. Prisoners lack privacy and personal space, leaving little opportunity to study, read, write or simply get a moment of privacy. Access to all amenities, including phones, television, toilets and showers must be negotiated. We heard complaints about, and often observed, prisoners smoking with impunity in cells and wings in the units. Crowded units are tense, and more prone to bullying and conflict.



***Photo 6: Many cells lack adequate furniture and shelving***



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**Photo 7: Uncovered toilets are located close to beds**

### Hygiene in the units was poor

In the older units, meals are served from trolleys in the narrow corridors. Men line up with their plates while officers observe to ensure that the dish up is fair. With cells doubled up, the day rooms in all the original units are too small for all prisoners to eat together, so most return to their cells. However, with the cells lacking sufficient chairs and desks prisoners have little option but to eat either sitting on their beds or standing.

The day rooms include a few tables with benches, a fridge and small kitchenette. We found that the day rooms were poorly cleaned. Food residue, crumbs and grime were visible on the walls, floors and surfaces. Cleaning in units is the responsibility of prisoners but overseen by unit staff. The cleaning products prisoner cleaners have access to are generally diluted due to security concerns. Nonetheless, they appeared to do a good job cleaning ablutions, cells and corridors, but less well in the day rooms and yards. Regular, externally sourced spring cleaning using better equipment and solvents would prove beneficial.

Rat droppings were visible in many locations, including the accommodation units, and rat sightings were commonly spoken of by staff and prisoners alike. Rats were a particular issue in the area where breakfast packs were made, but steps had been taken to address this issue. Prison management had also commissioned a pest company to install baits throughout the facility on an ongoing basis. But because of objections from staff, these had to be installed in roof cavities, rather than in yards and day rooms (we were told that officers refused to deposit and collect the baits over the night shift) and thus were less effective.



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**Photo 8: The sink area in a unit dayroom at Hakea**

Despite these challenges, Hakea did not have a systemic approach to environmental health and hygiene. For a facility the size and accommodated population of Hakea, an ongoing preventative cleaning and maintenance schedule should be considered. To ensure compliance, dedicated resources should be allocated to oversee maintenance of environmental health standards.

### **Recommendation 6**

Resource and implement systemic management of environmental health at Hakea, including oversight of cleaning, food storage and service, and pest control.

## 6.3 CLOTHING AND BEDDING

### **Prisoners were still not getting enough clean clothes**

In 2018, we found that prisoners were not getting sufficient clean clothing. We recommended that Hakea ensure prisoners had a clean set of clothing every day, but this was not supported by the Department. It is somewhat unsurprising then to find that in 2021 processes related to clothing were unchanged, and prisoners were still dissatisfied with the clothing available. Only 30 per cent of surveyed prisoners felt that the clothing supplied was good, and only 32 per cent of staff surveyed felt that the prisoner access to clothing was acceptable.

We found that laundry practices were satisfactory. The laundry operates six days per week, and dirty clothes were washed, dried and returned on the same day. However, prisoners

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were only ever issued with two sets of clothing at a time. Each unit has a clothing exchange, where prisoners can swap their dirty clothes for clean, but not all were open daily or even every second day. Prisoners were not given additional sets of clothing for exercise or for many workplaces, and so were often left with only dirty clothes to wear while they waited for the clothing exchange to open again.

Prisoners are not able to keep the same set of clothing, including underwear. And while laundry processes are sufficient to ensure this practice is hygienic, most found this undignified and distasteful. Many prisoners tried to wash and dry underwear in their cells, both due to the wait times between exchanges and in an effort to keep their 'own.' But without proper facilities this was not feasible.



**Photo 9: Clothing storage**

### 6.4 FAMILY AND COMMUNITY CONTACT

#### **Improved access to telephones and e-visits was very positive**

When the COVID-19 pandemic hit in 2020, social visitors were not permitted to enter prisons for several months. In order to mitigate this loss of family and social contact, the Department installed e-visit terminals in prisons across the state. At Hakea, 28 e-visit terminals were installed in the visits centre. Unfortunately, bandwidth limitations mean that a maximum of only 20 can be used at any one time. The prison runs one e-visit session every weekday, and interstate and international e-visits are facilitated in the video-link building as required. This has been a very positive development, particularly for those prisoners whose families live far away and are unable to visit in person.

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Furthermore, we were pleased to find that a second telephone had been installed in each wing of the prison. This considerably improved access for prisoners, and addressed our previous concerns regarding increased tension in the units (OICS, 2019, p. 22).

### Daily visits for remand prisoners were not possible

*Prisons Regulations 1982 (WA)* (Reg. 56) provide that remand prisoners are entitled to daily visits from family and friends. However, Hakea cannot possibly achieve this, as its population is now too big for its visits centre to accommodate.

The centre can hold a maximum of 38 prisoner visits per session, however this had been reduced to 30 due to COVID-19 restrictions. Visits are available seven days per week, with three sessions on weekdays, and four on weekends. This meant that even on weekends, the maximum number of prisoners who could have a visit was 120. With Hakea holding more than 700 remand prisoners, it was impossible for all to receive a daily visit. Access to visits was further limited by a complex visits matrix based on security alerts, which takes into account prisoner conflicts, gang affiliations, restraining orders and protection status.

Despite the obvious need to maximise capacity, the visits centre still has a large amount of unused space. In 2015, two new wings were added to the visits centre to increase its capacity, but the space has never been adequately used (OICS, 2019, p. 20). One of the new wings is filled with e-visit terminals, but space on the opposite side remained empty. It was surprising that, in the context of COVID-19 restrictions, the number of visit tables had been reduced to enable physical distancing, but the empty space was still not being fully utilised.

COVID-19 restrictions had also seen the closure of the children's play area. This made the hour-long visit sessions challenging for families with young children. Prisoners could bring snacks that they had purchased from the canteen for their visitors, but tea and coffee-making facilities were no longer available. Although perhaps understandable, these changes have left the centre appearing sterile and unwelcoming.

### A new process for visits bookings, but challenges remain

In 2018 we found that the telephone booking system for visits was problematic. The lines were extremely busy and long wait times common (OICS, 2019, p. 19). This inspection we found that in order to address this, Hakea had replaced the telephone booking system with an online booking form. And although there were many positives to this change, a number of challenges had arisen as well, including:

- Delayed confirmation of a visit (up to four days) due to security checks.
- The on-line booking was challenging for those who lacked computer skills and/or access.
- There were wait times of up to six days for new prisoners.

We heard that when online booking was first proposed, it was to operate in conjunction with telephone bookings to provide different booking options for visitors. This would certainly go some way to addressing many of these issues. The new system needs time to settle in but we urge Hakea's management to consider pursuing other arrangements if problems persist.

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### **ReSet provide a valuable service in the Family Visits Centre**

The Family Visits Centre outside the front gate of the prison is operated under contract by ReSet. Two staff provide crucial support and guidance to people visiting family or friends in prison. They were knowledgeable, patient, and compassionate, and we observed many positive interactions between ReSet staff and visitors. ReSet also offer welfare and financial support, and an onsite counselling service. ReSet also assists those who have just been released from Hakea. They can provide them with a telephone call, food vouchers, a bag or backpack to carry their belongings, clothes and toiletries.

The centre includes a children's play room, kitchenette, and computer, all of which may be used by visitors. ReSet staff were available to help visitors to complete the new online visits booking form or to make electronic deposits into prisoners' accounts.

### **The Aboriginal Meeting Place was not accessible to all**

Hakea has a brightly painted Aboriginal Meeting Place which offers shade and seating. However, its location and current movement restrictions mean that it is accessible to only one side of the prison. Furthermore, signage still suggests that it is out of bounds. For these reasons it does not compare favourably with other more usable meeting places, for example Bunbury Regional Prison's Kaya Link.

We heard that a second meeting place was being considered for the other side of the prison. We urge the Department to properly consult and fund this project, and in doing so to consider input from Elders, the AVS and PSOs, and Aboriginal prisoners.



**Photo 10: Hakea's Aboriginal Meeting Place**

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### 6.5 RECREATION

#### Recreation suffered from regular redeployments

In 2018, we found that recreation services at Hakea were dire. Redeployments and frequent lockdowns had severely restricted recreation, to the point where it had not functioned effectively for around two years (OICS, 2019, pp. 33-34). As a result, we recommended that Hakea should increase prisoner access to the oval and gymnasium. The Department supported this recommendation, noting that recreational activities continued to be a high priority (OICS, 2019, p. 70). However, in 2021, we found that although there had been some improvement, organised recreation was minimal.

There are four VSO Recreation positions at Hakea, with two rostered on most days. One of these positions was not filled, and another was frequently redeployed to cover staff absences. This was severely limiting the ability of recreation staff to offer organised activities, as well as prisoner access to recreation. This was reflected in our pre-inspection survey findings, which found that prisoners not only had a very poor view of recreation services, but that they had barely improved from the time of our last inspection.

**Table 2: Prisoner satisfaction with Hakea's recreation services, pre-inspection survey results responses with a 'good' rating**

In this prison, what do you think about:	2021	2018	State average
Amount of organised sport	19%	14%	38%
Gym	14%	14%	52%
Access to other recreation	14%	10%	34%

Furthermore, only 27 per cent of responding Hakea staff felt that prisoner access to sport and physical recreation was acceptable.

Hakea has two ovals, one for the east side and one for the west. But neither had been open for a month and half, and the prison's football season had been cancelled. The newly redeveloped eastern gymnasium had been reopened, but was rarely used due to recreation being unable to staff it. This effectively meant that protection prisoners and mainstream prisoners on the prison's east side of the prison were only able to recreate in their unit yards. Failure to protect recreation VSOs from redeployment is a missed opportunity to engage prisoners in healthy and pro-social pastimes, and to provide them with some form of purposeful activity.

#### Library services were affected by staff redeployment and technological shortfalls

Regrettably, we found that the library service at Hakea faced similar redeployment issues to recreation. The prison has two libraries, one on each side of the prison. Both are staffed by a single Library VSO, who was routinely redeployed to cover staff absences elsewhere in the prison. When this occurred, all library services were cancelled. Unsurprisingly, our pre-inspection survey found that prisoners were not happy with their library access.



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Only 24 per cent of respondents rated access to the library as good, while 71 per cent rated it poor.

The libraries stocked an adequate range of legal reference books and textbooks, and several legal computers available in each. Access to up to date legal resources is a key requirement for remand prisoners, who may wish to educate themselves on their situation or even represent themselves in court. Prisoners can apply to use the legal libraries by submitting a unit interview form, and the legal libraries are available whenever the libraries are open.



**Photo 11: Part of Hakea's legal library**

As a consequence of persistent redeployments of the Library VSO, at the time of our inspection there was a backlog of requests from prisoners to use the legal libraries. As a remand prison, Hakea must ensure that prisoners have regular access to the legal libraries to assist in their research and preparation for their court appearance.

Positively, both libraries were well-stocked with a good range of literature, and included foreign language, Aboriginal and religious sections. Hakea's two libraries share a single online catalogue as a database for all of its shared books. This facilitates the automation of many library processes, including logging loans and returns, which saves the librarian and prisoner workers a great deal of time, energy and effort.

This catalogue was only accessible on a single stand-alone computer. In order to connect the two library databases, the heavy computer had to be physically transported from one side of the prison to the other on a trolley. This was impractical, time consuming and

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somewhat farcical. We would encourage the Department to either purchase a second computer or establish connectivity between the two library catalogues.

### **Recommendation 7**

**Cease the redeployment of the Library VSO and ensure regular prisoner access to Hakea's two libraries.**

#### **Despite some progress, recreation infrastructure and equipment needs further updating**

Positively, new exercise yards have been added to Units 2, 3, 4 and 7. They provide a reasonable amount of outdoor space, and include some isometric exercise equipment. This is a good initiative which improves unit-based exercise and recreation options for these units. There have also been some modifications to the exercise yard in Unit 1B, which now allows for several prisoners on segregation regimes to exercise simultaneously. Unfortunately, these yards offered little protection from the elements, and prisoners cannot enter or leave them at will.

The western and eastern courts provide prisoners areas to play basketball, tennis and walk laps. However, compared to other facilities across the state, Hakea's two gymnasiums are outdated and in need of upgrade. The western gymnasium is small and the surface is well worn. There is a single basketball hoop at one end only. The eastern gymnasium had been redeveloped from a maintenance workshop. It is small, not purpose built and has a low roof, impeding the ability to properly play some ball sports.

There was a disappointing lack of cardio equipment across the prison. A small number of machines were located in the western gymnasium, and a few more scattered across a selection of units. But all were aged and poorly maintained. Regular access to exercise equipment in a prison is vital to maintaining men's health and well-being. Provision of, and more importantly routine access to treadmills, cross trainers, rowing machines and other cardio equipment would bring Hakea in line with other facilities across the prison estate.

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*Photo 12: Recreation courts, Hakea's west side*



*Photo 13: One of the new exercise yards, Hakea's west side*



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### 6.6 FOOD AND NUTRITION

#### Prisoners are still unhappy with Hakea's food

Our survey of prisoners found that only 13 per cent of respondents rated the quality of food as good. This is considerably lower than the state average of 45 per cent. Common complaints referred to the lack of variety, cultural foods and fresh fruit and vegetables. Our survey of staff also found that 21 per cent felt the prisoners' food was unacceptable, with a further 26 per cent rating it as mixed. Unfortunately, this is a consistent complaint at Hakea, and one we have commented on for some years.

The quality of meals produced at Hakea is affected by several limiting factors, including:

- A daily budget of \$3.34 per meal per head.
- Kitchen infrastructure and cooking processes (cook/chill).
- Restricted ingredients of variable quality (i.e. meat, and seasonally dependent fruit and vegetables from other WA prisons).

We observed several breakfast, lunch and dinner services during our inspection. The presentation of the food was poor and variety was limited. Many meals were variations on the same ingredients. We observed significant amounts of wastage, with large bags of leftovers removed from the units each day.



**Photo 14: A bag of food waste following a meal service in one of Hakea's units**



**Photo 15: Evening meal service in a unit at Hakea**

Furthermore, it was clear that the quality of meals prepared for staff were of a far higher quality than those served to prisoners. Staff meals included a number of freshly cooked and well-presented options. Staff are entitled to their meals, but prisoners were aware of the differences and this added to their dissatisfaction.

### **A recent dietary assessment supported prisoner complaints**

Our inspection standards require that prisoners are provided with a healthy, balanced and varied diet that meets their individual needs (OICS, 2020, p. 25). We were pleased to find that Curtin University had recently completed a review of Hakea's menu. And while the review concluded that the nutritional quality of the menu met requirements, it also made several recommendations that would address some common complaints. Some of the review's findings included:

- Lower than recommended serves of fruit and vegetables.
- The menu was too repetitive and of limited variety.
- 90 per cent of meals were of European origin.
- The breakfast packs lacked variety and were of limited nutritional value.
- There was too much red meat, processed meat and salt.
- The energy content (kj) of the menu was uneven throughout week.

The over reliance on red meat is a direct consequence of the kitchen's requirement to rely on internally supplied produce, such as meat produced at Karnet Prison Farm which supplies beef, lamb and processed meat to the prison system.

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These findings support the need for changes to the Hakea menu, both to better meet nutritional needs, and to make meals more appealing. Although, it appears that to date the report has had limited impact. However, the Department has committed to further assessments and has sought to engage an ongoing provider. This is encouraging, but without a commitment to acting on the findings of the Curtin review it is unlikely to see any improvement in food provision at Hakea. We will continue to monitor this issue and hope to see improvement in future visits.



**Photo 16: A tray of sausages as part of lunch service at Hakea**

### Kitchen assessments find health and safety risks

In 2018, we raised concerns about Hakea's kitchen and its state of repair. We recommended that the Department ensure that the kitchen was appropriate to cater for the Hakea prison population. The Department noted the recommendation, acknowledging that it would require specific funding. In 2021 we were pleased to find that some work had been completed. The leaking roof had been replaced, high-level cleaning undertaken, and the ceiling was patched and repainted.

Despite this, the kitchen remains an area of concern. Prior to the inspection we were provided with the results of three health and safety assessments of food safety at Hakea. One was internal and two were conducted by external bodies. All three made negative findings about conditions and food preparation at Hakea, including:

- Hazard Analysis Critical Control Point (HACCP) food safety protocols were not followed.
- Poor control of food temperatures.

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- Poor maintenance and cleaning of premises and equipment.
- Inadequate floor drainage and ventilation.
- Prisoner worker amenities (change and dining areas) were not health and safety compliant.
- Sinks, benches, door frames and door seals were damaged.
- Worksheets were not completed accurately.
- Rodent issues were evident, including droppings found in food storage areas.

Numerous maintenance requests relating to the kitchen have gone unactioned for years. We acknowledge that Hakea industries are old and worn, and that the costs of repair would be substantial. However, the recent assessments indicate that maintenance and repair of the kitchen is required in order to meet Food Safety Standards. This is an unacceptable safety risk, and the Department must take action.

### **Recommendation 8**

**Bring the Hakea kitchen up to required food hygiene standards.**

#### **Provision of cultural and religious diets was poor**

Special diets may be provided for medical reasons, religious beliefs, lifestyle choices, and other reasonable special needs (COPP 6.3). At Hakea, we found that medically required diets were available and generally satisfactory. Medical approval for each diet must be provided, before the kitchen can provide the individually portioned meals.

Diets requested for religious and cultural reasons, however, were less successful. This was especially the case for halal and kosher meals. The recent dietary assessment found that 47 per cent of halal meals had no meat, and none of the halal meals had any red meat at all. The meals provided little variety, and were not appropriate on an ongoing basis for prisoners who would otherwise eat meat.

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**Photo 17: A vegetarian meal**



**Photo 18: A halal meal**

The prison was also failing to meet the cultural dietary needs of Aboriginal prisoners. Kangaroo meat and damper were only made available during special events like NAIDOC week, and did not feature as regular menu items as they do at some other prisons. This is a failure to recognise the cultural significance of food for the large number of Aboriginal men at Hakea.

The Department does an excellent job of internally producing and sourcing significant amounts of meat, fruit and vegetables from within the prison system. But it should not exclude supplementation from other sources, particularly to meet cultural and religious needs.



### 6.7 RELIGIOUS AND SPIRITUAL SUPPORT

#### Religious support was available, though significantly impacted by staff absences

The Department contracts exclusively with the Council of Churches of WA and the Catholic Church for chaplaincy services. But we found that the Chaplains were conscious of their responsibilities to prisoners of all faiths, and the recently re-styled Worship Centre included a mural incorporating symbols of many faiths.

Chaplains offer a different kind of support to other prison services, and they were careful to refer on those who needed professional counselling, or who were at risk of self-harm. We heard positive feedback about the Chaplains from Hakea's prisoners, and found that they made efforts to support grieving prisoners in particular.

Hakea has two chapels, and services were scheduled throughout the week. However, religious services were regularly cancelled, as staff absences meant that no officers were available to provide supervision. We also heard that a Muslim visitor who ran Friday prayers had stopped attending altogether, after regularly being turned away for this reason. The routine cancellation of religious services was extremely frustrating and disheartening for those prisoners who wished to attend, and we urge Hakea's management and the Department to address the root causes of this issue.

### 6.8 GRATUITIES AND PURCHASES

#### The canteen operated well

Since our last inspection, canteen operations have been centralised to a single location, and all orders are now pre-packed and delivered to prisoners. Five canteen workers pick and pack orders, under the supervision of three VSOs. We found that there were good security controls around canteen purchases, packing and distribution. These included barcode scanning, time stamped receipts and good quality CCTV. Tobacco was securely stored, with several measures in place to prevent theft and trafficking.

We heard a number of complaints from prisoners however, regarding a forthcoming removal of canned items from the canteen list in response to a particular security incident. Many of the items confirmed for removal were due to be replaced by pouches of the same product, but the range and cost of the products were likely to be affected.

#### An online funds depositing scheme was welcome

Positively, Hakea had introduced an online funds deposit process which allowed registered visitors to transfer money directly into prisoners' personal accounts. Depositors had to register in person and provide identification before they were able to transfer any funds. The process is efficient and reduces the amount of cash handled by Hakea's cashiers, but it potentially disadvantages prisoners whose friends and family are from remote regions, interstate or overseas. We also heard that some people preferred to use cash or money orders, and these processes were still available to them.

# Chapter 7

## HEALTH SERVICES<sup>3</sup>

### 7.1 GOVERNANCE

#### The clinical governance structure of prison health services is problematic

Western Australia is the only jurisdiction in the country where prison healthcare is run by the Department of Justice rather than Department of Health or another health provider. This arrangement was the subject of review in recent years, however no change has emerged.

When compared to other healthcare organisations, the clinical governance structure for prison health services is minimal. Health care staff at Hakea felt that the Department's clinical governance structure was disconnected from their working reality. Furthermore, they did not have a clear process to report and escalate systemic risks beyond the prison level. The reporting and monitoring of key clinical performance metrics was limited, and we identified a number of areas where performance reporting and monitoring would prove systemically beneficial.

We also found that the structure and reporting lines between custodial and healthcare services did not allow for clinical input into health-related aspects of the prison regime. This led to a belief by healthcare staff that prisoners' access to healthcare was not a priority.

#### The separation of health and mental health services was problematic

Relationships between the various teams providing healthcare at Hakea have historically been problematic. Changes to line management structures have also occurred relatively frequently. The structural changes in 2020 separating health and mental health services had significant ramifications on the functioning of prison health care centres throughout the estate.

At Hakea, as at every site we visit, we heard differing views on this. Our conclusion, however, is that the changes have caused disruption, reduced integration of services, and the near collapse of communication between some health and mental health teams. This is not a positive outcome for the staff themselves, or the prisoners whose care they receive. And while the staff themselves remain dedicated and caring, the way in which they are able to function has been disrupted. The Department should take steps to restore cohesion to these vital services.

#### **Recommendation 9**

**Review the functioning of health and mental health teams in prisons, and where necessary take steps to restore cohesion and improve services.**

#### Staff and training were challenging for all aspects of prison health care

Hakea runs a primary healthcare-based model with a vision of providing a community standard of healthcare. There is 24-hour cover, provided by a Monday to Friday clinic-based medical model, a 24-hour on site nursing roster, and an out of hours on call doctor,

<sup>3</sup> We engaged a forensic psychiatrist to inspect and report on Hakea's health and mental health services. The findings in the following sections are based on their advice, but have been summarised for clarity and brevity.

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who is based at home covering multiple prisons. The team report to a Clinical Nurse Manager based at the prison.

Recruitment and retention of both doctors and nurses is challenging. Managing recruitment and arranging cross cover and backfill between prisons is an ongoing issue. Health workforce shortages are a universal problem, and we heard of some contractual disadvantages that may also make prison healthcare roles less attractive.

The prison mental health team was similarly struggling to keep its staffing complement full and had several vacancies. A full-time psychiatrist was based at the prison on weekdays but not weekends. They run a seven-day roster, covering what would, outside prison, encompass a number of different areas of mental health care. Maintaining the roster and all core tasks is heavily dependent on overtime, and a flexible workforce. Psychological Health Services (PHS) and the mental health team run separately, and their work is not integrated at a patient level.

Clinical nurse managers have a regular meeting with opportunities for training built in, but nursing staff reported a lack of access to supervision and professional development. Any training that was available was computer based, and relied on staff being able to complete the modules during quiet times, such as night shifts. There is no core competency framework and so, in the context of recruitment difficulties, the system is very dependent on attracting senior experienced staff, and on staff learning skills from one another.

### **Lack of clinical information sharing is an ongoing risk**

In May 2019, the Coronial Inquest into five deaths at Casuarina Prison recommended that the Department should 'without delay, take all necessary steps to ensure that the PCS [PHS] and Prison Health Service staff have reciprocal access to prisoner information', across ECHO (Electronic Health Online) and TOMS (Total Offender Management Solution) (CCWA, 2019).

In its response at that time, the Department noted that it had sought additional licenses for ECHO, to enable PHS staff to access, read and write relevant health information. However, this gap still exists at Hakea. We heard that there were plans in place to make this happen, but they would not take effect for another year or so. Furthermore, on call medical staff cannot access ECHO while working from home, and while long serving staff have access to information from other prisons on ECHO, new starters only have access to Hakea's records.

The mental health team do not have access to the WA Mental Health Commission's Psychiatric Services On-Line Information System (PSOLIS), the statewide mental health database managed by the Department of Health. Instead, they identify each individual's usual treating team and ask them for information, or call the statewide Mental Health Emergency Response Line (MHERL.) This is time consuming, inefficient, and inconsistent. At times, staff have been told they should use Freedom of Information legislation to access patient records.



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Furthermore, when prisoners are released, the mental health team have no way of ensuring that their input is shared with the community treating team. At times, they reported asking MHERL staff to make PSOLIS entries on their behalf. This is time consuming, inefficient, and increases risk.

Such gaps in information sharing continue to pose significant, ongoing clinical risks to the prison health team's decision making. We urge the Department to take steps to address these issues.

### **Recommendation 10**

Clinical information sharing should be improved by the following:

1. Negotiating and implementing an agreement with the Department of Health to provide PSOLIS access for Department of Justice Mental Health staff (the advent of Web PSOLIS in August 2021 may prove to be an opportunity to facilitate this).
2. Developing a process for the PHS to feedback to the referrer, or for that information to be accessible on EcHO.
3. Reviewing access to the Statement of Material Facts for mental health staff.<sup>4</sup>
4. Exploring the feasibility of providing access to EcHO for on call medical staff.
5. Reviewing access to health information from other prisons for all health staff.

## 7.2 PHYSICAL HEALTH

### **Prisoner satisfaction with health services was low**

Prisoners entering the custodial system often experience high levels of disadvantage and trauma. They have higher levels of mental illness, suicide attempts, cognitive impairment and intellectual disability than the population at large. About a third of the prisoners in Hakea are Aboriginal, and Aboriginal people are known to have poorer health outcomes, lower life expectancy, and are more likely to experience disability. Prison, by its nature, is also a setting that can negatively impact health.

As a majority remand prison, Hakea is characterised by a high turnover of prisoners. New prisoners arrive each day, and there is often a short window of opportunity to provide any effective healthcare. Healthcare staff may be faced with any level of medical or psychiatric illness, and often have to manage them without access to background medical information.

Health care at Hakea received by far the highest number of complaints to the Independent Visitors Scheme over the past three years, with 59 complaints. The second highest number of complaints was 26 – less than half of those received for health care. Our pre-inspection survey of prisoners at Hakea found that although satisfaction had marginally increased since our last inspection, it was lower than the state average.

4 For discussion on this point see section 7.4.

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**Table 3: Prisoner satisfaction, Hakea prisoner survey 2021 (responses with a 'good' rating)**

What do you think of the:	2021	2018	State average
General health services	23%	18%	38%
Medical specialists	21%	18%	31%
Dental care	13%	11%	18%
Psychiatric care	13%	10%	17%

Our survey of staff produced similar results. Their views on the effectiveness of Hakea's health services were poor compared to state averages, but slightly up on our 2018 findings.

**Table 4: Perceived effectiveness of prison services, all staff survey results**

	2021	2018	State average
In-prison health services	32%	28%	45%
Access to health specialists	28%	26%	42%
Mental health services	25%	24%	37%
Suicide prevention and risk management	31%	40%	52%

### An ineffective booking system was contributing to long wait times

Among the key complaints about health services included how difficult it was to get an appointment, and the wait times involved. At Hakea, the minimum wait time for a routine medical appointment was three months. This is an extraordinary amount of time to wait and does not compare well to the aspiration of meeting community standards. New prisoners are supposed to be seen by a doctor within three months, but in reality, many may have left the prison before that happens. It was unclear whether this three-month target was being met, how many prisoners were leaving without having seen a doctor, or even if wait times were being monitored.

Contributing to this issue was a very high rate of missed appointments. We heard that although doctors may have scheduled appointments for around 10 to 12 prisoners each day, typically only around four would attend. Prisoners told us that despite hearing that the health centre is always too busy to get in, when they finally attended it was almost always quiet and empty. This was our team's observation as well. Prisoners are only told about their appointments on the day, and factors that may contribute to them not arriving for their appointments include:

- the prisoner's willingness to attend on the day;
- whether their issue had cleared up in the meantime;
- the availability of custodial staff to escort them;
- clashes with other appointments (for example court or visits); and
- not hearing their name called out in their unit.

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Furthermore, when a prisoner does not attend an appointment, staff are required to re-book them, without confirming whether the prisoner still wants it. A proportion of re-bookings may therefore be for prisoners who are unlikely to attend, and there is no way to confirm this in advance. This is inefficient, and a waste of limited medical resources, a situation that is not unique to Hakea. Health services in prisons should proactively monitor and report on routine appointment wait times and failure to attend rates and identify strategies to reduce both.

### **Recommendation 11**

**Revise the appointment booking process, in Hakea and all other prisons, to ensure that it is effective, efficient and makes the best use of available resources.**

In the Department's response to this recommendation, they focused on the need to re-book missed appointments rather than the intention of the recommendation which was to maximise limited clinical appointment times. We remain of the view that they need to find a way to make better use of limited clinical appointment times.

### **The initial health screen may not identify mental health and cognitive disorders**

Health assessment begins at reception, and for many prisoners this may be their only interaction with Hakea's health services. A standardised assessment is conducted by a nurse with each new arrival. Due to the number and frequency of arrivals, there is often limited time to assess each individual in detail. This may impact the assessments efficacy. Most arrivals are received late in the afternoon or evening, after what is likely to have been a very stressful day. New arrivals may prioritise food, sleep and cigarettes over a thorough health assessment. The initial health screen is therefore a basic screening process rather than a full health examination.

The initial health screen is essentially a series of yes/no questions, informed by the nurses' clinical judgement, experience and training. The assessment does not include any questions relating to the potential existence of intellectual, developmental or cognitive difficulties, despite the fact that prisoners are known to have high rates of these. This could delay identification of such issues along with the need for supports.

### **Recommendation 12**

**Revise the initial health screen to include identification of intellectual disability and cognitive impairment.**

### **Cultural safety is not built into the Department's health service delivery model**

Aboriginal men are over represented in prison populations, and disadvantaged in terms of the social determinants of health and health outcomes. They are likely to have higher rates of disability than non-Aboriginal Australians. Since they may come to Hakea from all over the state, many may be off country, away from cultural supports and may not speak English as a first language.

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Individual staff we spoke to described a desire to meet the needs of Aboriginal prisoners. However, there was no evidence that culturally safe care was systematically embedded into the healthcare structure. There were no Aboriginal staff in the various health teams, and the prison did not have an Aboriginal mental health worker or Aboriginal Liaison Officers as seen in most health settings.

The *Mental Health Act 2014* (WA) requires that the assessment of Aboriginal people is conducted, wherever practicable, in collaboration with an Aboriginal mental health worker, elder or traditional healer. Hakea does not have any such staff to ensure that this is routine practice. Traditional healers did not appear to be accessible options for staff to call upon, and although we heard that interpreters were available. How easy it was to arrange such services at short notice was difficult to determine.

All prisoners are likely to experience worse health than the population in general. But closing the gap in healthcare for Aboriginal people is known to require targeted interventions, rather than a 'business as usual' approach. Given the overrepresentation of Aboriginal people in custody, and their demonstrated high health needs, prisons should be at the forefront of such services, rather than lagging behind. We therefore urge the Department to do more to engage with and embed culturally safe practices, particularly at receiving prisons like Hakea.

### **Recommendation 13**

**The Department of Justice must develop a model of care for the statewide provision of culturally safe healthcare in custodial settings.**

### **Hakea's dental services are not meeting demand**

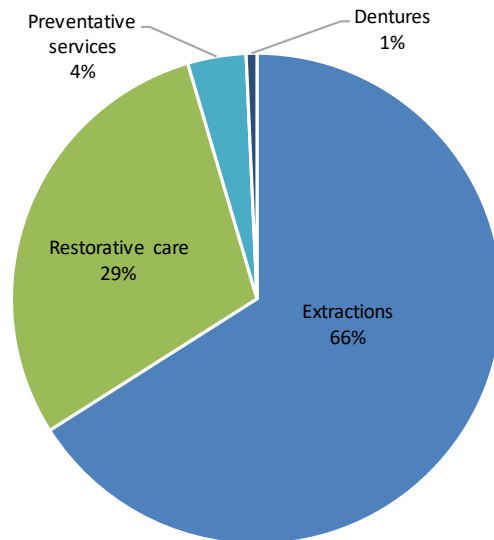
Dental services at Hakea consist of a dental nurse onsite four days per week, with a dentist visiting two days a week. The dental nurse can triage and advise patients, and arrange prescriptions for pain relief and infection control. Treatment however, can only be provided by the dentist, who generally sees 20 patients a week.

In 2021, our office conducted a review of prison dental services in Western Australia. The review found that prisoners' access to dental care is poor, and falls well short of what is required (OICS, 2021, p. ii). In March 2021 for example, Hakea had a dental FTE of 0.4 (two days per week), for an average daily population (for that time period) of 923 prisoners. The FTE needed to meet demand for a population of this size was 6.1 (OICS, 2021, pp. 3-4).

By examining the dental treatment codes submitted from Hakea over a 12-month period, we were able to determine that the extraction of teeth was by far the most common service provided. From a total of 703 services provided, extractions accounted for 464, or 66 per cent, of services provided at Hakea. In contrast, restorative care services made up 29 per cent, and preventative services only four per cent of services (OICS, 2021, p. 6).

## HEALTH SERVICES

**Figure 10: Breakdown of dental codes used at Hakea Prison**



The review concluded that prisons were not adequately resourced for dental care, and that prisoners present with far higher dental care needs than the community at large. Hakea, as the state's primary reception prison for men, holds some of those with the highest need. Dental provision within prisons requires coordinated support from a number of agencies, including the Departments of Justice, Health, and Treasury. We will continue to monitor the state of dental services in our future inspection work.

### 7.3 MENTAL HEALTH, ALCOHOL AND OTHER DRUGS

#### **Psychological Health Services (PHS) need reliable access to safe consulting rooms**

The PHS team of prison counsellors is made up of psychologists and social workers. At-Risk Management System (ARMS) and Prison Risk Assessment Group (PRAG) processes take up a significant proportion of their resources each day. New referrals to the service are screened face to face, and may be referred on to group sessions, one-to-one counselling sessions, or advice only. They also offer post-incident support.

Due to a lack of space in Hakea's health care centre, the PHS's offices are located elsewhere. This creates an automatic separation between them and the other health teams, despite a shared management structure. As a consequence, staff from different health and even mental health teams did not interact with each other, and in many cases did not know each other.

The efficiency of the PHS team is seriously compromised by their lack of access to rooms. Finding rooms can take up half a day's work and was particularly stressful for the team. This is extremely inefficient, and a waste of precious clinical time.

We heard that PHS had secured access to one room in official visits and another in education that were available most days. However, some of the available rooms lacked

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privacy, and others were unsafe due to their layout. Their ability to use these rooms was also impacted by staff absences, as officers who would otherwise supervise were being redeployed to cover shortages in the units.

The PHS team aspired to offer more group sessions, and wellbeing workshops. While development has been impacted by COVID-19, the problem of identifying free rooms has made the introduction of new programs feel unachievable. The PHS team provide a vital service, and it should be recognised as such by the allocation of consistent, safe consulting rooms. They should also be co-located with their mental health and health peers, in order to improve integration and communication between the service areas.

### **Recommendation 14**

**Identify and/or allocate consistent, safe consulting rooms for the PHS team either within or adjacent to Hakea's health centre.**

### **A consistent approach to mental health referrals is required**

The mental health team receives referrals from across the prison and triages them daily. It is a departmental key performance indicator (KPI) that all mental health referrals are to be seen face to face. Departmental representatives were confident that this was occurring, but our team was not able to sight any performance reports against this. Accurate records monitoring departmental performance against any KPI should be kept.

However, health care staff at Hakea told us that they have had their referrals rejected based on a file review only. This was extremely frustrating for them. They told us that they only refer patients to mental health when they believe their help is required, and that such a response was unhelpful.

The mental health team on the other hand, saw their role as prioritising those patients who sit above a threshold of 'severe mental illness,' though this was not very clearly defined. They felt that milder presentations should be managed wholly by primary care, and that it was important to maintain boundaries for the team to function, or they would be the first resort for everyone.

Mental health teams outside of prison settings have moved away from rejecting referrals based on file reviews only, as the reliability of screening written information alone is poor. This interface needs to be improved with input from both parties, based on a realistic understanding of what can be managed by each, and what is achievable within current resources.

### **Recommendation 15**

**Improve the referral interface between primary care and the mental health team.**

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### The lack of a dedicated mental health unit affects standards of care

The Department's mental health teams run a modified case management model, where patients are prioritised from P1 (requires involuntary treatment) to PA (new referrals not yet assessed). In July 2021, there were 14 prisoners held in Western Australia who had a P1 rating, meaning that they had a serious psychiatric condition that required intensive and/or immediate care. In the previous 12 months, the most the estate had held at any one time was 26. In July 2021, when we conducted our inspection, Hakea held five, which at that time was the largest grouping in any one prison.

**Table 5: Psychiatric priority ratings at Hakea Prison, July 2021**

Priority rating	Hakea
<b>P1:</b> serious psychiatric condition requiring intensive and/or immediate care	5
<b>P2:</b> significant ongoing psychiatric condition requiring psychiatric treatment	9
<b>P3:</b> stable psychiatric condition requiring appointment or continuing treatment	121
<b>PA:</b> suspected psychiatric condition requiring assessment	6
<b>Total</b>	<b>141</b>

The above table shows that Hakea had a total of 141 prisoners with a psychiatric priority rating in July 2021 (including six with suspected conditions who required assessment). This equated to 15.1 per cent of Hakea's average total population for the month of July – the largest percentage for any of the male prisons in the state.

These 141 prisoners were accommodated across Hakea. The most unwell were typically held in either an observation cell (these are often called safe cells) or the CCU, but there was no set placement for them, and some were simply in the units.

Hakea's CCU has 15 cells. It holds prisoners with mental health problems, and those who need monitoring, observation, or increased supervision. The reasons for this mixture of prisoners vary. In recent times the CCU has become long-term accommodation for those considered to be especially vulnerable, including transgender or high-profile prisoners. This is not appropriate as it takes away beds from those who may be in genuine crisis and severely restricts the options for those who are placed there unnecessarily.

Our mental health expert advised that the CCU does not provide a therapeutic setting for mental health care, nor does it compare favourably to modern environmental standards for inpatient units. Accordingly, the CCU cannot be considered a therapeutic setting for prisoners with mental illness or for those in distress.

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**Photo 19: A cell in Hakea's Crisis Care Unit (CCU)**

The CCU is staffed by custodial officers, who are not provided any specific training prior to working there. Aside from visits from the mental health team or the PHS, there is no proactive engagement with the men held there, and few activities are available.

In order to see their patients, the mental health team spend a lot of time moving around the large prison site, from one unit to another. They felt that having a centralised accommodation area for those with mental health issues would have significant benefits. It would:

- centralise services;
- make mental health services more efficient;
- make better use of the limited psychiatry time;
- develop a trauma-informed culture;
- offer more therapeutic and effective treatment; and
- offer step down care from the Frankland Centre.

Furthermore, it could enable the identification and training of a core group of custodial officers with key skills like de-escalation and understanding of mental illness.

We acknowledge that the Department has developed plans for a purpose-built mental health unit at Casuarina Prison. However, we understand that this unit will only offer 32 beds and will not open until 2024 at the earliest. While commendable, this proposed unit is too far off and too small to meet current demand.



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The newly opened Bindi Bindi mental health unit at Bandyup Women's Prison was repurposed from its oldest and most run-down infrastructure. What was most notable about the unit however, was its layout and access to suitable private, outdoor areas.

Hakea's management have been considering the repurposing of Unit 8 as a Support and Monitoring System (SAMS) Unit for similar reasons. It has access to gardens, large outdoor enclosed yards and sizable cells. This appears to be a pragmatic approach to the reality that Hakea, as the major male remand and receival facility, is likely to always have a high demand cohort that would benefit from specialist and supported accommodation and services.

We believe that there is merit in considering whether it could also serve as an effective mental health focussed unit. Rather than replicate the planned Casuarina unit, Unit 8 could instead model a modified support unit, and focus mental health services towards a single area at Hakea. This would improve conditions for this vulnerable cohort, allow for better use and efficacy of mental health services, and allow for the development of a philosophy of management and core group of specialised staff.

### **Recommendation 16**

The Department and Hakea should establish a project group to work towards the development of a mental health unit or area at the prison.

### **Lack of access to care for the most unwell is harmful and needs urgent action**

Prison mental health teams provide limited care to acutely unwell prisoners compared to an inpatient mental health unit. They can only provide care on a voluntary basis and are restricted to certain medical treatments. With this ceiling of care, Hakea holds a cohort of people whose mental illness cannot be treated in prison. These P1 rated prisoners suffer from severe mental illness, and are often psychotic.

Severe psychosis can be a profoundly terrifying and dangerous experience for the sufferer. It can also be life threatening. Unfortunately, despite their suffering, people who are very unwell often do not have the capacity to understand or agree to treatment and may resist it. In the community, clinicians could use the *WA Mental Health Act 2014* (WA) to refer a person for examination by a psychiatrist. In practice, this usually means involuntary admission to a WA Health run mental health unit.

In prisons, clinicians may commence this process for a P1 rated prisoner ('form' a patient) but they have no guaranteed access to beds because the state's sole forensic mental health unit (the Frankland Centre, which has 30 acute beds) is bed blocked. The result is that patients who need involuntary hospital care remain in prison, largely untreated. Due to the nature and risks of their condition, they are likely to be held alone in a safe cell, under observation. This is essentially a form of solitary confinement.

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And while it is universally accepted that a prisoner experiencing an acute medical condition should be taken by ambulance to a hospital, it has been very difficult for the mental health teams in prisons to access the same for their acutely ill patients. This is inequitable.

During the inspection our team was made aware of a man suffering from severe psychosis, who for lack of more appropriate placement was being held in a Unit 1 safe cell. He had been there for weeks, waiting for a bed to be freed up at the Frankland Centre. To be held completely alone, untreated, while so unwell is unimaginable and, according to our medical expert, not in accordance with modern medical practices. And although shocking, it seems that this was not a rare occurrence at Hakea.



**Photo 20: A Unit 1 observation cell**

The 32 beds planned for Casuarina will not resolve this health care crisis, and nor should it. Prisoners who happen to need hospitalisation for psychiatric assessment or treatment should be cared for in hospitals, not prisons. The Government must act to address the issue at its core – the lack of appropriately resourced forensic mental health beds for the state.

Hakea's mental health staff are doing what they can with the limited tools and infrastructure available to them. But more appropriate health services are simply not accessible, and this is both negligent and inhumane. It cannot be allowed to continue.

### **Recommendation 17**

Urgently address the lack of access to involuntary mental health care by:

1. Developing a process to report on and monitor the number of prisoners who remain in prison while requiring an inpatient bed for treatment of mental illness (including the ability to track and report on individual cases and actual wait times).
2. Agree on a set of clinical criteria to identify when safe care cannot be provided on site, and transfer to an emergency department is necessary.

## 7.4 AT-RISK PRISONERS

### **At-risk identification and management training were lacking for some key roles**

The Prisoner Risk Assessment Group (PRAG) is responsible for the management of prisoners on ARMS and SAMS. ARMS provides a framework for suicide prevention, with processes to assist staff to identify and manage prisoners at-risk of acute self-harm or suicide. SAMS on the other hand is an approach to managing vulnerable prisoners who may have difficulty coping in the prison environment. SAMS prisoners are reviewed by the PRAG monthly.

The PRAG includes representatives from mental health, PHS, the PSO team and relevant unit managers, and was chaired by the Senior Supervisor Regimes on weekdays and a Principal Officer on weekends. We were concerned that neither have had any formal training in the role of PRAG chair or relevant decision-making considerations.

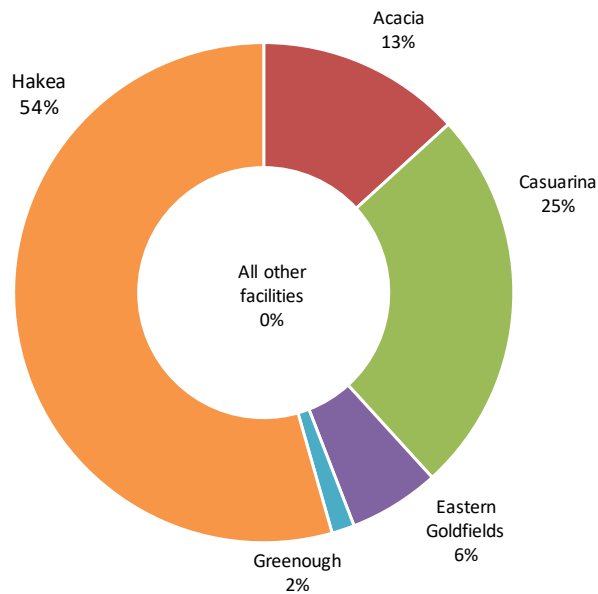
There was also limited, if any, training provided to staff in reception who conduct the initial at-risk assessments of new prisoners as they arrive at the prison. These assessments are critical, and the decisions taken can have significant consequences. We would therefore expect that relevant staff are equipped with the best information, tools and support required.

### **Recommendation 18**

The Department should provide increased role specific training and support to staff tasked with chairing PRAG, and those conducting intake risk assessments across the prison estate.

### **Hakea holds the most at-risk male prisoners in the state**

The PRAG were busy, dedicated, efficient and caring. Statistics show that this team reviewed 323 prisoners in May, 321 in June and 340 in July 2021. They were busier than any other PRAG in the male estate. The week after our inspection there were 68 male prisoners on ARMS in West Australian prisons, the vast majority of whom were at Hakea.

**Figure 11: ARMS alerts in male West Australian prisons, 4 August 2021**

### PRAG is effective, but rushed and non-therapeutic

ARMS and PRAG are resource intensive. They take up a significant amount of time for both the mental health team and PHS. At Hakea, the process appears successful, in that suicide and self-harm rates are no higher than at any other prison. However, the process has not been evaluated to identify which elements of the process successfully make a difference.

PRAG review the status of prisoners on low or moderate level ARMS three times per week in the afternoon. This meeting determines the best placement and monitoring level for each prisoner reviewed. And while attendees from various areas offer feedback and recommendations, it is not equivalent to a multidisciplinary team model, as there is limited discussion and care plan development.

A morning PRAG is also conducted daily, which reviews new ARMS prisoners, and high-level ARMS placements. Prisoners on high ARMS are housed in one of Hakea's six safe cells. These cells are in high demand, and PRAG are often under pressure to clear them to make way for more urgent cases. This version of the PRAG is only attended by the chair and representatives from mental health and the PHS, who attend the locations where each prisoner is held to review their progress. This may include the review of up to 12 individuals, at locations across the prison. To ensure all prisoners are seen, mental health and PHS split the reviews between them. Although efficient, this means that it may not be the most relevant service reviewing each prisoner.

We heard that it was difficult for mental health and PHS to gather relevant information and prepare their notes in time. For example, an emergency department psychiatric nurse would typically allow 45 minutes to one hour for assessment, care planning and documentation per case. It is not possible for the members of the PRAG team to conduct an equivalent assessment prior to each review.

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Staff on the morning PRAG were further hampered by not having access to prisoners' Statement of Material Facts (which for new arrivals, may contain evidence of at-risk type behaviour prior to arrest and remand) or the PSOLIS. This limited the amount of pertinent information available to them. Furthermore, PSO's were not included in the morning PRAGs, which risked cultural issues going unidentified in the first instance.

Prisoners who are held in the Unit 1 safe cells have their PRAG reviews conducted in the same rooms used for Visiting Justice hearings. Prisoners are seated at a desk, surrounded by custodial staff and instructed to place their hands on the desk and not remove them. The interview is quick and structured, and offers little time to build rapport and assess risk. The prisoners attended in their tear-proof gowns, which often fitted poorly and left them partially exposed. This environment is not appropriate for therapeutic discussions and likely to have negative connotations. At a minimum, the Department should source tear proof gowns in a variety of sizes to ensure that prisoners can maintain their basic dignity, in what is an already confronting and demoralising situation.

Although senior staff were confident in the morning PRAG process, not all agreed. We were told that the least amount of time was spent with those who were most at risk. The aim of the PRAG is to prevent self-harm and suicides, and in doing that it appears to be largely effective. But the process is not therapeutic or dignified, and we question whether this is best practice.

### **Recommendation 19**

**Review the morning PRAG process, to ensure the most relevant support services are included and have sufficient time to conduct their risk assessments. Make sure this process is therapeutic and not distressing to prisoners.**

## 7.5 SUBSTANCE USE

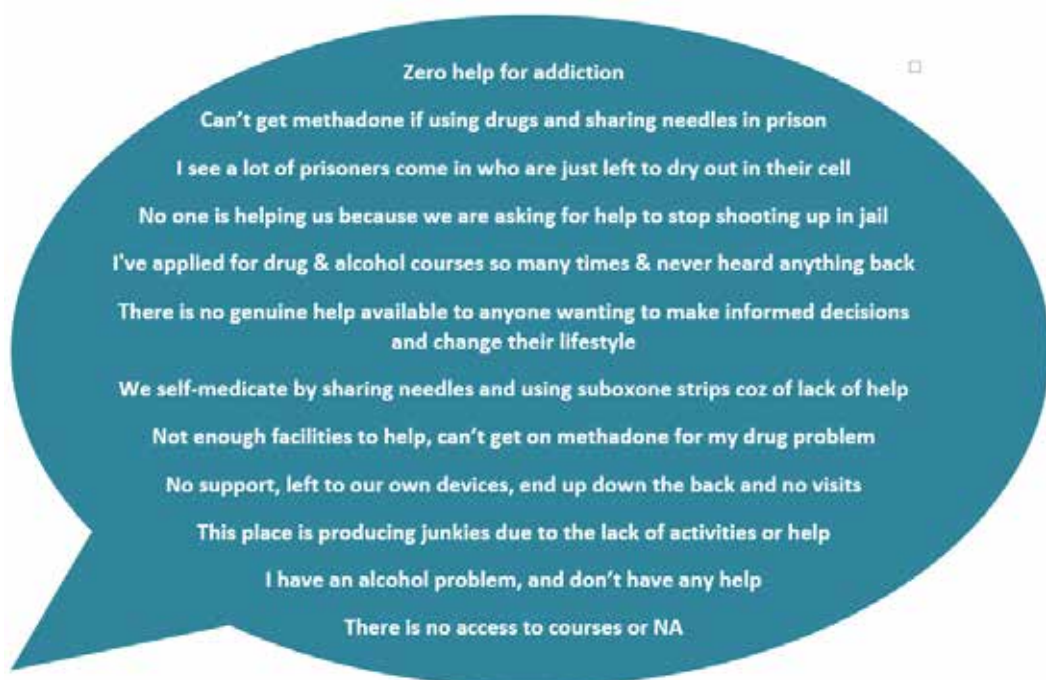
### **There was little support for prisoners with addictions**

Substance use is extremely common in the prisoner population, and for reception facilities like Hakea the issue is particularly acute. Health services at Hakea have traditionally run an effective addictions program called PAST (Prison Addiction Services Team), but in 2021 its delivery had been impacted by staff absences, redeployments and a lack of available rooms. In the past, Alcoholics Anonymous, Narcotics Anonymous and Gambling Anonymous have provided maintenance and support for those with addictions, but these have been missing at Hakea for some years. The prison should recognise the importance of substance use programs for prisoners, and prioritise access to alcohol and other drugs groups and make suitable rooms available to run these programs.

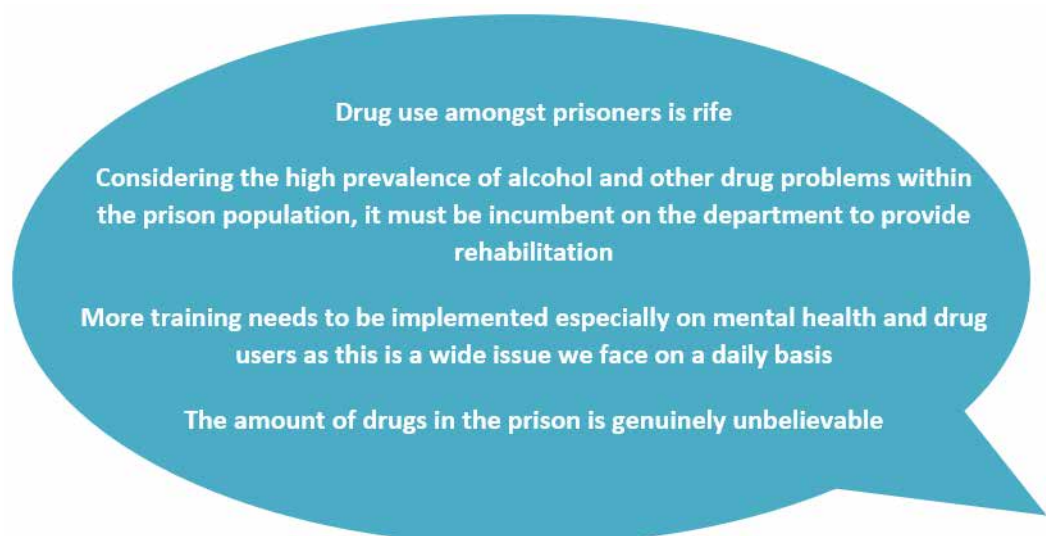
## HEALTH SERVICES

As part of our pre-inspection survey of prisoners, we asked whether those with drug or alcohol addictions were given help. Only 18 per cent of respondents believed that they were. This was a worse response than in 2018 (22% replied positively) and well below the state average of 40 per cent. The following comments were collected from our surveys, from firstly prisoners, and then staff, regarding the lack of support for those with addictions.

**Figure 12: Prisoner comments on health services, prisoner survey results**



**Figure 13: Staff comments on drug use at Hakea, staff survey results**



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### Prescribing for prisoners in withdrawal was not standardised

The correct identification of new arrivals who may be in withdrawal from drug or alcohol use is vital. This is done using standardised rating scales (Clinical Opiate Withdrawal Scale and Alcohol Withdrawal Assessment Scoring Guidelines) which identify people experiencing withdrawal. Nursing staff did not have specific training in the use of these tools, but were confident and instead relied on previous experience and peer input. However, many new prisoners may not experience withdrawal symptoms until some days after admission, and there is no specific pathway for this group. This gap may place some prisoners at risk.

There was no standardised approach to medicating those facing withdrawal. Instead individual doctors, and often those on call, determined what each individual would be prescribed. This resulted in inconsistent responses and outcomes. Staff suggested that consistency could be achieved by the introduction of a standardised 'withdrawal pack' like the 'psychosis pack' which was already in successful use at Hakea. This would not only provide a better health service, but also enhance the safety of the prison by minimising incidents arising from prisoners acting out. We urge the Department to introduce a standardised approach to withdrawal in prisons, based on best practice.

### **Recommendation 20**

**Introduce a standardised withdrawal treatment plan based on best practice.**

### Restrictions on methadone prescribing increases risk

Methadone prescribing is much more limited than in the past, and it is now rarely commenced in prisons. In the past, opiate users would come into prison and go straight onto methadone. But now a prisoner is only eligible for methadone while in prison if they were already on it in the community. This was the subject of significant complaint from prisoners.

Prisoners who were long-term heroin users told us how difficult this was for them. One described the numerous charges and punishments he had received for trafficking and returning positive drug tests, as well as his numerous requests to be placed on methadone, all of which had been rejected. He also added that while he was prepared to take the charges and the punishments, he was truly concerned about the risks of sharing unclean needles.

From a security perspective, this approach is flawed. From a welfare perspective, it prompts illicit drug use. Prison management informed us that they were in the process of challenging the policy. We will continue to monitor this situation going forward.

### Blood borne virus testing was limited by long waits for blood tests

At Hakea, health services aim to provide screening for blood borne viruses. But the prison did not have an active visiting phlebotomy service, and proactive screening was being



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impacted by delays of around eight to 10 weeks. Opportunities to screen for, and respond to, common conditions are undoubtedly being missed due to these delays.

Given the amount of alleged intravenous drug use and needle sharing at Hakea it is unacceptable that the detection, treatment and prevention of blood borne viruses is not prioritised. All prisoners are given the chance to attend Health in Prison, which is run by Hepatitis WA. This course provides information about the risks of disease transmission through sex, needle sharing or other activities. But more must be done in this regard. The unacceptable wait times for blood tests should be monitored, and the gap in phlebotomy provision addressed urgently.

### 7.6 SUPPORT

#### **The AVS and PSOs functions were effective but stretched**

Since the Royal Commission into Aboriginal deaths in custody, the Aboriginal Visitors Scheme (AVS) has been in place to identify and support Aboriginal people in custody who may be at risk of self-harm. Although originally the role was external to the Department of Justice, AVS staff are now located within the Department's Prison Support Services. This sees them managed alongside Prison Support Officers (PSOs) who are responsible for providing support to all prisoners, but particularly to any individuals or cohorts identified as vulnerable, including new young offenders and foreign nationals. Unfortunately, neither the AVS or PSOs have a presence after hours, on weekends, or on public holidays. Instead the Department provides a 24-hour, 1800 hotline that prisoners and families can call if they are concerned about someone in custody.

The prison has three AVS positions, which are intended to cover different areas of the site and provide support to Aboriginal prisoners. But at the commencement of our inspection, just one position was filled, and that staff member was responsible for covering the entire prison. The other two AVS positions had been filled, but the staff had temporarily been moved to cover empty PSO roles. Positively, two more AVS positions have been created for Hakea and recruitment was underway at the time of our inspection. We look forward to seeing the team fully resourced.

Hakea had five PSOs who were tasked with identifying and supporting prisoners at risk of self-harm. They all had good professional relationships with custodial staff and shared information with them when appropriate. They also managed Hakea's peer support workers, who reported back their contact with prisoners.

The AVS and PSO roles were functioning effectively and the staff understood their roles and responsibilities. However, the fact that the same individual might at times be AVS, then at others a PSO, was confusing to prisoners, and risked blurring the lines between these roles. We urge the Department to guard against any further watering down of these distinct functions.



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### **The role of the Hakea peer support prisoner team had been clarified**

In 2018 we recommended that Hakea reinvigorate peer support with a stronger emphasis on welfare support (OICS, 2019). In 2021, the peer support prisoners were clear that their primary role was to identify and support men at risk of self-harm. The team were intended to be accessible to all prisoners, and had members in each unit including the CCU, and at reception. Positively, Aboriginal men were well represented on the team.

Training for peer support prisoners fell away in recent years, which we felt was a concern. However, the Department has advised us that the Gatekeeper suicide awareness training course will recommence in 2022 (OICS, 2021, p. 67). We will continue to monitor this going forward.

# Chapter 8

## REHABILITATION AND REPARATION

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### 8.1 CLASSIFICATION, SENTENCE ADMINISTRATION AND CASE MANAGEMENT

#### The backlog of Initial IMPs has improved, but challenges remain

For sentenced prisoners, the Initial Individual Management Plan (IMP) is an essential step in determining prison placement and progress towards release. The IMP process also determines whether treatment programs are required to address offending behaviour. Successful completion of programs can have a significant bearing on a prisoner's chances of being granted parole.

But the assessment system has been in crisis for some years. A significant backlog developed due to growth in the prisoner population and the system's inability to keep up. In 2018, we reported that the backlog in assessments was inexcusable and damaging (OICS, 2019, p. vii). On 30 June that year, 584 Initial IMPs were overdue. And while the affected prisoners were spread across male metropolitan prisons, the responsibility for their IMP completion lay solely with Hakea's assessments centre.

To address this backlog, the Department commenced an ongoing project to review assessment processes. Some of the introduced measures include:

- Increasing the time required to complete an Initial IMP from 28 to 42 days.
- Allowing Acacia Prison to complete Initial IMPs of prisoners received from July 2019.
- Screening out prisoners assessed as low risk.
- Engaging 10 public servants as temporary additional Assessment Writers.

There has been progress, but it has been slow, and by June 2021 the number of overdue IMPs for metropolitan male prisons had decreased to 344. A number of factors continue to hinder progress, including:

- Frequent redeployments of uniformed Assessment Writers.
- Difficulty recruiting treatment assessors.
- A reduction in civilian Assessment Writers (from 10 to seven in mid-2020).
- Changing arrangements with Acacia Prison's assessments role.

Hakea's assessments team are also responsible for completing sentenced Management and Placement (MAP) reports, IMP reviews, parole checklists and funeral applications. We found that these assessments were being managed well and in a timely manner.

However, Hakea's assessment centre is still responsible for a substantial number of outstanding Initial IMPs for prisoners who are no longer at the prison. Of the 334 outstanding IMPs in June 2021, 72 were located at Hakea, and only 19 of those were overdue. At the time of our inspection, Acacia Prison still held 223 men with outstanding IMPs that remained the responsibility of Hakea assessments, while Casuarina Prison had a further 56. Given the constant stream of work they already receive from incoming prisoners at Hakea, it may prove impossible to clear this backlog without additional resourcing.

## REHABILITATION AND REPARATION

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Thanks to a variation in the latest contract between the Department and Serco Pty Ltd, Acacia Prison may now complete Initial IMPs for the prisoners it has received after May 2021, but not before. This should have a considerable impact, but it may take time to recruit staff and get up to speed. Unfortunately, it does not improve the outcomes for those men at Acacia whose Initial IMPs are retained by Hakea.

During the inspection, it was confirmed that all Hakea Assessment Writer positions would be recategorised, from uniformed prison officer, to public servant positions. There are a number of considerable benefits from this change. It will permanently shield assessment writers from redeployment and avoid continual disruption. It will also reduce costs, as the prison officers performing the role were paid a shift allowance, despite working office hours. Hakea was anticipating that the new positions would be filled and operational by the end of 2021.

### **Other assessments were also at risk of falling behind**

An additional lag on the system lies in treatment assessments. The main tool for this process, the Level of Service/Risk Needs Responsivity (LS/RNR), is intensive and time consuming and can only be performed by a four-year trained psychologist or social worker. At Hakea, each treatment assessor was able to complete between two and four assessments each week. Additional assessments may also be required for prisoners with particular violence or sex offences.

We heard during the inspection that there were no plans to increase the number of treatment assessors. This will not be adequate to meet the demand of incoming arrivals. The team was expecting to complete up to 72 treatment assessments per month, when they were likely to be receiving closer to 90. Without increased resources, this will continue to create a backlog and add to ongoing delays in the system. This is concerning and we urge the Department to reconsider resourcing in this area.

Education assessments had lost half of its team, with two accepting voluntary separations. The remaining two had managed to stay on top of their workload and avoid the creation of a backlog, but only by foregoing leave entitlements. The current situation is unsustainable although we were told relief was forthcoming through the provision of additional positions. These assessors will also become part of the Department's Education Employment and Transition Services (EETS) which we hope will provide both professional support for staff and improve the relevance of the education assessment.

### **The Department's case management model is not appropriate for Hakea**

Under the Department's case management model, unit officers are assigned prisoners with whom they are intended to have regular contact to support and encourage them to meet the outcomes of their IMPs. We have consistently criticised the narrow focus of this system, that prioritises compliance over prisoner welfare. In practice, it offers no support, welfare or release planning, nor is it available for remand prisoners, or sentenced prisoners without an IMP.

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The reach of the case management system is narrowed even further at Hakea, as Assessment Writers act as case managers, rather than unit staff. The Assessment Writers have very little contact with prisoners, and as such their knowledge of each individual is limited.

Hakea has a minority of sentenced prisoners, and even fewer who are eligible for case management. The week after our inspection, there were 211 sentenced prisoners at Hakea, of whom 88 were eligible for case management. Only 23 of these prisoners, or 2.5 per cent of Hakea's population, had a case manager assigned to them. We continue to question the appropriateness and adequacy of this case management model, particularly at a facility like Hakea.



**Photo 21: A corridor at Hakea**

### 8.2 PROGRAMS

#### **Staff redeployments affected the few programs available**

Despite being a remand prison, Hakea holds approximately 200 sentenced prisoners at any one time. Some are newly sentenced and likely to be transferred on, but many are held at Hakea for long-term protection or due to conflict with prisoners at other facilities. Many of these prisoners had been assessed as requiring offender programs, to both address their offending behaviour and improve their chances of being granted parole. However, Hakea does not deliver any IMP mandated treatment programs, and many of those affected could not transfer to another prison to complete them. This was extremely frustrating for the prisoners, and jeopardised their prospects of parole. If Hakea is to continue holding such significant numbers of sentenced prisoners, the Department should ensure that Hakea is appropriately resourced to deliver required programs.

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Remand prisoners fared little better. Hakea offered few opportunities for them to address their offending behaviours, substance use, violence issues or life-skills deficits. Also lacking were programs to address a range of other life challenges commonly experienced by prisoners such as: relationships, communication, emotional regulation, financial literacy/budgeting, digital literacy, family law, work finding, obtaining a driver's license, and preparing a release plan. Such programs would be of considerable benefit to many remandees and short-term prisoners.

We were able to identify a small number of programs that were available, but their delivery was unreliable due to staff redeployments. The PAST addictions program had only run once in 2021. Health services run this program out of the education centre, but staff redeployments caused frequent closures or limiting of numbers in the centre. Cognitive Brief Intervention (CBI), a short course on consequential thinking and dealing with addictions, had been a standout program for remandees. This course has not been regularly delivered for many years, and was not available at all during our last inspection. A total of 72 prisoners completed CBI in 2020. In 2021 however, the program had only run twice due to staff redeployments, and only 13 prisoners had completed it.

We also found that program delivery at Hakea was poorly coordinated. The Transitional Manager could pass on program referrals but was not required to organise anything further or track outcomes. The delivery of programs at Hakea should be given greater priority and resourcing in order to best meet the needs of the mixed remand/sentenced population.

### 8.3 EMPLOYMENT

#### Employment opportunities are limited

Remand prisoners are not legally required to work, and almost 80 per cent of Hakea's prisoners fell into this category. During the reception process all new arrivals are offered the chance to waive this right, and the overwhelming majority do. However, employment and vocational training options at Hakea are limited.

Employment is available at Hakea's workshops and industry areas. Jobs in such areas are highly valued, as they not only offer the best pay, but the best vocational training and skills acquisition as well. Hakea's kitchen is its largest industry which pays the highest gratuity rates. The laundry was also a very busy and well-paying workplace, though reserved for protection prisoners. The metal and paint shops were found to be well equipped but employed few workers. Other work was available in areas including recreation, education, the libraries, reception, gardens, canteen and peer support.

Unit based work employed far more prisoners. This typically involves completing a daily role or task around a prisoner's unit, such as day room cleaner, meal server or similar. We have found that this kind of work tends to be unskilled and take up less than a couple of hours per day.

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Aboriginal prisoners were under-represented at most workplaces and the great majority were under-employed (unit workers) or not working. In the week of the inspection, 41 per cent of Aboriginal men were unit workers, and 49 per cent were not working. This is a consistent issue we see at most prisons, including Hakea, and we urge the Department to take steps towards improving employment opportunities for Aboriginal prisoners.

### **Hakea's employment rates were not meeting targets**

Prior to our inspection, we were supplied with a local order from 2012 which establishes Hakea's target rates for prisoner employment. However, we found that in reality the rates differed significantly.

While the targeted employment rate of prisoners in industries is set at 43 per cent, the actual rate is far lower (23%). There are far more prisoners employed in unit-based work than were intended by the local order. And 39% of prisoners were unemployed.

There are many possible reasons for this. Hakea's population is significantly higher than it was in 2012 when the order was established, and the creation of unit-based jobs is more straightforward than it is in industries. However, during the inspection we found that two previously productive workshops had recently been closed. In previous times, concrete products had employed up to 50 prisoners at one time, and the cabinet shop up to 16. Whatever the reasons for the closure of these workshops, it is incumbent on Hakea's management to find ways to fill this gap in employment opportunities.

## 8.4 EDUCATION

### **Low officer numbers impact education delivery**

Education, like so many other services at Hakea, suffered from the redeployment of officers. Duty Officers (DOs) provide security in education, and their presence determines the number of prisoners who may attend. For example, with two DOs available education can open fully, and up to 60 prisoners may attend. With one officer available, just 25 prisoners may attend. If no DOs are available, education must shut down.

In June and July 2021, the education centre could have been open for a maximum of 23 days. However, due to the redeployment of staff it was fully open for two days, open for 25 prisoners to attend on 18 days, and completely closed for three days. The Skills Development VSO, who is responsible for the delivery of accredited training programs, was also consistently redeployed, which saw the cancellation of their training. These disruptions affect the ability of prisoners to complete their courses, and therefore the performance of the education centre.

The Department's EETS is a nationally recognised training organisation (RTO), operating as Auswest Specialist Education and Training Services (ASETS). To retain RTO status, EETS requires Hakea education staff to follow curricula as set out on the ASETS portal. For many prisoners at Hakea, course material and sequencing on the ASETS portal might not be appropriate. This was further complicated by ongoing closures of the education

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centre, that left education staff without the flexibility to deliver the courses at an appropriate pace.

It is unacceptable that the limited educational opportunities available for high-risk prisoners is impacted so heavily by issues with custodial staff redeployments. We urge Hakea's management and the Department to address staffing issues, and ensure prisoner services face minimal disruption.

### **Hakea's focus on offering basic education courses was realistic**

Education delivery at Hakea focusses on entry level courses. With a population of around 80 per cent remand, a high turnover of prisoners and uncertainty around court outcomes means that long-term education programs are not realistic. The education centre therefore offers units from the Entry to General Education and the Certificate in General Education for Adults qualifications, with a focus on basic literacy and numeracy. Occupational Safety and Health and Foodstars are also popular and have high completion rates, as they are prerequisites for relevant workplaces.

### **The few Aboriginal students were supported**

Many individuals, particularly younger Aboriginal men, come to prison with a history of avoiding structured education and formal learning. Experience has shown that engagement with education can be facilitated through other means, like music and art. The loss of music and art courses in prisons is a missed opportunity to engage with many prisoners who might otherwise avoid formal education.

When we last inspected in 2018, the Aboriginal Education Worker (AEW) position was vacant. But this time we were pleased to find that an experienced AEW was attending Hakea three days per week. The AEW delivered the 'Follow Your Tracks' and 'Standing on Solid Ground' programs and ran a yarning class for Aboriginal men. She was also involved in a cooking class, that focused on food hygiene and healthy eating.

Part of the role of an AEW is to assess Aboriginal prisoners needs, and direct them to appropriate course offerings (often with a focus on basic literacy and numeracy). The presence of an AEW at Hakea is positive, and her presence offers a point of engagement and support for Aboriginal students.

## **8.5 PREPARATION FOR RELEASE**

### **Transitional services are valuable but resources cannot meet demand**

Transitional services or re-entry services prepare prisoners for their release back into the community. For sentenced prisoners, this may be after months or years in custody. Remand prisoners however, may spend a short time in custody, but many arrive with a range of welfare needs, from arranging housing payments or retrieving a vehicle, to care arrangements for children and pets. Hakea must offer transitional support to both sentenced prisoners and its majority population of remand prisoners.

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In 2018, we found that transitional support resources were inadequate for the number of prisoners at Hakea. There was one Transitional Manager position, plus a temporary part-time Remand Case Worker who assisted with the specific welfare needs of remand prisoners. At that time, the future of the Remand Case Worker position was uncertain, and we recommended that the Department:

Ensure that adequate ongoing support is provided to remand prisoners to help them deal with home, family, employment and personal circumstances. (OICS, 2019, pp. 9-10)

In response, the Department introduced a Reintegration Project Officer at various prisons including Hakea, to provide support to the Transitional Manager. But by the time of our 2021 inspection, funding had been withdrawn and these positions were abolished. This reduced the level of service that the Transitional Manager was able to provide at Hakea.

The Transitional Manager was compassionate, committed, and displayed a genuine desire to help prisoners. She provided assistance with a wide range of welfare needs and transitional support services, including obtaining identification, child access, fine conversions, accommodation enquiries, and referrals to outside agencies, including ReSet, the contracted re-entry service provider.

But the loss of the Reintegration Project Officer took away much-needed administrative support. This left the Transitional Manager largely office-bound and consumed with paperwork. Without any supporting resources, the Transitional Manager's reach into the prisoner population was limited, and largely relied on prisoners initiating contact. Those who did receive good support. We heard positive feedback from several prisoners about the service they had received from the Transitional Manager and from ReSet. However, we remain concerned that too many prisoners, both remand and sentenced, are missing out.

Hakea, unlike other prisons including Albany Regional Prison and Casuarina Prison, does not have prisoner transitional workers. These workers play a crucial role by making contact with prisoners as they approach their release date and become eligible for re-entry services. They help to ensure that every prisoner receives an explanation of the services available and has an opportunity to take up those services. In the absence of any additional administrative support for the Transitional Manager at Hakea, the introduction of this sort of role should be considered.

### **Recommendation 21**

**Provide additional support for the Transitional Manager.**



# Appendix 1

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# Appendix 2

## ABBREVIATIONS

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AEW	Aboriginal Education Worker
ARMS	At-Risk Management System
ASETS	Auswest Specialist Education and Training Services
AVS	Aboriginal Visitor Scheme
CBI	Cognitive Brief Intervention
CCC	Corruption and Crime Commission
CCU	Crisis Care Unit
COPP	Commissioner's Operating Policy and Procedure
COVID-19	Coronavirus Disease 2019
DO	Duty Officer
ECHO	Electronic Health Online
EETS	Education Employment and Transition Services
FTE	Full-time Equivalent
HACCP	Hazard Analysis Critical Control Point
IMP	Individual Management Plan
KPI	Key Performance Indicator
LS/RNR	Level of Service/Risk Needs Responsivity
MAP	Management and Placement
MHERL	Mental Health Emergency Response Line
OICS	Office of the Inspector of Custodial Services
PAST	Prison Addiction Services Team
PCS	Prison Counselling Service
PHS	Psychological Health Service
PRAG	Prisoner Risk Assessment Group
PSO	Prison Support Officer
PSOLIS	Psychiatric Services On-Line Information System
RTO	Recognised Training Organisation
SAMS	Support and Monitoring System
SLA	Staffing Level Agreement
TOMS	Total Offender Management Solution
VSO	Vocational Support Officer
WAPOU	Western Australian Prison Officers Union

# Appendix 3

DEPARTMENT OF JUSTICE RESPONSE

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## **Response to OICS Draft Report:**

**2021 Inspection of Hakea Prison**

**February 2022**

Version 1.0

## DEPARTMENT OF JUSTICE RESPONSE

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Response to OICS Draft Report:  
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## Response Overview

### Introduction

On 22 March 2021, the Office of the Inspector of Custodial Services (OICS) announced its inspection of Hakea Prison (Hakea) scheduled to occur from Wednesday, 21 July 2021 to Friday, 30 July 2021. This was the sixth inspection of Hakea, with inspections occurring every three years since 2006.

As per usual process, the Department of Justice (the Department) facilitated a wide range of documentation and access to systems, policies, processes, the facility including staff, prisoners and contractors were made available to OICS upon request for the purpose of the inspection.

On 16 December 2021, the Department received a draft report of the inspection from OICS for review and comment. The draft report has highlighted key findings and made 21 recommendations. The Department has reviewed the draft report and provides further context, comments, and responses to the recommendations as below.

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

### Review Comments

Hakea is the primary remand, receipt and assessment prison in Western Australia for adult male prisoners with the highest volume of movements in and out. The yearly average of receipts and transfers into Hakea over the last two years is 5,607 and the average exits and transfers out of Hakea is 5,786, noting that there has been a drop in the prisoner population at Hakea and across the custodial estate since the start of COVID-19 in early 2020.

A number of COVID-19 Standards and Procedures have been developed and implemented at Hakea and across the custodial estate to help prevent, control or abate the risks associated with the pandemic.

The Department has made its response to the pandemic a priority through the establishment of the COVID-19 Taskforce. This has allowed operations to continue efficiently, incorporating efforts such as the provision of improved access for prisoners to telephones and e-visits as part of its planning to mitigate the loss of family and social contacts during this period. From 1 July 2020 to 31 December 2021 Hakea facilitated a total of 5,737 e-visits and 7,974 visitors.

A new Staffing Level Agreement (SLA) for Hakea is close to being finalised. The increase in bed capacity at Casuarina Prison has resulted in a reduction in the bed capacity at Hakea. The new SLA will provide for revised staffing levels to commensurate with the reduced bed capacity. It is expected that the new SLA will reduce staff redeployments between business areas.

As acknowledged by OICS, the culture and relationships between staff, the union and management have significantly improved under a unified senior leadership team with common goals and vision for Hakea. A robust business plan which sets the direction for the prison has been developed, acknowledging further work is required to include an action plan with clear roles and responsibilities. Hakea's priority has been on COVID-19 planning and preparation to keep staff, prisoners and visitors safe in the face of rapid changes in rules and restrictions as determined within the WA Safe Transition Plan.

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With respect to the environmental issues raised, the Department is soon to roll out the electronic safety management system SOLV which will have the capability to record, monitor and act on incidents and hazards that arise in any workplace in the Department. This will enable the Department to have instant notification of incidents and hazards as they are reported and a far better overview of the environmental and OH&S issues affecting the facilities. This will allow for matters raised to be resolved and reported in a timely manner.

The Department has commenced phasing out single use plastics in line with the state government's released WA's Plan for Plastics. Planning and implementation is underway at Hakea consistent with the state government plan. Amongst other initiatives, Hakea has introduced a container deposit scheme for disposable cutlery which has been replaced with bio cutlery.

Hakea is a complex prison with a number of challenges. The Department is pleased to note the positive acknowledgements from the Inspector around the services and operations at Hakea, including witnessing some good examples of supportive communication and management techniques from staff working with vulnerable and at-risk prisoners. The areas for improvement, including the 21 recommendations, will be examined closely to find ways to improve services and outcomes for the prisoners at Hakea.

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## Response to Recommendations

### 1 Reintroduce arrangements at Hakea for new young offenders, including a specific assessment of their risk and vulnerability, automatic referrals to support services, and an extended period in orientation.

**Level of Acceptance:** Supported in Principle  
**Responsible Division:** Corrective Services  
**Responsible Directorate:** Adult Male Prisons  
**Proposed Completion Date:** 31 December 2022

#### Response:

The Department acknowledges young offenders (new and repeat young offenders) are a vulnerable and high-risk cohort requiring additional consideration and support.

COPP 2.1 Reception sets out our instructions for the management of new and new young offenders, including repeat young offenders. Section 4.8 of the COPP is specifically on 'New Young Offenders' and 'Young Offenders'.

All new prisoners are individually assessed for their vulnerability, noting that additional considerations and support may be required particularly for new young prisoners, including cultural support as identified in the case of Aboriginal prisoners.

The ARMS processes guide officers in the management of prisoners identified At-Risk upon arrival and CCU placement is determined based on level of risk.

COPP 2.2 Orientation sets out clear processes for the orientation of prisoners. Placement of new young prisoners is based on individual assessments and needs of the prisoner e.g. protection, family support or enhanced accommodation as required.

COPPs 2.1 and 2.2 are scheduled for review between July and September 2022. Any improvements in relation to new young offenders and repeat young offenders will be considered as part of the review process.

### 2 Renovate a number of cells at Hakea to support the living requirements of elderly, infirm and disabled prisoners.

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

#### Response:

There are currently no cells dedicated to the elderly and infirmed at Hakea Prison, other than the cells within the Crises Care Unit for short term placement.

It is intended to house prisoners assessed as elderly, infirm, disabled and those requiring specific living requirements to more suitable prison accommodation such as the dedicated unit at Casuarina and/or Acacia Prisons.

The Casuarina 344 Bed Expansion project will provide critical infrastructure, including Assisted Care Facilities and upgrades to the infirmary.

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### **3 Invest in body worn cameras and improved CCTV for high-risk areas of Hakea Prison and other maximum-security prisons.**

**Level of Acceptance:** Supported in Principle  
**Responsible Division:** Corrective Services  
**Responsible Directorate:** Operational Support  
**Proposed Completion Date:** 31 December 2023

#### **Response:**

Previous attempts to obtain funding for Body Worn Cameras (BWC) and CCTV have been unsuccessful.

In September 2021, the Department drafted a further submission to Treasury for funding from the Digital Capability Fund (DCF) in order to develop a business case to implement a Digital Evidence Management System (DEMS). This would provide the platform for effective BWC and CCTV capability that can seamlessly integrate with the DEMS. The DEMS is part of the Department's Long-Term Custodial Technology Plan.

Although ERC approved the concept models for the DEMS, the Department was unsuccessful in obtaining funding for the development of the business case and would instead need to provide funding from within its existing budget.

The Department intends to develop a further DEMS business case for funding consideration at the 2022/23 Mid-Year Review. The business case will include the procurement and implementation of BWCs and CCTV across the custodial estate.

### **4 Upgrade the fence between Hakea and Melaleuca to rectify identified weaknesses.**

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

#### **Response:**

The fence between Hakea and Melaleuca has been modified to address shortcomings identified and a number of procedural controls have been implemented. The fence will continue to be monitored and appropriate action taken as required.



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### **5 Explore current and emerging technologies with a view to implementing enhanced processes for the detection of secreted items while reducing reliance on strip-searching.**

**Level of Acceptance:** Supported in Principle  
**Responsible Division:** Corrective Services  
**Responsible Directorate:** Operational Support  
**Proposed Completion Date:** 31 December 2022

#### **Response:**

The Department continues to progress implementation of whole-body x-ray screening technology at custodial facilities. A procurement process remains on hold until legislation and licensing issues are resolved.

Amendments to the Prisons Regulations have been drafted. An application has been submitted to the WA Radiological Council seeking approval to introduce x-ray technology for security purposes.

The implementation of COPP 11.2 – Searching in October 2020 has placed further controls around strip-searching and can only be conducted under prescribed and authorised circumstances.

### **6 Resource and implement systemic management of environmental health at Hakea, including oversight of cleaning, food storage and service, and pest control.**

**Level of Acceptance:** Supported  
**Responsible Division:** Corrective Services  
**Responsible Directorate:** Adult Male Prisons  
**Proposed Completion Date:** 31 December 2022

#### **Response:**

Hakea Prison has issued a direction to all staff in relation to the importance of cleaning, food services, food storage and hygiene. An external pest control routine maintenance schedule is already in place.

In addition, a deep cleaning program and schedule will be developed and implemented into the living units across the site.

### **7 Cease the redeployment of the Library VSO and ensure regular prisoner access to Hakea's two libraries.**

**Level of Acceptance:** Supported in Principle  
**Responsible Division:** Corrective Services  
**Responsible Directorate:** Adult Male Prisons  
**Proposed Completion Date:** 31 December 2022

#### **Response:**

It is acknowledged that prisoner services have been negatively impacted by the redeployment of Vocational Support Officers and adaptive regimes.

The Department will explore the necessary resources and licensing required to enable connectivity between the two libraries. In the interim, Hakea has implemented the use

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of internal unit-based libraries, mobile libraries and unit coordinated access to the libraries to ensure prisoners are provided with adequate access.

### **8 Bring the Hakea kitchen up to required food hygiene standards.**

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

#### **Response:**

The Department agrees the Hakea kitchen requires improvements. A proposal and subsequent business case are being developed to upgrade the kitchen and provide additional storage / facilities that will address some of the concerns identified.

### **9 Review the functioning of health and mental teams in prisons, and where necessary take steps to restore cohesion and improve services.**

**Level of Acceptance:** Supported  
**Responsible Division:** Corrective Services  
**Responsible Directorate:** Offender Services  
**Proposed Completion Date:** 31 December 2022

#### **Response:**

The Director General has mandated the reintegration of the Health Services and Mental Health, Alcohol and Other Drugs streams.

The Justice Health Service Project has commenced and will be guided by a Steering Committee, which includes representatives from the Department of Health and the Mental Health Commission.

The Project aims to establish a contemporary, future-proofed health service, where clinical governance and quality health service delivery are paramount.

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**10 Clinical information sharing should be improved by the following.**

- a) **Negotiating and implementing an agreement with the Department of Health (DoH) to provide PSOLIS access for Department of Justice Mental Health staff (the advent of Web PSOLIS in August 2021 may prove to be an opportunity to facilitate this).**
- b) **Developing a process for the PHS to feedback to the referrer, or for that information to be accessible on ECHO**
- c) **Reviewing access to the Statement of Material Facts for mental health staff<sup>2</sup>**
- d) **Exploring the feasibility of providing access to ECHO for on call medical staff**
- e) **Reviewing access to health information from other prisons for all health staff**

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

**Response:**

- a) The DoH has agreed to allow approved prison mental health clinicians to access PSOLIS on a read-only basis. PSOLIS access will ensure that prison mental health staff have timely access to critical information about prisoners' past interactions with specialist mental health services – information that can be used to provide the best possible treatment and care. MHAOD staff provide a Transfer of Care Summary and referrals to DoH at either referral for treatment stage or on release from prison.
- b) Psychological Health Services (PHS) have been provided access to the ECHO health record and provide feedback to the referrer via the ECHO note/health record.
- c) MHAOD Governance has agreed that senior mental health staff and PHS can have access to support risk assessment, however there is no intent on rolling permission further. Junior staff can be guided by senior staff who have access to the Statement of Material Facts.
- d) It is not considered feasible for all on-call staff to have access to ECHO at all times due to the nature of e-consults requiring an urgent response from wherever the on-call staff may be (e.g. if not at home, they will be provided with the historical information to respond to the issue immediately on their phones). On-call staff do have access to ECHO as part of their remote access permissions when working from home (i.e access on laptop or in home office).
- e) MHAOD staff are provided with access to all sites. An audit of staff access is underway to confirm.

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**11 Revise the appointment booking process, in Hakea and all other prisons, to ensure that it is effective, efficient and makes the best use of available resources.**

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

**Response:**

Health staff at Hakea have confirmed the timeframes for re-bookings remain similar to those stated in the recommendation. The delays can be caused by staffing or security issues.

There are risks associated by not re-booking requested appointments as a matter of course as there is a duty of care to ensure that a prisoner is given an opportunity to attend the medical appointment requested.

**12 Revise the initial health screen to include identification of intellectual disability and cognitive impairment.**

**Level of Acceptance:** Supported  
**Responsible Division:** Corrective Services  
**Responsible Directorate:** Offender Services  
**Proposed Completion Date:** 30 June 2023

**Response:**

Health Services DOJ have developed a Functional Impairment Screening Tool (FIST) after giving consideration to national and international disability assessments, tailored for the Department's needs as a screening tool across large numbers of patients.

The FIST covers 10 domains of relevant areas of function impacting on daily life, with a scoring system of 0-3 (0 nil, 3 severe) with consideration given to permanent or temporary status of each impairment.

This was implemented across all sites in November 2021. The form is to be completed by a Nurse or Doctor as soon as possible after admission and repeated yearly as part of the annual health review.

The FIST had been implemented as an electronic form in the Department's electronic medical record, providing for clean data capture. The data from the FIST is intended to be suitable for sharing with custodial staff information on individuals and cohorts of patients, with the expectation this will aid the accommodation and management of individuals by alerting staff to individual needs as early as possible.

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**13 The Department of Justice must develop a model of care for the statewide provision of culturally safe healthcare in custodial settings.**

**Level of Acceptance:** Supported in Principle  
**Responsible Division:** Corrective Services  
**Responsible Directorate:** Offender Services  
**Proposed Completion Date:** Completed

**Response:**

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

A business case for the employment of 17 Senior Aboriginal Health Workers to service the custodial estate was submitted in October 2020. The proposal was supported in principle; however, no additional funding was committed to the proposal.

The Department has submitted Budget Submissions in 2020/21 and 2021/22 however were not approved.

**14 Identify and/or allocate consistent, safe consulting rooms for the PHS team either within or adjacent to Hakea's health centre.**

**Level of Acceptance:** Supported in Principle  
**Responsible Division:** Corrective Services  
**Responsible Directorate:** Offender Services  
**Proposed Completion Date:** 31 December 2022

**Response:**

MHAOD, Primary Health and Adult Custodial staff are currently investigating options in relation to access to additional consulting rooms on site for PHS staff.

**15 Improve the referral interface between primary care and the mental health team.**

**Level of Acceptance:** Supported  
**Responsible Division:** Corrective Services  
**Responsible Directorate:** Offender Services  
**Proposed Completion Date:** 31 December 2022

**Response:**

The Department has identified the referral process, for both enhanced Primary Care and Mental Health secondary care, as a priority and is working towards documenting and communicating a formal process.

The process will include an in-depth assessment to identify and allocate to the appropriate mental health clinician / team for further assessment, care and management planning. In addition, the process will capture and ensure that staff from each stream understand their scope of practice and role in patient care.

## DEPARTMENT OF JUSTICE RESPONSE

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Response to OICS Draft Report:  
2021 Inspection of Hakea Prison

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**16 The Department and Hakea should establish a project group to work towards the development of a mental health unit or area at the prison.**

**Level of Acceptance:** Noted  
**Responsible Division:** Corrective Services  
**Responsible Directorate:** Offender Services  
**Proposed Completion Date:** N/A

**Response:**

The Department agrees with the concept of the recommendation, however without the support by way of Government commitment there are limited opportunities to facilitate this change.

As part of the planning for the Casuarina Mental Health unit, steps to improve support and management of individuals requiring acute inpatient care will include similar measures that have been adopted in the women's estate. It is intended that acute mental health patients from Hakea will be transferred to Casuarina when operational.

The Government is currently driving changes to mental health services through the Graylands reconfiguration.

**17 Urgently address the lack of access to involuntary mental health care by.**

- a) **Developing a process to report on and monitor the number of prisoners who remain in prison while requiring an inpatient bed for treatment of mental illness (including the ability to track and report on individual cases and actual wait times)**
- b) **Agree on a set of clinical criteria to identify when safe care cannot be provided onsite, and transfer to an emergency department is necessary**

**Level of Acceptance:** Supported  
**Responsible Division:** Corrective Services  
**Responsible Directorate:** Offender Services  
**Proposed Completion Date:** Completed

**Response:**

Priority 1 and Priority 2 rated mental health patients are monitored via an Echo Whiteboard, which tracks the total number of days since P1 rating was applied and therefore the wait duration.

There is a longstanding weekly meeting to discuss patients on the waitlist, which is attended by State Forensics, Frankland Centre, and senior clinicians from each major prison.

The decision to seek tertiary care in an emergency department is the responsibility of the treating Psychiatrist in communication with senior custodial staff.

## DEPARTMENT OF JUSTICE RESPONSE

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Response to OICS Draft Report:  
2021 Inspection of Hakea Prison

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**18 The Department should provide increased role specific training and support to staff tasked with chairing PRAG, and those conducting intake risk assessments across the prison estate.**

**Level of Acceptance:** Supported  
**Responsible Division:** Corrective Services  
**Responsible Directorate:** Offender Services  
**Proposed Completion Date:** 30 June 2023

**Response:**

Role specific training and support to staff tasked with chairing PRAG has been identified in the current *Review of the Management of At-Risk and Vulnerable Prisoners*. Training and support to PRAG Chairs and group members is included in the development and testing stage of proposed changes to the ARMS processes.

Hakea has developed training in the ARMS-Risk Identification Assessment (RIA) process for that site.

**19 Review the morning PRAG process, to ensure the most relevant support services are included and have sufficient time to conduct their risk assessments. Make sure this process is therapeutic and not distressing to prisoners.**

**Level of Acceptance:** Supported  
**Responsible Division:** Corrective Services  
**Responsible Directorate:** Offender Services  
**Proposed Completion Date:** 31 December 2022

**Response:**

In 2021 the Commissioner's Suicide Prevention Taskforce engaged Neil Morgan to review the ARMS and SAMS processes.

Based on Mr Morgan's work, the Department has established a working group to focus on improvements to the ARMS and SAMS processes. This work is currently ongoing and will consider the current PRAG processes.

**20 Introduce a standardised withdrawal treatment plan based on best practice.**

**Level of Acceptance:** Supported in Principle  
**Responsible Division:** Corrective Services  
**Responsible Directorate:** Offender Services  
**Proposed Completion Date:** 31 December 2022

**Response:**

Health Services is working to develop a consistent position between health professionals: Doctors, Pharmacy, MHAOD and Policy staff so consideration can be given to see if similar protocols used by Next Step at their inpatient units can be applied in this environment.

Response to OICS Draft Report:  
2021 Inspection of Hakea Prison

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**21 Provide additional support for the Transitional Manager.**

**Level of Acceptance:** Supported in Principle  
**Responsible Division:** Corrective Services  
**Responsible Directorate:** Offender Services  
**Proposed Completion Date:** N/A

**Response:**

Remand prisoners have different needs to sentenced prisoners. It is acknowledged that the number of remand prisoners at Hakea have increased over the years placing increased pressure on the Transitional Manager (TM). The situation is being monitored and additional support redirected, particularly during busy periods.

The metropolitan contracted reintegration provider ReSet addresses the needs of sentenced prisoners as a priority, with limited focus on remand prisoners with identified high needs.

A review of the current adult rehabilitation and reintegration service agreements is undertaken by the Western Australian Office of Crime Statistics and Research (WACSAR). This work will determine the direction and procurement of future rehabilitation and reintegration services, including transitional services, and will involve key stakeholders in the Not-for-Profit sector. WACSAR are also leading on the replacement of the current suite of programs, where required.

This work will be monitored through the governance of the Evaluation and Review Steering Committee



# Appendix 4

## INSPECTION DETAILS

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### INSPECTION TEAM

Eamon Ryan	Inspector
Darian Ferguson	Deputy Inspector
Natalie Gibson	Director of Operations
Stephanie McFarlane	Principal Inspections and Research Officer
Kieran Artelaris	Inspections and Research Officer
Jim Bryden	Inspections and Research Officer
Cliff Holdom	Inspections and Research Officer
Charlie Staples	Inspections and Research Officer
Aaron Hardwick	Inspections and Research Officer (Justice secondee)
Ryan Quinn	Review and Research Officer
Joseph Wallam	Community Liaison Officer
Peter McKiernan	Inspection Officer, Office of the Commonwealth Ombudsman
Dr Emma Crampin	Deputy Chief Psychiatrist, Office of the Chief Psychiatrist

### KEY DATES

Formal announcement of inspection	22 March 2021
Start of on-site phase	21 July 2021
Completion of on-site phase	30 July 2021
Presentation of preliminary findings	18 August 2021
Draft report sent to the Department of Justice	17 December 2021
Draft report returned by the Department of Justice	8 February 2022
Declaration of prepared report	1 March 2022

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



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