Submission No 31

INQUIRY INTO PARKLEA CORRECTIONAL CENTRE AND OTHER OPERATIONAL ISSUES

Organisation: NSW Nurses & Midwives Association

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Comment on the Inquiry into Parklea Correctional Centre & other Operational Issues
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The New South Wales Nurses and Midwives' Association (NSWNMA) is the registered union for all nurses and midwives in New South Wales. The membership of the NSWNMA comprises all those who perform nursing and midwifery work at all levels including management and education. This includes registered nurses and midwives, enrolled nurses and assistants in nursing (who are unregulated).

The NSWNMA has approximately 64,000 members. Eligible members of the NSWNMA are also deemed to be members of the New South Wales Branch of the Australian Nursing and Midwifery Federation. Our role is to protect and advance the interests of nurses and midwives and the nursing and midwifery professions. We are also committed to improving standards of patient care and the quality of services in health and aged care services.

The NSWNMA has members working for the Justice and Forensic Mental Health Network (JFMHN) in all correctional centres across the state including in Parklea and in the new rapid build facilities. Nurses working for JFMHN provide health care in a complex environment to people in the adult correctional environment, to those in courts and police cells, to juvenile detainees and to those within the NSW forensic mental health system and in the community.

We welcome the opportunity to make a submission to this Inquiry into Parklea correctional Centre and Other Operational Issues and the opportunity for wider discussion that this provides.

Yours sincerely

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Nurses in NSW Correctional facilities

Public understanding about the staff employed to work in NSW prisons often focuses on correctional officers. While corrections officers are certainly the largest cohort of workers, it is important to recognise that there are other people working in prisons including workers providing health care for prisoners, and that these workers are primarily nurses.

The health care needs of the prison population are complex and significant, with rates of mental health conditions, drug and alcohol issues, and hepatitis C substantially higher than in the general community.

"That prison inmates are characterised by manifold disadvantage has clearly and repeatedly been documented, with histories of disrupted family and social backgrounds; abuse, neglect and trauma; poor educational attainment and consequent limited employment opportunities; unstable housing; parental incarceration; juvenile detention; dysfunctional relationships and domestic violence; and previous episodes of imprisonment... With such multiple risk factors for poor health, it is hardly surprising that prison inmates are further characterised by physical and mental health far below that enjoyed by the general population."
Indig, D. et.al. (2010).

On entry to prison, nurses conduct a physical and mental health assessment of each prisoner so that staff are aware of the prisoner's health and medication needs. This work can carry a high degree of risk, particularly in prisons such as Parklea that house a large number of remand prisoners where there is generally no access to information about their state of health and they may be acutely psychotic or drug and alcohol dependent.

Additionally, nurses provide mental health, drug & alcohol and primary health services, administer medication, conduct mental health checks on prisoners in segregation, and respond to medical emergencies.

The NSWNMA has interviewed members with experience working at Parklea Correctional Centre about their views in relation to the terms of reference of this inquiry, and have attempted to reflect those views in our responses below.

The adequacy of staffing levels and staff safety

Nurses working in a correctional environment are exposed to occupational violence and aggression by nature of the patient group that they work with. The key controls in place to ensure their safety at work relate to having adequate numbers of staff employed to enable safe systems of work.

In Parklea there is a main health clinic, 2 satellite clinics (one in the minimum security Area 4 and another in the maximum security Area 5). In addition, nurses conduct assessments of new prisoners on reception to the facility, attend to patients accommodated in segregation, and deliver medication and provide care in medical emergencies within prisoner accommodation areas.

Nurses working at Parklea Correctional Centre have raised concerns with the NSWNMA relating to the adequacy of the numbers of correctional officers and the numbers of nurses that are employed at the facility and the impact that this has on their safety at work as well as on their ability to provide the level of health care to ensure the safety of their patients.

Within a correctional environment the number of correctional officers employed has both a direct and an indirect impact on both the personal safety of nurses working in the facility and their capacity to provide appropriate patient care.

Policies and procedures are in place across correctional facilities around health centre security including the provision of custodial supervision of prisoners within the health centre, the administration of schedule 8 medications (drugs of addiction) at the health centre, with additional controls around the administration of methadone and buprenorphine, and the security of syringes and other sharps.

Within correctional centre clinics, the general security principle followed is that to ensure the safety of nurses a correctional officer must be within sight or sound at all times. In most prisons depending on the nature of the offence committed and the risk rating of the prisoner, this would mean that a corrections officer could be inside the treatment room, outside the treatment room (door open), outside the treatment room (door closed but able to observe through observation window) or patrolling the corridor between a couple of treatment rooms. Each time the NSW Nurses and Midwives officer has attended the Parklea centre it has been observed that the correctional officers are sitting up behind a desk in the clinic and that due to the size of the clinic and the dynamic and noisy nature of the clinic environment, that an incident could occur without the knowledge of the corrections officers stationed in the clinic at the time.

In relation to the security of syringes and other sharps, members advise that the process in place in publically run corrections centres involving a monthly physical count of sharps undertaken by the Nursing Unit Manager with the manager of security for the correctional centre does not occur in Parklea Correctional Centre.

Visitors to the facility

The safety of nurses is also indirectly impacted by the current levels of staffing of correctional officers, for example nurses advise there are inadequate numbers of corrections officers to effectively supervise prisoner visits, resulting in large amounts of contraband entering the facility.

Having 2 officers available to supervise 50-60 visits on a Saturday is insufficient to be able to conduct proper security checks/searches of visitors. Recently there were 198 searches conducted of 360 visitors. This identified 40 bits of contraband including 9 suboxone wafers (medication used as a replacement for heroin). *We see the results of this in the clinic detox cells.*

When the inflow of contraband is not well controlled, nurses are placed at risk working with larger numbers of inmates suffering drug induced psychosis.

Afternoon shift

It is reported that there are 5 nurses employed on the afternoon shift at Parklea correctional centre. 2 nurses are working in the reception area doing screening of new prisoners to the facility, 2 nurses are "rovers" administering medication to prisoners at their cell doors, leaving 1 nurse in the clinic with 1 corrections officer. If all of the "2 out" cells in the clinic are full, this can mean one nurse working alone with one corrections officer and up to 34 prisoners.

It is advised that this was recently the case with at least 2 of these patients high risk and in need of close observation, one detoxing and another who had just been bought in from reception suffering delirium.

A prisoner who is assessed as being suicidal or at risk of self-harm, or has serious mental health symptoms that require observations or moderate to severe symptoms of withdrawal from drugs and/or alcohol misuse and a history of seizures may be placed in an assessment cell for closer observation. These prisoners require regular observation but due to the increased risk of violence to staff, it requires two correctional officers to open the assessment cells. As there is only one corrections officer allocated to the clinic in the afternoons, these observations are not able to occur as they should.

Adequacy of numbers of corrections officers available for patient transport

Not all health services are provided on site, and prisoners may need to attend health care appointments outside of the facility. These may be planned (such as chemotherapy treatment) or unplanned (such as if a prisoner has a heart attack or is

severely assaulted). When prisoners attend medical appointments off site they are accompanied to these appointments by correctional officers.

NSWNMA members report that there are insufficient numbers of corrections officers available to conduct patient transport and that this is resulting in poor health outcomes for prisoners.

Planned transport doesn't get done let alone emergency. We currently have one patient who needs nine days of chemotherapy treatment. This can take one of the transport teams out for up to 6 hours per occasion, leaving only one transport team available for the rest of the facility. This has left other patients unable to attend appointments at places like fracture clinics. In the last fortnight there were 3 patients who missed their appointments at the fracture clinic, and as a result we had one patient who had to wait an extra 3 weeks with a wired jaw.

Further comments relating to the adequacy of numbers of nursing staff are contained in the section titled "other relevant matters".

The inflow of contraband

Nurses report seeing the impacts of the inflow of contraband in drug and alcohol withdrawals and drug induced psychosis. They advise that the design of the new Minimum security Area 4 has allowed for increased opportunity for contraband to get into the facility.

Area 4 is very close to the visitor carpark, separated only by the road down to the main section of the prison. The perimeter wall is not high enough, and the 2 storey prisoner accommodation is very close to the wall. People threw contraband onto the roof on the weekend and prisoners were able to climb onto the roof to access it. This is very poor design as climbing points also mean hanging points.

Please refer to further comments on the inflow of contraband in the previous section.

The security at the facility, including access to gaol keys

The NSWNMA has no specific comments to make in relation to the access to gaol keys at Parklea and comments relating to security at the facility are contained within the previous section looking at adequacy of staffing levels and staff safety.

Corporate governance of the GEO Group and the facility

Given that the GEO group has not made the shortlist of tenders to operate the Parklea Correctional Centre from 2019 announced by the NSW government on the

27 February 2018, the NSWNMA has no specific comments in relation to the corporate governance of the GEO group and the facility.

Any possible contraventions of the contract between the NSW Government and the GEO Group

The NSW Nurses and Midwives Association is unable to comment about possible contraventions of the contract between the NSW Government and the GEO group as the contract is not publically available. This lack of transparency is a concern for the Association.

The appropriateness and operation of private prisons in New South Wales

The NSWNMA does not support the privatisation of the prison service in NSW. Prisons in NSW should have the safety of the community as their primary concern and should be working to reduce recidivism through rehabilitation of prisoners.

This is in stark contrast to the key concerns of corporations, with directors of corporations having a primary duty of care to their shareholders. This carries a disturbing incentive to both ensure criminal sentencing remains harsh while ensuring that the prison population remains high and provides little incentive to provide rehabilitation that reduces recidivism.

The US experience is that the major corporations involved in building and running private prisons invest heavily in lobbying for punitive criminal justice policies. In 1999-2010, for instance, the Sentencing Project found that one company spent on average $1.4 million per year on lobbying at the federal level and employed a yearly average of 70 lobbyists at the state level. In California, it used its resources to support, additional adult and juvenile prisons and detention centers and to oppose a bill that would have outlawed private prisons entirely.[1]

The US Department of Justice recently announced it would begin to phase out the use of private prisons for federal inmates. In her memo announcing the change, Deputy Attorney General Sally Yates pointed out that private prisons "compare poorly" to facilities run by the federal Bureau of Prisons. The DOJ found that, in general, private prisons provide fewer correctional services at greater security and safety risk to inmates and staff, without producing substantial savings.

A significant report into Prison Privatisation produced by Sydney University in 2016 found that *any evidence of performance improvements and efficiency gains remains*

[1] Margulies, J., (2016) This is the Real Reason Private Prisons Should be Outlawed, Time Magazine, accessed 28/2/18 http://time.com/4461791/private-prisons-department-of-justice/

patchy and opaque; systems of accountability vary significantly; public reporting remains poor; and the total cost of private prisons remains unknown.[2]

Overall they found insufficient evidence to support claims in favour of prison privatisation in Australia.

Similar conclusions were reached by a research team at the University of Utah, looking into the experience of private prisons in Arizona who found that the cost savings promised from the use of private prisons seems minimal

Rapid-Build dormitory prisons

There are two rapid build dormitory style prisons in NSW, the Macquarie Correctional Centre based at Wellington and the rapid build at the Cessnock Correctional Centre campus. Construction was completed on both sites in late 2017, with each site built to house 400 maximum security prisoners in 16 dormitories (or pods) of 25 prisoners per pod.

The Association WHS Professional officer Veronica Black has attended both of these sites to conduct pre-occupancy inspections of the clinic and dispensaries as well as reviewing other areas that nurses may be required to work such as the prisoner accommodation, segregation cells and exercise yards. The Association has provided written reports to NSW Health in relation to work health and safety matters likely to impact nurses working in these facilities.

The Association is concerned to note that the clinics in these facilities were found to breach many of the requirements of the Australasian Health Facility guidelines & NSW Health policies such as Protecting People and Property.

Additionally it is unclear how the safety of nurses will be managed when they are required to attend to medical emergencies in the prisoner accommodation areas. In a traditional prison, the area would be secured by having inmates return to their cells before the nurse entered to provide care, however dormitory style prisons do not have this option.

The NSWNMA has concerns that the move to accommodating 25 maximum security prisoners in a pod will see an increase in assaults and intimidation of prisoners by other prisoners.

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[2] Andrew, J., Baker, M., Roberts, P., (2016) Prison Privatisation in Australia:The State of the Nation. Accountability, Costs, Performance and Efficiency. Accessed 28/2/18 https://sydney.edu.au/business/__data/assets/pdf_file/0008/269972/Prison_Privatisation_in_Australia-_The_State_of_the_Nation_June_2016.pdf

Members at Wellington have reported numerous delays in the opening of the Macquarie Correctional Centre due to ongoing security related issues.

The benchmarking of prisons in NSW

The NSWNMA has concerns about the plans for benchmarking of prisons in NSW, described by corrective services as *"the development and implementation of budgets within which performance targets must be met."* These reforms are described as being designed to *"support efficiency improvements"* and to *"ensure best value for money"*.[3] Proposed targets are not yet publically available but are described as similar to those used in New Zealand and the United Kingdom.

NSW Prisons are spending less on providing prison services per prisoner than any other state or territory in Australia.

	Total net operating cost ($'000)	Total daily average prison population	Expenditure per prisoner ($'000)
NSW	816 302	12931	63.13
VIC	761 281	6853	111.09
QLD	543 586	8129	66.87
WA	561 127	6488	86.49
SA	229 732	2870	80
Tas	62 259	524	118.81
ACT	48 442	445	108.80
NT	122 455	1639	74.71

Data sourced from Report on Government services 2018[4]

The NSWNMA is concerned that a process designed to identify further cost efficiencies will reduce the capacity of NSW corrective services to meet the nationally identified objective of *contributing to the protection and creation of safer communities through the effective management of offenders and prisoners, commensurate with their needs and the risks they pose to the community, by providing:*

- *a safe, secure and humane custodial environment*
- *appropriate management of community corrections orders*

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[3] Better Prisons:PerformanceTargets and Benchmarking Factsheet #2, accessed 28/2/18 at http://www.correctiveservices.justice.nsw.gov.au/Documents/CSNSW%20Fact%20Sheets/better%20prisons/Better_Factsheet_2_Benchmarking_180316_1300_INTERNET_accessible.pdf

[4] Productivity Commission, Report on Government services 2018, Part C Chapter 8, attachment tables, accessed 28/2/18 http://www.pc.gov.au/research/ongoing/report-on-government-services/2018/justice/corrective-services

- *programs and services that address the causes of offending, maximise the chances of successful reintegration into the community, and encourage offenders to adopt a law abiding way of life.*[5]

The largest costs involved in running prisons are staffing costs. Therefore it is reasonable to assume that "efficiencies" will come from reductions in staffing. Cuts to staffing will reduce the capacity to provide a safe, secure and humane custodial environment and to provide suitable programs for offenders.

Reducing the numbers of correctional officers will have a negative impact on the safety of workers in the prisons and reducing the numbers of nurses will have an impact on prisoner health as well as on safety within the prison, with reduced capacity to assess and treat prisoners who may be experiencing mental health or drug and alcohol related issues.

Proposed benchmarking is described as modelled on the UK system. There has been a high degree of criticism over the last few years on the impacts of benchmarking in the UK on prison performance, particularly as it relates to violence.

There has certainly been a reduction in the cost of running prisons in the UK, with the National Offender Management Service reducing its budget by more than 20% between 2010 and 2015, however, this has had a serious impact on safety and quality and rates of reoffending, with the UK National Audit office estimating the cost to the economy of reoffending of those released from custody of being up to £15 billion in 2016 prices.[6]

In 2015, in his last annual report as UK Chief Inspector of Prisons, Nick Hardwick said jails were in their worst state for a decade, and in 2016, David Cameron said, in one of his final domestic policy speeches as UK prime minister, reoffending rates and levels of prison violence, drug-taking and self-harm "should shame us all".

Benchmarking in the UK has seen a dramatic reduction in staff employed from 45,000 in 2010 to just under 31,000 by Sept 2016, with the Prison Officers Association asserting that chronic staff shortages and impoverished regimes in jails had resulted in staff no longer being safe.

The UK government reports major declines in prison safety since 2012, with the government policy document Prison Safety and Reform stating *levels of total assaults across the prison estate and assaults on staff are the highest on record,*

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[5] Productivity Commission, Report on Government services 2018, Part C Chapter 8, p7 accessed 28/2/18 http://www.pc.gov.au/research/ongoing/report-on-government-services/2018/justice/corrective-services/rogs-2018-partc-chapter8.pdf

[6] Ministry of Justice, Nov 2016, Prison Safety and Reform, p5 accessed 28/2/18 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/565014/cm-9350-prison-safety-and-reform-_web_.pdf

and are continuing to rise. Comparing the 12 months to June 2016 with the calendar year 2012:

- *total assaults in prisons increased by 64%;*
- *assaults on staff rose by 99%; and*
- *the number of self-harm incidents increased by 57%* and

In the 12 months to September 2016, there were 107 self-inflicted deaths in custody, a 75% increase on the 61 self-inflicted deaths during 2012. [7]

This does not sound like the type of model we should be considering emulating in NSW.

Benchmarking of costs relating to the provision of health services in prisons is highly problematic as it doesn't take into account the quality or the timeliness of care being provided.

Any other related matter

The Justice and Forensic Mental health annual report shows a 17% increase in the adult prisoner population between June 2014 and June 2017 (from 10,859 to 12,657), over the same period there has been only a 2.5% increase in the nurse FTE from 749.53 to 769.14)[8]. As noted earlier, this impacts on prison safety due to the reduced capacity to assess and treat mental health and drug and alcohol matters in a timely manner. Nurses report that the increased volume of work associated with undertaking reception screening assessments on new admissions (20,579 in 2016/2017) and responding to medical emergencies is taking away from their capacity to provide primary health services in a timely manner.

Some examples of concerns raised by nurses with the NSWNMA are provided below:

Comment on staffing levels and wait times for basic medical care

I work for justice health as a registered nurse. My concerns are the unsatisfactory wait times inmates experience for basic medical care; the lack of staff to meet those basic needs; the lack of ability for an inmate to get on an opioid substitution program, leading to further illegal drug use and unsafe practices (due to no clean needle exchange); the amount of illegal drugs within prison (I believe often being brought in

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[7] Ministry of Justice, Nov 2016, Prison Safety and Reform, p40 accessed 28/2/18 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/565014/cm-9350-prison-safety-and-reform-_web_.pdf

[8] Justice Health & Forensic Mental Health Network, Year in Review 2016-2017, accessed 28/2/18 http://www.justicehealth.nsw.gov.au/publications/201617_YIR.pdf

from visitors) and lack of staff to meet the needs of those withdrawing from illegal drug use when 'supply' in prison dries up/or is found as contraband.

Below are some examples of inadequate waitlist times straight off the computer system:

- *Patient wanting STI (sexually transmitted infection) screening - 136 days*
- *Patient requesting BBV (Blood borne virus) screening- 168 days*
- *Metabolic Monitoring - 216 days*
- *Patient requesting reading glasses - 123 days*
- *Review of Diverticulitis- 147 days*
- *Pathology and 2hr OGTT (Glucose tolerance test)- 179 days*
- *Blood pressure check - (patient on antihypertensives)- 74 days*
- *Patient requesting 2nd Hepatitis immunisation- 261 days*

I have seen clinic nurses attempt day in and day out to get through a daily patient waitlist of routine issues, basic medical needs, only to be bombarded with triaging numerous assaults and medical emergencies. There is very limited ability to exercise preventative care, to educate and inform. The nursing care is reactive and relentless. This nursing care does not facilitate rehabilitation

All this is occurring in a public prison. In my opinion if tenders are won on most economical price, then standards of care will undoubtedly be lower. An already failing system is not repaired by reducing costs.

Comment on staffing levels and access to mental health and drug & alcohol services

I welcome the opportunity to contribute to an inquiry into the NSW prison system. I would like to draw attention to two areas; the length of time taken to identify and treat patients with severe mental illness, and the disjointed and inadequate release planning for patients who have complex needs which likely impacts their recidivism.

Much has been reported over the years about the length of time patients with severe mental health wait for treatment, and I can attest to it in my own practice, and through discussion with mental health nurses at other centres, the situation appears to be across the State.

Justice Health and Forensic Mental Health Network JHFMHN statistics indicate close to 50 % of all inmates have psychiatric diagnosis. I am one of two part-time mental health nurses employed to provide seven day a week cover. We currently have a waiting list of 78 patients- some of whom have been waiting for more than 150 days. On a good day we are able to see six patients- generally the number is much lower,

and given the nature of our work we may see a patient a number of days in a row. Being assessed by a mental health nurse is only the first step; from there patients are either placed on a waitlist to see the GP for antidepressant medication, the psychiatrist for anti-psychotic medication, psychologists, or discharged. It is not unusual for someone to be released and re-incarcerated before being seen by a psychiatrist.

A major difficulty once somebody with a severe psychiatric disorder is identified is accommodation. Very occasionally, if somebody presents with a psychosis for the first time, they are transferred to the local gazetted mental health unit for assessment, and quickly transferred back to prison. From there they may be housed in either the clinic or one of the two segregation units, although this is not welcomed by Corrective Services NSW as the segregation cells are generally used as a consequence for inmates who have committed an in-custody offence, and the clinic cells are used to accommodate patients in acute situations who require medical observation.

In most cases patients with a severe psychiatric disorder are housed in the main part of the gaol and more often than not, share a very small cell with another for at least 17 hours every day. As prisons are not gazetted, patients can and very often do refuse medication; the process to transfer a patient to either Mental Health Screening Unit, of which there are two, 12 bed units for the State, where they have more intensive interaction with psychiatrists and mental health nurses with the hope they will accept medication, or from there to the Forensic Hospital at Long Bay where they can be forcibly medicated, can take several months.

Release planning for patients with mental illness is possibly more complex as it should involve two separate Government agencies- Justice and Health.
I will share a recent experience here, although I could have picked a dozen that I have seen in the past year.

A patient with a diagnosis of schizophrenia, who was currently stable on depot medication, had recently commenced Epclusa hepatitis C treatment, had long-standing drug and alcohol issues and a long forensic history with more than a dozen short sentences, was recommended and accepted by an IDAPT program run at a Sydney prison. The process for getting to these programs is initiated by CSNSW case management and can take many months- this patient had known for 4 months that she was going early January and that the program would run for 6 weeks- she was pleased as the IDAPT program aims to address drug and alcohol issues.

Early January, but before she left, I was contacted by her Probation and Parole Officer who was seeking information because she had also been recommended for the Manifesting Justice program- a program where inmates who are in prison due to a breach of parole have their cases re-assessed and are usually released within a

week. The report for this hearing was due January 18th and her hearing was February 1st.

At the time I voiced my concern at any program that would release anyone who breached their parole with a week for release planning- in this lady's case and with many, many others, there is a complex interplay of factors that contribute to reoffending or breaching and it takes more than a week ensure supports are in place.

RN Mental health