



All enquiries:  
Phone:  
Your Ref:



Ms Elaine Pearson  
Australian Director  
Human Rights Watch  
PO Box 4278  
Sydney NSW 2001

Dear Ms Pearson

### **Prisoners with Disabilities in Corrective Services Australia**

Thank you for your letter dated 18 June 2020 regarding the steps the Department of Justice, Corrective Services (the Department) has taken to improve the situation for people with disability in Western Australian prisons.

Please see below responses to the questions you raised in your correspondence.

1. *Over the last two years, what steps has WA Corrective Services taken to improve the situation of prisoners with disabilities in WA Prisons?*

The disability sector in Australia has undergone significant reform in recent times with the introduction of the National Disability Insurance Scheme (NDIS). The Department, in line with an enhanced focus on disability, has implemented a number of initiatives to improve the outcome for prisoners with disabilities. In the last 12 months the Department has implemented a strategic NDIS change management project to manage the transition to the NDIS. This project is nearing completion and will result in the development of NDIS access pathways for prisoners, access to NDIS training for staff and prison officers and ongoing access to relevant information regarding disability in the criminal justice system and NDIS processes to support staff. In addition, improvements to disability identification and alert mechanisms and data capture will assist to identify disability related needs and ensure individuals are linked in with appropriate NDIS funded disability services on release.

In parallel with this project, the Disability Coordination team in the Department's Rehabilitation and Reintegration directorate has increased its resourcing to take on additional functions and improve outcomes for prisoners with disabilities.

This includes an increased capacity to action disability related internal and external referrals/enquiries which ensures that internal and external parties are able to efficiently escalate matters relating to individuals with a disability for attention and action; coordination and provision of training internally and externally, as well as respond to recently acquired significant functions relating to the roll out of the NDIS including the coordination of: NDIS access, planning and review related matters for prisoners and NDIS training.



The Department of Health's State Forensic Mental Health Services Prison In Reach Transition team and departmental Psychiatrists are assisting prisoners in completing NDIS applications and preparing the necessary evidence. The focus of this has mainly been on ensuring funding for the allocation of case workers in the community management and the rehabilitation of patients with chronic mental illness or autism, poor social functioning, and general lack of supports.

Training is currently being arranged for Mental Health Alcohol and Other Drug (MHAOD) staff including nursing, psychological health services and prison support services (including Aboriginal Visitors) in the new NDIS processes for Psychosocial Disability to assist in identifying what supports are available and how applications can be progressed.

The Department's Health Services has provided additional training to Health staff on the importance of recognition of disability, especially with previously unrecognised sensory and cognitive disability. The inclusion of disabilities into the summary notes and/or active problem lists and alerts in the prisoner's electronic medical record is also encouraged as is the inclusion of NDIS status into standard documentation.

Referral pathways for assessment and management of prisoners with disability have been assured including access to Hearing Australia, a tender with optometry and podiatry services, access to neurocognitive testing referral pathways especially for youth and the Department of Health rehabilitation services for neurological and spinal disabilities.

NDIS access has been promoted including written information to Health Services staff on referral pathways and education sessions from Disability Services regarding referral pathways, assessments and service availability.

Equipment beneficial to the daily function and inclusion of people with disability into normal prison activities is made available when possible, including hearing aids, visual aids, walking aids, hygiene/ablutions equipment.

2. *Has the mental health training for prison staff or mental health services available in WA prisons changed in any way since February 2018?*

A Review of Mental Health services occurred in July 2019. The review highlighted that the Department's Mental Health services could be improved by changes to the structure, procedures and training of staff. This would better align the service approaches of each area and deliver a more cohesive and multidisciplinary case management approach to suicide and self-harm prevention and to address the very complex needs of prisoners arising from Alcohol and Other Drug (AOD) and Mental Health co-morbidity or dual diagnosis. The final report from the review included 14 recommendations that were signed off in February 2020.

In February 2020 the MHAOD Branch was created incorporating mental health nursing, consultant psychiatry, psychological health services (prison counsellors) and prison support services which includes aboriginal visitors and peer support workers. An implementation plan has been developed to progress the remaining recommendations.



Since February 2018, the Department has augmented existing mental health training opportunities for staff working in WA Prisons through the introduction of the following programs:

- Mental Health First Aid (MHFA) was introduced into the curriculum for foundation training for new Trainee Prison Officers and Vocational Support Officers in January 2020. The aim of the MHFA training is to enable staff to develop the skills they need to reach out and provide initial help and support to someone who may be developing a mental health condition or experiencing a crisis. The MHFA training teaches staff how to recognise the cluster of symptoms of different illnesses and mental health crisis, how to offer and provide initial assistance and how to guide the person towards appropriate treatment and other supportive help. The training assists to cultivate awareness of mental health issues, build appreciation for humane responses to mental health and trauma amongst staff and prisoners and rehearses skills for appropriate officer responses to prevent crisis and reduce risks.
- Stand T.A.L.R (Talk, Ask, Listen, Refer) was developed after the first annual Western Australian Prison Officers Union (WAPOU) Respect Your Mental Health Seminar held in August 2017. Since then, Stand T.A.L.R has been delivered to over 1,500 correctional staff across Western Australia and New Zealand. STAND T.A.L.R is designed to encourage prison officers to overcome the resistance, fear and stigma within the Department of seeking professional help when faced with the challenges of poor mental health. Feedback on the effectiveness of the program has been positive with staff indicating the training has provided them with a greater understanding of the practical steps to take if they, their colleagues or members of their family require immediate professional support. The Stand T.A.L.R program was included in the curriculum for the Entry Level Training Program (ELTP) for new Trainee Prison Officers from June 2019. The program better prepares new prison officers for the demands of the role through awareness of the professional support available if faced with the challenges of poor mental health.

3. *Could you share information on the new units at Casuarina Prison for prisoners with mental health conditions or cognitive disabilities?*

The new units at Casuarina Prison will include an AOD Rehabilitation unit which will have dedicated and specifically trained staff, including training in MHAOD. The staff consists of uniformed and non-uniformed Department staff as well as Non-Government Organisations.

The staff will work collaboratively as a team to provide holistic, trauma informed, culturally secure and recovery focused care with each individual having a dedicated MHAOD case manager and individualised care plan. Prisoners will be provided with evidence-based interventions to support them in addressing MHAOD related harm and comply with their offending treatment needs.

Additional MHAOD positions have been created to accommodate the expansion and are currently being recruited to. The MHAOD team are involved in the planning for a future dedicated Mental Health unit at Casuarina Prison as part of the proposed 344 expansion.

4. *What steps is corrective services taking to prevent the spread of COVID-19 in prisons?*

The Department has worked collaboratively with the Western Australia Department of Health in the management of prisons to prevent the spread of COVID-19 and the provision of care to all prisoners and detainees. A range of measures have been introduced including:

- provision of Personal Protective Equipment to frontline and medical staff;
- provision of face masks, face coverings and hand sanitiser to prisons and detention centres (in addition to the range of soaps provided as a matter of course);
- implementation of infection control measures such as social distancing, personal hygiene and increased cleaning regimes;
- temperature testing of staff and official visitors before they enter a facility, and new prisoners and detainees at Reception;
- increasing the health literacy of prisoners, detainees and staff around hygiene and social distancing through leaflets and posters, and online training for staff; and
- development of isolation areas to care for prisoners presenting with flu-like symptoms, who are then tested for COVID-19 and Influenza.

On 23 March 2020 all social visits to prisoners were suspended. While official and legal visits continued, they were carefully managed by prison staff and official visitors were encouraged to use alternate contact options such as telephone or video-conferencing. Any face-to-face visits which did occur did so in line with social distancing measures.

On 29 March 2020, the Prisoner Employment Program and Reintegration Leave were suspended. Prisoners in paid employment continued to receive gratuities.

On 1 April 2020, restrictions were placed on Section 95 activities, which normally allow community, charitable or voluntary work outside prison boundaries. Some of these activities were transferred to prison estates, while others have been suspended.

There are some exceptions for essential services and where contact with non-prisoners is minimal. Work camps also continued to operate.

All departmental prisons, detention centre and community sites have Business Continuity Plans in place to ensure the continued delivery of core services during the management of COVID-19.

5. *During the COVID-19 pandemic, what type of mental health services do prisoners have access to?*

MHAOD services have continued to operate business as usual including Mental Health Prison In reach provided by State Forensic Mental Health Services. Prisoners continue to be referred to Mental Health Services including nursing, Consultant Psychiatry, Psychological Health Service and Prison Support Services including Aboriginal Visitors.



The Department's MHAOD Branch have prepared a MHAOD Pandemic plan in response to COVID-19 (in accordance with the Department's COVID-19 Taskforce overarching strategy). The plan includes identifying risks and appropriate mitigation strategies as well as business continuity plans to ensure continuity of essential MHAOD services.

Strategies are in place to ensure that prisoners suspected of having or confirmed to have COVID-19 are identified. If the prisoner is a MHAOD patient or has MHAOD needs, alerts will be added outlining any risks to self or others as well as the MHAOD supports that will be provided. This includes identifying whether individuals, including young persons can be safely managed in isolation and how.

Staff and Prisoner wellness toolkits were prepared and distributed by MHAOD team to offer support during this time.

6. *How many deaths in custody have there been in WA prisons over the last five years (by year)? How many of them were of people with disabilities (including cognitive disabilities or mental health conditions)? What were the causes of death? And how many of the prisoners who died in custody were in the special handling unit, in separate confinement, in crisis or safe cells or other solitary confinement regimes at the time of death?*

The Department has had a total of 64 adult deaths in custody over the last five financial years (data as at 17 June 2020).

- 18 have been subject to Coronial Inquests with outcomes determined by the Coroner. Further information can be obtained from the Coroner's Court website.
- 46 are pending Coronial Inquests and outcomes are yet to be determined by the Coroner.

The Department does not disclose the health information of prisoners nor their security placement within a facility.

7. *As of January 2020, how many treatment assessments are overdue and what is the reason for the delay?*

As of 1 January 2020 there were 429 treatment assessments that were overdue state-wide. This backlog was due to:

- Existing staff resources were unable to keep up with demand for assessments for the increase prison population
- Dual role of treatment assessment and offender program delivery in regional prisons, with program delivery limiting the capacity for treatment assessments
- Difficulty recruiting to staff vacancies at regional prison locations.

The timely treatment assessment of prisoners has been reviewed through the Department's Individual Management Plan (IMP) Review and the report has been endorsed in principle pending negotiations with relevant unions, affected staff and management prior to final approval by the Commissioner.

8. *In Hakea Prison, how long do prisoners have to wait for medical appointments?*

Standard wait times for non-urgent appointments for prisoners at Hakea Prison is two weeks to see a Prison Medical Officer, two to three weeks to see a Primary Health Nurse and four weeks to see a Dentist.

9. *What percentage of WA adult prison staff is Aboriginal or Torres Strait Islander? What percentage of health staff in WA adult prisons is Aboriginal or Torres Strait Islander? Could you provide a breakdown of Aboriginal and Torres Strait Islander staff and health workers by prison?*

Please see attachment one which provides a breakdown of the data requested.

10. *What is the maximum amount of time a person can spend (consecutively) in separate confinement or in a safe or crisis cell?*

Superintendents are responsible for the good order and security of the prison and the provision of a safe, secure and humane custodial environment. Superintendents achieve this outcome by identifying and minimising the threat of subversive behaviour, negative influence and violent acts amongst both individuals, and groups of prisoners, in prisons.

There may be cases where a prisoner needs to be separated from other prisoners in order to maintain the good order and security of the prison, when this occurs the length of time a prisoner spends in separate confinement is managed in line with the relevant Departmental policy and/or regulation.

Prisoners who are considered at a high risk of self-harm or suicide are managed on the Department's At Risk Management System (ARMS). The objective of ARMS is to enable a high quality of care to be given to prisoners. These prisoners can be placed in a safe or crisis cell or be subject to separate confinement.

There is no limit on how long a prisoner being managed on ARMS can be in a safe cell or crisis care unit, this will be determined by the Department's Prisoner Risk Assessment Group (PRAG) and is dependent on a comprehensive risk-assessment of the prisoner.

11. *What measures has Corrective Services taken to prevent deaths in custody, especially those as a result of self-harm or attacks by other prisoners?*

Please see answer to question 2 above. In addition to this please note the following points:

- Over the last year the Psychological Health Service has progressively rolled out a new model of service to better meet the clinical needs of prisoners, and introduced new protocols in the assessment of suicide risk.
- The Review of Mental Health Services that was approved in February 2020 includes key recommendations that relate to Prison Support Services. Prison



Support Services consist of Prison Support Officers, Aboriginal Visitors and peer Support program. These services provide cultural support and assist prisoners who are at risk of self-harm and ensure appropriate interventions working closely with prison officers, nursing staff and psychological health services. A project is currently underway to progress these recommendations, as part of this project, consultation is occurring with a range of key stakeholders including Aboriginal Prisoners.

- The creation of the MHAOD Branch including a review of the existing staff allocation for Prison Support Services. An additional 18 permanent positions have been included in the budget for this financial year across the prison estate including regional to enable the existing casual staff the opportunity to hold permanent roles to provide more stability and consistency in service.

*12. – 14. Information on the case of Jomen Blanket.*

The Department is not authorised to disclose this information.

*15. – 17. Information on the case of Alf Dean Eades.*

The Department is not authorised to disclose this information.

*18. Information on Department's progression against the Coroner's recommendations regarding the case of Khamsani Victor Jackamarra.*

Please see attachment two which provides the Department's progress against each recommendation.

*19. Information on the Department's progression against the recommendations from the Coroner's inquest into five deaths in custody in Casuarina Prison.*

Please see attachment three which provides the Department's progress against each recommendation.

Yours sincerely

  
Tony Hassall  
**COMMISSIONER**  
**CORRECTIVE SERVICES**

*14* July 2020

Attachments:    Attachment 1  
                         Attachment 2  
                         Attachment 3

- 9) What percentage of WA adult prison staff is Aboriginal or Torres Strait Islander? What percentage of health staff in WA adult prisons is Aboriginal or Torres Strait Islander? Could you provide a breakdown of Aboriginal and Torres Strait Islander staff and health workers by prison?

BRANCH	Location	Self-identified Aboriginal
Adult Custodial Operations	Albany Regional Prison	2.16%
	Broome Regional Prison	12.70%
	Bunbury Regional Prison	2.34%
	Casuarina Prison	1.76%
	Dowerin Work Camp	0.00%
	Eastern Goldfields Regional Prison	5.29%
	Greenough Regional Prison	5.59%
	Hakea Assessment Centre	0.00%
	Hakea Prison	1.26%
	Karnet Prison Farm	1.90%
	Pardelup Prison Farm	2.04%
	Prison Industries	0.00%
	Roebourne Regional Prison	5.15%
	Roebourne Work Camp	12.50%
	Walpole Work Camp	25.00%
	Warburton Work Camp	0.00%
	West Kimberley Regional Prison	10.66%
	Wooroloo Prison Farm	1.85%
	Wyndham Work Camp	0.00%
Adult Custodial Operations Total		3.11%
Health Services	Albany Regional Prison Health Centre & Medical	0.00%
	Bandyup Womens Prison Health Centre & Medical	0.00%
	Banksia Hill Detention Health Centre	0.00%
	Boronia Regional Prison Health Centre	0.00%
	Broome Regional Prison Health Centre	0.00%
	Bunbury Regional Prison Health Centre	0.00%
	Casuarina Prison CoMorbidity Health Services	0.00%
	Casuarina Prison Health Centre & Medical	0.00%
	Eastern Goldfields Regional Prison Health Centre & Medical	10.00%
	Greenough Regional Prison Health Centre & Medical	0.00%
	Hakea Prison Health Centre & Medical	0.00%
	Health Services & Medical	0.00%
	Karnet Prison Farm Health Centre	0.00%
	Nursing	7.14%
	Pardelup Prison Farm Health Centre	0.00%



	Pharmacy Health Services	0.00%
	Roebourne Regional Prison Health Centre	0.00%
	Wandoo Rehabilitation Prison Health Centre	0.00%
	West Kimberley Regional Prison Health Centre & Medical	14.28%
	Wooroloo Prison Farm Health Centre	0.00%
<b>Health Services Total</b>		<b>1.54%</b>
Mental Health Alcohol & Other Drugs	MHAOD Central Office Staff	20.00%
	MHAOD Consultant Psychiatry	0.00%
	MHAOD Nursing	3.33%
	MHAOD Prison Support Officers	100.00%
	Prison Support Services	80.85%
	Psychological Health Services Pod 1	0.00%
	Psychological Health Services Pod 2	5.56%
	Psychological Health Services Pod 3	7.14%
<b>Mental Health Alcohol &amp; Other Drugs Total</b>		<b>32.33%</b>
<b>Grand Total</b>		<b>4.27%</b>

## **Implemented Recommendations – Inquest into the Death of Khamrani Victor JACKAMARRA (also known as Hajinoor)**

**Findings delivered on: 9 May 2019**

### **Recommendation 1:**

Retain and ensure BRP has appropriate services which acknowledge it is a major transition facility with all the known risks that raises.

**Responsible Business Area: CORRECTIVE SERVICES – OFFENDER SERVICES**

**Management Comment:** While Specialist Psychological Services (SPS) provides psychological assessment and intervention to metropolitan public prisons to assist with the management of prisoners with high risk and complex needs, this service is not currently available to prisoners at BRP due to no resources. Prison management staff at BRP are able to contact SPS for consultation in relation to the management of prisoners with complex needs.

**Closure Date: Completed prior to delivery of findings.**

### **Recommendation 4:**

Prison officer training that those with prior suicide attempts are at elevated risk in custody regardless of their demeanour.

**Responsible Business Area: CORRECTIVE SERVICES – OPERATIONAL SUPPORT**

**Management Comment:** The Suicide Prevention – Gatekeeper program references the use of Interpersonal Theory of Suicide, which includes “past suicidal behaviour is a robust predictor of future suicidal behaviour”. The Suicide Prevention Strategy – At Risk Management System online refresher training is completed by Prison officers annually. The training is designed to assist staff with the identification and management of offenders in custody presenting either as at risk to self, or as requiring multidisciplinary intervention and additional support and monitoring.

**Closure Date: Completed prior to delivery of findings.**

### **Recommendation 5:**

The promotion of active involvement of prisoners in caring for one another.

**Responsible Business Area: CORRECTIVE SERVICES – ADULT MALE PRISONS / WOMEN AND YOUNG PEOPLE**

**Management Comment:** Prisoners have access to a Prisoner Peer Support Team under the guidance and supervision of the Prison Support Officer (PSO) in all prisons. Prisoners can volunteer to become Peer Support Prisoners and go through a specific training module under the PSO. They sign contracts that specifies their role and function and get paid the highest prison gratuity level as recognition for their peer support.



Broome Regional Prison currently has a team of five who are called on to assist in speaking and offering support to prisoners who may have had bad news and need greater support, those who are assessed as 'at risk', supporting prisoners temporarily confined to multi-purpose cells where they are new arrivals at the prison and may be first time in prison, withdrawing from drugs or alcohol or highly distressed about being in prison as either a new young offender or just first time in prison.

Another support for prisoners in any of the above categories is the identification of others already within the prison who may be related through either birth, extended family or cultural group. Where offered and accepted, current prisoners are approved to "buddy up" with prisoners who need extra support. This is achieved by placing vulnerable prisoners with a like support prisoner in a mainstream cell or allowing a support prisoner to "buddy up" in a safe cell or other suitable available cell for day and/or night times to offer the required amount of support.

A further support mechanism is permitting prisoners, where appropriate, to "choose" who they are housed with to match-up as much as possible with family, friends or prisoners from the same cultural community. Some prisoners agree to become "carers" for prisoners who have mental impairment or other psychological/health issues that makes them vulnerable to the general prison population. Those who volunteer as carers are rewarded with higher gratuity pay levels and extra considerations above what mainstream prisoners have access to.

**Closure Date: Completed prior to delivery of findings.**

#### **Recommendation 6:**

Realisation on behalf of custodial services that welfare and security go hand in hand. I appreciate that prisons are involved in security on behalf of the community, but destabilised prison populations due to successful suicides are distressing for all concerned, staff and other prisoners, and can rapidly become a security issue of itself.

#### **Responsible Business Area: CORRECTIVE SERVICES – ADULT MALE PRISONS / WOMEN AND YOUNG PEOPLE**

**Management Comment:** The Department agrees with the Coroner that welfare and security go hand in hand, and is committed to the security and safety of offenders in custodial facilities and the community.

The Department's aim is to ensure a safer community by focusing on –

- the security of detainees and prisoners in correctional facilities and offenders on community based orders;
- the safety of staff;
- the safety of offenders, detainees and prisoners; and
- Rehabilitation

Prisoners are assessed and allocated to accommodation compatible with their assessed risks and needs to ensure their safety and security and the good order of the facility.

Prisoners are supported to address their primary health, mental health and social care needs through facilitated access to appropriate services, including

rehabilitative programs, individual psychological interventions, suicide prevention, prison counselling and support services, and health and mental health services.

Prisoners who are identified as being at risk of self-harm are placed under a management regime appropriate to their level of risk and individual needs to ensure their well-being.

The Department's At Risk Management System (ARMS) and the Support and Monitoring System (SAMS) are part of a multi-disciplinary suicide prevention strategy that provides a 'whole of prison' approach to prevent and manage prisoners facing acute risk of self-harm or suicide.

Prisoner support is also available under the Peer Support Scheme which is a suicide prevention initiative that provides prisoners with support from their peers who are trained to identify and assist those managed on ARMS and SAMS and those experiencing difficulty while in custody.

The Aboriginal Visitors Scheme facilitates assistance and support to Aboriginal prisoners from Aboriginal visitors in their local areas.

The Department is also committed to supporting the wellbeing of staff through debriefs and support programs such as the Employee Assistance Program (EAP) and Staff Support that can be accessed by staff experiencing personal and/or work related problems.

**Closure Date: Completed prior to delivery of findings.**



## **IMPLEMENTED RECOMMENDATIONS – INQUEST INTO THE 5 DEATHS AT CASUARINA PRISON**

**Findings delivered on 22 May 2019**

### **Recommendation 1:**

The Department should take urgent steps to recruit additional Prison Counselling Service (PCS) and mental health staff for Casuarina Prison and more broadly, should consider the appropriate level of PCS and mental health staff for prisons across the State.

### **Responsible Business Area: CORRECTIVE SERVICES – OFFENDER SERVICES**

**Management Comment:** The Prison Counselling Service (PCS) was allocated 9 additional FTE. This included; 6 for metropolitan area, and 3 for regional area. Resources will be allocated as follows: 3 FTE each to Hakea and Casuarina, and 1 FTE each to Albany, Bunbury and EGRP.

The staffing of Casuarina currently includes: Clinical Supervisor (1 FTE), Prison Counsellors (5.4 FTE). In addition to this, two staff from Hakea work on rotation x1 a week to assist with referrals.

There are 3 vacant FTE (newly created following recommendations from the Coroners Court hearings in March 2019).

The current **Pool Ref 014885 - Prison Counsellor** was advertised between 4 to 17 September. Interviews are planned for 9/10/19 - 28/10/19. There was a strong response to the advertisement so PCS anticipate appointing successful applicants to these positions in late 2019.

PCS provides the following services:

- Risk assessment/ intervention for prisoners at acute risk of suicide or self-harm and managed on ARMS;
- Assessment/ interventions for prisoners presenting as vulnerable within the prison system and managed on SAMS;
- Clinical assessment and interventions for prisoners having difficulties coping, adjusting to prison or in transition to release; and
- Consultation - risk management.

\*Group interventions are being introduced gradually across sites as a part of the new model of care changes.

**Closure Date: 31 October 2019**

**Recommendation 2:**

The Department should increase the number of three point and fully ligature-minimised cells available at Casuarina Prison without delay. Priority should be given to those cells routinely used to house vulnerable prisoners (e.g.: the orientation cells in unit 5). In addition to increasing the number of ligature-minimised cells at Casuarina Prison, the Department should review whether the light fitting covers currently used in all cells at Casuarina Prison (and which are regarded as suitable for use in ligature-minimised cells) are fit for purpose.

**Responsible Business Area: CORPORATE SERVICES**

**Management Comment:** The Department has completed full ligature minimisation in all of C Wing Unit 1 at Casuarina Prison A total of 13 Cells.

Current approved cell light covers are hardened polycarbonate specifically designed for prison cells and utilised throughout Australia and the large majority of WA Prisons. The light cover is engineered to withstand 'robust' conditions, however no cover can withstand prolonged attack to failure.

**Closure Date: Completed prior to delivery of findings.**

**Recommendation 5:**

The Department should consult with an expert in the field of trauma informed custodial care (TICC) to determine a process for incorporating the principles of TICC into its management of prisoners at Casuarina Prison.

**Responsible Business Area: CORRECTIVE SERVICES – OFFENDER SERVICES**

**Management Comment:** Specialist Psychological Services (SPS) provides psychological assessment, intervention and consultation services to metropolitan public prisons to assist with the management of prisoners with high risk and complex needs. This can involve psychological assessment to inform management of prisoners who present as a harm to themselves or others, where previous attempts to manage risk has not been successful. Services also involve the development of management plans and strategies to engage the offender in prosocial and healthy behaviours. SPS Psychologists can work with custodial and prison staff to provide information, training and consultation services regarding the behaviour of prisoners who present with complex needs, including working with prisoners with various mental health, cognitive and personality needs.

At the request of prison management SPS can supplement training for officers in relation to trauma informed custodial care, and the features of mental health and personality disorders relevant to assisting with management of these offenders. In consideration of resources, it is suggested that training packages be sourced for such training and that SPS Psychologists supplement this training via reinforcement of learning through consultation.

**Closure Date: Completed prior to delivery of findings.**



**Recommendation 8:**

The Department should consider amending Policy Directive 36 – Communication so that where practicable, there is a positive obligation on custodial staff to advise a prisoner when changes are made to that prisoner's Prison Telephone System account.

**Responsible Business Area: CORRECTIVE SERVICES – OPERATIONAL SUPPORT****Management Comment:**

COPP7.1 - Prisoner Communications is due to replace PD36. I Section 8.1.5 states: "Prisoners shall be advised when a telephone number is removed or added to their PTS list." This COPP is scheduled to be tabled with the Project Steering Committee on 6 January 2020 for approval.

The implementation phase the COPPs project will run until 31 December 2020. A draft implementation plan and schedule have been developed identifying implementation dates for all the approved COPPS (45 of 119 completed and approved) and including tentative dates for the remaining COPPS that are progressing.

Corrective Services commitment to implement the COPPS has been demonstrated through the approval of resources, oversight through the Project Steering Committee and a commitment in the Corrective Services Reform Program.

**Closure Date: 6 November 2019**