NON-CUSTODIAL STAFFING SHORTAGE

AUGUST 2025

Independent oversight that contributes to a more accountable public sector

GOVERNMENT OF WESTERN AUSTRALIA

OFFICE OF THE INSPECTOR OF CUSTODIAL SERVICES

The Inspector of Custodial Services and staff acknowledge Aboriginal and Torres Strait Islander people as the Traditional Custodians of this country, and their continuing connection to land, waters, and community throughout Australia. We pay our respects to them and their cultures, and to Elders, be they past or present.

Artwork Acknowledgement

Marcia McGuire – Kolbang 'Going Forward' (2025)
Format: Digital illustration (cover uses elements)

The artwork ***Kolbang*** – meaning 'going forward' – depicts the positive impacts the Office of the Inspector of Custodial Services has on the custodial estate in Western Australia.

The artwork embodies traditional knowledge passed on from Marcia McGuire's families of the Whadjuk, Ballardong, Yued Noongar and Badimia Yamatji Aboriginal People.

Non-custodial staffing shortage

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Inspector's Overview

Shortages in non-custodial staff need to be addressed sooner rather than later

Throughout our review and inspection work we consistently hear about issues and concerns arising from custodial staffing shortages. This is understandable given the essential role custodial staff play in maintaining safe and secure prisons, without which nothing else is likely to happen. We have written extensively about the causes and impacts of this problem, which have been compounded by considerable growth in the prison population over recent years. Lately, the Department of Justice, Corrective Services, has put a lot of work into bolstering recruitment and increasing retention of custodial staff.

But the safety and security of prisons is just one element of an effective prison system, albeit an important one. Of parallel importance, and arguably the best means to reduce the size of the prison population by stopping people cycling through prison and creating safer communities is the support and rehabilitation services offered to them while in custody. This is where non-custodial staff come into prominence.

An effective prison system must provide people in custody the opportunity to address their immediate health, mental health, and welfare needs; and also support change in their behaviours and attitudes through tailored programs and services that address their needs and supports desistance. These services and supports are primarily delivered by non-custodial staff working in each facility, and this review examined the incidence and impact of staffing shortages within this group.

Shortages in non-custodial staff arise for similar reasons to those experienced by custodial staff, including unfilled vacancies, planned and unplanned leave, unmet demands on services, inadequate funding and resourcing, and challenges specific to regional areas. The problem is often exacerbated by inconsistencies in identifying the required staffing levels in different prisons.

In addition to this, recruiting specialist clinical positions, such as nurses, mental health workers, psychologists, and counsellors, face an additional challenge of a nationwide shortage of clinicians and the difficulty many prisons face matching terms and conditions of employment offered elsewhere.

Our report contains several recommendations aimed at addressing these challenges. Recommendation 1 was to identify non-custodial staffing requirements using an evidence-based approach to ensure consistency across various sites. The Department's response to this recommendation noted its *Safer Staffing Review* now includes non-custodial staff, with phase one of the Review focussing on custodial staffing needs. Phase two of the Review will examine non-custodial staff, but this will not commence until the third quarter of the 2025-2026 financial year.

This timeframe means the Department will not begin to look at the systemic drivers behind non-custodial staffing shortages for at least another eight months. Therefore, it is unlikely we will see any meaningful change for well over 12 months and probably longer. In the meantime, the significant shortfalls we have identified in the provision of health, mental health, welfare, and rehabilitation support for prisoners will remain.

ACKNOWLEDGEMENTS

We are grateful for the support and cooperation received throughout the review from key personnel at the Department of Justice.

I acknowledge the contribution and hard work of the team in our office who were involved in undertaking this review. I would particularly acknowledge and thank Kelly Jackson for her work in leading this review and as principal analyst and drafter of this report.

Eamon Ryan
Inspector of Custodial Services

28 August 2025

Executive Summary

Background

Over a number of years, we have established there are significant, and in some places crisis-level pressures regarding staffing within Western Australian prisons. While custodial officer roles are often focussed upon, we have also frequently highlighted these pressures within non-custodial business areas (OICS, 2024A; OICS, 2024B; OICS, 2023A; OICS, 2023B; OICS, 2022A; OICS, 2021A).

Staffing pressures arise due to various reasons, including:

- short- and long-term vacancies, such as those that occur due to an inability to recruit
- leave arrangements, particularly unplanned leave, and a lack of coverage for leave periods
- changes in demand, such as increases to the prisoner population that have been not forecast when establishing staffing levels
- funding arrangement limitations
- availability of regional housing.

The result of such pressures mean existing staff can become overworked, perceptions of safety shift, and workplace morale can significantly decline. This, in turn, increases the likelihood of further staffing pressures through resignations, sick leave, and workers' compensation leave. Such pressures also significantly affect those people held in custody as the services and programs delivered to them by non-custodial staff are heavily impacted or reduced entirely.

Defining non-custodial staffing

People in custody should be provided the opportunity to address their primary health, mental health, and social care needs through access to appropriate services (CSAC, 2018; OICS, 2020). They must also be supported to change their behaviours and attitudes through tailored programs and services which address their needs and support desistance.

These services and supports are delivered by non-custodial staff working within the custodial facility. Non-custodial staff differ from custodial staff – uniformed prison officers and vocational support officers - who are employed by the Department of Justice (the Department) under Section 13 of the *Prisons Act 1981*. A prison officer swears an oath of engagement before a justice or superintendent to serve the state and maintain the security of the prison in which they serve, as well as the security of the prisoners and other officers employed at that prison (S13)..[1] In contrast, non-custodial staff

[1] Vocational Support Officers are qualified professionals and/or tradespeople, who undergo custodial training so that they can be redeployed from their vocational role into the role of prison officer. For this reason, for the purposes of this review, Vocational Support Officers have been categorised as custodial officers and so do not feature in the following findings or recommendations.

can be employed by either the Department or by external service providers and they do not undertake a sworn oath. They are often, but not exclusively, professionals who work in the areas of health, mental health, rehabilitation, reintegration, education, and employment. As qualified experts in their respective fields, they are integral to ensuring time in custody is an opportunity to address needs and change behaviours.

Industrial agreements exist between the Department and the Western Australian Prison Officers Union, which agree on aspects of the services to be provided by and to prison officers. These include entitlements for training, leave, reimbursements, and rostering (Department of Justice Prison Officers' Industrial Agreement 2022, 2024). Service level agreements with each custodial facility then establish the agreed custodial staffing level, or the number of prison officers required to fill all permanent positions at each site. Each agreement is based on an assessment of how many staff are required to ensure the safe operation of the prison and the safety of officers where the site is at its maximum prisoner capacity (Parliament of Western Australia, 2022). In other words, the number of prison officers required to manage an agreed maximum number of prisoners.

However, service level agreements do not include non-custodial staff, as defined in this review as qualified non-uniformed individuals providing direct services within custodial facilities. The Department instead develops ratios and forecasts for individual roles within the Health and Wellbeing, and Rehabilitation and Reintegration portfolios. These are based on prior needs, current trends, and a general principle of delivering services in a similar timeframe as one would expect to receive in the community.

Health and Wellbeing Portfolio

includes Health Services, and Mental Health and Alcohol and Other Drugs.

Rehabilitation and Reintegration Portfolio

includes Offender Programs, Assessment and Intervention, and Education.

We have focused on these two portfolios as they represent the key areas involved in addressing prisoner wellbeing needs and facilitating behavioural change. These areas are primarily staffed with non-uniformed personnel employed by the Department or under contract with an external service provider. They are also two areas which have experienced significant staffing pressures over recent years.

Special Note

We acknowledge the essential services provided in custodial environments by clerical and administrative staff. While this report has focussed on those positions delivering services within the Health and Wellbeing, and Rehabilitation and Reintegration portfolios, clerical and administrative staff are a key support for the delivery of those services. They too experience shortages within their ranks. However, this was outside the scope of this review.

Key Findings

Staffing models for non-custodial services are complex

Departmental data indicated there were one in five positions vacant in Health and Wellbeing, while more than one in four Rehabilitation and Reintegration positions were unstaffed. Combining the number of vacant full time equivalent positions (FTE) with the additional required FTE equates to more than 500 staff the Department must find to fill current and preferred staffing levels within these portfolios. Many of the staff-to-prisoner ratios in use were devised using now-superseded policy, indeterminate complexity weightings, performance-based forecasting, and/or factors with no recorded corporate memory of how they were determined. Staffing models with a focus on timely delivery of service are aligned with contemporary best practice. Accordingly, the Department has prescribed various timeframes in policy, including some health delivery expectations, and case management and assessment tasks. However, meeting these timeframes is often not achievable with current resources and this has led to delays in health assessments, case management, and rehabilitation planning impacting prisoner care and reintegration outcomes.

Recruitment and retention challenges hamper the delivery of non-custodial services

While failed budget submissions may have historically impeded increasing FTE, the Department has also been hampered by recruitment and retention challenges. We were advised there is a limited capacity to offer comparable employment incentives in a time where there is a shortage of clinically trained prospective employees suitable to fill correctional roles. Where recruitment occurs, retention remains a significant challenge. Attrition has been linked to increased workloads, unsafe working conditions, limited opportunities for career progression or innovation, a lack of clinical supervision, and an undesirable workplace culture. Despite recent efforts, including the formation of the Clinical Shortages Workforce Group and various recruitment initiatives, progress has been limited and vacancies remain high in key areas. Some promising strategies have been introduced, such as student placements, relocation funding, and qualification reviews. However, more robust retention measures and competitive incentives are urgently needed. Serco's tailored approach at Acacia Prison, including retention bonuses and flexible working arrangements, has proven more effective, highlighting opportunities for the Department to enhance its employment offerings.

Conclusion

The Department faces a critical and multifaceted challenge in adequately staffing non-custodial services. Persistent vacancies, unrealistic staffing targets, and staffing ratios that lack rigour have undermined efforts to meet service delivery benchmarks and uphold the principle of equivalence. These issues are compounded by systemic recruitment and retention barriers, including insufficient funding, unattractive employment conditions, and inadequate infrastructure. While the Department has initiated promising recruitment strategies through the Clinical Shortages Workforce Group, meaningful progress will require a stronger focus on retention, workplace safety, and competitive incentives. Without comprehensive reform and sustained investment, the Department risks continued service shortfalls that compromise the wellbeing, rehabilitation, and reintegration outcomes for people in custody.

List of Recommendations

Recommendation	Page	DOJ Response
Recommendation 1 Determine a clear and evidence-based formula for calculating staffing requirements at each site. Track and assess these regularly based on changes to the prison population.	6	Supported in Principle
Recommendation 2 Dedicate adequate infrastructure to the Health and Wellbeing, and Rehabilitation and Reintegration portfolios in each prison to allow consistent delivery of on-site services.	14	Supported in Principle
Recommendation 3 Review and address reports of harassment, bullying, and victimisation to ensure staff felt safe and supported in their role.	14	Supported
Recommendation 4 Review organisational structures and resourcing to ensure all clinical positions have consistent access to a level of clinical and personal supervision that meets contemporary professional practice standards.	15	Not Supported
Recommendation 5 Engage external representatives – such as professional bodies and tertiary institutions – to inform working groups targeting staffing needs and the development of recruitment and retention strategies.	16	Supported in Principle
Recommendation 6 Realign salary and conditions for roles with the Health and Wellbeing, and Rehabilitation and Reintegration portfolios that are comparable to similar sectors of the market.	18	Supported in Principle

1 Staffing models for non-custodial services are complex

Staffing non-custodial business areas adequately to meet demand has been challenging for the Department in recent years. It uses a range of staff-to-prisoner ratios to achieve this. However, few Australian guidelines exist to aid the Department's establishment of optimal staffing ratios within these areas of prisons. National principles and standards have instead focussed on the timely provision of service and the 'principle of equivalence' – the right for people in custody to receive a standard of care equal to services available in the community. We have found both benchmarks have been difficult to achieve.

1.1 Vacancy rates are significant and fall well short of desired staffing levels

Departmental data indicated there were many unstaffed roles within the Health and Wellbeing, and Rehabilitation and Reintegration portfolios. This equated to one in five positions being vacant in Health and Wellbeing, while more than one in four Rehabilitation and Reintegration positions were unstaffed. By far, the 45% vacancy rate in Assessments and Intervention roles was the most concerning. Most of the vacant positions in this business area were clinical counselling and forensic psychologist positions. The Department had 27.3 recurrent full time equivalent positions (FTE) within various Specified Calling levels, but 16 of these were vacant at the time of this review (58.6%).

Table 1 Departmentally supplied data indicated vacancy rates in the Health and Wellbeing, and Rehabilitation and Reintegration Portfolios were high.

Business Area	Recurrent FTE	FTE occupied	FTE vacant	Percentage FTE vacant
Health and Wellbeing Portfolio	311.68	247.14	64.54	20.7%
Rehabilitation and Reintegration Portfolio	248.50	182.73	65.77	26.6%
Education, Employment and Transitional Services	106.9	96.13	10.77	10.1%
Offender Programs	85.3	55.8	29.5	34.6%
Assessment and Intervention	56.3	30.8	25.5	46.1%
Total for both portfolios	560.18	429.87	130.31	23.3%

Only 10% of recurrent positions within the Education, Employment and Transitional Services (EETS) were vacant, with similar vacancy rates observed in both regional and metropolitan areas (12% and 9% respectively).

As part of this review, the Department advised us it was contracting out some positions such as dieticians, physiotherapists, and optometrists due to the ongoing shortage of non-custodial staff. This extended more broadly to many roles within Offender Programs and Offender Services which are contracted out. And there were also larger contracts such as the Solid Steps program for the Mallee Rehabilitation Centre at Casuarina Prison which employed personnel to deliver non-custodial services.

This equates to a large proportion of non-custodial roles. However, the Department advised us it was unable to provide the staffing complements or FTE information for those contracted external service providers. This meant the Department was unable to track or monitor these numbers. As such, the figures in Table 1 do not provide a complete overview of the number of FTE currently providing services across the Health and Wellbeing, and Rehabilitation and Reintegration portfolios, rather just those who are departmental employees.

Required additional staffing allocations are considerable, and perhaps unattainable

While vacancy rates are concerning, these are comparatively low when examined against the additional FTE the Department requires to meet its desired staffing levels based on its established staff-to-prisoner ratios [see Section 1.2]. Across all roles within the Health and Wellbeing, and Rehabilitation and Reintegration portfolios, the Department advised us it requires a further 383.38 FTE (316.88 and 66.5 respectively).

Combining the number of vacant FTE with the additional required FTE equates to more than 500 staff the Department must find to fill current and preferred staffing levels within these portfolios. This appears to be quite unrealistic in the near future given the challenges the Department has previously experienced recruiting to the existing 130 vacant positions.

Table 2 Desired staffing levels presently appear unattainable in current employment conditions (data supplied by Department of Justice).

Business Area	Recurrent FTE	FTE vacant	Additional FTE required	Number needed to cover vacancies and additional required
Health and Wellbeing Portfolio	311.68	64.54	316.88	381.42
Rehabilitation and Reintegration Portfolio	248.50	65.77	66.50	132.27
Total for both portfolios	560.18	130.31	383.38	513.69

Broken down further, there are approximately 311 funded positions in the Health and Wellbeing portfolio but twice as many are reportedly required as additional FTE. Most of these are within nursing roles (187.03). Given the considerable vacancy level within the existing nursing roles, the Department will need significant effort and ongoing investment to secure more than 220 nurses in an Australia-wide nursing shortage (AIHW, 2024).

Similarly, there is 'critical and chronic shortage of psychiatrists' nationwide (RANZCP, 2024, p. 3), and while the Department is funded for 3.0 FTE, only 0.5 FTE is currently occupied. In our recent review examining people in custody's access to crisis care, we highlighted the effects of psychiatric shortages and recommended the Department increase FTE (OICS, 2025A). The Department supported this recommendation in principle; we are pleased to see it has identified it requires another 3.0 FTE to meet psychiatric service need.

Table 3 Most of the additional FTE have been requested within the Health and Wellbeing portfolio (data supplied by Department of Justice).

Role	Recurrent FTE	FTE vacant	Additional FTE required	Number needed to cover vacancies and additional required
Prisoner Medical Officer (doctor)	23.85	7.40	8.55	15.95
Psychiatrist	3.00	2.50	3.00	5.50
Clinical Nurse Manager	4.00	0.00	1.00	1.00
Clinical Nurse Manager	10.00	0.25	1.00	1.25
Clinical Nurse Coordinator	0.00	0.00	9.00	9.00
Clinical Nurse Lead	5.00	1.00	33.00	34.00
Clinical Nurse	107.13	24.69	62.93	87.62
Clinical Nurse Manager MH	3.00	1.00	0.00	1.00
Clinical Nurse Consultant MH	3.00	2.00	2.00	4.00
Clinical Nurse Specialist MH	11.00	4.35	21.00	25.35
Clinical Nurse MH	21.10	6.15	57.10	63.25
Prison Counsellor	42.00	6.10	9.40	15.5
Clinical Supervisor	6.00	1.00	5.00	6.00
Prison Support Officer	21.50	2.90	27.00	29.90
Senior Prison Support Officer	1.00	0.00	10.00	10.00
Resource Coordinator	4.00	0.00	12.00	12.00
Senior Medical Receptionist	21.10	0.80	13.90	14.70
Medical Receptionist	8.50	0.00	22.50	22.50
Medication Assistant	11.50	2.00	18.50	20.20
Senior Aboriginal Health Worker/ Aboriginal Mental Health Worker	3.00	2.00	0.00	2.00
Occupational Therapist	2.00	0.40	0.00	0.40
Total	311.68	64.54	316.88	381.42

1.2 Determining staffing allocations via ratios lack rigor

Currently, no Australian guidelines outline optimal staffing ratios for non-custodial staff within prisons. Where there are national principles and standards, these primarily focus on how roles within the areas of health, wellbeing, rehabilitation, and reintegration can provide responsive and timely services to people in custody. This is also in acknowledgement of both the complexities of individual needs and the dynamic nature of prison populations (RACGP, 2023; CSAC, 2018).

This reflected the principle of equivalence. This is a prisoner's right to a standard of care equal to the standard received in the community to meet their physical and mental health, and social care needs (Scott, 2023; CSAC, 2018). However, national studies have highlighted correctional operational models have yet to embed the principle, and that people in custody often receive inappropriate or no treatment (Scott, 2023; Davidson F. C., 2020). There are many challenges which impede staff attaining the principle of equivalence. They include:

- a low prioritisation of mental health care in prisons
- limited ability to research, or offer registrar training or supervision to staff
- prison environments which are not conducive to recovery or therapeutic alliance (the collaborative relationship between a therapist and patient)
- difficulties transferring people in custody to inpatient mental health units for treatment
- difficulties coordinating continuity of care post release
- staff shortages
- high caseloads leading to staff burn out (Scott, 2023).

Furthermore, given Australian prison populations report a higher prevalence of physical and mental ill health, it can be argued people in custody should have better access to a higher standard of care than in the community (Scott, 2023).

Departmental staffing ratios are developed using 'complexity' and 'forecasting'

The Department advised us it uses ratios to determine its non-custodial staffing needs at each custodial site across the Health and Wellbeing, and Rehabilitation and Reintegration portfolios (DOJ, 2024). Examples include:

Prisoner Education Coordinator	Treatment Assessors	Programs Facilitators	Psychologists
1:100 prisoners	1:80 assessments	1:80-100 prisoners	1:20 prisoners

Many of these ratios were devised using now-superseded policy, complexity weightings based on indeterminate factors, and/or performance-based forecasting. They also used other factors now so dated there is no recorded corporate memory of how they were reached. In one example, departmental representatives explained a historical staffing review informed the formation of some longstanding ratios. However, the Department was unable to locate a copy of this review. As such, it could not explain or justify the rationale for their use.

The Department also advised there was no clear reasoning for the origin and rationale of FTE ratios allocated to specific custodial sites. There was minimal explanation for how these ratios were determined or why sites differed in staff allocations beyond 'complexity' and 'forecasting', which were not consistently applied across roles.

Determining a ratio is not empirical. It's more about what is working and what is not.

There is no black and white formula. We try to put some formula to it, but the shifting complexity occurs so frequently. It's a complex system and a constant juggle.

There is no formula for nursing or primary health. At [one prison] we have four consult rooms, so we have four nurses.

Departmental representatives explained quantifying staffing ratios was not rigorous.

'Complexity' within a population is defined as variables identified as influencing the FTE and operational cost of the provision of the service, and includes:

- population
- security ratings
- percentage of First Nations people, women, or remandees in the population
- level of complexity of offending compared to the level of intervention need
- number of prisoner movements in and out of the site
- whether a work camp was attached to the prison site
- complexity of prison layout
- complexity of industrial training
- the type of TAFE resource agreement that exists.

Several business areas considered complexity when determining their required FTE. However, the Department could not explain the calculation quantitatively, and therefore, how it translated into differences in FTE across sites. For specific education roles within Rehabilitation and Reintegration, weightings were attached to some complexities. However, we found the system did not clearly correlate with the calculated FTE and so could not be replicated for the purposes of this review.

'Forecasting' was used to calculate FTE for roles within Offender Programs, Treatment Assessments, and Assessment and Intervention. According to departmental representatives, it is determined by:

- current staffing performance
- job role estimations (including referrals, caseloads, and key performance indicators)
- increases in prison population.

Given the a lack of appropriate staffing levels and service provision for several years, this system is flawed (OICS, 2024A; OICS, 2024B; OICS, 2023A; OICS, 2023B; OICS, 2022A; OICS, 2021A). The calculations are based on previous need which is underrepresented due to ongoing staffing shortages.

Sunset ratios are still in use

The Department presently uses the following staffing ratios from the International Association for Correctional Forensic Psychology (IACFP) for qualified mental health care professionals.

- 1 FTE per 150-160 general population prisoners
- 1 FTE per 50-75 specialised population (drug treatment, special management) prisoners
- 1 FTE per 125 prisoners where daily average population is > 125
- 0.4 FTE where average population is 76-125 prisoners (IACFP, 2010).

However, these ratios were sunset (intentionally phased out) in 2019 by IACFP, in favour of models that demonstrate the principle of equivalence and, particularly the timely provision of service.

We acknowledge determining staffing allocations has been complex and challenging for the Department, particularly with the significant increases to the prison population in recent years [see Section 2.1]. However, if the Department is to continue using staffing ratios, including those that are no longer used by professional associations, further work is required so non-custodial business areas are adequately and appropriately staffed to meet the needs of people in custody. Presently, the level of inconsistency, the absence of evidence, and the unclear calculation of influential complexities suggests more evidence-based decision making is required.

Recommendation 1
Determine a clear and evidence-based formula for calculating staffing requirements at each site. Track and assess these regularly based on changes to the prison population.

1.3 Prescribing service delivery timeframes is fraught

Staffing models with a focus on timely delivery of service are aligned with contemporary best practice. Accordingly, the Department has prescribed various timeframes in policy, including some health delivery expectations, and case management and assessment tasks. However, meeting these timeframes has not always been achievable with current resources.

Health and Wellbeing wait times illustrate the need for more clinical staff

The equivalence of care is supported by the Department's Health Services Guiding Principles established in its Clinical Governance Standard (DOJ, 2017A), and is re-enforced in its health care policy (DOJ, 2017B). However, the Department puts a caveat around this:

> While … [the Department, Health Services Division] care delivery is based on community standards, there are a number of appointments which have been implemented through various initiatives which impact on medical appointments, time and care delivery (DOJ, 2017B).

Acknowledging this caveat, departmental policy establishes a 24-hour timeframe for admission screening and assessment by a nurse (DOJ, 2017B). Records indicate that since 2020 the proportion of this screening and assessment conducted has been relatively high, ranging from 81.5% to 87.2%. This increases to 85.3% to 92.3% when combined with those assessments completed within 48 hours. In 2024, despite a significant increase in the number of receptions compared to previous years, compliance was at its highest while the proportion of assessments not completed within 72 hours was its lowest for the five year period. However, it is still concerning that 6.2% of receptions last year did not include as nurse assessment within the first 72 hours after intake, particularly as their purpose is to identify potential physical and mental health risks (DOJ, 2017B).

Table 4 Most admission health assessments were timely, and within departmentally specified timeframes.

Year	Total number of receptions	Proportion completed within 24 hours	Proportion completed >24 to 48 hours	Proportion completed >48 to 72 hours	Proportion not completed within 72 hours
2020	7,196	87.2%	4.4%	1.3%	7.4%
2021	6,896	85.7%	3.9%	1.2%	9.3%
2022	6,616	81.5%	3.7%	1.1%	13.7%
2023	8,615	87.1%	3.9%	1.2%	7.8%
2024	10,419	87.2%	5.2%	1.5%	6.2%

This policy similarly establishes that annual health reviews are to be offered to those people in custody who have not had any health assessment during the previous 12 months (DOJ, 2017B). There were 1,781 annual health reviews due on 5 May 2025. However, for some of these people their last recorded health assessment were:

- greater than 24 months previously (235 or 14%)
- greater than 36 months previously (103 or 6%).

These results are unsurprising given the significant shortage of allocated and required FTE in nursing roles, and the need to prioritise those presenting with health concerns.

Other health services are provided to people in custody such as medical practitioner appointments, mental health care, and various allied health services including physiotherapy, dietetics, and optometry.[2] However, departmental policy does not establish timeframes for patients to receive these services. Without these timeframes, timely delivery can be defined as services within a period appropriate to the situation, as reasonably expected by professional peers (RACGP, 2023). Based on

[2] Dental care is provided through the Department of Health and not covered by this review.

this definition, contemporary wait times for health and mental health services across the community indicate:

- The average wait time in Australia for general practitioner (GP) appointment with an urgent need is between 4 hours and 24 hours or more (ABS, 2024).
- The average wait time in Australia for a non-urgent need GP appointment is 4 days (ABC News, 2022).
- The average wait time in Australia for mental health support from psychologists, social workers, or occupational therapists is three months or more (Australian Healthcare Index, 2024).

Our recent inspections indicate many of these community wait times are shorter than the experiences of people in custody. At Hakea Prison we found wait times for a nursing triage appointment was up to two weeks and eight weeks to see a doctor. Similar lengthy wait times were found at Casuarina Prison (between 2-3 months) (OICS, 2023A) while a doctor's appointment for non-urgent medical needs could take up to five weeks at Melaleuca Women's Prison (OICS, 2024C). At Bandyup Women's Prison, the wait times for women to receive mental health care through Psychological Health Services (PHS) was approximately four weeks. However, at the time of that inspection, PHS had 103 women on its client list, equating to 47% of the prison's population (OICS, 2025B).

In contrast, during our last inspection of Acacia Prison in October 2024, we found a 1-2 week wait times for a GP which was significantly less than other secure male prisons (OICS, 2025C). Acacia also employed or contracted a range of ancillary health care providers to deliver more holistic care. Wait times for those services largely aligned to community timeframes. However, very limited information was provided by Acacia as part of this review so more recent data and analysis can be presented.

Overdue case management and assessment requirements could be alleviated

The Department has also established parameters for the timely assessment for rehabilitation services (such as criminogenic programs and educational courses) within various policies. While the Department has succeeded in completing some of these assessments within its own prescribed timeframes, we found a considerable proportion were overdue. In part, these delays are explained by inadequate staffing levels.

Over several years we have found that overdue assessments impact people in custody, and their ability to receive timely criminogenic treatment programs and address their offending behaviours (OICS, 2023C; OICS, 2022B; OICS, 2021B). For example, case managers are to be allocated to individuals within seven days of their intake into custody, and an initial case management interview should be conducted with them within their first 14 days (DOJ, 2022A). On 5 May 2025, there were 4,984 people in custody in Western Australia who were sentenced, of whom 3,505 required case management. Most people had been assigned a case management officer at their current facility (2,789) although some were assigned at officers at other facilities (207).

However, there were 443 who had not been assigned a case officer, and 288 primary contacts (the initial case management interview) were overdue. While Acacia Prison had the highest number of overdue initial primary contacts (87), as a proportion of its cohort requiring case management, this

was relatively low (8%). In contrast, 28% of people requiring case management at Eastern Goldfields Regional Prison and 25% at Boronia Pre Release Centre had overdue primary contacts. Although Wandoo Rehabilitation Prison recorded the highest proportion (60%), the true figure is much less because women are case managed in accordance with the program requirements and local procedures supporting the alcohol and other drug rehabilitation services there (DOJ, 2022A).

Case management is designed to ensure there are integrated and coordinated services for people in custody which assist them to address their offending behaviours (DOJ, 2022A). When contact is not timely, these opportunities are delayed and put at risk.

Table 5 Too many people in custody had not received their initial case management interview on time (5 May 2025).

Facility	Total number of prisoners requiring case management	Number of primary contacts overdue	Overdue primary contact as proportion of population
Acacia Prison	1,066	87	8%
Albany Regional Prison	202	6	3%
Bandyup Women's Prison	147	4	3%
Boronia Pre Release Centre	59	15	25%
Broome Regional Prison	35	0	0%
Bunbury Regional Prison	347	31	9%
Casuarina Prison	420	19	5%
Eastern Goldfields Regional Prison	101	28	28%
Greenough Regional Prison	81	4	5%
Hakea Prison	84	1	1%
Karnet Prison Farm	371	18	5%
Melaleuca Women's Prison	4	0	0%
Pardelup Prison Farm	97	0	0%
Roebourne Regional Prison	28	1	4%
Wandoo Rehabilitation Prison	62	37	60%
West Kimberley Regional Prison	54	4	7%
Wooroloo Prison Farm	347	33	10%
TOTAL	3,505	288	8%

For people who require a security rating and placement decision, a management and placement MAP-Remand checklist is to be completed within five working days of intake, or prior to the

permanent transfer or placement of the remand prisoner (DOJ, 2025). People placed at Casuarina and Hakea prisons do not require a MAP-Remand until they are transferred to another facility. Accounting for this, on 5 May 2025 there were 1,373 people held on remand in Western Australia (not including at Casuarina and Hakea). Of these, 944 had an approved MAP-Remand checklist completed while the remaining 432 did not. Broken down further, only about 15% of these were still within the five-day window set out in departmental policy. There were 366 checklists overdue, outside the prescribed five-day period.

Table 6 Almost 85% of outstanding MAP-Remand checklists to be completed were overdue (5 May 2025).

Number of prisoners with remand status	Number of prisoners who have an approved MAP-Remand	Number of prisoners who do not have an approved MAP-Remand – within 5 days	Number of prisoners who do not have an approved MAP-Remand – outside 5 days
1,373	944	63	366

Departmental policy also states an Initial Individual Management Plan (IMP) should be developed within six weeks of a person's sentencing, for all those serving an effective sentence of greater than six months (DOJ, 2025). On 1 May 2025, there were 3,548 people in custody with an approved Initial IMP. However, there were another 503 people without an Initial IMP despite the 42-day (six week) window having passed. Another 254 people did not have an IMP but were within the six-week period. Over the following month, the number of overdue Initial IMPs increased by more than 100 from 503 to 607. IMPs outline prisoners' specific needs and provide tailored recommendations for their placements, security classification, and interventions to successfully support their reintegration.

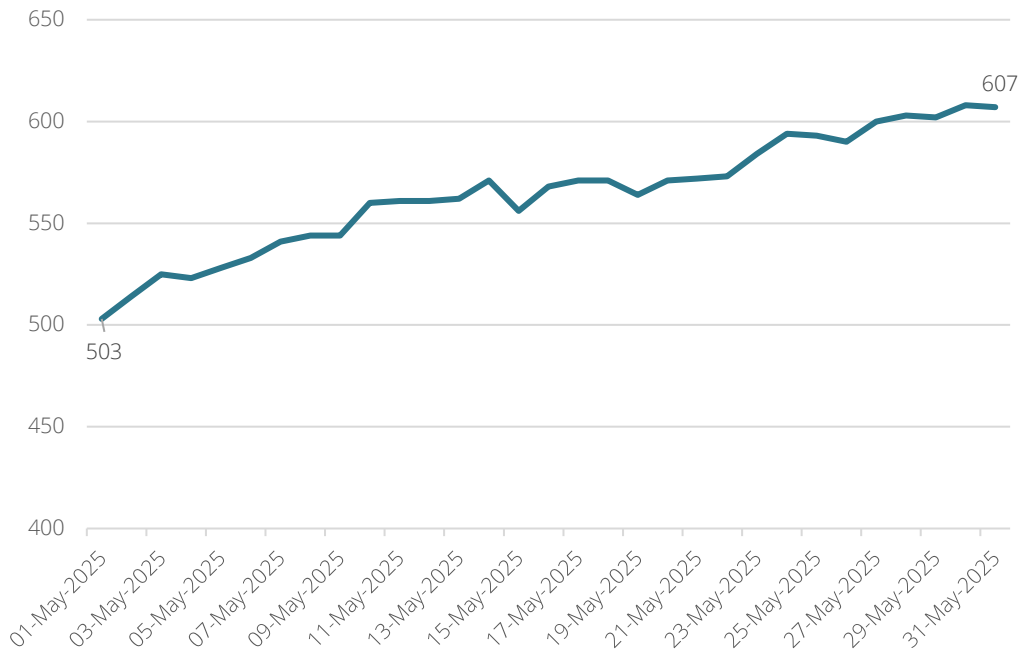

Figure 1 The number of people in custody with an overdue Initial IMP continues to increase.

This policy also states prisoners requiring the development of an Initial IMP should be individually assessed within six weeks of their sentencing to identify relevant educational or vocational courses, and any necessary treatment interventions (DOJ, 2025). This is done through both the Education and

Vocational Training (EVT) checklist and Treatment Assessment Report, completed by qualified assessors. Short staffing in these areas reduces the ability to complete these requirements on time. We were unsurprised then to find on 5 May 2025, there were 174 EVT checklists and 1,138 treatment assessments[3] overdue. Furthermore, assessment officers are expected to review IMPs every three, six or 12 months depending on the length of the effective sentence the person in custody still must serve (DOJ, 2022A). There were 571 people in custody on 5 May 2025 with outstanding IMP Reviews required.

Like case management, delays to completing Initial IMPs and their subsequent reviews, risks reducing prisoners' placement options, can keep people at higher levels of security than is necessary, and limits the timeliness of interventions and skills development. Consequently, this also increases the likelihood people will remain in custody for longer which contributes to the high population numbers. It also means people returning to community without completing rehabilitative and reintegrative interventions to address their offending behaviour, skills deficits, and practical shortfalls are likely to reoffend. As such, it is essential non-custodial services are adequately staffed to meet departmental service delivery timeframes.

[3] The treatment assessment process is slow and has been the known source of delayed Initial IMPs for many years (OICS, 2023C; OICS, 2022B; OICS, 2021B). Consequently, in November 2023, the Department approved Initial IMPs to be performed without the mandatory Treatment Assessment Report. Initially designed as a temporary 12-month measure, this strategy was extended indefinitely in October 2024 'until such time that the Treatment Assessment demand can be met and there is a significant decrease in the number of overdue Treatment Assessments' (DOJ, 2024). As such, there continues to be a substantial backlog in overdue treatment assessment reports compared to EVT checklists.

2 Recruitment and retention challenges hamper the delivery of non-custodial services

Increasing non-custodial FTE has historically been impeded by insufficient funding. We were told this had, in part, occurred through departmental submissions not being aligned to existing governmental strategic priorities. While there may have been recent efforts to address this, a competitive employment market has also hampered efforts to fill current FTE. And where recruitment has occurred, retention has also been a significant challenge. Reasons given for high attrition rates have been linked to lower comparable salaries, increased workloads, more complex cases compared to similar community roles, unsafe working conditions, and undesirable workplace cultures.

Importantly, the Department is cognisant of the challenges it faces and has convened a Clinical Shortages Workforce Group which has commenced implementing recruitment strategies. While it is still early days, such strategies appear promising. However, more work must be invested in retention initiatives and addressing consistent concerns pertaining to workplace infrastructure, culture, and safety.

2.1 Competitive incentives and conditions are missing

A primary challenge reported by the Department was a lack of budgetary funding for adequate FTE across roles within the Health and Wellbeing, and Rehabilitation and Reintegration portfolios. We were advised various funding requests had been submitted to the Department of Treasury since 2020, but only a few of these submissions had been partly successful.

During this review, a departmental representative advised us this was because Treasury would not progress submissions it deemed non-compliant with broader government strategic priority areas. We were also advised that more recent submissions have provided better linkages to priority areas and some business cases had even been successful.

Limited financial or workload incentives exist compared to other employers

While failed budget submissions may have historically impeded increasing FTE, the Department has also been hampered by recruitment and retention challenges when filling current positions. Departmental representatives advised us there were difficulties attracting qualified staff in Western Australia's competitive market, citing a limited capacity to offer employment incentives like comparable employers. Further to this, across Australia there is a shortage of clinically trained prospective employees suitable to fill correctional roles in the areas of health, mental health, rehabilitation, and reintegration (AIHW, 2024; Davidson A. , 2023; OAG, 2021). This shortage of candidates has increased the demand for employers to provide attractive employment conditions, incentives, and opportunities.

The struggle to remain financially competitive has impacted retention as well as recruitment. Throughout our review, staff have linked departmental attrition to:

- lower comparable salaries
- increased workloads

- unsafe or unclean working conditions
- limited opportunities for career progression or role innovation
- a lack of clinical supervision and support
- undesirable workplace culture.

Specifically, we heard many staff have left due to unattractive salary and conditions. We were told staff were leaving to work for the Department of Health, which offered better salary sacrifice options and a had a recently awarded a pay rise in January 2025. In contrast, a departmental representative advised us there had been no salary increases within the Health and Wellbeing portfolio since 2017. This is compounded by a 12% increase in the size of the prison population over the last five years. The increased population and its associated demand for services has occurred without a commensurate increase in non-custodial staffing positions. This has resulted in Health and Wellbeing, and Rehabilitation and Reintegration services staff experiencing increased workloads, leading to significant gaps in service delivery across the custodial estate.

Put another way, custodial staff have established service level agreements determining staffing levels relative to the population size. As such, prisons will implement adaptive daily regimes when the population increases but custodial staff have not. Adaptive regimes often include lockdowns because there are not enough custodial staff to supervise people custody. But this is time and place specific: when there are enough custodial staff, operations resume to normal. In contrast, non-custodial staff do not have workload agreements linked to the size of the prison population and any increase is expected to be managed within current resourcing. Furthermore, while adaptive regimes also reduce access to non-custodial services for people in custody, the need and demand for those services remains irrespective of the reduced access. Often, these demands continue to increase and sometimes to detrimental levels. Such workloads, increasing in number and complexity, are linked to attrition.

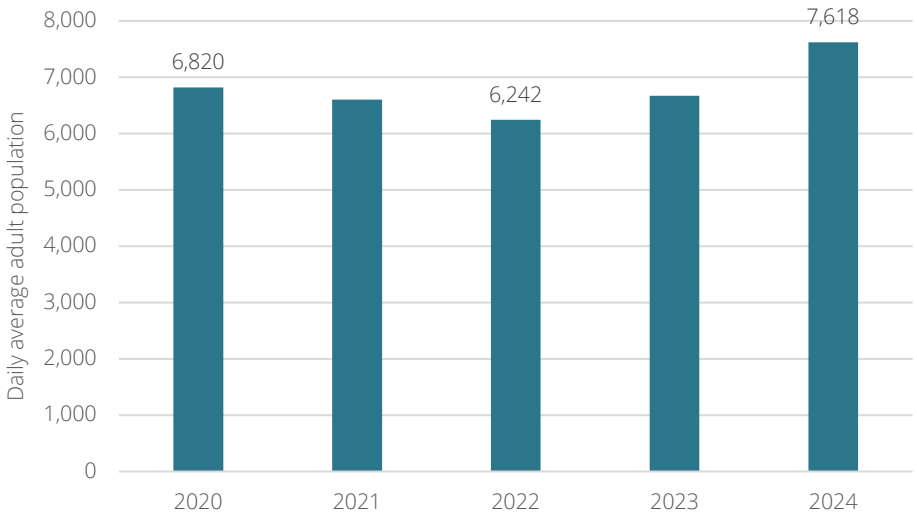

Figure 2 The daily average number of people in custody has increased by 12% over the last five years.

Infrastructure conditions constrain non-custodial service delivery

The pressure to provide for the growing population without sufficient staff is magnified by the lack of available infrastructure. During our ongoing monitoring work, we have been consistently told

previously-dedicated infrastructure was increasingly becoming multipurpose; office spaces were shared between staff reducing privacy, clinic rooms were doubled up preventing services from running simultaneously, and similarly, classrooms were used for education and programs hampering a full service delivery (OICS, 2025D; OICS, 2025B; OICS, 2024B). Other infrastructure was potentially unsafe, for example: the education centre at Albany Regional Prison was recently closed due to concerns about asbestos (Campion, 2025).

Inadequate, inappropriate, and unsafe infrastructure can impede the ability of staff to fulfil their roles or prevent it entirely. It also does not incentivise staff or encourage them to promote their workplaces among personal networks. Infrastructure limitations may also prevent recruitment altogether. At the time of this review, the scarcity of infrastructure at some prisons had become so significant the Department advised us it was not seeking additional FTE for regional Treatment Assessors as there would be nowhere on site to place successful recruits.

Recommendation 2
Dedicate adequate infrastructure to the Health and Wellbeing, and Rehabilitation and Reintegration portfolios in each prison to allow consistent delivery of on-site services.

Some non-custodial staff do not feel valued or safe

Staff feedback and recent WorkSafe investigations have revealed concerns regarding undesirable workplaces and unsafe cultures which potentially reduce the Department's attractiveness as an employer of choice. The infrastructure limitations (highlighted above) were compounded by concerns about aged equipment that was still in use, and unclean workspaces. Together these circumstances are likely to lower morale and contribute to non-custodial staffs' perceptions of being under-valued compared to their custodial counterparts.

We also heard concern about unsafe working environments. There were alleged issues of harassment, victimisation, bullying, and sexualised behaviours at some sites. Although we were advised these issues had been raised through proper channels, some staff perceived the behaviours to be inadequately resolved or simply unaddressed.

Recommendation 3
Review and address reports of harassment, bullying, and victimisation to ensure staff felt safe and supported in their role.

Perceptions of safety for some non-custodial staff also extended to inadequate clinical supervision, a necessary component of good clinical governance and support for health and mental health professionals (Allied Health Western Australia, 2025). Supervision requirements are established for authorised mental health practitioners and mental health nurses within departmental policies (DOJ, 2022B; DOJ, 2023A). However, our review could not confirm supervision was occurring.

This concern was also applicable to Rehabilitation and Reintegration roles. At the time of this review, there were no substantive Clinical Supervisors. Such positions are required to assess Treatment Assessments Reports for accuracy, authorise clinical overrides or, most importantly, provide consistent supervision to Treatment Course Planning Assessors. In the absence of clinical supervisors, we were advised the Department relied upon a process of self-endorsement and group supervision, with individual supervision available on request. However, there was no consistent oversight or endorsement of assessments or individual supervision for the treatment assessors which together could potentially lead to inaccurate assessments and overburdened or burnt out staff.

The Department advised us it was cognisant of the safety concerns raised by inadequate clinical supervision. At the time of writing, it was seeking to outsource this function.[4] At a minimum, clinical supervision is required once a month for employees working in the areas of health and mental health (Allied Health Western Australia, 2025). We encourage the Department to explore all available options to provide appropriate levels of supervision and support to all clinical staff.

Recommendation 4
Review organisational structures and resourcing to ensure all clinical positions have consistent access to a level of clinical and personal supervision that meets contemporary professional practice standards.

2.2 Solutions being sought to address the non-custodial staffing crisis

In 2024, in response to widespread and pervasive shortages of non-custodial staff, the Department convened the Clinical Shortages Workforce Group (CSWG). The key aims of this committee are addressing the clinical workforce shortages and working towards the Department becoming an employer of choice. Meeting once every six weeks, the CSWG identifies clinical positions and related vacancies, as well as recruitment and retention challenges and strategies. The CSWG is comprised of departmental staff from various divisions, including:

- Offender Services
- Rehabilitation and Reintegration
- Assessment and Interventions
- Mental Health and Alcohol and Other Drugs
- Health
- Industrial Relations

4 In response to a draft copy of this report, the Department advised these outsourced clinical supervision arrangements refer to individual clinical supervision requirements for Treatment Assessors undertaking optional registration with the Australian Health Practitioner Regulation Agency. The clinical supervision requirements for this optional registration do not relate to other clinical supervision the Department has advised Supervisor Treatment Assessments are to provide to assessors.

- Talent and Diversity.

There are no community stakeholders or professional bodies represented in this committee. This is a missed opportunity as such input could better inform the work of the CSWG and provide insights from contemporary workforce evaluations and important professional community developments. More generally, external committee representation can enhance legitimacy of proposed recommendations, and provide better outcomes through fresh perspectives and expertise that may challenge entrenched ideas and assumptions. They may also simply broaden departmental networks to increase recruitment avenues.

Recommendation 5
Engage external representatives – such as professional bodies and tertiary institutions – to inform working groups targeting staffing needs and the development of recruitment and retention strategies.

Most departmental initiatives are centred on recruitment

Since the CSWG was convened, various activities to mitigate the challenges of short staffing in non-custodial positions have been implemented, with most focussed on recruitment. At this early stage, the outcomes have yet to yield significant results. However, some initial promising data reveals the CSWG recorded reduced vacancies in Offender Programs roles (23 to 17.5) and Mental Health positions (11.9 to 9) between July 2024 and November 2024. Regrettably, vacancies remained unchanged in the Health division (39) and increased considerably in the Assessment and Intervention branch (25.8 to 36.8). Since 2020, there have been 12 recruitment drives within the Rehabilitation and Reintegration portfolio. Nineteen prospective employees were added to the vacancy pools for the positions of Senior Programs Officer and Clinical Supervisors, and one Supervisor Treatment Assessment was employed.[5]

The new initiatives include:

Revitalising recruitment advertising – The Department has refreshed advertisements for metropolitan and regional positions within the Offender Services, and Assessment and Intervention divisions. This refresh involved:

- use of recruitment platforms Seek and Psychxchange, as well as social media LinkedIn and Facebook, to increase awareness of vacancies across Australia
- advertisement of vacancies in regional and national media

[5] Vacancy data presented in this paragraph was taken from the Department's CWSG meeting minutes from July to November 2024. It is unknown why it differs from the vacancy data provided by the Department in December 2024, presented in Chapter 1 of this report.

- development of videos to engage prospective employees
- reduction of application requirements to a single resume, to make it more convenient for applicants to apply
- payment of professional registration and membership fees necessary to occupy positions.
- periodic recruitment sweeps, targeted advertisement strategies, and prompt feedback to encourage potential applicants to reapply
- hosting information sessions coinciding with recruitment drives
- monitoring vacancies every quarter since 2024, inclusive of open-ended vacancy pools.

Qualifications review and new role creation - A review of qualifications necessary for Specified Calling positions within the Rehabilitation and Reintegration portfolio has also occurred. This has included a jurisdictional scan mapping similar positions across Australia and New Zealand. In addition to psychology qualifications, Treatment Assessor and Senior Programs Officers roles now accept social work and behavioural science qualifications, except for counselling and criminology qualifications. The reasoning for these exceptions is unclear especially considering the critical shortages in these areas.

The Department has also created Level 5 positions across Rehabilitation and Reintegration, and Assessment and Interventions. These positions are for interns and students in their last year of tertiary study, and they include embedded pathways to apply for Specified Calling Level 2 positions upon graduation.

University engagement and student placements – The Department has developed student placement programs for nursing students at Edith Cowan University, University of Notre Dame, and Murdoch University. It has also delivered presentations to university students who are suitable for existing roles and internship pathways.

Funded relocation – Recently, the Department received approval to pay relocation costs for successful recruits from other states within Australia and from New Zealand. However, to date few had taken advantage of this assistance.

At the time of writing the CSWG was also seeking to outsource clinical supervision roles [see Section 2.1] and substance assessment and intervention positions to external contractors.

Acacia faces its own, often unique challenges but is also tailoring its solutions

As a single site, Acacia Prison's recruitment and retention challenges differ from those of the Department (Acacia is the only privately operated prison in Western Australia, contracted to Serco). Its challenges included the outer metropolitan location of the prison which requires lengthy commutes, and the perceived lack of opportunities for career advancement which arise from being a single site. In response to these issues, Serco has implemented the following solutions:

- clear career progression and succession planning initiatives
- attendance at all major career expos across Western Australia
- employment of an on-site recruiter to enhance recruitment strategies and initiatives
- parental leave, flexible working arrangements, and an onsite mother's room to support new parents and returning mothers

- use of temporary agency staff to fill vacant positions during recruitment processes
- tailoring recruitment and retention strategies to critical roles.

The final point above is an important differentiation between Serco's and the Department's approach to recruitment and retention challenges. For example, in 2023, nurses employed by Serco were offered a $10,000 retention bonus in response to the ongoing shortage of nursing staff in the Western Australian market. Serco considered this critical in both attracting and retaining staff in this area. As Serco currently reports a lower non-custodial vacancy rate (17.5%) than the Department (23.3%) and has no vacancies within the area of mental health despite a nationwide shortage of psychological staff, these solutions appear to be effective in both recruiting and retaining non-custodial staff.

In late 2023 the Department implemented a similar one-off temporary regional incentive package for various roles, including nurses in Broome, Derby, Greenough, and Kalgoorlie. However, the entitlement ceases on 30 June 2025 (DOJ, 2023B). There may be opportunity for the Department to extend this program or increase its financial competitiveness more broadly as the employment awards for staff in both the Health and Wellbeing, and Rehabilitation and Reintegration portfolios are due for re-negotiation shortly. The Department should align these awards to offer competitive pay and conditions comparable to similar sectors of the market.

Recommendation 6

Realign salary and conditions for roles with the Health and Wellbeing, and Rehabilitation and Reintegration portfolios that are comparable to similar sectors of the market.

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Appendix B Acronyms

Term	Expansion of Abbreviation
AIHW	Australian Institute of Health and Welfare
COVID-19	Coronavirus disease
CSAC	Corrective Services Administrators' Council
CSWG	Clinical Shortages Workforce Group
COPP	Commissioner's Operating Policy and Procedure
DO J	Department of Justice
EVT	Education and Vocational Training
FIST	Functional Impairment Screening Tool
FTE	Full Time Equivalent
GP	General Practitioner
IACFP	International Association for Correctional Forensic Psychology
IMP	Individual Management Plan
KPI	Key Performance Indicator
MAP	Management and Placement
MH	Mental Health
OICS	Office of the Inspector of Custodial Services
RACGP	Royal Australian College of General Practitioners
RANZCP	Royal Australian and New Zealand College of Psychiatrists
TAFE	Technical and Further Education
TAR	Treatment Assessment Report

Appendix C Department of Justice's Response

Government of **Western Australia**
Department of **Justice**
Corrective Services

Response to Review:

Snapshot Series: Non-Custodial Staffing Shortage

August 2025

Response Overview

On 16 October 2024, the Office of the Inspector of Custodial Services (OICS) announced the commencement of a review titled *Snapshot Series: Non-custodial Staffing Shortage*, which would examine the non-custodial staffing arrangements at facilities across Western Australia as well as identify whether those arrangements adequately meet the needs of people in custody.

To assist with the Review, the Department of Justice (the Department) provided a range of documentation and facilitated OICS' access to the necessary systems, custodial facilities, staff, or prisoners required for this Review.

On 2 July 2025, the Department received the draft report which raised six recommendations for review and comment.

Of the six recommendations:

- One is supported;
- Four are supported in principle; and
- One is not supported.

Detailed responses to the recommendations can be found below.

Response to Recommendations

1 Determine a clear and evidence-based formula for calculating staffing requirements at each site. Track and assess these regularly based on changes to the prison population.

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

Response:

The Department agrees that a consistent evidence-based formula may provide a useful baseline for addressing core staffing needs. The formula applied needs to be site specific and informed by many contextual factors including population profiles, cohort specific needs and the operational philosophy of the respective prison.

The previous Prison Services Evaluation had a singular focus on custodial staff. The review scope was changed in 2024 to the Safer Staffing Review and now includes non-custodial staff. Phase one of the review concentrated on Prison Officer SLAs to ensure site safety was prioritised.

Phase one will be completed in the second quarter of the 2025 / 26 financial year. Phase two will commence in the third quarter and focus on non-custodial staffing.

2 Dedicate adequate infrastructure to the Health and Wellbeing, and Rehabilitation and Reintegration portfolios in each prison to allow consistent delivery of on-site services.

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

Response:

The importance of having appropriate infrastructure in place to support the effective delivery of JHWS and R&R services within prisons across the custodial estate is acknowledged.

In many facilities, there are limitations with existing infrastructure, such as limited access to purpose-built spaces for clinical care. These constraints are often prevalent in older facilities.

The Department's Long-Term Custodial Infrastructure Plan (LTCIP) was prepared by the Department of Justice (Justice), in collaboration with the Department of Finance (Finance), as a strategic document to ensure that investment in custodial infrastructure is appropriately aligned with operational requirements, is fit for WA's unique needs, delivers value for money, and addresses the forecast capacity constraints in the Western Australian (WA) adult custodial system. The LTCIP includes various infrastructure options to address immediate capacity shortfalls and medium to long-term projected growth through to 2035.

In the interim, efforts are made to identify options to ensure continuity of clinical and rehabilitation services such as the use of Telehealth, promotion of shared spaces, scheduling adjustments to ensure offices are available and reserved for service providers during set times.

3 Review and address reports of harassment, bullying, and victimisation to ensure staff felt safe and supported in their role.

Level of Acceptance:	Supported
Responsible Division:	People, Culture and Standards
Responsible Directorate:	Professional Standards

Response:

People Culture and Standards (PCS) receives, assesses, refers, and investigates reports of suspected misconduct, breaches of the Code of Conduct and/or criminal activity from across the Department as well as complaints pertaining to conflict, grievances, bullying and harassment. All reports submitted to PCS undergo a mandatory assessment to determine the most appropriate course of action to address appropriately and as soon as practicable.

The Department's Workforce Support Services (WSS) unit became operational in April 2024 to provide holistic, people-centred, and trauma-informed support for Department employees impacted by a range of workplace concerns, harmful behaviours, and psychosocial hazards. This includes responding to disclosures of bullying, harassment, sexual harassment, and family violence. WSS respond with compassion, empathy, understanding, and respect, coordinating practical and tailored support, specific to each employees' individual circumstances. This involves helping employees to access Department and external support services, specific to their location and personal circumstances. Support may involve coordinating and facilitating early intervention and resolution options, if appropriate, and the provision of information about formal reporting pathways in accordance with applicable legislation, policy, and procedures.

WSS is currently establishing positive and reciprocal working relationships with key department stakeholders to deliver prevention and education initiatives to the workforce that address the underlying drivers of unsafe workplace behaviours. This involves developing and delivering training workshops that foster safe and respectful workplace cultures, including: Psychosocial Safety and Workforce Supports; Understanding Safe and Respectful Workplaces; and Practicing Safe and Respectful Workplaces.

A Staff Support network has been established at all custodial facilities across the estate, whereby trained staff provide confidential, emotional and practical support to their colleagues experiencing stress related to personal or work-related matters. Employee welfare services are also available to staff who require additional support. This includes an Employee Assistance Program, which provides access to free and confidential counselling delivered by PeopleSense.

4 Review organisational structures and resourcing to ensure all clinical positions have consistent access to a level of clinical and personal supervision that meets contemporary professional practice standards.

Level of Acceptance:	Not Supported
Responsible Division:	Corrective Services
Responsible Directorate:	Offender Services

Response:

The Department does not agree with the finding that there is inadequate clinical supervision across the various management structures pertaining to clinical services within Offender Services.

In respect to JHWS, which includes primary and mental health, supervision requirements are already established and embedded within JHWS policies. The issue impacting JHWS' ability to ensure adequate clinical supervision is occurring due to the vacancy of clinical supervisor positions.

The Department continues to recruit, and the Clinical Shortages Workforce Group (CSWG) is working to improve recruitment and retention.

In respect to R&R and specifically the Treatment Assessment (TA) Teams, the Department provides clinical supervision to its TAs through four full-time Supervisor Treatment Assessments (STA) positions. These STA's are responsible for the provision of group supervision to all TAs and individual supervision if requested, on a monthly basis and includes the reviewing of clinical work and occasional observation of prisoner interviews.

The outsourced clinical supervision arrangements referenced to within the report findings refers to individual clinical supervision requirements for TAs undertaking optional registration with the Australian Health Practitioner Regulation Agency. The clinical supervision requirements for this optional registration does not relate to the clinical supervisions provided by STAs to all TA positions within R&R.

5 Engage external representatives – such as professional bodies and tertiary institutions – to inform working groups targeting staffing needs and the development of recruitment and retention strategies.

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

Response:

Whilst the Department acknowledges the value in broader engagement with community stakeholders or professional bodies, the intention of the Clinical Shortages Workforce Group (CSWG) was to operate as an internal working group focusing on identifying internal opportunities and solutions to address vacancies as well as internal recruitment and retention strategies.

The Department co-chairs the *Health Services for Offenders Joint Operational Executive Committee* which includes stakeholders from many branches of WA Health including the Department of Health, North Metropolitan Health Service, South

Metropolitan Health Service, East Metropolitan Health Service, WA Country Health Service, and the Child and Adolescent Health Service. Strategies pertaining to the recruitment and retention of staff are discussed at the joint committee which subsequently inform the work of the CSWG.

Whilst other agencies do not attend the CSWG, the Department engages external facilities with a view to attract new nursing staff. Most recently, the Department commenced working with Western Australian Universities including Edith Cowan University (ECU), The University of Notre Dame and Murdoch University to place undergraduates into custodial facilities across the state.

Initial placements took place at Boronia Pre-release Centre for Women, Broome Regional Prison, Bunbury Regional Prison, Casuarina Prison, Wandoo Rehabilitation Prison, and West Kimberley Regional Prison. A second round for ECU students will see placements again at Bunbury and Wandoo. It is hoped that this partnership will assist in recruiting additional staff to various health roles across the Department.

6 Realign salary and conditions for roles with the Health and Wellbeing, and Rehabilitation and Reintegration portfolios that are comparable to similar sectors of the market.

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

Response:

The pay rates the Department offers to clinical staff are consistent with rates offered by the Department of Health.

Additional incentives and tax benefits that may be offered to clinical staff employed at certain hospitals and other health institutions cannot be offered by the Department as it is not classified as a public benevolent institution in accordance with the Australian Charities and Not-for-profits Commission.

The Department will continue to identify opportunities where able to offer additional employment benefits and incentives to its clinical staff that align more closely to those offered to clinical staff employed external to the Department either publicly or privately. This may also require negotiation and agreement with union representatives to amend the various enterprise bargaining agreements applicable to clinical roles within the Department.

The Department has centered its focus on strengthening internal recruitment and retention strategies that are focused on enhancing staff safety. These efforts include but are not limited to implementation of the fitness passport, awards and recognition initiatives, progression of a chaplaincy service for staff, development and release of a strategic plan which provides staff (*and prospective staff*) with a clear understanding of Corrective Services vision and how their roles – or future roles, contribute to achieving the vision.

Appendix D Methodology

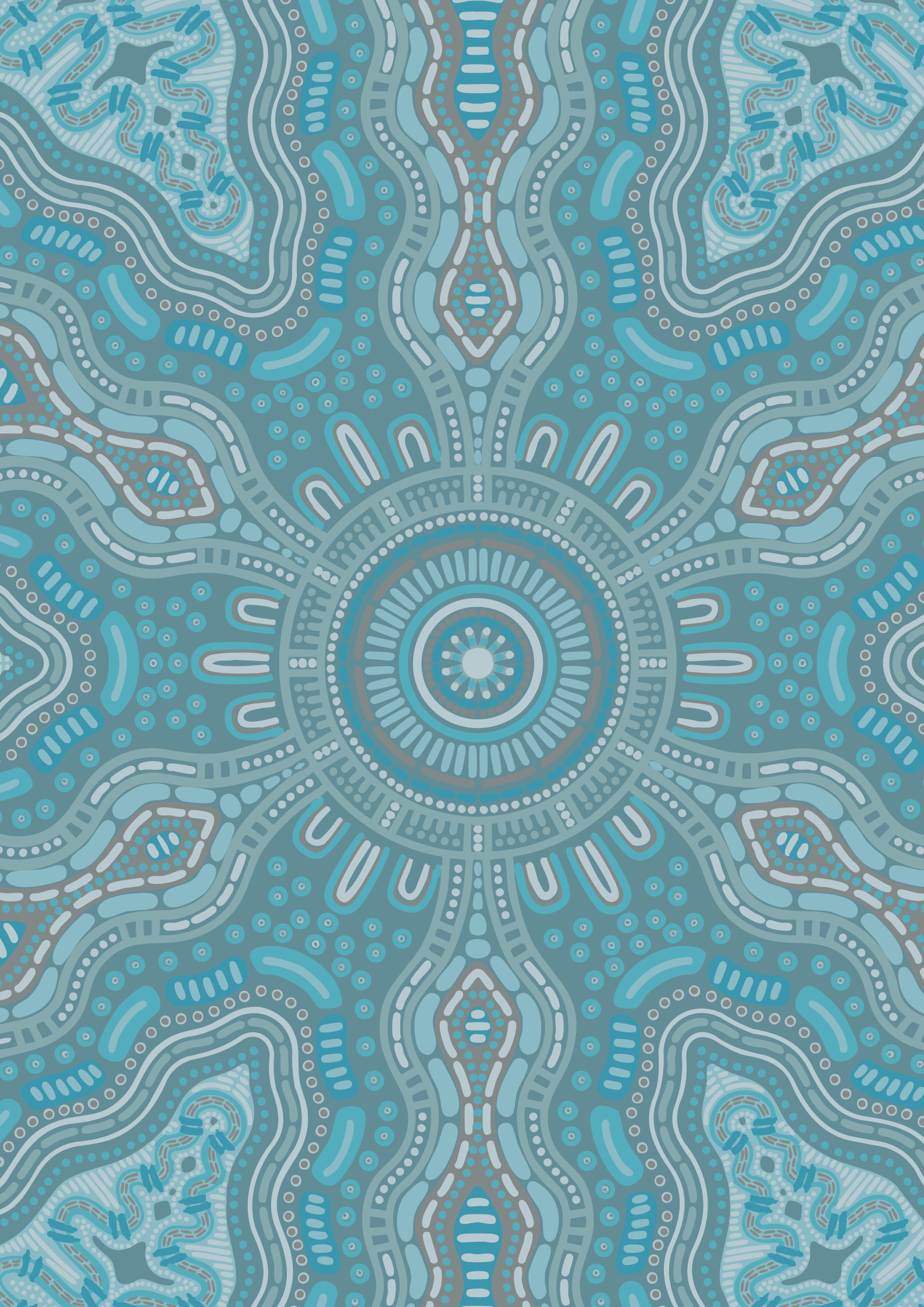
Data sets for this review were obtained from the Department of Justice's (the Department's) offender database through front-end reports and a series of extractions using SQL Server Management Studio. We also used a series of pre-constructed reports from the Department's Reporting Framework and from the offender database.

We also examined departmental documentation including policy and procedures and held various meetings with departmental representatives about key areas of inquiry. A preliminary briefing was delivered to the Department on 26 June 2025.

A draft version of this report was sent to the Department and stakeholders in July 2025 for comment and to respond to recommendations. A formal response was received from the Department on 22 August 2025, as shown in Appendix C. On 11 August 2025 Serco Acacia advised our office it was happy with the draft and recommendations, noting there were no further comments to be made.

This report was a review of a custodial service in accordance with Section 22 of the *Inspector of Custodial Services Act 2003*.

Key dates	
Review announced	21 October 2024
Field work	October 2024 – April 2025
Draft report sent to Department of Justice	2 July 2025
Response received from Department of Justice	22 August 2025
Declaration of prepared report	28 August 2025



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

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