



2025 INSPECTION OF
CASUARINA PRISON

168

MAY 2026

*Independent oversight
that contributes to a more
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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.



2025 Inspection of Casuarina Prison

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Inspector's Overview

Casuarina Prison is stretched to capacity and struggling to cope

We undertook this inspection of Casuarina Prison in October 2025, just over three years after our last inspection in September 2022 (OICS Report 150, July 2023).

My overview to the 2022 Casuarina Prison inspection report posed the question “How big is too big?” in relation to the expansion project already underway at the prison. In that discussion I drew parallels between our 2019 and 2022 inspection reports, both of which highlighted continuing risks associated with existing and planned expansion. We noted the potential impacts on the prison’s ability to provide a meaningful and constructive daily regime because of high rates of prisoner unemployment and underemployment, the ongoing effects of regular daily staff shortfalls, and inadequate infrastructure to cope with the expanded population.

Three years later, it is no surprise that our 2025 inspection has again identified the same issues, but they are now more acutely felt by staff and prisoners. The prison population has risen by 600 since 2022. On an average day, 66% of the Casuarina population are held on remand, with over 40% of them having been held for more than 6 months. The prison now consistently operates at over 100% of its general-purpose bed capacity, and, despite several units having some cells triple bunked, as I write this, up to 40 prisoners are still sleeping on a mattress on the floor.

Daily staffing shortfalls, in both custodial and non-custodial staff groups, continue to have a significant impact on daily life. At the time of our inspection, up to 15% of rostered uniformed staff are absent each day and we were told the overtime bill is between \$400-600,000 per month.

Despite the best efforts of management and staff, restrictions to the daily regime mean regularly reduced access to welfare support services, recreation, library, education, employment, and visits. Chronic system level backlogs to treatment assessments combined with limited availability of criminogenic and voluntary programs means few prisoners receive meaningful rehabilitation support.

We also identified that health and mental health services struggled to meet the demands of a complex and growing prison population, with significant shortfalls in the clinical workforce.

Over the past several years, two of the most positive aspects of day-to-day life in Casuarina had been the Mallee Solid Steps drug and alcohol rehabilitation program, and the Kaartdijin Mia cultural learning centre providing support for First Nations prisoners. But both were significantly reduced at the time of our inspection, with Kaartdijin Mia rarely open and the number of participants in the Mallee program significantly reduced.

After our inspection, in April 2026 the Department announced that, due to the need to manage sustained custodial population pressures, the Mallee Solid Steps Program would close in August 2026. This is a devastating blow to the many men who are struggling with addiction and hoped to be accepted into the program.

The Department's response to our 23 recommendations was mixed. Positively, it was pleasing to see additional resourcing allocated in the 2026-27 State Budget to increase primary health nursing and mental health staffing over the next five years, and funding for an additional 22 staff to address the backlog in treatment assessments. While additional funding is very positive, the real challenge will be in the recruitment and retention of qualified clinical staff.

As already mentioned, the most disappointing response was to Recommendation 15. Rather than providing greater certainty to the Mallee Solid Steps Program, the program would be closed. The Department's response went on to emphasise their commitment to the delivery of drug and alcohol services with planning for the development of a new program aligned with the existing Djarraly drug and alcohol program in Bunbury Regional Prison. Replacing a well-respected effective program with 'planning for the development of a new program' is another example of the dire consequence of the problems facing prisons in Western Australia.

The issues we have documented in this inspection report are from a point in time last year (October 2025), but throughout 2025 and continuing into 2026 we have observed similar conditions across most Western Australian prisons. The prison system now regularly operates at over 100% of its general-purpose bed capacity. Record prison populations, significant infrastructure limitations, regular staffing shortfalls, services stretched beyond capacity, and the flow-on impacts these are having on daily life in prison and restrictions to welfare and rehabilitation supports cannot be ignored.

By the time this inspection report is tabled in the Western Australian Parliament and published on our website, another report will have already been tabled and published relating to a Show Cause Notice I issued in March 2026 raising concerns about conditions in Casuarina Prison, Melaleuca Prison and Hakea Prison. These concerns reflect a system that is struggling to cope.

Funding announced in the 2026-27 State Budget included capacity expansion programs at Acacia Prison (480 beds) and funding *'to progress planning for a 512-bed expansion at Casuarina Prison, while planning is underway to expand remand capacity'*.

Overall, the announcement of funding for additional bed capacity is welcomed as a medium-term initiative to address population and infrastructure issues. But given the impacts we have already seen from the existing expansion of Casuarina, the proposal to plan for an additional 512 beds raises many questions around how the prison will cope. This will be an initiative that will require very careful monitoring, particularly as we have seen that right now services and infrastructure are struggling to cope.

ACKNOWLEDGEMENTS

We have four Independent Prison Visitors for Casuarina who are community volunteers appointed by the Minister for Corrective Services. They attended the prison on a regular basis observing operations and providing an opportunity for the men placed there to raise issues and complaints. The reports they provide after each visit informs the work of our office, and throughout the year they have continued to advocate strongly for improvements in conditions for the men held there. I

acknowledge the importance of the work undertaken and thank them for their contribution to our ongoing monitoring of Casuarina.

I also acknowledge the support and cooperation we received throughout the inspection from the Superintendent and staff at Casuarina and from key personnel in the Department.

The men living in Casuarina who took the time to speak with us and share their perspectives also deserve our acknowledgement and thanks.

We had several independent experts join us for this inspection. I am very grateful for the expertise provided by Mr Kealan Devaney, from the Office of the Chief Psychiatrist, and Ms Sahar Okhovat and Ms Emily Collett from the NSW Office of the Inspector of Custodial Services.

I acknowledge the contribution and hard work of the team in our office who were involved in undertaking this inspection. I would particularly acknowledge and thank Liz George and Ben Shaw for their work in planning this inspection, and Ben as principal drafter of this report.

Eamon Ryan
Inspector of Custodial Services

11 May 2026

Summary of Findings

Years of expansion had resulted in a complex, evolving, and overstretched facility

Casuarina Prison (Casuarina) had undergone rapid and sustained expansion to manage population growth and an increasingly complex statewide role. While substantial infrastructure investment had delivered new accommodation and specialist facilities, measures such as triple bunking and repurposing units pressurised services, staffing, and disciplinary capacity. The prison has relied on staff resilience and short-term solutions to maintain daily operations amid constant change, overcrowding, and construction. The development of a comprehensive, site-specific operational plan may support strategic focus. (Recommendation 1)

A well-run prison operating in a pressured environment

Casuarina remained stable and well managed despite operating under sustained pressure from chronic staffing shortages, infrastructure constraints and ongoing population growth. Strong leadership and collaborative workplace relationships assisted the prison in responding to the challenges and statewide demands. (Recommendation 2)

Infrastructure and resource shortfalls impacted daily life

Daily life was impacted by infrastructure and resource shortfalls, compounded by rapid population growth without the corresponding increases in staffing or services. Temporary and aging facilities impacted services, overcrowding contributed to poor living conditions and short staffing disrupted recreation and contact with family and community connections. (Recommendations 3-6)

State-wide pressures impacted health and support services

Casuarina's health and support services were under strain, resulting in care that fell short of community standards. Chronic understaffing limited psychiatric input, and allied health provision compromised physical and mental health care and substance-use treatment could not meet demand. Gaps in disability coordination, dementia and aged-care pathways left some vulnerable prisoners without consistent or appropriate supports. Cultural and peer support services were under-resourced, leaving First Nations prisoners and those at risk without sufficient cultural, emotional, and practical support. (Recommendations 7-16)

Systemic barriers to rehabilitation remained

Rehabilitation of Casuarina's prisoners was undermined by assessment backlogs that delayed program eligibility and contributed to releases on parole being refused based on unmet treatment needs. Program delivery remained well below demand and was further constrained by staffing shortages and inadequate program spaces. Although education was valued, it was rarely available due to frequent closures and limited capacity, while meaningful work opportunities did not keep pace with population growth, resulting in widespread underemployment. (Recommendations 17-20)

Effectiveness of safety, security, and emergency management was mixed

Overall, safety, security and emergency management at Casuarina evidenced strong day-to-day practice but systemic gaps limited effectiveness. Emphasis on de-escalation and maintaining time out of cell was associated with comparatively lower restraint use, but behaviour management was constrained by limited incentives and management capacity. Procedural security and contraband control were undermined by staffing shortfalls, redeployment and underused technology. Specialised units were generally well managed but prisoners in restrictive settings reported limited meaningful activity and supports. Emergency preparedness had improved through strengthened response capability, but readiness and contingency for a prolonged or large-scale incident was limited by population pressures and infrastructure limitations. (Recommendations 21-23)

Recommendations

Recommendation	Page	DOJ Response
Recommendation 1 Develop and implement a comprehensive operational plan inclusive of managing Casuarina's population growth and specialist functions.	7	Supported-Current Practice/Project
Recommendation 2 Increase the staffing profile to address current and future staffing requirements.	9	Supported-Current Practice/Project
Recommendation 3 Allocate targeted resources to support the growing remand population, ensuring their distinct needs are met.	14	Not Supported
Recommendation 4 Fund video link streaming for funerals, where it is available, to ensure equitable access for all prisoners.	22	Not Supported
Recommendation 5 Expand library resources to increase access for prisoners, extend opening hours, and improve legal supports.	23	Supported in Principle
Recommendation 6 Introduce a TV rental scheme.	24	Supported-Current Practice/Project
Recommendation 7 Increase funding for permanent clinical nursing staff, retention initiatives, and allied health services to meet current and projected demand.	28	Supported
Recommendation 8 Increase the Casuarina vehicle fleet to meet current and future operational demands.	29	Supported in Principle
Recommendation 9 Develop aged care, dementia, and palliative care policies and pathways for prisoners with complex needs.	30	Supported
Recommendation 10 Establish an on-site disability coordination team.	30	Not Supported
Recommendation 11 Increase funded full-time equivalent (FTE) Mental Health, Alcohol and Other Drug (MHAOD) Clinical Nurse and Psychological Health Services (PHS) counselling positions to meet growing demand.	32	Supported in Principle

<p>Recommendation 12 Expand opiate substitution therapy capacity and implement a comprehensive harm reduction strategy, including naloxone distribution and smoking cessation support.</p>	35	Supported in Principle
<p>Recommendation 13 Establish a dedicated Alcohol and Other Drug (AOD) team, including trained opiate substitute therapy (OST) clinicians and counsellors.</p>	35	Supported in Principle
<p>Recommendation 14 Introduce a needle and syringe exchange program to mitigate blood-borne virus transmission.</p>	35	Not Supported
<p>Recommendation 15 Ensure the Solid Steps program is delivered in an appropriate environment.</p>	36	Not Supported
<p>Recommendation 16 Recruit Aboriginal Visitors Scheme staff and increase Prison Support Officer staffing, and review both models.</p>	38	Supported in Principle
<p>Recommendation 17 Reduce the Treatment Assessment Report backlog.</p>	40	Supported-Current Practice/Project
<p>Recommendation 18 Expand program delivery and access, ensuring culturally appropriate and on-Country options for First Nations prisoners.</p>	42	Supported in Principle
<p>Recommendation 19 Improve education availability and stability, ensuring the education centre remains open and fully resourced.</p>	43	Supported-Current Practice/Project
<p>Recommendation 20 Expand employment and purposeful activity opportunities for prisoners, including vocational training and industry roles.</p>	45	Supported in Principle
<p>Recommendation 21 Develop a structured incentive and progression system to reward positive behaviour and support rehabilitation.</p>	47	Supported-Current Practice/Project
<p>Recommendation 22 Expand opportunities for meaningful activities in specialised units, including recreation, education, and therapeutic programs.</p>	52	Not Supported
<p>Recommendation 23 Deliver regular, accessible, and practical training to improve confidence in managing incidents and complex cohorts.</p>	55	Supported

Background

Casuarina Prison (Casuarina) is a maximum-security facility for male prisoners. Opened in 1991 with a design capacity for 397 sentenced prisoners, the prison has changed in size and function significantly over the years. By 1998 the population had increased to 530 through double-bunking cells. A riot occurred on Christmas Day that year which resulted in the installation of additional security infrastructure.

Two additional units offering 128 cells and 256 beds were opened in 2012. In 2019 work commenced on four units offering 256 cells and 512 beds. One of these units was annexed as a youth facility in July 2022. When we last inspected Casuarina in September 2022 its capacity was 1,386. There has been ongoing construction and expansion since then.

By the time of the 2025 inspection, the prison had 1,691 general-purpose beds, with a total capacity of 1,816. A triple-bunking project began in July 2025 which added five beds to each wing across four units and finished shortly after our inspection, increasing the general-purpose bed capacity to 1,711. Once Casuarina Prison Expansion Tranche 2 works are complete and Unit 18 returns to the adult male estate, Casuarina's total capacity will be around 2,044 beds.

This year, the prison has consistently operated above capacity, with close to two thirds of the population on remand. The prison provides specialist statewide functions for specific cohorts of prisoners, which include the Special Handling Unit (SHU), Special Protection Unit (SPU), Crisis Care Unit (CCU), Mallee Rehabilitation Centre, and Infirmary. Additional functions included as part of the expansion are mental health support, high needs, and assisted care units.



CASUARINA PRISON

FACT PAGE

OFFICIAL CAPACITY AT TIME OF INSPECTION

1,816

GENERAL BED CAPACITY AT TIME OF INSPECTION

1,691

PRISONERS AT TIME OF INSPECTION

1,675

as at 13 October 2025

PRISONERS SLEEPING ON THE FLOOR

5



Casuarina is located on Noongar Whadjuk land in Canning Vale, 28 kilometres south of Perth.



INSPECTION DATE

13 to 22 October 2025

ROLE OF FACILITY

Casuarina Prison is a maximum-security prison for male prisoners. Originally intended primarily for sentenced prisoners, it now also holds a significant number of remand prisoners. It also provides specialist statewide services in the Special Handling Unit, Special Protection Unit, Infirmery, and Crisis Care Unit.

HISTORY

Casuarina Prison opened in 1991, replacing the colonial-era Fremantle Prison. It was originally designed to accommodate 397 sentenced prisoners.

The prison continued to expand over the decades, with additional accommodation units opening over time. In July 2022, one unit was designated as a youth detention centre and managed separately from the prison. The general-purpose bed capacity increased to 1,711 shortly after the inspection. Once the current tranche of works is complete and Unit 18 returns to the adult male estate, the prison's total capacity is expected to reach about 2,044 beds.

New facilities under development included a Health Assessment and Treatment Unit, an Assisted Care Unit, and a 34-bed mental health unit.



The Inspection Process

This inspection was guided by the Office's *Inspection Standards for Adult Custodial Services* (the Standards) (OICS, 2025), which draws on expectations and rights established in relevant international treaties and guidelines. The Standards provide a framework for assessing the performance of custodial facilities.

The scope of this inspection was refined to focus on 26 of the 33 adult standards, across all the eight core themes. The scoping was based on the assessment of available evidence such as liaison visit reports, data on key indicators, a self-assessment completed by the Superintendent, and themes arising from Independent Visitor reports.

Before the on-site inspection, surveys were conducted with prisoners and staff, and interviews were held with departmental staff, key prison personnel, and service providers. Additional documents from the Department of Justice (the Department) and a demographic data pack also informed the inspection's lines of inquiry.

The on-site inspection took place over seven days in October 2025. It involved engagement with management, staff, and prisoners; observation of key processes; and review of relevant documentation. At the end of the inspection week, a debrief was held with senior management to present preliminary findings.

The findings and recommendations in this report are based on evidence gathered throughout the inspection process. Generative artificial intelligence (AI) has been used to summarise inspection notes to prepare an early draft. This draft was then subject to human oversight, cross referencing, contextualisation, proofing and editing to ensure accuracy, clarity, and readability. The Department was provided with an opportunity to respond to recommendations within this report.



1 Years of expansion had resulted in a complex, evolving, and overstretched facility

Casuarina Prison (Casuarina) has been required to change quickly in response to ongoing population growth and an expanding statewide role. The prison showed a strong ability to adapt, taking on new functions, managing different prisoner groups, and continuing to operate in an environment of constant change. Over time, daily operations were shaped mainly by the need to keep the prison functioning under significant pressure.

While investment in infrastructure delivered more accommodation units, and support buildings, and management and staff took practical steps to ensure the prison met its core responsibilities, this way of operating came with limitations. Consistency in delivering services was difficult to maintain, short-term solutions were common, and there was limited capacity for longer-term planning.

The system relied heavily on staff resilience and flexibility and highlighted the need for clearer strategic direction and broader system-level responses to support the prison's ongoing role.

This chapter assesses the performance of Casuarina against the following standards:

Standard 1 – Operational planning

A strategic vision informs a comprehensive plan of the custodial facility's priorities, principles, values, and actions.

Standard 28 - Infrastructure

The prison infrastructure provides a safe and secure environment.

1.1 Casuarina responded to meet the dual demands of statewide functions and population pressures

By 2025, Casuarina had become the state's primary facility for absorbing the statewide population increase and for delivering a growing range of specialist functions. The prison was routinely called upon to accept prisoners from across the state who could not be safely or appropriately managed elsewhere, including those with complex behavioural, mental health, or protection needs. This statewide role meant Casuarina was not only managing its own population growth but also acting as a safety net for the entire custodial estate, often at short notice and with little opportunity for forward planning. As a result, Casuarina had experienced a dramatic increase in prisoner numbers, rising from around 1,100 in 2022 to nearly 1,700 within three years.

We found this dual responsibility had fundamentally reshaped daily operations at Casuarina. Staff described an environment of constant flux, where ongoing construction, shifting operational demands, and the need to accommodate specialist, complex and often difficult-to-manage cohorts required a high degree of adaptability. The prison's infrastructure and routines were continually

tested and adjusted to meet these demands, but this often came at the expense of stability and long-term planning.

The need to balance the requirements of specialist units, such as the Special Handling Unit (SHU), management, protection, and the Mallee Rehabilitation Centre (Mallee) with the ongoing challenge of overcrowding placed significant strain on both staff and services. Despite these pressures, Casuarina continued to function as the state's facility of last resort.

1.2 Major infrastructure works had been delivered with more underway

Between inspections, Casuarina went through infrastructure development unlike any other facility in the state. The prison saw the completion and commencement of multiple major works, including new accommodation buildings (Units 19 and 20), support buildings, and specialist facilities.

The Master Control Room (MCR) was upgraded with improved monitoring capabilities and up-to-date security technologies, and newer units had additional closed-circuit television (CCTV) cameras to assist staff in monitoring unit activity.

These projects were essential to meeting the demands of the prison and its population. But they introduced significant logistical challenges and disruption to daily operations. Staff had to adapt to temporary relocations, changes in workflow, and the ongoing presence of construction teams within the secure perimeter.

The gatehouse presented the biggest challenge. Temporarily located within the eastern sallyport, its reduced footprint struggled to accommodate the growing volume of staff and visitor movements. The increase placed considerable pressure on staff and impacted the overall efficiency of gatehouse processes, despite a courteous staffing group who worked in difficult conditions (see Chapter 6).

At the time of the inspection comprehensive upgrades were underway or about to start in the gatehouse, staff amenities, visitor centre, car park facilities, reception, property storage, laundry, bakery, and the prison's administration area.

The infirmary was the next major piece of infrastructure to be extensively refurbished and renamed the Health Assessment and Treatment Unit (HATU). Once complete the HATU will be linked to a brand-new build - the Assisted Care Unit (ACU), which includes both high needs care, and assisted living sections. Reception, property storage, and car park facilities were all to be expanded, and construction had commenced on a 34-bed mental health unit scheduled to open in 2027.



Photo 1: The new Assisted Care Unit was under construction.

Extra beds eased overcrowding, but increased pressure elsewhere

To address the rapid increase in prisoner numbers, Casuarina installed additional beds within existing infrastructure through a triple bunking project, in units 15, 16, 17, 19, and 20. This measure was implemented as a pragmatic response to the immediate crisis of prisoners sleeping on mattresses on the floor in Casuarina and across the state and was completed ahead of schedule. While it provided short-term relief from the most visible effects of overcrowding, the decision to increase capacity in this way placed significant and lasting pressure on the prison's physical infrastructure, daily operations, and essential services.

Staff and prisoners alike reported the addition of extra beds quickly outpaced the capacity of existing facilities. Storage space became scarce, with property rooms and personal storage areas in cells unable to accommodate the increased volume of belongings. The movement of prisoners and property within the prison became more complex and time-consuming, and staff described the system as unsustainable if further beds were to be added without a corresponding investment in infrastructure and services.



Photo 2: Example of a cell with an extra bunk bed installed.

The inspection found the added upper bunk could not always be accessed safely. Prisoners were required to climb narrow steps that were often used for storing personal items due to limited storage space, and the only available handle was positioned at the top of the bunk, out of reach from the ground. Descending also posed a slipping risk.

The increased density of prisoners in each wing had heightened tensions and made it more difficult for staff to monitor and manage behaviour. Staff said with more men in each unit, the risk of conflict and injury rose, and it became harder to maintain dynamic security and respond proactively to emerging issues. Some staff told us that the perceived risks associated with walking down the wing landings was unacceptably high.

The triple-bunked accommodation also compromised the ability to maintain hygiene and cleanliness, with multiple reports of pest infestations, dirty carpets, and maintenance issues across different living units (see Chapter 3).

Prisoners described the experience of triple bunking as degrading. The absence of air conditioning in some of the older units increased discomfort, particularly during hot weather.

Health care staff also struggled to keep pace with the increased demand. The strain was evident in longer wait times for appointments, reduced access to routine care, and increased reliance on emergency responses (see Chapter 4).

Education and program delivery were frequently disrupted by staffing shortages and the logistical challenges of moving larger numbers of prisoners. The backlog of assessments grew, with staff reporting the physical space and resources required to conduct interviews and group work were insufficient for the expanded population (See Chapter 5).

A direct consequence of the triple bunking project was the loss of beds used for disciplinary or management purposes, as entire wings had to be taken offline to complete the required alterations. At the time of inspection, only 22 beds were available for management purposes to support a population of 1,692 prisoners. This shortage restricted Visiting Justices (VJs) from progressing disciplinary proceedings and delivering appropriate outcomes, including segregation where required.

These challenges highlight the need for a more strategic and holistic approach to managing population pressures, including investment in infrastructure, staffing, and support services to ensure safety, dignity, and effective rehabilitation for all prisoners.

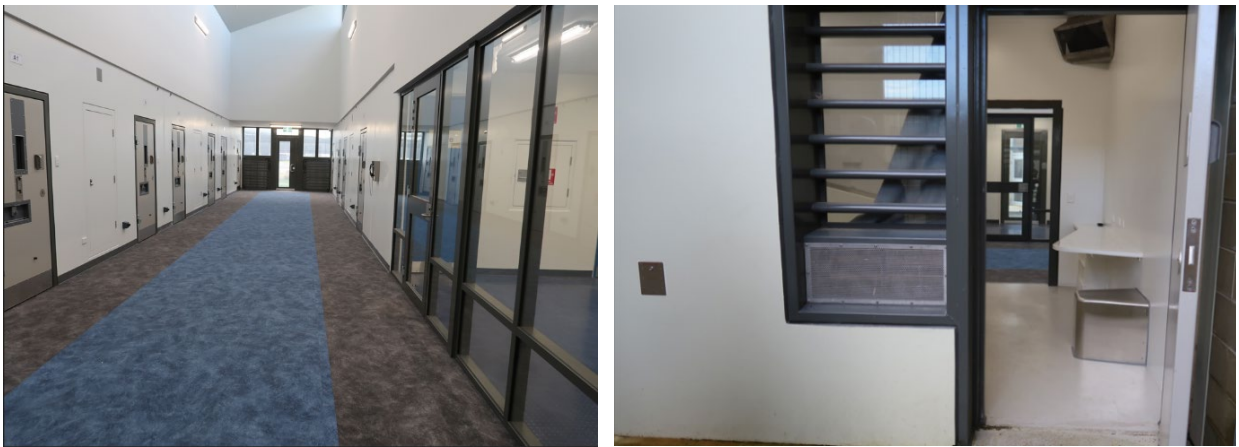
The High Security Unit had been repurposed to accommodate Solid Steps participants

The High Security Unit (HSU) was originally designed to manage prisoners presenting with difficult behaviours. However, shortly after it was commissioned in July 2024, the unit was repurposed to accommodate participants in the Solid Steps Alcohol and Other Drugs (AOD) Mallee treatment program and designated as Unit 21. Prisoners were transferred from Unit 15 to Unit 21, where the program continued to run. This repurposing reflected the prison's need to be flexible and responsive

to the changing demands of the estate, but it also introduced additional complexity to the management of specialist cohorts.

Further works were quickly completed in Unit 21 and, at the time of the inspection, three of its four wings, each containing 10 cells, had additional beds installed. The resulting work increased the capacity of the original 42-bed unit to 71. Staff balanced the needs of Solid Steps participants with those of other general living prisoners, but the ongoing reconfiguration made it difficult to maintain consistency in service delivery.

The adaptation of the HSU to Unit 21 was representative of the broader challenges facing Casuarina and the custodial estate as it sought to address the issue of an overcrowded population with limited resources, infrastructure, and the lack of a long-term site-specific operational plan.



Photos 3 – 5: State-of-the-art, purpose-built infrastructure in Unit 21 was converted and underutilised.



Unit 18 continued to be gazetted as youth detention centre

Further contributing to the pressures at Casuarina was the continued use of Unit 18 as a gazetted youth detention centre. At the time of the inspection, Unit 18 only accommodated 11 young people. At the time of drafting this report, that number had reduced to as few as two individuals. The use of this 128-bed facility to accommodate high-risk young people, reduced the number of beds available for adult prisoners at Casuarina and contributed to population management issues across the adult estate.

Initially, accommodating a youth cohort within an adult maximum-security facility presented unique challenges for staff. Although operations in Unit 18 have become more settled, Casuarina staff were still required to respond to some incidents in the youth facility. When this occurs, Casuarina staff are re-deployed from specialist units, resulting in lockdowns and a disrupted routine for adult prisoners.

On 21 November 2025, the Government announced a commitment of \$147 million to fully fund construction of a new youth detention centre (Western Australia Government, 2025). This facility is intended to replace Unit 18 upon completion. Early indications suggest the new centre will not be operational until at least 2028. Consequently, a major piece of infrastructure that could help ease overcrowding in the adult male prisoner population will continue to be occupied by a handful of young people for at least another two years.

1.3 Casuarina continued to function without a comprehensive operational plan

Despite repeated recommendations over the past three inspections, Casuarina continued to operate without a comprehensive, site-specific operational plan (OICS, 2017; OICS, 2020; OICS, 2023). This contributed to a reactive operating environment, with daily decisions driven by immediate pressures—particularly the challenge of managing a growing prisoner population with insufficient bed capacity. Staff and senior managers consistently described operations as “crisis management”, where success was defined by getting through each day rather than progressing against clear goals or a long-term vision.

Although we were advised work on a local business plan was underway, no draft was available for review. As a result, decision-making and resource allocation—especially for support services—remained fragmented. The prison’s increasing complexity, including ongoing construction and refurbishment, was not underpinned by an overarching strategy, increasing the risk of competing priorities and poor integration of new functions.

Staff surveys highlighted concerns about weak alignment between daily operations and the Department’s recently published Corrective Services Strategic Plan. While just over half of respondents were aware of the Department’s vision, most did not believe Casuarina was aligned with it. Many reported frustration and a sense of disconnection from departmental leadership, with core principles such as integrity, safety and fairness seen as inconsistently applied.

Many pressures faced by Casuarina were systemic and beyond local control, including statewide staffing shortages and the need to accommodate prisoners from across the state. Nevertheless, staff and management acknowledged the need for a more strategic approach. The Senior

Management Team had delivered regular training sessions and workshops to communicate the Department's vision, priorities, and the prison's achievements and future goals.

Moving forward, Casuarina required a clear, actionable plan aligned with the Department's broader strategy and tailored to the prison's specific needs. Without this, efforts to embed the strategic vision risked remaining superficial, with limited impact on outcomes or staff morale.

Recommendation 1

Develop and implement a comprehensive operational plan inclusive of managing Casuarina's population growth and specialist functions .

2 A well-run prison operating in a pressured environment

Although Casuarina continued to experience the statewide pressures of short staffing, infrastructure limitations, and population increases, it was a well-run prison. Core custodial responsibilities were delivered to the best of its ability and senior leaders maintained a stable environment for both staff and prisoners.

The prison's leadership focussed on embedding a culture of inclusiveness, collaboration, and problem-solving, often going beyond their formal roles to support others and maintain essential routines. This collective resilience was evident in the way staff responded to the unexpected challenges, whether managing sudden lockdowns, adapting to changes in prisoner groups, or covering for colleagues at short notice.

The ability to uphold these standards under such challenging circumstances reflected not only the experience and professionalism of the workforce, but also the commitment that characterised the prison's daily operations. The level of stability must be acknowledged, particularly as the broader estate struggled to keep pace with the pressures of overcrowding, prisoner complexity, and increased expectations from the Department.

This chapter assesses the performance of Casuarina against the following standards:

Standard 2 – Human resources

All staff possess the necessary skills and authority to manage people in custody safely and effectively.

2.1 Senior leaders were experienced but could not overcome resource and infrastructure shortfalls

Casuarina's extensive senior management team (SMT) was a mix of individuals in both substantive and acting positions. They were led by a Superintendent, widely respected by both senior leaders and staff, who provided strong continuity and support. Two of the three Deputy Superintendent positions were also filled by substantive, experienced individuals, with the third having acted in the role for almost two years.

Although 10 of the 15 SMT members were in acting positions, we saw a committed and unified team that had taken on many additional responsibilities and were regularly covering multiple roles. This expansion of duties placed considerable strain on their capacity to provide consistent communication to the wider staffing group.

Some managers told us they were unable to coordinate resources and drive long-term improvement, which left them disempowered by head office reporting and compliance requirements.

2.2 Recruitment, retention, and training efforts struggled to keep up with demand

Adequate staffing is fundamental to staff and prisoner safety and security. The Guiding Principles for Corrections in Australia say prisons should be adequately staffed with appropriately qualified and trained staff (Corrective Services Administrators' Council, 2018, p. 25). In 2025, despite the commitment by senior managers and the human resources team, Casuarina struggled to maintain a stable, skilled, and adequately resourced workforce.

Recruitment processes for administrative and uniformed staff remained lengthy and complex, often requiring multiple approvals from the Department's senior leaders. This delayed the filling of critical vacancies, particularly at lower levels where many candidates seeking job security are often deterred by temporary contracts.

Persistent gaps in staffing levels remained

Vacancies for uniformed staff remained high. In the 12 months prior to August 2025, there were an average of 61 prison officer vacancies, or 11% of allocated total positions. Vocational Support Officer (VSO) vacancies were considerably higher, with 54 positions vacant, or 38% of the total available positions unfilled.

Adding to the pressure was the high number of absent staff. On average, each day during the 12 months to August 2025, 22 prison officers and four VSOs were on personal leave, while 63 prison officers and nine VSOs were on workers' compensation. This meant around 15% of the total rostered staffing group was unavailable at any time. Overtime expenditure for the prison was substantial, averaging between \$400,000–\$600,000 per fortnight despite tighter budget controls.

To its credit Casuarina had appointed a temporary Workers' Compensation Coordinator to manage many of the open claims. Members of the SMT also attended return-to-work meetings and conducted regular welfare checks and placement meetings which all aimed to support staff in returning to work. While this improved monitoring and return-to-work programs, the role remained temporary despite efforts to make it permanent. Other local strategies such as removing staff who were absent for over three months from rosters and reinstating rolling rosters offered partial mitigation but could not offset chronic understaffing and regular turnover.

Public servant staffing was better, with most administration positions filled. However, workloads had increased significantly, and staff were also assisting with human resourcing matters at West Kimberley Regional Prison.

Recommendation 2

Increase the staffing profile to address current and future staffing requirements.

Staff training remained below target

The COVID-19 pandemic had disrupted the training schedule for uniformed staff and ongoing high rates of staff absence and frequent redeployment further affected access to training. Consequently, the prison had fallen behind with some mandatory training requirements including qualifications for first aid, use of force, batons, and use of restraints. Between 60 and 70% of staff were up-to-date with all mandatory training, which fell short of the departmental target of 80%.

The training team, comprising three members, delivered sessions to small custodial groups to accommodate the operational demands of the prison. Despite limited resourcing, plans were in place to provide essential and refresher training for all staff.

Training for new officers had improved, with a greater focus on communication and de-escalation skills. Probationary staff met with senior managers and received support and mentoring on their first day, and Principal Officers played a key role in practical training, using CCTV recordings to illustrate best practice, and scenario-based exercises were being conducted. However, ongoing mentoring was challenged by the small proportion of busy, but experienced staff willing to tutor new recruits. As a result, new officers often lacked consistent guidance and support.

Workplace culture was mixed

Despite the pressures, uniformed and non-uniformed staff appeared to maintain generally constructive relations. Human resources staff adopted an open-door policy, and most grievances were resolved informally locally, with only one formal grievance reported in the 12 months prior to the inspection.

They [HR] do the best they can with the resources they have and [are] constantly being down staff

Support from SMT has improved in the past 6–12 months

Staff survey comments regarding HR and local management

Relations between the SMT, the union, and the wider staffing group were generally positive, with collaborative problem-solving as evidenced by the timely adoption of the prison's new adaptive routine. The inclusion of a union delegate within the SMT also improved communication and contributed to more effective representation of staff interests. Surveyed staff noted improved perceptions of support and communication since 2022, however, these improvements were limited and did not represent a substantial change.



Figure 1: Staff survey results indicated mixed results in the relationship between staff and management.

2.3 A new adaptive routine was implemented to address staffing shortages

To manage chronic staffing shortages and operational pressures, Casuarina implemented a new adaptive routine, developed in consultation with local union delegates. This routine allowed the prison to maintain essential services and minimise disruption, even when staffing was severely short.

When staffing was up to 53 uniformed officers short, a 'Routine B', was implemented across the facility, allowing for a full structured day where possible, and a split unit-based recreation schedule.

While this approach was more flexible and less restrictive than we observe at other facilities, it mitigated but did not overcome systemic deficits such as the limited access to meaningful activity, and restricted opportunities for rehabilitation. Services outside the living units such as education, programs, and recreation were regularly closed.

Staff and management acknowledged that while the adaptive routine allowed the prison to get through the day, it did not address the underlying issues of chronic understaffing, and the absence of a guiding operational plan, reducing opportunities for prisoner engagement and rehabilitation.

3 Infrastructure and resource shortfalls impacted daily life

Adequate infrastructure and staffing resources are two persistent issues identified during prison inspections. At Casuarina, the impact of the two had a sustained and detrimental effect on both the delivery of services and prisoner wellbeing.

This chapter assesses the performance of Casuarina against the following standards:

Standard 4 – Reception and support

People entering custody are treated respectfully, can immediately contact their families, and have their needs and risks identified and supported.

Standard 5 - Orientation

People entering custody receive a prompt, effective and supportive orientation to understand life in prison, including their rights and obligations.

Standard 6 – Support for people on remand

Custodial facilities minimise the stress for people entering custody on remand, offer a regime that reflects their unconvicted status, and assists them to meet their bail conditions and be promptly released from custody.

Standard 11 – Living conditions

People in custody feel safe from bullying, abuse, violence, and victimisation, and those seeking protection are appropriately located and safely managed to prevent harm, abuse, and neglect.

Standard 13 – Contact with family and visits

People in custody can maintain contact with their friends and family and organise regular visits.

Standard 14 – Food and canteen

There is access to a varied and balanced diet and additional items for purchase through a canteen system.

Standard 15 – Purposeful activities

Individuals in custody have access to a range of purposeful activities during the day and at least two hours of recreation in the open air.

Standard 33 - Transport

Transport arrangements are respectful and ensure the safety and security of people in custody, escort staff and community.

3.1 Reception was limited by infrastructure but adapted well to a temporary area

During the inspection, prisoner reception operated from a temporary facility in the former eastern industries area while the permanent reception was undergoing extensive refurbishment.

Staff in reception told us they were struggling to find space for new property and to process requests to retrieve existing property. While the property store was generally well-labelled and organised, the lack of sufficient storage space risked delays in prisoners accessing personal items, such as prescription glasses or religious articles.

Concerns were raised about whether current storage arrangements would be adequate once the refurbished reception area was operational, with some staff suggesting that shipping containers could be required to accommodate the overflow.

Staff maintained efficient and orderly processes, and the temporary area was clean and organised. Property and linen packs were prepared in advance, and prisoner movements from vehicles through holding cells were processed efficiently, with around 10 new arrivals processed in around 15 minutes.

Prisoner workers assisted with cleaning holding cells, but staff retained responsibility for core duties, maintaining clear role boundaries. Staffing arrangements were under review, with efforts to extend reception hours to accommodate late court returns and releases which were becoming more common.



Photo 6 - 7: The property store was full but organised well.

3.2 A majority remand population but no resources to differentiate or support their needs

On the first day of the inspection, 64% of Casuarina's population were on remand, an increase from 53% at the time of the 2022 inspection. Of those on remand, 40% had been in custody for six months or more. This shift had profound effects for the prison's operations and delivery of services. Remand prisoners typically require higher levels of support, but Casuarina had not been provided any additional resources to support this cohort.

As a result, remand prisoners were managed much the same as sentenced prisoners, with little distinction in their regime, access to programs, or living conditions. Remand prisoners we spoke with said they often felt overlooked and unsupported. The lack of targeted resources for remand prisoners was a significant gap in service delivery.

However, we found remand prisoners were generally able to access a legal representative, the official visits area was operating efficiently, and was sufficient for the current demand. But, with recent reports indicating criminal matters in the District Court now take an average of 64 weeks to reach trial, the frustration felt by many prisoners left idle without purposeful activity was reasonable (Garvey, 2025).

Recommendation 3

Allocate targeted resources to support the growing remand population, ensuring their distinct needs are met.

3.3 Orientation for new arrivals was inconsistent, and peer support prisoners filled the gap

The inspection found the prison's formal orientation process was largely ineffective due to the orientation officer role often being unfilled or redirected elsewhere. As a result, more than 1,000 prisoners had not received a proper induction, with some cases outstanding for over a year. New arrivals typically received only a brief group talk covering basic rules, with little opportunity for questions or personalised guidance. Many reported waiting months before receiving any formal orientation.

In the absence of a consistent staff-led process, peer support prisoners became the main source of information for new arrivals. They helped explain routines, services, and administrative

SUGGESTION

Update the orientation manual annually and introduce an easy read version to improve accessibility.

processes, and were especially important for those with low literacy or limited English. However, reliance on peers meant the quality and accuracy of information varied, and some prisoners missed out on essential details that should have been provided by staff. Frequent transfers from regional prisons further disrupted support networks, increasing the need for reliable orientation.

Despite these system-wide gaps, Unit 5—the designated orientation unit—offered a positive model. It provided a clean, structured environment where staff and prisoner workers prepared cells, maintained high standards of cleanliness, and supplied new arrivals with essential items and an orientation handbook. Prisoners in Unit 5 spoke highly of the supportive atmosphere, which helped ease their transition and set clear expectations for those staying longer.

3.4 Living conditions varied, yet many were impacted by overcrowding and pest infestations

Living conditions varied across different units. Prisoners in older units complained about temperature discomfort due to a lack of ventilation in the summer and insulation in the winter. Large portable air conditioning units had been installed in unit day rooms or shared between two landings, but ventilation was poor and air vents reportedly carried hot air in summer.

Dayroom carpets in older accommodation units were ingrained with dirt, although cells and communal areas were kept clean and tidy. Some units presented with persistent issues. For example, we found extensive mould growing in some shower areas, and rubbish thrown out of windows in back yards.

Wings B and D in Unit 1 were particularly poorly maintained, with unhygienic bathrooms, missing shower doors resulting in a lack of privacy, inadequate cleaning supplies, and stained internal flooring, some of which prisoners highlighted as unresolved maintenance requests. The outside yard lacked shade and an unused bathroom area contained building materials and litter.

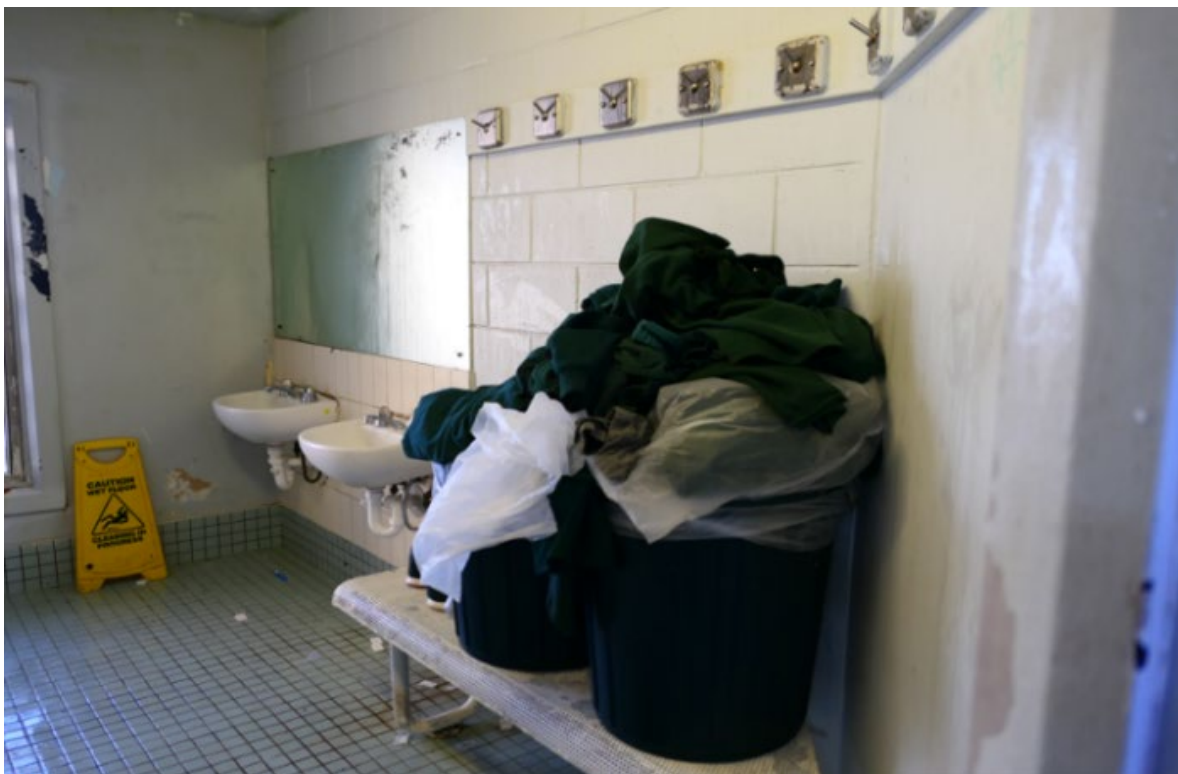


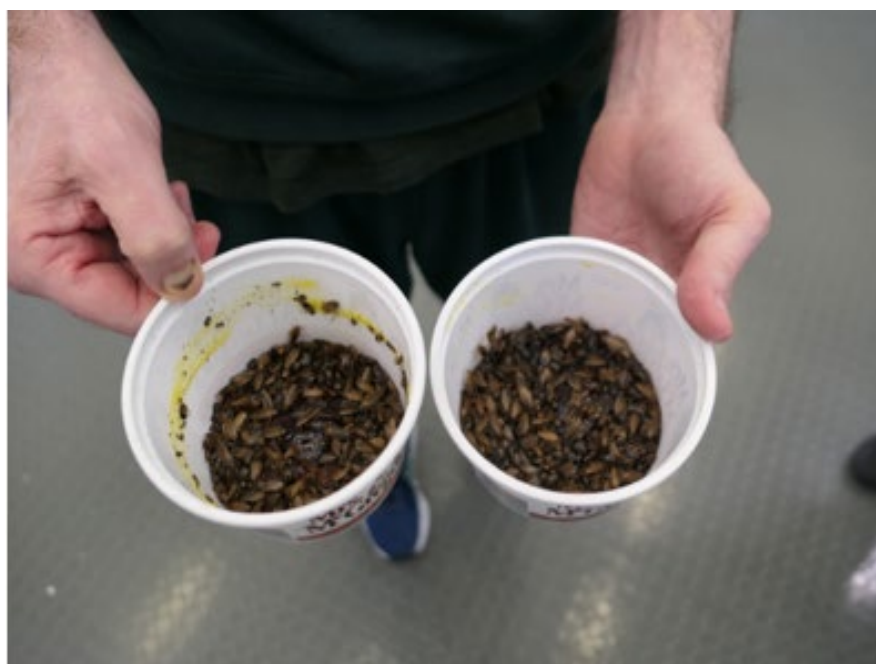
Photo 8: Unit 1 (B & D) was unhygienic and poorly maintained.



Photos 9 - 11: Unit 1 (B & D) was unhygienic and poorly maintained.

We also found significant pest infestations across multiple units. While we acknowledge the efforts of the prison to address the issue by onboarding a pest controller and employing extra unit cleaners, the issue persisted and was impacting prisoner wellbeing. The issue was well known across the facility, and both prisoners and staff showed us home-made attempts to bait cockroaches in cells and day-room cupboards.

Our pre-inspection prisoner survey also highlighted concerns with bedding, with 59% of prisoners rating it as poor. We found this was largely attributed to a lack of available bedding and the quality of the blankets provided, which prisoners described as thin and itchy, and offered little warmth during colder months.



Photos 12 and 13: Pest infestations persisted despite efforts from prisoners and staff efforts to keep areas clean.

The orientation unit was an exception

Unit 5 – used as the orientation unit – was a prime example of what can be achieved when both staffing, supervision, and cleaning standards are consistent.

The unit provided a clean, structured, and supportive environment for new arrivals. Staff maintained high standards, with prisoner workers actively cleaning cells, bathrooms, and day rooms, and preparing cells for incoming prisoners. One prisoner was dedicated to setting up cells for new arrivals, who received pre-prepared packs with essential items and the orientation handbook.

The day room carpets had been replaced with linoleum, giving the unit a fresh and hygienic appearance. The outside of the unit was also clean, in contrast to other units where rubbish and food was littered on the grass, having been thrown from windows.

Prisoners we spoke with in Unit 5 appreciated the establishment of a positive environment, easing the transition for new prisoners and setting clear expectations for those remaining in the unit long-term.

However, storage space for clothing, food and laundry exchange was very limited and operated on a strict one-for-one replacement basis, including underwear. Although storerooms were generally tidy, they showed signs of poor maintenance, such as chipped floor tiles, graffiti, and broken shelving. One side of the unit had only a single phone for 56 men, and the hot-water urn had failed, requiring staff to secure a temporary steel replacement. These issues highlighted how aging and inadequate infrastructure undermined an otherwise stable and well-managed unit.

3.5 Family contact and visits were valued but restricted

Maintaining contact with family and friends through in-person visits, e-visits, or telephone calls was consistently identified by prisoners, staff, and family members as a critical factor in supporting prisoner wellbeing and reducing the sense of isolation. Research has shown that connections with community can reduce the likelihood of reoffending (Wang, 2021).

However, the ability to maintain these connections was increasingly restricted by reductions in visit session availability, limited access to e-visits and unit telephones, and frequent cancellations of transport for funeral escorts. All forms of contact with community supports were impacted by the population growth, poor infrastructure, and staffing shortages, which placed additional strain on both prisoners and their support networks.



Visit session availability had reduced

Casuarina previously offered four weekday social-visit sessions and up to six sessions on weekends and public holidays, but in 2025 these were significantly reduced. Weekdays dropped to three sessions per day, while weekends and public holidays fell to just two. These reductions were a result of staff being redeployed to manage the increased population, and the limited capacity of the visits centre. Early in 2025, frequent cancellations caused by staff shortages further restricted access. However, senior leaders recognised the importance of prioritising access to loved ones and the impact upon family of missing out. Through careful reconsideration of staffing, the situation had started to improve by March 2025.

As a result of this reduction in visit sessions, the number of visitors declined sharply—from 3,450 in December 2023 to 1,971 in February 2025. This was despite a significant increase in population over the same period.

Survey results reflected this decline. Only 35% of surveyed prisoners found it easy to maintain family contact through in-person visits, a decline from last inspection (46%) and below the state average (48%). Prisoners and families also expressed frustration with short-notice cancellations and difficulty securing preferred time slots, particularly on weekends.

Although the prison sends automatic cancellation messages, these often arrive too late for families travelling long distances, meaning some only learn of cancellations after they have already begun or completed their journey to the prison.

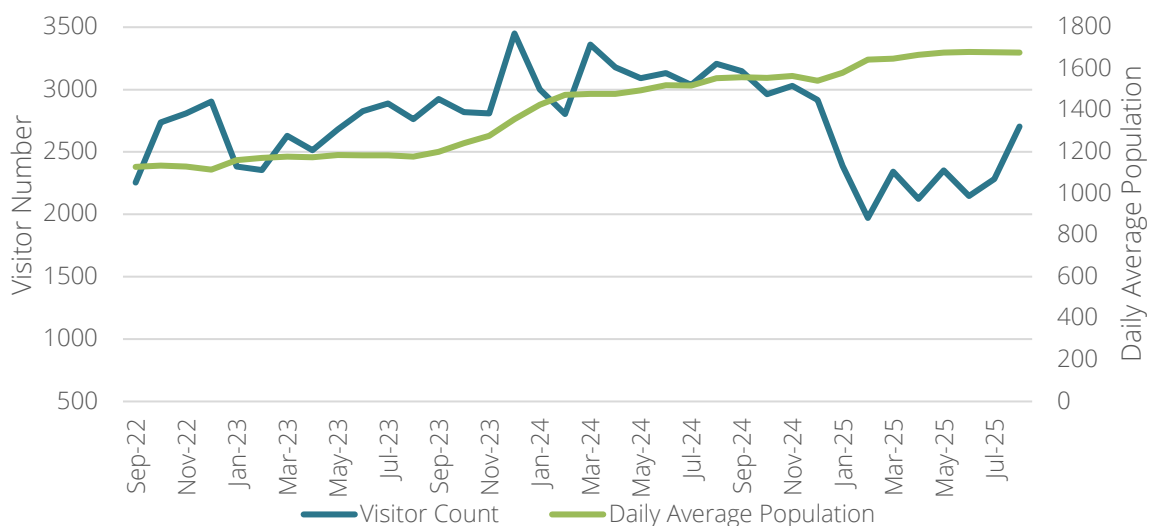


Figure 2: There was a significant decline in visitor numbers despite the growing population.

Efforts to prevent contraband flow restricted the visits experience

Processes were in place to prevent the trafficking of contraband during social visits. At the gatehouse visitors were required to pass through multiple layers of checks before entering the centre, including handheld wands, x-ray screening, and drug-detection dogs to deter and detect contraband. Gatehouse officers performed this work under difficult conditions, working in a cramped temporary

structure, contending with high traffic volumes, and balancing the flow of social visitors, contractors, and staff.

Inside the visits area, prisoners were not permitted to bring canteen-purchased items, and refreshments were removed to minimise concealment opportunities. Seating arrangements were supervised, and CCTV used to monitor behaviour. Officers tried to maintain line-of-sight over the floor despite the noisy and cramped environment and carried out searches of prisoners following each session.



Photo 14: The visits area was well managed, but inadequate for the population.

Staff told us contraband movement mostly occurred during times of close physical contact. However, this risk was not consistently managed, as we saw lengthy physical embraces at the end of sessions routinely permitted without intervention. This created a significant gap in the otherwise restrictive regime.

The minimal use of the available body scanner also hindered efforts to prevent contraband entry. Only a small number of staff were trained and available to operate it, meaning strip searches remained the primary method of detecting contraband as prisoners exited their visit session.

Taken together, these measures showed that while staff were making genuine attempts to manage contraband risks, often under significant staffing pressure, the overall impact on visits was a more restrictive, less family-friendly environment, which still left gaps for contraband trafficking.

Increasing available activities, providing basic stationery, and re-opening the children's play area would help create a more family friendly environment.

SUGGESTION

Reopen the children's play area and provide basic stationery items to create a more family friendly environment.

E-visit and phone access were limited

E-visit access had also significantly reduced, dropping from four sessions every weekday to just one session on three weekdays, with no sessions available on weekends. Staff said this was due to courts running late and video link terminals being prioritised for court matters. The reduction particularly affected regional and Out of Country prisoners who depend on e-visits to stay in contact with family. With the increase in population, the ratio of prisoners per e-visit kiosk worsened from 86 in January 2025, to 93 per kiosk on the first day of the inspection (OICS, 2025).

Survey results reflected the reduced access. Only 16% of surveyed prisoners said it was easy to contact family via e-visits, down from 33% in 2022. Many reported that bookings were unavailable for weeks or were cancelled at short notice when court demand increased.

Telephone access was similarly limited. In older units, there was typically one telephone handset for 26 prisoners, and although newer units had slightly more handsets, demand far exceeded supply. Prisoners and staff noted that limited telephone handsets created queues, reduced privacy, and increased tension in units. Prisoners reported difficulty contacting legal representatives or family in regional and remote areas.

Prisoners reported reduced access to family contact caused stress and a sense of disconnection from supports. Staff reported making local workarounds where possible, for example, reserving limited e-visit slots for those with greatest need, but acknowledged without investment in additional telephone points, expanded e-visit capacity, and a modern system to facilitate social contact, access will not meet demand.

One in four approved funeral applications did not result in attendance

Attendance at funerals – a significant cultural obligation for First Nations prisoners – was being affected by ongoing staffing shortages, even when a prisoner had been approved to attend. Staff attributed most non-attendance to the contracted transport service provider (Ventia) cancelling the escort due to their own short staffing, the prison's inability to provide staff or vehicles when Ventia cancelled escorts, or the difficulty of facilitating regional travel.

Departmental data showed that between 1 September 2024 and 1 September 2025, 333 funeral applications were lodged at Casuarina. Of these, 89 prisoners were confirmed to have attended a funeral, representing about (27%) of the total applicants. Most were transported by Ventia, who transported 85 of the 89 attendees. Where physical attendance could not be achieved, video-link funerals were sometimes offered. However, families had to pay the funeral director's fee to enable live streaming, which was not always possible, and connectivity in remote locations was not always reliable.

Staff felt departmental funding of streaming costs would be more equitable, given the importance of grieving practices for First Nations prisoners, and the distress caused by missed attendance.

We heard staff made considerable efforts for several prisoners, who were unable to attend regional funerals, by returning prisoners temporarily to Country at regional facilities for family contact.

We acknowledge missed funerals undermines cultural obligations and family connections, with a particular resonance for First Nations prisoners, and reliance on paid video links may in some cases be culturally inappropriate.

However, these outcomes also reflect systemic barriers that limit equitable access to grieving practices. Given the high non-attendance rate, and staff safety considerations, the Department should explore funding streamed funerals where possible. Also, in many cases this may be a more cost-effective option.

Recommendation 4

Fund video link streaming for funerals, where it is available, to ensure equitable access for all prisoners.

3.6 Purposeful activities were impacted by staffing shortages

Despite some improvements in scheduling and access since the previous inspection, the delivery of recreation and purposeful activities at Casuarina were impacted by staffing issues. While the prison had revised the recreation timetable and restricted the redeployment of Recreation VSOs to only critical staffing situations, frequent lockdowns, adaptive regimes, and unfilled VSO positions continued to undermine both the consistency and quality of activities available to prisoners.

Access to recreation outside of units improved but remained limited

A revised recreation schedule gave all general living units equal gym access, with two one-hour sessions per week. However, only four of the six Recreation VSO positions were filled, and frequent lockdowns meant many prisoners still experienced limited recreation outside their units. Although gym attendance improved in 2025—helped by the SMT protecting gym allocations—prisoners noted scheduled sessions were often cancelled, and more than half of survey respondents said they lacked access to recreation beyond their units.

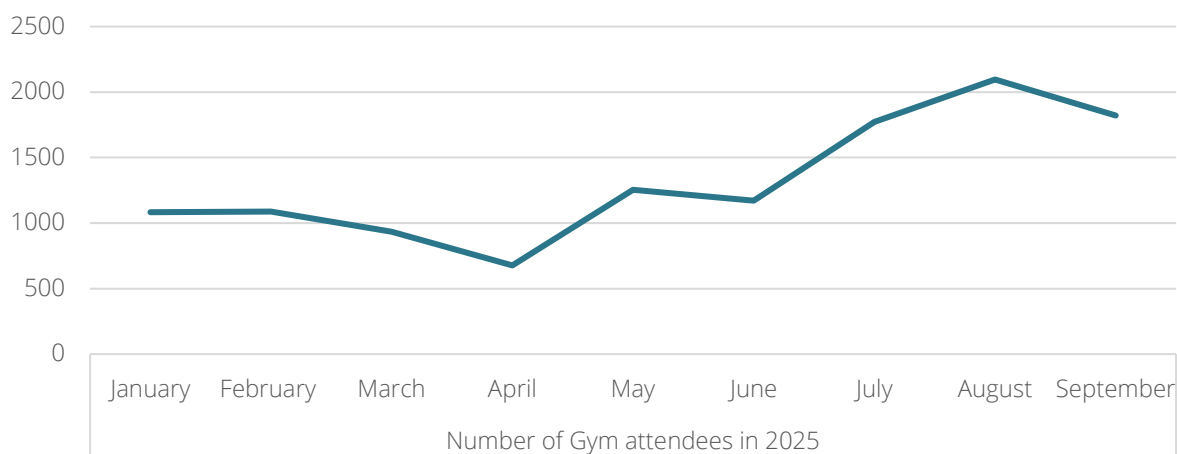


Figure 3: Number of attendees to the gym in 2025.

Use of the oval was also very limited, with the only consistent activity being a short AFL competition before NAIDOC Week. Outside this period, prisoners had almost no access to field sports or large group activities, as the oval was not part of the regular recreation schedule.

Overall, structured, and meaningful activities remained scarce. Most gym sessions were unstructured, and aside from physiotherapist-approved rehabilitation sessions, no regular programs were offered. Renovation works further reduced opportunities by temporarily converting part of the gym into a staff lunch distribution area, cutting an hour of gym time each day.

Access to the prison library was limited and infrequent

The library at Casuarina was only open on weekdays for eight hours, which was not enough to meet the needs of the growing population. Each unit was allocated only one hour per week to access the library, shared across four wings. With only 10 prisoners allowed at a time, individuals effectively had about 10 minutes each. Both staff and prisoners agreed the library needed to operate seven days a week with longer opening hours.

The library's physical collection was also limited in both quality and currency. Much of the stock relied on public library donations, and we saw boxes of uncatalogued books awaiting processing. Budget limitations meant there were few opportunities to refresh or expand the collection, and ongoing issues with legal database subscriptions and legal library computers further restricted access to legal resources.



Photo 15: The library was well stocked, but prisoner access was limited.

Additionally, Casuarina's library functions as the central library for the entire custodial estate. The librarian is responsible for purchasing, cataloguing, and distributing books to other prisons, as well as overseeing compliance across all prison libraries. There is no dedicated budget to support this work.

Recommendation 5

Expand library resources to increase access for prisoners, extend opening hours, and improve legal supports.

The lack of a TV rental scheme was problematic

At Casuarina, prisoners are required to purchase their own TV if they wish to have one in their cell. Casuarina was the only prison in the state taking this approach, which was intended to enable prisoners to leave prison with a TV. But the policy had created inequities and challenges for both prisoners and staff.

For those unable to afford a TV, the only alternative was to watch in the day room. However, in some units, such as Unit 1, no TV had been available in the day room for some time. The practice resulted in an unfair process for accessing entertainment and passing time, disproportionately affecting those with limited financial means.

The absence of a TV rental scheme – available in most other prisons – had also led to the emergence of informal and unregulated arrangements. We heard some prisoners went as far as charging cellmates without TVs for access, creating opportunities for bullying and standover.

Introducing a formal TV rental scheme would address these inequities, reduce the risk of exploitation, and support a safer, more constructive environment.

Recommendation 6

Introduce a TV rental scheme.

3.7 The kitchen was operating at capacity, and prisoners were unhappy with the food

Prisoners expressed widespread dissatisfaction with the quality and variety of food provided. In our pre-inspection prisoner survey, 66% of respondents rated food quality as ‘poor’. While this represented an improvement from the previous inspection (73%), dissatisfaction remained higher than the state average (54%). Survey comments indicated concerns were driven less by quantity and more by the quality, repetition, and highly processed nature of meals.

Both prisoners and staff reported a perceived decline in meal quality following the removal of popular items such as ice cream, chicken burgers, and garlic bread. Prisoners frequently described meals as repetitive and unappealing, with limited fresh ingredients and poor-quality meat products. Several said this affected morale and day-to-day wellbeing. Staff also noted the kitchen was not large enough to meet current demand and reduced food budgets limited flexibility with menu variety.

Despite these pressures, the kitchen complied with food safety standards, and staff were consistently described as committed and adaptable. However, the combined challenge of producing meals for a population of around 1,700 prisoners, as well as several hundred staff each day, within existing infrastructure and budgetary limits, contributed to ongoing dissatisfaction with food provision.



Photo 16: Example of a bulk-prepared meal.

4 State-wide pressures impacted health and support services

The delivery of health services within a custodial facility should, as a minimum, be equivalent to the care available to an individual within the community. People in prison will often have complex and comorbid health needs and vulnerabilities, but the services and supports did not reflect those of its incarcerated population which exposed staff and prisoners to risk. Health and support services at Casuarina were under significant and increasing pressure, compromising access to care. Mental health services were critically under-resourced, substance use support was limited, and there was no dedicated AOD counselling. Cultural and peer support services were also failing to meet demand.

This chapter draws on a report prepared by a clinical nurse consultant engaged by the Office prior to the inspection. The report reviewed care provided to two patients at Casuarina against the National Safety and Quality Primary and Community Healthcare Standards, through an examination of relevant policies, patient records and documentation, and interviews with medical staff to assess compliance.

This chapter assesses the performance of Casuarina against the following standards:

Standard 17 – Physical health care

People in custody are treated with respect and have equal access to all health services, including prompt care, clear information, and culturally sensitive practices, supported by a multi-disciplinary approach and strong partnerships.

Standard 18 – Mental health care

People in custody receive thorough mental health care and support

Standard 19 – Substance use treatment

The facility has a comprehensive drug and alcohol strategy and provides personalised and culturally appropriate supports.

Standard 20 – Support

All people in custody can access a culturally sensitive support system, including a Prison Support Officer, peer support groups, and Aboriginal Prison Visitors.

4.1 Physical health care was struggling to meet prisoners' needs

Feedback from staff and prisoners, supported by the clinical review findings, indicated that Casuarina's health centre was struggling to provide care equivalent to community standards. With up to 80 requests to see a nurse or doctor per day, the volume, complexity, and acuity of the prisoner

population, combined with chronic staffing shortfalls, continued to widen the gap between demand and capacity.

This shortfall increased the risk of undetected health conditions, poor management of chronic illness, and adverse outcomes for prisoners. Staff described a workplace culture characterised by high pressure, limited professional satisfaction, and insufficient support from the Department's Health and Wellbeing directorate.

Nursing staffing levels were inadequate

The health centre operated 24 hours a day and required 12 nurses each day to cover both outpatients and the infirmary. Although prisoner numbers had increased significantly, the 23 full-time equivalent nursing positions (excluding senior roles) had not grown since 2017. As a result, the service relied heavily on casual and agency staff to maintain operations.

Nurses described the environment as highly stressful, largely due to chronic staffing shortages. They reported being unable to maintain safe nurse-to-patient ratios in the infirmary, leading to an increased dependence on agency carers—roles that were not permanently funded.

Medication rounds were also time-consuming, with morning and afternoon rounds each taking up to two hours to cover two general living units, limiting capacity for other duties. Nursing students were used where possible to help, but their availability was inconsistent.

In addition to running outpatient clinics, nurses were also responsible for attending medical emergencies, as well as completing routine tasks such as daily dressing changes, all of which added further pressure to already limited staffing. The lack of overlap between nursing shifts also meant handovers were often rushed or incomplete, leaving little time for clinical supervision or professional development.

Staff also reported limited support from head office, noting repeated escalations about unsafe staffing levels and the need for additional clinical space in outpatients. The impact of these issues was reflected in the pre-inspection prisoner survey, where only 5% of prisoners rated health services as 'good', and many reported significant frustrations with accessing timely medical care.

Staff also raised concerns about pay and conditions, particularly the lack of access to incentives. Unlike their counterparts in the Department of Health, Department of Justice nurses do not have access to attractive salary sacrificing arrangements or additional financial incentives, and there was no Temporary Special Allowance to recognise the complexity and demands of delivering healthcare in a custodial setting. The absence of comparable financial recognition was viewed as undermining workforce retention and recruitment, particularly in the context of chronic staffing shortages, working in a high pressured, volatile environment, while managing acutely unwell patients, and increasing prisoner numbers.

The Mobile Medic initiative was introduced to improve engagement with health services within the units. When staffing permitted, nurses visited units to speak directly with prisoners who had requested appointments. Staff carried basic medical supplies and resolved concerns through one-to-one conversations. This helped counter misinformation about the role of the health centre and reduced unnecessary appointment requests. Importantly, 85% of prisoners who interacted with

Mobile Medic went on to attend their appointments, compared with an average attendance rate of around 45%.

Allied health services were insufficient

Allied health professionals including dietitians, physiotherapists, podiatrists, optometrists, and dentists attended regularly, but the frequency of these services was not adequate for the size and complexity of the population.

Dental care was a significant concern, with around 140 people on the waitlist—roughly a year's delay for routine treatment. The clinical review also noted that only emergency dental provision was provided, with no preventative services, and that the Department's response was to review waitlists to determine if services were appropriate, but there was little evidence of improvement.

Access to physiotherapy was also limited to one day per week, which was insufficient for the needs of both the infirmary and general population.

Nurses triaged requests to see allied health staff to ensure urgent matters were attended to first, but the volume of need far exceeded the available resources.

Recommendation 7

Increase funding for permanent clinical nursing staff, retention initiatives, and allied health services to meet current and projected demand.

Medical escorts were frequently disrupted

External medical appointments were often disrupted by staffing shortages, booking errors, or patient refusals. A centralised booking system also meant local health staff at Casuarina were not involved in the planning, coordination, or follow-up of external appointments, adding to the complexities of prisoners engaging with the public health system. Documentation of appointment cancellations or rescheduling was found to be inconsistent.

The capacity to move prisoners for health care is often based on available vehicles, staffing, and competing priorities. When Ventia is unable to supply staff or vehicles, Casuarina is required to either undertake the escort or cancel the movement. When this occurred, clinical staff reviewed the day's appointments and prioritised those that could not be deferred. Staff reported this forced difficult triage decisions and cancellations to occur. Missed or delayed medical escorts risk a deterioration in health and add to the pressure on internal health services already operating at capacity.

Further complicating attendance were the limited vehicles available to Casuarina. The prison operated with just two secure vehicles and one soft vehicle, each with a limited capacity. There had been no increase to its fleet despite substantial population growth. Despite having a cohort of patients with mobility or complex health needs, the prison relied on a maxi-taxi to transport patients when appropriate secure transport was unavailable. We were told a proposal to provide

wheelchair-accessible transport had not progressed. However, it was later confirmed that one of Casuarina's vehicles was being modified for wheelchair access, albeit with an estimated completion around June 2026.

Notwithstanding the above, the prison was committed to facilitating unscheduled medical escorts – such as medical emergencies – despite the impact on the prison. When such escorts are required, the prison reallocates staff to facilitate the appointment, and this often results in the closure of prisoner services such as visits or education.

Recommendation 8

Increase the Casuarina vehicle fleet to meet current and future operational demands.

4.2 Gaps in care and supports for vulnerable prisoners

Casuarina faced significant challenges in supporting prisoners with complex needs, including dementia, disabilities, neurodiverse conditions, and age-related health decline. These difficulties were compounded by limited staff training, the absence of formal care pathways, and outdated or incomplete clinical practices.

Many custodial staff reported that they felt poorly equipped to work with prisoners with complex needs. Staff advised that they had not been trained to recognise or appropriately respond to dementia-related behaviours, some of which were unpredictable or violent, placing additional pressure on custodial and health services. This contributed to increased conflict, inconsistent care responses, and greater safety risks for staff and prisoners alike.

This lack of capability was mirrored in the clinical review, which found that the infirmary lacked contemporary aged-care policies and procedures. There was no specific documentation to guide comprehensive assessment or care planning for older prisoners, and no established pathways for end-of-life, palliative, or dementia care, despite a growing number of prisoners requiring such support. In one example highlighted during the clinical review, a prisoner with complex needs had a care plan that repeatedly lacked nursing endorsement and provided no meaningful guidance for daily care, increasing the risk of unmet needs or deterioration.

Clinical records showed care plans for complex patients were often generic, inconsistently completed, and not consistently signed off by registered nurses. In several cases, nursing follow-up was inadequate when care staff raised clinical risks, while some elements of care were missed entirely. Vulnerable prisoners—including those with disabilities, cognitive impairments, or neurodiverse conditions did not always receive tailored support. The absence of a formal dementia care pathway was identified as a particular concern by both clinical staff and external reviewers.

Without contemporary aged-care frameworks, dementia, or end-of-life pathways, or consistently completed care plans, older and clinically vulnerable prisoners were exposed to unmet needs, unrecognised deterioration, and delayed responses to escalating risks. The lack of nursing oversight when concerns were raised, together with insufficient training for custodial officers, further

increased the likelihood of preventable harm, conflict, and inconsistent care for older, neurodiverse, or medically complex prisoners.

Recommendation 9

Develop aged care, dementia, and palliative care policies and pathways for prisoners with complex needs.

Lack of formal disability services and coordination

The National Disability Insurance Agency affirms people in custody have the same rights to access National Disability Insurance Scheme (NDIS) supports as those living in the community (National Disability Insurance Agency, 2021). People with disabilities including intellectual, physical, and psychosocial are over-represented in custodial settings, yet prisons lack embedded structures and resources to ensure supports are resourced and delivered effectively.

In 2022, we recommended the establishment of an on-site disability coordination role which the Department supported in principle, noting it was developing a business case to address the recommendation (OICS, 2023). However, this had not occurred. In the absence of a coordination role, prisoners relied upon proactive staff for support, but efforts to initiate NDIS packages often lacked clear ownership or follow-through.

For example, Psychological Health Services (PHS) counsellors reported assisting prisoners to apply for NDIS supports, and in some instances had engaged with NDIS service coordinators to continue service provision when an NDIS participant entered prison. But without dedicated resources to gather evidence, assist with assessment and coordinate care, vulnerable prisoners risked missing out on valuable supports.

Staff also reported managing prisoners with cognitive and neurodevelopmental impairments was particularly challenging in the absence of specialist training or a dedicated disability coordinator. The lack of trauma-informed and neurodiversity-specific training limited staff confidence in supporting this cohort, and NDIS-related tasks were often absorbed by frontline staff without appropriate expertise or resourcing.

Recommendation 10

Establish an on-site disability coordination team.

The new Assisted Care Unit will provide additional capacity for prisoners with high-care needs

On the first day of the inspection, there were 29 prisoners aged 65 or over, many of whom were living in the Infirmary or Unit 12 (the overflow for the Infirmary). As the prison population ages, it is

increasingly important the Department make provision for age-specific care. The new Assisted Care Unit (ACU) was viewed by clinical staff as a positive and necessary development to better support the ageing and medically vulnerable population. Once completed, it would expand capacity to 78 high-care beds.

However, staff were concerned the proposed staffing model was based on outdated assumptions and would need significant increases to ensure safe care. The ACU's physical separation from the outpatients' centre also meant it would require its own dedicated staff, reducing the flexibility currently provided by shared nursing resources.

Staff also highlighted design issues. The planned increase in double-up, rather than single cells was seen as unsuitable for prisoners with dementia or other complex needs, who are better managed in single-occupancy accommodation. They also noted the shared hot-desk control room for custodial and clinical staff would not allow for confidential clinical discussions.

While the ACU represented a much-needed investment to support the ageing and infirm population within the custodial estate, staff consistently noted its success would depend on the Department's ability to recruit adequate staffing and establish appropriate clinical pathways for the most vulnerable prisoners.

Lack of specialised support for prisoners subject to mental impairment orders

The *Criminal Law Mentally Impaired (CLMI) Act 2023* introduced a least-restrictive care approach and strengthened the legislative framework for treatment and oversight safeguards for prisoners subject to mental impairment orders, yet its implementation at Casuarina was fragmented. Sixteen prisoners were identified as CLMI or CLMI-liable and were all placed on the Support and Monitoring System (SAMS) to ensure they had regular engagement with staff. However, the prison received no formal notification when a person was made subject to the legislation, relying instead on manual checks of the prison's database.

While most CLMI prisoners were reported to be coping within the general population, responsibility for their care and oversight was spread across multiple services, including the Mental Health, Alcohol and Other Drugs (MHAOD) team, PHS, and a new Nurse Navigator CLMI role. The Nurse Navigator role was intended to coordinate care for CLMI prisoners across the estate, but its functions were still undefined.

While the At-Risk Management System (ARMS) and SAMS provided a safety net for the most at-risk individuals, prisoners subject to mental impairment orders relied heavily on crisis-based responses rather than structured, coordinated care.

4.3 Mental health resourcing and infrastructure was inadequate

Despite the dedication of clinical and counselling staff, the delivery of safe, therapeutic mental health care was impacted by chronic under-staffing, limited psychiatric input, and significant gaps in infrastructure. The complexity and acuity of the prisoner population, combined with high rates of remand, neurodiversity, and comorbid substance use, also put pressure on MHAOD and PHS team.

Mental health and related services were critically under-resourced

Staffing levels across mental health and associated services were critically low. The MHAOD team should comprise of a Clinical Nurse Manager, a Clinical Nurse Consultant, three Clinical Nurse Specialists, and eight Clinical Nurse positions, but there were several vacancies across the team at the time of inspection. Despite the opening of new units and a growing population, funded FTE had not increased since 2020. The team also supports Karnet Prison Farm.

Three Aboriginal Mental Health Worker positions had been vacant since January 2025, with only one fixed-term appointment occurring during the inspection. PHS was similarly under-resourced, with several counsellors on long-term leave or acting in higher duties. A funding request for 18 additional counsellors based on trends for patients on ARMS and SAMS, and population data had been submitted. During the inspection no information on the status of this proposal was available.

PHS staff reported their work was almost entirely focused on managing prisoners on ARMS and SAMS, leaving little capacity for general counselling or therapeutic interventions. Wait times for non-crisis counselling had extended to around six months, meaning prisoners at low to moderate risk often received no support. Group programs and proactive mental health initiatives were also largely unavailable.

Prisoner survey results provided a broader reflection of the gaps in specialist support, with just 3% rating access to mental health services as good compared to 8% in 2022, and below the state average of 13%.

Recommendation 11

Increase funded full-time equivalent (FTE) Mental Health, Alcohol and Other Drug (MHAOD) Clinical Nurse and Psychological Health Services (PHS) counselling positions to meet growing demand.

Psychiatry provision was limited

The last psychiatrist employed by the Department left in mid-2023, and subsequent recruitment efforts had been unsuccessful. During the inspection, psychiatry was provided by the State Forensic Mental Health Service (SFMHS) as in-reach, but this had been reduced to just eight hours per fortnight, far below the 18 hours per week previously agreed.

A second SFMHS psychiatrist who had attended two days per week had also returned to SFMHS, and while there were plans to reinstate this coverage, no timeline was confirmed. The lack of consistent psychiatric input resulted in a significant waitlist for psychiatric review, with acute presentations managed by MHAOD nurses in collaboration with a General Practitioner (GP), thus impacting on primary health services.

Both MHAOD nurses and GPs expressed concern the absence of psychiatric oversight placed them at professional risk, as they were required to make complex clinical decisions outside their usual scope of practice. The inability to access timely psychiatric review also meant multidisciplinary team

meetings could not be held, and diagnostic clarification and medication management were compromised.

Access to forensic mental health beds at the Frankland Centre remained a critical issue, with prisoners often waiting weeks on a Form 1A order before transfer. Only one Authorised Mental Health Practitioner was available on-site, creating further risk when legal orders lapsed or when a bed became available at Frankland and a valid order was required for transfer. There were plans for other MHAOD nurses to complete the AMHP training.

Building plans for a 34-bed mental health unit, scheduled to open in 2027, were well developed, but there was uncertainty about its model of care, staffing, and whether it would be an authorised facility. Staff expressed concern that, without significant investment in both infrastructure and staffing, the new unit would not be able to meet the needs of the population or relieve pressure on existing services.

The physical environment had limitations

MHAOD and PHS teams had relocated to support buildings, which had increased the consultation capacity from two to five rooms, and the space was bright and airy. However, regular custodial staffing shortages sometimes meant support buildings could not be opened, which forced staff to return to the health centre, disrupting both primary and mental health operations.

Consultation rooms in the support building lacked privacy, with no curtains or screens, and prisoners could be observed receiving depot injections from the hallway. The treatment room was in a staff-only area, and custodial staff were conflicted on its safe operation. PHS staff, also based in a different support building, reported that custodial staffing levels were often insufficient to support their work, requiring them to see prisoners in units where there was no therapeutic space or privacy.

4.4 Support for substance use could not keep up with demand

Substance use support at Casuarina was impacted by gaps in both clinical and therapeutic provisions, despite the high prevalence of substance use reported by prisoners and the critical role of treatment in rehabilitation and reducing recidivism. While some positive initiatives were observed, including the recommencement of the Opiate Substitution Therapy (OST) program and the ongoing Solid Steps (Mallee) program, overall capacity and access remained well below demand. The absence of a dedicated AOD team, long waitlists, and limited counselling options left many prisoners without timely or comprehensive support.

The Opiate Substitution Therapy program had resumed with limited capacity

The OST program at Casuarina had been suspended for a significant period due to a lack of staff to administer the program. During this time, only prisoners with acute needs or those already on OST in the community before entering custody were considered for treatment.

The program resumed shortly before the inspection, but initial assessments were limited to two new patients per week, a rate determined by available staffing rather than clinical demand. OST was delivered by a single nurse whose experience had been gained on the job, with additional oversight

and support provided by senior MHAOD staff. This left many prisoners without appropriate treatment for opioid dependence, contributing to unmanaged withdrawal symptoms, increased risk of overdose, and reliance on illicit substances trafficked into the prison.

Staff acknowledged that while the program was technically operational, it remained 'minimised' and unable to meet the needs of the prison population. The OST waitlist had grown to around 140 prisoners, with some waiting months or even years for assessment. System errors in the medical record system also resulted in the loss of referral dates, making it difficult to prioritise patients accurately. Transfers between prisons often reset a prisoner's position on the list, further delaying access.

The absence of a centralised, transparent tracking system undermined the integrity of the referral process and contributed towards prisoner frustration. Staff told us the OST policy was under review, but there was a lack of clear, prison-specific guidance, creating uncertainty for both staff and prisoners.

Lack of Alcohol and Other Drugs support and harm reduction initiatives

The AOD component of MHAOD services was under-resourced and prisoners with a substance dependence were not receiving the comprehensive care they required. There was no dedicated AOD counselling available outside of the Solid Steps program, meaning prisoners who were not in Solid Steps or unable to access OST were left without therapeutic support.

Alcoholics Anonymous and Narcotics Anonymous peer-led groups were available on weekends, but staff noted that the absence of AOD counselling remained a major gap in service delivery. The previous AOD counsellor retired several years ago and was not replaced, leaving no dedicated AOD counselling capacity at Casuarina, and only one part-time counsellor (based at Hakea) to service the entire estate. As a result, prisoners with substance use dependence were not receiving comprehensive or coordinated care.

Prisoners reported accessing medication for smoking cessation, such as Champix, was complicated and slow. There was no structured support model to assist prisoners through nicotine withdrawal. Addressing these gaps is essential to safeguard prisoner wellbeing during the lead in to, and implementation of, the smoking cessation project.

Prison needle syringe programs are not available in any Western Australian prison, despite clear evidence of unsafe injecting, Hepatitis C transmission, infection, reinfection, and injection-related hospitalisations. Without access to sterile equipment, we heard that prisoners commonly shared injecting equipment, significantly increasing the risk of blood-borne virus transmission and undermining health efforts. Research has demonstrated that unsafe injecting in prisons drives preventable harm, and experts argue prison-based needle syringe programs are effective, cost-efficient, and essential to meeting community-equivalent health standards (Thompson, 2025).

The *WA Prisons Drug Strategy 2018–2021* provided a comprehensive harm-reduction framework, including pharmacotherapy, education, and transitional support, however, the strategy had expired and had not been replaced. In the absence of a current harm-reduction framework, there was no clear policy guidance or accountability for managing drug-related risks such as emerging illicit

substances, injecting practices, overdose risk, or post-release support. This limited the prison's ability to respond safely and consistently to substance use.

One consequence of this gap was the absence of a coordinated naloxone response. Despite known cases of injecting drug use and overdose incidents, naloxone was not available in accommodation units and was not routinely provided to prisoners on release. There was no systematic process to identify prisoners at heightened risk, ensure access to take-home naloxone or overdose education. Given the well-established increase in fatal overdose risk immediately following release, this represented a missed opportunity to prevent avoidable deaths (Hartung, McCracken, Nguyen, Kempny, & Wadell, 2023).

Recommendation 12

Expand opiate substitution therapy capacity and implement a comprehensive harm reduction strategy, including naloxone distribution and smoking cessation support.

Recommendation 13

Establish a dedicated Alcohol and Other Drug (AOD) team, including trained opiate substitute therapy (OST) clinicians and counsellors.

Recommendation 14

Introduce a needle and syringe exchange program to mitigate blood-borne virus transmission.

The Solid Steps program offered hope to some but had reduced its intake

The Solid Steps program continued to offer a therapeutic community-based approach to substance use rehabilitation. Shortly after the inspection, the program celebrated its fifth year of operation, and remained highly valued by both staff and prisoners.

Prisoners described the program as 'life changing' and highlighted improvements in their communication skills, relationships, and hope for the future. The program was favourably compared to the Department's Pathways criminogenic treatment program, with participants noting its greater relevance and effectiveness, particularly for those with lower literacy or cultural needs.

However, the capacity of Solid Steps had been significantly reduced over time due to population pressures and the relocation of the program to Unit 21. The program, which was originally set to cater for 120 participants, was operating at a maximum of 40, with double-bunking and limited program rooms available, compromising the therapeutic environment. There was concern the planned relocation of the CCU into the unit would further disrupt the program.

Staff noted the move to Unit 21 had initially reduced external disruptions and illicit substance trafficking due to the sterile nature of the unit. But we spoke with prisoners participating in the

program who admitted they had engaged in recent and frequent illicit substance use, following the co-location of general living prisoners in the unit.

Despite these challenges, the program continued to deliver positive outcomes, with weekly outreach support for graduates and ongoing efforts to maintain cultural and peer support. Staff and participants believed restoring the original capacity and protecting the therapeutic integrity of Solid Steps was essential to meeting the needs of prisoners.

Since the inspection, the Department has advised the Mallee program will need to transition away from Casuarina due to system-wide population pressures and the need to prioritise maximum-security bed space. It is unclear whether the program will recommence at a different facility or be ceased entirely.

Recommendation 15

Ensure the Solid Steps program is delivered in an appropriate environment.

4.5 Cultural and peer support services were not meeting demand

Cultural and peer support services at Casuarina were not meeting the needs of the growing prisoner population, particularly of First Nations men displaced after being transferred off-Country and those requiring emotional or practical support. Despite the recognised importance of these services for wellbeing, suicide prevention, and cultural connection we found the Aboriginal Visitor Scheme (AVS), Prison Support Services (PSS), and other services available at Kaartdijin Mia were all critically under-resourced or frequently unavailable leaving significant gaps in support.

The Aboriginal Visitor Scheme was under resourced

At the time of the inspection, Casuarina had one full-time AVS position allocated to the prison. This level of resourcing was well below what could reasonably be considered adequate for a facility where First Nations men comprised 43% of the population, and it significantly restricted the availability of culturally appropriate support.

What is the Aboriginal Visitor Scheme?

The AVS was created in response to the 1991 Royal Commission into Aboriginal Deaths in Custody, which highlighted the need for culturally appropriate support and independent advocacy for First Nations people in custody. Fully established in 1994, the service was designed to give First Nations prisoners regular access to culturally informed support, advocacy, and connection, and to help address the systemic issues identified by the Royal Commission.

The sole worker was unable to maintain regular engagement, with daily contacts dropping from around 30 to just five or six.

Prisoners and staff highlighted the lack of AVS presence left First Nations men—already at statistically higher risk of psychological distress, self-harm, and suicide—without adequate cultural connection, advocacy, or support, especially during grief or crisis (Chang, McGlade, Dudgeon, & Jones, 2025). AVS staff also reported limited training and professional development, and said they were unable to facilitate important cultural practices such as sorry time, as requests were vetted by security.

These gaps particularly affected prisoners from remote communities, who already face significant disconnection from family and Country, and risked leaving them without the culturally safe support the AVS is intended to provide.

Kaartdijin Mia was rarely open

Kaartdijin Mia (meaning knowledge place in Noongar), the prison's cultural and learning centre, had been closed due to the coordinator's extended absence and custodial staffing shortages. Staff and prisoners expressed disappointment at losing access to a space that previously supported cultural connection, yarning circles, and First Nations men displaced from remote communities.

PSOs and AVS staff met prisoners elsewhere, but this could not substitute for the full range of services the centre offered. As a result important cultural practices, such as sorry time and family meetings, were not occurring. Under-resourcing of cultural and peer support services compounded the impact, leaving prisoners without culturally safe support to maintain wellbeing and resilience. With no contingency plan or alternative arrangements, opportunities for cultural engagement, healing, and support were lost.



Photo 17: Kaartdijin Mia was regularly closed.

Prison Support Services were not functioning as intended

Prison Support Officers (PSOs) have a critical role in safeguarding prisoner wellbeing, particularly in facilities such as Casuarina with high First Nations populations, and prisoners with complex mental health needs.

Casuarina had three active PSOs, although this equated to only 2.6 FTE as one PSO was also responsible for providing coverage at Karnet. They were overwhelmed by the volume of requests for support, particularly to engage with prisoners on ARMS which had become the full workload of one PSO. While peer support prisoners (PSPs) were appointed in each mainstream wing and offered valuable day-to-day help to other prisoners, their reach was limited because of security restrictions preventing them from visiting prisoners in other units. As a result, support – either from PSOs or PSPs was fragmented and often unavailable to those who needed it most, including First Nations prisoners wanting to connect with family or kin elsewhere in the prison.

PSPs had a minimum number of prisoner contacts required per day, but the process for recording and reporting these contacts was inefficient and PSOs spent several hours each month sourcing this data which further detracted from their ability to provide support.

Meetings with PSPs were infrequent and focused mainly on administrative matters rather than skill development or case discussion and although PSOs provided general guidance to prisoner workers, they relied on resources from the internet rather than structured training packages. An eight-week Australian Medical Association accredited-course delivered three accredited mental health units to 13 PSPs, and Lifeline had delivered a 'Talking About Suicide' course several months earlier. Broader training for PSPs remained limited and was often cancelled due to custodial staff shortages

The lack of regular, structured engagement and training undermined the effectiveness of the peer support program and left many prisoners without the support they needed. With other support services overly stretched and under resourced, the importance of cultural and peer support becomes increasingly critical.

An example of effective, embedded cultural practice was observed during the 2024 inspection of Acacia Prison. The appointment of a First Nations Cultural Advisor reporting to the prison Director ensured cultural considerations informed decision-making at a strategic level, supported by a growing network of First Nations staff and prisoner leaders working within the prison. These internally based staff roles strengthened cultural connection and social and emotional wellbeing for First Nations prisoners, particularly those held off Country. It also demonstrated the value of adequately resourced, prison-based cultural and peer support functions in facilities with large First Nations populations.

Recommendation 16

Recruit Aboriginal Visitors Scheme staff and increase Prison Support Officer staffing, and review both models.

5 Systemic barriers to rehabilitation remained

Persistent delays in various assessment and management reports have for many years created a critical bottleneck, preventing timely access to rehabilitative programs across the custodial estate. Despite efforts to increase the resources required to address the issue, the backlog of prisoners at Casuarina with an outstanding Treatment Assessment Report (TAR) continued to grow. This was compounded by inadequate facilities and reactive processes.

Program delivery was also severely limited at Casuarina, with only a fraction of identified needs being met and frequent cancellations due to staffing shortages and infrastructure limitations.

Education services, although highly valued, saw irregular prisoner attendance, while meaningful work opportunities remained insufficient, leaving many prisoners unemployed or underemployed. These systemic shortcomings disproportionately affected First Nations prisoners and those on remand, resulting in widespread frustration and the release of individuals without essential interventions, which undermined opportunities for rehabilitation and community safety.

This chapter assesses the performance of Casuarina against the following standards:

Standard 21 – Classification, sentence administration, and case management

People are lawfully held and released, provided with clear information about their custody, tailored risk assessments, and support to pursue their goals in custody.

Standard 22 – Programs and education

All people in custody are assessed to identify their risks and needs, and receive evidence-based programs, education and life skills training tailored to their requirements.

Standard 23 – Employment

All people in custody can participate in meaningful work that is fair and non-exploitative and boosts their employability upon release.

5.1 Assessment delays impacted access to programs

Assessment delays continued to have a profound and negative impact on prisoners' access to rehabilitative programs. The assessment process is the gateway for prisoners to be considered for programs which address offending behaviours and are often prerequisites for successful release to parole. We found these delays were not only persistent but worsening, with significant consequences.

Prisoners were left waiting for assessments, unable to progress through the system, regularly having parole denied due to 'unmet treatment needs', and often released without having completed any meaningful rehabilitation. Staff described the situation as a 'systemic bottleneck' that impacted both rehabilitation and community safety, as well as adding to the population of the prison as fewer prisoners were released to parole at their earliest eligibility.

The backlog of outstanding assessment reports had grown

Over the years, the Department has attempted to reduce the backlog in completing Individual Management Plans (IMPs), which are structured plans outlining a sentenced prisoner's specific risks, rehabilitation needs, and required supports. However, at Casuarina the number of overdue initial IMPs (i.e. outside the required six-week timeframe) had increased significantly, rising from 49 in September 2024 to 123 in September 2025.

While IMPs outline a prisoner's management needs, their effectiveness relies heavily on timely TAR input which determine treatment program requirements. Delays in either process therefore compound one another, creating system-wide backlogs.

The number of overdue TARs for prisoners at Casuarina had also increased since the previous inspection reaching 142 by September 2025 (up from 124). Several factors contributed to this situation including the complexity of the assessment, the increase in population, and the lack of staff to complete them.

Treatment assessors reported that, despite a recent recruitment effort, the team responsible for completing TARs was still under-resourced. Ongoing vacancies and a growing prisoner population meant assessors were struggling to meet demand. Although the statewide team had expanded to 34 staff, this was still seen as inadequate given the size of the backlog and the complexity of the assessments. Staff described the work as reactive, with pressure to complete detailed assessments quickly. A recent assessment 'blitz,' which required staff to conduct intensive interviews, was unpopular and created a new backlog in report writing.

The Casuarina assessment team's relocation from the Offender Development Programs building to a support building further reduced capacity, reducing available interview rooms from three to one. At one point, no interview rooms were available at all, halting assessments entirely and worsening delays. Staff also raised concerns about safety, noting that frequent redeployment of custodial officers made the environment less suitable for sensitive interviews.

As a result, prisoners awaiting assessment were unable to access required programs, which often contributed to parole being denied. Many prisoners also expressed frustration at being assessed after their earliest eligibility date, leaving insufficient time to complete required programs before their release at the end of their sentence. Staff and prisoners alike described the process as unfair, with some prisoners released without having completed interventions critical to reducing the risk of recidivism and improving community safety.

Recommendation 17

Reduce the Treatment Assessment Report backlog.

There were not enough programs, and too few prisoners were completing them

The level of program delivery at Casuarina fell short of meeting the rehabilitative needs of its sentenced population. Only 94 prisoners had completed a program in the three years from 2023 to 2025, with the majority still waiting or yet to attempt one. In 2025, only one Violence Prevention Program (VPP) was scheduled for delivery before the end of the year, and just two programs, the Not Our Way (NOW) family and domestic violence program designed for First Nations men and VPP were planned for 2026, both in the third quarter. This represented a reduction in course offerings from previous years.

In September 2025, 328 prisoners at Casuarina had identified program needs following the completion of a TAR. However, more than a third of these (37%) were unable to start programs they had been assessed for because the required course was either not available during their sentence, they were deemed unsuitable, had alerts or incompatibilities with other participants, or their sentences were too short to complete an intervention.

There were also challenges for the remaining eligible program participants. Program delivery was often restricted by there being too few 'suitable' participants for each individual program. Program staff explained that once security alerts, association restrictions, protection mainstream separation, and unit placement rules were applied, the pool of eligible participants for any given program often fell below the minimum number required to start a group. An example of this was a cancelled VPP, which could not start because only seven eligible participants remained out of a larger initial list.

Table 1: Program delivery and completions at Casuarina from 2023 – 2025 was low.

Program	Total Participants	First Nations Participants	Total Completions	First Nations Completions
Addictions Offending: Pathways	233	134	42	22
Cognitive Skills: Think First	69	38	9	5
Violent Offending: Not Our Way (NOW), Stopping Family Violence (SFV), Violence Prevention Program (VPP)	474	318	43	29
TOTAL	776	490	94	56

There was also a lack of space for programs. A support building originally intended for program delivery was consistently unstaffed by custodial officers, and then subsequently repurposed for case management and mental health services. This meant prisoners had to transfer to one of two specific units to participate, which acted as a further deterrent. The rooms used for program delivery in these units were also considered unsuitable due to noise, interruptions, and limited space. Staff also reported program materials were sometimes lost or destroyed due to inadequate secure storage.

Access was even more restricted for specific cohorts. Programs for protection prisoners had not run for several years, and no programs were available to remand prisoners or those with short sentences. The impact was particularly acute for First Nations prisoners who transferred from

regional prisons to participate in programs. Even if they were able to complete their program, many were unable to return to their home region due to capacity constraints in regional facilities. This left prisoners feeling isolated and disconnected from family and community supports.

Recommendation 18

Expand program delivery and access, ensuring culturally appropriate and on-Country options for First Nations prisoners.

5.2 Education services were well received, but rarely available

Education was highly valued by both prisoners and staff, but access was severely limited and unpredictable. The education centre, with a capacity for only 70 students, was frequently closed due to custodial staffing shortages and other priorities. Even during periods when the centre was open, its operation was inconsistent, with staff reporting in the week leading up to the inspection, the centre was open for just one day. This instability led to frustration and disengagement among prisoners and contributed to low morale and higher turnover among education staff.

Prisoners consistently expressed their disappointment at the lack of access to education, describing it as a missed opportunity for personal development and rehabilitation. Many reported they were eager to participate in courses but were unable to do so due to frequent closures and the limited number of available places. In our pre-inspection survey, 69% of respondents said they had no access to education.

Education staff echoed these concerns, noting that the unpredictable opening hours made it difficult to plan and deliver courses, and the team had been reduced by resignations and secondments, largely because of the lengthy periods of closure and uncertainty about the future of education delivery.



Photo 18: Prisoners struggled to access well-equipped education classrooms.

Vocational short courses continued to be offered within the industries area, but eligibility was restricted to sentenced prisoners with less than 12 months remaining on their sentence. Policy changes introduced six months prior to the inspection excluded remand prisoners from participating in traineeships, even those with lengthy trial dates, further reducing opportunities for skill development during remand. Staff noted that, at times, the same small group of prisoners accessed most of the available short courses, as the pool of eligible participants had shrunk considerably. The closure of the Kaartdijin Mia further reduced available opportunities.

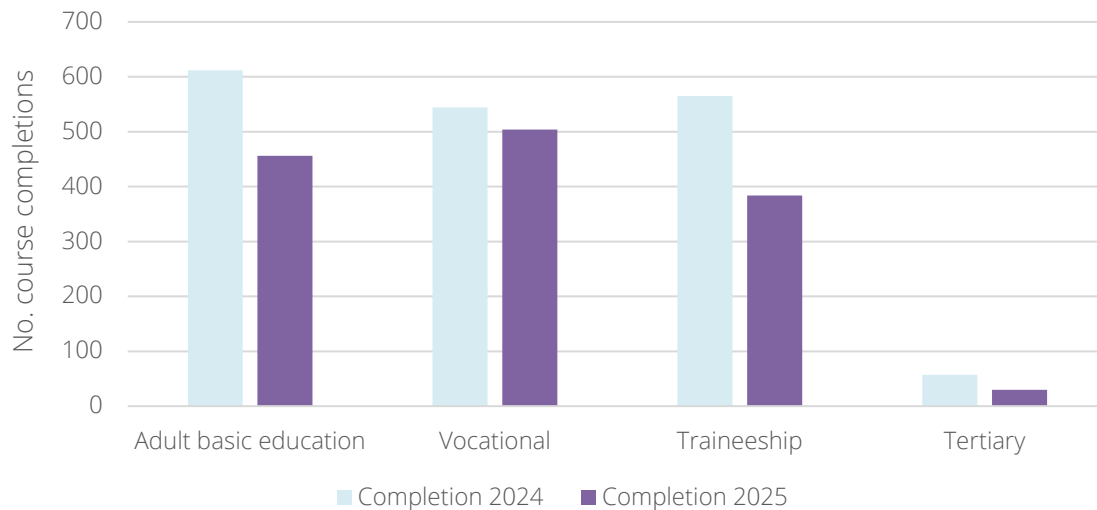


Figure 4: Overall completions in 2025 across all streams fell short of 2024 figures.

Despite these challenges, the education precinct was well equipped, and the team remained committed to delivering quality education when possible. Access to tertiary distance education continued for a small number of participants. Staff and prisoners agreed that when education was available, it was well received and made a positive difference, but the lack of consistent access meant that its potential impact was rarely realised.

Recommendation 19

Improve education availability and stability, ensuring the education centre remains open and fully resourced.

5.3 There was not enough meaningful work for prisoners

Previous inspections have found Casuarina often faced significant challenges in providing enough meaningful work for its prisoner population (OICS, 2023). Despite some improvements including the expansion of employment opportunities, the industries areas had not kept pace with the rapid growth in prisoner numbers. At the time of inspection, around 150 men were on the employment

waitlist, and only a small proportion of prisoners were engaged in full-time education or vocational training.

To maximise access to work, the prison had adopted split-shift (week-on, week-off) rosters in industries. While this increased the number of prisoners who were technically employed, they worked fewer days, which created inconsistent routines. Many prisoners spent alternate weeks confined to their units, limiting the rehabilitative and wellbeing benefits regular employment can provide. This arrangement also resulted in skilled workers becoming deskilled, as they spent extended periods in the units between shifts.

Staff acknowledged that, while the intention was to maximise access to work, the reduction in hours and the closure of non-essential workshops due to VSO shortages further limited opportunities for meaningful work. Planned renovations were expected to disrupt operations further, with the bakery scheduled for a four- to six-month closure. During these shutdowns, prisoner workers were to be redeployed or left without work, adding to the employment deficit. The kitchen, which operated two shifts, seven days a week, employed 55 men, and was struggling with inadequate space and equipment.

VSOs reported the focus on maintaining production often came at the expense of training. Industry-specific training opportunities had diminished following the regular closures of the education centre and the reduction in TAFE involvement. This loss of training not only limited prisoners' skill development but also affected the safe operation of new equipment in essential industries.

The prison population is so large there is not enough employment for all prisoners.

More meaningful employment is required but what is there is amazing.

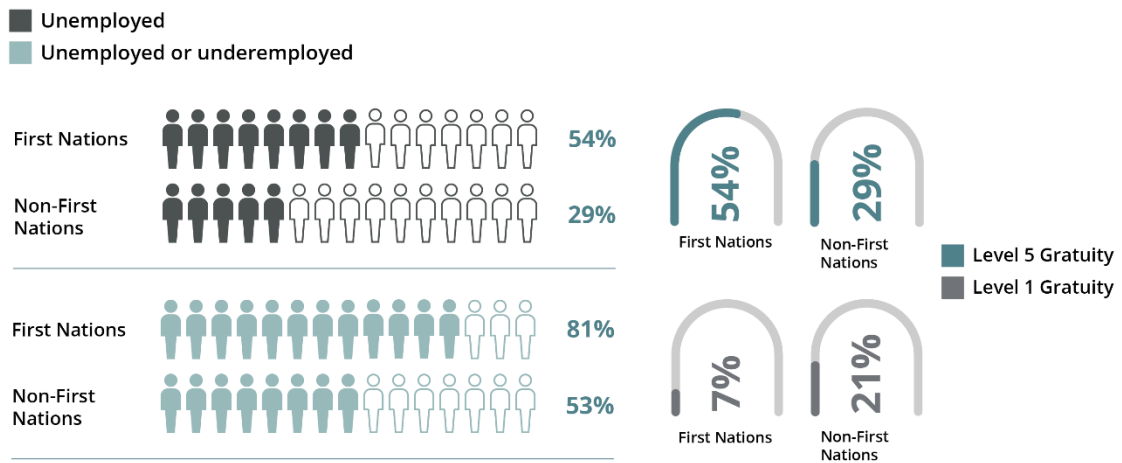
Quotes from staff about employment

First Nations prisoners faced additional barriers to employment and training

First Nations prisoners continued to experience disproportionate levels of unemployment and underemployment. At the time of inspection, 54% of First Nations prisoners were unemployed compared to 29% of non-First Nations prisoners.

Staff acknowledged that, while there was a strong representation of First Nations prisoners among peer support workers, these roles did not compensate for the broader inequities in employment and training opportunities.

FIRST NATIONS PRISONER EMPLOYMENT AND GRATUITIES



Additionally, with the eligibility restrictions for traineeships and education tightened, the pool of eligible First Nations participants was reduced and limited their ability to gain skills that would support post-release employability.

Recommendation 20

Expand employment and purposeful activity opportunities for prisoners, including vocational training and industry roles.

6 Effectiveness of safety, security, and emergency management was mixed

Casuarina faced persistent challenges in balancing safety, security, and rehabilitation. While it prioritised de-escalation and low use of force, oversight was weak due to inactive committees. High-risk prisoners were managed safely but received few meaningful activities or incentives. Staffing shortages, ageing infrastructure, and underused technology undermined procedural security and contraband control.

This chapter assesses the performance of Casuarina against the following standards:

Standard 8 – Feeling safe

People in custody feel safe from bullying, abuse, violence, and victimisation, and those seeking protection are appropriately located and safely managed to prevent harm, abuse, and neglect.

Standard 25 – Encouraging positive behaviour

The relationship between staff and people in custody is positive and respectful, fostering pro-social behaviours and personal responsibility.

Standard 26 – Use of force and restraints

Force and mechanical restraints are used only as a last resort, never as punishment, and are subject to strict governance to ensure legitimacy, necessity, and proportionality.

Standard 27 – Isolation and confinement

Isolation of individuals in custody is permitted only with proper authority, as a last resort, and for the shortest duration possible, ensuring they are treated with decency and humanity.

Standard 29 – Procedural security

The wellbeing of people in custody is safeguarded by effective security systems that are not unduly restrictive to daily life.

Standard 31 – Searches

Searches are only conducted when necessary and with respect for the person's dignity and privacy.

Standard 32 – Incident and emergency management

The facility aligns its prevention and response systems with assessed risk, implements approved protocols for serious incidents, and conducts ongoing monitoring for indicators of potential disturbances.

6.1 Limited positive incentives and disciplinary tools to manage behaviour

Effective prisoner behaviour management promotes safety for staff and prisoners. Casuarina's ability to manage behaviour was compromised by a lack of incentives to acknowledge positive behaviour and too few opportunities to earn additional privileges. Progression planning and goal setting for prisoners were underdeveloped, with few tangible rewards for compliance or improvement.

Managing poor behaviour was challenged further due to a lack of management beds, with only 22 beds available for prisoners on punishment and management regimes. The re-allocation of the HSU to the Solid Steps program was seen as a missed opportunity to improve management bed capacity. Further, the absence of regular Superintendent and Visiting Justice parades to process charges against prisoners contributed to staff's perception there were minimal repercussions for poor behaviour. At the time of inspection there were 670 outstanding charges, and lower-level sanctions were increasingly relied upon in place of formal disciplinary action. Staff expressed concern this approach was ineffective as a deterrent for poor behaviour.

We have had our management unit taken away from us to facilitate programs.

No real consequences for prisoners that don't follow rules.

Punitive action is not being taken as management cells have been made into general living cells...There is also little in terms of rewarding positive behaviour.

There is no disciplinary system (and not much self-care either).

Quotes from staff about behaviour management

The combined effect of limited incentives for good behaviour and too few disciplinary options for poor behaviour created a system that struggled to address non-compliance effectively. Prisoners reported feeling their efforts to improve or engage in pro-social behaviours were not recognised, while staff felt disempowered to manage challenging behaviour.

Both staff and prisoners articulated the need for a more robust and transparent system of incentives and consequences. Staff called for the development of structured progression pathways, while prisoners expressed a desire for more opportunities to earn privileges and participate in meaningful activities. The environment highlighted the importance of balancing security with opportunities for positive engagement.

Recommendation 21

Develop a structured incentive and progression system to reward positive behaviour and support rehabilitation.

Force and restraints were used less frequently than comparable facilities

Our pre-inspection research showed Casuarina had recorded significantly lower rates of force and restraint use than other metropolitan prisons during the inspection period. Despite having the largest average daily population, in the 12 months leading up to 15 August 2025, Casuarina reported 228 restraint occurrences, compared to 2,067 at Hakea and 989 at Acacia. The use of chemical agent had also decreased.



Figure 5: Use of force incidents increased, mostly in line with the population, while occurrences and use of chemical agent fell.

This lower frequency was described by management as a reflection of Casuarina’s commitment to de-escalation (despite the size and the complexity of the cohorts) and prioritising time out of cell which helped relieve prisoner frustrations. This approach was affirmed by almost all staff we spoke with, who confirmed force was only used a last resort. This was reinforced through training and awareness sessions and filtered down from senior managers.

The proportion of prisoners who felt officers used too much force decreased in comparison to last inspection (33% vs. 43%), and most surveyed staff (80%) felt adequately trained in restraint and incident management.

Some oversight committees were unable to function as required

Casuarina’s expansion placed significant demands on its SMT, with many required to participate in multiple oversight and governance committees. As the prison population grew, some committees had adapted or simply ceased to function, reducing the care and oversight they were intended to provide.

The anti-bullying committee had not operated in several years, despite the prison having a comprehensive anti-bullying policy. Workload pressures on its intended members prevented

meetings taking place and custodial staff were unable to maintain a formal bullying register. Staff said there was no systematic process for identifying or addressing bullying, with issues managed informally, at unit level with no central oversight. This gap increased the risk of unchecked bullying and undermined prisoner safety.

The Protection Multi-Disciplinary Team (PMDT) was established before the previous inspection to strengthen assessment of protection applications and ensure protection was granted only where genuine risk existed. While the PMDT did not meet formally, members conducted risk assessments through an informal but robust email process. However, six-monthly reviews of protection prisoners continued to be managed by unit staff rather than the PMDT, despite our previous finding that such reviews were often desktop-based, did not involve prisoners, and focused on compliance rather than reassessing ongoing need (OICS, 2022).

The use of force committee was also unable to function as intended. While oversight of incidents had improved, reviews were conducted by a single officer rather than a multidisciplinary committee, which had not met due to the demands of managing a large prison. This arrangement led to a significant reduction in the backlog of reviews, from more than 100 at the last inspection, to around 50 use of force incidents in 2025. While this progress was positive, the absence of a multi-disciplinary process reduced opportunities for shared learning and collective oversight.

6.2 Prisoners in specialised units were appropriately managed

Casuarina contains several specialised areas designed to manage distinct prisoner cohorts with complex needs and increased risks. These include:

- A multi-purpose unit (MPU) for prisoners requiring closer supervision or temporary separation,
- The SHU for those assessed as high-risk or challenging behaviours, and
- The Special Protection Unit (SPU) for individuals at risk from the mainstream protection population.

Overall, we found specialised units were managed with strong oversight and compliance with policy.

Management units had good oversight, but prisoners received only basic entitlements

Separation and management of prisoners must be authorised, time-limited, and conducted with oversight. In Western Australia, the *Prisons Act 1981* (the Act) allows for Superintendents to temporarily separate prisoners under section 36.3 of the Act to maintain good governance, order, and security of the prison. Such separations must be authorised, and time limited and subject to review. Most placements for separations and management are generally restricted to 48 to 72 hours, depending on the circumstances and applicable order.

Decisions to place prisoners in the MPU and Unit 1 were well documented and reviewed in line with policy. Security staff conducted timely investigations to move prisoners out of temporary confinement within the authorised period, with most prisoners returning to a standard regime before the first review at seven days.

Staff recorded prisoner access to entitlements such as meals, showers, and phone calls, and conducted daily welfare checks, although commentary on prisoner wellbeing and interactions were lacking.

When we inspected, the MPU and the management wing in Unit 1 were calm, and staff interactions with prisoners were generally respectful, but the environment was bleak. Cells were clean but basic, containing only a mattress and toilet, with little stimulation or opportunity for activity.

Prisoners we spoke with understood the reasons for their confinement and their entitlements. Access to discretionary entitlements such as books, art materials, or radios was dependent on behaviour, but in practice, few prisoners reported receiving them. Recreation took place in 'caged runs', offering fresh air but little else, with prisoners reporting they felt isolated with the lack of any meaningful engagement.

The Special Handling Unit was restrictive but well managed

The SHU is a highly regulated, specialist area for high-security prisoners assessed as major threats and subsequently separated under Regulation 54C of the *Prisons Regulations 1982*. Placement is strictly controlled, requiring comprehensive documentation and approval by an Assistant Commissioner, and is only considered after all other management options have been exhausted. Many prisoners in the SHU had significant mental health concerns, cognitive impairments, or were awaiting placement at a forensic psychiatric facility.

We found oversight and governance of the SHU was robust with thorough documentation and review processes and placement and management decisions recorded. Sensitive information was stored locally for security reasons.

The prison had recently revised its multidisciplinary review process, holding monthly meetings in the SHU visits area. These reviews included representatives from health, security, intelligence, senior prison management, and departmental leaders, and were collaborative and transparent. Prisoners were invited to attend and participate in these reviews, allowing them to ask questions and discuss their needs and exit plans.

There was no specific training in areas relevant to working in the SHU. Custodial staff were selected for their resilience, communication skills, and ability to stay calm and respectful in an unpredictable environment.

Conditions in the SHU were intentionally restrictive, with limited opportunities for socialisation, recreation, or group interactions. This was to mitigate risks to staff and other prisoners. With capacity for a total of 17 men, cells were basic, with daily life highly controlled. While not intended as punishment, prisoners described the experience as punitive due to the cumulative effects of prolonged isolation, a lack of purposeful activity and the level of support available. Some prisoners told us the environment created a sense of hopelessness. Access to supports including AVS and PSOs were available on request, but there were no dedicated support services.

The Special Protection Unit prioritised safety, but available activities were restricted

The SPU accommodates prisoners who face significant risks from mainstream populations, including those who may not be safe even within a protection unit. With eight cells, the SPU provided a higher level of separation and supervision, and placements were carefully managed through a formal referral process overseen by the PMDT. This ensured only those with a genuine need for increased protection were placed in the unit, and that decisions were responsive to both risk and available bed space.

The SPU was clean and orderly, with each prisoner accommodated in a single cell. The unit included a dining room with basic items including two computers for education. Prisoners had access to a well-equipped kitchen and a day room. While the unit was generally positive and there were few prisoner complaints, some noted the lack of broader activities increased the sense of segregation.



Several SPU prisoners were engaged in education, but other purposeful activities were limited. Prisoners could use a small outdoor area equipped with exercise equipment, but the space lacked shade and was exposed to the elements, making it less appealing during poor weather. The area was too small for group activities and access to the main prison gym or oval was not permitted.



Photos 19-21: The SPU was clean and well managed but remained highly segregated.

Each prisoner could attend up to three visits per week, booked by unit staff. Prisoners were escorted by staff while the remainder of the unit was locked down. Some prisoners we spoke with suggested the forfeiture of visits on one day to allow staff to escort them to the gym instead. While this idea was practical, it had not been implemented due to ongoing staff shortages and the use of the gym for staff meals.

Staff-prisoner relationships were generally positive, with prisoners describing the atmosphere as low stress and expressing appreciation for the respectful approach of staff. The SPU was an example of what could be achieved with a small, well-managed population, where focused attention and consistent engagement encourage a safer and more supportive environment, even within a highly restricted setting.

Recommendation 22

Expand opportunities for meaningful activities in specialised units, including recreation, education, and therapeutic programs.

6.3 Procedural security was impacted by staffing, technology, and infrastructure

Several factors undermined the effectiveness of procedural security at Casuarina and contributed to staff dissatisfaction with its functioning. Security staffing team levels had not expanded in line with prisoner population growth and the addition of new units. Frequent redeployments of the team disrupted core security functions, such as intelligence gathering, proactive surveillance, and monitoring which compromised security and increased risks for staff and prisoners.

CCTV coverage was inconsistent, with older units lacking sufficient cameras and newer units having so many that effective monitoring was sometimes challenging. Perimeter alarms were unreliable, often triggering false alerts, and some physical infrastructure was past its end of life, with breakdowns of gates and sally ports impacting daily operations. It was encouraging to hear a body-worn camera trial was due to commence in March 2026.

Body scanning technology was available but rarely used, largely due to limited staff training, different priorities, and a preference for more familiar and perceived efficient practices. Staff reported that training in body scanning was mostly theoretical, leaving many feeling unprepared to operate the equipment or interpret results.

Disrupting the trafficking of contraband was challenging

Efforts to disrupt contraband trafficking were repeatedly undermined by operational, structural, and systemic barriers. Intelligence-led operations occasionally resulted in successful outcomes, but these were infrequent. Regular redeployment of the security team limited their capacity for proactive intelligence gathering, monitoring, and targeted searches, resulting in supply reduction strategies that were often reactive rather than preventative.

Contraband finds remained low despite widespread reports of illicit substance use. Both staff and prisoners expressed concern about the availability of drugs and other prohibited items within the prison. In our pre-inspection staff survey only 4% of respondents believed the prison was effective at preventing contraband entry. Visitor-related activities accounted for over half of all contraband incidents, but the lack of a permanent Drug Detection Unit presence with detection dogs further reduced specialist searches and follow-up operations.

The gatehouse is the primary entry point for most prison movements and a critical control point for preventing contraband. Despite this, we observed poor practices that had the potential to undermine security. In one instance, a staff member failed to submit a bag for x-ray screening and only complied after being prompted by officers and made aware of our presence. While it is unclear whether this reflected a broader pattern, non-compliance with search requirements suggests a level of complacency toward security procedures. Other concerns included inconsistent use of electronic wand searches and the absence of a random staff-searching process, increasing the risk of bias. Pre-inspection survey responses also raised concerns about the gatehouse, with several staff reporting incidents involving prohibited items entering the prison.

The Gatehouse and processes are embarrassing for a maximum-security prison.

Checks are [sic] the gatehouse upon entry and [sic] very lax.

Quotes from staff about the gatehouse.

Periods when prisoners gathered—such as for education, programs, external medical appointments, or funerals—were identified as high risk for contraband trafficking. However, staffing shortages and competing demands limited effective prevention. Outdated technology, including inconsistent CCTV coverage and unreliable perimeter alarms, further reduced the prison’s ability to detect and respond to suspicious activity.

Positive drug test rates were significantly higher than the state average, with 58% of tests returning positive compared with 19% statewide. There was no systematic follow-up for prisoners who refused testing, and charges were not always laid due to gaps and the redeployment of prison prosecutors. The absence of harm-minimisation and demand-reduction strategies meant efforts focused almost entirely on supply reduction, leaving Casuarina vulnerable to ongoing and evolving risks.

Searching was generally compliant with policy, but over reliant upon strip searching

While searching practices generally complied with departmental policy and local standing orders, there remained a heavy reliance on routine strip searching as the main method of contraband detection.

Between 15 August 2024 and 15 August 2025, more than 27,100 strip searches were conducted with only 4% being intelligence led. The overwhelming majority of strip searches were routine, typically occurring after social visits, prior to urinalysis, or when prisoners were transferred to management or observation cells.

Despite body scanning being less invasive, only 409 uses of the technology were recorded in the same period. Around 40 officers had received training, but fewer than ten were regularly available and confident to operate the scanner. Prisoners expressed a preference for body scanning, with some describing strip searching as degrading and retraumatising, echoing findings from our previous review (OICS, 2019).

Despite the high number of strip searches, the yield of contraband finds was low, raising questions about the proportionality and effectiveness of the practice. Just 23 items were detected through pat and strip searches over the 12-month period. This stark disparity, particularly when considered alongside high rates of positive drug tests, strongly indicated illicit substances were under-detected within the prison.

While most searches were conducted respectfully and in line with policy, we did identify lapses in recording searches. The issue was raised with senior managers and records quickly improved following this feedback.

6.4 The prison had increased preparedness for emergencies

Casuarina had made significant progress in preparing for emergencies, with an extra team to respond to incidents, improved staff training, and upgrades to the Master Control Room infrastructure and monitoring technology. But despite these advances, concerns remained about the prison's ability to sustain operations and maintain safety during a prolonged or large-scale incident.

An increased capability to respond to incidents

In recent years, Casuarina had invested in strengthening its emergency response capability, reflecting the growing complexity of its population and challenges in its daily operations. The prison established multiple recovery teams for different zones and introduced a dedicated response team to support incidents and relieve recovery staff for essential tasks. This structure enabled a more flexible and rapid response across the large site.

Staff were equipped with a comprehensive range of restraints, while extra riot control equipment was available. Regular audits were completed to ensure kit was well maintained and staff remained ready to respond. The introduction of new, size-specific riot kits and strategic placement of equipment in key units improved accessibility and suitability. Staff in specialist units participated in regular scenario-based training, including joint exercises with the Special Operations Group, to maintain preparedness for high-risk incidents.

The prison also invested in new infrastructure, establishing two Incident Control Facilities (ICF) in both the temporary administration area and a secondary location, equipped for a multi-agency response. The ICF structure aligned with the Australasian Inter-Service Incident Management System (AIIMS), of which senior staff had received the corresponding training. The rollout of body-worn cameras, and the planned state-of-the-art primary ICF in the newly refurbished administration area would see further improvements to the management of incidents. Senior staff reported an improved operational preparedness and a clearer understanding of roles during incidents.

Staff confidence in managing incidents remained low

Notwithstanding the above, many custodial staff at Casuarina reported feeling underprepared for high-risk situations. Staff consistently cited a lack of regular, practical training and limited exposure to real-life emergencies as key concerns.

Casuarina is required to complete 13 emergency management exercises within a 12-month period. Prior to the inspection the prison had completed 67% of its required exercises, with a mixture of live

and desktop-based scenarios. A further four were planned, including exercises to prepare for the forthcoming smoking cessation. However, in March 2026, the Commissioner of Corrective Services announced that due to significant pressures across the custodial estate, the implementation of the smoke-free prisons policy had been deferred, with a review scheduled in early 2027.

While theoretical training was provided, hands-on refreshers and live exercises were infrequent. The current approach to training delivery across the custodial estate meant staff may not be rostered on duty when key exercises were conducted. As a result, it could be several months before some staff had another opportunity to participate in essential training. The lack of regular, accessible, and practical training opportunities further undermined staff confidence and preparedness for responding to emergencies and managing complex incidents.

Chronic overcrowding, high numbers of remand prisoners, and a significant cohort with complex needs further contributed to staff apprehension. Many felt that current training did not sufficiently address the realities of managing a diverse and often volatile population. The absence of a dedicated training facility further limited opportunities for skill development.

Our pre-inspection staff survey confirmed these concerns. While there was a slight increase in staff confidence in training for emergency response and the management of prisoners across several areas, overall confidence levels remained low. In most categories, staff confidence was in line with, or marginally above, the state average. This indicated that the challenges identified at Casuarina were reflective of broader, system-wide issues in custodial training and preparedness.

Staff called for more scenario-based training, greater investment in staff development, and a more structured mentoring system for new officers to ensure they are equipped to manage the realities of the custodial environment.

Table 2: Staff were asked - Do you feel that you have received adequate training in the following areas?

Training area	2025 - Yes	2022 - Yes	State Average - Yes
Emergency Response: Fire, Natural Disaster	31%	26%	31%
Emergency Response: Loss of Control	25%	22%	25%
Suicide Prevention	67%	64%	51%
Managing Prisoners With Drug Issues	34%	31%	24%
Managing Prisoners With Mental Health Issues	31%	28%	21%
Managing Prisoners With Physical Disabilities	30%	N/A*	12%
Managing Prisoners With Intellectual Disabilities	26%	N/A*	12%

* Some categories (marked N/A) were not asked in the 2022 survey.

Recommendation 23

Deliver regular, accessible, and practical training to improve confidence in managing incidents and complex cohorts.

Limited capacity or contingency for ongoing management of a major incident

Due to the expansion works, the prison was reliant on a single sally port, which created a bottleneck for vehicle movements. Outdated perimeter alarms and surveillance systems in many older units increased the risk of delayed detection and response. The lack of available management and post incident general beds was insufficient for the population following the repurposing of the HSU and overcrowding, limiting the ability to manage prisoners during and after major incidents.

Both the Department's and Casuarina's contingency planning for large-scale or prolonged incidents was reactive and lacked depth. In the event of a significant loss of control or infrastructure failure, options for relocating or safely accommodating prisoners were extremely limited. The most likely response would be to add mattresses to existing units or repurpose non-designated spaces, compromising safety and dignity. There was no robust post-incident plan for maintaining essential services, security, and prisoner welfare after a major event, and staff expressed concern about the prison's ability to sustain operations under such circumstances.

Ongoing staffing shortages and the absence of a dedicated relief staff component compounded the issue, making it difficult to maintain adequate coverage during emergencies. While desktop reviews and scenario planning were conducted, the practical realities of managing a prolonged incident, ensuring staff and prisoner safety, maintaining order, and providing for basic needs remained unclear. The lack of clear, actionable contingency plans left both staff and management uncertain about how the prison would cope with a sustained crisis, highlighting the need for further investment in infrastructure, planning, and resources to ensure daily operations could continue during and after major incidents.

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Appendix B Acronyms

Term	Expansion of Abbreviation
ACU	Assisted Care Unit
AIIMS	Australasian Inter-Service Incident Management System
AOD	Alcohol and Other Drugs
ARMS	At-risk Management System
AVS	Aboriginal Visitor Scheme
CLMI	Criminal Law Mentally Impaired
COVID-19	Coronavirus disease
CCU	Crisis Care Unit
DOJ	Department of Justice
FTE	Full-Time Equivalent
GP	General Practitioner
HATU	Health Assessment and Treatment Unit
HSU	High Security Unit
ICF	Incident Control Facility
MCR	Master Control Room
MHAOD	Mental Health Alcohol and Other Drugs
MPU	Multi-Purpose Unit
NOW	Not Our Way
OICS	Office of the Inspector of Custodial Services
OST	Opiate Substitution Therapy
PHS	Psychological Health Services
PMDT	Protection Multi-Disciplinary Team
PSO	Prison Support Officer
PSS	Prison Support Services

SAMS	Support and Monitoring System
SFMHS	State Forensic Mental Health Service
SFV	Stopping Family Violence
SHU	Special Handling Unit
SMT	Senior Management Team
SPU	Special Protection Unit
TAR	Treatment Assessment Report
VJ	Visiting Justice
VPP	Violence Prevention Program
VSO	Vocational Support Officer



Response to the Announced Inspection: 2025 Inspection of Casuarina Prison

April 2026

Response Overview

On 15 August 2025, the Office of the Inspector of Custodial Services (OICS) announced the Inspection Casuarina Prison (Casuarina), which took place from 13 – 24 October 2025.

To assist with the Inspection, the Department of Justice (the Department) provided a range of documentation as well as access to systems, custodial facilities, staff, and prisoners.

On 20 March 2026, the Department received the draft report which raised 23 recommendations for review and comment.

Of the 23 recommendations;

- Three are supported
- Six are supported – current practice/project
- Eight are supported in principle
- Six are not supported

Detailed responses to the recommendations can be found below.

Response to Recommendations

1 Develop and implement a comprehensive operational plan inclusive of managing Casuarina's population growth and specialist functions.

Level of Acceptance: Supported – Current Practice / Project
Responsible Division: Corrective Services
Responsible Directorate: Adult Male Prisons

Response:

Casuarina continues to undergo extensive expansion works to increase its specialist functions and bed capacity.

Stage 2 of the Expansion Project is underway and will deliver additional new and refurbished infrastructure to accommodate high-risk and high-need cohorts.

The scope of the Expansion Project is being extended to incorporate operational readiness planning by developing an operating model that will consolidate Casuarina's role and functions within the wider custodial estate, and its strategic direction in future.

The operational plan will include the principles and objectives for meeting the specialised needs of the diverse cohorts accommodated at the facility.

2 Increase the staffing profile to address current and future staffing requirements.

Level of Acceptance: Supported – Current Practice / Project
Responsible Division: Corrective Services
Responsible Directorate: Adult Male Prisons

Response:

An interim revised Service Level Agreement (SLA) to manage a population of 1,836 prisoners at Casuarina has been developed and is currently under consideration by the Western Australian Prison Officers' Union (WAPOU). Pending WAPOU agreement, the SLA will be subject to funding consideration.

The safety and security of staff and prisoners at Casuarina remains paramount and the Department is committed to ensuring the facility's SLA is reviewed on an ongoing basis as its prisoner population increases through the planned expansion works in future.

3 Allocate targeted resources to support the growing remand population, ensuring their distinct needs are met.

Level of Acceptance: Not Supported
Responsible Division: Corrective Services
Responsible Directorate: Adult Male Prisons

Response:

The Department does not consider it necessary to allocate additional resources specifically to support the remand population at Casuarina as remand prisoners already have access to the majority of services and supports available to sentenced prisoners, all within existing staff resources.

This includes access to the library, recreation activities, employment opportunities, education and vocational training, and eligibility for placement in the Self-Care Unit and earned supervision.

Some services and opportunities, such as criminogenic programs, short courses, or traineeships, are not available to remand prisoners due to uncertainties surrounding their length of time in custody until sentencing and/or release.

4 Fund video link streaming for funerals, where it is available, to ensure equitable access for all prisoners.

Level of Acceptance: Not Supported
Responsible Division: Corrective Services
Responsible Directorate: Adult Male Prisons

Response:

The Department acknowledges the importance of prisoners attending funerals and encourages prisoners to apply to attend funeral services in accordance with Commissioner's Operating Policy and Procedure 14.5 – Authorised Absences and Absences Permits.

However, the Department is unable to support this recommendation on the basis that funding is not routinely available specifically for livestreaming costs.

Casuarina endeavours to provide additional supports and alternative options to prisoners where funeral attendance cannot be facilitated either in-person or via video-link. This includes support from prison chaplains or encouraging family members in the community to record funeral services for later viewing by prisoners where video-link is unavailable to be facilitated.

5 Expand library resources to increase access for prisoners, extend opening hours, and improve legal supports.

Level of Acceptance: Supported in Principle
Responsible Division: Corrective Services
Responsible Directorate: Adult Male Prisons

Response:

The Department is currently investigating options for the expansion of prisoner access to library and legal resources both at Casuarina and statewide.

This includes reviewing the local library operations to assess the feasibility of expanding Casuarina's library to establish it as a central library for the whole adult custodial estate. Other enhancements being considered includes the provision of physical and digital resources to prisoners, and the inclusion of subscription-based case law databases.

6 Introduce a TV rental scheme.

Level of Acceptance: Supported – Current Practice / Project
Responsible Division: Corrective Services
Responsible Directorate: Adult Male Prisons

Response:

Since the inspection, Casuarina have established a TV rental scheme to allow eligible prisoners to rent a television at a rate of \$1.50 per week.

Rental televisions are considered for prisoners who meet one or more of the following criteria:

- Considered vulnerable
- Unable to work
- Have cognitive impairments
- Have disabilities that restrict their ability to work
- Are out of Country
- On Support and Monitoring System (SAMS)
- Any Unit 6 prisoner (Protection and Assisted Living Unit)

Prisoners are able to request a TV via a rental form located in units and which can be completed with the assistance of unit staff if required. Evidence of these actions have been collated and provided to OICS demonstrating this is now current practice.

7 Increase funding for permanent clinical nursing staff, retention initiatives, and allied health services to meet current and projected demand.

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

Response:

The 2026-27 Budget includes \$32.6 million over five years to provide an additional 35 Full Time Equivalent (FTE) positions across primary health nursing and mental health services.

In addition, funding of \$1.9 million over two years through 2027-28 has been allocated to establish a dedicated recruitment team for the Justice Health and Wellbeing Services (JHWS) comprised of six FTE. This team will expand the Department's capability to attract, recruit and onboard health staff.

In an effort to boost retention rates, the Department is exploring opportunities for a prison-based nursing allowance and salary sacrifice options which, if successful, will result in the Department's clinical nursing salaries and staff benefits becoming on par with those employed by the Department of Health.

Allied health services are already available at Casuarina and these services can be increased to meet demand. Services include optometry and podiatry every second Saturday, and dietician and physiotherapy services every Friday.

The Department notes that dental services are not an allied health profession, and there are dental clinics available every Monday, Wednesday, Thursday and Friday delivered by Dental Health Services, North Metropolitan Health Service.

The Department is also aware of the projected demand for health services at Casuarina and is aiming to achieve clinical staffing levels adequate for this projected demand by securing funding for additional resources and increase retention rates.

8 Increase the Casuarina vehicle fleet to meet current and future operational demands.

Level of Acceptance: Supported in Principle
Responsible Division: Corporate Services
Responsible Directorate: Adult Male Prisons

Response:

The Department is actively taking further steps to increase its prisoner transport capability to provide Casuarina specifically with additional specialist escort vehicles to accommodate their high needs cohorts, such as ageing and infirm prisoners.

The Department's Infrastructure and Environment Directorate is currently overseeing the retrofitting of an existing State-owned escort vehicle allocated at Casuarina to provide it with wheelchair transport capability. This vehicle is anticipated to be completed and operational by 30 June 2026. As noted in the report (pg. 29), the prison was committed to facilitating unscheduled medical escorts – such as medical emergencies – despite the impact on the prison. When such escorts are required, the prison reallocates staff to facilitate the appointment.

9 Develop aged care, dementia, and palliative care policies and pathways for prisoners with complex needs.

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

Response:

The Department already has a suite of policy and procedural guidelines surrounding the management of prisoners with complex health needs. These include:

- COPP 6.2 – Prisoners with a Terminal Medical Condition
- COPP 13.2 – Death of a Prisoner
- PM22 – Notification of a Terminally Ill Adult Patient
- PM29 – Casuarina Infirmary: Admission and Discharge Criteria
- PM40 – Advanced Health Directives (AHD), Not for Resuscitation (NFR) Requests, and End of Life Care (ELC).

In addition, Justice Health and Wellbeing Services (JHWS) partner with the Metropolitan Palliative Care Consultancy Service who operate from Bethesda Hospital to assist the Department in managing prisoners requiring palliative care.

Notwithstanding the above, it is acknowledged that the Department lacks a formal dementia care pathway and is committed to developing such a policy.

Numerous resources are also available to the Department's clinicians via the JHWS Portal Page on end-of-life care, including the National Consensus Statement: Essential elements for safe and high-quality end-of-life care.

10 Establish an on-site disability coordination team.

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

Response:

The Department is not supportive of establishing on site-based Disability Coordination Teams (DCTs) until the existing head office-based DCT can be expanded.

The Department continues to seek additional resourcing to strengthen the head office DCT, however, current resourcing is not sufficient to support expansion at this time.

The Department will continue to advocate for future funding opportunities to expand the DCT. In the interim, Justice Liaison Officers provided by the National Disability Insurance Agency continue to support prisoners with disability and work in collaboration with the head office DCT.

11 Increase funded full-time equivalent (FTE) Mental Health, Alcohol and Other Drug (MHAOD) Clinical Nurse and Psychological Health Services (PHS) counselling positions to meet growing demand.

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

Response:

As per the response to recommendation seven, the Department has received funding for an additional 35 FTE over five years to fill positions across primary health nursing and mental health services, in addition to the establishment of a dedicated JHWS recruitment team to increase the Department's capability to attract, recruit and onboard health staff.

The Department is committed to improving retention rates of nursing staff at Casuarina by offering incentives that mirror the Department of Health and notes there are difficulties for all agencies statewide to deliver mental health services.

A recent Aboriginal Mental Health Worker (AMHW) recruitment process resulted in a positive outcome following a Clinical Nurse Manager visit to Marr Mooditj, with two AMHW positions available to be filled at Casuarina from this process. A further recruitment process for additional AMHWs has also commenced.

12 Expand opiate substitution therapy capacity and implement a comprehensive harm reduction strategy, including naloxone distribution and smoking cessation support.

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

Response:

The Department will continue to advocate for funding to establish a Consultant Addictions Medicine position to oversee the management and expansion of opiate substitution therapy (OST) across the custodial estate. Resourcing for the OST may be considered through the funding received for additional resourcing to primary health nursing and mental health services.

AOD services that contribute to the overall harm reduction in prisoners continue to be delivered in their current formats, including the OST, and intranasal naloxone.

In relation to smoking cessation supports, Prison Medical Officers (PMO) use QUIT resources to discuss smoking cessation strategies with prisoners and where appropriate, the possibility of prescribing Champix, noting this medication must be self-funded by prisoners.

In addition to the support by staff, the canteen supplies nicotine patches for prisoners to purchase, and there are leaflets and flyers around the facility that promotes smoking cessation.

13 Establish a dedicated Alcohol and Other Drug (AOD) team, including trained opiate substitute therapy (OST) clinicians and counsellors.

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

Response:

As per the response to recommendations 11 and 12, subject to additional resourcing.

14 Introduce a needle and syringe exchange program to mitigate blood-borne virus transmission.

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

Response:

The Department does not support the establishment of a needle and syringe exchange program due to the unacceptable safety and security risks posed with an increased presence of medical sharps within custodial facilities.

In addition, the Department must ensure all steps to minimise drug use within custodial facilities are taken, and the introduction of a needle and syringe exchange program would be counterproductive to these efforts.

15 Ensure the Solid Steps program is delivered in an appropriate environment.

Level of Acceptance: Not Supported
Responsible Division: Corrective Services
Responsible Directorate: Adult Male Prisons

Response:

Following the Commissioner's Broadcast on 14 April 2026, the Solid Steps Program at the Mallee Rehabilitation Centre will formally close on 31 August 2026.

Whilst this decision is not a reflection of the quality and effectiveness of the program, it is necessary to ensure the ongoing system-wide planning to manage sustained custodial population pressures can be addressed.

The Department remains committed to the delivery of Alcohol and Other Drug services with planning for the development of a new program aligned with the Djarraly AOD Reintegration Service underway for delivery at Bunbury Regional Prison.

16 Recruit Aboriginal Visitors Scheme staff and increase Prison Support Officer staffing, and review both models.

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

Response:

The Department supports the intention to strengthen alignment between the Peer Support Program (PSP) model and its intended operational capacity, noting that the PSP model was not designed to function as a standalone cultural program or to deliver cultural practices. The program's primary purpose is to provide structured peer support within defined custodial settings.

Capacity to provide this assistance was restricted by operational and security requirements at Casuarina, and funding for increased support and additional staff is currently being sought by the Department.

The 3.0 FTE positions provide sufficient capacity to deliver the Prison Support Services in line with the program's intended scope, however there is a lack of program capacity due to limited custodial operational capacity.

Casuarina currently has 3.0 FTE positions filled, however one PSO was temporarily required to provide limited coverage at Karnet Prison Farm due to a staff member's long-term leave.

Aboriginal Visitors Scheme (AVS) recruitment efforts continue to be prioritised across all facilities, including Casuarina. The AVS service model continues to ensure the cultural safety and security as well as the social and emotional wellbeing is at the centre of interactions with those in our care.

17 Reduce the Treatment Assessment Report backlog,

Level of Acceptance: Supported – Current Practice / Project
Responsible Division: Corrective Services
Responsible Directorate: Offender Services

Response:

The 2026-27 budget process allocated \$3.6 million to establish an additional 22 FTE to address the treatment assessment backlog.

The backlog of treatment assessments will continue to be monitored by the Treatment Assessment Working Group as the new resources come online.

18 Expand program delivery and access, ensuring culturally appropriate and on-Country options for First Nations prisoners.

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

Response:

The Department acknowledges the need for the delivery of a contemporary and culturally responsive programs suite. A Continuous Improvement Framework was implemented in 2025 as a process for identifying, recording, prioritising and implementing continuous improvement across clinical rehabilitation services.

From this framework, a culturally responsive AOD program has been identified for improvement.

The Connect and Respect Program, contracted by the Department, is considered to be a culturally safe and responsive program.

An evaluation of the Department's Not Our Way prison program is due to commence in 2026, and decisions for the future of FDV programs for Aboriginal offenders will be determined based on the outcomes of this evaluation.

Due to limited infrastructure, program delivery is currently prioritised according to need.

The Department recognises the difficulty in balancing the need to remain on Country with the need to complete rehabilitation programs, however, continues to review options to facilitate culturally appropriate delivery.

19 Improve education availability and stability, ensuring the education centre remains open and fully resourced.

Level of Acceptance: Supported – Current Practice / Project
Responsible Division: Corrective Services
Responsible Directorate: Adult Male Prisons

Response:

Casuarina endeavours to ensure the education centre is prioritised as far as practicable. To assist with this, Casuarina has established documented procedures to ensure the Education Centre continues to operate during periods of reduced custodial staffing in order to maximise its operational hours.

Since this procedure has been established, the Education Centre has been open at a minimum of two-days per week.

20 Expand employment and purposeful activity opportunities for prisoners, including vocational training and industry roles.

Level of Acceptance: Supported in Principle
Responsible Division: Corrective Services
Responsible Directorate: Adult Male Prisons

Response:

Renovations to the Administration and Reception area in Casuarina have affected Prison Industries operations, however once these have been completed and reception can move into the new building, Prison Industries facilities will be reinstated and employment opportunities for prisoners will increase. The current forecast completion date for construction of the Administration and Reception area is 21 May 2026, and operational use is expected to commence in June 2026. Currently, Vegetable Preparation is the only area impacted by the refurbishment works, with operations continuing from the cool room in the kitchen.

21 Develop a structured incentive and progression system to reward positive behaviour and support rehabilitation.

Level of Acceptance: Supported – Current Practice / Project
Responsible Division: Corrective Services
Responsible Directorate: Adult Male Prisons

Response:

Casuarina has established hierarchal management strategies and models in place, however the current population pressures have affected the timely actioning of disciplinary proceedings for poor behaviour which impacts the facilities ability to manage non-compliance effectively.

To address this, additional prison prosecutors have been trained and onboarded to work through the backlog of prison charges in an effort to ensure incentives for good behaviour can be reinforced.

22 Expand opportunities for meaningful activities in specialised units, including recreation, education and therapeutic programs.

Level of Acceptance: Not Supported
Responsible Division: Corrective Services
Responsible Directorate: Adult Male Prisons

Response:

Prisoners in the Special Protection Unit (SPU) require individual officer escorts, established on a case-by-case basis. Due to current staffing, it is unreasonable to roster multiple prison officers on escorts of these prisoners to more public areas of the prison such as the gym and poses a risk to their safety and security.

SPU prisoners are able to cook their own meals and are provided with self-care food provisions, can access gym equipment that is comparable to that available in the

recreation hall and can enrol in education courses including English and Mathematics, vocational learning and short courses.

Individual assessment of SPU prisoners determines program access, and one-on-one drug rehabilitation programs have been delivered by an external provider. SPU prisoners also have access to one-on-one counselling services.

The Department does not support this recommendation on the basis that opportunities for meaningful activities for SPU prisoners align with opportunities available for general population prisoners.

23 Deliver regular, accessible, and practical training to improve confidence in managing incidents and complex cohorts.

Level of Acceptance:	Supported
Responsible Division:	Corrective Services
Responsible Directorate:	Operational Support

Response:

Corrective Services continues to deliver regular foundational and refresher training programs which encompass both business-as-usual and emergency management requirements to reinforce staff capability, maintain preparedness, and build confidence in applying procedures during routine operations and critical incidents. This ongoing approach supports consistent practice, strengthens understanding of roles and responsibilities, and ensures staff remain equipped to respond effectively in a range of scenarios.

The Emergency Management Unit (EMU) is responsible for delivery of the Corrective Services Emergency Management System (CEMS). CEMS is based on the Australasian Inter-service Incident Management System (AIIMS), delivered under licence from the Australasian Fire and Emergency Service Authorities Council (AFAC), and is tailored to meet the specific operational requirements of Western Australian Corrective Services.

Emergency Management Exercises (EMEs) are overseen by the Emergency Management Unit; however, responsibility for the planning and conduct of large-scale, multi-agency exercises rests with the facility Superintendent in accordance with COPP 13.4.

Casuarina Prison has planned Emergency Management Exercises as per its annual EME schedule and will ensure staff participation is also captured, to enhance staff confidence in their abilities to respond.

Appendix D Inspection Details

Previous inspection		
5 September 2022 – 15 September 2022		
Activity since previous inspection		
Liaison visits to Casuarina Prison	25 visits	
Independent Visitor visits	29 visits	
Surveys		
Prisoner survey	25 & 29 August & 1 September 2025	432 responses (26%)
Staff survey (online)	15 August – 8 September 2025	187 responses (23%)
Inspection team		
Inspector	Eamon Ryan	
A/Director Operations	Ryan Quinn	
Principal Inspections and Research Officer	Lauren Netto	
Principal Inspections and Research Officer	Liz George	
Inspections and Research Officer	Jim Bryden	
Inspections and Research Officer	Charlie Staples	
Inspections and Research Officer	Ben Shaw	
Office of the Chief Psychiatrist	Kealan Devaney	
New South Wales Inspector of Custodial Services	Sahar Okhovat	
New South Wales Inspector of Custodial Services	Emily Collett	
Student Intern	Cameron Donnelly	
Key dates		
Inspection announced	18 August 2025	
Start of on-site inspection	13 October 2025	
Completion of on-site inspection	22 October 2025	
Presentation of preliminary findings	30 October 2025	
Draft report sent to Department of Justice	20 March 2026	

Draft response received from Department of Justice	7 May 2026
Declaration of prepared report	11 May 2026



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

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