REPORT OF PROCEEDINGS BEFORE

SELECT COMMITTEE ON THE
INCREASE IN PRISONER POPULATION

INQUIRY INTO INCREASE IN PRISONER POPULATION

At Mulawa Correctional Centre, Holker Street, Silverwater,
on Tuesday, 15 February 2000

The Committee met at 11.00 a.m.

PRESENT

The Hon John Ryan (*Chair*)

Ms Lee Rhiannon (*Deputy Chair*)
The Hon Jan Burnswoods
The Hon Dr Arthur Chesterfield-Evans
The Hon Jenny Gardiner
The Hon Peter Primrose

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SHIRLEY ANNE NIXON, Teacher and Official Visitor to Mulawa Correctional Centre, affirmed:

CHAIR: Could you briefly outline your qualifications and experience relevant to this inquiry?

Ms NIXON: Not very briefly, but I suppose the first thing that comes to my mind is that I am an activist feminist and I was invited to apply for the position or asked to apply for the position of official visitor when there were some vacancies. As with everywhere, there were too few women, but they were encouraging people like me, who had an interest in the welfare of women, to apply and I did and here I am still some five and a bit years later.

CHAIR: Did you receive a summons issued under my hand in accordance with the provisions of the Parliamentary Evidence Act 1901?

Ms NIXON: I did.

CHAIR: Are you conversant with the terms of reference of this inquiry?

Ms NIXON: I am. I would not like to do a test on them, but I am broadly familiar.

CHAIR: "Conversant" does not require detailed knowledge. If you should consider at any stage during your evidence that, in the public interest, certain evidence or documents you may wish to present should be heard or seen only by the Committee, the Committee will usually accede to your request and resolve into private session. I should warn you, however, that the Parliament has the power to override that decision at any time and make your evidence public. That does not often happen.

First of all, did you have a written submission at all?

Ms NIXON: No.

CHAIR: Is there any comment you would like to make to the Committee in relation to our terms of reference before you are asked questions?

Ms NIXON: Well, if you thought you could do it in one day, that is find out all that the agenda suggests you would like to find out about Mulawa, you would be mad, because you will not. It seems extraordinarily extensive for the time allotted. I suppose that is my most striking impression.

CHAIR: Is there anything further?

Ms NIXON: No.

CHAIR: Could you explain to the Committee what the role of an official visitor is?

Ms NIXON: When inmates ask me that question I try to explain it by saying that it is like a mobile ombudsman who is obliged to solve any problems that can be solved within these walls as best she, in my case, can and I have a voice which, within the department, can reach the Commissioner and the Minister, if necessary. I suppose that sort of makes them feel confident that there is some oomph behind this. That is, I suppose, as good a way as any. One is quite free - I am here anyway - to go wherever I want to whenever I want to when I come here. There is no part of the Mulawa environs that I cannot go to if I want to. It is all very open and the staff increasingly over the years hold out a hand to help me solve problems and that is partly to do with the quality of the staff improving quite dramatically in the five years since I have been coming here.

CHAIR: It is an unpaid volunteer position, is it not?

Ms NIXON: Not quite. I volunteered, I applied without anyone twisting my arm, but the official visitors are paid $160 for each day here on the premises. One is required to come at least once a month, but you could come every day and no one would send you away, or perhaps the budget people would, and also we are paid whatever is the going rate at any one time for the use of vehicles, which I think at the moment is 63.2 cents per kilometre. So it is paid in that sense. It is not totally out of my own pocket that I travel and I do get a fee for each day I attend.

CHAIR: Is there some sort of organisational structure as to how lay visitors are organised?

Ms NIXON: Lay visitors?

CHAIR: I am sorry, official visitors. Are you organised in some sort of way or do you just come and go individually?

Ms NIXON: I work closely with the other official visitor here, but that may not happen if I did not get on well with an individual perhaps.

The Hon. Jan BURNSWOODS: You said that when you applied there was a vacancy or shortage, so is there some sort of structure of working out numbers?

Ms NIXON: I think it may have been at the time that the one woman who visited here, who was a very impressive woman called Irene Manintoff, was finding there was too much to do and she was exhausted. She had been doing it for a number of years. I then took the place of that one and now we have another one because, if you are open and win the trust of women here, then your workload grows, not that the matters change terribly much, but you get more people feeling: "I can ask that person". The other thing is that Yvonne is an Aboriginal woman and we have a significant inmate population of Aboriginal people, so for those who feel more comfortable speaking to an Aboriginal person, that has worked well. Neither of us, I feel, is terribly overworked at the moment.

CHAIR: I suppose most of us would like to know what are the sorts of grievances you deal with with the prisoners; what are the most common?

Ms NIXON: Well, the most common one, I would say, over the whole five years that I have had to deal with them, is anxiety about families that they have not been able to reach outside, and that is easily fixed. Then comes the time when they are moving towards the end of their normally short sentences and they are worried about what they are going to do, because I remind you, if necessary, that many of these people are homeless, in effect; they have no real home. While what happens to them in here these days is, I think, very good, very recuperative, and there is a reasonable choice of ways to go, we cannot - and perhaps even should not, I do not know - guarantee that life will go on being so comfortable once they leave, and that is not for everyone, but - and this is a guess, I have not done the stats - I would say about a third of the people leave here and they do not really know where they are going to be sleeping that night, not really, so we see them again next week or something.

The other common thing that they worry about is their health. As the Minister would say if he were here, "I know, she mentions it every time that she writes to me", but it comes up and that is because people, whose lifestyle, for one reason or another, means health care is lower down in the options that they take, then have time on their hands because they are here. There is a health service here and they think, "Well, I might as well get that fixed up now", and so they try to because they, like everyone else, do not like being sick. So health is another concern, and I have said families, children, parents.

CHAIR: I guess I am still trying myself to get a better picture. When you say that people tell you about problems with their families and that situation is easily fixed, how would you go about fixing that sort of problem?

Ms NIXON: When I say problems with their family, letting their family know that they are here so that the family will come and visit them. That is what they really want. They are allowed a limited number of phone calls but if, for some reason or other, they have used those or the people they are phoning are not home, I take that home and do it. It is contact with their family to let them know, that is the main thing, to let them know that they are here and they would like to be cared for, visited.

CHAIR: And what are the sorts of requests for prisoner health care?

Ms NIXON: Whatever is wrong that they would like fixed while they are here.

CHAIR: Right, so dental work?

Ms NIXON: Dental work is one. It could be anything.

CHAIR: Do the members of the Committee wish to ask any questions?

The Hon. Dr A. CHESTERFIELD-EVANS: Yes. With health problems, are these serious problems or lifestyle problems?

Ms NIXON: Well, yes to both. Sometimes these people have had something quite serious wrong with them for a long time.

The Hon. Dr A. CHESTERFIELD-EVANS: Hepatitis C or something like that?

Ms NIXON: Well, that is here, but that is not what they ask me about. It is like they have had their teeth removed, lost their plate, as well as toothache and generally bad dental health. I think bad dental health would be not uncommon. What you see in a week in a doctor's surgery you will see here in a day, across the whole range of things that you see. There is poor dental health, by and large, and people have time to think about what has been hurting when they get here and they would like it fixed - and it needs to be, I am not saying it does not need to be.

The Hon. Jan BURNSWOODS: Why do they need to talk to you?

Ms NIXON: To do that?

The Hon. Jan BURNSWOODS: Yes. It sounds like a naive question, but is Mulawa not able to cope or is it outside its brief or do they feel more comfortable talking to you?

Ms NIXON: I am an outsider, that is the first thing. The other thing is that one of the most serious deficiencies is that we have a very, very good IDS staff, that is the people who do all those things, listen to them, arrange things, they are quite excellent, but there are not enough of them. So sometimes I will go to someone with a toothache and they tell me about it because I am another person that can be told - that really is the main reason - not because I am an official visitor.

The Hon. Jan BURNSWOODS: They will be waiting?

Ms NIXON: They will have their name down quite often and I will go over and say, "When is the dentist coming? She really looks sick", and it will be done. That is because once a tooth starts to hurt it is easier to get the message that it is hurting through me and they are lucky if I come on the right day. The other reason is that everything here, as you know, has to be done by appointment or in order and here I am, this random creature floating around, and they are not silly, they take the chance that I can do something about it. It could be anything.

The Hon. Jennifer GARDINER: I think you indicated that you make quite a lot of representations to the Minister to do with health. Are they to do with resourcing?

Ms NIXON: The only time I have ever written to the Minister is in the required reports I write. The Minister requires a report from official visitors every six months and it is in those. I have not ever felt that something was so wrong that it needed a special letter, but what the Minister wants to know is what are the issues. I tell him about health. If you draw from a broadly unhealthy population, then you are going to have a high percentage of illnesses. Then, as I said, they have time to think, "Oh, yes, I should really do something about my bad back", because they are here.

The Hon. P. T. PRIMROSE: Have you noticed, since 1995, an increase in the number of women here?

Ms NIXON: Absolutely.

The Hon. P. T. PRIMROSE: Are there any consequences of that for your work or for the activities of the women or behaviour? I am just interested in your observations.

Ms NIXON: Well, I mean, the stats show I am right; it is not just my impression. I notice today we have 280 something people here as inmates and when I started it used to hover around 200.

The other thing about being an official visitor, not in uniform or not one of the familiar faces, is sometimes because they are distressed, especially people who do not come here that often, they will blurt out the most interesting things. For example, they will tell me about their drug use, which they normally would be quite shy and modest about, and I have learnt a lot these last few years.

Why I told you that, increasingly the women are wondering how they are going to cope with coming down from drug use or are already in serious pain or difficulties because they are. That is the big difference. I have not done any research on this but my observation is there is a huge increase in drug users in the population here, in percentage of drug users.

CHAIR: The Committee would be interested to have your observation on the prison population itself in terms of any special characteristics, either ethnicity or age or other habits that you think are characteristic, such as drug use, as an independent observer.

Ms NIXON: I feel like saying turn the mikes and cameras on for this. I do not mean that. When people know that I visit a prison they say, "Is it safe?" That sort of question. I can tell you, like I tell them, that the prison population, the inmates, and therefore obviously it includes the officers, I think this is as safe a place as I ever go and I feel no more anxious about what might happen to me here than I do when I go to the Institute of Technology at Wollongong where I teach, where there are a lot of young people roaming around. Absolutely no different.

I am not an innocent babe and I do know how tensions operate in an enclosed population like this, but I find the women supportive to each other and certainly to me. I fell over and smashed my nose on a drain here one day and it was the inmates who picked me up and took me to the infirmary, not that the officers did not, but the inmates were there first. They could not have been more caring if they had been my own children. I had a very impressive nose for a couple of days. The occupational health team came and took my report. I do not feel unsafe here. Perhaps I am daft, but I do not.

CHAIR: One of the things the Committee has to address is the effectiveness of a prison. In the remand centre you are not able to see the end product, but would you care to give any personal observations? They will not necessarily be science. We would think that your insight would be worth having. What is your view of the effectiveness of prison?

Ms NIXON: It is only my observations and I think it is a very interesting question which I would not mind actually being able to look into more myself. My response is to say, I do not think it is very effective, and you only have to look at recidivism. The recidivists are because

they have no other lifestyle to go to, no support system outside, no employment, all those sorts of things.

There are others, of course, in whom I have seen almost a miraculous change; they are the longer term women. Most of the people here, as you would be well aware I am sure, are short term visitors and our long term population is a very small part of the population here. In some of those I have seen miracles worked, partly by the fact that they are here and can change a lot of things that need changing, like drug use, like alcoholism and for people like that, yes.

There is a lady I still correspond with; she has just moved on from here; she is a long term prisoner; an older woman. You will see her, I believe, this afternoon. She is at Emu Plains. I write letters to her there because I think she is a very nice woman. So I have made friends here as well. I feel quite safe here.

CHAIR: Some of the submissions we have had to the Committee have made the observation that the programs run within prison to assist prisoners' personal problems, but they are frequently disrupted by necessary parts of the prison routine. Have you observed that, and how disruptive is that?

Ms NIXON: Well, it is very disruptive, of course, but what else are people to do who have to run the prison? I do think it needs addressing because, as you know, the sorts of programs we have here involve deep commitment, deep sharing of heart-felt things, confronting unpleasant things about oneself and so on. But then if inmates have to be shut down by a certain time, well, they have to be shut down. That is the way you have to run a prison. You cannot say we will not do it today because it is inconvenient, so-and-so is doing her counselling. I do not know how you find a path through that. I suppose it could be done.

CHAIR: Would you regard it as a minor disruption or will almost every prisoner doing a program experience some level of disruption of the program?

Ms NIXON: It would be nearly all of the - not many, that is how broad my guess is, it is a guess.

The Hon. Jan BURNSWOODS: I wanted to come back to what you were saying before about your mixed feelings about whether the gaol worked or not or what it achieved. I guess what you are saying is that it is irrelevant to the real problems facing the women you mix with and talk to and I wondered if you could tell us a bit more about your views there?

Ms NIXON: I do not think, you know, that it is the only way to go. The women I see get one thing, as I have said before, out of coming here; they get time to take stock. Their real problems of poverty, grief, previous abuse, they are not dealt with, largely because they are here for short sentences. It is not because the programs here would not over a long term help with those questions, but they are not here, by and large, for long terms. That is why I do not see anything wrong with anything that happens here, just that there is not enough of it and people are sometimes just grasping hold of what it is that they want to fix when they say goodbye.

I know young women who have been sent out - I have never found out why it is - so they are not over-imprisoned, they are sent out at some ungodly hour of the night and they have nowhere to go and we wonder why they are back next week.

The Hon. Jan BURNSWOODS: What about your experience of the relationship between what happens here and post-release options, the parole service, everything else that is associated with the prison, is it working or is it not working for obvious sorts of reasons like resources or staffing?

Ms NIXON: I would have to say by and large it is working.

The Hon. Jan BURNSWOODS: They are still coming back because of poverty, drug abuse and so on?

Ms NIXON: Yes.

The Hon. Dr A. CHESTERFIELD-EVANS: If you had the same amount of money as it is costing to keep people here, what programs would you devise to fix the problems that get them in here?

Ms NIXON: I would make the police stop worrying about women using drugs, and men too. I would make them go for the really big suppliers to start with. I think it is a joke that we have people here because they use drugs, when walking around loose on the street and driving very flash cars are the people that see they can get it. I find that astonishingly illogical. I do not know.

The Hon. Dr A. CHESTERFIELD-EVANS: Too big a question for a fast answer?

Ms NIXON: Too big a question. I am sure if we sat around for an hour and swapped ideas - I do not know the answer to that. I do know that the people that we have got here engaged to do it do an increasingly better job, but it does not work because we have people coming back and we know that you have to be seriously drug free before you can safely be expected to do it on your own. That is well known. Before we knew about half the drugs we are talking about now. It is true of alcoholics and so on. So, has any State got enough money to fix all this?

The Hon. Jan BURNSWOODS: What makes you keep going?

Ms NIXON: Because I like the women. I like the feeling that it justifies my feminist beliefs that women are women wherever they are - pretty powerless but wonderful when you get to know them and give them a chance, and I see this every time I come.

CHAIR: Since you said you were a feminist, an interesting observation was made in the women's action plan, and I think the earlier report was done during the time when the Minister was Mr Akister. The observation was that co-locating women's prisons in close proximity to men's prisons has the effect that the culture that seems to be a necessary part of the men's prison

seems to disrupt running a female prison in the best interests of women. Have you observed that to be the case here, given that this is co-located?

Ms NIXON: I cannot think of a single instance to pass on to you, but I think in principle that does happen. One of the more common complaints that comes to me is the one of injustice when a woman will tell me - I am going to say what is said; you will realise that it is a person of non-WASP background - "Come here, you black so-and-so", and the "so-and-so" can be a number of words, all meaning something horrible, and the inmate will turn around and say, "Don't you call me", and then they will punish the inmate for using foul language, unacceptable foul language, whatever the charge is here. That is the sort of thing that is not uncommon and I do associate it, in my experience, with people who spend some time over the road.

CHAIR: So it is something that is transferred by the staff moving between prisons?

Ms NIXON: I do not know whether that is the cause, but the people who do most of the work here are less likely to hear about them, about such brutal, mean, nasty tricks.

CHAIR: The doozey question of the day that I have to ask you is: Do you believe there is a need for a new women's prison and, if so, why; if not, what alternatives do you think would be appropriate?

Ms NIXON: Well, I think there should be a new prison because this one is just a hotchpotch of other bits and pieces put together. As I have already mentioned to the Commissioner, Mr Keliher, I am not too happy about it being where it is going to be because of transport problems, and I know getting here is a big problem for visitors, but yes, of course, I think it is a great idea and the Commissioner was telling me that there are plans afoot to solve the transport problem.

The Hon. Jan BURNSWOODS: I suppose there is an idealistic belief that a new women's prison should not be built because we should be addressing the issues you identified earlier.

Ms NIXON: Yes, that is what I say. I know it is pie in the sky, but I say yes, it is really the wrong direction to take, but our society is not going to accept that at the moment. I do not know how we educate idiots. "Do the crime, do the time" is a very popular catchcry, but it is an ignorant one. There is a lot of that about and we are faced with it. I think that we could better spend the money, but I know it is not going to happen.

The Hon. Jan BURNSWOODS: So we need to have better facilities for women who are going to be in prison.

Ms NIXON: Yes.

(The witness withdrew)

JENNIFER ANNE SEFTON, Medical Practitioner, Mulawa Correctional Centre, Locked Bag 130, Silverwater, affirmed, and

MICHAEL ROBERT GIUFFRIDA, Medical Practitioner, Forensic Psychiatrist, Cumberland Hospital, Parramatta, and

RICHARD JOHN MATTHEWS, Medical Practitioner, sworn:

CHAIR: Dr Matthews, in what capacity are you appearing before the Committee?

Dr MATTHEWS: As the Acting Chief Executive Officer of the Corrections Health Service.

CHAIR: Could you briefly outline your qualifications and experience which are relevant to the Committee's inquiry?

Dr MATTHEWS: I am a medical practitioner registered in the State of New South Wales, graduating in 1975. My substantive position within the organisation is Director of Clinical Services, Director of Primary Health and Drug and Alcohol. I have been working in Corrections Health in a part-time capacity in Drug and Alcohol since 1992 and in a full-time capacity since April 1998.

CHAIR: Did you receive a summons issued under my hand in accordance with the provisions of the Parliamentary Evidence Act 1901?

Dr MATTHEWS: I did, yes.

CHAIR: Are you familiar with the terms of reference of this inquiry?

Dr MATTHEWS: Yes, I have read them.

CHAIR: Dr Sefton, in what capacity are you appearing before the Committee?

Dr SEFTON: As the Director of Women's Health, Corrections Health Service. I have held this position since January 1995, full-time since September 1998, and I have been with the organisation for something over six years at this time. My role is to coordinate clinical services for women in custody in New South Wales, to liaise with community and other health services. I have quite a substantial clinical load as well. I am the methadone prescriber for women in custody as well as performing general clinical and gynaecological duties.

CHAIR: Did you receive a summons issued under my hand in accordance with the Parliamentary Evidence Act?

Dr SEFTON: I did.

CHAIR: Are you conversant with the terms of reference of this inquiry?

Dr SEFTON: I am.

CHAIR: Dr Giuffrida, in what capacity are you appearing before the Committee?

Dr GIUFFRIDA: As a forensic psychiatrist visiting Mulawa.

CHAIR: Could you briefly outline your qualifications and experience relevant to the inquiry?

Dr GIUFFRIDA: I graduated MBBS in 1971 and in psychiatry in 1976. I have developed a specialty in forensic psychiatry in the last ten years or so.

CHAIR: Have you received a summons issued under my hand in accordance with the provisions of the Parliamentary Evidence Act?

Dr GIUFFRIDA: I have.

CHAIR: Are you conversant with the terms of reference of this inquiry?

Dr GIUFFRIDA: I am.

CHAIR: I inform all of you that if you should consider at any stage during your evidence that, in the public interest, certain evidence or documents you may wish to present should be heard or seen only by the Committee, the Committee will usually accede to your request and resolve into private session. I should warn you, however, that the Parliament has the power to override that decision at any time and make your evidence public. I would add as a rider that that rarely ever happens.

Is there any statement that any of you would like to make in regard to our terms of reference before we commence asking questions?

Dr MATTHEWS: No.

Dr SEFTON: No.

Dr GIUFFRIDA: No.

CHAIR: Feel free, when questions are asked, to chip in. We hope this to be reasonably informal, notwithstanding the microphones and recording and so on. I suppose I would kick off by asking you to describe your role within the prison and I think after that the Committee members will probably ask more specific questions of you.

Dr MATTHEWS: As I said, I am the Acting Chief Executive Officer during the secondment of Professor Picconi now to the Department of Health and I will be holding that position until August. My substantive role is the Director of Clinical Services across the organisation for both male and female inmates in full-time custody, periodic detention and in

recent times increasingly in police cells, so I am responsible for coordinating the provision of those clinical services.

Dr SEFTON: As I said before, I am mainly concerned with women's health. I liaise with the Department of Corrective Services and outside organisations and with nursing staff. We have a number of doctors working here and I coordinate their activities as well, liaising with psychiatrists and general practitioners and with the area health services. I usually spend about half my time in clinical work in the prisons, both here and at Emu Plans, but I am mainly based here because this is our main women's prison.

My background is in women's health. I graduated in 1966 and I have spent about 25 years working in women's health in specialist practice, non-government practice and public practice before coming here, so I think I was recruited because of my interest specifically in women's health and in developing women's health services. I had no drug and alcohol or mental health experience before coming here except in a general way, so I have had to learn all of that from the bottom up over the last six years and it has been a very interesting experience.

Dr GIUFFRIDA: My role within Corrections Health Services is as the visiting medical practitioner in psychiatry. I have been doing that for about four and a half years now. I visit a total of nine hours a week split between two sessions. My role is divided into two. One is a treatment role in which I see and make an assessment for the purposes of determining whether an inmate suffers from a psychiatric disorder and requires appropriate medical and psychiatric treatment and I am involved in that in conjunction with other health professionals and other female staff. The other role is the assessment of inmates usually in circumstances where they have been remanded in custody by the courts or where their Legal Aid or other solicitors seek reports for forensic purposes. I think that is essentially it.

CHAIR: I guess we would be interested in what are the common health problems. The Committee has two parts to its inquiry. Initially we are making an inquiry with regard to women and after that we are supposed to be basically covering the same ground with regard to the male prisoner population. I suppose because of the effluxion of time we are going to have to confine ourselves to women's health today, so I would be grateful if you could describe to the Committee the sorts of health issues that are common for women in the prison population?

Dr SEFTON: I think probably every health issue you could think of is common in the female inmate population. Our core business is drug and alcohol and mental health problems, but there are very considerable psycho-social problems, problems relating to separation from families and support systems. Women have only two gaols in the State. Men have how many?

Dr MATTHEWS: 27 I think is the number.

Dr SEFTON: So women are much more centralised and have to often be very far from their families, their friends, their children, because they may come from all over the State, whereas men may be more likely to be placed in the country near their family, so issues of separation and situational stress are very big for women coming into custody and it is a big adjustment for them. I think that impacts very strongly on their health and we see a lot of situational stress.

Probably something over 80 percent of women who come into custody have a drug and alcohol problem currently and are withdrawing from drugs when they come into custody, and that would be usually poly-drug abuse. It is fairly unusual for us to see single use of any particular substance. Alcohol is very common, but our main problem would be heroin with cocaine and benzodiazepines: abuse of pills.

Mental health problems: Probably at least 30 percent of women have a past psychiatric history and, of those, probably 30 percent have previously been hospitalised for psychiatric illness, so that is another major issue for us.

Gynaecological problems are very, very common.

These women lead a very tough, chaotic lifestyle in the community. They do not access health services and we are essentially their health service, especially for those women who come in and out of custody many times. I think about 60 percent have a history of previous incarceration, so for those women we are their health service because when they are out they do not have the time or ability to access community services. They are often very isolated in the community and too busy chasing the drugs that they need to support their habit.

CHAIR: We would be interested to know the sorts of drug and alcohol services you provide within the prison and it would also be interesting to know what are the drawbacks of having to provide these particular services in prison, if any?

Dr SEFTON: I do not find that there are drawbacks because we work very closely with the Department of Corrective Services which facilitates our access to clients and everything that happens when people first come in is keyed to identifying risk. That primarily is their risk from detoxification from drugs and their risk of mental harm, mental stress, and we have a common interest in reducing risk in these areas, so we really have no problems, in this environment anyway. It may be different for men, I have nothing to do with the men whatsoever except to write the odd script.

The Hon. Dr A. CHESTERFIELD-EVANS: You mentioned psychiatric admissions of 30 percent, which is a very high percentage. To what extent would better psychiatric support services empty gaols?

Dr GIUFFRIDA: It is hard to know. The clearest group would be those women who suffer from a chronic psychotic illness, schizophrenia and manic depressive illness. The next significant group would be those people who suffer from severe intellectual disability, or even perhaps moderate to severe, and those people that have brain damage from various causes. I think they are the groups for which there at least are other services readily available to care for them on a longer term basis, but the problem in general is that those facilities are over-burdened and it is difficult to find beds for those people in the public hospital system.

The Hon. Dr A. CHESTERFIELD-EVANS: We have an institution here that is very expensive. If you could transfer them to an institution without such a large amount of correctional or gaol facilities you would be able to save money, or at least you would be able to

use the money more intelligently. What percentage of people do you think would benefit from that, to the extent they would not need to come to gaol at all? Can you guess a percentage?

Dr SEFTON: It would be impossible to put a percentage on that. The other point here would be that those people who we would recognise would benefit from the type of services Michael has described cannot be compelled to attend those services outside unless, in fact, they have a forensic status.

Dr GIUFFRIDA: Perhaps I can answer it this way, at any one time I would be seeing about 30 women in this prison and there would be others at Emu Plains I do not see who would suffer from established chronic psychotic illness and we only have available to us six female forensic beds at Cumberland Hospital. So there is for that group in between a dearth of services.

The Hon. Dr A. CHESTERFIELD-EVANS: Presumably you do not make a direct transfer. If you had the preventative services in the community you could get a lot more bang for your buck, could you not?

Dr MATTHEWS: Assuming the provision of more beds and services in the community will of itself lead to ideal treatment and that in turn will lead to a reduction in crime either due to mental illness or in association with mental illness is an assumption that I do not think we can necessarily make, particularly under the present legislation.

The Hon. Dr A. CHESTERFIELD-EVANS: You can make a converse assumption, can you not, that if you do not have those supports out there, they are more likely to end up in here?

Dr GIUFFRIDA: I would answer yes to that.

The Hon. Jan BURNSWOODS: Dr Chesterfield-Evans and I are currently wearing other hats in inquiries concerning residential support services in New South Wales. I guess we see some similarities between visits to places like Rydalmere, Marsden and Lachlan Centre last week and also talking to people who are in those places who have been in the correction system and vice versa. There is a feeling that there is a group in the community for whom a variety of institutions are serial homes punctuated by homelessness or inappropriate housing or support services.

Dr SEFTON: The group that would cause us the most problem with placement is not those that are easily classified as being mentally ill or having organic brain syndromes. They are people who, after a life time of various types of abuse and marginalisation, sometimes with mild developmental or intellectual disability, and combined with acquired drug problems and institutionalisation which predates prison, it usually goes back to even their childhood, these people develop behavioural abnormalities that make them unacceptable in the existing conventional places that they might go.

These are the people that are most difficult to manage and who return to us most often. Sometimes within the space of two years they will come back 22 times because this is their home and there is nowhere else for them to go except the street.

Dr MATTHEWS: The other matter which is of very serious concern - my background is drug and alcohol - is the incidents of dual diagnosis. It is now almost a rarity to have a reception who is suffering from a mental illness who is not also using and abusing substances, licit and illicit. It is the increase of incidents in dual diagnosis that adds another layer to the problem.

CHAIR: Is there a trend to that?

Dr MATTHEWS: I think it is an increasing trend in line with the generally increasing trend of use of a variety of illicit drugs in the community amongst the general population. But it also includes a significant incidence of abuse of licit drugs, both those prescribed, like benzodiazepines, and those which are freely available, like alcohol.

CHAIR: How many prisoners come in with a drug and alcohol problem and leave in a better condition, or with their problem solved? How good is prison as a treatment facility?

Dr SEFTON: Certainly with relation to the women, I would say that probably approaching a hundred per cent of women will go out in better condition than they came in and many women actually acknowledge this. They say: "Now I am here, I will address this problem. I really want to. I hope I get this amount of prison because now I can work on my problem", and they see it as a respite. For many women imprisonment is respite not only from their drug and alcohol problems but abusive relationships. Many women have no way to get away from chaotic families and violent husbands or partners except when they come into gaol. A hundred per cent will go out in much better shape than they come in. This is not to say they will not relapse. Some people do not and some people show a trend. Although they may come back to us, they are better and better each time and over a period of years. I certainly have observed this with a small proportion of them.

CHAIR: Is there room for improvement in being able to build on whatever improvement a prisoner might have achieved in prison, given that some do not stay for very long with a better transition after prison to make the connections with medical service, is there room to improve that service?

Dr SEFTON: This would be my opinion; it is self-evident this has to be the case. The reason that people do relapse or they do come back is they find no support when they get out in the community and they do not have the skills or support base to help them build upon those small skills they have managed to muster while they are here. It depends on the length of time they are here and the nature of their problem.

Dr MATTHEWS: There is always room for improvement, one of the great difficulties in drug and alcohol rehabilitation is that this is clearly not a normal environment. Whilst some might achieve a great degree of abstinence in this environment, very many people return. When they leave they return to their normal environment which is dysfunctional and returning to the dysfunctional environment is likely to lead to a greater chance of relapse.

CHAIR: A lot of prisoners are sentenced for a period less than six months. What sort of support do they get when they leave prison, given that there is not a great deal of opportunity to connect them to parole afterwards?

Dr SEFTON: While I would have to ask the Department of Corrective Services for the exact figures, I know at the end of last year I looked at some figures which showed that, in fact, something over 70 per cent of women had a sentence of six months or longer. You are right. Before that occurs we will have had numerous shorter receptions. I think Dr Giuffrida has some ideas about what you asked previously, the trend, whether a trend is developing in relation to mental illness and drug and alcohol use.

Dr GIUFFRIDA: There is no doubt that there has been a significant increase in the prevalence of psychotic illness amongst young people in the context of psychostimulant abuse. So, I think we are probably seeing a whole new generation of people who have developed psychotic illness who, had it not been for their abuse of such drugs as amphetamine, might never have come to light. So, we may well be increasing the long term prevalence of serious mental illness. I think this is reflected in those figures available in the health department and we are seeing more in the gaol as a reflection of that.

CHAIR: What role does Corrections Health Services have in post release programs for female inmates?

Dr SEFTON: The Department of Corrective Services provides drug and alcohol counselling. Corrections Health Services' role in relation to drug and alcohol is the management of detoxification in conjunction with the Department of Corrective Services, administration of the methadone program and to some extent liaison with the community. Certainly in relation to methadone, we arrange their methadone exits to programs on the outside.

Drug and alcohol counselling or support after release in relation to drug and alcohol would be more administered by corrective services. In relation to mental health, if we have serious mental health people we will liaise with the area mental health units to which women are being discharged and make arrangements for transfer to counsellors and/or doctors and provision of medication and liaising generally and passing on clinical information.

In terms of general health, specific women's health issues such as abnormal pap smears, breast problems, are managed very comprehensively by transfer to community services and we also, in the women's system, have a holistic discharge summary which lists past health problems, current health problems, things that have occurred while women are in custody and sign that out to the patient and to the local doctor, so that if they have the ability to access a health service outside they will take it with them, we hope. We have no control over actually whether they take up health services outside or who they go to, very often they do not.

The Hon. Jan BURNSWOODS: Given the amount of recidivism, what experience do you have of how well it works? When someone comes back do you pick up a good idea of what services they have accessed, the degree of continuity?

Dr SEFTON: We usually find they have not accessed a lot of services. We liaise by contacting anybody that they cite, local doctor and community health service, and get as much information as we can. That especially applies to patients with mental health problems. Over a period we build up quite a comprehensive file, which is sometimes their only medical file.

The Hon. Jan BURNSWOODS: When they are released a second time you are better prepared to plan and contact people in the relevant area health service?

Dr SEFTON: We have such a large number of people with poly drug abuse and complex drug and alcohol problems. These people often are not going to a fixed address. Very often, when they do access doctors outside, it is doctor shopping to obtain scripts for drugs. So they do not really tend to have a holistic carer. The exception would be the Aboriginal medical services which tend to provide holism in care.

It is gratifying to find that individuals have, in fact, followed up on recommendations and have contacted us. We get phone calls from some women saying, "Can you send me my pap smear result? I am at the doctors now." That information does stick and they do contact us and we do have an opportunity to follow up. Because we have no jurisdiction outside this health service, it is very hard for most of them.

Do you want to say anything about mental health discharge planning?

Dr GIUFFRIDA: A significant group are those people who are made forensic patients under the Mental Health Act and I think we said there were 19 in the last 12 months who were made forensic patients, a number of whom would come under the jurisdiction of the Mental Health Review Tribunal, who are in a position to organise and ensure long term follow up and compliance with medication. A proportion of those people go to Cumberland Hospital.

There are then a large number of people that we see for whom we arrange follow-up with their local community mental health service, and that will involve speaking with their case manager or their psychiatrist and providing follow up reports for them.

Dr SEFTON: The linkage to the methadone programs in the community will provide a very good opportunity for most people to follow up on access to blood tests and some form of point of reference in the community because people who continue on their programs will have contact with health professionals there and there will be interaction between the services.

Women comprise quite a proportion of the methadone program in prison. They only make up about 5 to 6 per cent of the inmate population in the State but about 30 to 40 per cent of the methadone program participants. We certainly have a disproportionate number, which reflects our much higher levels of need in terms of drug and alcohol, and mental health to a lesser extent.

The Hon. Dr A. CHESTERFIELD-EVANS: Can I ask about people who are abused? To what extent does that bring people into prison as a causative factor? Is it a self-esteem problem secondary to abuse or how important is it as a factor in how women get into prison?

Dr SEFTON: It is a chicken and egg sort of question, but the Department of Corrective Services has statistics on abuse and certainly about 80 percent of women in custody are estimated to have experienced some form of abuse in the past, either sexual, domestic or other types of abuse, and I think these histories would be going back to childhood for many of them and I think that it is not usually the recent episode of abuse that would lead to the sort of patterns of behaviour that we see here.

Dr GIUFFRIDA: I would endorse that figure. As you move into various institutions, whether mental hospitals or prisons, the rate of reported childhood sexual abuse goes up. There are various studies that have been done and in all of those studies around 80 percent, and even up to the 90 percent mark, will report a history of childhood sexual abuse. The other important thing is that many of these women will go on being sexually abused, physically abused and emotionally abused by other people that they come into the company with, and often they are their partners, so we often see a repeating, almost self-propagating pattern of abuse throughout their lives.

Dr SEFTON: When I look at the catastrophic histories that many of the women have in terms of their health and their social circumstances I am amazed how well they function. I mean you may not feel that they function well, but when you look at their backgrounds you are absolutely amazed at the adaptations that they have made and the progress that they have made, especially when they are in custody for a long time. It is quite astonishing.

The Hon. Jennifer GARDINER: What about women who move back into country areas in terms of their accessing medical services and so on? Is that a particular problem?

Dr SEFTON: I think in some ways probably women from country areas, especially small communities, may be a little better off than the women from large city areas because they are usually fairly well-known in the area and the contacts have already been set up. I think in some ways they are perhaps better off, but I think the disadvantage for women going back to country areas is the fact that they have been separated from their support systems and sometimes their families have been dispersed while they have been in custody. The Department of Corrective Services has attempted to address this by establishing a women's unit, a small unit, at Grafton to try and help women coming from that north coast area not to be so dislocated from their families and community services and I think in country gaols, which are mostly male gaols, there is a very high degree of liaison between the medical and corrective services and the local support systems, and I think in some ways it is easier to manage than in the city.

Dr MATTHEWS: The only thing that I would add to that is that we have not yet really mentioned the over-representation of the indigenous population, both male and female, but particularly female, and I think that, with that particular group, many of them come from the country, they are a marginalised group within a marginalised group and we believe that their ability to access the Aboriginal medical services both in the country and in the city may be not as good as their peers, for all sorts of reasons related to ostracism and shame and all the things that have gone with their previous behaviours which marginalise them within their own group, so I think they are a very special, extremely needy and extremely difficult group to get services to.

Dr SEFTON: Yes, certainly in country areas. Around about 20 or 30 percent of women in custody are indigenous - that is compared to about 1 or 2 percent in the urban area - and men, I think about 15 percent, is it?

Dr MATTHEWS: About 17. It is 2 percent of the general population of New South Wales, so there is an extraordinary over-representation.

Dr SEFTON: And it would be more in country areas, so Grafton would have something of the order of 30 percent, sometimes a little bit more, Aboriginal women. You understand I cannot speak about male inmates.

The Hon. Jan BURNSWOODS: We heard before from an official visitor who mentioned that health was one of the major issues raised with her by inmates. She made a number of points and one was that she felt that a lot of the women here had time and were in an environment where they could actually think about their health problems and get them dealt with, but she also referred to waiting lists and the kinds of resources available. We were talking about where the women would speak to her about their teeth and what she could do. Could you comment on what she was saying?

Dr MATTHEWS: The first thing is that women and men come to us with a backlog of problems. The second thing, particularly in relation to oral health, is that when you are in the community and you are using heroin you are using the best analgesic known to man, so your toothache is of little consequence. When you come to a correctional centre and you are detoxified from your opiate use, your toothache becomes your very immediate concern. Our dental waiting lists put the community to shame. In the majority of correctional centres you can get to see a dentist within a period of two to three weeks and for relief of pain it is even less. If you were to go down to the United Dental Hospital today and seek to get on their waiting list, I think you will find that, for anything other than relief of pain, the waiting list is two to three years and nobody has actually got off the waiting list for quite some time. Taking a community benchmark, I would have to say that our health program, given the nature of the inmate population, is something that we are quite proud of and I can give you some figures to back that up.

The Hon. Jan BURNSWOODS: She was not being critical.

Dr SEFTON: No. Toothache is a very immediate problem and it is one that is very acute and problematic for the sufferer, but in fact here I do not think we even have a waiting list. We have a new manager of oral health who has been in place for six months or more now and the service is wonderful.

CHAIR: In regard to waiting, if prisoners indicate that they wish to deal with their drug and alcohol problem whilst in prison, is there any waiting time? Is there any waiting time that prisoners experience when they say that they want to deal with their drug and alcohol problems?

Dr SEFTON: As I said before, we do not provide core counselling services, the Department of Corrective Services does that through its drug and alcohol program. If people want to talk about their drug and alcohol problems, trained nurses and doctors are available to talk and would refer to the Department of Corrective Services drug and alcohol program. You

would need to ask them about waiting times, but, in general, women are given appointments here by the drug and alcohol counsellors and it is left up to them, as it would be in the community, to take up their appointments, take responsibility for attending classes and workshops and counselling sessions, and the figures relating to the degree of pick-up or waiting time I cannot actually give you.

CHAIR: So that is another group of people we need to talk to apart from you?

Dr SEFTON: Absolutely, yes.

CHAIR: With regard to the issue of suicide, is that a common problem in prison and how is it managed?

Dr SEFTON: This is a multi-disciplinary problem and, as I said before, when people come into prison they are often under extreme stress with the background of detoxification and/or the background of past mental health problems, so it would be an ever-present risk I think for everybody who comes in. We have a system where, immediately after people are received, they come to the health service and are assessed and that includes an assessment of mental health risk which has already been identified by Corrective Services through their reception procedures. Those people are then referred, if identified to be at risk, to what is called a risk intervention team which meets daily to review each case on its merits or demerits and discharge or keep them under surveillance.

Dr GIUFFRIDA: I do not know the figures or whether we have actually kept figures on the percentage of women who actually do self-harm, but it is clearly much higher than one would expect in the community, and indeed more so than you would expect to see in a public hospital situation, and often the forms of self-harm are really quite severe and even grotesque. There are a small number of women who do repeated self-damage causing severe scarring and often secondary infection and have been extraordinarily difficult to manage and control in the prison situation.

CHAIR: Is delay a factor in that problem being exacerbated?

Dr SEFTON: If inmates express any risk factors of self-harm or if they are identified from past history or if staff members observe other factors that might contribute to that, that is reported. It is a mandatory reporting situation and it goes to the risk intervention team to be reviewed. In fact we have much less incidence of self-harm nowadays than we used to have because of various management procedures and identification procedures, but there are a small number, as Michael said, of people, usually with quite severe personality disorder, behavioural disorder, who will repeatedly self-harm and are very, very difficult to manage.

Dr GIUFFRIDA: I would just like to add something to that. I do not know whether it is worthwhile, but there are some figures available to us. We did an audit over a three week period in January and February of 1999 of patients seen in the clinic. There were 102 clients seen and I think at the time there were about 240 inmates in the gaol. These are psychiatric consultations alone. Of those 102 patients, 23 had schizophrenia or delusional disorders, 26 had affective disorders, 29 had psycho-active substance abuse, 34 had severe personality disorders.

There was a total of 157 different diagnoses, which indicates that there were a number of people with dual and triple diagnoses, so we are dealing with a very disordered and often severely impaired population, particularly those with serious forms of mental illness. There is a very high incidence of mood or affective disorder amongst women admitted to prison and accordingly there is a much higher rate of self-harm. This is a group of women with affective disorders who have generally resorted to various forms of self-harm when they are most stressed and, as Dr Sefton said, coming into prison itself is a highly stressful and crisis situation for them. It is also the very point at which those people who are multiply addicted to various substances are withdrawing, so it is a very volatile and unstable time in the first few days of their reception and it is not very surprising that there is that much higher rate of self-harm in that period.

Dr SEFTON: And women, compared to men, tend to take their violence out on themselves rather than others. They tend to turn their distress or aggression inwards onto themselves rather than on to others.

The Hon. Dr A. CHESTERFIELD-EVANS: It may be an unfair question, but a huge amount of resources are put into the architecture of prisons. How much behaviour do you think is related to the architecture and the prison structure as opposed to prison administration? In terms of resource allocation, obviously that is fairly important, everybody is happy to build something new and say, "Look how good it is", but nobody wants to look at changing the prestige and the way in which human resources are managed to the same extent.

Dr SEFTON: I strongly believe that the environment of the prison has a very significant effect on outcomes for women in custody. When I first came here in 1993 the grounds of this prison were dust, concrete, wire, gates and locks. There has been a progressive change to opening up the environment, improving the environment, improving the living conditions, and with that there has been a concurrent and inevitable change in the attitude of staff. I think those two things go together and there is absolutely no doubt.

When we had people visit from Western Australian prisons and we would walk through the grounds here to show them the clinic or whatever and women would say, "Hi, how are you today? Remember that thing I asked you about?" They said, "How can you walk through your grounds? If we did that in our prison, we would have things thrown at us and abuse heaped on us".

The Hon. Dr A. CHESTERFIELD-EVANS: Do you think the architecture is critical in the behavioural changes?

Dr SEFTON: I absolutely do. The women are responsible for the maintenance of the grounds. There is absolutely no doubt about it in my mind.

The Hon. Jan BURNSWOODS: You are actually making the best of some pretty rotten buildings. Architecture is probably not the right word.

Dr SEFTON: Some of them are terrible. I am talking about the environment and the way in which the environment is used as a way of living. I believe the staff have responded to that environment change as well, very definitely. There is a totally, not totally different, but there

is a progressive change in attitude with inmates and staff over the time I have been here and I believe it is strongly due to environment.

The Hon. Dr A. CHESTERFIELD-EVANS: By that logic, we should rebuild our gaols?

Dr SEFTON: If we could afford it.

Dr MATTHEWS: It would be generally true of environments other than correctional centres.

The Hon. Dr A. CHESTERFIELD-EVANS: It is true of boarding schools.

Dr MATTHEWS: Hospitals.

The Hon. Jan BURNSWOODS: Certainly institutions for people with intellectual disabilities.

Dr MATTHEWS: Exactly.

The Hon. Jennifer GARDINER: Do you, as professionals, have any input into suggesting the environment in which you would like to operate in terms of a new prison and the sort of facilities?

Dr MATTHEWS: We co-operate with the Department of Corrective Services and we are involved in their value management studies to look at new facilities. We are, of course, mostly involved in the design of the clinic and what will be the corrections health environment but in both my substantive position and in this position I get invited to sit on all the planning committees for all the new gaols and I get to have my say about things that are not strictly my bailiwick.

Dr SEFTON: I am also on the planning committees for various women's interventions and the Department of Corrective Services consult me about any plans they implement in relation to women. I am also on the Department of Corrective Services Women's Advisory Network.

The Hon. Jennifer GARDINER: In relation to the new prison up at Kempsey, you would have an input into perhaps addressing the indigenous question you mentioned earlier?

Dr MATTHEWS: Yes, we already have.

CHAIR: Is there any final issues you want to raise with the Committee?

Dr MATTHEWS: I just have one small question. I understand that you are going to Emu Plains tomorrow. Will you need to talk to our staff there in a formal way? I just feel that whilst they can answer questions about Emu Plains, if you are going to be asking them general questions, I should be there to answer questions that relate to the service as a whole.

CHAIR: We were scheduled to do that. Apparently we were going to speak with the nurse.

Dr MATTHEWS: Nurse unit manager?

Dr SEFTON: She will not actually be there tomorrow. She is at the nursing unit manager's conference in Lithgow.

Dr MATTHEWS: That particular nurse unit manager has only been appointed for a month. Whilst extremely competent, she is extremely new.

CHAIR: I am not certain that the Committee has finalised. The time allocated to this was incredibly brief by comparison to what we would normally spend on a service like yours in an ordinary inquiry. The sorts of questions, if we did meet with medical staff at other prisons, are more to be the pedestrian questions. We take on board that with global questions we would need to see you again. We may need to reconvene at Parliament House on a later occasion. I suspect it is not necessary.

Dr SEFTON: I certainly could be available to come tomorrow to Emu Plains if you wished.

CHAIR: I do not think that is necessary.

Dr SEFTON: The acting unit manager has been in the service for a long time.

CHAIR: We have left the exact program up to corrective services themselves because we are at the orientation stage rather than the detailed question stage.

Dr SEFTON: I would like to comment on one area we have not touched on. It is not the most acute problem we deal with. It is the issue of specific women's health problems, such as pregnancy.

CHAIR: We have run out of time.

Dr SEFTON: If that could be on an agenda for a future consultation with us, if that occurs.

CHAIR: I had a question on that, how you manage the treatment. Thank you for your attendance.

(The witnesses withdrew)

TRACEY ANNE ABROOK, Inmate, Mulawa Correctional Centre;

NARELLE DOREEN GLASS, Inmate, Mulawa Correctional Centre, and

CHRISTINE LEA COUPE, Inmate, Mulawa Correctional Centre, affirmed, and

LISA JANE RACHEL BUTLER, Inmate, Mulawa Correctional Centre, sworn:

CHAIR: To the best of our knowledge prisoners have not given evidence to a Parliamentary Committee before. This procedure starts off fairly formally but we want you to feel as relaxed as possible and we will try and explain the procedures to you to make them as easy to cope with as possible and we will explain them as we go along.

The people up this end of the table are Members of Parliament and we are interested in why prison have so many people in them and the best way to keep people out of them. I need to ask you to do a few formal things to start with. The reason for doing that is that when you speak in this fashion, Members of Parliament have a thing called Parliamentary privilege. No-one can take action against us for anything we say. We are extending that privilege to you today by this method. It is necessary for us to protect you legally by going through procedures. They are actually meant to protect you.

Ms COUPE: This cannot affect court cases?

CHAIR: Absolutely not.

Ms COUPE: Or escapee's reviews?

CHAIR: No. Feel free to give your evidence freely once we complete this process.

Have you received a summons issued under my hand in accordance with the provisions of the Parliamentary Evidence Act?

Ms ABROOK: Yes, I have.

CHAIR: Do you know what this inquiry is about?

Ms ABROOK: Yes.

CHAIR: Have you received a summons issued under my hand in accordance with the provisions of the Parliamentary Evidence Act?

Ms GLASS: Yes, I have.

CHAIR: Do you know what this inquiry is about?

Ms GLASS: Yes.

CHAIR: Have you received a summons issued under my hand in accordance with the provisions of the Parliamentary Evidence Act?

Ms BUTLER: Yes, I have.

CHAIR: Do you know what this inquiry is about?

Ms BUTLER: Yes.

CHAIR: Have you received a summons issued under my hand in accordance with the provisions of the Parliamentary Evidence Act?

Ms COUPE: Yes, I have.

CHAIR: Do you know what this inquiry is about?

Ms COUPE: Yes.

CHAIR: You have agreed to give your evidence publicly but if at any stage during your evidence you believe that certain evidence or documents that you wish to present should be heard or seen only by the Committee, the room will be cleared at that point. The Committee will usually agree to your request and we will resolve to move into private session.

I should warn you, however, that the Parliament has the power to override any decision made by the Committee and make your evidence public.

Thank you for visiting us today. We appreciate you giving evidence to our Committee. First of all, is there anything you want to say to the Committee?

Ms COUPE: What sort of documents were you referring to?

CHAIR: Usually it is people who make a written submission to the Committee and they want to hand that to the Committee. Is there anything you would like to ask us?

Ms BUTLER: I would like to say, will there be a change, will there be a change as a result of what we are saying?

The Hon. Dr A. CHESTERFIELD-EVANS: We hope so.

CHAIR: We hope so. It depends on what we recommend, in part, as to whether the Government agrees with it or not. We will be trying very hard to get that but the Committee does not make the decision. We write a report which the government then considers later.

Ms BUTLER: The question that has been asked a lot - people like yourselves have breezed through the gaol, have had a look for a couple of hours - anything you have seen, will there be a change, will anything be done about it?

Ms COUPE: I think she is talking about people that have looked at the gaol that have sparked this inquiry in the first place.

CHAIR: That is in part up to the evidence you give. The Committee's job is to look at whether changes are needed. We don't know whether we are going to make recommendations for change. It is up to the Government to make that recommendation. I cannot promise that things are going to change tomorrow. Something has changed --

Ms COUPE: To get here in the first place.

CHAIR: We know the conditions you live in. I have not seen the prison before.

The Hon. Jan BURNSWOODS: I have. Some of us have been here before, but quite a while ago, a few years ago.

The Hon. Jennifer GARDINER: Can you tell us what you would like to have changed?

Ms BUTLER: Okay.

Ms COUPE: Consistency in the system, consistency in the rules within the gaol are a big issue.

CHAIR: In what way are they not consistent?

Ms COUPE: It is like different courses for different horses all the time. They are supposed to follow guidelines, and yet if you go and ask one officer something, and then go and ask another officer something the chances are that it will be similar but very different and you just get nowhere, you butt heads all the time. You cannot get a straight answer out of people. There just needs to be the same rules for everybody and they have to stick to them rules and not bend them.

CHAIR: It is a little hard to understand what rules you are talking about.

Ms COUPE: For example our clothes, we are allowed to wear green, maroon and white cargo pants that we were issued from reception. I was walking around and Fats took them off me because they were not green. They were green, khaki. Ten officers will say that; ten will not. They are issued through reception officers because they are green but then they get taken off us. They sit in our property and we can not get another pair brought in because we have them in our property. Little things like that, there is no consistency in the system.

CHAIR: One of the things that we are interested in is how you are treated by the staff. Would you like to tell us anything about how you are treated in the prison by the staff?

Ms BUTLER: For example, okay, when I first came to gaol, I know I was bad, but it was only because over the last - since December I changed my attitude because I did not like work, I did not like being put in headsets, I did not like anywhere else in the gaol. I went to

education and only because of Janet, I started to open myself up talking to her, I have got an education. I have been able to show that I am not a stupid clown like I was before. It is only because if the screws have a picture of you, you are a bad inmate, what-not, they judge you on it. They still treat you bad to this day. I have trouble with holding my tongue back a lot of times.

Ms GLASS: Case management here doesn't occur. It's not there. What's the good of case management when, you know, it doesn't matter?

CHAIR: What do you think is supposed to be happening by case management?

Ms GLASS: It should be incentives. There's no incentives.

CHAIR: As I understand it, case management involves you meeting and getting to know --

Ms GLASS: Which doesn't occur.

CHAIR: Why doesn't it occur?

Ms GLASS: Because there's no communication between inmates and officers.

Ms COUPE: And some officers just aren't suitable to be case officers. Some of them are just like: "Well, you're a crim, that's it, fuck you" - excuse me, but yes, "Fuck you, why should I help you?" And there are other ones, like my case manager, I was here six weeks and she walked out and she goes, "Oh, Christine, I'm your case manager", and I said, "Yeah, I know, I've known since induction", and she goes, "Have you got any problems?" I said, "No". "How are you going?" I said, "Fine", and she goes, "Yeah, I thought you'd say that" and walked away. Then I spoke to another officer who I relate to really well and I know she'd try and help me sort through my stuff. I put in for a case officer change and she was happy to take me on, she had a free case load, like a vacancy. The other officer was happy to let me go off her case load, but they said No, and I mean I'm not going to get anywhere, I'm just butting heads - don't even want to know.

CHAIR: How do you normally get a case officer?

Ms COUPE: Oh, they issue them, you've got no choice, you're just thrown on someone's case load. I tried to get the same case manager I had last time I was here, because he's quite aware of my mum's condition and everything that's going on, but they put me back onto case load, even though he was happy to take me back on.

The Hon. Jan BURNSWOODS: Who do you talk to about something like that?

Ms COUPE: Mr Haddrick is in charge of classification, but it's done by an application form.

The Hon. Jan BURNSWOODS: But if you have a grievance you have one or other people you can talk to?

Ms COUPE: Well, you're supposed to go through the channels, yeah, but --

The Hon. Jan BURNSWOODS: And does that help?

Ms COUPE: Not necessarily, and applications are just a joke. They say put everything on an application. My medication got handed out one day when I was at court. I wasn't the one who picked it up, but they signed it out to somebody. Then when I came back from court and tried to get it I was told that I already received it. I put in an application - and it took me a week and a half to get that application anyway, you're supposed to get it the next day - and then it came back "Noted". Well, what the hell is "noted"?

CHAIR: Is it rude for us to ask what the medication was for?

Ms COUPE: Anti-depressants.

CHAIR: And had they been prescribed for you?

Ms COUPE: Yeah, by the psychologist.

CHAIR: And it was more than a week before you received it?

Ms COUPE: Before I got the application, yeah. The tablet, I had to sort of like miss a day, but that's not the point. I mean this procedure, sure enough, they get it out. When you're going to court, because you go at 4.30 in the morning, they take it out and put it in a satchel bag. You don't go and pick it up. They should staple that satchel to your file so they know you never received it, not just sign it off and say, yeah, well they were supposed to come up. I didn't have to go up for methadone and I normally get it in the afternoon, so I thought I'll get it when I come back from court. It had already been signed out.

The Hon. Jan BURNSWOODS: Tracey, are you agreeing silently with what the others are saying?

Ms ABROOK: I think there's a big breakdown in the system. You get girls stressed out about inter-gaol phone calls who put in applications. Now we're supposed to get one each a month and some girls are waiting three months.

The Hon. Dr A. CHESTERFIELD-EVANS: What, three months for a phone call?

Ms ABROOK: Yeah, I've been through it myself several times.

Ms GLASS: Inter-gaol phone calls.

Ms ABROOK: That's just across the road, inter-gaol phone calls.

Ms BUTLER: If you're partner's in gaol or your cousin.

The Hon. Dr A. CHESTERFIELD-EVANS: Inter-gaol, between gaols, where you're both in gaol?

Ms ABROOK: Yes.

The Hon. Jan BURNSWOODS: What is the delay, because people are saying No or there is a delay --

Ms GLASS: Paper work gets conveniently lost.

Ms COUPE: It takes a week to fax something from here to there, you know.

CHAIR: Are they the sorts of things that you can discuss with your case manager or the official visitor?

Ms ABROOK: The official visitor is very overloaded, I find. It's not their fault, they go from section to section, but because so many people have got so much to say I think they get overloaded by it.

Ms COUPE: And then they come and discuss it with Mrs Leyshon anyway.

Ms ABROOK: Nothing gets done about it anyway. Girls have problems about pillows, like as petty as --

Ms COUPE: Nit stuff, you've got to wait like a month to get a nit comb, and then you've got to share it around between ten people.

Ms ABROOK: Yes.

Ms COUPE: Modess pads - you know, we've waited two or three days for Modess and tampons in our wing sometimes.

CHAIR: Does that mean you haven't had them when you've needed them?

Ms COUPE: Yeah.

Ms BUTLER: I had nits in my hair at one time, okay? Now because I never went up at pills in the morning, to go and get that - actually, sorry, I did, and they told me to come back later. I asked my wing officer if I could have some nit stuff, I went everywhere in Stage 2 looking for nit stuff, then I went over here in Dawn's looking for nit stuff. Nobody had it. I went up to the annex and because I had a run-in with the officer up there I was refused nit stuff. Eventually I ended up getting it, but they shouldn't play games like that, like so what if I've had a run-in? Still I've got nits.

CHAIR: Many people who come to prison, and this may apply to some of you, have drug and alcohol problems and it would be interesting for us to find out whether the services that are provided in prison help you in dealing with those problems and help you quickly enough?

Ms ABROOK: Well, there's only one D and A at the moment for what, 260, 270 girls, and she's overloaded. A lot of girls do want to see her, but it's a very long wait, and you need consistent, like regular, one on one with them. She might be a person from sexual abuse and what not, so she can't just talk to anyone. Some girls can't relate to the worker and need a different worker. I suppose it would help some people.

Ms GLASS: We need a Koori D and A. We have indigenous people who relate with their own people. Like half the girls in this gaol do not do any programs because there aren't enough Koori workers.

Ms BUTLER: I believe that more communication with culture groups will be better for the drug and alcohol and psychological and all that, one reason being, the drug and alcohol and psychology here, they might help you and all that, but I had an issue with them - and I know a lot of other girls in this gaol have as well - you go there and you tell all, you be honest and you say, "Look, I've got a drug problem, I know this, and I still feel like I'm using" and all that, now when you go and sit for parole and what-not, that goes to parole, so you will get your parole knocked back because you're not ready to get out. Other girls will sit there, like black and blue in the face, with these drug and alcohol people and say, "Oh, I'm never going to use when I get out again, I'll never do that again", but really they're still not being honest with themselves. As soon as they get out they're going to use again, right? Still the issue hasn't been solved. Do you know what I'm saying?

CHAIR: Yes, I do.

The Hon. Jennifer GARDINER: How long is the waiting list?

Ms COUPE: When I went for Supreme Court bail I was told it would be a minimum three weeks to see a drug and alcohol worker. I went to court, got knocked back Supreme Court bail because I had not been attending D and A, because going in hard for rehab. Then when I put my court case off deliberately for nearly three months so I could continue seeing D and A so I would have a better chance at rehab, my drug and alcohol worker left and I was told I would not be put on anyone else's case load unless it was an absolute emergency and I was still waiting for another D and A worker. I did get to see one yesterday but she is not technically my D and A, she is for induction, but because she was my D and A before, I pulled her up every time I seen her and jumped on her, so I got to see her yesterday. It just doesn't happen.

Ms ABROOK: There is not enough D and A staff and psychological staff for the gaol state. There used to be 160 I remember maybe ten years ago and now there is 280 nearly and there is not enough staff, services wise, to help address the issue with the girls.

CHAIR: What is likely to happen if you have to wait for a drug and alcohol counsellor?

Ms BUTLER: You quit.

Ms COUPE: You quit. There is a time you decide to face your issues, same with psychology, and when you walk in and you are told basically that - I got asked to leave relapse prevention last time I was here. She was referring to me as a junky. I am not a junky, I am a

heroin addict and I differentiate between the two, and she basically told me until I was prepared to admit that I am no better than any other junky, which I don't think I am, I just don't have several vices to deal with. I am a heroin addict and don't appreciate being called a junky. And, yeah, I was told until I can accept it and come back with that opinion, then there is no point being there. Well, who the hell is she to say I am a junky.

The Hon. Dr A. CHESTERFIELD-EVANS: What is the difference?

Ms COUPE: I do not abuse every substance. I do not have to face the issue of pills or alcohol and the rest of it. I have an ongoing heroin addiction, and to me there is a big difference. That is my personal opinion. I am only there to work on me, not every one else.

CHAIR: Lisa, you seem to be madly making notes.

Ms BUTLER: With the drug and alcohol, we really do believe that culture organisations that can come from the outside, because they know what the background of these girls, where they are brought up and why they are doing the things they are doing now. And the psychologists and the drug and alcohol here, they have never been in our shoes, they read from books and that and they don't know how emotions are. They try and break us down and then try and build us back up. That is not how you fix the problem, because you end up quitting as soon as they break us down.

The Hon. P. T. PRIMROSE: Who helps you or do you get any help in planning for when you are leaving and what sort of things would help you stop coming back again when you do leave this place that are not there now?

Ms COUPE: They will give you a list of your local, like, needle exchanges and stuff like that. There is D and A workers their - what do you call them - community centres and stuff like that? We have no C.R.C. places to go to like the men do. Refuges, hostels, they are chock a block full. We basically get told, go out, go to social security, get your dole cheque and go to the Department of Housing and try to get money for a house. We don't have places like the C.R.C. places like the men do. We are put out on our own.

Instead of building a new gaol, why not get, especially for people who are not serious offenders, like shoplifters, driving offences, petty offences, why not set up places that can be run based on case management where you can establish contact with a D and A worker in an area where you are going to live and continue so you are building something up. If it is run on case management, it is hanging over your head. If you screw up you go to gaol, like a suspended sentence, but where the help is available. You could go out and get a job and stuff like that. We get nothing like that.

Ms ABROOK: We used to have Women at Work and they used to help ladies getting released from gaols with employment and training but I have not heard about them for a few years now. They were very helpful with women.

Ms COUPE: With the transitional centre at Emu Plains, I am an escapee, my escape was 11 years ago this September and it was corrective service provoked. I asked to come back.

They would not send me back, and it still hangs over my head. Last time I put in an escapee's review, I was told I was knocked back. This time I was speaking to Wendy Hislop, the psychologist, and I said, "Wendy, do you think I will get my review this time?" She said, "When did you do it last time?" I said, "In 98 when I was young". She said, "Well, it didn't get sent to the committee because I did not do the report on it and it doesn't go without a psychologist's report". I said, "Well, I filled in all the applications to have it sent to S.O.R.C. and the Escapee's Review Board and I was told I was knocked back." She knew nothing about it.

When I went up to Haddrick he said, "No, no", I was made a Cat. 3 and then E and this and that. I don't get to get out to Emu to try and adapt and go to transitional, yet there is other people that escaped last year and get to go.

CHAIR: Narelle, you wanted to say something.

Ms GLASS: We need preventive programs because there is so many re-offending. There is nothing for the girls that get out. There has to be assimilation back into society, something is going wrong.

CHAIR: We have been told by corrective services there are education, drug and alcohol programs, there are all sorts of health programs, and they have listed them for us, a large number. We would be interested in whether they are enough, are you able to access them when you need them and so on? You said there are not enough. Would you explain to us how there is not enough?

Ms GLASS: I am saying it is there but there is not enough workers for the amount of girls that are here.

CHAIR: Are there programs you wanted to do and you cannot get into.

Ms GLASS: My oath. I wanted to go to D and A but there is no Koori D and A worker. As an indigenous person, if I relate to Koori worker, then I think it is my right to have a Koori D and A worker.

The Hon. Jennifer GARDINER: Has there ever been one?

Ms GLASS: Yes.

The Hon. Jennifer GARDINER: That person has gone and not been replaced?

Ms GLASS: Exactly.

Ms ABROOK: Down in education, they only have 35, that is 35 full-time, I think there is 35 all up, full-time and part-time. It puts girls off wanting to do it because they come in without money and they haven't got family with money so they have to go to head sets or nursery and they are pushed, you put this out. Their wages is a lot better than the full-time education system.

Ms COUPE: It is $13 a week or something.

Ms ABROOK: It has not had an increase in a long time.

Ms COUPE: Once you have been there four months you get a maximum of $21 or something and they charge you $16 for a packet of - your toiletries and shampoo is $10 a bottle. It is ridiculous.

Ms GLASS: Girls that show the incentive to do this should be rewarded more or less.

The Hon. Dr A. CHESTERFIELD-EVANS: It is much less than the other jobs and very low compared to the cost of buy-ups.

Ms COUPE: You cannot live on education alone.

Ms ABROOK: You cannot. It is difficult.

The Hon. Jan BURNSWOODS: Did you have to go through a waiting list or is education easy to get into?

Ms ABROOK: For me it is. Over the last decade I have been doing full-time education. I work seven days a week. I do permaculture, painting and decorating, carpentry, computers, desk top publishing. I go all out. There is a lot of girls that would like to do education but there is courses there that will not benefit them and will not help them. You can get heaps of certificates and still keep coming back into the system because you have no training. You have the qualifications but no training or experience.

The Hon. Jan BURNSWOODS: It does not help you get a job?

Ms ABROOK: I tried two months straight and it did not help me. I keep trying to do different ones and it is not a wide enough avenue. There should be some types of workshops for girls, something different.

Ms COUPE: The men next door, on the way out, on the right-hand side, you can see the C.S.I. where they do the carpentry and build furniture and stuff. We get to make jewellery boxes and stuff together out of scrap wood. It is fun and everything but --

CHAIR: You would like access to what they call non-traditional, industrial type work?

Ms COUPE: Just something more than winding wires and changing ear muffs on head sets and potting plants.

Ms ABROOK: That is repetitive and boring.

Ms COUPE: Very boring.

Ms ABROOK: Emu Plains does not have that. They have something like ten full-time educations. The girls that do get stuck into their education in here and do make it out there, they have to give it up.

Ms COUPE: You cannot continue it.

Ms ABROOK: They have to give up and work on a slave labour wage what the gaol pays.

CHAIR: Can I change the topic a little, and ask do any of you have children? How is access to your children? Would you like to talk about visitors and family having access to you?

Ms ABROOK: It's not very good here.

Ms GLASS: We used to have outside visits and now they're inside and they're restricted. You have to sit down.

Ms ABROOK: You can't restrain your child sitting in a chair for an hour and half and things like that. If they need to go to the toilet, your visit's up, as simple as that.

Ms GLASS: It's inhumane.

CHAIR: That is the end of the visit.

Ms ABROOK: Yes, and they're finishing you up earlier than when the time's up.

The Hon. Jan BURNSWOODS: What sort of room do they use?

Ms ABROOK: We're all crammed into the visitor's section down there.

Ms COUPE: One difference is with our tables and chairs. We've got to sit on a big chair, visitors sit on a white chair.

Ms ABROOK: You can't get up and play with your child.

The Hon. Jan BURNSWOODS: How many women are seeing their children at once?

Ms COUPE: 24, 25 tables, and a maximum five adults, isn't it?

Ms ABROOK: Four adults. A lot of kids get injured with the Coke machine. Like I'm not saying take the Coke machines out, but they do get injured, their hands get caught and that, and you're expected to sit down and watch. You can't watch little children by sitting down, you've got to be always with them.

CHAIR: Are you people all in the same wing or centre?

Ms ABROOK: No.

CHAIR: Do the visiting arrangements change, depending whether you are --

Mr COUPE: No, it doesn't, it's all the same.

CHAIR: Everybody visits at the same place?

Ms COUPE: Yes.

Ms ABROOK: We used to have the outdoor area where there's a play-set and all that for the kids, but that was probably four or five years ago, six years ago.

Ms COUPE: Yeah, a long time.

The Hon. Jan BURNSWOODS: Is there any difference between the age of the children?

Ms COUPE: No, only for all day visits, you get all day visits once a week on Mondays. Once they turn 16 - no, I think it's about 14, isn't it?

Ms ABROOK: Yes.

Ms COUPE: 14, you can no longer have all day visits with your children.

Ms ABROOK: And a lot of people don't want their children missing days at school every month.

The Hon. Jan BURNSWOODS: Mondays.

Ms ABROOK: Yeah, Mondays, it's a very important day for the children. We also need like more transitional centres. There's only one at Parramatta. We need them to be in other regions, like up the coast and down the coast when people get released back out into those areas. They're just being released straight out.

The Hon. Jan BURNSWOODS: Where do you all come from?

Ms ABROOK: I'm a Sydney girl.

The Hon. Jan BURNSWOODS: What about the rest of you?

Ms COUPE: Port Macquarie.

Ms BUTLER: Campbelltown.

The Hon. Jan BURNSWOODS: Narelle, where are you from?

Ms GLASS: Redfern.

Ms COUPE: But up and down the coast there's nowhere to establish links before you get out, it's get out and find somewhere.

Ms ABROOK: Maybe if they re-introduced remissions also, it's an incentive to try and get there.

Ms BUTLER: Can I say something please?

CHAIR: By all means.

Ms BUTLER: Well, you know about education and that, right? We've been talking about programs and all of that. We've just put out a Mulawa magazine and we've noticed a lot of girls have got talents: They can write poems, they can sing, they can dance, they can act, what-not, right? So we asked the teachers could we have a course on media, movie, drama and music and they said No. They gave it to me to go around and ask all the girls what course they wanted kicked out so this one can fit the budget, you know you've got a budget and all that, and so what I had to do was go and ask the girls what course they didn't like so we could put this course in. If we've got courses like that, you know, there'll be an outcome of it, girls will benefit off it and, you know, they won't have to go out and pick up where they left off last time, they've got something they've picked up in gaol and maybe they can, if they really want to do it, pick it up again when they get out.

CHAIR: Could I ask you what is probably a hard question, but one which I think some people who elect us would want us to ask: Why should the community bother at all, given that you have done the wrong thing? Why should they make the effort?

Ms BUTLER: Well, if there's a problem with criminals on the streets because no one gives us a chance, that's why we keep going back out there, because everyone wants to be negative and we're going to react negative. If they're going to start being positive, you know, maybe a positive outcome will come out of it.

Ms ABROOK: You've got to rehabilitate them, you just can't try and correct - all right, you can throw us in gaol, but if we go back out with the same frame of mind and we're still going to the same way of living, like there are people that are homeless who maybe stole a car to sleep in it and lots of other things like that, so if they want to improve the current population, then they have to look at doing something about it.

Ms COUPE: They need to find alternatives to custodial sentences in the first place and work on the problems before you become habitual.

The Hon. Dr A. CHESTERFIELD-EVANS: But what would you want us to do?

Ms GLASS: Preventative programs.

The Hon. Dr A. CHESTERFIELD-EVANS: What does that mean?

Ms GLASS: You do not go straight into society. There is a place --

The Hon. Dr A. CHESTERFIELD-EVANS: You are talking about coming out now, are you?

Ms GLASS: Yes, between being released from full-time gaol straight back into society. Girls have to learn to cook, there are young girls that can't cook, there are young girls that can't clean, they have no basic idea on how to survive in life, so it's just living skills. There has to be a place where living skills are practised and learned.

Ms COUPE: But I think that should be available before full-time custody becomes the last option, like yeah, the same thing, so out and before you come in.

The Hon. Dr A. CHESTERFIELD-EVANS: So what would you ask for. Do you need housing?

Ms ABROOK: Housing is a big issue.

The Hon. Dr A. CHESTERFIELD-EVANS: Did you have housing before you came in?

Ms ABROOK: No.

Ms BUTLER: I lived with my parents.

Ms GLASS: It is just general living skills.

The Hon. Dr A. CHESTERFIELD-EVANS: Did you have trouble meeting your bills?

Ms GLASS: I don't, not myself, but --

Ms ABROOK: I couldn't access a psychologist for myself personally and that's why --

The Hon. Dr A. CHESTERFIELD-EVANS: That was for a drug problem, was it?

Ms ABROOK: No, it was more that I couldn't relate with my mother and things like that. I had my own housing, but I wasn't coping, so I went to my mother's, and I couldn't access a psychologist out there and I had probation and parole assessing just what was happening and I ended up back here again. I just lost the plot.

The Hon. Dr A. CHESTERFIELD-EVANS: You had been in before and probation and parole couldn't support you when you were out there?

Ms ABROOK: Well, I was doing well, I kept out of trouble for 18 months, 16 or 18 months, and I was doing well, and then I went into a depression, I wasn't taking my medication and I ended up back here because I couldn't cope. There needs to be other avenues, somewhere to go, like someone else to talk to, because it's not working. Probation and parole might do their best, whatever, but you be honest with them and you end up back in gaol - a lot of people do.

The Hon. Dr A. CHESTERFIELD-EVANS: But do probation and parole support you very much or very well?

Ms GLASS: I had my parole breached for not notifying change of address and failure to report, you know, and I had not re-offended.

The Hon. Dr A. CHESTERFIELD-EVANS: So you just got breached and went straight back in?

Ms GLASS: Yes, my oath.

The Hon. Dr A. CHESTERFIELD-EVANS: How long for?

Ms GLASS: Nine months, and they've sat on me twice and I've been refused. I've done everything. I've got reports from this gaol, everything was excellent, and I had employment, but it doesn't matter.

CHAIR: You had employment when you were breached?

Ms GLASS: Yes.

The Hon. Dr A. CHESTERFIELD-EVANS: You had accommodation and employment?

Ms GLASS: Yeah.

The Hon. Dr A. CHESTERFIELD-EVANS: But you didn't report, so you got done for nine months?

Ms GLASS: Yes, more or less, because they had a fear of me re-offending, but I was going to go to Padstow tech and do horticulture.

CHAIR: Is it fair to ask you why you didn't report?

Ms GLASS: I was my own worst enemy, I took my parole for granted, you know?

CHAIR: We are a little caught for time, but there is one other question we need to ask you: Are you familiar with the Ann Conlon wing? Do you know what that is or have any of you been there?

Ms GLASS: Yeah, it's hell.

CHAIR: One of the things we are inquiring into is whether that should be knocked down and replaced by a new prison at Windsor. Do you people have any opinion about that?

Ms ABROOK: What will happen with this gaol here, will it be not for women?

CHAIR: The rest of the gaol would be, but the Conlon wing would be knocked down.

Ms COUPE: Well, Conlon is atrocious, for a start.

Ms ABROOK: Yeah, but Conlon holds what, 60 women maximum, 50, and it's a 450 bed gaol, isn't it?

Ms RHIANNON: No, 200.

CHAIR: There would be more places made available in the new gaol, but we just wanted to know: Do you think it is important to get rid of Conlon and replace it with another gaol at Windsor?

Ms ABROOK: I think if you knock down Conlon and build an upgraded thing like you've got here, but not a whole new gaol.

CHAIR: If you were sent to Windsor instead of being here, would that be a problem for your family and friends who visit here?

Ms ABROOK: Yes.

Ms GLASS: Yes, my oath.

Ms COUPE: For a lot of women it would be.

Ms ABROOK: A lot of people have to travel far distances as it is.

The Hon. Jan BURNSWOODS: Christine, if you were at Kempsey, would that help you, being from Port Macquarie?

Ms COUPE: Yeah, well, I was going to put in for Grafton anyway because it's close to my mother.

The Hon. Jan BURNSWOODS: So Kempsey would be better for you?

Ms COUPE: Oh yeah, yeah. The only time I get to see my mother now is when she comes back down to St Vincent's, because she had a lung transplant and that, so the only time I get to see her is if she's got to go back to the hospital, but then there's the issue of whether it will be maximum or not because I'm an E classification.

CHAIR: When people come and visit you, what transport do they use?

Ms COUPE: Well, my mother gets flown down by the Westpac helicopter when she comes and St Vincent's gives her a taxi voucher, but like I put in for special visits and that and they say yeah and then on the day, "We don't have the officers". The same as when she had double aneurisms taken out as well and it's like, "Yeah, you can go to the hospital and visit her", and on the day, "Oh, we haven't got officers".

CHAIR: How do your visitors get here when they come here?

Ms GLASS: Auburn station.

CHAIR: Do they drive or do they catch public transport?

Ms ABROOK: Public transport.

CHAIR: What about yours, Narelle?

Ms GLASS: Sometimes they walk from Auburn station.

CHAIR: From Auburn station?

Ms GLASS: My oath.

CHAIR: So they catch the train and they walk from there?

Ms GLASS: Yeah, my oath.

CHAIR: And how do yours get here, Lisa?

Ms BUTLER: I haven't really asked them.

CHAIR: Okay, that's all right. Well, we're kind of caught by time. We have to see another group of people who are inmates too. Can I thank you for the contribution you've made by agreeing to come and speak to us. In the near future we will give you the transcript of what has been said and I guess all of us want to wish you all the best for whatever the future holds. When you go back, if there is anything that you think you should have said, feel free to write that down and send it back to us because we would like to hear from you.

(The witnesses withdrew)

UNCORRECTED PROOF

[INMATE 1], Inmate, Mulawa Correctional Centre;

[INMATE 2], Inmate, Mulawa Correctional Centre;

[INMATE 3], Inmate, Mulawa Correctional Centre, and

[INMATE 4], Inmate, Mulawa Correctional Centre, sworn:

CHAIR: We, as members of Parliament, have Parliamentary privilege. We can speak whatever we believe to be the truth and no one can take action against us at all. By swearing you in as witnesses before this Committee, you have that privilege too while you are here speaking to us.

[Inmate 1], have you received a summons issued under my hand in accordance with the provisions of the Parliamentary Evidence Act?

[INMATE 1]: Yes.

CHAIR: Do you know what this inquiry is about?

[INMATE 1]: I do.

CHAIR: [Inmate 4], have you received a summons from me in accordance with the provisions of the Parliamentary Evidence Act?

Ms ASHWORTH: Yes, I have.

CHAIR: Do you know what this inquiry is about?

Ms ASHWORTH: Yes, I do.

CHAIR: [Inmate 2], have you received a summons signed by me under the Parliamentary Evidence Act?

[INMATE 2]: Yes.

CHAIR: Do you know what this inquiry is about?

[INMATE 2]: Certainly.

CHAIR: [Inmate 3], have you received a summons issued by me under the provisions of the Parliamentary Evidence Act?

[INMATE 3]: Yes, sir.

CHAIR: Do you know what this inquiry is about?

[INMATE 3]: Yes, sir.

CHAIR: If you consider at any stage during your evidence that, in the public interest, certain evidence or documents you may wish to present should only be heard or seen by the Committee, the Committee will usually agree to your request and resolve into private session. I should warn you, however, that the Parliament has the power to override that decision and could make your evidence public. It does not happen very often, but it could and I need to warn you of that.

Is there any anything any of you would like to say before we ask you questions?

[INMATE 3]: Can you speak slowly? English is not my first language. Forgive me, sorry if I don't speak very good English.

CHAIR: That is perfectly all right. I am nervous and that is why I am speaking quickly. Is there anything else that any of you want to say without us asking you questions first?

Would any of you care to describe for the Committee the processes which you went through in order to get into the gaol? You do not have to answer that question but we would be interested if any of you would wish to volunteer the information.

[INMATE 1]: By process, you mean the offence?

CHAIR: It could be, or just simply where were you caught, where were you, what was it like when you arrived here, so on. Paint a picture for us.

The Hon. Dr A. CHESTERFIELD-EVANS: What led up to it?

[INMATE 1]: I suppose I do not mind saying that. I was living in Taree, I had six children and I am in here because of an allegation of conspiring to murder my husband. I came in in 91 and my first impression of Mulawa was nothing short of horrific and it is nice to see that there has been some considerable improvement within Mulawa.

I was at Emu Plains for some five years and I came back to Mulawa in September and I never thought I would ever say I was happy to be back at Mulawa, but believe me I was. There has been a lot of changes, and for the better, but obviously there is still changes that would help even more so. I just think gaol is rather daunting.

CHAIR: The length of time you have been here is helpful. It colours you for the Committee, because we have never met you before.

Ms ASHWORTH: I am in here over $50, and I have been here for four months awaiting a trial.

The Hon. Dr A. CHESTERFIELD-EVANS: You are on remand?

Ms ASHWORTH: I am on remand for $50.

The Hon. Dr A. CHESTERFIELD-EVANS: How did you manage to get -

Ms ASHWORTH: The $50 was over me wanting to get drugs and my partner said, "No, you are not getting drugs", and he threw the guy out of his flat and we have been charged with robbery in company which is an indictable offence, quite serious. I have had the charges dropped to I am stealing and he is assault. I front sentencing on March the second and I have to wait for a pre-sentence report. The procedures take a hell of a long time to go through. By the time I get there it will be time served, I will be going home, I hope, then again it may not be. So it is sort of like in shock and you lose a hell of a lot.

The Hon. Jan BURNSWOODS: This is your first time?

Ms ASHWORTH: Yes. I have had to deal with my parents, my children, my home. I have lost everything coming in here over $50, but I am making the most of it.

The Hon. Jan BURNSWOODS: Can I ask how old are your children?

Ms ASHWORTH: 18, 13 and 5.

The Hon. Jan BURNSWOODS: How are they being looked after?

Ms ASHWORTH: My 18 year old is a super girl. She did her HSC plus running a business at the same time and she is looking after my two kids.

The Hon. Jan BURNSWOODS: Where is that?

Ms ASHWORTH: Byron Bay, a long way away. She does make trips down to see me.

The Hon. Jan BURNSWOODS: With the younger ones?

Ms ASHWORTH: Yes.

[INMATE 2]: Like [Inmate 1] and [Inmate 4], I am not from Sydney, I am from Canberra. There are problems obviously with regard to visits and that sort of thing, coming here, not only into gaol. I was 43 when I came into gaol the first time ever and that is daunting enough.

CHAIR: Is this your first time?

[INMATE 2]: Yes, 18 months, which is the beginning of a 12 year sentence. Being torn from your family and friends it is a totally different background. This was alien to me, the people here, everything about it. I had never had anything to do with drugs or - it was horrible, horrible, and there is no preparation for that, obviously. There is nothing here to assist you either.

There are, I think, programs set up for the Koori women, people who have a drug problem, people who have mental problems. To a point there is some areas here where those

problems can be addressed, but if you are just an average sort of person, there is nothing. You are just thrown in and left to it. It is very hard.

CHAIR: [Inmate 3], did you want to say anything?

[INMATE 3]: Yes, I came for holidays and I went to a hotel to pick up a karaoke machine, supposedly, and some drugs were inside this machine. So I am charged with knowledge of this affair and is also my first offence. I have never been in gaol in my life. I am from Spain, so is also a big shock when I came in and lack of communication for the language barrier and also all my family is in Spain and no visits. It is very difficult. It is very difficult.

The Hon. Jennifer GARDINER: How long have you been here, [Inmate 3]?

[INMATE 3]: Ten months and I go for trial on 15 May. When I go for trial I will be 13 months on remand.

CHAIR: One of the questions we were interested in is how you were treated by the staff. Would you like to talk about how inmates get on with staff or case management?

[INMATE 3]: My case manager, I am lucky, she is a nice officer and she takes quite good care of me. I have no complaints about her. The staff - some are nice and understand and others, nothing. No communication. They just treat you like a number, not like a person and I think there is many different people and many different levels of education and background and also our behaviour, and they do not take in consideration many things they just go, go, go and they put everybody in the same bag and it is not like that. Some others, yes, they know who is who and they make a little difference so the treatment is better.

CHAIR: Has there been anybody on the staff, in your case, [Inmate 3], that speaks a language other than English fluently? Is any other person on the staff able to speak Spanish or some other language to you fluently?

[INMATE 3]: I speak six languages and English is the worst but in the staff is only one officer who is from South American. I know who he is but I never had contact because he is not in my area. There is another officer who speak French, so sometimes we speak French together, because he says he do not want to forget French. But just like that.

Ms ASHWORTH: [Inmate 3] does a lot of translating for other inmates. We have to get [Inmate 3] to get the translating done.

The Hon. Jan BURNSWOODS: I met two Spanish speaking women this morning in the education centre from South America but one of them spoke hardly any English.

[INMATE 3]: Yes.

CHAIR: [Inmate 4], did anybody else want to talk about staff, case management and so on?

Ms ASHWORTH: I get to the point sometimes where I think an animal gets treated better in a zoo than we do here. I would rather be an animal in a zoo and you get treated better.

CHAIR: I guess we need to ask you why.

Ms ASHWORTH: We are a number basically, society rejects that are treated badly. Lunch - every day same bread roll. I give my dog more variety food. You ask any inmate what their lunch is like.

The Hon. Jan BURNSWOODS: So what do you get?

Ms ASHWORTH: We are supplied with food at night time that we are able to cook for ourselves. I am in a wing where we eat really well because we do it ourselves. It is just too difficult to get good food together, I suppose, and get it delivered to us.

The Hon. Jan BURNSWOODS: What do you get for lunch?

Ms ASHWORTH: Bread rolls and cheese and bread rolls.

[INMATE 3]: Bread rolls.

Ms ASHWORTH: They are horrible.

CHAIR: We saw them on the way here.

Ms ASHWORTH: I try to buy Saos and cottage cheese, but I cannot afford to buy them because of the money I get because I am doing education. I do not get enough money to buy toiletries and tobacco, let alone a lot of food. I cut down on my smoking as much as I can but I am worried all the time, worried about my kids, worried about my father, I am worried all the time, so I am smoking more. It is just difficult.

CHAIR: What about case management.

Ms ASHWORTH: I have met her once, seen her once, "You are fine. See you later", after I was here about two months. "I was wondering when you were going to show your head". I heard about people having a case manager. I thought I did not get allocated one. I have seen her once.

The Hon. Dr A. CHESTERFIELD-EVANS: Does a case manager manage your whole life and say this is where you are? Do they manage your classification while you are in here? What is a case manager supposed to do?

Ms ASHWORTH: She said, "What are you doing here?" I said, "I am at school. I am doing these subjects". I have involved myself in the gaol by looking at what is happening in the wing. I do some meetings. I try and do some exercise for myself, try and get time out and look after myself, and because I am responsible for myself, she has seen that and said, "You are fine. As long as you are okay". You might not be and you just say it to get rid of them. Usually you

think, "Oh, I am in trouble again. It is an officer. The less I have to do with them the better." You never know if it is going to come back on you.

[INMATE 1]: A lot of things you tend to tell them in confidence are leaked. Even if an inmate is feeling a bit stressed about something, and it is very difficult to find anyone to speak to within the system, they are told go to your case officer, if they are lucky enough to be able to find their case officer, and in their stressed state might say something. That is used against them.

I have seen girls being put in the safe cell when it was totally unnecessary, totally unnecessary. I, as you know, was in the system prior to the case management and believe me it was better before that. We are not here to know what you are in gaol for. I remember when Mr Smedhurst, when he was Commissioner, he opened our chapel here, and his words ring in my ear to this day and always will, and I hope one day it will come back and will be able to use that, "Our punishment is being placed in gaol. We are not put in gaol to be punished". I wish someone would get it right.

The Hon. Dr A. CHESTERFIELD-EVANS: It has been quoted in the submission from Mr Keliher to us in this inquiry.

[INMATE 1]: That was lovely. Thank you for sharing that. Whilst there is some very decent officers here at Mulawa, management had changed from when I left here in 95 to coming back here in 99. Since Mrs Leyshon became Governor, very decent lady and has her head certainly with the issues that women face within the system, and I thank the Lord for Mrs Leyshon, but I can see her uphill battle, because her staff are relatively good but there are some that are obviously a bit difficult. You only need one bad apple to spoil a whole bunch.

Case management, I will go back to that. I think it is just another tool for the staff. Believe me, I do not have too much time for them. I have yet to see them do any good for anyone. Other than them sitting in their little session talking about inmates and their crime and discussing things which really they have no business talking about, they do very little and if your face fits you are right, if it doesn't --

[INMATE 2]: Could I elaborate on that, what [Inmate 1] said about the staff? I am the clerk at Reiby, which is the building that houses the IDS staff and I agree mostly with what [Inmate 1] said, a lot of girls are getting nothing out of anything due to one thing - they are so short staffed. There is just not enough staff. I make all the appointments for the inmates to have access to all these women, psychology, welfare and drug and alcohol counselling, and I have to say to some of the girls that come in every day, "I am sorry, there is nobody to see you. You cannot see a welfare officer, you cannot see a drug and alcohol counsellor."

CHAIR: What happens if you cannot get to see a drug and alcohol counsellor?

[INMATE 2]: I can only say, "Go and speak to the programs manager."

CHAIR: What happens if the answer is still "no"?

[INMATE 2]: He cannot actually say to them, "Yes, you can/No, you cannot", because the people physically do not have the time to see the girls.

The Hon. Dr A. CHESTERFIELD-EVANS: They are fully booked?
CHAIR: What do they do when they are waiting?

[INMATE 2]: Initially they get frustrated and angry, usually at me, every day, and then they may resort to either self harm or violence towards somebody else or repeating the behaviour that has probably got them here in the first place.

CHAIR: What happens as far as their drug taking is concerned?

[INMATE 1]: If they can find it, they will take it.

[INMATE 2]: If they have welfare issues they need to deal with, girls trying to get out on bail, for the sake of a phone call, almost every day, a girl could be walking out of those gates and you have a drug and alcohol officer in there saying, "No, I won't do that".

CHAIR: Why would they be walking out, for the sake of a phone call?

[INMATE 2]: Bail, getting bail. We have a real problem where apparently Corrective Services is supposed to be responsible for making the moves that get the inmates out on bail, but they refer the girls to welfare. They come into welfare and then I have to say to them, "Look, I'm really sorry, you must see the area manager". They get moved around from pillar to post, getting nowhere fast. They are getting angrier with me every time they come in and, for the sake of a phone call, quite literally, they could be leaving.

The Hon. Dr A. CHESTERFIELD-EVANS: Couldn't they just be given 30 cents and shown a phone?

[INMATE 2]: No, it doesn't work like that. The phone system here is that you have a set amount of numbers that you can call and that is all you have access to. To physically pick up a phone and make a call, those numbers are programmed in. You can't ring Social Security or the Department of Housing or DOCS or make a phone call to get yourself out on bail, or whatever the case might be, you have to get that through somebody else.

The Hon. Dr A. CHESTERFIELD-EVANS: But wouldn't the numbers be your family contacts that would help you to get the bail?

[INMATE 2]: In that case, perhaps, if you have money in your phone account, and that only goes in once a week.

[INMATE 3]: And if you have family here.

[INMATE 1]: Yes, a lot of people don't have family.

The Hon. Dr A. CHESTERFIELD-EVANS: So you have no one to phone?

[INMATE 1]: That's right.

The Hon. Dr A. CHESTERFIELD-EVANS: So who would you phone if you were arranging bail?

[INMATE 2]: In a lot of cases you may have to speak to a parole officer outside. If you are getting bailed to a rehabilitation centre, for instance, if you are being sent to Salvation Army rehabilitation, the drug and alcohol staff here don't assess those girls, they won't have anything to do with it. The girls are frantic, waiting, knowing that somebody may be coming that day to get them and with no way of accessing those people to see if they are coming. It is horrible, it is such a waste of time and, as I said, for the sake of a phone call.

The Hon. Jan BURNSWOODS: So that is your full-time job?

[INMATE 2]: I work 40 hours a week for $35.

The Hon. Jan BURNSWOODS: And you are paid more than most, are you?

[INMATE 2]: No, I am the lowest paid clerk in the gaol.

CHAIR: It may not be relevant to you, so feel free to say, "Look, it's not our scene", but we need to know something about the drug and alcohol programs in prison as to whether they are sufficient and adequate to meet needs, and we are happy for you to comment about those.

Ms ASHWORTH: I'm a drug addict and I've had one NA meeting - Narcotics Anonymous meeting - in the four months I've been here. Even at the meeting it is really difficult to share anyway. Anything I say may be used against me as a prisoner in the system anyway when I share, so I really need the support of the drug and alcohol counsellor. I get to see her once a month. I'm lucky if I get to see her once a month because my needs are not priority. A new girl who comes in has priority over me because I've been here longer and I've learned to cope. If they're desperate, they get first choice. She is fully booked. There are up to 300 women in here and one or two workers in the drug and alcohol area. It is just hopeless.

[INMATE 2]: We have two drug and alcohol workers in Mulawa. One does not see the women, she only effectively sees the women coming through induction. The other drug and alcohol worker is the only person that the women in the main part of the gaol have access to and you are looking at 260 to 270 inmates who have access to one drug and alcohol counsellor.

Ms ASHWORTH: I've got a book; I read that. I'm doing gaol and rehab at the same time. I'm better off at school and just forgetting about it. I'm just left high and dry. If I wanted to get into rehab, the one I want to get into, I said, you know, how am I going to go about this? I've already got myself motivated. If I can do it in gaol, I can do it outside, so that's where my head is at, but I just think, if there are more gaols, are we going to be locked down without staff, less staff?

CHAIR: Do lock-downs prevent you from getting programs?

Ms ASHWORTH: Yes.

CHAIR: So have you missed appointments as a result?

[INMATE 3]: Yes.

[INMATE 2]: Yes, that does happen. If there is a staff meeting called and the gaol is locked down, or other reasons for a lock-down --

[INMATE 3]: Paranoia of escape.

[INMATE 2]: Yes, everybody is locked in and appointments are just gone, and that may be with a psychologist or a drug and alcohol counsellor. That appointment is just gone and it is very difficult for the worker to catch up if they have missed a half a day's worth of appointments.

CHAIR: Is there any priority given to people who have missed appointments as a result of that?

Ms ASHWORTH: No.

[INMATE 2]: No. If a girl comes in who obviously needs support, then I will approach one of the women. If it is obvious that they really do need attention, then yes, they will get it, but that is not very often.

Ms RHIANNON: Are drugs readily available in prison?

[INMATE 1]: Yes. I am not a drug user, I detested them and I hate them even more now. People who do not use drugs, we have paid over and over again because we are minority. People who are using drugs are a very big problem to staff and inmates and we are looked at with suspicion. When I first came into the system, because I did not use drugs - and I was very much in the minority - I was bashed. I was told I was an undercover screw, I was an undercover cop, because I was so different. I had no help from staff, IDS staff. They don't want to know about it. You've got to try and cope with it the best way you can. I had a choice and the choice was given to me: Use drugs and you'll be right. You won't get through your sentence, it's a long sentence, 12 years on top, 10 on the bottom, no one does a long time in gaol without ever using drugs and I chose to do it the hard way. I didn't take drugs and I've done very, very difficult gaol because of that, plus you're alert, you see what you see and you hear what you hear and it's quite distressing. I'm not only talking of inmates, but officers as well, and because they know you know, you see, you are going to be victimised because they are scared of what you might say, so you are set upon and they will try to destroy you or discredit you in whatever area they can.

The Hon. Dr A. CHESTERFIELD-EVANS: "They" being the other inmates?

[INMATE 1]: And officers.

The Hon. Dr A. CHESTERFIELD-EVANS: Officers too. Are they involved in the drug trade?

[INMATE 1]: Yes.
The Hon. Jan BURNSWOODS: [Inmate 2], do you want to add anything to that?

[INMATE 2]: By "drugs", I feel [Inmate 1] is - I hope - not just referring to heroin, et cetera, but the medication that girls have as well is being passed around the gaol.

[INMATE 1]: And the girls are stood over for it, and there is a new arrangement where a lot of inmates will not go to pick up their medication because they are stood over. We have a system here - I don't know if you've already been told, but please tell me if you don't want me to go over it again - where each area has a set time that they go to get their medication. The girls go to the window and pick their medication up and go back to their respective areas. Girls usually go along with those girls and when they get their medication they are there and they take it from them, so a lot of girls then choose not to go to get their medication because they're going to be stood over anyway. There has to be another way, possibly where the medical staff take the medication to them rather than the girls having to go there, therefore you don't get this. They used to do it that way.

Ms ASHWORTH: They have cut back staff, there are not enough medical staff to deliver it to the wings, so they have to go to the window, everybody sees what they are getting and they say, "Oh, you're getting that, can I have half of that? If you don't give it to me, I'm going to pound your head in", so you get stood over or beaten up.

[INMATE 1]: And the same with methadone.

[INMATE 2]: Good trade in methadone.

[INMATE 1]: Yes. I was asked when I first came here for a bowl and a handkerchief and I said, "Well, who wants this", and they mentioned the person's name and I again queried why they needed that and this girl said, "Are you stupid or something? Don't you know?" Because they'd cracked down on the methadone taking, the girls had to swallow it in front of the staff and they made the girls go around the corner and put their fingers down their throat and they vomited up and strained it through the hanky and into the bowl and then they drank it, the methadone. It's horrific.

[INMATE 2]: They put cotton wool in their mouths.

[INMATE 3]: Tampons.

Ms ASHWORTH: Yes, and that's every day because I find the tampons out of the methadone room, I see what they left behind.

CHAIR: In terms of the drugs that are passed around in gaol, are these methods of obtaining in-house medication the most important source of drugs in the gaol or are there others?

[INMATE 1]: It comes in in truck loads.

[INMATE 2]: I would say probably half the visits each weekend are related to obtaining drugs.

[INMATE 1]: Not only visits.

[INMATE 3]: Staff.

[INMATE 1]: It's hard to believe, but --

[INMATE 2]: Visits are a nightmare, weekends are a nightmare if you are not in the drug scene because the girls are running around the gaol off their faces, fighting. It's a nightmare.

Ms ASHWORTH: And if they don't get the drugs in, they are even angrier.

[INMATE 2]: Yes, that's true.

Ms ASHWORTH: If they couldn't get their drugs, they're off and they're fighting and carrying on and it's even worse.

[INMATE 2]: They have promised some of these drugs to other girls and when those girls don't get it they think the first girl either lied to them or had got it and not shared it and then there are fights and, if they have paid for these drugs beforehand and not got it for whatever reason, there are more fights. It is terrible.

The Hon. Jan BURNSWOODS: So what do you do, stay out of the way?

[INMATE 2]: [Inmate 1] and I are in a wing which is the granny wing. It was established last year for inmates 40 years and over. It is supposed to be a quiet place and nine out of twelve women in that wing are in that age group and doing a long time, but they keep putting one or two odd girls in there, I think for special reasons - they feel that we, as more mature, responsible women, can look after them - and included in those one or two we have the odd drug user. When you have someone like that living with you, that attracts other drug users and you don't have that quiet place any more.

[INMATE 1]: I just happened to hear one of the girls they put there that is this type of person and, because of the trafficking that was going on, we tried to say, "Well, look, when your visitors come, rather than let them know we realised what they were doing, would you please sit outside the wing", and we did it with our visitors, if anyone came, no matter what, we would sit out there trying to set an example and I heard this particular girl say to a couple of her young friends, "We can't go in there because these old geriatrics", you know, "just don't want to know". They were referring to us as geriatrics and I thought, okay, if that's what we are, that's what we

are, but it's very hard because that puts more pressure on us because then we get the flack from these girls saying, "Who do you think you are?" They feel that we're acting a little strangely, but we just want to get away from them. I've done nine years and if I never see or hear of drugs again in my life, I won't mind.

CHAIR: We might leave the issue of drugs for a moment, unless any of you have some questions. We are going to revisit it in a moment or two, but I wanted to talk about visits. It is said to be important for you to maintain contact with your family and for your family, particularly young children, to keep in contact with you. Can you explain to us whether visits, in the way that they are conducted in this prison, are a difficulty or otherwise or are they good?

[INMATE 2]: Absolutely. You know who it is worse for. It is bad enough for us, the procedure we have to go through, being stripped, put into overalls that are extremely uncomfortable and hot in the summer. They are full, heavy.

CHAIR: Does that happen to every prisoner?

[INMATE 2]: Every one, whether you have a history of drugs or not. Not only that, our visitors are also asked to leave their personal possessions, handbags, empty their pockets out. My parents are over 70, as straight as anybody. They have had situations where they have been asked to run their fingers around the waistband of their trousers. An officer even tried to ask my father to leave his handkerchief behind and he refused.

As much as I love seeing my family, and I only see them every two or three months - I have a 26 year old son who drives my parents from Canberra to visit me - I hate the thought of them going through that. That is not fair on them. What they have to go through just to get here is hard enough and the way they are spoken to by some of the officers sometimes is appalling. It is unnecessary.

[INMATE 1]: They are the public.

[INMATE 2]: What if this was their parents. Would they like someone speaking to them like that?

CHAIR: Could you illustrate for us by telling us what sort of speech? Is it simply because they are authoritative?

[INMATE 3]: Nasty.

[INMATE 2]: Some of them are rude and nasty. They make comments that are rude and uncalled for. My mother was close to tears one time when she came, very upset.

CHAIR: [Inmate 3], you have not said very much.

[INMATE 3]: I do not have visits. Only the solicitors and my barrister came and is the only occasion that I can go dressed normally but I have been checked as well, looked through my legal papers, not read, but look what is inside, when I go in, when I go out. Many times if the

barrister came on the weekends and is a lot of people, because is when the family visits are, in weekends, so a lot of people up and down, so the officers, sometimes they get upset and they just kick everybody out. They do not care if it is your legal visit or not, just out.

Ms ASHWORTH: I have some things to say. There is a gaol rule, strip search, stuff your visit. The prisoners now say to their visitors, "If they are going to strip search you, just don't worry about the visit." People are knocking back their visits.

CHAIR: I am confused about who gets stripped searched.

Ms ASHWORTH: Us, not family and relatives, not strip searched. They use sniffer dogs on suspicious looking characters, drug addicts coming in drugged. If your visitor comes in and they are off their face they get barred.

My parents came in and they put the dogs over them. They were horrified, absolutely horrified. They were late for a visit once and the visit was cancelled. They turned up at three o'clock, not knowing you have to book your visit and all that, they will cancel the visit. They feel like they were set up. They wanted to get up to see me. Dad was going for a major operation. He wanted to see me. He got himself here. If you had to come through, you have to walk a long way and he does not walk and they could not drive the car through because the car has to be searched and all that sort of stuff; they are worried about drugs.

Officers can tell who is on drugs and who is not. They use it as a power trip. Remember that survey that was done with prisoners and officers? That still goes on. You can see it a mile away. I am the prisoner, I will play your game.

There was a university survey done where the uni students went in and some played the officers and some played the prisoners. I see it going on. They take power in their position and the prisoners become prisoners, and timing, your time is up, your time is up. My parents had 15 minutes. They were waiting over at M.R.R.C., at the wrong place and when they got over here it was only 15 minutes. They said, "You stay here. We have waited all week for this visit". I said, "I've got to go, I've got to go". They said, "Can't you stay for the hour and half we booked for?" "No, I have to go". I went back and sat in my slot doing nothing. There was no reason but timing and short staff and the situation of the gaol. I did not want anything special, so I had to say, "Hope you live".

The Hon. Jan BURNSWOODS: You mentioned power trips but you are saying timing and short staff and so on. Do a lot of these sorts of problems come from shortage of staff and people not intending to make things difficult or spoil visits or does more of it come in the power thing or is it the rules themselves?

[INMATE 2]: There are set visit times on set days and if someone perhaps is not aware of that they will only make that mistake once. After that they will know that they need to book and make a time to come. That would be a one-off thing.

The Hon. Jan BURNSWOODS: Is there a lot of pressure on the facility, the rooms used? Does that create the problem?

[INMATE 2]: Getting the girls in and out, changing, et cetera.

The Hon. Jan BURNSWOODS: That is why it has to be booked, you can only fit so many people in?

[INMATE 2]: Yes.

The Hon. Jan BURNSWOODS: Squashed into Saturday and Sunday?

[INMATE 2]: Friday, Saturday and Sunday.

[INMATE 1]: Most visitors and most of the women visitors ringing through, they have ended up having to come through to the Governor or Deputy Governor. The phone should be manned for people to make a booking. I know of visitors that have phoned through, tried all week to make a booking, wanting to come on the Friday, and been told on Thursday when they get through, "No, you cannot come tomorrow because you have to make a booking 24 hours in advance". And they have explained they have been trying to get someone all week and the phone has not been answered.

It is very difficult and there are many times that people's visitors have been told they are full up, and yet for those who have been on the visit there has been many many spare tables. It is because they do not really care, I suppose. Those visits are very important to most people.

The Hon. P. T. PRIMROSE: I would like to move, Mr Chair, that we go into a closed session.

CHAIR: We have a motion that we move into closed session. I declare the motion to be carried.

(Evidence continued in camera)

(Public hearing resumed)

UNCORRECTED PROOF

MARK STUART ADAMS, Senior Education Officer of Mulawa Education Unit, Mulawa Correctional Centre, Locked Bag 130, Silverwater, 1811, affirmed, and

NICHOLAS KAILIS, Acting Program Manager, Mulawa Correctional Centre, Holker Street, Silverwater,

CARMEL ANNE WOOD, Welfare Officer, Mulawa Correctional Centre Locked bag 130, Silverwater, and

UTE GEISSLER, Drug and Alcohol Worker, Mulawa Correctional Centre, Locked bag 130, Silverwater, sworn:

CHAIR: Mr Adams, would you outline your qualifications and experience relevant to the Committee?

Mr ADAMS: I have been at Mulawa for seven and half years and I have been with the department for just over ten years. I started in Long Bay, did some work in the remand centre, went to work in the old MRP, which has changed name a number of times since then, in June 92.

CHAIR: Have you received a summons under my hand issued in accordance with the provisions of the Parliamentary Evidence Act?

Mr ADAMS: Yes, I have.

CHAIR: Are you conversant with the terms of reference associated with this Committee?

Mr ADAMS: Yes.

CHAIR: Mr Kailis, could you briefly outline your qualifications and experience which might be relevant?

Mr KAILIS: I have had approximately 20 years working within the corrective services as a probation and parole officer and induction screen manager and deputy manager of classification and induction screening.

CHAIR: Have you received a summons issued under my hand in accordance with the provisions of the Parliamentary Evidence Act?

Mr KAILIS: Yes.

CHAIR: Are you conversant with the terms of reference of this Committee?

Mr KAILIS: Yes, I am.

CHAIR: Ms Wood, could you outline your qualifications and experience?

Ms WOOD: I have a degree in education, a further degree in adult education, I am doing post graduate studies in family therapies, but above all I have always worked face to face with people. I have worked for the Department of Corrective Services for nearly nine years. Most of that time has actually been with a variety of men as a welfare officer and I have worked here in Mulawa for one year.

CHAIR: Have you received a summons issued under my hand in accordance with the provisions of the Parliamentary Evidence Act?

Ms WOOD: Yes, I have.

CHAIR: Are you conversant with the terms of reference for the Committee?

Ms WOOD: Yes.

CHAIR: Ms Geissler, could you outline your qualifications and experience relevant to this inquiry?

Ms GEISSLER: I work for two and half years as a drug and alcohol worker. I work altogether in the field of drug and alcohol for about ten years and I have a masters degree in social science.

CHAIR: And have you received a summons issued under my hand in accordance with the provisions of the Parliamentary Evidence Act?

Ms GEISSLER: Yes.

CHAIR: Are you conversant with the terms of reference of this inquiry?

Ms GEISSLER: Yes.

CHAIR: If you consider at any stage during your evidence that in the public interest certain evidence you may wish to present should only be heard or seen by the Committee, the Committee will usually agree to your request and resolve into private session.

I should warn you, however, that the Parliament has the power to override that decision that we make and could make your evidence public.

Feel free to respond to these questions, or questions of members of the Committee, as you see fit. Whoever wishes to answer them may. Could you explain the role of Inmate Development Services and describe the range of programs offered at Mulawa?

Mr KAILIS: I am acting program manager. I am responsible for the direct supervision of the Inmate Development Services which offer core programs. You have the education section, you have the drug and alcohol section, psychological section and you also have the welfare section.

As far as the range of programs, I think it is best if each individual discipline actually responds with the specifics, but I am also responsible for the induction screening program, the case management, generally with any program, I am ultimately responsible for the effective delivery of that program's services.

CHAIR: We might start with Mark.

Mr ADAMS: Can I start by offering a document to the Committee. What I have tried to do with the documents you are getting is to give you a breakdown on the courses available. There is a timetable at the back of the document, two timetables, one for full-time students and one for part-time students. It is not quite as clear-cut as that because there are some courses on the full-time list that part-time people can access as well.

The main body of the document goes through the assessment procedures we use and why we use them. The strategy for non-English speaking background women. The general background outlining the courses available would include the accreditation structure which is important to what we are doing. Having programs, as we have had in the past, that are not accredited and do not articulate to further study means we were an isolated part of the community.

What we have tried to do is to make sure, number one, that all of the courses are accredited and articulate to further study, and that is outlined in this document, so we have a range.

If I point out the time table to start with, which is the full-time time table, what we have done this year is slightly different. If you look at the document across-ways, you will be able to register different streams and what we have tried to do is to set up conditions for full-time students particularly into streams of areas of interest, such as vocational training, which is the top line, and computer training, including computer hardware servicing, which involves learning how to operate machines, computers, and how to build computers from scratch. The idea of that kind of program is to try and incorporate as much as possible in terms of a skills base, and also maintenance because obviously if we have a limited amount of resources, if we can teach women here how to maintain computers, then we're going to avoid a whole lot of maintenance costs ongoing in terms of upgrading and maintaining the computers that are available. As it stands at the moment, in the computer area there are ten good computers, and I am talking about Pentiums. There are also a number of other computers are available for use in Blaxland where you went this morning and sometimes in wings, depending on the full-time studies that people are undertaking by correspondence or that they are taking part-time.

The third stream is probably broadly environmental awareness. The only thing that is not running yet is the environmental awareness component itself because we are negotiating with TAFE to get a teacher in to run that: Permaculture, papermaking, recycling, in terms of a backdrop to environmental issues. That is a general certificate which obviously anyone in the area would regard as extremely important.

There are a lot of women in Mulawa who have low literacy levels. They have the background of leaving school with prior to Year 10 completion. We have a range of women who

have problems with English because of their non-English speaking backgrounds and we have women with intellectual disabilities. The idea is to try and set up a program which is going to encompass a wide range up to pre-tertiary level. There is a diploma which we anticipate being able to use at Mulawa which would be the equivalent of HSC or pre-tertiary certificate. Up until this time we have not been able to run that because TAFE has not made that available for correspondence.

The final line is the Aboriginal component in full-time study. In looking at the difference between full-time and part-time, one of the things to notice is that in Mulawa we have between 35 and 40 full-time students. That is an extraordinarily high ratio compared to other centres. We are talking about a range of up to 280 women. To have that many full-time students is extraordinary and the governors who have been here for the time I have been here have been very much supportive of education and equal status with the industrial side of things. That becomes very important when you look at different institutions and the kinds of things that are prioritised in those institutions. There has been a lot of support from the governors that I have worked with in terms of promoting education and also promoting full-time education.

If you think about a structured day, we are asking part-time students to leave work at 2 o'clock and come and study. That is quite a big ask. We can make most of the programs that we have here available to everybody. We often get partial completion. We get module completion, but we will not get certificate completion. We tend to move down the line in some areas and say that it is in the interests of people to do computer studies on a full-time basis, which means that ten people will finish that course and that makes them employable. To finish that course makes them employable. To finish the computer hardware servicing course would make you employable. That is complicated by the fact that, in reality, you have to look at probably between 40 and 50 percent of the population who will not be. That is the reality. You are going to find people who do not have the confidence to approach the workplace; you are going to find people who have children; you are going to find people who are second, third or fourth generation welfare recipients who have not got the ability to look at vocational training and work as a viable option for them.

What we are trying to do in terms of setting up a program is to give equal validity to the kinds of skills people can use in the home and the kinds of skills people can use to work, if they choose to. The way that we do that is to have the accreditation base in place if anyone wants to follow it when they leave, when they go to Emu Plains or when they go to transitional centres. For example, if you are enrolled in intellectual technology and you are released earlier than you thought, you can transfer and continue the program on the outside through a TAFE college. That is incredibly important. At the same time it is just as valid from where I sit to say that, if this person learns how to operate computers, they can help their kids with school work. I guess the way we do that is to broaden the definition of vocational training. Educationally what has happened is that we have moved from a very broad definition of education in the community to a very narrow definition of vocational training, and all of the money available in terms of funding programs, in terms of getting grants to run programs, it is very much down this line of vocational training. It is a very narrow basis and it does not fit most of the people we are dealing with, or at least 50 percent of the people we are dealing with here. They are going to be involved in vocational training involving home skills, or if you run a carpentry class and you have someone who knows how to put a cabinet together, that is valid. It is the same with painting and

decorating. The idea of the programs and the breadth of the programs is set up in such a way that you are going to get somebody interested in what you have to offer.

CHAIR: In regard to that, as I understand it, you have places for 35 inmates in full-time classes.

Mr ADAMS: Yes.

CHAIR: What resources have you got to offer in terms of staff, and I take it the physical facilities are what we inspected this morning?

Mr ADAMS: You saw some of it, you did not see the computer room, the art room, the pottery room, the carpentry area. You have seen the basic set-up. Is your question related to people who are not full-time?

CHAIR: No, I was interested in how many teachers you have to deliver that range of programs?

Mr ADAMS: 24 teachers a week ranging from three hours participation.

CHAIR: So if you turned that into a full-time equivalent, how many teachers would you normally have on duty?

Mr ADAMS: On a daily basis?

CHAIR: On a daily basis.

Mr ADAMS: That is a bit hard. Averaging between 5 and 7 teachers a day.

CHAIR: And what size classes would they deal with?

Mr ADAMS: It various enormously. For example, one of the reasons we are running two basic literacy programs which are actually separate is in response to listening to women, Aboriginal women in particular, and their desire to have one to one tuition in literacy and communication. When you are putting programs together, particularly for Aboriginal women, the idea is that you listen to the need rather than saying this is what should be. If the response is that we want one to one tuition, then we are going to do our best to put that together. What I am suggesting by that is that you have a year 10 equivalent course available. You also have, side by side with that, an Aboriginal literacy course on a one to one basis.

In terms of class size, that teacher is going to be working with one person at a time. If they are in for three hours, they might be looking at six people. If you are looking at a pottery class you may have a class list of 10, 14 or 16 people. You are going to find a very wide range of numbers in classes. TAFE has particular guidelines. If it is a trade course it does not want more than eight in a class, and that makes perfect sense in terms of availability and looking after tools, so in the carpentry class you would not have more than eight; in painting and decorating you

would not have more than eight. In computer studies we would have ten because there are ten machines, so that is slightly different. In hardware servicing, probably no more than eight.

CHAIR: I think we have the idea now and I appreciate that. Would you like to explain something about the drug and alcohol program?

Ms GEISSLER: 90 percent of the population here has a drug problem, I would think, drug or alcohol problem. We have two full-time workers and we have at the moment the help of a temporary working person only for two days a week, so that is our situation.

CHAIR: That is to service 281-odd inmates?

Ms GEISSLER: That is right. 90 percent of them have drug and alcohol problems and are in need of whatever, so yes, that is the situation. What we do or we are supposed to do is counselling. We are supposed to run groups - and I say "supposed" because we do not have time to do that at the moment. We make referrals to rehab and outside counselling services. We have an induction assessment system which we have to attend to and that is very time consuming. We have to write court and parole reports, which is quite time consuming too. We liaise with probation officers and solicitors. We have to write counselling notes; we have to maintain files and then we have to attend meetings. The variety of work is quite spread out and we do not have enough staff.

The Hon. P. T. PRIMROSE: In the notes you have put out, the opening section of one of the pages is, "Corrective Services - Fact or Fiction: Recently the staff at Reiby House and many of the women inmates at Mulawa have expressed concern about the availability of drug and alcohol and psychological counselling. Staff are fully booked and are literally run off their feet with increasing demands placed upon them. The situation, it seems, is becoming ridiculous. Some women have been trying to see a drug and alcohol counsellor or psychologist for two or three weeks while others have given up entirely, stating it is just no use making an appointment, there is no one around when you need them. Could I get your comments on that? Is that how you feel?

Ms GEISSLER: This is not a quote, this is not what I have said.

The Hon. P. T. PRIMROSE: No, that is from this magazine.

Ms GEISSLER: Yes, sure. I would not word it like that, but it does a little bit cover the situation. I would word it differently.

The Hon. P. T. PRIMROSE: How would you word it?

Ms GEISSLER: That we cannot meet the demand, we are not able to meet the demand, and that might mean in some cases we cannot see women who really want to be seen for various reasons. Some only want to see us because the court told them to do that or it would look good for parole or something like that, but others are genuinely interested and we do not even have the time to sort that out. We have women who fall through the net.

Ms RHIANNON: As you have said, 90 percent of the population have drug-related problems.

Ms GEISSLER: Approximately.

Ms RHIANNON: To be able to deal with those people, to meet their requirements, how many staff do you think you should have and what resources do you think you need to be able to do the job?

Ms GEISSLER: This is obviously an opinion I have, but I think the number of staff should be doubled, so five staff, but it depends what is expected from us, what the policies in the gaol are. I think that is all very much connected.

CHAIR: Do you think that there are inmates who continue with their drug habit because there are inadequate resources in drug and alcohol counselling?

Ms GEISSLER: I think that that would exaggerate it a little bit. A lot of inmates are just here for a short while or they have decided to continue with their drug use anyway and they are not in the right state, so in a sense we have little impact, but we could have an impact and, yes, there might be some women who then, as I said, fall through the net and do not get the attention they might need at that time in their life, but in general, of course, I would not exaggerate our worth.

CHAIR: Did I hear you correctly to say that you did not run group sessions at all?

Ms GEISSLER: Not at the moment, no.

CHAIR: Is that not a fairly vital part of a drug and alcohol program?

Ms GEISSLER: It would be, yes.

CHAIR: For how long have you not been able to run programs of that nature?

Ms GEISSLER: For about half a year.

CHAIR: Is there any chance of being able to resume?

Ms GEISSLER: Not with the staff situation at the moment.

CHAIR: Is that situation caused by not being able to recruit staff?

Mr KAILIS: We had a part-time Aboriginal position and that person has been off on some sort of stress leave since June last year and that has created quite a large hole. It is very difficult to recruit well-trained Aboriginal staff in that area.

CHAIR: You have not been able to use the funds that you have not used for the Aboriginal position?

Mr KAILIS: Up until the end of December we had actually three full-time positions here, but the funding expired on the third position and we have been able to secure another person for two days a week. I have recently put in a staffing review requesting further staff and I am still awaiting the outcome of that.

The Hon. Jan BURNSWOODS: Is Mulawa similar to other gaols? Have other gaols got the same kind of shortage?

Mr KAILIS: I should not really answer that, it is only a guess. I would not do justice to that.

Ms GEISSLER: Can I say something in relation to that: One thing is that the population here has increased and the staff has not been increased. The other thing is that in male gaols the percentage of people who have drug and alcohol problems is less high, it is about 70 percent, and with women it is 90 percent, so that is a difference, so the demand is higher.

Mr ADAMS: You have to look at women in prison differently from how you look at men in prison, not in separate areas but in different areas. You have to look at it as a general equation.

Mr KAILIS: The numbers have crept up, but the staffing has remained static, which makes it very difficult to provide the range of services that should be provided.

The Hon. Jan BURNSWOODS: Is that true across all of the different programs?

Mr ADAMS: With education there has been a bit of a balancing because we have lost funds in some areas, but we have gained two permanent part-time teachers, so there has been a bit of a trade-off. There has been supplementation in terms of those two permanent part-time positions being created, and in terms of our needs it is actually very good to have those.

CHAIR: Can I return to the drug and alcohol issue. More than half of the total women's prison population of New South Wales is within the walls of this institution. Are you telling me that there are two and a half drug and alcohol counsellors to service nearly half? Outside of here there must be two or three. The total commitment of New South Wales to drug and alcohol counselling of the 700 odd women in prison consists of no more than five people.

Mr KAILIS: 432.

CHAIR: No more than five drug and alcohol workers working for women in New South Wales prisons in this state?

Mr ADAMS: In terms of the fact of looking at smaller units, if you are looking at the 430, I am just informing the question a little bit, some units, transitional, do not have community workers. You have to discount those 20. You discount so many from Grafton and Broken Hill, more or less what you thought

CHAIR: My recollection was that in other evidence there was in the order of 100 drug and alcohol counsellors in the whole prison system. So if women have all of five of them, it would hardly be said that they have an equitable distribution.

Mr KAILIS: That was part of my submission, the inequity of it. We have requested more staff and it is under consideration.

Ms GEISSLER: I would agree but I do think in male gaols, 5,000 or 7,000, so in that sense they are also under staffed.

The Hon. Dr A. CHESTERFIELD-EVANS: Are there any studies which show if you intervene you have less recidivism, and since keeping one inmate out of gaol would more than pay the salary of the drug and alcohol worker, it would have a huge success rate or statistical significance at a very high level to show you were cost effective?

Has any attempt been made to do something like that and make a case? Do you compare those you have done some work on and those you have not?

Ms GEISSLER: I think in general, drug and alcohol work, unfortunately, is not a very successful sort of field of work. It just puts little bits and pieces together in the life of a drug addicted person, I would think, and so we could do our share there but that is what I had here in case you would ask me that. I say it now. I think there should be lots of other services around the gaol. There should be many specialised rehabs, and by specialised I mean rehabs that are specialised to certain needs of certain population groups. The money and funding should go into that, for example, as an alternative to gaol sentences, custody sentences. People after release could go there and be in a supportive environment. I think these things should be very much filled out, so all this can be put forward together.

The Hon. Dr A. CHESTERFIELD-EVANS: If you are trying to get more resources, you can do it a bit at a time. If you had loads of resources you could show good results. If you can show just what you have, that the people you treat, or speak to, do better than the ones you do not, you could presumably make a case and then publish it in the Medical Journal of Australia or whatever.

Ms GEISSLER: It is hard to do. When?

Mr KAILIS: Once they leave here, you do lose contact with them, unless you see them back again.

The Hon. Dr A. CHESTERFIELD-EVANS: That is enough. This percentage came back within two years and the percentage you dealt with did not come back.

Mr ADAMS: If you look at Ute's workload, when the hell is she going to do it? In terms of having the time to write up what we are doing, in lots of different areas in the gaol system, I have done it before, it took about three months to do a paper and present a paper. You do not get time away. It is not possible in the current circumstances to go away and write an academic paper. I have put proposals forward in the past to suggest that there is a rotation, if

you like, so somebody can get pulled out and write a paper. I certainly say that function is missing at this point. When do you do it?

The Hon. Dr A. CHESTERFIELD-EVANS: Can you drag in a university wally to do it?

Mr ADAMS: He has to understand the system. That takes a hell of a lot of time.

The Hon. Dr A. CHESTERFIELD-EVANS: You only need to say this is the list of people I have been dealing with and this is list of people I have not. They do not have to understand the system at all, whatever that unit did, they do not even have to come into the thing. They only have to read the literature and get your protocol.

Mr ADAMS: Protocol can take nine months.

The Hon. Dr A. CHESTERFIELD-EVANS: You have the protocol.

Mr ADAMS: In order to get the things up and running and through can take nine months.

Ms GEISSLER: A certain percentage of the women here do not want to see us.

The Hon. Dr A. CHESTERFIELD-EVANS: They can go in the control group.

Ms GEISSLER: There would also be those that fall under the ones that we have not seen, and it is hard. It might be an idea, but we surely are not able to do that.

CHAIR: You said that among your other duties is writing reports for parole and courts. That sounds like an administrative duty other than delivering a service to clients. Do you find that because you have to do that as well as deliver services, that sometimes you are in a conflict?

Some prisoners have revealed information about their drug habit to us and they have found it used in evidence against them in some other place. Do you think it is appropriate that people having clerical work and professional work make judgments about whether prisoners are incarcerated, whether they have a conflict of interest in a clinical mode where they have a duty of care to the client alone?

Ms GEISSLER: One thing, writing a report is not a clerical thing. It means for me to have actually quite often contact with this inmate and talk with her about lots of issues and also get the drug history and all that and lots of maybe quite confidential information. I do tell them when I know that I have to write a report that that will go into a report. They, of course, try to make a good impression, that the report becomes positive, but I am not putting things in a report when they would have said to me that is something I am only telling you. I would not do that. I don't know really what they are relating to.

CHAIR: Even if you might exercise ethics which separate the role, do you think your clients have sufficient trust in your role as they should with a drug and alcohol counsellor? Does that inhibit the ability to make use of resources?

Ms GEISSLER: That is true, yes.

Ms WOOD: Just in the comment, I think the very fact that we work for corrective services means that we do have a role because we are working for a place where we have to maintain a secure environment. I think in many ways that can be a conflict. I think one of the areas where I find part of that may go across, I think it would go across for all of us, is when it comes into case management and so on. You are saying about your contact with the person and that is part of the ongoing way hopefully that they will progress through the system.

I personally deal with that by saying to them, "This is what I am going to say about you", so they agree or do not agree, and we can sometimes agree to disagree about it, but I would discuss it with them.

However, I think that takes an incredible amount of time, and for me as a welfare worker often times now while we have three staff - there are only really two of us at the moment - you are trying to always just to deal with the crisis things that come up. Personally, I think sometimes the quality of work that we are talking about there can be, on my part anyway, compromised because I am trying to meet needs, trying to be the crisis person, and I think sometimes people miss out. Some of the inmates miss out on some of that interaction which I think is of vital importance in their growth.

CHAIR: A drug and alcohol counsellor on the outside would have to discuss with a client how they get their drugs and how to interrupt that cycle, and therefore the client would necessarily reveal to the counsellor details of a crime. That would obviously be very difficult for prisoners who may well have to say, "Well, I get my heroin from visitors and this is how it is done. How do I change my behaviour?" It would be fairly obvious that your clients would not be in a position to reveal that to you, would it, or your staff?

Ms GEISSLER: They will reveal more than you would maybe assume, but on the other hand I even stop them in their track when I think I would have to report that.

CHAIR: Does that interfere with you being able to do your job?

Ms GEISSLER: With the therapeutic process it surely does interfere. In a sense it is something I juggle.

CHAIR: You are employed by the Department of Corrective Services, even though what you have is a health role. Is it not more appropriate to have you attached to the prison medical service? Would that be a more appropriate structure for the delivery of your health related service?

Ms GEISSLER: No, I have to think about that. That would be the same maybe for a psychologist. They are in that sense in a similar situation.

CHAIR: People in your profession outside of a prison do tend to work for health services, such as an area health service and so on, that would be similar in function to drug and alcohol counsellors employed by the Department of Health.

Ms GEISSLER: It is often collective, yes.

The Hon. Jennifer GARDINER: Could I ask about the drug summit which was held nine months ago? Have you seen any signs of improvements of resourcing anywhere in the systems?

Ms GEISSLER: No.

Mr KAILIS: Over in Conlon House some of the money has been put towards the lifestyles unit, which should be coming on line in one or two months.

CHAIR: Will that involve extra staff?

Mr KAILIS: Well, that is going to be done from the drug summit money and that will be done by sessional workers coming in from the outside. We have been told that if any of our staff wish to involve themselves in it, then they can. To involve another drug and alcohol worker in that would be ridiculous because we are pulling ourselves away, we are already stretched. I have advised the drug and alcohol unit, the director of that unit, that I do not think our staff should be involved in that area.

The only other thing - it is not relating to Mulawa - some of the money has gone to half a position at Emu Plains for the drug free unit over there.

Ms GEISSLER: Something happened after that, this is what I noticed, the reaction that we get sometimes from judges or magistrates, especially after the summit, they believe that the gaol or prisons can be used as rehabs, not being informed about the staff situation in prisons, but trying to believe that lots of things can happen here counselling-wise and all that, which sometimes even results in an order saying this person has to have weekly counselling. I think that comes a little bit from the summit, that they just heard submissions.

Mr KAILIS: There is an unrealistic expectation from the judiciary that our staff here can produce a report in two weeks, do a rehab assessment in two weeks. We also have the legal fraternity contacting us saying, "We want a drug and alcohol report in two weeks". We get constant letters that we have to respond to advising them, "No, sorry, it has to be requested by the court and we need six weeks, not two weeks."

CHAIR: They probably think there is more of you.

Ms GEISSLER: They say to this person, "You come back in two weeks, then you find a rehab", and the prisoner has to do that. They have no idea how many rehabs are around.

Mr KAILIS: But even if we can work with inmates, once they leave us, then what happens? There are limited beds in rehab. The problem does not finish once they walk out the door.

Ms GEISSLER: Yes, more funding into rehab and more funding for staff.

The Hon. P. T. PRIMROSE: How does welfare assist with the inmates' preparation for post-release and how does the Federal Government's changes to social security for prisoners, that is the removal of the advance of social security payments upon release, and the impact of the jobs network upon skill-share programs for released prisoners affect inmates?

Ms WOOD: Can I just talk about the first one. We are connected with the practical things, the life that the person has left behind, their children, their property, all that sort of stuff, so I guess we are there assessing at the beginning and because I have a little bug about housing I always ask the question, "Well, where are you going to live when you get out?" I ask that at the reception committee and I was staggered last week when I had been on a reception committee and three women came and said to me, "Somebody said I had to come and see you", and I said, "Oh, that's right" - I remembered their faces - because I had actually said that and they did not have anywhere to live. I think the assessment really starts when people come in, but I think what we need to remember is that in that particular group that day we did not have anybody doing more than two months. On the whole, we do not have, in my book anyway, a lot of women doing really, really long terms. When I say "long terms" I am talking about five years or so. We are talking about 18 months and so on.

I think ideally the process should start at the very beginning when the welfare officer starts off their induction and we see them as they come in the door, they get off the truck and straight to a welfare worker, and then it is up to, I think, the people who see them on the committees to keep encouraging them to actually come to welfare. There could be things - certainly housing is one of them, because I think if you do not have a place to live you do not have too much chance of making the grade out there, but I think equally there are other things. Anything to do with children, they will come, they will beat on the door to make sure they get there, so you are picking up stuff to do with children, but again, while I find the gaol here incredibly willing to let children come in and do all of that, it is really bandaid stuff. We are trying to work with these women now, but with some of the big issues, like maintaining that contact with children, there are not really the services beyond here to keep doing that. Jobs as well.

The Hon. Jan BURNSWOODS: When you say in relation to children, there are not really the services beyond here, what sort of services would you like to see? How would they operate?

Ms WOOD: What I am talking about is women who come in whose children are with DOCS, for example. If the children are with grandma - and for over half the women who are here they have some children with grandma and some children with DOCS - there may well be some issues that have to be continued on and worked out between them, but often times, when you continue to ask the questions, the children are not just with grandma because mum has gone to gaol, they have been with grandma for the last two years. That, of course, ties in with drug use

and the skills that the mum might have and what she wants to do, so I am trying to listen to what mum wants to do and how she is going to do that. I personally cannot complain about DOCS, I find it quite supportive and willing to bring children in. Of course, there are some people, some particular persons and officers who make that difficult, but on the whole that is not so. Women whose children have been taken away, for very good reason usually, see DOCS and even Parole as supervisory people, so they are hardly going to be turning to them to get the sort of support that they might need. I think you have to create a rapport with them and only then can you really challenge them and say: Well, what are you going to do?

The Hon. Jan BURNSWOODS: Is that a particular problem for Aboriginal women?

Ms WOOD: I think it is more so for Aboriginal women because many of them come from remote places where there are less services, to my knowledge. For example, in the Sydney area there are a certain number of family support services that I can contact, and again they always try to stretch themselves to take this person on, but if I am ringing Walgett or Moree - and I am just picking those names out of a hat, but the more remote places - I think the thing is that people already know this person up there and she is more or less branded. I get that attitude.

Secondly, I do not think they do have the same amount of services that would be available to people in Sydney as support for women. I think one of the roles that I try to do is to be an advocate for that person, so in listening I am trying to get them to take charge of what is happening and to do what they can in here, but also coaching them to continue that on the outside.

Coming back to Centrelink, it has now restored its payments. I would have to say that the service from the Auburn Centrelink office to Mulawa I find excellent. An officer from Centrelink actually comes here every Tuesday, he sees the people who are going to be released and he offers them either a full payment in cash as they go out the gate or a half payment. If they get that full payment, two weeks down the track they will get half a payment, and then they have to go into the Centrelink office and renegotiate what they are going to get, so they could walk out with $160 and that is all they have got. Some of them have got a bit of money from here if they have worked. To be honest, I do not think jobs really come into it too much. For most of the women that we are dealing with here, if I get them a house, if I get them some place to live, they are doing well and I am doing well. There are a number of women who will go back out to jobs. I can think of one woman, she says to me she will have a job and I believe it. It is not so much the jobs it is the support services that might lead to where they get a job.

CHAIR: We have had evidence that people, when they leave - this may not be so applicable for this institution - a lot of people leave this to the community, they said they leave without what most would take as a reasonable level of identification, bank book, drivers licence and those sort of things. Is it not possible for the prison to make sure, before a person is discharged, that they have sufficient identification with which to get one? There are so many services around where you need to identify yourself and it appears to be a reasonably simple process to sort out while they are here before they leave.

Ms WOOD: I agree with you. Before coming here I worked three years at Silverwater, which is a men's release gaol. It sounds simple. The services need an increasing degree of

identification and I feel that people coming out of gaol and people, our clientele, who spend some time in gaol, a bit out, a bit in, they find that hard to come up with. Many of them are never going to get a drivers licence because they owe so much money. Many of them are not even going to think about having a passport. Medicare, we should be able to get that.

CHAIR: Birth certificate?

Ms WOOD: Birth certificate, yes, you get that because somebody like me says, "This person is in gaol". Otherwise they need three forms of identification and that then comes down to time-wise.

Ms GEISSLER: And staff.

Ms WOOD: That comment as to time, I am not disagreeing that it should not be something that is done. I will tell you what happened to me the other day. The other day a woman who needed to go to rehab was saying, "I need a Medicare card". So I went to the filing system and I did not have any Medicare forms. I did over at Silverwater. That means that I do not have to do that. It would have meant another letter. I certainly would have helped had I had the Medicare form there. I would have given it to this woman. As it was, I explained to her what she could do. I would have facilitated for her to send the letter.

CHAIR: How many prisoners would leave a place like this every day into the community?

Ms WOOD: I could not tell you every day but today I have had Centrelink here. In the next two weeks we have six women, six we know about, some of them are going to be released on parole and other things that come up where we do not have an exact release date. We have at least six from here. It is a significant number of people being released.

CHAIR: Is it really too tough to check with three people before they leave here, "Do you have any form of identification? Can we help you get a birth certificate?" Is that really that hard?

Ms WOOD: I cannot answer that. What I would like to have input on is housing. They do not even walk out of here with no identification. One third of the people who leave here have nowhere to go.

CHAIR: ID sounds to be something which is entirely solvable while they are here. I can understand housing takes some effort. ID sounds to be infinitely simple. Somebody only needs a computer program that says to give them the Medicare and birth certificate and send them.

Ms WOOD: They need to come and see you.

CHAIR: Why can you not say, "You are leaving in a week. Here are the forms. Fill them out"?

Ms WOOD: I don't see them.

CHAIR: Why cannot the system say it is part of the normal discharge arrangements?

The Hon. Jan BURNSWOODS: Have you tried to get anything out of the Legislative Council office. You are talking about bureaucracies.

CHAIR: It seems to me that prisoners used to leave with a suit and a rail ticket. It does not seem to be hard to add a couple more things.

Ms WOOD: The system we work on, this is the bottom line, that we are not dealing with babies, we are dealing with adult people and one of the things that --

CHAIR: Some of them are, they are 20 year olds or less.

Ms WOOD: They are still adults. In the beginning I think they are informed about the services that are around and if they met up with me I would not be talking about identification but I would be talking to them about housing and their children and then some of them follow up with that.

CHAIR: I am not saying this on their behalf. I am thinking of the people who become victims as a result of their not having basic identification to get basic services that they need. They find it easier to roll someone and nick someone's handbag in the street.

Ms WOOD: I cannot comment about the identification but they roll people when they go out of here because they do not have any money to live on and nowhere to live.

The Hon. Dr A. CHESTERFIELD-EVANS: No halfway house?

Ms WOOD: There is one halfway house, Guthrie House. It has nine beds. One day I had a parole officer telling me that I, as a welfare officer, should not send people there. Very often that is the only place that I can actually beg a spot for. I don't often get it because it is also a rehab.

Ms GEISSLER: It has a drug and alcohol component.

Ms WOOD: And parole, many people I get in there because that means they have a place for parole. The other thing, another third go out of here and they go back to Mum or they go back to some friend and they know that it is highly unsuitable and that in a couple of days that will all fall through and they will be back on the streets again. Then some of them do go back out to something that is a bit more stable, about a third.

While the Department of Housing, for example, will offer people say rental assistance, rental assistance is no good if the only place you can get is $100 a week and you get a decreasing amount of money. It is not going to cover that. You may cover your rent so you have a roof over your head, then you do not have food.

The other thing then is many of our clients here are black-listed. Even the ones who are not black-listed, you go into a real estate agent and say you are going to take the piece of paper

back to the Department of Housing, they do not want that. I have done that, not necessarily from here, I have from the men's gaol taken the wife to a real estate agent and so on. It is okay with two women there, we look presentable enough. As soon as we mention that we are taking it back to the Department of Housing they will not have you. Those are the things which do tie in with what you are saying about identification.

CHAIR: This is a private real estate agent will black list or the Department of Housing?

Ms WOOD: The private real estate agents. The Department of Housing try to be quite helpful. I am saying the help they offer, it does not go anywhere, does not reach.

Mr KAILIS: You have to look at the majority of the inmates, it is an induction centre and we farm them out to Emu Plains and the transitional centre and Grafton and Broken Hill. It is an entry point.

CHAIR: I accept that.

The Hon. Jan BURNSWOODS: They are probably asking you a lot of questions concerning what applies to women in prison in general because Mulawa has the different components.

Mr KAILIS: The department has been working on a prerelease program and that includes bringing people in from the outside to help run groups in relation to financial management, how to get accommodation, how to get identification. That is all in the process right now. It is waiting to be signed off.

Ms WOOD: Actually I think one of the good things we do have is very good financial counsellors who come in to help women work out some of their financial positions, but that tends to be people who have a got a bit of money to worry about.

CHAIR: Is there anybody who goes through the prison and gets virtually no help from the programs at all?

Mr KAILIS: There are some people who refuse it.

CHAIR: Is that a large proportion or a significant proportion?

Mr KAILIS: I think there are some people who actually prefer to be in custody than outside. It is sad to say it, but we do have that situation where women prefer to be in custody because they come from abusive backgrounds, whether it is physical or emotional. This may well be seen by them as a safe haven.

CHAIR: Well, is there anything done within the prison to recognise that that is a syndrome which ought to be discouraged?

Mr ADAMS: It is a very difficult area to cover because, on the one hand, what we are trying to do is to create conditions: This is what time you have to get up; this is what time you

shower; this is what time you go to work; this is what time you come back. Carmel's point is a very valid point. How much are you helping the person and how much are you hindering the person by the help you are giving? I am not taking anything away from the main point of your argument at all. The main argument is about funding and I have nothing to argue about on that level at all.

CHAIR: We have anger management courses. Is it not time we had institutionalised management support that somehow or other --

Mr ADAMS: I think case management does that.

CHAIR: I think it would be fair to say that case management does not do that. Case management is essentially a process that operates in the prison to allow prisoners to be classified.

Mr ADAMS: I think it is a lot more than that.

The Hon. Jan BURNSWOODS: If those people feel more comfortable in the system, then there needs to be something not for these people in here, but for people outside.

CHAIR: If they could stay here without having to commit another crime and generate some more victims, I guess that might not be too bad, but the point is that we continue to have a system which fails to deal with that and some of the programs you have set up are going to be fine for people who are not going to be a problem anyway. They have committed a crime, they are oncers, they are going to do all the education programs and fly out. Because there is a group of people who are very recalcitrant, they are difficult to deal with. It is a bit like sexual offenders. There is actually more value in dealing with some of the hard cases to get them off the list.

Ms WOOD: I go back to the example that I gave you where I was at a reception committee and I did my little spiel about housing and those three women came. I think there are - I could not put a number on it - some people who go through and who do not have contact, and I think that is partly their own choice, and people who are at the stage where they want something and they will come. They will keep on coming to staff and making sure that they actually do get in.

To go back to your thing about identification, I cannot think of anyone who ever asked me about ID who did not get something done for them, but if people do not ask me, I am not going to be out there trying to do that for them.

The other thing I think is that part of what you are talking about perhaps may be in our induction area, and that is the quality of the first contact. I think that if people are in contact then they are going to try to follow up and say, oh, maybe that person might help me. That is one aspect. The second aspect is that I think people are at various stages. They come in and they may think seriously: I want to do something about myself. I am not saying that they think this out clearly, but I think that is the other big factor, where the person is at in what they want to do with their lives at this point in time.

CHAIR: I suppose you deliver your programs in a way in which you have to be a reasonably determined and resilient person to access them. What happens about the people who are not resilient? I mean, by and large, that is what got them into trouble in the first place.

Ms GEISSLER: Can I say something: If there would be more programs, there would be more we would be able to offer and it would be a lot easier for people to access. I think that brings you back to staffing and funding.

Ms WOOD: I agree, Ute, but I still think we cannot force people to do things.

CHAIR: It is not a case of forcing them. We have had people who have come to us and said that they wanted to, they made an appointment and someone does a lock-down and it disappears. They fill out papers, there seems to be a level of bureaucracy, and they really have to struggle, even more here than outside. We would be doing the community a favour if we made small adjustments that made all of that easier. I mean you are the people who put the "corrective" into Corrective Services and what you seem to be saying to me is that you are almost an add-on for this huge edifice of custody, which is widely extensive by comparison to the services you provide, and it seems hard not to notice that we would be preventing a lot of crime by making life just a little easier.

Ms GEISSLER: I think we are getting into discussion now and you are not really asking us questions, but I want to say that I think we agree on that point. We do want to correct people and rehabilitate them, but the facilities are not really there and maybe the law and order - this is my opinion - policies and all these sorts of things make us as we are and we cannot, unfortunately, offer all these things which surely should be there. That is not to say that there would not be, of course, a percentage of people who would not take it up.

Mr KAILIS: You also have to look at the structure we have here. If we have the staffing, we still do not have the facilities to run all these groups. For instance, in Reiby House there is virtually one small group. There would have to be funds invested into actually creating facilities for the inmates to actually attend groups or workshops.

Ms RHIANNON: If we had the funds for the necessary number of staff to be employed to cater for all the courses which we could anticipate the prisoners might want to do, and the resources, could you see then that they would be going out into the community and there would be less chance of them reoffending? What we are trying to get to, as you would know, is whether a new prison is needed. That is one of the things we are trying to weigh up. As you are right at the coalface, do you think, if we really pumped money into having more staff and courses and resources so that prisoners are going out there in a much better way - and it is not just a few - we would be seeing less people return?

Mr KAILIS: It would certainly have an impact. Exactly how much is very hypothetical.

Ms RHIANNON: Yes, I appreciate that.

Mr KAILIS: We do have the hard core of inmates who are just not interested. You can put any program in front of them and they are not interested in doing it.

Ms RHIANNON: Okay, so when you say "hard core", what is that percentage?

Mr KAILIS: Ten per cent.

Ms RHIANNON: Of that 90 per cent, you say they would benefit from courses.

Mr KAILIS: Most of the women leave to go to Emu Plains. This is an entry point.

Ms RHIANNON: I appreciate that.

Mr KAILIS: We do have a lot of inmates that remain here. If we had the resources, yes, I think we would have an impact. I cannot tell you how much. It is very difficult to assess.

Ms RHIANNON: I appreciate that.

The Hon. Jan BURNSWOODS: To what effect would that be impacted on by the relatively short period of time that people are here?

Mr ADAMS: It depends on the structure. This is personal opinion stuff. With the transitional centre you will see a model which is a non-custodial environment and highly case managed, given it is access to the community. You would have to look at funding community projects so the drug and alcohol services are available and the psychological services are available. There is articulation through in terms of study. If you look at that money, it fits the high need, low risk category that we are talking of and it has to fit existing sentence structures rather than building another large institution.

One of the things you were going to with the point you were making before, what you are talking about is the difference between institutionalisation and the other side of that, i.e. how far do you force feed people with what you need when you get out, as opposed to how can we take people down the line to becoming autonomous. The structure has a part to play in that.

The transitional centre model - it is only a guess because we are all working with it at the coal face and we are that close to it sometimes we miss the stuff - the transitional method has the potential to offer solutions to the problem you raise so long as, number one, it is funded adequately, that the community resources are funded adequately, and this kind of centre remains, so this is going to fit those people that do not fit that model. I see the transitional centre model as probably the best way we can go for women, particularly in terms of the needs they have.

Ms WOOD: My opinion is that one of the benefits in gaol is they get off drugs for a while, they can think clearly, they can begin to take up what are important issues for them, but then I think they need to be re-integrated and helped back into the community as soon as possible. That is what I am talking about, certainly with their families and with skills and all of that in that area.

To be honest I think I would like to see more of those connections, whether it be here or whether it be in a transition centre. I think the more integrated they are back into the community, the better chance they have of success, because in actual fact they have come from

the community with enormous problems and I think this is a place where they can stop for a bit and begin to realise some of their own potential to deal with that. Then I think we need fairly quickly to take it back over into the community again. Otherwise I think they can get some confidence here but they really have to put it into a practical setting again.

The Hon. Jan BURNSWOODS: You are back to issues like housing and so on.

Ms WOOD: Yes.

The Hon. Dr A. CHESTERFIELD-EVANS: It seems to me that they hardly see their case managers. You are saying you need one hundred points to get a bank account; if you have not got a bank account, you cannot receive the social security cheque.

Ms WOOD: You can receive the social security cheque here.

The Hon. Dr A. CHESTERFIELD-EVANS: Once you get out you cannot cash it anywhere. Can you cash it straight away over the counter or do you have to wait?

Ms WOOD: The process here is that they get cash as they go out the gate and then I think there are some problems, in fact I know there are problems with a number of Centrelink places, and I sing the praises of Auburn. We send them up to Auburn if they have missed out on that interview here and Auburn will give them a cheque. They do not give them cash money. They give them a cheque or card which they can access right there and then. That is $160.

The Hon. Dr A. CHESTERFIELD-EVANS: $160 will not get you very far. The following week, even if you are fixed up to get a cheque, I do not know how you get it cleared if you do not have a bank account, or if you can cash it over the counter. The point is either way you are in some trouble. Surely a case manager should deal with that. It seems the case manager manages your classification within the prison, any rough edges on that, I understand. What about the management beyond? It at least gets you to the stage when you jump out the door.

My experience of people is that even if you tell them something, they do not necessarily take it in. I have worked in workers comp. You say to people, "In a year you are going to run out of workers comp and you are going to be retrenched and if you do not do a computer course now you will be in trouble". You can tell that to intelligent people and when it happens they say, "You told me this was going to happen". They still have not done anything.

Surely the responsibility has to go back as far as you, to say, "This is the problem and here are the steps and here are the forms". You do have to hold their hand to that extent. It is all very well to say if they cannot manage their lives inside the prison, they cannot manage it outside, but if they do not go outside equipped, they will not be equipped outside. Why can the case managers not do that?

Mr ADAMS: Case officer or manager?

Mr KAILIS: Each inmate is allocated to a case officer and then you have a tier structure, which is a correctional officer, then you have above that the senior correction officer, a case

supervisor. Above that you have the case manager. We are dealing with the case officers here. We are dealing with a culture which in the past has been resistant to case management and we are slowly slowly trying to get them to come the way of the case management system. It has been a long, slow process. We are dealing with people who are not interested in doing that sort of thing.

Mr ADAMS: In terms of asking the case officers to take on that role, there is a slight confusion, case management being a custodial role. The custodial staff have to be on site, they are in situ. They can certainly refer people through to different services, but it is not part of their function to actually go and do the job, whatever the job happens to be. They would refer it to the 2.5 welfare people or the 2.5 D and A workers, then we go back to the staffing.

The Hon. Dr A. CHESTERFIELD-EVANS: Basically the people who could be doing it cannot do it because of historical reasons?

Mr ADAMS: No. The case officer is a custodial role, that is, they have a particular job to do in terms of the particular needs of the people they have. They might be allocated to a woman, to look at the issues that woman has and report it through the case management system, but their job is not welfare officer, not psychologist, not chaplain. Their job is just to keep contact with that individual for the time she is in Mulawa and make sure the referrals go to the places they go to. Their function is not a doing function, to go to the bank, do the ID.

Mr KAILIS: It is to discuss their case plan with their inmate. Exactly what I said before, it is a cultural problem. It is still around unfortunately.

Ms GEISSLER: At the same time they have to do their custodial work.

Mr KAILIS: They have their custodial work and they need a relief situation, which is already under-staffed with the custodial staff. They need a relief situation so that they can actually have the time to go and see their inmates and actually have the time to do reports. They have security posts and it is not so easy just to strip the post and send the officer around to do work.

Ms WOOD: Can I make one more point please: I have only worked here a year and I can think of six women who have been here on relatively small charges and, of those six, four had nowhere to go when they walked out the gate. They are all back here and each of them is here on significantly increased charges. I think that is why they come back.

(The witnesses withdrew)

PAUL JAMES FOSTER, Correctional Officer, 81 Eton Road, Cambridge Park, and

BRIAN GREGORY HADDRICK, Correctional Officer, 6 Moalla Parade, Shoalhaven, sworn:

CHAIR: Mr Foster, could you briefly outline your qualifications and experience which are relevant to this inquiry?

Mr FOSTER: I have been employed with the department for three and a half years. The last two years of that employment have been spent here at Mulawa. My qualifications arise from the background of management and also a workplace assessor in this centre.

CHAIR: Have you received a summons issued under my hand in accordance with the provisions of the Parliamentary Evidence Act 1901?

Mr FOSTER: I have.

CHAIR: Are you conversant with the terms of reference of this inquiry?

Mr FOSTER: I am.

CHAIR: Mr Haddrick, could you briefly outline your qualifications and experience which are relevant to this inquiry?

Mr HADDRICK: This is the fifth gaol I have worked in and I have been with the department for thirteen and a quarter years.

CHAIR: Have you received a summons issued under my hand in accordance with the provisions of the Parliamentary Evidence Act 1901?

Mr HADDRICK: I have.

CHAIR: Are you conversant with the terms of reference of this inquiry?

Mr HADDRICK: I am.

CHAIR: If you should consider at any stage during your evidence that, in the public interest, certain evidence or documents you may wish to present should be heard or seen only by the Committee, the Committee will usually accede to your request and resolve into private session. I should warn you, however, that the Parliament has the power to override that decision at any time and make your evidence public.

Thank you for your attendance today. We greatly appreciate it. I particularly appreciate one of you who apparently has come along on a day off and waited around all day. There is no way of making that up to you, but we thank you for staying.

First of all, are there any oral submissions you want to make to the Committee before we ask you questions?

Mr FOSTER: No.

Mr HADDRICK: No.

CHAIR: It would be of interest to me to, first of all, find out how you were selected to speak to the Committee. I understand arrangements were made for you to speak to the Committee by the department. How did the department go about choosing you in particular? Are you the most senior?

Mr HADDRICK: No, far from it. I am the lowest of the commissioned ranks; there are quite a few above me. I just heard this was on and said, "Yes, I'd like to be in it". I cannot even remember who told me.

Mr FOSTER: I second that.

CHAIR: So you are both volunteers?

Mr FOSTER: Yes.

Mr HADDRICK: Yes.

CHAIR: Can you explain what has been the impact within the prison as a result of the increase in the prisoner population over the last four to five years?

Mr FOSTER: Well, actually I will pick that up to start with. There has been a dramatic increase, particularly over the past ten years. We are still operating with the same resources that we had at that time, so our resources are getting very, very tightly stretched.

CHAIR: By "resources" do you mean staff or buildings or both?

Mr FOSTER: Building accommodation has had to be upgraded to take more people. We are limited in the places we can send people to. Mulawa normally sends people to Emu Plains and Emu Plains is running at full capacity, which has caused a bottleneck here. The staff are trying to deal with the people and maybe they are feeling the pressure.

Mr HADDRICK: I have noticed the increase, probably in two stages. It probably goes back to my time at Mannus in the Snowy Mountains from 89 to 94. When I started there we had 75 inmates. When I finished towards the end of 94 we increased to 159 with really no increase in staff. The afternoon shifts, because it is the busiest time with every one back in camp, we more or less had two officers in charge of 159 inmates. I remember two or three times, if someone was injured with a cricket ball, we would have to send him to Tumbarumba Hospital and it became a one man gaol. That happened three or four times while I was on duty.

I left there and went to Maitland. To me there did not appear to be a major problem there with overcrowding. When I came here we had 180 and that stayed pretty well constant.

The Hon. Jan BURNSWOODS: When did you come here?

Mr HADDRICK: I was at Maitland for ten months, 95. I did not notice any major overcrowding during the first period here, which was about 14 months. Then I went down to the remand centre at Long Bay and spent 99 per cent of the time in the general office there. I was away from inmate contact - the only break in 13 years. That lasted 12 months. It was 180 to 190 inmates and when I returned and has since increased to around 290.

I am now involved in classification and case management and we are just about run off our feet. We have two positions across there, case management supervisors, and unfortunately, I am the only one that is there permanently. It is not an "off-line" position at this stage. Probably 50 per cent of the time the other position is not manned, and when it is, it is somebody who usually does not want to be there, and quite often not much use to me.

The Governor and the deputy here are trying to man it as often as possible but it is usually somebody on overtime. They are doing their best, but it is not a lot of help in many cases.

CHAIR: We have had the case management system explained to us and how it is supposed to operate. Do you find that it operates according to the policy or is it generally efficient or are there problems with it?

Mr HADDRICK: It can be very efficient. The success I have had around here so far is fairly limited. It is a system of managing inmates and it relies on a lot of interest from the officers doing it. It is easy to do a little bit and say you have done something. To get stuck into it and say you have done it properly requires a personal interest, which seems to be lacking. I am the only one in the gaol who wants to be there in the position full-time. I find it interesting, challenging.

CHAIR: Is that a view generally held by officers, that it is something they don't want to do?

Mr HADDRICK: Yes, all over the state, everywhere I have been so far.

The Hon. Jan BURNSWOODS: Why do they not?

Mr HADDRICK: I don't know.

Mr FOSTER: A lot of the people they have believe they have come in to provide security. We are now breaking into doing full-on cold interviews with new inmates involved in the centre. That can be very intimidating. It is easier to criticise the system than to try and be part of it under those circumstances. We are still in a learning phase with case management, there is a lot of room for improvement, thank goodness, because if we were at 100 per cent our failure rate would be great. There is room for improvement.

CHAIR: It has been put to us that it was becoming increasingly the exception rather than the rule that officers did not have a commitment to case management and that was a culture that was gradually dying out. Would that be your opinion of it?

Mr HADDRICK: It is true that there is not a lot committed to it. I look at the staff I have around here, I have 5 per cent that are really enthusiastic, 5 per cent that don't want to do it, bordering on refusing, and the remainder are getting on steadily. If you tell them to do something, they do it. There is no incentive to take the extra step. They are doing it because they have to.

CHAIR: Is there any way around this resistance or is it something you are going to have to wait for years or additional training or other incentives to make it worthwhile?

Mr HADDRICK: I do not think additional training is necessary. The whole system got off to a very bad start when it was introduced in 92/93. The department put in place quite an efficient sort of training system. Naturally you could not take every prison officer in the State to the academy, so they brought people in from every gaol. Some were trained as supervisors, others as on site trainers, they were supposed to go back to the gaols and present these training sessions. There was about ten separate subjects that had to be taught - case management, professionalism, team work, self esteem, and so on. Each on site trainer was given quite an extensive training manual on how to present each session. They went back to the gaols and all of these session plans, if they had been all carried out correctly, would have involved at least about a week of training. I think it was about a week. Some were a day, half day sessions, some all day sessions and the vast majority of governors around the State condensed the whole lot to two or three hours, which was next to useless. That came out in the ICAC. inquiry. The training was destroyed at the local level and it has been a struggle to get it going from then on.

CHAIR: Is it, in part, considered to be an industrial issue that perhaps people feel they are being paid to be security officers and this is an additional responsibility which needs to be compensated for in salary?

Mr HADDRICK: Well, they are being paid to do it now. I think the last payrise was based on case management.

The Hon. Jan BURNSWOODS: Is there a larger number of newer and perhaps younger people coming in?

Mr FOSTER: It is improving, believe it or not, with the newer staff who have come in who have not been influenced by an older culture. Those people are starting off on the right track and their levels of determination are much higher, so maybe when you talk about putting a time on it of years, it is not years at all, it is actually starting to change. As the trend develops where these people do start to become more active, the hope is that a few others might follow the same path.

The Hon. Jan BURNSWOODS: What sort of turnover of staff in a gaol like Mulawa do you have?

Mr FOSTER: I could not answer that.

The Hon. Jan BURNSWOODS: Does it seem to you to be a lot? I am just trying to get a feel for how many people are coming in and whether they are staying or leaving.

Mr FOSTER: At the moment we have 29 trainees in the gaol.

The Hon. Dr A. CHESTERFIELD-EVANS: In Mulawa?

Mr FOSTER: In Mulawa.

The Hon. Dr A. CHESTERFIELD-EVANS: Out of how many?

SPEAKER: The current staff is 177 with about 30 vacancies.

Mr FOSTER: That tightens it up. It means that people are working extra shifts. The trainees that are coming in are very, very good quality people. There has been a change in the selection process and the people who come in now are very interested in case management.

The Hon. Jan BURNSWOODS: Are a high percentage of the new ones women?

Mr FOSTER: I wouldn't say a higher percentage, I think it is probably much the same as it has been in the past. Generally you would not have a 50 percent ratio between men and women in the staff, I think it is generally a higher male ratio.

Mr HADDRICK: The last I heard it was 60 to 40. I am not sure of the exact figures now.

The Hon. Jan BURNSWOODS: So that has stayed fairly level?

Mr FOSTER: It appears to be. We have not had a major influx of females coming in.

The Hon. Jan BURNSWOODS: And what about Aboriginal staff?

Mr FOSTER: Few. There are two or three people that I am aware of that are Aboriginal.

Mr HADDRICK: I can think of one immediately, I am just trying to think of the rest. I know one is definitely Aboriginal.

The Hon. Jan BURNSWOODS: It is not that necessarily people would be more supportive of a case management model, but they might be if they have more sensitivity with the inmates?

Mr FOSTER: It could perhaps also be that they have a choice. A lot of the staff prior to 1992 did not have the option, it was something that came along, and there is fear of change in this place. That is evident.

The Hon. Jan BURNSWOODS: Fear of change?

Mr FOSTER: A lot of people do not like change - inmates included - but new staff are starting to pick up the slack. That is where the change will come from.

The Hon. P. T. PRIMROSE: Are drugs a problem in Mulawa, and I am referring both to legal and illegal drugs? If so, can you tell us what measures have been taken to minimise the problem?

Mr HADDRICK: Drugs are a problem I think in every gaol. There are certainly plenty of drugs in Mulawa. It is just about impossible to get them out. The last major incident I can remember a few weeks ago, the story I heard was that they were simply thrown over the fence. I have seen that happen. They have come over the fence in tennis balls, if all other methods to get them in failed. It is just about impossible to keep them out. If you go to Emu Plains the girls will tell you there are plenty of drugs out there because it is so open, there are no fences in a section of it, and it is so close to a densely populated area. Even in remote areas, in the Snowy Mountains, we had plenty of them down there when I was there.

The Hon. P. T. PRIMROSE: Something that has been put to us - and I presume partly in terms of an attempt to minimise drugs coming into gaol - is the issue of searching visitors. What are the values in terms of searching visitors, and how they are searched, if, even despite that process, the place is awash with drugs?

Mr FOSTER: It is a problem. When it comes to searching a visitor who comes on to the complex, we do not physically touch a visitor. We can ask them to empty their pockets, we can ask to check the lining of their trousers, ask them to lift their trouser pants and show their socks, but that is about the limit of what we are allowed to do. If you go further and ask someone to open their mouth, that is a problem and we are not legally allowed to do that. Even if you go to the trouble, somebody who is inventive can find ways around it. We cannot strip search visitors.

The Hon. P. T. PRIMROSE: I am trying to work out whether they are particularly intrusive on visitors?

Mr FOSTER: Quite the opposite.

The Hon. P. T. PRIMROSE: Not intrusive at all?

Mr FOSTER: Not intrusive at all, no. There is no physical touching. It is not the same as an inmate who can be asked to step into an area and be strip searched. Members of the public are members of the public and will be made welcome to the centre.

The Hon. Jan BURNSWOODS: It was suggested to us that perhaps searching visitors was counter-productive. If visitors are seen to be good in terms of the rehabilitation of a prisoner, then perhaps the procedures which make it harder and more unwelcoming for visitors may be working against the good aims of having visitors.

The Hon. P. T. PRIMROSE: Could I give you an example of that: It has been put to us that visits, for instance, can be terminated when a child visitor needs to use the toilet.

Mr FOSTER: No, if you are talking about a child, be it a child who is under five, it is not a problem because they go and use the toilet and come back in.

Mr HADDRICK: It is a long time since I have worked in visits, but yes, that was not a problem then.

Mr FOSTER: It is a problem if it is an adult who wishes to use the toilet and come back into the visitors' section. We will terminate the visit then.

The Hon. Dr A. CHESTERFIELD-EVANS: Is that because they then bring drugs in?

Mr FOSTER: People tend to secrete drugs and they go to the toilet, find their drugs and bring them back.

Mr HADDRICK: They come in, they go to the toilet before actually going to the visiting centre and they leave things in there. Then they will go in and see what is going on, how many officers are there and so on. If everything looks safe, they will go back and get them. Unfortunately, for every one that does this, there are probably a dozen that do not do it, but we have no way of knowing.

The Hon. Jan BURNSWOODS: I suppose that is what you are essentially really getting at.

Mr FOSTER: And one packet of pills goes an awful long way in a place like this.

The Hon. P. T. PRIMROSE: You are suggesting that the place is awash anyway?

Mr HADDRICK: Well, how much can we stop it coming in? Even if we succeeded in stopping it from coming in through the gates completely, you still have the problem of it coming over the fence. That will occur.

The Hon. P. T. PRIMROSE: I understand. My question is just trying to understand what other people have told us and, for instance, the idea of visits being terminated - it has been put to us that children need to go to the toilet - all for purposes which you say have failed anyway because the place is awash with drugs.

Mr FOSTER: We have to be seen at least to be showing some level of deterrent to stop people bringing things in. They do die in gaol as a result of drug overdose.

Mr HADDRICK: It is not only the medical problems; one person has drugs, somebody else wants them. We are in the middle separating them.

The Hon. P. T. PRIMROSE: I am trying to get an understanding of the processes. As you say, I will not keep reiterating it, it is the whole issue of visitors and the procedures to try and prevent drugs coming in which are seen to be intrusive and negative on their rehabilitation, when, in fact, you acknowledge there is a problem already with drugs and you have been unable to stop them and you do not know how you could anyway.

Mr FOSTER: It is not open slather on bring in what you like. To some people in this place it is intrusive to open a door for a visitor to walk in. Whatever we do we can not satisfy them. We have a standard procedure applied equally and the same to everybody. I minimise the number of complaints as a result of that. Perhaps the visitors are best to talk about that.

The Hon. P. T. PRIMROSE: Can I ask one final question? If a child of five wanted to go the toilet that is not a problem? Are there guidelines we could be supplied with? Is it 6, 7 or 8, what are the guidelines you would use in relation to things such as visiting and visitation?

Mr HADDRICK: I think we have just about tried everything we can possibly think of. We know a lot of these procedures we carry out upset some people. That is the last thing we want to do, create public relations problems.

The Hon. P. T. PRIMROSE: Are there written guidelines? It would be useful to know.

CHAIR: Is there a visitors procedures manual?

Mr FOSTER: We should have a manual.

CHAIR: Would it include the detail about what to do if somebody wants to go to the toilet?

Mr HADDRICK: I have seen it in any gaol that is low security. We would not let people go out to the toilet at Maitland.

CHAIR: For the Committee's purpose of collecting the evidence, will it vary from prisoner to prisoner?

Mr FOSTER: It probably will where it comes to classification.

CHAIR: If it is necessary for a parent to take a child to the toilet, would that terminate a visit?

Mr HADDRICK: That gets to local order. It did at Maitland.

Mr FOSTER: People are advised that if they have to leave that visit for any reason, the visit completes. We do not have the visitor walking out numerous times and coming back in. It is an established fact with the people that come into the visiting area, they are advised, "If you have to leave or the person you are visiting has to leave, the visit ends".

CHAIR: Because the highest level of classification is C1, are there people with a lower level of classification who have to endure a level of supervision over their visits by virtue of the fact that they are mixed with the maximum security people?

Mr FOSTER: It is a procedure adopted by every visitor.

CHAIR: At Emu Plains where there is no C1 classification, would they be able to operate a more liberal visitation policy than you can here?

Mr HADDRICK: They are more open out there. Visits can last all day. They are out in the yard. There are barbecues and other facililties.

Mr FOSTER: They have all day visits there.

CHAIR: To have a C2 or C3 classification here you are clearly disadvantaged.

Mr HADDRICK: With the women your highest classification is reversed. The maximum security is category 4, medium 3, 2 is low security, category 1 is on works release and whatever. Yes, Mulawa has a lot of low security category 2s that are not suitable for Emu Plains. They are treated the same as 3s, and even a few 4s. A lot of category 4s are there because of possible escape and so on, overseas drug dealers and so on. We do have only one category 4 that is in Conlon all the time; Gonzales is a 4. Lucy Dudko is a category 4. They are escape risks, not because of their behaviour.

CHAIR: Speaking of classification, you actually have a juvenile here?

Mr FOSTER: Yes.

CHAIR: How are you able to manage her?

Mr HADDRICK: No problems so far. She is a handful. She is not out in the mainstream like the media had every one believing. She is in the Mum Shirl unit. She is under constant observation, 24 hours a day.

Mr FOSTER: Are you aware of the Mum Shirl unit?

CHAIR: We are aware of it.

Mr HADDRICK: There is a psychologist in the building constantly and staff there all the time.

The Hon. Dr A. CHESTERFIELD-EVANS: Just coming back to this area of the case manager, what would you say is needed to fix the case management? It does seem you are saying 5 per cent are for, 90 per cent are indifferent and 5 per cent are dead against it. The evidence we have had from the inmates is that it is not working too well. We asked where can people go to get identification such as they could get a bank account when they get out? The welfare people said, "I can't do it". We said, "Can the case managers do it?" But that is not

perceived as their job. It does not seem we have a life plan here, we have not even got a discharge plan. We are still a long way from a real case management in most situations.

Mr HADDRICK: I find the biggest problem is that it does not have any level of priority amongst the staff.

The Hon. Dr A. CHESTERFIELD-EVANS: What about the management, top management presumably?

Mr HADDRICK: There is not a lot of support. That goes right from the very top. I am not talking about the deputy and governor. There is little coming from the very top. It seems to have been introduced years ago and let go, and I think that is what eventually led to the ICAC reports which were not very favourable to us.

The Hon. Dr A. CHESTERFIELD-EVANS: It has not created heroic problems.

Mr HADDRICK: It was introduced here and we had to try and make it work and that is all that has happened. They have a clinical psychologist, Mr David Swartch, assigned to Mulawa. There is a current review of case management going on. His job is to come in and talk to me and see what is going on, and he is also working with Lithgow and Muswellbrook. I told him I was having difficulties getting it going. It is not just me having problems, it is the same for every gaol. He said, "But Ron Wooham came out a few months ago and said you have to do it". I said, "That is all we heard from Ron". I said, "Why didn't Ron turn to the Governor and say, Could you give me a report in two months time on what progress you are making?" A simple thing like that. The Governor would have discussed it with me, we would have got more people involved and staff would have realised it does have some degree of importance. David did not have an answer when I asked him that question.

The Hon. Dr A. CHESTERFIELD-EVANS: If Ron had been committed to it, he would have asked for a report for implementation rather than have said, "I am in favour of it".

Mr HADDRICK: Something more than what happened.

Mr FOSTER: There is a belief in the place that case management is a phase. As with all phases, they come into being and fade out of being. Long term commitment is a problem.

The Hon. Dr A. CHESTERFIELD-EVANS: People are saying that it is a question of a life plan rather than a gaol plan and the situation has to improve.

Mr FOSTER: If you make it into a life plan, you need to look beyond the gaol. There is no support structure after release.

Mr HADDRICK: We are using this solely in the gaol at the moment.

The Hon. Dr A. CHESTERFIELD-EVANS: What happens in terms of discharge, to get a birth certificate, to get a bank account, to get the welfare payments?

Mr HADDRICK: We do try to get the girls out in the best possible position to be successful, but we do not chase them up outside.

CHAIR: Some of the evidence we have heard gave us the impression that with some of the things that prisoners need to do that help them positively with their rehabilitation such as seeing welfare officers, enlisting in drug and alcohol services, accessing education services and so on, there appears to be a great deal of form filling and bureaucratic rigmarole that can occasionally be deliberately misused by custodial officers for the purpose of exercising power over the individual and delaying their access to that.

Mr HADDRICK: No, I am not aware of anything like that. A lot of the suggestions that an inmate uses the various services around here come from the classification meetings. Most are classified within four or five days of arriving here, unless court appearances delay it a little bit. While we look at what brought them into gaol, we do not discuss an offence if they have not been found guilty, but once they have, we do. It is quite obvious that a lot of them would benefit from seeing a psychologist or D and A worker or their education may be poor. We actually refer them to education. We fill in the form saying, "She hasn't reached year ten. We want you to do a full assessment", and the education officers will take it from there.

For the drug and alcohol worker we tell them to go to Reiby House and make their own appointments. As for the psychologist, we often refer them ourselves to the psychologist. I was not aware that there was any more paperwork involved in it. This is written in the case plan too, which goes into the case files and one of the jobs of the case officer is to be aware of what is in that plan and try and keep the inmate on it.

The services we have around here are quite impressive, and there are highly skilled people working on them. If the inmate does not want to take any part they do not have to. If they do not go along to see the various services, the people in the services are not in the position to run around the gaol to chase them up and encourage them back, which is one of the roles of the case officer, to see they have problems and see that they take part in it. At the moment only a small percentage of girls are taking part in it. That is despite the best efforts of some of the best case officers we have. I often thought, if ever I did get all the case officers to really do their best and get as many girls as possible, the service would not have a hope in the world of coping with the demand.

The Hon. Dr A. CHESTERFIELD-EVANS: They do not seem to now.

Mr HADDRICK: They are flat out now. We have two drug and alcohol counsellors at the moment in a goal where probably 90 percent of the girls have drug and alcohol problems and I had one of those drug and alcohol counsellors with me for most of this afternoon in a classification meeting.

The Hon. Dr A. CHESTERFIELD-EVANS: You are saying that one of them is spending all of his time in induction?

Mr HADDRICK: Yes, well, one has got to go down there and do a drug and alcohol assessment.

CHAIR: Do the drug and alcohol counsellors have something to do with - there are some cells down --

Mr HADDRICK: There are four, I think, from memory.

CHAIR: Specially allocated. Do drug and alcohol counsellors have anything to do with those?

Mr HADDRICK: I am not sure. I was under the impression that they saw all the new girls coming in.

Ms RHIANNON: Could I just go back to visiting rights. I understand that there are sniffer dogs when visitors come and you mentioned how it is not possible for you to search people because they are members of the public. If the sniffer dog reacts in whatever way a sniffer dog reacts when it sniffs drugs, what do you then do with the visitors? Also are sniffer dogs used with children?

Mr FOSTER: There is a task force used by the Corrective Services Department called STED. They actually handle the dogs. What actually happens is that people are met coming into the centres up at the boom gate at the front of the complex. They are asked to stand in a line and the dog walks around them. They are passive alert dogs. If a dog sits down beside that person, it identifies. If there is some reason to believe that that person does have drugs, they will be asked if they have anything that they need to declare. If they choose not to declare it then the task force staff will contact the local police. The local police have the authority to do a strip search on a member of the public, which we don't have, so they conduct any search. It is not conducted by Corrective Services staff. We are not given the legal ability to do that.

The Hon. Jan BURNSWOODS: Is it conducted in your premises here if the police do it or --?

Mr HADDRICK: Yes, I have seen the police do it here in a private area.

Ms RHIANNON: And what about children? Do the dogs sniff the children?

Mr FOSTER: Normally everybody just lines up.

The Hon. Dr A. CHESTERFIELD-EVANS: Are they big dogs?

Mr FOSTER: They use labradors, border collies, not German shepherds.

Mr HADDRICK: They tend to keep the shepherds away from the public.

Ms RHIANNON: I have never seen any figures about it, but we have heard anecdotal stories over the years about drug use in prisons and speculation as to how those drugs come into prisons. It is often suggested that, as well as at the time of visits, prison officers are also involved. Can you make any comments on that and do you have any thoughts on a percentage

of how drugs come in between, as you have said, being thrown over the fence, through visits, and I do not know what your opinion is about prison officers, but just as an opinion.

Mr FOSTER: We are subject to random searches too, on entering the complex, at any time. You can be asked for bags to be searched. As far as direct evidence of that, I have none, to my recollection, of people who would actually bring drugs in here who are staff. I have heard of it happening in the past.

Ms RHIANNON: You have heard of it happening?

Mr FOSTER: Yes, there have been documented cases.

Mr HADDRICK: A very small percentage really.

Ms RHIANNON: So are you able to make an estimate?

Mr HADDRICK: As far as the uniformed staff go, we are the ones who have to get in there and deal with the fights, disputes, etc, so we do not want to create problems for ourselves. You may occasionally get a corrupt officer who is making money out of it, but it is rare, and they normally get caught.

CHAIR: There is a widely held view that prison officers actually support it because the drugs sedate them?

Mr HADDRICK: I heard that on the radio and I felt like ringing up, and I know I can't, but no, definitely not.

Mr FOSTER: There is nothing better than when you have known somebody who has been on a high dose of methadone for a long period of time and then you meet the real person when they are not on methadone any more and you actually get an opportunity of meeting that person as they are, not as they used to be. That is another control tool, I suppose you would call it. I do not subscribe to that, and I do not know any other staff that do.

CHAIR: What about medication prescribed within the prison? Is that a problem?

Mr HADDRICK: That is a problem, yes, girls standing over others trying to get the medication; people receiving medication from the clinic, trying to not swallow it and get away from that area undetected so that someone else can take it off them. With the methadone, I do not know whether you noticed, you saw the Qantas headset area here, the little black rubber discs on the overhead headsets, they fit onto the ear pieces and some people will try and conceal in their mouth to soak up the methadone that is given to them and then go away and give it to somebody else. You have to be in here and work with them to see just what goes on sometimes, the things that they get up to.

CHAIR: Is there any way in which that can be counteracted by better supervision?

Mr FOSTER: Where we identify it to be a problem, we deal with it. It might be that one individual gets their medication on their own or they are maintained in their medical facility for 30 minutes before they are released back.

Mr HADDRICK: You tend to give every inmate a chance to do the right thing. If you suspect, you have to treat her a little differently to try and get around that. We get a lot of information before a visitor has come. A lot of it comes back through case management. Years ago when it was not the normal thing to talk to an officer, if they talked to an officer the other inmates would have a go. Now it is normal to have private interviews with officers. It is amazing the information we hear, that so-and-so is bringing in drugs, and this inmate is telling us they know that is going to cause a fight with so-and-so and so-and-so. We pick it up through phone calls and we also suspect a visitor. Sometimes we can even have the police waiting for them. They are all given a chance first. These sort of actions are only taken if there is good reason.

CHAIR: Is it possible that a prisoner could have been denied access to antibiotics for a serious medical condition for a period of time, for around a week?

Mr HADDRICK: We have nothing to do with that.

Mr FOSTER: That would have to be directed at the medical staff.

CHAIR: Before someone got to the medical people, they would have to contact you.

Mr HADDRICK: If someone calls us in need of medication, whether we think they need it or not, you do not play games with something like that. We do not know what it is being prescribed for. You write it in the log book, notify medical and do whatever medical wants you to do. If they want the inmate taken to the annex, we take her up there.

Mr FOSTER: As far as access to medical, there is morning medication, afternoon medication. There is actually an evening medication where somebody that is in need of that treatment has an opportunity to see medical staff to get prescribed antibiotics.

CHAIR: Have you encountered a prisoner who has gone up to see medical staff and because of over-work they have been unable to meet with a doctor or nurse?

Mr FOSTER: Yes.

The Hon. Jan BURNSWOODS: Do you have any comments to make on the way in which custodial and medical staff interact? Is it a matter of a view? Like you said, someone calls in the middle of the night and you, in effect, pass them on to the medical staff, but what sort of interaction do you have with the staff in the Inmate Development Services?

Mr FOSTER: A high level of interaction with all of them. We all work in the same team here. It is important, even from the perspective of somebody that is having a problem in the unit that can talk to somebody in IDS that knows a little about that problem. Perhaps somebody in

medical knows a little bit more about that. Perhaps put together a picture that resolves the problem.

The Hon. Jan BURNSWOODS: You said older people are being hostile to the case management approach. Do you have the same kind of barriers between custodial staff and other staff?

Mr HADDRICK: I have seen it. It can be a problem in some gaols. Around here is not too bad. Usually the smaller the gaol, the better it is.

The Hon. Jan BURNSWOODS: Just because you all knock around together more?

Mr HADDRICK: The best case I saw was at Mannus down in the mountains. There was 45 people worked in that gaol, uniformed and civilian staff, and all but five when I was there were local people. They all grew up together. They had been together all their lives. You get to a big gaol where staff do not know each other and you can have problems.

The Hon. Jan BURNSWOODS: Where would you put Mulawa?

Mr HADDRICK: Here is not a problem.

Mr FOSTER: If we had a problem with one of our people in D and A, you would be off line with 50 per cent of our D and A workers.

The Hon. Jan BURNSWOODS: Do people have the informal contact?

Mr FOSTER: They drop in and have a cup of coffee and discuss this problem. I know for quite a lot of people that is a regular thing. Reiby House is a regular trip on the way back to the unit. Your comms are maintained. At times you do need to talk to somebody urgently and it makes it a lot more effective if you know who you are talking to at the end of the phone. They at least make themselves known, and when you do walk in with a problem, it makes it easier to find a quick resolution.

The Hon. Dr A. CHESTERFIELD-EVANS: Are communications with staff a lot better than they were a few years ago? One woman said to us that it was a lot worse and now it is all shades of grey and people will tell you anything.

Mr FOSTER: She is a rebel against case management. An officer used to be challenged for talking to an inmate unless they were issuing a direct order. Nowadays it is the opposite way, you do not have strictly green and blue, you have introduced grey.

Mr HADDRICK: One of the major aims of case management when it first came in was to simply get staff talking to inmates for the first time in hundreds of years. It works very well.

Mr FOSTER: It is not black and white any more. We have this good thing where we can manoeuvre. As one of the long-term's case managers told me, when she was initially in gaol it was not a problem because there were the women and the staff, and the boundaries were very

well-know, but she also made the point with case management, that is a chronically confusing thing because now these people can come and talk to you, and vice versa, and that is encouraged and in fact in a lot of regards it is expected, so for her that was a major problem after what she was used to doing in gaol fifteen years ago. There is a lot of negativity on that basis. A lot of people are very suspicious of what case management is.

The Hon. Dr A. CHESTERFIELD-EVANS: Inmates or officers?

Mr FOSTER: Well, both, officers and also the inmates.

CHAIR: Finally, is there anything that you have not said that you want to say to the Committee? If there is, and you leave here and think, "I should have said X", we would encourage you to reply to us in writing.

Mr FOSTER: Could I just suggest one thing which I think is important. What we do here, from receiving somebody, from our development staff trying to rebuild somebody, from a case officer trying to encourage a change in behaviour or betterment in a person, that is all well and good, but the link falls down at the front gate. There is no support structure in the community that can take it up. People think the parole officer is a support person, but in the view of the inmate that person is not because they can breach them and throw them back into gaol, and that is hardly a person who they can discuss their new drug addiction with. Until you actually look at this place as a beginning and start to look at support structures outside, where they have a community support base, where they can fall back on people for support, encouragement, motivation at times, we are still going to be receiving a lot of people here and we are still going to be receiving the same person on multiple occasions because, when we have to release somebody at the front gate, after an hour out of the gaol, all they want is to come back. They will go and steal a Mars Bar to get re-arrested and come back into gaol.

Mr HADDRICK: That happened just recently.

Mr FOSTER: That is disgraceful; I think it is absolutely disgraceful. Until the community starts to take a closer look at how someone survives after being released, we will have the same problems which we will be discussing in another committee meeting in X years' time.

Mr HADDRICK: There is so much that can be done, but it gets back to how much money we have.

Mr FOSTER: Perhaps it could be better invested.

(The witnesses withdrew)

(The Committee adjourned at 6.30 p.m.)