

**REPORT OF PROCEEDINGS BEFORE**

**SELECT COMMITTEE ON THE  
INCREASE IN PRISONER POPULATION**

**INQUIRY INTO INCREASE IN PRISONER POPULATION**

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**At Emu Plains Correctional Centre  
Old Bathurst Road  
Emu Plains**

**Wednesday, 16 February 2000**

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**The Committee met at 12.30 p.m.**

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**PRESENT**

The Hon John Ryan (*Chair*)

Ms Lee Rhiannon (*Deputy Chair*)

The Hon Jan Burnswoods

The Hon Dr Arthur Chesterfield-Evans

The Hon Peter Primrose

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**GAIL LILLIAN, MALPASS**, Manager of Industries, Emu Plains Correctional Centre, Old Bathurst Road, Emu Plains,

**MARGARET ANN LIGHTFOOT**, Program Manager, Emu Plains Correctional Centre, Old Bathurst Road, Emu Plains, and

**JULIE KRISTEN ELLIS**, Senior Assistant Superintendent and Acting Deputy Governor, Emu Plains Correctional Centre, Old Bathurst Road, Emu Plains, affirmed and examined:

**CHAIR:** Ms Malpass, could you briefly outline your qualifications and experience which are relative to this inquiry? How long have you been here?

**Ms MALPASS:** Three years.

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

**Ms MALPASS:** Yes.

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

**Ms MALPASS:** Yes.

**CHAIR:** Ms Lightfoot, could you briefly outline your qualifications and experience as they are relevant to this inquiry?

**Ms LIGHTFOOT:** I have been in the department since 1983 and have held a variety of positions. I have been at Emu Plains for three and a half months as Program Manager. I have a Bachelor of Arts degree and a Diploma in Education.

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

**Ms LIGHTFOOT:** I have.

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

**Ms LIGHTFOOT:** I am.

**CHAIR:** Ms Ellis, could you briefly outline your qualifications and experience as they are relevant to the inquiry?

**Ms ELLIS:** I have been a custodial officer with the department for the past nine years and I have been acting temporary in the position on and off for a period of about three years.

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

**Ms ELLIS:** Yes.

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

**Ms ELLIS:** Yes, 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 may make your evidence public.

First of all, in terms of answering questions, feel free to answer any of the questions asked by members as you see fit or each of you in turn answer the questions. Our only physical constraint here is that we are attempting to make a *Hansard* record and so you need to speak clearly enough so they can get a good copy.

Is there anything you would like to say to the Committee before you are asked any questions about your role?

**ALL WITNESSES:** No.

**CHAIR:** Could we have some explanation of the role of the Manager of Industries, and I think we have the Program Manager too. If you could explain what those roles are about, I would be grateful?

**Ms LIGHTFOOT:** Whom do you want first?

**CHAIR:** It does not matter.

**Ms LIGHTFOOT:** All right. I am the Program Manager. My role is to manage all the programs in the centre, and I have Inmate Development Services staff employed here to work in those areas. I manage the education, drug and alcohol, welfare, psychology services, the case management program for inmates, many of the pre-release, post-release programs, so anything that is associated with an inmate's program while they are in this centre comes under my general supervision plus the associated staff issues that come with supervising staff at this centre.

Going with that, I manage on a day-to-day basis most of the IDS staff, who have professional supervision. Their supervisors are based in Roden Cutler House in head office, so many of their professional issues are handled by head office people and I liaise closely with those head office people continually.

**CHAIR:** And Manager of Industries?

**Ms MALPASS:** As Manager of Industries, my duties include the employment of inmates at the correctional centre, sourcing employment from outside to actually use in the correctional centre, taking care of all the business units to make sure they are running properly in accordance with policy, overseeing my staff so far as basically paying the inmates and just development of industries as well as assisting security by liaising with the Program Manager so far as implementing education in conjunction with industries.

**CHAIR:** Ms Lightfoot, could you explain to the Committee what programs are offered to inmates at Emu Plains?

**Ms LIGHTFOOT:** A whole range of programs. Everybody is case managed extensively at Emu Plains and a case management plan is made up for every inmate. They are spoken to and they sign that case management plan. They agree to do certain things for their own development.

We have psychology, and psychologists see inmates on a one-to-one basis. They do also run some groups for inmates. The same applies to drug and alcohol. They do one-to-one counselling but also some group work. Welfare officers see the inmates about a variety of issues. They might be associated with family problems or organising things to help them getting towards release.

We have a wide variety of education programs in this centre. We focus a lot on preparing for release. We focus on inmates who are of an appropriate classification being able to attend things like tech colleges and universities, when they want to do that. There is a whole range of things like literacy, reading, writing, English as a second language, but there are also programs that help them cope with the amount of leisure time they may have both in here and when they are released.

There are a lot of drug and alcohol programs, relapse prevention, harm minimisation, a whole range of drug and alcohol programs. The same applies to most areas.

The general supervision of the day-to-day issues with the mothers and children's program comes under my general supervision and virtually any program that is in the gaol as such comes under my general supervision in conjunction with the other managers.

**CHAIR:** Are these programs compulsory for the inmates and are there any inmates doing no programs at all?

**Ms LIGHTFOOT:** There would not be many inmates who do not do a program of some sort, because even seeing a psychologist and a drug and alcohol worker can be part of their program.

Programs are not compulsory because we cannot say to them, "You have to do this." What most inmates do understand is that progression through the system is sometimes dependent on them fulfilling some things that have been suggested either by the courts or other people, but, no, we cannot say to them, "You have to do this." It is basically, to a large extent, they have to take responsibility.

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**CHAIR:** Is the denial of a program or entry into a particular program ever used as a disciplinary or management measure?

**Ms LIGHTFOOT:** Never used as a disciplinary measure at all, and we cannot do that, because the programs are not compulsory.

**CHAIR:** But there is never the situation where people are told, "You have to behave well enough in order to earn the opportunity to be in this particular program"?

**Ms LIGHTFOOT:** I cannot ever remember that happening.

**CHAIR:** Is there much of a waiting time for inmates in order to access programs of their choice?

**Ms LIGHTFOOT:** Only when they are associated with starting times. Like if someone applies to do a program at a tech college and it does not start until three or four months later in the year, then, obviously, they have to wait, but, as a general rule, they can get into them reasonably quickly.

**CHAIR:** How many drug and alcohol staff specialists do you have operating in this particular centre at Emu Plains?

**Ms LIGHTFOOT:** We have two full-time drug and alcohol staff and we have just employed another drug and alcohol person specifically for a program that is called the POISE program, which we are in the process of getting up and running now, and that is a half-time position.

**CHAIR:** Are any of those staff specifically employed because they have an indigenous background?

**Ms LIGHTFOOT:** We do not have a specific indigenous drug and alcohol position in this gaol.

**CHAIR:** Are there many Aborigines in this gaol?

**Ms LIGHTFOOT:** I am not sure of the exact numbers, but there are a few.

**CHAIR:** Are there any staff at all of an indigenous background on the staff?

**Ms LIGHTFOOT:** In the IDS area there is no specific indigenous position. We do have indigenous workers based in the regional office, who do come out and see inmates and participate in case management and other programs.

**The Hon. JAN BURNWOODS:** I gather your staffing situation is reasonably good in terms of unfilled vacancies and so on on the staff?

**Ms LIGHTFOOT:** Yes.

**The Hon. JAN BURNWOODS:** Could you do with more staff or a different mix of staff, or are there areas where there is a need or a demand that is not sufficiently filled?

**Ms LIGHTFOOT:** Obviously, anyone can always do with more staff. We work exceptionally well with the resources we have got, and the staff here are very committed.

**The Hon. JAN BURNWOODS:** There are not areas that you would point to where there is a need for more?

**Ms LIGHTFOOT:** Not specifically, but, then, that is also not my role. The staffing structure is organised at a head office level basically and apart from the fact, as I said, everybody can always use more staff.

**The Hon. JAN BURNWOODS:** What about, for instance, if you want an indigenous worker? You make that need known?

**Ms LIGHTFOOT:** If I wanted an indigenous worker, I would have to put in a submission to head office to get an indigenous worker. They would then make the decision as to whether it was possible.

**CHAIR:** Do you have indigenous inmates who are not participating in programs because there are no indigenous IDS staff?

**Ms LIGHTFOOT:** Not to my knowledge, no.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Who are your case managers? Are they Corrective Services staff or IDS staff?

**Ms LIGHTFOOT:** All staff are Corrective Services staff. The case managers are uniformed staff.

**The Hon. Dr A. CHESTERFIELD-EVANS:** That means they are custodial staff?

**Ms LIGHTFOOT:** Yes.

**The Hon. Dr A. CHESTERFIELD-EVANS:** And are they all committed to the case management concept?

**Ms LIGHTFOOT:** Here, yes, case management runs exceptionally well, and the staff are committed to it.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Are those case management plans life plans or only plans for the time they are within the walls?

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**Ms LIGHTFOOT:** They are not life plans. We cannot have life plans. They are plans for while they are in this centre, and, even then, there is the option to review those plans. Everybody has case management reviews, so there is always an option to review the plan.

**The Hon. Dr A. CHESTERFIELD-EVANS:** But with those plans do they discharge plan in the sense that you say that a person will do the X courses or solve this psychological problem or get rid of this drug and alcohol problem or get these skills in industry?

Is it envisioned that when they leave they will, manage their children, manage their money, be off the drugs and do work in this area? Does it go to that extent that you see beyond the walls to a life plan in that sense or is it just courses that they will do while they are within?

**Ms LIGHTFOOT:** We would hope that the courses that they do while they are in here will stand them in good stead once they are released but we have no control over what happens to them once they are released from this centre.

**The Hon. Dr A. CHESTERFIELD-EVANS:** No, but, when you are discussing the plans with them, do you say, "Where do you want to be two years after you are out of here?"

**Ms LIGHTFOOT:** That is not written into their plan.

**The Hon. Dr A. CHESTERFIELD-EVANS:** It is not?

**Ms LIGHTFOOT:** No, it is not written into their plan.

**The Hon. Dr A. CHESTERFIELD-EVANS:** So there is not a personal development angle that takes them out of here into the future?

**Ms LIGHTFOOT:** There is for while they are in here in the hope that it will carry through into the future but, again, we cannot have any say in what happens with them when they leave here.

**CHAIR:** Your programs appear to be very well run within this institution, probably better than they are in any other institution, but is there any sort of attempt to take those programs and by liaising with probation sort of say, "Look, this person was so far in her drug and alcohol program and she could really do with being encouraged to continue with it"?

**Ms LIGHTFOOT:** We do have a Probation and Parole officer stationed here and there is a lot of liaison with Probation and Parole. There is also liaison with education facilities on the outside and we can talk to those various community places, which we do, but, again, once the person leaves we do not have any say in whether they actually follow that up. So, yes, there is lots of liaison while they are in here but once they leave we then cannot continue that liaison when they get on the outside.

**The Hon. P. T. PRIMROSE:** Can I just follow that up in terms of not having control over people when they leave? I understood, from what you were saying before, that is clearly



correct, but, in terms of doing a plan, is it the fact that, as you said, your planning solely relates to what happens here or is there an attempt, even though you cannot force people to enact the plans, to say, "Gee, it would be a good idea if in the plan you saw the psychologist at the area health centre because you have an intellectual disability"?

**Ms LIGHTFOOT:** What we can do is encourage them to participate in programs here that may encourage them to continue that type of participation when they leave, so that what they start here in an education area can be continued when they are released. For instance, they may start a horticulture training course here; they may be able to do the first stage of it here, with the idea both for them and for us that when they are released they may go to a tech college to complete some more of that course, but there is still no way we have of ensuring that they do that. The same applies to other areas.

**CHAIR:** You can do things to make it more likely that it happens, though, can you not?

**Ms LIGHTFOOT:** Yes, by encouraging them to do the sorts of programs here both that they want to do and that we feel may be appropriate.

**CHAIR:** This might be a question more relevant to Ms Ellis. Do many of the inmates here live locally in the western suburbs of Sydney? Is that common?

**Ms ELLIS:** It is common, but, usually, that is only when they come in here and they do reception. They obviously give us an address and an address of their family, their next of kin details, and I have noticed that there are quite a few in the area.

**CHAIR:** What I have noticed is that many of the inmates have a fairly low security classification, and one of the things that might make it more likely that they participate in programs is if they are actually sent to make the contact with the TAFE college or the drug and alcohol service while they are still here and sent off to do that so that when they leave all of that sort of initial stuff is done and they know where to go and who they are going to meet. Do you have opportunities to do those sorts of things to make the continuation of programs more likely?

**Ms LIGHTFOOT:** Yes, we do. When they get to a security classification where they are eligible to go out, our education staff will actually take them out to the colleges. If they are the appropriate classification, they can attend the educational institutions from here so that once they get out they know the people in that particular college.

**CHAIR:** What sort of classification do they have to achieve to get to that stage?

**Ms LIGHTFOOT:** They have to be the lowest security classification.

**CHAIR:** Do many of the inmates here achieve that?

**Ms LIGHTFOOT:** We do have quite a few here who are eligible to go out into the community.

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**CHAIR:** It may be difficult, but perhaps Ms Ellis might know what proportion of inmates reach that classification.

**Ms ELLIS:** I do not know the actual percentage but I do know that in the three years that I have been here we have had quite a few inmates go out to tech and university quite successfully.

**The Hon. JAN BURNWOODS:** Can I ask some of these same sorts of questions of Gail because they are relevant to the industries here as well and having in mind what they are going to do when they are released and where they work, particularly the group that go out, but also I guess you have training for the future in mind too in allocating women and so on. Can you comment on some of these issues from an industries point of view?

**Ms MALPASS:** Basically in industries we try to get them back into the work ethic and getting up and having responsibility to actually go and perform a task. Yes, there are programs in place in the industries: occupational health and safety, manual handling, first aid in conjunction with education. We do a lot of things in conjunction with education. First aid training - they use that outside as well as inside. Fork lift driving, tractor handling because of the industries we have here. There are actually things like fork lift driving they can use on the outside too.

Girls are very keen to do those sorts of courses. Workplace assessments on production processes, forwarding systems, which is all applicable to outside industry, so we try to base them as close as we can to outside industry to give them the knowledge and the capability of slotting into a work position when they actually leave.

**The Hon. JAN BURNWOODS:** And what about if someone is getting close to release time? Do you and your staff play any role in trying to slot them into jobs or is there any suitable sort of liaison with local companies for those who live locally?

**Ms MALPASS:** CSI corporate office actually takes inmates when they get to a certain category to actually work in facilities. There is clerical assistance and things like that, but usually girls then go to the transitional centre for that. Some jobs we actually get in general industries might progress then through to them offering work release positions so that the girls actually have a knowledge prior to getting out of what tasks are required in industry.

**The Hon. JAN BURNWOODS:** Does that happen much?

**Ms MALPASS:** We actually have industries affiliated with other industries outside where that can happen. We have got a select number of industries that we currently are putting into this correctional centre with the view that potential work release positions for these girls will come up in the future.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Yesterday we had evidence that there was great difficulty when people were discharged. When you go to get a bank account you have to have 100 points of identification. They did not have 100 points of identification. So once they got some cash to go out with they could not actually put their cheque from Centrelink in the

bank because they could not get a bank account because they did not have 100 points. When they are here would their case management plans make sure that they did have 100 points, that they could have a bank account?

**Ms LIGHTFOOT:** No, their case management plan does not necessarily include that. They have welfare officers here who can help them in those areas, but the other thing that we are looking at here at the moment is trying to come up with some sort of program whereby we can help them with the identification needed in that area. It is a difficult one while they are in here.

**The Hon. Dr A. CHESTERFIELD-EVANS:** The welfare officer yesterday said she did not have time to do that for everybody and if they did not ask it did not get done, and the case managers did not see it as part of their role. Is that also the situation here?

**Ms LIGHTFOOT:** The welfare officer will not chase someone up to see if they have the number of ID points. Obviously, that is not always possible.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Chase them up or get the points?

**Ms LIGHTFOOT:** Well, either. If an inmate goes to a welfare officer, the welfare officer will help them with anything they need in that area. One of the things, as I said, that we are looking at is ways of trying to get around this at the moment and one of the things we are looking at doing at the moment is to see if we can come up with some sort of card for an inmate that is given to them with their release papers, which may have a photograph on it, which will help them with that essential ID, because not all of them have driving licences.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Would that not mean that they would be stigmatised the minute they put their ID out?

**Ms LIGHTFOOT:** It may do. I guess it is up to the inmate whether they use that or not.

**CHAIR:** But there are some other things that are available that do not carry that stigma they could easily obtain like a Medicare card and a birth certificate.

**Ms LIGHTFOOT:** Some of them already would have those. If an inmate makes an inquiry about getting a birth certificate, they could be helped to do that.

**CHAIR:** Is there anybody who sort of says as part of the case management, "You are on your way out of this place in a fortnight's time. Before you leave have you thought about where you are going to live, how you are going to identify yourself? Have you got a bank account and all of those sorts of things?" given that some of the people who leave here are fairly young and may not have even thought about those things prior to entry into this place. A 20-year-old could conceivably need some instruction in that anyway. Is that part of a case management plan?

**Ms LIGHTFOOT:** If the person is seeing welfare and usually psychology, yes, they will prompt them about those things. It is part of the general pre-release program. The other thing

## UNCORRECTED PROOF

that I was going to sort of add a little bit earlier is that we do also have a lot of community organisations coming in here. We have people coming in running programs from women's health centres; we have people come in who run alternatives to violence programs.

These are community people. The idea of community interaction with the inmates is so that they will have contacts in the community that they can go to when they are released to give them assistance.

We have had the Department of Housing at various times come in as part of pre-release programs. So while there is not specifically someone who will call every inmate over and say, "Do you have housing? Have you organised this? Have you organised that?" as a general rule, it is included in pre-release discussions.

**The Hon. P. T. PRIMROSE:** Given the large number of people who we are told have had, and presumably still do have, problems with drugs and high rates of illiteracy, which you obviously work on here, but there are still high rates of illiteracy, presumably very poor living skills in many cases, poverty in their background, abuse, et cetera, plus a high rate of intellectual disability, I have problems with the idea of them having to approach someone to ask questions about things. They may not even understand and have no comprehension of 100 points. Indeed, they may have no comprehension of what 100 is. I am just wondering if you could comment?

**Ms LIGHTFOOT:** I mentioned earlier the POISE program. I do not know whether he have heard of the POISE program. This is one of the ideas behind the POISE program - personal, ownership, identity, self-effectiveness. It is a program that was run here as a trial back in 1998.

The idea behind that program is that it is for people who have long-term drug use, who are recidivist inmates, and it is based on all the things that you are talking about, to help them once they get out into the community, to try to give them the living skills to say no.

A major part of the program is some of these community organisations coming into the centres, making contacts, and the idea behind it is to help those longer term drug addict problems, basically. There is a lot of relapse prevention-type discussions in it.

The particular program is a drug-free, live-in program for a period. It is aimed at people who are getting reasonably close to release, and the idea behind it is that they take responsibility for themselves, and the program encourages them to do that. That is the half-time drug and alcohol worker position I was talking about. It has recently been funded by the Drug Summit, that particular position.

**Ms LEE RHIANNON:** If a prisoner has a complaint about one of the programs or, say, about a member of staff, how do they go about raising those complaints?

**Ms LIGHTFOOT:** They can talk to their case officer, they can talk to the case managers, they can talk to me - they have a lot of options for talking to people - or they can do

something in writing. They have direct access to the Ombudsman. They can write to the Ombudsman or ring any time they want to, so they do have options for that.

**Ms LEE RHIANNON:** So do you think there is an atmosphere at Emu Plains that prisoners would feel confident that they could come forward and raise their concerns?

**Ms LIGHTFOOT:** They can raise their concerns any time they want to.

**Ms LEE RHIANNON:** My question was if there is the actual atmosphere because obviously this is an institution, even though it is at the more relaxed end of the scale in Corrective Services. My question was just about if you felt as a staff person there was the atmosphere here for prisoners to be able to raise concerns.

**Ms LIGHTFOOT:** It is very difficult for me to judge what the atmosphere here is.

**Ms LEE RHIANNON:** It is a subjective question, I appreciate.

**Ms LIGHTFOOT:** It is, and, really, because it is a subjective question, it is very difficult to answer. All I can say is that they do know the staff here and they can go to anyone they feel comfortable going to.

**CHAIR:** We need to move on, but there are a couple of questions for Ms Ellis. What proportion of the inmates here arrive with an intellectual disability and is it more difficult for a person with an intellectual disability to get a minimum classification because of their behaviour problems?

**Ms ELLIS:** That is probably more appropriate for Ms Lightfoot to answer because it comes under the education officer. I am not quite sure what proportion because it is done by the case management team on reception. They identify those problems.

**CHAIR:** Before perhaps I pass on to Ms Lightfoot, can I just ask you something? I recall reading the management plans I think for at least a couple of the parts of this prison, and they included the requirement that the recruitment of staff required that they show a high level of expertise in the use of case management.

Is it fair to say that the staff who are actually recruited to this institution are recruited because they have that expertise and have demonstrated it elsewhere in their training?

**Ms ELLIS:** What usually happens is that if a staff member of the department, specifically custodial, expresses an interest to come and work at Emu Plains, it is not just a guaranteed transfer; they actually are required to be interviewed, usually by the Governor or Deputy Governor or other senior members of staff, for their suitability to work here and one of the very strong emphases that we put on that is their commitment and dedication to the case management process.

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**CHAIR:** This is probably a fairly popular place for people who are in your profession to come and work. Would that be right?

**Ms ELLIS:** It can be, yes.

**CHAIR:** And that probably explains why you have a full staff, because you would almost have a waiting list to get here, would you?

**Ms ELLIS:** I am not quite sure. You would have to talk to personnel about that.

**CHAIR:** Just passing on, then, to Ms Lightfoot, if you could tell us a little about people with intellectual disabilities I would be grateful.

**Ms LIGHTFOOT:** Those people are identified when they come in on reception and special effort is made to help them in any way we can while they are here. They have very close interaction with their case officer and with their case manager and we endeavour to bring in people from the community to help them in whatever area they need help, so we do endeavour to work extensively with them.

**The Hon. JAN BURNWOODS:** What sort of percentage are we talking about?

**Ms LIGHTFOOT:** Look, I am sorry, I do not know what the percentage is of intellectual disability.

**The Hon. JAN BURNWOODS:** In the roughest terms?

**Ms LIGHTFOOT:** I could not even say that.

**CHAIR:** When you said they are identified?

**Ms LIGHTFOOT:** They are identified, or they self-identify in most cases, or it could be identified already on their case plans when they come here.

**CHAIR:** So are they identified in a way in which it would be possible at any time to actually count how many people you had within an institution with an intellectual disability?

**Ms LIGHTFOOT:** Head office would be the one that would keep those numbers because there is in head office a unit that handles people with intellectual disabilities. One of the problems of course that we face is the actual way the testing is done. The definition is very difficult.

**The Hon. JAN BURNWOODS:** Do either of the other witnesses have a rough idea of the percentage?

**Ms ELLIS:** Not the actual percentage.

**The Hon. JAN BURNWOODS:** Would we be talking 10 per cent, 20 per cent?

**Ms ELLIS:** It could vary.

**Ms LIGHTFOOT:** It could vary at different times.

**CHAIR:** Well, would you know now? Would it be one in 10 now?

**Ms LIGHTFOOT:** To be honest, I really do not know. I know we do have one person here who has only just arrived who has a hearing impairment. Now, special arrangements are being made for her to help her in any way that we can, and the same applies to anyone who comes in with any sort of disability like that.

**CHAIR:** They are identified in the sense that when they arrive their behaviour appears to be such that the staff would know. They are not identified in the sense that they are labelled, I guess, if you like, and classified by you?

**Ms LIGHTFOOT:** Yes.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Do you test the literacy of everybody?

**Ms LIGHTFOOT:** Usually everybody who comes into the system is tested with literacy. It is part of the original induction screening program, and that screening assessment comes with the inmate on their case file.

**The Hon. Dr A. CHESTERFIELD-EVANS:** But let us say a percentage were illiterate. A figure of 60 per cent sticks in my mind. I cannot remember why. It is something that I have read from Corrective Services. Of those, presumably a subpopulation have intellectual disabilities and others have had behaviour problems at some time in their lives or whatever. Is that addressed in a systematic fashion or do you simply offer these programs and encourage them to take them up?

**Ms LIGHTFOOT:** We offer them and encourage them to take them up. There is no way that we can make it compulsory for them to attend the program.

**The Hon. Dr A. CHESTERFIELD-EVANS:** So, theoretically if someone had an intellectual disability they would not do well in the screening test in the beginning. That would not be followed up and they simply would not do any courses and they could simply go through undiagnosed and unchanged?

**Ms LIGHTFOOT:** It would be followed up and they would be encouraged to do certain things, and in some cases we can supply one-on-one intensive assistance, but, again, if they do not want to take that up, there is no way we can make them. But we do encourage them. If they have been identified as having a problem, we do encourage them to seek assistance in that area.

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**CHAIR:** I will have to wrap it up because we are over time. I will have to ask your indulgence. We do not stop dealing with these issues. Some of the other people we are going to interview are the people who operate these programs. It is not impossible to get this information as we go on. Thanks very much for your assistance. We appreciate you being with us.

**(The witnesses withdrew)**



**JULIEANNE GAY FRENCH**, Clinical Nurse Specialist, Corrections Health Service, Emu Plains Correctional Centre Clinic, Old Bathurst Road, Emu Plains, sworn and examined:

**JENNIFER ANNE SEFTON**, Director OF Women's Health, Corrections Health Service, on former oath:

**CHAIR:** Ms French, could you outline your qualifications and experience which are relevant to this inquiry?

**Ms FRENCH:** I have been employed by the Corrections Health Service for approximately 14 years working in a variety of centres, and I have been at this centre for approximately four years in a managerial or on-the-floor position.

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

**Ms FRENCH:** Yes, I have.

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

**Ms FRENCH:** Yes, 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 Parliament has the power to override that decision at any time and may make your evidence public.

Is there anything you would like to explain about the procedures or your role here at the correctional centre before we ask you any questions?

**Ms FRENCH:** No, not that I am aware of.

**CHAIR:** Could you explain your role at this particular centre?

**Ms FRENCH:** I am one of the nurses employed here. There is a team of nurses. My role here is to provide a health care service to the approximately 150 clients we have at this centre. That involves organising doctors' appointments, treating them for first aid, interviews, counselling and treating them, medication, methadone - I am one of the methadone nurses here. I have that broad range of activities.

**CHAIR:** Do you administer prescribed medication here?

**Ms FRENCH:** Yes.

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**CHAIR:** Are you the person responsible for that?

**Ms FRENCH:** Yes.

**CHAIR:** What precautions are taken to ensure that other inmates cannot take the medication given to an inmate, often by force or coercion?

**Ms FRENCH:** When people present for medication parade and are prescribed medication that might be deemed attractive to other clients that they may like, we sometimes initiate procedures like supervising the medication, giving it to them asking them, "Would it be better for you if you took us in front of us at medication parade?" That is something that happens.

**CHAIR:** You ask them, "Would it be better?" Is that voluntary?

**Ms FRENCH:** Yes, we ask them.

**CHAIR:** So they may take it away if they wish?

**Ms FRENCH:** Some medication is prescribed and written "as supervised" by the psychiatrist because the psychiatrist would like to ensure that that person receives that dose.

**CHAIR:** How would you be able to react to the instance of where an inmate may in fact decline the opportunity to take their medication in front of you but you may well be aware of the fact that the reason that they have so declined is that they are aware that they might get into some trouble with another inmate who wants to take it from them later so they do it as a result of coercion, not because they are acting under their own will?

**Dr SEFTON:** I think what Julieanne said earlier is correct about the offering of the opportunity to take medication supervised. That is a way of safely allowing inmates to have the option to cover themselves without them having to say, "So and so is going to bash me up or take this from me." You say, "Would you like to have this medication now in front of us?" That gives them the opportunity to say, "Oh, I had to take it there," so that when somebody says, "Where is that medication? Give it to me," they say, "Oh, no, I had it at the clinic," so you are not actually saying to this person, "We know you are going to get stood over. You have to take it."

You are giving them the opportunity, "Would you like to take it here?" without really saying what the reason is, so you are not putting that person in danger and you are giving them that opportunity.

With an oral medication, it would be fairly difficult, although possible, for people to be coerced to vomit up their medication later if it was very highly prized. If they refuse to take it on the spot supervised, then that would alert us to the fact that probably this person was being stood over, and usually we would invite them to come into the clinic either then or at a separate time and sit down with them in a confidential situation and ask them, "What is going on? Are you able

to tell me?" Sometimes they are not able to because it is very difficult for them to tell on other inmates.

**CHAIR:** Is there any legal or medical impediment to asking the inmates to take their medication in front of you at the time when they need it?

**Dr SEFTON:** We cannot enforce that medication. There are very rare occasions where medication can be enforced within the correctional setting, and that would apply to forensic inmates, inmates who are scheduled under the Act or where their health or life are seriously in danger.

Medication can be enforced under section 16(2) of the Prisons Act, but that would be an extremely rare occurrence, and that would not happen here. That might occur in the more acute gaols, like Mulawa, where we had a very psychiatrically disturbed inmate who was a great risk to themselves or others or, perhaps more likely, a mental hospital situation at Cumberland, where medication was prescribed for a forensic inmate.

**CHAIR:** In methadone programs that operate, for example, at my local hospital at Campbelltown, I have observed that the people who take methadone under those circumstances are obliged after taking the drug to drink something before they leave. I take it those options are available for you here in the administration of the methadone program?

**Dr SEFTON:** Yes.

**CHAIR:** Do you always ask them to do that before they leave?

**Dr SEFTON:** Yes.

**Ms FRENCH:** In our program they sign an agreement when they come. When somebody is new, transferred from Mulawa to this centre, I see the people who are new and state, "In this program you will be asked to have water following your methadone dose. An officer will be there. We do urines frequently, randomly." I explain the program and ask them do they have any questions. I identify myself as a methadone nurse and state, "If you have any problems with your program here, please come and see me."

**The Hon. Dr A. CHESTERFIELD-EVANS:** Do most people coming here have a drug problem and are most of them brought down here or are they brought down in Mulawa and come here?

**Ms FRENCH:** Mulawa is the first point of reception. By the time people come here it is likely that they have gone through withdrawal regimes, and they arrive with us as a relatively more stable client.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Does that mean that most of them are drug free?

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**Ms FRENCH:** Not drug free.

**The Hon. JAN BURNWOODS:** How many are on methadone?

**Ms FRENCH:** We had 41 this morning.

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

**Ms FRENCH:** 151, I think, today.

**The Hon. Dr A. CHESTERFIELD-EVANS:** So, almost a third?

**Ms FRENCH:** Yes.

**The Hon. Dr A. CHESTERFIELD-EVANS:** More than a quarter are on methadone?

**Dr SEFTON:** That is the same as at Mulawa. At Mulawa, the female population, generally 30 to 40 per cent of the population - and this has been the case for as long as I have been working there - are on a methadone program. Most of those people come in on the program from the community, the vast majority. We would place probably about two to four inmates on methadone per month, and that would be decided according to medical priority.

Pregnant women, HIV-positive women, would get priority and women who are severely withdrawing. Often that will affect older women, who do not tolerate withdrawal as well, people who become quite ill and have a prolonged withdrawal syndrome, continue to vomit and generally be quite unwell. We might put them on the program.

Otherwise, methadone replacement is according to application, and many people who come into custody have been opiate dependent and wish to go on methadone when they come in, because they wish to have it for withdrawal to assuage their symptoms but, then, subsequently, when they have detoxified, they actually withdraw those applications, because they do not need it any more, so many of the applications that we would get as a routine process would actually be withdrawn later on, and then there will be a few people where we would review their application and say, "Do you still want to apply for methadone?" when their number comes up, as it were, and we would proceed with the placement if it were deemed appropriate. So we would put on about, say, two to four people a month, and the vast majority of people on the program are on community programs, coming in on their program, which transfers to the prison methadone program.

**CHAIR:** So there would be people in the prison who are opiate dependent who are not on the methadone program, even though they want to be?

**Dr SEFTON:** Initially, when they come in an opiate withdrawal syndrome would usually be over within four to six days, so their opiate dependency in terms of physical dependency will be gone by that time. However, as you are well aware, opiate dependency is not just physical dependency; it is psychological and emotional dependency, and in people who have used drugs

for a long time, there are actual physical changes in the brain whereby there is an increasing number of heroin receptors in the brain and that person will always suffer feelings of craving or a psychological urge to use the drug, even when they have recovered from their physical withdrawal, to a greater or lesser degree, and it will depend on their motivation, how they want to deal with that situation, whether or not they wish to choose a drug-free existence supported by counselling, whether they want to choose the option of methadone maintenance or other options that may be available, such as naltrexone therapy.

**CHAIR:** Is that sort of therapy available to prisoners if they want it?

**Ms FRENCH:** Yes, we have a client here at the moment who is on naltrexone, and it is envisaged that that will increase the numbers. There is a trial at Parramatta and, yes, if people want to, we will assess them and then contact Dr Sefton and look at where the program is going with naltrexone. That is just new.

**CHAIR:** I take it that sedative medication is only ever given to inmates after it has been prescribed by a medical practitioner as being necessary?

**Dr SEFTON:** That is not correct. The nurses have standing orders. They are allowed to prescribe up to four nights of temazepam, which is a short-acting hypnotic for sleeping. They are also allowed to prescribe, under standing orders, various other medications, but, obviously, these cannot be repeated on an ongoing basis; they have to be reviewed by a medical practitioner or psychiatrist.

They also have a standing order when people come in detoxifying from various substances to order, for example, benzodiazepines. We have a standard regimen of a twice or three times a day dose of Valium, which reduces on a gradual basis, and the same thing applies to heroin. Valium can be given as single doses as necessary for alcohol withdrawal, of course, very importantly, so the nurse can initiate that.

**CHAIR:** How would that come about?

**Ms FRENCH:** Well, last night at approximately 8.00 p.m. I was called to the centre by the area manager. One of the lasses, unfortunately, that afternoon, a Koori lass, found out that her father had died, and welfare had spoken to her and then when being released from the welfare office there were no nurses in attendance - we finish duty at 3.00 p.m. - they telephoned me at home.

I came in and spoke to the girl. She had already had lengthy counselling by welfare. She was distressed and feeling that she would be unable to sleep that night. I initiated a standing order of temazepam 20 milligrams for her and gave that temazepam to her at a quarter to nine so she could go to bed and sleep. That would be a normal occurrence.

If someone approaches me if there was not a doctor on duty or a parade that the person wanted to see a doctor at, we would sit and counsel the client and find out what was distressing

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them, why they were requesting temazepan, or we might initiate it and say, "I think you need a very good sleep tonight. You are exhausted." We would offer it to them.

**CHAIR:** What protocols, then, are in place to ensure that what might seem to be a commonsense and reasonable capacity to medicate inmates is not extended to the point where it becomes inappropriate medication for the purposes of management?

**Ms FRENCH:** Within 24 hours, if it is a standing order, I must get that standing order seen by the doctor. We have two doctors' parades a week and the doctors usually sight any standing order medication that we have given out.

**Dr SEFTON:** The standing order medications are limited in time. Each one is specified as one day or whatever the appropriate number of days would be. For temazepam, it can be up to four days given by a nurse, which would be appropriate, say, in the circumstance that Julieanne cited, for example.

**CHAIR:** How many days would have to pass before you could have another four days?

**Ms FRENCH:** If a person within a couple of days of those four days then wanted to say that they had reasons why they wanted it and they could not sleep, we would generally send them to doctors' parade and say, "We will place you on Dr Abbott's list. We think you need to discuss this further with the doctor. We can have a one-off event with a nurse's standing order but we believe you need to be placed on the doctors' list and discuss it further with Dr Abbott or Dr Roberts."

**Dr SEFTON:** The other option is that Julieanne could ring me at home and say, "I am worried about this girl," and we discuss it, and I could order something. It is always followed up. Repeated requests for sedation or medication with a psychoactive effect would be always reviewed either by the psychiatrist or the doctors, or by counselling by the nurses, and the nurses will often activate referrals to drug and alcohol or psychology personnel, who are Department of Corrective Services personnel or employees.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Can I just talk a bit about methadone? You say between a quarter and a third are on methadone. That is long-term, presumably. They will all be in here longer than their withdrawal six-day period?

**Dr SEFTON:** The majority.

**The Hon. Dr A. CHESTERFIELD-EVANS:** There is not an aim of having a drug-free gaol in the sense that you then take their methadone down? If they do not want to take their methadone down, they stay on the same dose until they go out, do they?

**Dr SEFTON:** No, this is one of the roles that Julieanne has. She might like to explain that to you.

**Ms FRENCH:** People alter their doses when they are in here. They have the availability of seeing me. A lot of people once they come in here and have a much more stable lifestyle, receiving food and sleep, find that the methadone dose that they have been on on the outside is sedating them; they are falling asleep by lunch time. So they can opt to have an interview with me and then be placed on the methadone prescribers list, Dr Sefton, and see her next time she is out and reduce their dose because they are too sedated.

Other people who are on what tend to be lower doses I interview prior to release and say, "You are getting out. There will be a lot of stresses, a lot of vulnerability. How are you feeling? Do you feel your dose is large enough to cover you when you get out?" So they can go up or down on their dose.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Are the doses increased in preparation for discharge?

**Ms FRENCH:** If they wish. Some people are on a very low dose. They may have come down a fair bit whilst in gaol because we have girls who go out to TAFE and girls who go out to university doing courses, and they come and see me. They find that by lunch time they are falling asleep if they are sitting around in a classroom.

They find that their dose is too much for them when they are studying or attending uni or going out on work release, so they may elect to be on a reduced dose. But when they become due for release they feel that they need to be on a bit higher dose. So, yes, they can alter their dose whilst they are in gaol.

**Dr SEFTON:** The reason for that is, as we alluded to before, that opiate dependency is a complex condition, and the triggers of the outside world returning to an environment where you have previously experienced cues to use drugs, returning to environments where your friends are using drugs, this sort of thing will often trigger people off if they are on lower doses, whereas they would manage here because they are removed from their drug cueing environment within the gaol and they live a much more stable lifestyle, a much healthier lifestyle. They are not mixing with their drug using peers.

The other thing, of course, is that with some methadone clinics, the very large ones, as you are probably aware, there is a culture that circulates around the perimeter of the methadone clinic, which is one of the reasons why there have been proposals to remove methadone dosing facilities to community chemists to try to disperse the concentration of drug dealing and drug culture around the premises of large clinics.

So people are exposed to these cues, and it is a well-known fact that people will not experience psychological cravings for opiates within the gaol setting because it is not part of their usual trigger system.

They walk out of the gate and down the road and as soon as they see the train station, their cravings come back, the psychogenic original cravings, the train to Cabramatta, or whatever. It will arouse a much higher level of activity in their brains as a result of previous conditioning.

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That is one reason for increasing doses. People often reduce in here because they do not have those triggers.

**The Hon. Dr A. CHESTERFIELD-EVANS:** So it is so they will not overdose when they get out and get on a higher dose?

**Dr SEFTON:** That is exactly right, and also to help with relapse prevention.

**Ms LEE RHIANNON:** Do Aborigines and women from non-English speaking backgrounds have special health needs and are they being met?

**Dr SEFTON:** Absolutely they are. Not just here but also at the other centres. We have a specific Aboriginal Health Service clinic each week at both Mulawa and here. Those clinics are run by doctors and nurses from the local area Aboriginal Health Centre. In the case of this centre it is Daruk at Mount Druitt.

The doctor from there also actually happens to work here, but her main regular job is as an Aboriginal medical officer at the Aboriginal Medical Service, and she is assisted by an Aboriginal health worker from the centre and, as need arises, drug and alcohol and mental health workers, or dentists, from the centre will attend, and the same situation pertains at Mulawa.

At Mulawa we have approximately twice the number of inmates - well, actually less now because the population here has increased so much - so we have a four-hour clinic a week. Here we have a two-hour clinic a week.

**The Hon. JAN BURNWOODS:** Can I just ask roughly what the Aboriginal population is?

**Dr SEFTON:** It will be about 20-odd per cent of the 150 to 160 that we have. It is usually 20 per cent.

**CHAIR:** We really appreciate you making yourselves available and for your candidness this morning.

**(The witnesses withdrew)**



**KAREN ANN BURGOYNE**, Psychologist, Emu Plains Correctional Centre, Old Bathurst Road, Emu Plains,

**ROBYN HALL**, Drug and Alcohol Worker, Emu Plains Correctional Centre, Old Bathurst Road, Emu Plains, and

**DAWN HART**, Drug and Alcohol Worker, Emu Plains Correctional Centre, Old Bathurst Road, Emu Plains, sworn and examined:

**BOGDON SMEU-KIRILEANUE**, Psychologist, Emu Plains Correctional Centre, Old Bathurst Road, Emu Plains, affirmed and examined:

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

**Ms BURGOYNE:** I have a four-year degree. I am currently being supervised. I am still in training, and I have about eight or nine months' experience with that. I have been at this centre for three and a half weeks now.

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

**Ms BURGOYNE:** Yes, I have.

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

**Ms BURGOYNE:** Yes.

**CHAIR:** Ms Hall, could you briefly outline your qualifications and experience which are relevant to the inquiry?

**Ms HALL:** I have completed my drug and alcohol studies and I have been working at the centre for less than two months. I started in December, just before Christmas.

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

**Ms HALL:** Yes.

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

**Ms HALL:** I am?

**Mr SMEU-KIRILEANUE:** I studied psychology for four years and I started to work at Emu Plains for a few days.

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

**Mr SMEU-KIRILEANUE:** Yes, I have.

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

**Mr SMEU-KIRILEANUE:** Yes.

**CHAIR:** Ms Hart, could you briefly outline your qualifications and experience which are relevant to the inquiry?

**Ms HART:** I have an Associate Diploma in Social Sciences. I have the Advanced Certificate in Drug and Alcohol. I have worked at Mulawa for four years and I have been at Emu Plains for two years.

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

**Ms HART:** Yes, I have.

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

**Ms HART:** Yes.

**CHAIR:** If any of 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 may make your evidence public.

First of all, do any of you wish to make any comment with regard to the terms of reference of the Committee before we ask you any questions? Do members have questions?

**The Hon. JAN BURNWOODS:** Is it just a coincidence that three of you are so new here? It was so striking when you said a few days or three and a half weeks or whatever. Is there a big turnover? Were there a lot of vacancies?

**Mr SMEU-KIRILEANUE:** I have no idea. I am new here.

**Ms BURGOYNE:** I think the reasons why the positions were vacated are separate, so each of us has come here under different circumstances.

**The Hon. JAN BURNWOODS:** So your relative lack of experience is not necessarily typical of the areas you are working in?

**Ms BURGOYNE:** No.

**The Hon. JAN BURNWOODS:** It was just very striking that until we got to Dawn you were all new.

**CHAIR:** I would like to ask a question of the drug and alcohol workers. Previous evidence that we were given at other places indicated that you people are largely run off your feet with the requests that you have from the clients seeking your services. Is that a similar experience here?

**Ms HART:** I can say, yes, that is true. A large percentage of the inmates here do have a history of drug and alcohol use and abuse and when you have just two workers or two and a half workers sometimes we are run off our feet.

**CHAIR:** Is there often a long waiting time for inmates seeking your services?

**Ms HART:** In my experience I do not believe anybody waits more than one week to see a drug and alcohol worker, but that would also depend on whether or not you have people here. We have to take into consideration annual leave and sick leave and things like that, and that may affect appointments, but, in general, I think perhaps a week will be the longest time somebody has to wait for initial contact.

**CHAIR:** What services do you provide to the inmates and the corrections system generally in your position as drug and alcohol workers?

**Ms HART:** The services we provide are one-to-one counselling, single individual counselling, and that is to address issues that underline their drug and alcohol use. We provide support for inmates in case management. We run groups for people who have a history of drug and alcohol and we establish contacts with community agencies for them wherever that is possible or necessary.

**CHAIR:** Do you write reports for courts or anything of that sort of nature?

**Ms HART:** We do write reports for Probation and Parole and for courts if it is ordered by a magistrate.

**CHAIR:** Does that take up much of your time?

**Ms HART:** We do tend to have quite a number of reports to do at Emu Plains, given that it is minimum security and they are coming up for release, and people on work release are near the end of their sentence, so there do seem to be quite a number of reports that are written, yes.

**CHAIR:** Just looking at the different services you provide, could you explain to the Committee what you are able to achieve therapeutically through one-to-one counselling and what you are able to achieve therapeutically through group work?

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**Ms HART:** Therapeutically on a one-to-one level, establish a rapport with someone, identify the issues, establish a trusting environment where they can discuss the issues that underline their drug and alcohol use and, hopefully, with that rapport that we establish we have a good relationship, given the time factors as well; hopefully work with the inmate to maybe change the way that they think about things, the way they behave.

**CHAIR:** Is that an important part of assisting an inmate withdraw from a drug and alcohol dependency or is it an optional extra?

**Ms HART:** Sorry, could you repeat that?

**CHAIR:** Is that an important part of assisting an inmate, an individual, withdraw from a drug and alcohol dependency or is it an optional extra to give them access to one-to-one counselling?

**Ms HART:** It is not mandatory that they have one-to-one counselling. We offer that service.

**CHAIR:** For its therapeutic effect is it normal for an inmate to need one-to-one counselling in order to be effective in group work or other programs?

**Ms HART:** That would depend on the inmate and that would depend on what that inmate's needs are and how far in their recovery they are.

**CHAIR:** So how important is the opportunity to work one to one with an inmate?

**Ms HART:** Again, that would depend on the inmate and what the inmate's needs are.

**CHAIR:** I am sure it does. I guess I am trying to work out how important it is to provide that service. We have had evidence that that is not a very important part of providing a drug and alcohol service. Is it?

**Ms HART:** A one-to-one level is important in addressing, perhaps, the first steps in a drug and alcohol history, admitting it and working through and identifying issues at that level, yes. We also have inmates here who have had quite a number of years of attempting recovery and they also have a lot of information. They have that information but they often have the inability to put that into practice.

**CHAIR:** How important is group work as part of a program within a corrections institution for drug and alcohol programs?

**Ms HART:** Again, it is very important. Again, it depends on the inmate and the reservations they have about addressing issues within a group. It depends on their level of recovery where they are at. I would say, yes, it is important.

**CHAIR:** Could you imagine an effective drug and alcohol program within an institution if you did not have group work for a series of months?

**Ms HART:** If we did not have group work for a series of months? I am sorry, I am not sure what your question is.

**CHAIR:** If you were in a position where you were not able to run group work in an institution, within Emu Plains, for a series of months, would you say that you had an effective drug and alcohol program or not? Would that be a significant problem?

**Ms HART:** I would say that if groups were not run in the centre there would be something missing in the overall plan for the inmates coming in here.

**The Hon. P. T. PRIMROSE:** Do you know at any one time which inmates have some form of severe psychological or psychiatric disorder and which have some form of developmental disability? Do you know which particular inmates would have a psychiatric or psychological disorder and which have a developmental disability?

**Ms BURGOYNE:** If we received a referral for that inmate stating that, yes, we are made aware of that through the referral process.

**The Hon. P. T. PRIMROSE:** Would it be common for you not to know which inmates did not have a psychiatric disorder or a developmental disorder?

**Ms BURGOYNE:** In my experience, I am more likely to know about the psychological problems an inmate has but, again, it all depends what information is on their case file and how readily that gets communicated around the different staff.

**The Hon. P. T. PRIMROSE:** So there might be occasions when you as the psychologist or drug and alcohol worker would not know that there were people with a psychiatric or psychological disorder or developmental disability?

**Mr SMEU-KIRILEANUE:** We assess them and if we find someone with a psychiatric disorder we refer the inmate to the psychiatrist, who will assess and medicate eventually the client, the inmate.

**The Hon. P. T. PRIMROSE:** Medicate?

**Mr SMEU-KIRILEANUE:** Yes.

**The Hon. P. T. PRIMROSE:** My next question is in terms of, say, people with a psychiatric illness. What number or percentage at any one time of the inmates here do you believe would have a severe psychological disorder?

**Ms BURGOYNE:** I do not feel I have been here long enough to comment, I am sorry.

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**The Hon. P. T. PRIMROSE:** You are not alone, I gather, because people who have been here for a long time cannot comment either. What about those people with developmental disability? On average would you be able to tell?

**Ms BURGOYNE:** No.

**The Hon. P. T. PRIMROSE:** So there is really no point in my asking you about post-release services that you feel would be necessary. You do not know how many there are or who they are?

**Ms BURGOYNE:** If I have contact with an inmate who does either have those problems on file or who indicates that during interview, then I become aware of it that way and, yes, I guess possibly I look at post-release support or plans for them when they are nearing the end of their sentence.

**The Hon. JAN BURNWOODS:** How good are the records that come with inmates when they arrive?

**Ms BURGOYNE:** I am sorry?

**The Hon. JAN BURNWOODS:** How good are the files or the records that come with them? I think you said at one stage if the file indicates something, then you will be aware.

**Ms BURGOYNE:** Inmates are assessed when they first are received into custody. They go through a detailed assessment process.

**The Hon. JAN BURNWOODS:** Usually at Mulawa?

**Ms BURGOYNE:** Yes, in the system.

**The Hon. JAN BURNWOODS:** We were at Mulawa yesterday. In a sense, we heard some of their end of it yesterday, so we are interested to follow some of these things through. Are the records that come with the prisoners adequate to give people like yourselves the sort of information that helps you to deal with their particular problems?

**Mr SMEU-KIRILEANUE:** We normally use the case file, psychiatric file. We liaise with the clinic, so we gather the information from the other files about their behaviour before they come here.

**The Hon. P. T. PRIMROSE:** In terms of psychological testing, what particular tests would you expect to have been used and given? What battery of tests?

**Mr SMEU-KIRILEANUE:** Personality tests.

**The Hon. P. T. PRIMROSE:** What particular tests?

**Mr SMEU-KIRILEANUE:** And MMPI tools, for example?

**Ms BURGOYNE:** Milon multiaxial?

**Mr SMEU-KIRILEANUE:** Tests for depression, VDI.

**The Hon. P. T. PRIMROSE:** So if I were to go back and, let us say, select today and look through the case files I could find out which people would have come up with a particular range of disorders in terms of the DSM, in terms of the inmates here?

**Ms BURGOYNE:** Results of psych tests are kept in the psychology file of the inmate, so it would not necessarily go into their case file. A brief note perhaps if they have come up with something, like a developmental disability, that would go into their case file. Their actual results and scores would be kept confidential.

**The Hon. P. T. PRIMROSE:** But if I were to look through - I am sorry to press the point but no-one can tell me a mean average or whatever of people who have a psychiatric disability or have some form of developmental disorder. I am just trying to get a handle on it because we are given a range of different guesses by people. You have told me that there is a battery of tests given and they appear on file, so there must be, presumably, in any one instance, a file somewhere which would allow us to assess that. Is that right?

**Ms BURGOYNE:** Can you explain more what you mean? Sorry.

**The Hon. P. T. PRIMROSE:** I am just trying to say that somewhere there is a file. There are files for the people here today locked up somewhere and on those files would be the results of the psychological testing. So if someone had the time they could go through and look at the diagnoses on those files and calculate out how many of the inmates here have some form of bipolar disorder, have some form of developmental disorder, however you would define it?

**Ms BURGOYNE:** That would be possible if they had been formally assessed or something like that. That would be in their psych file and if you had the time or the motivation or you wanted to know, you could go through and see that.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Is any data compiled on things like that? If you go through the psych medical records individually and you know what the abbreviations stand for or whatever and the people wrote in the same form, and I understand that the terminology in psychiatry is a dog's breakfast - perhaps that is harsh - the record would be there but it is not compiled in any sort of statistical sense?

**Ms BURGOYNE:** No, I provide statistics to the Program Manager and also to my regional senior psychologist.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Of the diagnosis types?

**Ms BURGOYNE:** No.

## UNCORRECTED PROOF

**The Hon. Dr A. CHESTERFIELD-EVANS:** And you would also provide data if there were people who had developmental disability or intellectual disability?

**Ms BURGOYNE:** That is recorded, yes, when we know for sure that an inmate has a developmental disability. That is recorded, that we have seen person X so many times.

**The Hon. Dr A. CHESTERFIELD-EVANS:** A developmental disability or an intellectual disability?

**Ms BURGOYNE:** Intellectual, sorry.

**The Hon. Dr A. CHESTERFIELD-EVANS:** They may not present to you anyway. Does everybody present to you?

**Ms BURGOYNE:** What do you mean? Does every inmate with an intellectual disability come and see me?

**The Hon. Dr A. CHESTERFIELD-EVANS:** Or come to one of you such that the data was collected.

**Ms BURGOYNE:** It is possible that they would not.

**The Hon. Dr A. CHESTERFIELD-EVANS:** It is possible that they would not? They might not come to anybody, so it may not be recorded anywhere that they have an intellectual disability. They would not have had an assessment of their intellectual capacity?

**Ms BURGOYNE:** They would be assessed at that initial stage coming into custody if it was picked up then.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Do the tests when they come in look for that sort of thing?

**Ms BURGOYNE:** The questionnaire that they go through does, but I believe it depends on the interviewer and whether or not they pick it up.

**The Hon. Dr A. CHESTERFIELD-EVANS:** We seem to have great difficulty in getting data on how many people within the Corrective Services system have an intellectual disability. What I am interested in is whether that is recorded systematically and, if it is, who records it, and, if it is, then how come we are having such difficulty finding the collated answers?

**Ms BURGOYNE:** I am not sure.

**CHAIR:** Thank you for your evidence. We really appreciate you making yourself available and being with us today.

**(The witnesses withdrew)**



**UNCORRECTED PROOF**

**IRIS FAY WILLOUGHBY**, Welfare Worker and Family Support Worker, Emu Plains Correctional Centre, Locked Mail Bag 6, Penrith,

**THELMA JEAN PELLITT**, Prison Chaplain, Emu Plains Correctional Centre, Locked Mail Bag 6, Penrith,

**MADELEINE LOY**, Mothers and Children's Program Co-ordinator, Women's Services Unit, Roden Cutler House, Level 7, Campbell Street, Sydney, and

**PHILLIP ANTHONY RICKETTS**, Senior Education Officer, Emu Plains Correctional Centre, Locked Mail Bag 6, Penrith, sworn and examined:

**CHAIR:** Ms Willoughby, in what capacity do you appear before the Committee today?

**Ms WILLOUGHBY:** As Welfare Worker and Family Support Worker.

**CHAIR:** Sometimes they are different. More often than not they are.

**Ms WILLOUGHBY:** One is actually different from the other one. A family support worker is the mothers and children's program.

**CHAIR:** In both of those instances are you in an employed capacity with Corrective Services?

**Ms WILLOUGHBY:** Yes.

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

**Ms WILLOUGHBY:** I am a registered nurse and certified midwife. I have women's health qualification, a graduate diploma in health science drug and alcohol, which is recent, and welfare qualifications from Katoomba TAFE.

**CHAIR:** Could you give the Committee some idea of how long you have been working here?

**Ms WILLOUGHBY:** Eighteen months.

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

**Ms WILLOUGHBY:** Yes.

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

## UNCORRECTED PROOF

**Ms WILLOUGHBY:** Yes.

**CHAIR:** Sister Pellitt, in what capacity do you appear before the Committee?

**Sister PELLITT:** As prison chaplain.

**CHAIR:** Could I further ask you are you employed by the Department of Corrective Services in that capacity or is it a community capacity in which you volunteer your services?

**Sister PELLITT:** I am employed by the Bishop of Parramatta, and he is paid for that service by the department.

**CHAIR:** But you are not under the direction of the department?

**Sister PELLITT:** Not directly.

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

**Sister PELLITT:** I was a teacher, a school principal, in Catholic schools for 31 years and I have worked in correctional services in the prisons for the last 12 years.

**CHAIR:** Could you say how long you have been here at Emu Plains?

**Sister PELLITT:** I came in 1995 when the women came here.

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

**Sister PELLITT:** Yes.

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

**Sister PELLITT:** Yes.

**CHAIR:** Ms Loy, could you briefly outline your qualifications and experience which are relevant to the inquiry?

**Ms LOY:** I am a qualified welfare officer. I have tertiary qualifications. I was the welfare officer here for many years prior to taking on this role as co-ordinator of the mothers and children's program.

**CHAIR:** As the co-ordinator of the mothers and children's program, is that a position that is general to the whole of the Department of Corrective Services or specific to this institution?

**Ms LOY:** It is specific. It is the only one in the whole department. The position was created as a result of the last Senate inquiry into children of imprisoned parents. That was one of the recommendations, that a person be appointed to look after the proposed mothers and children's program at that time, so I am the result.

**CHAIR:** Thank you. I appreciate that detail. Did you receive a summons issued under my hand in accordance with the provisions of the Parliamentary Evidence Act 1901?

**Ms LOY:** Yes.

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

**Ms LOY:** Yes, I am.

**CHAIR:** Mr Ricketts, could you briefly outline your qualifications and experience which are relevant to the inquiry?

**Mr RICKETTS:** I am qualified to Master of Education level. I have worked in education for about 20 years, for the department since 1992 and at Emu Plains since 1994.

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

**Mr RICKETTS:** I have.

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

**Mr RICKETTS:** Yes.

**CHAIR:** If any of 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 may make your evidence public.

Would any of you care to address the Committee in terms of your role within the Department of Corrective Services or here or in relation to our terms of reference? You do not have to if you do not wish to. We offer the opportunity.

**The Hon. P. T. PRIMROSE:** Can I just ask in relation to welfare how does welfare assist an inmate in preparation for post-release?

**Ms WILLOUGHBY:** The inmate would usually self-refer for assistance, or could be referred through case management, or could be referred through any of the other workers that they are dealing with, such as alcohol and other drug services, or psychology, and they would then access welfare. The idea would be to identify what the inmate saw as the problem or what

## UNCORRECTED PROOF

they saw as an issue when they leave, and we would assist them in any way we could to solve those problems or to resolve them.

**The Hon. P. T. PRIMROSE:** Do you use group work at all or is it all individual counselling?

**Ms WILLOUGHBY:** Not as an individual as a welfare officer but there is a pre-release program that is run by education.

**The Hon. P. T. PRIMROSE:** Can I ask about the pre-release program? What does it comprise?

**Mr RICKETTS:** Our pre-release program is a multidisciplinary program here co-ordinated through education but it utilises welfare services and drug and alcohol services as well. It is largely designed, I guess, to prepare them for release either on education leave programs or work release programs for release once they have left gaol, so we look at areas of need such as restoring relationships when people get out, housing needs, some idea of goals and things like that.

**The Hon. P. T. PRIMROSE:** I was involved in a number of programs teaching living skills to people, according to what their particular needs were, but a lot of people, I would guess, from what I have heard and been told, lack some very basic living skills, ranging from how to buy food at a supermarket, how to use a bank account, understanding just some basic living skills, even how to catch a train in many cases. Does anyone here actually, through that program, address some of those issues?

**Mr RICKETTS:** Certainly the women who go on to privilege programs here, which are work release, external activities and things like that, get practice whilst they are in gaol supervised and supported by the staff here, so they would need to use timetables and things like that. Part of this program too would look at things like banking details.

I think if the need was there, it would be met, either while they were in gaol, or they could go to the transitional centre, which was set up for this purpose specifically if women have enough time. They are in the community doing all these things, anyway, which is part of our program too. Or if they are not going to go on to a privilege program because their sentence is too short, then we will certainly look at those needs.

**CHAIR:** What triggers a pre-release program for each individual inmate?

**Mr RICKETTS:** It is part of the gaol program. If women choose to go on to external programs while they are here, they are required to do this program. What triggers it is the management policy or the program pathways here or it is voluntary on the part of women who choose to do it themselves.

**CHAIR:** So is it possible that there would be prisoners who get released who do not have access to or do not access the pre-release program?

**Mr RICKETTS:** It is possible.

**CHAIR:** Would that be common?

**Ms LOY:** I would not think so.

**Mr RICKETTS:** In answer to your question, the needs you are looking at could also be met, if not by this program, through the services here. Say, for example, it could be that a woman does not turn up for this program but could see me, could see welfare, before she is released, so it is a bit broader than the actual five-week program. The whole gaol is a pre-release gaol. All our programs have a pre-release focus. All the staff here are working towards this end.

**CHAIR:** I am trying to define the term. Pre-release, as you understand it, is a discrete program which people are either in or out. Of course, there are other programs which might relate to being released but, essentially, you are referring to a specific program, which I guess a discrete number of prisoners do but not everyone does?

**Mr RICKETTS:** You are referring to that program. What I am saying is that the whole gaol is a pre-release program. I guess, looking at it in those terms, it is a pre-release gaol. As soon as they get here we are looking at them getting out because they are not here that long sometimes.

**The Hon. JAN BURNWOODS:** I was just going to ask following on pre-release to what extent do you people get involved in helping inmates to organise some of the things they need the moment they are outside, you know, whether it is jobs, housing, access to any of the things that you are able to organise or to arrange things, or to what extent they are left to do those things for themselves, given the training you have described?

**Ms WILLOUGHBY:** When a person who is about to be released comes to welfare and they are looking at housing issues, as far as we can possibly go for them we can.

**The Hon. JAN BURNWOODS:** What does that mean?

**Ms WILLOUGHBY:** It depends on what the person wants, what sort of accommodation they are looking for, what is available, if they are entitled to Department of Housing houses.

**The Hon. JAN BURNWOODS:** So does someone come here from the Department of Housing?

**Ms WILLOUGHBY:** We actually contact them and help them fill out the forms if they require that, make appointments with them with Centrelink, anything at all that we can possibly do, contact agencies for them as far as getting accommodation. We can also send them with a referral to the Smith Family or the Salvos or just basically things when they get out, and we can also refer them to CIC Justice and such places.

## UNCORRECTED PROOF

**The Hon. JAN BURNWOODS:** How successful is all this? You can refer them and fill in forms, et cetera, but what sort of success does that result in in terms of helping them re-establish themselves in the community? I know it is a hard question.

**Ms WILLOUGHBY:** I do not really think I can answer that because, as far as we know, when they leave what we have set up for them exists. Whether they take up on it we do not know.

**The Hon. Dr A. CHESTERFIELD-EVANS:** You help them fill in the forms for the Department of Housing. Our understanding is that the Department of Housing waiting list is years long.

**Ms WILLOUGHBY:** Yes.

**The Hon. Dr A. CHESTERFIELD-EVANS:** You then said that you contact the Salvation Army or St Vincent De Paul?

**Ms WILLOUGHBY:** Yes.

**The Hon. Dr A. CHESTERFIELD-EVANS:** So does that mean that you are relying effectively on either a housing waiting list, which may be a very long one, or private charities to get them launched?

**Ms WILLOUGHBY:** I am sorry if I was not clear. When I spoke about referring them to St Vincent De Paul and the Smith Family it was for basic utensils to set up their house with and things like that. We actually speak to the Department of Housing on behalf of these ladies or write letters for them to ensure as far as possible that they do get some accommodation.

Most of the times we set up an appointment for them where they receive bond assistance and things like that from the Department of Housing. Also, the other agencies can assist with crisis accommodation if we cannot get them a house.

**The Hon. Dr A. CHESTERFIELD-EVANS:** But is there any data how successful those are? It was suggested to us yesterday that a third of the people who walk out the gates literally have nowhere to put their head that night. If there are not figures on this, then you are not going to get the recidivism rate down. Do you have or do you know if anybody else in the department has figures or facts on what happens on the first day and in the first week or month or whatever after they get out?

**Ms WILLOUGHBY:** I do not. I do not have that information.

**The Hon. Dr A. CHESTERFIELD-EVANS:** But you are the person who organises it, so if anybody had it, you would have it, would you not?

**Ms WILLOUGHBY:** No, I would not have it if the person has left here with the intention of presenting themselves at a certain place for accommodation, so it is with the intention of presenting themselves.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Does everybody have a place where you would anticipate they would sleep on the night they left? If they say, "I am going back to my husband," or whatever, then, presumably, you would say, "I did not check up to ask them whether they got there." But, in general terms, if you try to stop them having to mug people or snatch a handbag to go on, you would expect there to be some finite position in which they found themselves in a non-threatening environment. Is there any data on what happens then?

**Ms WILLOUGHBY:** I do not have access to that data.

**CHAIR:** I guess, to put it eloquently, I could use the words of a prisoner yesterday reported in today's *Daily Telegraph*, who said, "You put us out on the street and we are told to go." The inference was that they wanted a little bit more support after that. Are you able to assist us as to whether the Department of Corrective Services provides that or is able to provide that, given that that is what a prisoner asked for yesterday?

**Ms LOY:** We have an arrangement here at Emu Plains with the Department of Housing in Penrith, where they come in and make arrangements with inmates. If they cannot go immediately into Department of Housing accommodation, they are given the benefit of \$1,200 assistance into private accommodation. That \$1,200 includes a bond, two weeks' rent and moving their goods from wherever they are. That is the best deal that has ever been struck with the Department of Housing. They took it on themselves at Penrith office to do that in support of this centre here and, as far as I am aware, it still operates.

The women are given a letter when they go out to go to their own Department of Housing office, whether it is in a country area or a Sydney suburb, and that Department of Housing office will honour that through the Penrith office.

**CHAIR:** Is that program unique to here?

**Ms LOY:** Unique to here as I understand it. It was part of a former pre-release program where all the services had been called in and where it was all established. There has been a marvellous community lot of research done in this area and these services were established some years ago. I am sorry to be speaking over Iris, but Iris has not been here long and I know that that is a fact.

**The Hon. Dr A. CHESTERFIELD-EVANS:** That program, however, is not universal to the Department of Corrective Services?

**Ms LOY:** No, it was set up here for the women when they came. This was a brand new innovative program and we researched the community and they came up with these really terrific things. There is no reason why any other gaol cannot do the same thing if it wants to.

## UNCORRECTED PROOF

**The Hon. Dr A. CHESTERFIELD-EVANS:** But each gaol should be doing it within the framework of the department.

**Ms LOY:** Well, again, you do not know about these things before you start operating them. How would you know that the Department of Housing, for instance, would be so innovative? They came in here, met the women and met the staff and they saw what we were trying to do here so they fell in, and they were very good to do that.

**Mr RICKETTS:** It is not just the responsibility of Corrective Services. It seems to me it is Department of Housing responsibility as well. They could have a joint look at these women once they leave here.

**CHAIR:** I guess the problem we are seeing is that Corrective Services says, "We are getting you to the gate," and you are presuming another government department is picking them up at the gate and we are discovering that they are not there, that somehow or other the connection is not well made and it does not continue on.

I can recall when I was all of 25 and leaving home mum and dad took me through it, and I was 25. Some of the people here are less than that and have less than that level of help.

**Ms LOY:** May I say also that a lot of the women who do leave the gaol are blacklisted in a lot of Department of Housing areas; they are blacklisted from refuges; they are blacklisted from everywhere. They are the ones that we work the hardest to try to get accommodation for. They are the tragedies. They are the ones who drop through the net and they are the ones that you have probably been talking to.

I do not know the answer. You can ring around to refuges and they will say, "They have to present themselves on the day." From the time they leave these gates, or whichever gates, until they get to that place the next day, they may have met up with a friend, or if they have a brother or a sister they will go and stay with them.

Yes, it is true to say that they do not have their own place to put their head but I beg to argue that they would not have a place to put their head, and where they would choose mostly. You can set up all sorts of things. If they do not go, there is not a lot you can do about it.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Sure, but if they know where they are going?

**Ms LOY:** We could take them in a car and deposit them at the door and they would sneak around the back and jump the back fence.

**The Hon. Dr A. CHESTERFIELD-EVANS:** I am not suggesting that you have to control their lives beyond the gates.

**Ms LOY:** That is right, and we do not.



**CHAIR:** I guess what we are saying is that they asked us for this service yesterday. We are asking to find out if it is at all feasible.

**Ms LEE RHIANNON:** Can you speak about the impact on women prisoners if they are separated from their children in terms of their behaviour here short term and long term?

**Ms LOY:** The impact on the women is enormous. They grieve terribly. Very few of them now with our wonderful program are that separated from them. It is a very innovative program, the mothers and children's program, which was formed after the last Senate inquiry, and a lot of work has gone into making it the best program that we can. Your question being how it affects the women?

**Ms LEE RHIANNON:** Yes.

**Ms LOY:** Terribly, if they are separated from their children but not always are they able to be with their children for many reasons, and the main one of those reasons is that the children are under the care and protection of the Department of Community Services. More often than not they are wards of the State or in permanent foster care.

**Ms LEE RHIANNON:** When you say "terribly" can you explain what you mean?

**Ms LOY:** What I mean by "terribly" is that they grieve in exactly the same way that I think any other mother would grieve. They worry about their children. They are worried that the children are being well cared for. They worry that the children think badly of them and that the bond and attachment that they have with that child is broken. They get very concerned about those things.

**Ms LEE RHIANNON:** Does it result in a certain type of behaviour in the prison? We heard yesterday about drug-taking among prisoners in gaol. So do you see more drug-taking or other psychological problems in the women who are separated from their children? You have described it as grieving but I just wonder if there are other things that you see.

**Ms LOY:** If I understand your question - I am not hearing you all that well, I am sorry. It is my ears, not your mouth.

**CHAIR:** I think the acoustics of the room.

**Ms LOY:** I am not aware of any woman who takes drugs just because she is separated from a child. I am aware of many women who take drugs who are separated from their children. My answer to that would have to be that they take drugs whether they are with their children or not with their children.

**The Hon. JAN BURNWOODS:** I was just going to ask, and I guess I would have asked the question negatively but can I turn it around and ask it positively, about Jacaranda in particular. You have women here with their children. One thing I did want to ask is how many women are here without their children?

## UNCORRECTED PROOF

**Ms LOY:** You are asking a hard question. I know the answer to the first one.

**The Hon. JAN BURNWOODS:** Is it possible to say, given that this is a facility where women can have their children, and I gather if more women come here there is room for more of them in that there are two cottages at the moment where children could grow?

**Ms LOY:** The program has grown enormously. We have 11 women here now with 12 children. I have another four applications on the board. There is another woman having a child.

**The Hon. JAN BURNWOODS:** Can they be met immediately?

**Ms LOY:** They have to go through the criteria, the process of being assessed. The assessment for the mothers and children's program is very strict but very fair. They must not be using drugs and there must be no violence. They are the two major criteria.

We cannot assess if they are not using drugs immediately they come into gaol because most of the women are using drugs when they come into gaol. You would need to look at them for about six weeks to eight weeks to ascertain whether they are not using drugs. They need to see the drug and alcohol worker on a regular basis; they need to see the psychologist on a regular basis. Those people then write reports and state that in their opinion this woman has not used, that she is stable and there is no danger to the child.

The whole premise of the program is what is in the best interests of the child. It is not about what is in the best interests of the mother. But you cannot separate those two things very well. The mother, of course, is married with the child. It is very difficult but the focus must be always on the child.

The child is living in an environment that most of us would not choose to have most of our children in and yet it is made as safe as it can be made humanly safe for any child, and the women must be able to, and they do, all of them, agree that they want safety for their children. That is the first issue.

So if you have a problematic woman who is using drugs, she may just fall asleep, but she may fall asleep and smother her baby on the bed with her. She may burn the house down, or something like that. You cannot have that. It is too terrible to even contemplate, so they must fall in with that criteria, but I think it is a very fair criteria.

**The Hon. JAN BURNWOODS:** So, therefore, women here could have children not with them. Either the children are older or they have not yet passed the sort of assessment you are talking about?

**Ms LOY:** No, they do not all apply. Some of them just are not suitable. Some of them murder children. Some of them are violent women. There are women over there who have set fire to children. You cannot have them here. They cannot even come into this area. You would not know what they might do. We have women who are armed robbers, who let off guns. You

do not know their character, what might trigger them off to be very violent around children, so they are screened on different levels.

You have levels 1, 2 and 3. Level 1 is that they never come into this area at all. They are always over behind the compound. Level 2 is that they are seen to be okay to come into this area but not live in a house with children. They might have a mental disorder. They might have a very short fuse and children crying continuously might be very upsetting for them. They would be screened out. Even if they had children themselves, they may be seen as problematic. And the third one, level 3, is where the woman is suitable to be here with her child permanently or with her child on the occasional care program.

On the occasional care program we have 23 kids nearly every weekend. I do not know if that is two children or one to each woman. But say it is 23 women. That is 23 women who are having access to their children that they would never have had without this program. So of the 12 that are here plus 23, that is 33 or 34 women just in this area, which is nearly the whole of Jacaranda.

**Ms LEE RHIANNON:** Can I just ask you about section 29(2)(c)? Are women aware of it here and do they ask for it?

**Ms LOY:** Absolutely, and they are encouraged to do so. The first premise of the program is section 29(2)(c). The last resort is having a child in custody. You look at their eligibility for 29(2)(c). I have to tell you, though, that of all who apply very few get it, and the reason they do not get it is that they do not have suitable sponsorship. That is mainly the reason. We have had 14 women out on section 29(2)(c) since January 1997.

**Ms LEE RHIANNON:** Can you just explain about sponsorship, again going back to some of those questions we were exploring earlier about the support that people receive when they leave this place in terms of housing, et cetera, so does the sponsorship have to be personal or can it be that they have somewhere appropriate to go to?

**Ms LOY:** There would be a place that has supervised staff to take care of them and be there with them 24 hours a day. The whole idea of sponsorship is that they go into their own home. Most of the women want to go home. They do not want to go to some other place that they term gaol, whether it is Guthrie House or a beautiful place by the harbour. They want to go home to their own homes.

More often than not I will put to them, "I will try to get you into Guthrie House." They say, "No, we do not want to go there. We want to go home." If they want to go home, we will do everything to try to get them to their home, but their sponsor might be unsuitable. That sponsor could be their co-offender, it could be a husband who beats them up, who would have more control and power over them on a section 29 that you could imagine. You would not be able to refer them back into that situation.

You will have family members who have very heavy previous criminal records. Most of our people here have all their family in some way connected badly with the law. That is a sad

## UNCORRECTED PROOF

situation, because it does not mean that that person will be a bad sponsor or a good sponsor; it just means they are ruled out because of their criminal history. But that is legislated and there is very little you can do about that.

**CHAIR:** Are prisoners who are pregnant eligible for transfer to Jacaranda Cottages?

**Ms LOY:** Absolutely. Not absolutely absolutely. They have to meet the criteria. One of the other big issues about the criteria is that the Department of Community Services must clear the woman as no child protection risk. That means that she has had no previous history with that department and that she poses no risk to the child.

Quite a few women have long histories with DOCS, and that history rules them out. Not that often, but sometimes, it rules out the new baby as well.

I want to tell you this story because it is very pertinent to the whole thing. A young woman approached me at Mulawa a few months ago and asked to be considered to have her baby here. She was very pregnant. I could see absolutely no reason on earth why she could not have her baby here. She had three at home. What she did not tell me was that she fractured the skull of one of the babies she had at home and broke its leg. How could you have that woman here in Jacaranda with a brand new baby. She had to be ruled out.

You have to look very deeply at this sort of thing. You cannot say, "Just because you are pregnant you can have your baby." You must remember that the focus is on the best interests of the child. No-one could sit with that woman 24 hours a day and watch that she did not smother the child or something, and DOCS would not allow it anyway.

The children had all been removed from her and they came straight away when she had this baby and removed the baby as well. They have to do a lot of restoration work with her and bring in family support workers and really be on her case, but it is that type of thing we have to look at. It is very complex.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Would she not have been safer here with six other mothers in the house than she would be on her own somewhere else, presumably if she had three children and she broke the leg of one of them and fractured its skull?

**Ms LOY:** A three-month-old baby.

**The Hon. Dr A. CHESTERFIELD-EVANS:** She was frustrated because it was screaming in the night presumably.

**Ms LOY:** Well, one would hope that she had a good reason for fracturing a skull and breaking a leg, but the idea really is would she not do that perhaps to some of the other children who are here? How can you know? How can you even begin to take a risk on something like that?

**The Hon. Dr A. CHESTERFIELD-EVANS:** But you would not have an institutional set-up here?

**Ms LOY:** She might kill the baby and blame me. I have absolutely no idea what that woman would do but she would be so unstable that you would not dare. You just could not.

**CHAIR:** I think we have to wind up, but if any of you have not been asked for information that you want to give to the Committee I give you the opportunity to do so. I have noticed that Sister Thelma has not spoken much.

**Ms LOY:** Is that me and my big mouth?

**CHAIR:** No, not at all. Have we missed some huge or important thing?

**Sister PELLITT:** I do not think so. I do assist the welfare. I get clothing for the women when they are leaving. I cannot do much with the accommodation. We have a Life After Prison group run by the Anglican Church, but they are so overwhelmed with people wanting accommodation that they find it very difficult. That is the hardest thing, to find accommodation for women.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Is there any institutional Life After Prison group apart from the Department of Housing paid for by the State?

**Sister PELLITT:** Not that I know of. I only know of church ones.

**The Hon. JAN BURNWOODS:** Half-way houses?

**Sister PELLITT:** Guthrie House is funded.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Guthrie House? Nine people?

**Sister PELLITT:** The CIC do have some. I have been trying to get St Vincent De Paul interested but they have not come to the party yet.

**CHAIR:** Do any of you have any idea how many prisoners would be discharged from Emu Plains in the average week?

**Ms LOY:** You would have to refer that to the Governor.

**The Hon. Dr A. CHESTERFIELD-EVANS:** I am sure there would be people in the room who would know.

**Sister PELLITT:** I insist that they go out not with a garbage bag with clothes in it and that they have bags, and I think I have to get about 10 about every fortnight.

**The Hon. JAN BURNWOODS:** Suitcases or overnight bags?

## UNCORRECTED PROOF

**Sister PELLITT:** Yes, just so they go out with a bit of dignity.

**CHAIR:** So it is not a large number?

**Sister PELLITT:** I do not want them walking out of that gate with all their possessions in a garbage bag. I have taken them up to St Vincent De Paul at Springwood in preparation of their going out to tech or places like that or work release and they have not got any clothes, so I just take them to those places so they can select their own clothing. Other times, if they are not allowed to go, I get it myself.

**CHAIR:** Thank you for your attendance today. We very much appreciate it. I think the Committee is likely to explore a little further the issues concerning pregnancy and prisoners, so I think we look forward to an opportunity to hear more about the family support staff and the mothers and children's program at a later time, probably at Parliament House, I suspect?

**(The witnesses withdrew)**

**[INMATE 5]**, Inmate, Emu Plains Correctional Centre, Old Bathurst Road, Emu Plains, sworn and examined:

**[INMATE 6]**, Inmate, Emu Plains Correctional Centre, Old Bathurst Road, Emu Plains, affirmed and examined:

**[INMATE 7]**, Emu Plains Correctional Centre, Old Bathurst Road, Emu Plains, and

**[INMATE 8]**, Emu Plains Correctional Centre, Old Bathurst Road, Emu Plains, sworn and examined:

**CHAIR:** [INMATE 5], have you received a parliamentary summons issued under my name?

**[INMATE 5]:** That is correct.

**CHAIR:** And do you know what this inquiry is about?

**[INMATE 5]:** Yes.

**CHAIR:** [INMATE 6], have you received a summons issued under my name?

**[INMATE 6]:** Yes.

**CHAIR:** Do you know what this inquiry is about?

**[INMATE 6]:** Yes.

**CHAIR:** [INMATE 7], have you received a summons issued by me under the Parliamentary Evidence Act 1901?

**[INMATE 7]:** Yes.

**CHAIR:** And do you know what this inquiry is about?

**[INMATE 7]:** Yes.

**CHAIR:** Have you received a summons issued under my name according to the Parliamentary Evidence Act 1901?

**[INMATE 8]:** Yes.

**CHAIR:** Do you know what this inquiry is about?

**[INMATE 8]:** Yes.

## UNCORRECTED PROOF

**CHAIR:** I need to just read something else to you and explain something else to you before we start. If you should consider at any stage that anything that you wish to say is in the public interest and that it is best that only the Committee hear or see a document, then the Committee will usually agree to any request you make and we will resolve to go into private session. I should warn you, however, that the Parliament does have the power to override that decision at any time and make your evidence public. However, it is not our common practice to do so.

Is there anything you would like to say to the Committee first before we ask you any questions, or would you just prefer to take questions? Either is fine.

**[INMATE 7]:** I think we will start by taking questions.

**CHAIR:** Could some of you perhaps tell us how you came to be here and something of your background before you arrived? It is entirely optional what detail you go into. I guess we are trying to get some knowledge about you as we have just met you.

**[INMATE 8]:** How I came to be here?

**CHAIR:** Perhaps where you came from prior to being here.

**[INMATE 7]:** Came here today?

**CHAIR:** No, being here at the correctional centre.

**[INMATE 8]:** Obviously from committing crime.

**The Hon. JAN BURNWOODS:** How long have you been here?

**[INMATE 8]:** Me? Too long. Thirteen years.

**CHAIR:** Are you far from home?

**[INMATE 8]:** I came from England originally. I have spent most of my time at Mulawa. I have been here two years. I am just about to go on work release.

**CHAIR:** It is useful for the Committee to know, I guess, how long you have been here too, I must say, to know whether you are just new or you have been here for a while.

**[INMATE 8]:** Do you mean in the country?

**CHAIR:** No, at Emu Plains.

**[INMATE 8]:** I have been at Emu Plains for just over two years.



## UNCORRECTED PROOF

**CHAIR:** Would anybody else like to tell us anything about their background? As I said, it is optional, but it does help us sometimes understand some of the things that you want to tell us.

**[INMATE 6]:** I have been here for 16 months, 16 months of a two-year four-month bond sentence. I have a very long history of drug abuse, 27 years. The crime I committed was an armed robbery due to desperation wanting the drugs. Basically that is it.

**CHAIR:** Does anybody else want to say anything else before we move on to the next question?

**[INMATE 5]:** I have been here seven months. I got a nine-month sentence. It is not the first time I have been in gaol. I am a qualified accountant and I guess that speaks for itself. I am in here for fraud, and it is just sort of an ongoing situation at this stage.

**CHAIR:** Would you perhaps like to tell us something about how you are treated here and what you think of this place?

**[INMATE 8]:** Well, a lot of the time - I mean, it is supposed to be a minimum security gaol, but a lot of times it is not like that at all; it is worse than Mulawa. It depends on the officers a lot of the time. It is very hard to see professional staff because they all go off to their conferences together and there is no-one left here. Say you have seven appointments. Probably five of those will be broken before you actually get to see someone.

There are just not enough professional staff here and they are either all here and they are in committee meetings or they are not here so we have got no-one anyway. Really, that is the worst thing about being here. For a minimum security gaol it is pretty bad.

**CHAIR:** For those professional appointments what sorts of appointments are you referring to?

**[INMATE 8]:** Drug and alcohol, the psychologist, welfare.

**CHAIR:** Would any other person like to volunteer information about that?

**[INMATE 5]:** The inconsistency is probably one of the biggest things because the rules change by the day and, as Pat said, the officers. Things you can do one day that are acceptable are not acceptable the next day.

**CHAIR:** Would you like to give us some examples?

**[INMATE 5]:** Different procedures as far as the girls living in the compound. They have a tighter rein on them. They are not allowed to do things. Sometimes they can go up for the mail in their pyjamas, sometimes they cannot. Some days they can pick up different rations at certain times, other days they cannot. Some days they are late for their breakfast. Just little things that become big things because nobody seems to care.

## UNCORRECTED PROOF

**CHAIR:** It might be of interest to the Committee to know how many of you live in the compound and how many of you live here.

**[INMATE 7]:** I live in the compound.

**CHAIR:** Does anybody else want to talk about how they are treated and how the programs work?

**[INMATE 8]:** A lot of girls recently, and this is happening a lot lately, because they put in to move to Jacaranda with their children and blah, blah, blah and because they have not seen the psych or drug and alcohol they get knocked, back but the thing is that they have had these appointments and it is not their fault, so, therefore, they have to wait all over again and, hopefully, they might get these appointments eventually, and this happens all the time.

For a little while here we were without a psychologist at all, and there are 150 girls here and a lot of girls are under PRLC, under SORC. It is an ongoing thing and they have to have this to progress anywhere.

**The Hon. Dr A. CHESTERFIELD-EVANS:** What are those things?

**[INMATE 8]:** The Serious Offenders Review Committee or the PRLC, the Pre-Release Legal Committee.

**The Hon. JAN BURNWOODS:** And a report has to be made?

**[INMATE 8]:** Yes. And everything is held up because of reports all the time. If an officer does not really care for you very much, your report gets lost. There is no control over them. Reports are getting lost here right, left and centre all the time. If you are going out shopping, it can quite easily go missing. It happens all the time. It is not too bad now, but it has been that certain officers just do not care.

**The Hon. JAN BURNWOODS:** What do you mean it is not too bad now?

**[INMATE 8]:** Well, we have a new officer doing the leave and all our sections. He keeps a tight rein on them. If he sets one up, he follows it through, whereas before they might go to operations to be put in a pigeon hole and they got put in the bin there and things like that.

**CHAIR:** Are you familiar with the term "case management"?

**[INMATE 8]:** Yes.

**CHAIR:** How do you get on with your case officers?

**[INMATE 7]:** You hardly see them. You have to chase them. They never chase us. We have to chase them. And that is another reason why some girls get put back progressing through.

**The Hon. JAN BURNWOODS:** How often would you see your case officers?

**[INMATE 8]:** We see them all the time but a lot of girls do not even know who theirs is. They know they have a name there but they do not know who the person is.

**The Hon. JAN BURNWOODS:** How come you see yours all the time?

**[INMATE 8]:** Because we push them. We chase them because we have to. Otherwise we do not get anywhere.

**CHAIR:** What do you see your case officer for? Why are you pushing to see them?

**[INMATE 8]:** Because we want work release, because we want day leave, because we want to go out shopping once a month, because we want to progress. If you do not see them, you do not get anywhere. They write "do not care" on the thing.

**The Hon. Dr A. CHESTERFIELD-EVANS:** You are here because you are pushy types? You pushed to come to see us as well?

**[INMATE 8]:** No, not at all.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Are you atypical in the sense that you do push your case officers and you pushed to come here while there are others who would not push their case officer?

**[INMATE 8]:** No, we are on the Inmate Development Committee.

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

**[INMATE 8]:** Yes, all of us. All the girls who are here today are on the Inmate Development Committee.

**The Hon. Dr A. CHESTERFIELD-EVANS:** What is that?

**[INMATE 8]:** It is a committee that meets every week at the moment here and we discuss issues that are bothering the girls in the gaol, like food issues, if they are getting locked in for any reason, if there are work issues, any management issues, and, then, also the Governor, he attends usually, he tells us if there are any changes in policy, if there are any new management things going to happen.

**[INMATE 7]:** We can go to him and ask him as a committee something on behalf of the girls and in that meeting he will give us the answer, "Yes, we can do this," or, "No, you cannot."

**The Hon. JAN BURNWOODS:** Does that work as a way of saying what you are unhappy about and bringing up grievances? Is it a useful thing?

## UNCORRECTED PROOF

**[INMATE 8]:** Yes.

**[INMATE 7]:** We think so. A lot gets done.

**The Hon. Dr A. CHESTERFIELD-EVANS:** You are sort of like a union more or less?

**[INMATE 7]:** Yes, a gaol union.

**CHAIR:** Are you not able to pursue the issue of inconsistency and the loss of forms for leave and so on through that?

**[INMATE 8]:** We do.

**[INMATE 7]:** But the Governor can only talk so much to his staff. It is up to them to act.

**CHAIR:** Is there anything you want to say about the programs such as education and the drug and alcohol programs? Are there enough of those? Do you have adequate access?

**[INMATE 8]:** No.

**CHAIR:** Would you like to explain to us what happens if you do not get access when you want to?

**[INMATE 6]:** I have just had something happen personally to myself in here about a permaculture class that they were going to hold here. I am not allowed to do that. I have been told that it is government policy. I do not understand it, and there are a lot of other women in here who do not understand when we have an expectation of society wanting girls in gaol, anyone in gaol, to rehabilitate. We do not have the access. When we start to try to do something for ourselves and help ourselves, we are told we cannot do that.

**CHAIR:** Were you given a reason why?

**[INMATE 6]:** Departmental policy.

**Ms LEE RHIANNON:** Departmental policy not to have permaculture courses here?

**[INMATE 6]:** No, we have got the class here. I could not do it because it is in work hours.

**Ms LEE RHIANNON:** I see. You have to go to work; therefore, you cannot do the course?

**[INMATE 6]:** Yes, it is three hours one day a week, and I believe it is the same with any of the craft classes that we have. The only thing that they actually approve to do during work

hours is numeracy and literacy. Women come into gaol not knowing themselves and a lot of people want to rehabilitate themselves, and they are making new discoveries and it is like a new journey for themselves, and they start to discover things and then they are held back from doing it. It is all about rehabilitation to go back outside and fit into society out there, and you have repeat offenders.

**The Hon. Dr A. CHESTERFIELD-EVANS:** What are you doing in work?

**[INMATE 6]:** I mow lawns.

**The Hon. Dr A. CHESTERFIELD-EVANS:** All the time?

**[INMATE 6]:** I mow lawns or weed edges or sometimes I work over in the vegetable garden. I have worked in the dairy here.

**The Hon. Dr A. CHESTERFIELD-EVANS:** So you are working as a gardener already?

**[INMATE 6]:** Yes.

**The Hon. Dr A. CHESTERFIELD-EVANS:** But you cannot do permaculture?

**[INMATE 6]:** Yes.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Are they concerned you might learn hydroponics?

**[INMATE 6]:** I have had a very frustrating two weeks, believe me, and I feel very angry about the whole thing. I can get by with this because I can do my bit through self-research, spend half an hour at lunch time and speak to the permaculture teacher and I can still be assessed at the end of this and get a certificate, but some other women who may not know how to go about it, and there are a lot of women in here who do not know how to go about doing things like that, such as doing things for themselves, they need that help, and we do not have that.

**CHAIR:** There is so much we need to cover.

**The Hon. P. T. PRIMROSE:** What issues do you see arising when you leave this place and do you think you are going to get adequate support in here, or are you getting adequate support now for issues that you have to face such as accommodation when you leave this place?

**[INMATE 7]:** Accommodation is terrible. Lots of girls walk out and go straight back to the streets because there is nowhere for them to go, so the cycle begins again and they find themselves back in here.

**The Hon. P. T. PRIMROSE:** Do people get, for instance, support from the Department of Housing?

## UNCORRECTED PROOF

**[INMATE 7]:** You go on the waiting list. Depending on what area you want to go back to, there are refuges and half-way houses, but it all depends if they have got a bed for you.

**CHAIR:** Are any of you expecting to be released soon?

**[INMATE 7]:** Six months.

**[INMATE 6]:** Ten months.

**[INMATE 5]:** Two months.

**The Hon. JAN BURNWOODS:** Was it two months for you, [INMATE 5]?

**[INMATE 5]:** Yes.

**CHAIR:** So is anybody doing anything about helping you fix up those sorts of things for yourselves when you leave?

**[INMATE 8]:** No, we are helping ourselves.

**CHAIR:** Is that all right?

**[INMATE 8]:** It is all right for us because we have got the resources and friends to do it - do you know what I mean - but a lot of people have not. They get out of here and now they do not even get an unemployment cheque. They get out of here with 30 cents in their pocket. What are they going to do? Walk up the road and break into a house or go on the streets? Do you know what I mean? And the whole thing begins again.

**The Hon. JAN BURNWOODS:** We have been told that that has been restored, the immediate unemployment cheque and in cash if necessary.

**[INMATE 7]:** Not from here. You have to go to social security.

**[INMATE 8]:** You have to make an appointment.

**[INMATE 7]:** Then they will give you half a cheque and then a week later you will get another cheque. Half a cheque is about \$120 or \$140.

**[INMATE 5]:** If you get out on a weekday.

**[INMATE 7]:** But on a weekend you get nothing until Monday.

**The Hon. Dr A. CHESTERFIELD-EVANS:** So that is still the case, is it?

**[INMATE 5]:** Yes.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Despite all the discharge planning here?

**[INMATE 8]:** Yes.

**The Hon. Dr A. CHESTERFIELD-EVANS:** If you go out on a weekend you will still go out with nothing in your pocket?

**[INMATE 7]:** Yes, until Monday.

**[INMATE 5]:** They have to make an appointment to go and see Centrelink or whatever it is on the day that you get out.

**[INMATE 8]:** If they can give you an appointment.

**CHAIR:** Do any of you have children?

**[INMATE 5]:** Yes.

**[INMATE 7]:** Yes.

**CHAIR:** Would you like to talk about how gaol has affected your relationship with your children? Have you had adequate access? In fact, all of you might like to talk about how visits are conducted and whether there are problems with visits.

**[INMATE 7]:** Visits at Mulawa are terrible for mothers and children.

**CHAIR:** What about here, though?

**[INMATE 7]:** Here, because we have got this area here, it is better, and children can come in and stay, but there is a big hold-up. Women wait six months, or months, until they can have their child in because of DOCS check hold-ups and the case management team. If a lady has gone to a psych appointment and the psych is in a meeting somewhere and she misses that, that puts back that report another fortnight or another month, and that is another month without the child, and it is very frustrating for the girls because we rely on our case management team, which is drug and alcohol and psych, to be there to get to know them so they can write the reports to support us to apply for the program over here, and the girls are always knocked back because of no staff. And there are not enough beds over here. There seems to be a real tightness on beds over here.

**CHAIR:** Another thing that other people have spoken to us about is drugs and drug abuse within the gaols. Has that been something that you have seen? Is it something that irritates you? Do you know how it happens? Would you like to comment on it at all?

**[INMATE 7]:** We have seen it.

## UNCORRECTED PROOF

**[INMATE 8]:** It is not as bad out here actually as it is at Mulawa. Even though this is a fairly open visiting area, it is still not anywhere near Mulawa.

**CHAIR:** Have any of you had the experience of trying to live drug free and had drugs forced at you which has made it difficult not to live with them?

**[INMATE 8]:** No, not forced.

**[INMATE 7]:** Not forced.

**[INMATE 8]:** But offered. I have not here but at Mulawa I moved into a wing where everyone is off their heads for day after day after day and I have not taken them but, then, in the end, because there are fights going on and everyone is stealing and it is like a mad house, in the end, you take them to get away from them, to go to your room and veg out. You know, you do. And I have done that. I would not now, but, you know, it is bedlam there when there are drugs.

**CHAIR:** In Mulawa?

**[INMATE 8]:** It was horrible. But I did not take drugs outside before I came to gaol. I drank, which is a form of a drug, but I would never dream of taking a pill or anything outside, but in here I have, yes. I would not any more, but I have.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Are there a lot of drugs in this gaol?

**[INMATE 8]:** No, very little compared to Mulawa.

**[INMATE 6]:** Very little, but it happens.

**[INMATE 8]:** They get in.

**CHAIR:** Even in the compound?

**[INMATE 6]:** Yes.

**CHAIR:** It is reasonably drug free in the compound?

**[INMATE 6]:** No. I have been a person since I have been back in gaol who has tried to stay drug free and had a very difficult time of it.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Here?

**[INMATE 6]:** Yes, I have been tipped back to Mulawa for three months because of three dirty urines. I just came back in October last year.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Three?



**[INMATE 6]:** For three months. I had three dirty urines. I was tipped back to Mulawa. I spent three months back there and came back here last October. I have had one dirty urine since I came back. I found it extremely difficult all the time when it is offered to me to actually say no as much as I really want to be drug free, and it has taken me a long time to say I really want to be drug free, and it can be very difficult for a lot of the girls when they are offered it and you have people who come up and offer it to you.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Why should they want to offer it to you? Do you have to pay for it in some way?

**[INMATE 6]:** No, a lot of people just give it to you.

**[INMATE 8]:** They may have been in gaol a while and you have a smoke or have a couple of pills.

**[INMATE 7]:** You do not have to pay for it.

**Ms LEE RHIANNON:** Just in terms of how the drugs are coming in, yesterday we discussed about over the fence, from visits, from prison officers. Have you got any comments on that and maybe if you had an idea of where you see a percentage breakdown between those? It would be, obviously, just a rough guess.

**The Hon. Dr A. CHESTERFIELD-EVANS:** How do they get in?

**[INMATE 8]:** I do not know really. Probably from visits I would say.

**[INMATE 6]:** It comes in in a number of ways, I guess. Mainly, I would say, probably through visits.

**[INMATE 8]:** The thing is if you have a dirty urine - I do not know about Mulawa now - you can be going out to AA or NA or something like that and you can be attending regularly but then you might have a little lapse and you are seen to be out of here and you get pulled for a urine, and you are immediately taken off those things. Instead of saying, "Okay, this person obviously needs more," you get less.

**CHAIR:** More what?

**[INMATE 8]:** More therapy, more help. You get less. They put you backwards. It is ridiculous. Okay, I mean, if you are an alcoholic and you abstain from drinking and you go to AA for two years and then you have a drink, that is a lapse so obviously you need help and you need support to build that up again, not have it taken away from you, and that is what they do, and that is why so many people come back to gaol because they are not getting the support they need.

I have built up support. My sponsor is an AA person who has been in AA for 15 years, but I am one of the lucky ones because I have found that person. Most people do not. If people

## **UNCORRECTED PROOF**

want to go out and take some drugs they have no-one to ring to say, "Listen, I feel like I am going to have a shot." They have got no-one. There is no help set up for anyone.

**CHAIR:** Thank you for coming today. We really appreciate it. If there is nothing else urgent you want to say to us, we have to see another group.

**[INMATE 6]:** I have just got one thing to say, and it concerns the drugs. What the system needs is a drug-free gaol. When I said that it probably came out wrong. You need a rehabilitation gaol for people who really want to be clean. You might start out with a handful of people who want to do that but it is a really urgent and necessary need in the system and you should have certain penalties if urines are done regardless of the consequences because this is what is going to help people stay out of gaol and stop reoffending.

**CHAIR:** I appreciate that. Thank you. If there is anything that occurs to you that you wanted to say to the Committee and did not get the chance, those summonses have got our address and you can feel free to write back to us.

**(The witnesses withdrew)**

**[INMATE 9]**, Inmate, Emu Plains Correctional Centre, Old Bathurst Road, Emu Plains,

**[INMATE 10]**, Inmate, Emu Plains Correctional Centre, Old Bathurst Road, Emu Plains,

**[INMATE 11]**, Inmate, Emu Plains Correctional Centre, Old Bathurst Road, Emu Plains, and

**[INMATE 12]**, Inmate, Emu Plains Correctional Centre, Old Bathurst Road, Emu Plains, affirmed and examined:

**CHAIR:** Have you received a parliamentary summons?

**[INMATE 9]:** Yes, I have.

**CHAIR:** Do you know what this inquiry is all about?

**[INMATE 9]:** I think so, yes.

**CHAIR:** Have you received a parliamentary summons?

**[INMATE 10]:** Yes.

**CHAIR:** And do you know what this inquiry is about?

**[INMATE 10]:** Sort of, yes.

**CHAIR:** Have you received a summons under my name?

**[INMATE 11]:** Yes.

**CHAIR:** Do you know what this inquiry is all about?

**[INMATE 11]:** Yes.

**CHAIR:** Have you received a parliamentary summons signed by me?

**[INMATE 12]:** Yes, I have.

**CHAIR:** And do you know what this inquiry is about?

**[INMATE 12]:** Yes, I have a fair idea.

**CHAIR:** I need to explain one further thing to you before we start questions. If at any stage while you are giving your evidence you consider that it is in the public interest that anything you want to say or give to the Committee in the way of documents should be seen or heard only by the Committee, the Committee will usually agree to your request and will resolve to go into

## UNCORRECTED PROOF

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. It is normal under these sorts of circumstances that we do not, but it is a warning that I have to give. That completes the formalities.

Is there anything you would like to say to the Committee before we ask you questions? No is fine. We just offer you that opportunity.

Would some of you like to tell us how you came to be at Emu Plains Correctional Centre, something of your background, where you come from, how long you have been here? That sort of background would be helpful if any of you care to give it. We have already heard this morning from [inmate 9], who was telling us that she came from Holland, and we met her little boy.

**[INMATE 9]:** I can explain it again.

**CHAIR:** No, that is all right, if you would all rather it all be anonymous. It is helpful sometimes for us to know a little bit about your background, whether you came a long way. How long you have been here is usually useful.

**[INMATE 11]:** I have been in gaol now for 10 and a half months. I have got another four and a half months to go. I live up on the North Coast of New South Wales, up near Lismore, and here I am.

**[INMATE 12]:** I am from out here at Penrith. My family is from out here. I have been in custody now for just over eight years, and I have been at Emu Plains for about 12 months. I still have around five and a half years to serve till my first parole date.

**CHAIR:** Are all of you from the compound or do you live in the lodges behind us?

**[INMATE 12]:** I am from the compound.

**[INMATE 9]:** I am from Jacaranda.

**[INMATE 10]:** I am from jacaranda.

**CHAIR:** Would you like to tell us about how you are treated at the prison?

**[INMATE 9]:** I feel pretty fairly treated seeing as I am a foreigner and my priority when I came to gaol was my child. Eight days after I have been in Mulawa I found out the mothers and babies program was running. I straight away went to a computer and wrote a big letter to Ms Madeleine Loy, and she got straight away back to me. Within a week I had an answer from her. She told me she is going to visit me in Mulawa, which she did.

My conditions were that I first of all had to get my sentence before the process would start up, so I was on remand for 10 months. After the 10 months I was sentenced to a total of seven and a half years, four and a half without parole because it is such a big sentence. Then I wrote back to her straight away and told her what has happened to me, and she came out again to

see me, and we started on the process of getting my child here, which was not an easy one because he had to come all the way down from Holland and there was the whole of the medical thing and his medical had to be cleared and his coming over here, and finance, of course, because as I am not from here I have no child endowment, so I had to put some money up on my own account in order to take care of him, but I had a lot of assistance from the gaol and all the welfare people and from the mothers and babies program and I really felt that I was fairly treated and I am happy that I finally got him here because that was my priority, all that I could think of, and they understood me pretty well.

I was the first one to ever have done this. It is quite unusual, I think. In the first place, in Mulawa I put down my question and put down a request. I had a bit of resistance from welfare telling me, "We are not going to import babies from other countries here," but I just let it pass because I did not want to be discouraged right away and I just continued writing, but I have had a lot of support actually.

**CHAIR:** Do others have young children either inside or outside the gaol?

**[INMATE 10]:** Yes.

**CHAIR:** Are you able to see plenty of your children?

**[INMATE 10]:** I have one. I have him here with me.

**CHAIR:** How old is he?

**[INMATE 10]:** Seven months.

**CHAIR:** Is the program good?

**[INMATE 10]:** Yes.

**CHAIR:** The alternative obviously is better, being out of here?

**[INMATE 10]:** It is pretty fair, yes. I had Peter taken off me the other week for swearing. I do not reckon that was fair.

**CHAIR:** Why? Because your child was taken off you for swearing?

**[INMATE 10]:** Yes, abusive language. It is an act of violence and that is not allowed in the program.

**CHAIR:** Does that happen to people often, that they have their child taken off them as a punishment?

**[INMATE 10]:** The first time I think. They said a lot of mothers do not get back on the program, but I was.

## UNCORRECTED PROOF

**The Hon. Dr A. CHESTERFIELD-EVANS:** When your child is taken away from you where does it go?

**[INMATE 10]:** Welfare or family.

**The Hon. Dr A. CHESTERFIELD-EVANS:** So they call the family in and give them the child because you have been swearing?

**[INMATE 10]:** Yes.

**The Hon. JAN BURNWOODS:** How long have you been at Jacaranda?

**[INMATE 10]:** I have been over here seven months now.

**The Hon. JAN BURNWOODS:** So you had your baby here?

**[INMATE 10]:** Since day one, yes.

**Ms LEE RHIANNON:** Sorry, were you swearing at the child or swearing at the staff?

**[INMATE 10]:** Madeleine Loy.

**CHAIR:** So you were swearing at a member of staff?

**[INMATE 10]:** Yes.

**CHAIR:** Do you think that was fair?

**[INMATE 10]:** To swear at her?

**CHAIR:** No, do you think it was a fair outcome? Some people might say, "Well, I was punished, but I deserved it."

**[INMATE 10]:** No, they could have taken me off buy-ups or phone calls or visits for a couple of weeks. I have my son back. I have him in a routine now. When I leave he cries and he thinks I am not going to be there when he gets up from sleeps.

**CHAIR:** You do not think that that has happened before?

**[INMATE 10]:** What do you mean?

**CHAIR:** You do not think that other mothers have had that happen to them before?

**[INMATE 10]:** Yes.

**CHAIR:** It does happen?

**[INMATE 10]:** I do not know about here. There have been other girls tipped but I do not know why.

**CHAIR:** In what way were you tipped? Were you sent back to the compound?

**[INMATE 10]:** Yes.

**CHAIR:** Would any of you like to comment about visits? Are they happy events in which you are happy to bring members of your family here to visit you and you do not have any difficulties with them?

**[INMATE 12]:** Visits are very good here, especially compared to Mulawa. I feel that at Mulawa a lot of the officers used to make your visitors feel like they were criminals. They would be quite rude to them at times. I am aware that they need to have security and all that sort of thing, but I think there is a way to go about it without sort of offending people, and up here it is much different.

My grandfather would never come and see me at Mulawa. He felt very intimidated there. He likes coming out here. It is much more relaxed. You can sit with your family and they are not forcing you not to hold hands and whatever the case may be. It is much more comfortable here. They are really quite good visits here. It is sort of like being out on an outing in a family gathering.

**CHAIR:** Just for clarity, you are in the compound, are you not?

**[INMATE 12]:** Yes.

**The Hon. JAN BURNWOODS:** What are the rules? How many days a week, how many hours?

**[INMATE 12]:** We have visits Saturdays and Sundays, usually from about 9.00 in the morning until about 3.00 in the afternoon, and your visitor can stay all day if they choose to.

**The Hon. JAN BURNWOODS:** Do you have to book it in in advance?

**[INMATE 12]:** No, they can just turn up. At Mulawa I believe they have bookings now. They did not have that when I was there, but I believe because of the overcrowding in Mulawa they have such a problem with the overcrowding of inmates that the visits were very crowded so they had to have them by appointment.

**The Hon. JAN BURNWOODS:** Can anyone come here during the week if there is a special meeting?

## UNCORRECTED PROOF

**[INMATE 12]:** Yes, you can put in for special visits if someone was working all weekend and could not come to see you. They usually allow that sort of thing if there is a circumstance like that.

**Ms LEE RHIANNON:** Are any of you members of the Inmate Development Committee?

**[INMATE 12]:** Yes.

**[INMATE 11]:** Yes.

**Ms LEE RHIANNON:** You all are?

**[INMATE 12]:** No, just us two.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Is there any difference in the inmates between those who come in for drug offences and other offences? Is there a difference?

**[INMATE 11]:** In the way they are treated, you mean?

**The Hon. Dr A. CHESTERFIELD-EVANS:** Yes.

**[INMATE 11]:** No.

**The Hon. Dr A. CHESTERFIELD-EVANS:** In the way you see things or difficulty? Not really?

**[INMATE 12]:** I do not think so. I guess it would be harder for somebody who is not in for drug offences a lot of times because they see a lot of stuff happening around the place with drugs involved and it is probably a bit of a culture shock, I imagine.

**CHAIR:** What sort of things would they see that would be difficult to cope with?

**[INMATE 12]:** I believe it is no secret that drugs still do filter into the system and some inmates can get pretty violent when they are under the influence and I think that is hard, especially for people of non-English speaking backgrounds and those not involved in any sort of drug culture. It would be hard for them, much harder.

**[INMATE 11]:** Just listening to stories, they can get shocked because somebody may talk about what they did outside and this and that and what they had to do to get the money, and they do get shocked because things like that just do not happen in a normal life.

**CHAIR:** Are drugs a problem? Are any of you, for example, trying to live a drug-free life and have found it difficult to have a drug-free life here? Is there plenty access to drug and alcohol programs if you need them?



**[INMATE 11]:** There are drug and alcohol counsellors you can see. Basically, you choose if you do not want to touch drugs. If you do not want to touch them, it is no hassle to you. No-one comes up to you and makes you do it. Do you know what I mean? If you do not want to touch them, you just stay away from them.

**[INMATE 12]:** It is a choice, but I personally believe that it is easier if you are living in an environment where it is sort of stipulated as drug free. Like, in Mulawa, there were certain wings that were categorised as a drug-free unit where the inmates who were there were really trying their hardest to not use drugs. They were urined on a regular basis to prove whether they were. If the urine was dirty, they were moved from that area.

I lived in G Wing, which at the time was a trusted unit, at Mulawa, and it was for long-term inmates who were drug free, and it made it a lot easier if it is not sort of around you. It can be very tense to have people around you who are using drugs when you are doing your really hardest not to.

**The Hon. JAN BURNWOODS:** And there are no units or sections like that here?

**[INMATE 12]:** Not that I know of.

**[INMATE 11]:** They are trying to do one.

**[INMATE 12]:** They are trying to do one, yes.

**[INMATE 11]:** They are talking about doing one, the POISE program.

**The Hon. JAN BURNWOODS:** We heard a bit about that this morning.

**Ms LEE RHIANNON:** For those of you with children here I was just wondering how it works when you have children. If you have a partner or some support you can get that time out. Is that structured in any way or is it just some informal arrangement with other women sharing? Do you have responsibility for your child all the time or is there some structured time that you can have out other than working time?

**[INMATE 9]:** There is a secondary carer.

**Ms LEE RHIANNON:** And who is that secondary carer?

**[INMATE 9]:** You point that person out. Most of the girls do it who are living in your house. If you feel comfortable with one woman, you put her down as secondary carer and it works out well, but all the women in my house are more or less in a little group and if one has to go somewhere all of them watch out and it works out well.

**CHAIR:** This is short and sweet I know, but we need to wrap up because there is another group who wants to speak to us. Is there anything else that any of you wanted to say to us that we have not asked you a question about that you felt you wanted to say or do any members have questions to ask?

## UNCORRECTED PROOF

**The Hon. P. T. PRIMROSE:** In terms of leaving this place, just from your experiences, what you have heard from the other inmates, do you think there is adequate preparation, that you can get adequate support in terms of things like accommodation? Are you aware of any issues or things that could be made better to help you when you are leaving?

**[INMATE 9]:** Nothing, really.

**[INMATE 12]:** I think it would help if they had places maybe specifically for ex-inmates when they are released from prison because you see a lot of women who come to gaol who have no family and no friends and they have really nowhere to go when they get out. They only have a certain amount of funds with them, which is an unemployment cheque from the Government, and they need all the money for a bond to get a room or something like that, and it just seems to cause people to go straight back to crime. They have no funds and really nowhere to go and it just seems that so many girls come back to gaol because they have nobody and nowhere to go when they get out.

I think if they had somewhere set up where maybe ex-inmates could go and get a bit of support, cheap boarding or something, it might help until they got themselves on their feet. It seems to be that first month that really is the hardest time for them.

**[INMATE 9]:** I would just like to mention one thing. We just were sitting outside and talking to the other girls and maybe it will come up later on but I think the emphasis in gaol should be on education and not just on the labour because if you do not work and you have no education you have no money but if you work you have a little bit of money, but that kind of money will never - if you go out you have nothing.

**CHAIR:** Some people said to us yesterday that if you do education you do not get as much money and that stops some people from doing it.

**[INMATE 9]:** You get \$10 a week, and a pouch of tobacco is \$16, so that gets you nowhere.

**[INMATE 12]:** There is a big difference. If you are working somewhere in an industry such as the dairy or head sets at Mulawa, you can earn \$50 or \$60 a week, and that is an amount that you can spend on your buy-up that will see you through comfortably for the things that you need, whereas full-time education wages usually are around \$15 a week and people just cannot survive on that money.

A lot of the inmates in custody do not have outside support money-wise, whether they do not have family or friends who can help them financially, so it is really hard, and it sort of deters people from doing study because they think, "I would like to do this study full-time and do courses that are on offer," but they are worrying about financial things, because even if you did not smoke there are things you have to buy.

Hygiene products alone can cost far more than \$15 a week, and it can be a problem. There seems to be no incentive to study. There is more incentive to work for the gaol in the industries.

**CHAIR:** Do many of you work?

**[INMATE 12]:** Yes.

**CHAIR:** Is it good work? Do you enjoy doing it?

**[INMATE 12]:** Yes, I do.

**CHAIR:** What do you do?

**[INMATE 12]:** We both work in the processing where we pack the milk and make custards and jellies for the gaols and fill the two-litre bottles. We do all desserts and milk for nearly every gaol in New South Wales I think.

**[INMATE 11]:** I would really like to do education full time but I cannot do it because I cannot afford it, so it is a sham. I do do education, but it is just going to take me a lot longer to do what I want to do.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Is smoking an expense?

**[INMATE 11]:** Well, that, but just normal things like deodorant, shampoo, soap, cost a lot of money, and it tends to cost a lot in here for some reason. Just as an example, coffee is \$6.99 in here, and I was paying in Grafton Gaol \$5.40.

**CHAIR:** How big is the jar of coffee that you buy?

**[INMATE 11]:** 150 grams.

**CHAIR:** And what brand?

**[INMATE 11]:** Nescafé.

**CHAIR:** How much do you pay?

**[INMATE 11]:** It is \$6.99 and I was paying \$5.41 or something in Grafton Gaol.

**The Hon. Dr A. CHESTERFIELD-EVANS:** How much is shampoo?

**[INMATE 11]:** I do not know.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Somebody yesterday complained about the cost of shampoo.

## UNCORRECTED PROOF

**[INMATE 11]:** A lot of things are more expensive here.

**[INMATE 12]:** A pump-pack deodorant is \$6. For somebody on full-time education wages and only earning \$15, that is half their money gone on deodorant. There are things that are necessary. You cannot go without those things, so it is very hard.

**CHAIR:** [inmate 11], you said you are from the North Coast?

**[INMATE 11]:** Yes.

**CHAIR:** Grafton Gaol is a great deal closer. Is there some reason why you came this distance so long away from home?

**[INMATE 11]:** Well, yes, actually. I got classified to here after I got sentenced. I was up there six months before I was sentenced. They sent me down here for the work release program, and they said that I would be eligible on 13 January, but it does not seem to be happening. It has just all changed and they reckon I will not even get to do it. So I have left my family and come down here for that reason.

**CHAIR:** Your term will have expired before you get to complete that?

**[INMATE 11]:** Yes.

**CHAIR:** That was worth finding out.

**[INMATE 11]:** I have only been to gaol once before and that was, like, nine years ago, and I did nine months then and I got work release, and this time I am doing 15 months and I am not getting anywhere near it.

**CHAIR:** That was a worthwhile question to ask, was it not?

**[INMATE 11]:** Now, I cannot get back up to Grafton.

**CHAIR:** I have a helper over here who is quite good at prompting me on things like that.

**[INMATE 11]:** Girls who are doing a long time, you cannot go and do weekends and stuff like that until the last 12 months of sentence. I reckon that is just silly because it is not getting you out there.

**[INMATE 12]:** That affects somebody with my length of term. My minimum term is thirteen and a half years and originally when they sent me here to Emu Plains they said that within 12 months I would get my first lot of externals, which is days out shopping and possibly going to the movies and things like that. Then they said that a change came in and that now we are not under individual needs, that it is across the board for long-term serious offenders under SORC and PRLC, and I am under SORC, and I cannot go anywhere or get externals at all until the last 12 months of my sentence.

I said to SORC that I felt that if I spent twelve and a half years in custody without any external and only have 12 months out that I would feel I probably would not be ready to go out into the community. I have only been on one day out and that was, like, a funeral, and I was pretty freaked out being in society after eight years. It was very frightening, and I just sort of said that I do not think 12 months is a long enough time, when you see that an inmate serving four years can spend two and a half years out and about whereas if you are serving 13 years you can only spend 12 months out. It is a big comparison.

I think the longer you serve in custody you should have not longer, but, say, maybe two-thirds of your sentence in full-time custody and then a third out and about.

**CHAIR:** Is it a rude question to ask you during that time have you been profiled for being violent or using drugs or anything of that nature?

**[INMATE 12]:** No, my behaviour has been very good.

**The Hon. JAN BURNWOODS:** Nothing to do with your individual behaviour but across the board?

**[INMATE 12]:** Yes.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Would SORC say that you were a danger to society if you were out? I do not know what your original crime was. Presumably it was pretty serious or it would not be here for 12 years?

**[INMATE 12]:** Of course. I personally feel that being a serious offender in for a crime such as murder, like I am, it seems that you are constantly punished for that. It is not just one thing. Everything depends on you being a serious offender. Your chances are limited because of that.

Yes, we have made a very grave mistake and people have suffered because of my actions, and I do not deny that, and I have a lot of remorse for that, but I feel that the more time I get out and about and get myself doing things that I can get better within myself. The longer I spend in here locked away, you cannot really do much to get yourself used to society again and being a member of society and a productive member of that, you know. It just seems you get punished time and time again. You are already serving this length of time and you are paying the price because you are a serious offender and might not be able to move to Jacaranda. Because I am a serious offender I cannot go anywhere until the last 12 months. It just seems you pay more than once for that crime.

**CHAIR:** Thank you for that. That was great. I know you have just got warmed up but we have to move on and hear from other people. It must have been a very brave thing to do to come and confront us and we understand that. Thank you.

**(The witnesses withdrew)**

**UNCORRECTED PROOF**

**(Evidence continued in camera)**

**(The Committee adjourned at 4.30 p.m.)**