

**REPORT OF PROCEEDINGS BEFORE**

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

**INQUIRY INTO INCREASE IN PRISONER POPULATION**

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**At Grafton on Wednesday, 29 March 2000**

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**The Committee met at 1.50 p.m.**

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**PRESENT**

The Hon. J. F. Ryan (Chair)  
Ms Lee Rhiannon (Deputy-Chair)  
The Hon. Dr A. Chesterfield-Evans  
The Hon. Jennifer Gardiner



**DOUGLAS ERNEST STANFORD**, Governor, Grafton Correctional Centre, 170 Hoof Street, Grafton.

**THOMAS BRECKENRIDGE**, Deputy Governor of Grafton Correctional Centre, 170 Hoof Street, Grafton.

**ANDREW JAMES WILSON**, Programs Manager, Grafton Correctional Centre, 170 Hoof Street, Grafton, sworn and examined:

**ACTING-CHAIR:** Mr Stanford, in what capacity are you appearing before the Committee?

**Mr STANFORD:** As the Governor of Grafton Correctional Centre.

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

**Mr STANFORD:** I have nearly 15 years service with the Department of Corrective Services. I have worked my way up through the promotional ranks by gaining experience in most categories of correctional centres and through some of the various subsidiary units to the position that I now have of Governor. I have tertiary qualifications. I have a Graduate Certificate in Management, and I am at present doing the diploma course, I think it is, for a graduate certificate through the University of New England in Management Studies.

**ACTING-CHAIR:** Did you receive a summons issued under the hand of Mr John Ryan in accordance with the provisions of the Parliamentary Evidence Act 1901?

**Mr STANFORD:** I was given one five minutes ago.

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

**Mr STANFORD:** I have read them, yes.

**ACTING-CHAIR:** Mr Breckenridge, in what capacity do you appear before the Committee?

**Mr BRECKENRIDGE:** As the Deputy Governor of Grafton Correctional Centre.

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

**Mr BRECKENRIDGE:** I have a total of 16 years experience in the Department of Corrective Services, having worked at various institutions across the State with various classifications of inmates and types of inmates, including females. I have management qualifications and a Graduate Management Certificate. I am pursuing further qualifications through the Police Executive Development Program and I have made my way through various ranks and worked in just about every rank.

**ACTING-CHAIR:** Did you receive a summons issued under the hand of Mr John Ryan in accordance with the provisions of the Parliamentary Evidence Act 1901?

## UNCORRECTED PROOF

**Mr BRECKENRIDGE:** I did.

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

**Mr BRECKENRIDGE:** Yes.

**ACTING-CHAIR:** Mr Wilson, in what capacity do you appear before the Committee?

**Mr WILSON:** As the Programs Manager, Grafton Correctional Centre.

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

**Mr WILSON:** I have been working with the Department of Corrective Services for the last 14 years. I have worked in six correctional centres around the State, both at a correctional centre and also at a regional level. I have been involved in different divisions within the organisation and have numerous trade background and small university courses completed in areas of management administration.

**ACTING-CHAIR:** Did you receive a summons issued under the hand of Mr John Ryan in accordance with the provisions of the Parliamentary Evidence Act 1901?

**Mr WILSON:** Yes, I did.

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

**Mr WILSON:** Yes, I am.

**ACTING-CHAIR:** As I mentioned, we are a little bit late in starting this session, but we often do go a little bit over time. We would like to start, and maybe you could run us through it, Mr Stanford, with a brief description of the gaol, maybe how many people are here under sentence, how many beds you have, how many prisoners, how many are in protection, the facilities, like the library, so that we just have a picture of how it works.

**Mr STANFORD:** Okay. Grafton Correctional Centre is a correctional centre which, although it is recognised as a reception medium-security correctional centre, in fact houses from time to time all classifications of inmates, from remands, trials, appellants, unsentenced, medium security, minimum security and female inmates. All up, we have the capacity for just under 250 inmates in the main area, B,<sup>1</sup> which is the medium-security area but which also houses the unsentenced inmates or inmates who are here for trials and are yet to have a determination in relation to their sentence.

In the minimum security area we have inmates who are classified here as minimum-security inmates through the three categories of minimum inmates, C1s, 2s and 3s, and we do work release and education facilities for them from outside as well.

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<sup>1</sup> Subsequent clarification: Area B is the minimum security area. Area A is the medium security area. The 250 inmate number refers to both areas excluding the segregated/protection and female areas.

We have room for 20 female inmates here, 15 of whom can be housed reasonably regularly. We try to keep five as spare beds for females who have been brought to us from courts or from police lock-ups and are required to be held here for a short period of time.

The main area is area A, which is the medium-security area. That is basically available as a self-sufficient area. It has its own clinic facilities, its own work locations, its own dental facilities and its own services through IDS to that area. In that area we also have a protection segregation area, which houses up to 20 inmates who are either on protection or segregation for a number of reasons.

We do not have a protection area where inmates are classified to here, but they are on protection because they are here for court and for whatever reason have a need to be away from other inmates, whether it is because of their crime or because of past incidents that have happened in other correctional centres.

The minimum security area has its own work location also as well as its own clinic and education and IDS facilities. All inmates in area B, which is the minimum security area, are employed, and that includes people going out to the outside nursery and to outside education.

The female inmates, of those that are here, would be perhaps a third who are classified. The rest are either still waiting for court to finish or to have a sentence given to them. At the moment they are basically all employed because they work in either the sugar industry or in the area of looking after their own unit they are in, and there are facilities for some of those to go out to outside areas for education and we also provide the IDS services for those as well.

**ACTING-CHAIR:** Could you outline how peer support works in here? Also, we are interested in your relationships with the community. You are right in the centre of this city, so could you just outline whatever degree of interaction there is with the community in any way?

**Mr STANFORD:** Having been at this correctional centre only since August last year, I am still considered to be a reasonably new boy to the area. However, we do have a community consultative committee which meets each month. That is made up of members of the community from various walks of business and some other professional people who are in the area. We meet with them regularly each month, as a matter of fact.

**ACTING-CHAIR:** When you say "we" is it just prison officers who meet with them?

**Mr STANFORD:** It is the Governor who meets with them, usually. I am also involved in other community-type projects. I go to meetings of the business enterprise system and also the emergency services meetings that are held because it is considered to be a part of the community should there be some sort of national emergency, or any sort of emergency, I suppose, that would be applicable for me to be involved in, so I go to that as well.

We also have involvement with other people who come in through the religious side. We have a number of religious denominations here who attend regularly at the centre, whether it is to conduct church services or religious meetings or just to see inmates of varying times. I get to talk to them as well. We also have two official visitors, one from this community and one from not far away, who attend regularly, and I meet with them on a regular basis as well.

## UNCORRECTED PROOF

**ACTING-CHAIR:** So for the prisoners themselves, their interaction with community people is mainly with religious organisations apart from the official visitors, is it?

**Mr STANFORD:** There are a number of other people who come into the centre who assist in relation to Mr Wilson's area, and he would probably be more able to give you details of them, such as for education purposes and other program-type purposes. It would be better for him to give you an answer to that question, I think.

**Mr WILSON:** I think it would be fair to say that the primary outside visitors to the centre are involved in a range of church programs, Christian programs. We run a Kairos program here at the centre. That program is an internationally acknowledged program that is run within centres all around the world.

We have, obviously, a large number of part-time teachers both from TAFE and employed through our department who come and deliver programs at the centre, and that is a source of contact for inmates who are within our centre here at Grafton.

Obviously, within Grafton Correctional Centre we have external work programs which enable inmates to go and work outside the centre on specific sites involved in nursery work predominantly. We also have C3 category inmates, who leave the centre during the day to attend TAFE programs and other approved activities outside the centre.

**ACTING-CHAIR:** Can you run through how peer support works? What degree of peer support is there in here where prisoners are assisting other prisoners? We heard a little bit about it when we were over in the women's prison. They described what happens in that unit. Could you just run us through that, please?

**Mr WILSON:** What we have established here is the buddy system. We have inmates who come into the centre who are obviously in distress. Either we identify them or they identify themselves as having concerns about coming into the system. We will identify appropriate inmates who will be with them, spend time with them, talk to them, explain how the gaol system works, and normally they will be accommodated in that same cell.

We have support peer programs that are run through our HIV unit. They come and run a number of educational programs here at the centre in relation to HIV and health programs. They also run the peer support program, which trains inmates to be peer supporters within the centre. It is those inmates that then we draw upon for things like the buddy system in the gaol.

**ACTING-CHAIR:** Just staying with the women for a while, are they able to leave prison for work release or to do courses?

**Mr WILSON:** Female inmates?

**ACTING-CHAIR:** Yes.

**Mr WILSON:** Yes, they are.

**ACTING-CHAIR:** So how does that come about for male and female prisoners? Do you have a system to decide on that?

**Mr WILSON:** Yes, we do. What we do is we sit down with inmates under the case management system and we talk about their programs. We talk about the things that they need to do to address their offending behaviour, the things that they look forward to in the future, and we pull together a package, as it were, which often involves outside activities, such as involvement in TAFE, day leave and other activities like that.

That is done through the case management team process. Inmates, once they have reached that point in their pathway and they meet the appropriate classification criteria, are enabled and they have an appropriate section that lets them be involved in those outside activities.

**ACTING-CHAIR:** Can you give us a percentage of how many are able to go outside and for how long, such as for what period of a day or what period of a week they are outside?

**Mr WILSON:** Specifically female are you asking?

**ACTING-CHAIR:** If you could cover female and male.

**Mr WILSON:** At the moment we have three male inmates who are going to TAFE. One of those inmates is going five days a week, one four and one two. It all depends on the requirements of the course that they are involved in. We have one female inmate at the moment who is going out to a program at TAFE. I am not sure exactly the number of days that she is going, but I think it is three or four days.

We have another inmate whose classification does not enable her at this point in time to attend TAFE. We have been bringing a TAFE teacher in specifically to tutor her so that when she is ready from a classification perspective she will be up to speed on the program she is involved in.

**ACTING-CHAIR:** What type of offences are women prisoners in for?

**Mr WILSON:** I guess a lot of offences related to drugs, the use of drugs, the activities they are involved in to fund drug activities, so you have a broad spectrum of fraud activities, stealing, break and entering, and we have female inmates here on assault charges, just the general type of offence we deal with.

**ACTING-CHAIR:** What is their average length of sentence?

**Mr WILSON:** Average of about four months.

**ACTING-CHAIR:** What about children? How many of them have children? Have they got access to their children here? Do they request to go to Emu Plains if they have children and feel it might be easier for them?

**Mr WILSON:** We have had very few requests that I am aware of in my time here for female inmates to go to Emu Plains. Many of the inmates here do have children outside, some younger children, some teenagers, so in proportion terms, out of the average of about 18 inmates we have, we would probably have about three or four inmates at any time that have younger children. When you speak later with the welfare officer, Rebecca Burke, she will be able to give you more definitive numbers.

## UNCORRECTED PROOF

**ACTING-CHAIR:** About the transfer of prisoners, as you know, we have had the opportunity to speak to a number of people. It often comes up how often prisoners are moved and that they are often moved to an area where it is even harder for their families to visit them. Could you explain how the transfer system works and what input a prisoner can have about where they are transferred to?

**Mr WILSON:** Certainly. Inmates, female inmates specifically, are transferred out of this centre. The issue for us from a management perspective is that we are dealing with a very small unit. We have 15 to 20 places. It is not uncommon for us to have an influx of six to eight inmates of a weekend, so we invariably have to move inmates to other locations to enable us to accommodate the inmates that we receive.

What we endeavour to do is to sit down with inmates with the case team and talk about all the issues that are impacting on them, from family issues, external issues, issues in relation to court appearances, and issues specifically in relation to drug dependencies, and come up with a plan and an agreement on where they are going to be located and the conditions for them to stay here at the centre.

We also have issues in relation to discipline, given the size of the unit here, and issues in relation to families in fact not visiting inmates when they have previously stated that they would. So, it is a very intensive case management process that we apply to the female area. Whilst we have guiding principles on what we do, we very much treat each inmate case by case.

**ACTING-CHAIR:** What about for the men? How does the transfer system work for male prisoners?

**Mr WILSON:** Given that Grafton Correctional Centre is a major reception gaol for inmates in this part of the State, many inmates here come unsentenced. The standard classification policy is to identify those inmates as classified to the MRRC in Sydney, predominantly B unsentenced inmates. Those inmates will stay here if in fact their court appearances are within two or three weeks. Again, that is very much dependent on the amount of turnover and the amount of other inmates we receive from other centres for court appearances in this area.

So, generally speaking, the practice is that inmates are classified at the MRRC and they are moved, dependent on the other two pressures we receive, that is, additional inmates from courts or police and inmates on escort for court appearances in this area.

**The Hon. Dr A. CHESTERFIELD-EVANS:** You said you have 250. That includes the women or is that just the men?

**Mr WILSON:** Mr Stanford could answer that question.

**Mr STANFORD:** That was all up.<sup>2</sup>

**The Hon. Dr A. CHESTERFIELD-EVANS:** How many of those are unsentenced?

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<sup>2</sup> Subsequent clarification: The 250 mentioned excluded women and protected inmates.



**Mr STANFORD:** At any one time that would be hard to say because it depends on where you are in relation to the court proceedings that are occurring at the time. I would say as an average it would probably be - it would be difficult to say because they are only housed in area A which is the medium security area. Thirty or 40 perhaps would be about it.

**Mr WILSON:** Sir, we have a document that has been prepared that provides a snapshot overview of the average number of remand inmates we hold here and other categories, so you are quite welcome to have a copy of that.

**The Hon. Dr A. CHESTERFIELD-EVANS:** What percentage of the people here are in education of some kind?

**Mr WILSON:** I think within area A the percentage would be about 5 per cent to 10 per cent of those inmates over there who are engaged in a form of study as such. Within that environment, given the movement of inmates, we have in some classes an open classroom policy whereby inmates can come in and there is a general assessment and discussion. So, without taking that number into account, there would be about 5 per cent to 10 per cent of those inmates engaged in some form of education.

Within area B of the centre it is much higher. You would be looking at approximately 25 per cent of the inmates here would be involved in education, formal leisure or vocational training program. Within the June Baker Centre the proportion would be considerably higher again. In fact, there would be few inmates, if any, within that area that are not provided an opportunity and take up the opportunity of education, formal leisure or vocational training.

**The Hon. Dr A. CHESTERFIELD-EVANS:** What does formal leisure mean?

**Mr WILSON:** Formal leisure is guitar classes, leatherwork classes, that type of activity..

**The Hon. Dr A. CHESTERFIELD-EVANS:** How many of them are in literacy programs, if you like, or ones that involve reading and writing and how many are in other programs?

**Mr WILSON:** I do not want to hazard a guess at that. I could provide specific information on that but I do not want to hazard a guess. I have got statistics on that.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Could you tell me how many are in some sort of written education programs?

**Mr WILSON:** What I can tell you is that we provide 20 hours per week of literacy studies within the centre. So the specific actual number of inmates in those programs, again, I would be guessing.

**The Hon. Dr A. CHESTERFIELD-EVANS:** When you provide those programs, the inmates can then come if they want to; is that the bottom line?

**Mr WILSON:** What happens is that when inmates come into the centre we do an induction screening program of those inmates.

**The Hon. Dr A. CHESTERFIELD-EVANS:** On everybody?

## UNCORRECTED PROOF

**Mr WILSON:** On everybody, and part of that screening is that we identify those inmates who have literacy needs. We provide resources and counselling to those inmates, encouraging them to do some activities regarding their literacy. Within area A of the centre, many inmates come in there and obviously they have literacy needs, but they are also confronted with court cases and other stressful situations and, again, that results in a low number of inmates in fact being able to take up those opportunities. But certainly within area B of the centre where we have a more stable population, there is much more involvement in all forms of study by the inmates.

**The Hon. Dr A. CHESTERFIELD-EVANS:** How long are people in area A on average?

**Mr WILSON:** We have a very diverse group there. Obviously there are a number of long-term serious offenders within that centre. We have, again as you have heard, remand inmates. We have protection inmates and we have inmates that are medium classifications and are mid-stream in their sentences. So it is a wide varying range of amount of time being spent there, but I would estimate that the average would be about six months, possibly a bit longer.

**The Hon. Dr A. CHESTERFIELD-EVANS:** The average is six months. Does the medium or minimum classification relate to the type of crime? Say, if you had an armed hold up which was regarded as serious, would you be in maximum security for a long time and not get to a minimum or does it relate to your behaviour in here or does it relate to some index of good behaviour?

**Mr WILSON:** What happens is that we put together a sentence plan. We have an opportunity, obviously, with many inmates coming in and commencing sentences, whether they be long or short, to sit down and determine, given the circumstances, the nature of their offence, the seriousness of the offence, their previous history, as to what proportions of their sentences would be spent in different classifications of centres.

That is then reviewed and all parts of the program involving work programs, programs to address offending behaviour and their general demeanour and activity within the centre, their disciplinary record within the centre are taken into account and, depending on their progress good or bad on that, is to how close they adhere to the original plan that was established with the inmate.

**The Hon. Dr A. CHESTERFIELD-EVANS:** If someone were to go into area A, presumably they would have difficulty studying in that environment, would they not? They are all on a central corridor area where other people are doing all sorts of activities, talking and whatever, and then there are transient people coming and going. That would be quite difficult, would it not, and you could be there for a long time if you were seen as a dangerous prisoner?

**Mr WILSON:** Those inmates who are there for a longer time are certainly those inmates who engage in studies and such.

**The Hon. Dr A. CHESTERFIELD-EVANS:** So the longer-term ones are more likely to be in study than the shorter-term ones and they do it within that A complex?

**Mr WILSON:** They do it within their cells predominantly. They do attend classes as such, but many inmates work in their cells at night time involving a whole range of things and specifically studies.

**The Hon. Dr A. CHESTERFIELD-EVANS:** You said you had 20 hours a week. They are how long per week in the factories or the works?

**Mr WILSON:** Sorry, I do not understand your question.

**The Hon. Dr A. CHESTERFIELD-EVANS:** If they are doing 35 hours a week in the sugar bags or the laundry, when are they going to fit the 20 hours a week within the time that they are allowed out? There does not seem to be much time left.

**Mr WILSON:** Sorry, the 20 hours relates to the actual teaching hours of numeracy and literacy within the centre. So if we are talking specifically numeracy and literacy, we provide 20 hours of that per week face to face with inmates.

**The Hon. Dr A. CHESTERFIELD-EVANS:** If they were washing sugar bags they could not be at your face-to-face literacy course or do they get exemption from the sugar bags to do the literacy course?

**ACTING-CHAIR:** Can I just ask, is everybody in this place obliged to work?

**Mr WILSON:** Every sentenced inmate within our system has an obligation to work.

**ACTING-CHAIR:** So it is not like at Mulawa where they could either choose to have their education programs or they could chose to work? Here they all work and if they want to do education, that is in their own time afterwards. Is that how it works?

**Mr WILSON:** No, that is not right. An inmate who is a full-time student, that is the equivalent of a work position.

**The Hon. Dr A. CHESTERFIELD-EVANS:** So if they are doing this 20 hours, they do 20 hours less of factory work. Is that right?

**Mr WILSON:** No, I will explain it a bit differently. When we were talking specifically about numeracy and literacy for inmates I stated that there were 20 hours of that provided per week, and that is correct. Specifically, within numeracy and literacy studies we provide 20 hours face to face by a teacher to inmates across three areas, as it were, of the centre. There are obviously a whole range of other classes that operate as well, but those classes operate at different times throughout the week. Inmates, if it collides with a work engagement, are released from work to attend those.

**The Hon. Dr A. CHESTERFIELD-EVANS:** So, in other words, the work does not interfere with a course that they are trying to do. They do not have to do an either/or?

**Mr WILSON:** No, that is right. The basis that we work on within this centre and all other centres is that we provide a structured day for inmates. There is a time to be at work, there is a time to be involved in educational programs, there is a time for a whole range of activities, and it is a matter of local negotiation and agreement on what that structured day plan is.

## UNCORRECTED PROOF

**The Hon. Dr A. CHESTERFIELD-EVANS:** When they come in, you said they have a plan for their sentence. Do they have a life plan drawn up at any stage, particularly the long-term ones?

**Mr WILSON:** It is certainly something that we do with inmates towards the end of their sentence. A couple of years before the longer term inmates get out they seriously start considering what they are going to be doing when they get out, and we assist, obviously, to steer them in the areas of study and vocational endeavour that are appropriate to what their plans are. All staff across the IDS area assist in that process.

Welfare staff assist in chasing accommodation. In some areas you have to apply for public accommodation five years in advance. A whole range of activities are done on a one-on-one basis with staff about what inmates are going to do upon their release, and also group activities are run to provide inmates with the skills that they are going to need to succeed on release.

**The Hon. Dr A. CHESTERFIELD-EVANS:** If I were to ask hypothetically to see every inmate's file, would I see a life plan drawn up for each person, in other words, what they were expected to be doing after they had left?

**Mr WILSON:** No.

**The Hon. Dr A. CHESTERFIELD-EVANS:** How many people within the system would have such a plan?

**Mr WILSON:** Within this centre I can respond. We have 30 to 40 inmates here who are long-term inmates, the most serious offenders that we have here. The majority of those inmates would be working on a plan now that would identify where they are going to live when they get released, what sort of work they are going to be involved in and what sort of activities they are going to ensure that they will do to avoid reoffending. That would be the proportion. Inmates who are doing a shorter sentence are less likely to be involved in that sort of planning.

**The Hon. Dr A. CHESTERFIELD-EVANS:** So for the lifers or long-term prisoners there is a plan made - more work is put on them; for the short term ones, basically a plan is not made for after their discharge. Is that a fair statement?

**Mr WILSON:** We provide pre-release programs for those inmates. All the educational endeavours that are embarked upon with inmates are premised on the appropriateness of that training against the employment opportunities that they will be seeking outside. The pre-release program also connects inmates within the centre with outside agencies.

We have pre- and post-release officers for Aboriginal inmates specifically. Those programs are delivered to all inmates who come through our system. Obviously, some slip through the net if they are transferred to other centres, but that program runs on a routine basis to provide inmates with the information and skills that they will need upon release.

**ACTING-CHAIR:** Mr Stanford, can you tell us for inmates, both male and female, what proportion are Aborigines?

**Mr STANFORD:** With the males it would be around 25 to 30 per cent. With the females it varies a bit because the numbers are only small. Sometimes, out of the 15 or 16 who are here, it might be four or five. On other occasions it is only one or two because the turnaround for females is quite high. They do not stay for any length of time, either because they are only here for court or because their sentences are not considerably long. That would be hard to put an average on because it varies a fair bit.

**ACTING-CHAIR:** And also some indication of figures for the proportion of prisoners with a mental illness or some intellectual disability?

**Mr STANFORD:** No, I would not be in a position to be able to give you a number that would be accurate in relation to that.

**ACTING-CHAIR:** This morning we went to the medical unit. They do not collect information on that when people come in here?

**Mr STANFORD:** They would be able to give you information on that because they sit on the induction screening program. If it was able to be identified at that stage, they would have figures to show that. I would be unable to give you a figure that would be accurate.

**ACTING-CHAIR:** It is in the system somewhere?

**Mr STANFORD:** It is in the system. It most certainly is.

**ACTING-CHAIR:** When that information is collected, is that then passed on to Mr Wilson for his programs work?

**Mr STANFORD:** It is part of that, yes. It depends. If it is serious enough that it requires the inmate to be at a centre other than this one because of what is required to be offered to that person, obviously, then, arrangements would be made to transfer them to a more suitable location.

**ACTING-CHAIR:** To what degree are you seeing prisoners come back to gaol fairly quickly after their release?

**Mr STANFORD:** Over the years that I have been in it I would say that from my experience it would not be a very high degree that I have noticed.

**ACTING-CHAIR:** Are you noticing any different trends with males or females? Are males more likely to reoffend and be back in here fairly quickly?

**Mr STANFORD:** No, I do not have the statistics to be able to say.

**ACTING-CHAIR:** Just going back to Mr Wilson, can you give us a rundown on how you handle prisoners with intellectual disabilities once you are alerted to the fact that there is somebody in the gaol in that situation?

**Mr WILSON:** We have very few actual intellectual disabilities that are that obvious. We have many inmates who are disabled mentally as a result of drug use. Those are the primary ones we encounter. We have within the centre a mental nurse who handles the referrals of those

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inmates, and he works very closely with the drug and alcohol counsellors within the centre. Decisions are made about whether or not the inmates are housed here or they are forwarded on to Sydney.

On many occasions, reports will provide options and recommendations for their placement at clinics outside the correctional system. So, again, we do not have any hard and fast system as to how we handle individuals, but we certainly have a network between clinic and IDS staff which is identified through the screening induction process and interviewing process of inmates who do require specific attention.

Many inmates also are identified particularly with mental illness at court. We are aware of the circumstances before they actually arrive at the centre, and arrangements are made before they get here in relation to how they are going to be managed.

**ACTING-CHAIR:** Could you just give us a bit of a rundown about facilities here? We had the opportunity to see one library. We understand that prisoners should be able to access law books. To what degree are those materials in your library and also, in terms of computers, how much time do prisoners have using computers? How many computers do you have?

**Mr WILSON:** I will start with libraries. There are two libraries within the centre. The library in area B is accessible to the male and female inmates in this area of the centre. Area A has a library. It requires renovation and upgrading. There is no risk about that. That is something that we are aware of from a management perspective.

**ACTING-CHAIR:** Do you have a budget to do that or are you waiting?

**Mr WILSON:** It is part of the capital works program that the department has agreed on.

**ACTING-CHAIR:** So when do you expect that to happen?

**Mr WILSON:** I could not give you a specific date, but I expect it would be within the next financial year.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Is that for the building or the books?

**Mr WILSON:** Sorry, just for the building as such. There are books there, but the area itself is to be renovated.

**ACTING-CHAIR:** So do you see the problem more about the building rather than the materials in it?

**Mr WILSON:** Correct, and obviously inmates in area A can access that area. What was the next part of your question?

**ACTING-CHAIR:** About the law materials.

**Mr WILSON:** I could not give you an answer as to the law material in area A. I believe they are here, accessible, in area B.

**ACTING-CHAIR:** And the computers?

**Mr WILSON:** There are computers in both locations, area A and area B. Some time ago we did have them specifically in the June Baker Centre but now female inmates access the computer area here in area B. There are approximately eight computers, I believe, in each location. We have a full-time teacher.

**ACTING-CHAIR:** When you say "each location", you mean eight in the women's, eight in minimum, eight in medium?

**Mr WILSON:** Eight in area A, eight in area B. We have a full-time teacher who conducts computer classes. She would conduct five sessions per week, hour-and-a-half sessions each time. That is two sessions for area A, two sessions for area B and a session for the June Baker Centre.

**ACTING-CHAIR:** So can you give us any assessment of the level of computer literacy, the proportion of people leaving prison who have some degree of computer literacy and at what level you would put that?

**Mr WILSON:** When we put together our program plan, we endeavoured to provide a program in computer studies to give inmates a basic working knowledge of computers given our understanding that any workplace has a requirement for workers to be able to have basic computer skills. That is our expectation with inmates, and that is what we push forward when we look at computer studies here. We do not push to provide studies for inmates far beyond that. However, if individual inmates wish to, they can advance their studies through distance learning.

**The Hon. Dr A. CHESTERFIELD-EVANS:** What percentage of inmates are literate? When you survey them when they first come in, what percentage are literate and to what levels?

**Mr WILSON:** I cannot give you to what level, but the information I referred to earlier has a percentage of inmates who have literacy needs identified through our screening induction, so when we get our hands on that document, there is a percentage there.

**The Hon. Dr A. CHESTERFIELD-EVANS:** In a ballpark, how many of them would, say, have got to school certificate level?

**Mr WILSON:** Okay. I think you will find that we are dealing with about 15 to 20 per cent of inmates that we receive through screening induction here who have got literacy needs.

**The Hon. Dr A. CHESTERFIELD-EVANS:** That is all, only 15 per cent?

**Mr WILSON:** Fifteen per cent to 20 per cent.

**The Hon. Dr A. CHESTERFIELD-EVANS:** When you say literacy needs, you mean they are illiterate functionally or you mean they would need more?

**Mr WILSON:** Functionally illiterate.

**The Hon. Dr A. CHESTERFIELD-EVANS:** In relation to trying to fix that, you have 20 hours of teaching which is one teacher for 20 hours to do all the range of that potential 15 per cent or 20 per cent of the inmates which is, what, 20 per cent of 250 if they all came, and some of them do not come?

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**Mr WILSON:** Yes. That is the extent of our services at the moment. We do have a volunteer lady who comes into the centre. She works specifically with young Koori men and she does one-on-one literacy work with them.

**The Hon. Dr A. CHESTERFIELD-EVANS:** But that is voluntary work that she does. So one teacher doing 20 hours a week for 50 illiterate people if they accessed it?

**Mr WILSON:** Yes.

**The Hon. Dr A. CHESTERFIELD-EVANS:** So, in a sense, it would be better if they did not, in the sense that you could not meet demand. I mean, does supply meet demand? How many people come to that 20 hours?

**Mr WILSON:** We have the job of balancing all the requirements and I guess we are talking on one end of the spectrum computer studies and at the other end of the spectrum basic literacy needs. That is the dilemma we have, and we at this point in time believe that is the best balance that we have got. Nothing is set in concrete and the degree of priority we place on those sorts of resources is certainly something that is managed from one semester to the next.

**The Hon. JENNIFER GARDINER:** With respect to the drug and alcohol problem in terms of assessing the people as they come in, because the gaol draws upon mainly country areas, does it not, is that as big a problem do you think as it is in a metropolitan centre?

**Mr WILSON:** Yes, it is.

**The Hon. JENNIFER GARDINER:** What sort of resources do you have at your disposal to deal with that?

**Mr WILSON:** We have two AOD counsellors on staff at the centre. We have a medical screening that is conducted on inmates and obviously a medical staff who assist in managing inmates that have drug dependency problems and specifically withdrawals. We have a third AOD worker who has just commenced who will be attached to the detox ward that has been agreed for establishment here at Grafton. Whilst we do not have that facility as yet, she has a caseload of detoxing inmates which she manages with the assistance and involvement of team staff as well.

Those staff provide the function of screening and doing individual counselling with inmates, and assessments of the nature and degree of their problems. They also provide relapse prevention programs and harm minimisation programs, which are core programs of the department. In addition to that, for those inmates who are drug users, we provide health education training through our HIV and Health Promotion Unit who conduct individual programs in four locations within the Grafton Correctional Centre on a bi-monthly basis.

**The Hon. JENNIFER GARDINER:** What is the caseload for those officers?

**Mr WILSON:** We have at the moment - she will be here later and you will be able to specifically ask her the number of inmates at the moment. It is not a large number at the moment. She has been working within that role since the beginning of this year, and we are still developing the whole protocol for the position. There is a whole range of specific issues in



relation to the degree of detoxing, both mentally and physically, that we are still putting together as to how best we establish the whole process.

**The Hon. JENNIFER GARDINER:** I would like to ask a general question. Have there ever been any studies as to the economic impact, the significance of the correctional centre to the local economy, flow-on effects of employment and so on? Do you have any idea about the benefit to the district of such a facility?

**Mr WILSON:** I do not know that there has ever been a study. I am sure that the finance branch within the department could provide an indication as to the amount of money that goes into the community from a commercial perspective. Certainly the Chamber of Commerce within Grafton is grateful for our presence.

**The Hon. JENNIFER GARDINER:** What is the actual budget for the whole facility?

**Mr WILSON:** I would have to get a specific figure on that. I would be guessing.

**The Hon. JENNIFER GARDINER:** Perhaps if I could give you that on notice and you could tell us later.

**CHAIR:** You said you had two drug and alcohol workers. Are they employed on a full-time basis or are they part time?

**Mr WILSON:** Two full time and one AOD detox position.

**ACTING-CHAIR:** The Committee met a woman at Emu Plains who had been transferred from Grafton, she said, because of work release, and she said she had a child at Grafton. When we spoke to her she still did not have her work release worked out. Why would an inmate have to be transferred because of work release? Could you explain how that works, please?

**Mr WILSON:** I do not know the specific case. She is saying she had a child in Grafton?

**ACTING-CHAIR:** Yes.

**Mr WILSON:** Did she have access to visit that child or for that child to visit her at Grafton?

**ACTING-CHAIR:** When she was here? I presume so.

**Mr WILSON:** I think that is an assumption that we all make when we deal with the situation of female inmates and children who visit them or presumably are going to visit them. Our experience here is that many female inmates come into the centre and say that they have children in the local area and we acknowledge that and we place them accordingly.

Unfortunately and tragically, many of those children do not visit and are not allowed access to that mother by whoever is the assumed carer of them. So I do not know if that specifically responds to your question but it is certainly a factor and an issue that we face here when we are managing inmates who claim to be primary carers of children outside.

## UNCORRECTED PROOF

**ACTING-CHAIR:** In that situation, which I appreciate is obviously a very awkward one, do you assist that woman prisoner to speak to the DOCS people about who is looking after her child and make some connection there and assist her in that way?

**Mr WILSON:** Yes, we do, and Rebecca Burke who you will interview later on will give you some specific information on that. She is the welfare officer for the June Baker Centre.

**ACTING-CHAIR:** Mr Stanford, do you find with the male prisoners that they ever request condoms or do they use their money that they earn to buy condoms? I am obviously aware of the controversy that has been around this but I was wondering what the situation is in this prison?

**Mr STANFORD:** Condoms are provided in this centre.

**The Hon. Dr A. CHESTERFIELD-EVANS:** What relation do you have to the outside people in terms of parole? How are they administratively connected to here?

**Mr WILSON:** The primary connection we have with parole within the centre is that the Parole Board manages the sentence details of inmates and request from the centre local parole officers within the community and specific staff within the correctional centre performance reports over individual inmates. That information is collated through my office and forwarded to the Parole Board, which is used in determining whether or not an inmate is released to parole. That is the primary involvement and interaction that we have. Additional to that, we have visiting parole staff from the local area who come and interview inmates as they require or upon an inmate's request and referral.

**The Hon. Dr A. CHESTERFIELD-EVANS:** That is prior to their discharge as pre-discharge planning, is it?

**Mr WILSON:** Yes.

**The Hon. Dr A. CHESTERFIELD-EVANS:** I am not sure of the figures you said on people who are not yet sentenced. I think you were not sure of those figures but you thought 30 or 40. If they were in a bail hostel, would Corrective Services be able to manage that and save money compared to having them within A block?

**Mr WILSON:** What is a bail hostel?

**The Hon. Dr A. CHESTERFIELD-EVANS:** In that they have not been sentenced, they have certain conditions placed on them, I understand, as to what they have to do as their bail condition. There is obviously some degree of supervision in visiting the police station so many times a week or whatever else they have to do. If they had a bail hostel where they could, say, be at night but would still be in the community, that would be cheaper and presumably would be more pleasant for them and it would keep gaol numbers down. It would keep your resource demands down.

**Mr STANFORD:** I do not feel I would be in a position to answer that because we do not have the statistics or the information of what the conditions would or would not be.

**The Hon. Dr A. CHESTERFIELD-EVANS:** It is a hypothetical.

**Mr STANFORD:** It is.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Put it this way, it concerns me and I think some of the Committee members, as to the number of people Corrective Services has within its walls, if you like, and then they say that the programs that are done, whatever happens when they go out, they just come back again. Some 39.4 I think in New South Wales, which is the highest in Australia come back.

If the programs that are run and the integration between Corrective Services and the community were better, perhaps that recidivism rate could be cut and programs could be run. I mean, as Corrective Services people, would you have any problem to a more out-reaching type of approach to corrective services as a function rather than as a prison, if you see what I am saying?

**Mr STANFORD:** If it became department policy I would not have a problem with it.

**The Hon. Dr A. CHESTERFIELD-EVANS:** You would just get the necessary skills and continue on, presumably, your career path?

**Mr STANFORD:** Whatever was implemented that I was trained or asked to implement and continue with, then I would, yes.

**ACTING-CHAIR:** Is there anything you would like to add to the information you have provided us with today before we conclude?

**Mr STANFORD:** The figures that you asked for in relation to the budget is 10.3 million and the break up is 7.83 for salaries and 1.85 for workings.

**ACTING-CHAIR:** Thank you for your time.

**(The witnesses withdrew)**

## UNCORRECTED PROOF

**CHRISTINE ANNE DRAYDEN-THOMPSON**, Psychologist-in-Charge Grafton Correctional Centre, 170 Hoof Street, Grafton,

**REBECCA MARY BURKE**, Welfare Officer, Department of Corrective Services, Grafton Correctional Centre, 170 Hoof Street, Grafton, and

**KAYE COOKE**, Department of Corrective Services, Alcohol and Other Drug Worker, Grafton Correctional Centre, 170 Hoof Street, Grafton, affirmed and examined:

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

**Ms DRAYDEN-THOMPSON:** I have a Masters in Psychology. I have been working at this correctional centre for about nine years, and a year before that at the prison hospital in Sydney. Prior to that I was in human resource management.

**CHAIR:** Did you receive a summons from the Committee in accordance with the provisions of the Parliamentary Evidence Act 1901?

**Ms DRAYDEN-THOMPSON:** Yes.

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

**Ms DRAYDEN-THOMPSON:** Yes.

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

**Ms BURKE:** I have an Associate Diploma in Social Science and am currently undertaking a Bachelor of Arts degree. I have worked in this correctional setting for a period of two years and I am specifically attached to the women's unit, the June Baker Centre. Prior to coming to the department I was the Co-ordinator of the Crisis Accommodation Drug Refuge in Coffs Harbour.

**CHAIR:** Have you received a summons from the Committee issued in accordance with the provisions of the Parliamentary Evidence Act 1901?

**Ms BURKE:** Yes.

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

**Ms BURKE:** Yes.

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

**Ms COOKE:** I did a Certificate in Counselling at the Carseldine Campus in Queensland and I have done a Diploma in Addiction Studies at the Curtin University in Western Australia. I have worked for this department for not quite two years as a drug and alcohol worker. Prior to

that I worked for the Queensland Corrective Services Commission at Barellan Corrections Centre.

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

**Ms COOKE:** Yes.

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

**Ms COOKE:** Yes

**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 by the Committee alone, the Committee will usually agree to your request and resolve into private session. I should warn you, however, that the Parliament has the power to override that decision at any time and make your evidence public.

Perhaps something that I need to explain in addition to that is that I do not think there are many members of the public present, but everything that is said at this inquiry is taken down and the transcript is eventually published, it may be quoted in the media and may in fact be circulated to other members of Parliament and everyone. If there is evidence you wish to give that you do not believe to be appropriate in that setting, you should let us know.

Now, I guess what we are attempting to achieve in this section of the hearing is to hear about some of the services which each of you provides to the inmates. At the moment, we have a particular focus on female inmates, but we are taking the opportunity to find out a little bit about the rest of the prison as well. We might need to take each of you in turn and have an explanation as to what the services are that you provide, how they work and how you allocate your time within the centre. Perhaps we might start with Christine.

**Ms DRAYDEN-THOMPSON:** I can give you an overall view of both sides because recently we had a changeover of staff. I worked in what we call the main, which is the medium-security section, for a number of years and in November moved to this side. On that side I suppose psychology is mostly involved in crisis work because it is a reception gaol, which means that people come from court and they are in distress for one reason or another.

We do risk intervention team procedures if someone is at risk. There is also ongoing counselling. We have to prioritise everything, so, depending on what time is left after the crisis management and then court reports, we then do ongoing counselling and groups, if possible.

That also applies on this side of the gaol, although there are not as many crisis incidents, because it is minimum security. However, with the females, because they are court people, they are on remand and they are going to court and they are coming in and withdrawing, they also have risk intervention procedures and there are a lot more parole reports required on this side and serious offender review reports as well.

**CHAIR:** What services do you provide specifically to the women prisoners?

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**Ms DRAYDEN-THOMPSON:** All of those services. I do crisis intervention, ongoing counselling, court reports and parole reports.

**CHAIR:** You referred to risk.

**Ms DRAYDEN-THOMPSON:** A risk intervention team.

**CHAIR:** I must say that I do not understand the term. Would you like to explain to the Committee what that involves?

**Ms DRAYDEN-THOMPSON:** Well, if someone comes in who is identified either at court or when they first come into the gaol as being at risk of self-harm or suicide, we have a team, which includes a clinic member, which is usually the psychiatric nurse and the psychologist and custodial. We then talk about the person, what is happening from information we have received, and then we will interview the person and see how best we can manage them so that they cannot hurt themselves. That, basically, is the bottom line.

**CHAIR:** What resources have you got at your disposal to intervene in the instance of someone who might be at risk of suicide?

**Ms DRAYDEN-THOMPSON:** Well, actually, better resources than outside. Because they are identified when they first come in, and sometimes at court the court officers will say someone has said in the cells that they are going to kill themselves, we interview them and we try to find out what the problem is.

Quite often, they cannot contact their family. They are really distressed about what has happened. Quite often, it is just that they need to talk to someone or explain something or get something settled. They might have animals that are left and they are worried about them. It might be something fairly simple. Often that can be organised and welfare can help there as well. Sometimes it is other reasons, such as the charge they are facing, which might be a murder charge.

So they are in distress for one reason or another. Depending on how much distress and whether we assess them as being at really high risk of self-harm or suicide, then we have video link-up with a psychiatrist in Sydney. So it just depends on what the situation is as to what plan of action we work out. Some cases are monitored daily. Other people come off the risk intervention team within 24 hours. It just depends.

**CHAIR:** Another area of interest that the Committee has been taking evidence in regard to is the identification of people with an intellectual disability. Do you screen and provide any screening services to identify people with an intellectual disability and, when you do, what happens to that individual after you have identified them?

**Ms DRAYDEN-THOMPSON:** They are picked up at various stages, usually in the reception process. We have a reception induction screening person who asks various questions which highlight then whether they need to be assessed by the psychologist for a full screening as to intellectual disability or not disability.

If we assess them as having an intellectual problem, then we look at whether or not they can cope within the system in normal discipline or whether they need to go to one of our centres

particularly for people with problems who cannot cope in normal discipline. So it is a matter of assessment and grading, and then we refer them.

**CHAIR:** What are the sorts of problems that you have observed people with intellectual disabilities have within the prison setting?

**Ms DRAYDEN-THOMPSON:** I think the main problem would be, depending on how disabled they are, that they can be stood over more easily or got to do things because they do not understand they are doing something wrong. But, as I said, it is picked up very quickly, so if we have any concerns at all, they would not be left in normal discipline; they are put in a specialised unit. These days, or since my coming into the system, I think it is something that is picked up fairly quickly.

**CHAIR:** We recently had evidence to the Committee given by Professor Susan Hayes, who said that up to as many as a fifth of the inmates in Corrective Services would suffer from an intellectual disability. Would you like to make any comment as to whether you think that is a valid estimate or not?

**Ms DRAYDEN-THOMPSON:** Well, it is hard for me to say that because I only work in one gaol so I could not say what the percentages are.

**CHAIR:** I ask you with regard to this gaol that at any time would there ever be a fifth of the inmates who suffer from an intellectual disability?

**Ms DRAYDEN-THOMPSON:** Not a fifth in this gaol because if they are assessed as requiring a special unit, then they would go down there. So we would keep people here who are coping reasonably well, who cope in society, and if they are coping well and they prefer to stay in this environment and they are doing well and not have any problems, it is better for them to stay in normal discipline and then probably go to minimum security or a camp because that is better for their self-esteem and confidence. It would not be a fifth in this gaol. It is very different from one gaol to the whole system.

**CHAIR:** Professor Hayes defined people with an intellectual disability as consisting of people with an IQ, I think, in the age range of 70 to 80 or less. They would define people who would possibly cope all right but may have some difficulty understanding some higher order function such as the classification system. Do you think that would be a fair assessment to make of some of the prisoners who arrive in Grafton?

**Ms DRAYDEN-THOMPSON:** I am sorry, I missed a bit there.

**CHAIR:** I am finding the air-conditioning system a bit hard to hear over myself. You appear to be operating on a very narrow definition of intellectual disability which largely consists of people who would easily be identified in the community as having an adaptive function that clearly places them different to the rest of the community.

**Ms DRAYDEN-THOMPSON:** No, because quite often they would come into our system and if we did not have our screening system they would get lost in the system. With the screening process we pick up on the fact that they may have been in a special class. They may have required some sort of assistance at some time, so these people would cope and you would not probably notice them, but with the screening process they are picked up.

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But we look at also the fact that some of them do cope reasonably well and it would actually be a backward step for them to go to the units that we have.

**CHAIR:** I would certainly agree with regard to the units, but do you think that there are people in the normal prison environment who need some additional assistance to cope with the complex aspects of the environment, such as negotiating their way through the classification system, understanding how to apply and the value of particular prison programs and things of that nature?

**Ms DRAYDEN-THOMPSON:** We cover that with the classification process. Every six months people are reviewed and when they are reviewed we then pick up - like, if it has not already been picked up in the beginning, which it will be with the induction screening, it is then noted that this person may have an intellectual disability but they can cope, but we know they have so we monitor them and we might send them to basic education and they do an assessment and say, "Well, they can do a little bit of reading and writing". Then they are reviewed every six months. So, it is not like they get lost in the system. We are monitoring and seeing if people are getting helped. That is the way the process works.

**CHAIR:** You are confident that there are not people getting lost in the system at all?

**Ms DRAYDEN-THOMPSON:** I could not say that because I am in one gaol and I cannot know --

**CHAIR:** Well, in Grafton gaol, because all the questions relate specifically to Grafton, are you confident that someone who is required to stay in Grafton for any length of time is adequately identified as having an intellectual disability and, therefore, prison officers and other people who come into contact with that person would understand that they have special needs and cater for them?

**Ms DRAYDEN-THOMPSON:** I would have to say reasonably confident. I could not say 100 per cent because I am not working on both sides of the gaol also.

**CHAIR:** I might leave that for a moment and pass on to the drug and alcohol worker. You appear to be well resourced by comparison perhaps to some of the other prisons we have visited in that you have three people to service 150 inmates.

**Ms COOKE:** Three people to service 150 inmates?

**The Hon. Dr A. CHESTERFIELD-EVANS:** It is 250.

**CHAIR:** I have a briefing here that says 150 inmates, so it is obviously an old briefing. You have three people to provide those services. What services does your unit provide?

**Ms COOKE:** The third position only just came on line recently.

**CHAIR:** How recently, last week or last year?

**Ms COOKE:** the last couple of months and that was to fill a detox position. The detox unit has not been opened as yet, but I took on the position as the detox counsellor, the AOD



detox counsellor, so it may seem well resourced but given the amount of receptions that we have and given the amount of people coming in who are detoxing, it is a full-time job just seeing people who are detoxing. The other two workers facilitate groups and they do individual counselling, as well as screening assessments, court reports and probation and parole reports.

**CHAIR:** How many prisoners do you think would be requiring detox services when they arrive as a proportion of the population or can you give us some indication as to what the level of need is for detox facilities? Is it the odd prisoner, almost half of them, almost all of them?

**Ms COOKE:** I would say about three quarters of them.

**CHAIR:** Could you give us some indication as to the range of their drug and alcohol problems?

**Ms COOKE:** Anything from alcohol, marijuana - people say there are no withdrawal symptoms from marijuana but there are - heroin, speed, pills, benzodiazepines and some abuse the major tranquillisers. It is just about everything.

**CHAIR:** What would be the sorts of things you would need to do for them as they detox?

**Ms COOKE:** Supportive counselling, normalising their withdrawal symptoms given that when they go through the withdrawal process, a lot of the emotions that have been numbed over a number of years start flooding forward and a lot of them think they are going quite mad because they have not experienced these emotions for a number of years. It is normalising them, talking them through it and allowing them to know that that is part of the normal part of detoxing.

**CHAIR:** How much supervision do you need personally to provide to them as they go through this process?

**Ms COOKE:** While they are detoxing I see them on a daily basis.

**CHAIR:** Is that adequate to carry out the task that you need to do?

**Ms COOKE:** In some cases, yes, and in some cases they need a little more TLC.

**CHAIR:** Are you assisted in that sort of aspect, in that sort of role by the prison medical service?

**Ms COOKE:** Yes.

**CHAIR:** What sorts of assistance do they provide?

**Ms COOKE:** If there is anyone I am not quite sure of, their withdrawal symptoms seem a bit severe given the level of medication the inmate says they are on, I check with the clinic and if there are any discrepancies, the clinic staff will undertake to do another assessment to see whether or not their medication needs is to be raised.

**CHAIR:** Is the detox unit associated with the drug court?

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**Ms COOKE:** No, it is not. The detox unit - money has been allocated by the drug summit to set that up.

**The Hon. JENNIFER GARDINER:** When did it come on stream?

**Ms COOKE:** When they build the unit.

**CHAIR:** Are you expecting it to be built now? Have you been told when and where it is going to be constructed?

**Ms COOKE:** I believe that has not been finalised yet.

**Mr STANFORD:** There has been no time put on it. It is going to happen in the near future, but as to what the near future would be, two months or 12 months, I do not know. My understanding is that the money has been set aside, it is a matter of priority and the capital works people in fact will be here next Tuesday and that is part of the reason that they are here.

**CHAIR:** Thank you. What is the nature of this unit? What construction needs to take place in order for you to have the unit?

**Ms COOKE:** There again, would you help me out, sir?

**Mr STANFORD:** The idea of the unit is for it to have a number of beds, cells, that the inmates can be in for very intensive detox down to the ones that can be used for counselling. It will have a clinic facility with it that will allow this to be done properly with the one-on-one interview rooms.

As I said, a number of cells where the inmates can be held if they are that critical and the full gamut of the services being able to be provided for a number of inmates and not necessarily just from this gaol, too. When it comes on line then we will be open to having people sent to us who are critical from other centres who do not have that facility.

**CHAIR:** I suppose the question interestingly arises, what have you been doing now when you need detox facilities?

**Ms COOKE:** Like now? The clinic still monitors them and I do the supportive counselling. In the past they have not had that opportunity of the supporting counselling and just allowing them to know what to expect from the withdrawal process.

**CHAIR:** They obviously are housed in their ordinary cells, I take it?

**Ms COOKE:** Yes, they are in mainstream.

**CHAIR:** You talk about group work and things of that nature. How do prison inmates access group work and how are they allocated into that resource?

**Ms COOKE:** Usually when a group is about to run, there is a notice put out in the units and anyone interested is invited to put their name down. Then an assessment process is undertaken where each inmate listed to do that particular group is called up and assessed as to

their need of priority, okay, because some inmates have a higher priority than others because their release date is sooner.

Then from that assessment process the list of inmates that are to do that group is produced in conjunction with the industries, because industries do not like having all of their inmates stripped at once, which is fair enough, and the list is finalised and then it is circulated to all the appropriate units and industries and the inmates do their group.

**CHAIR:** How long does the group last and what do you do?

**Ms COOKE:** The two main groups that AOD facilitate here is the harm minimisation group. The harm minimisation group focuses on the harm associated with their drug use and minimising the harm to themselves and there is a relapse prevention group which looks at strategies for preventing relapse.

**CHAIR:** What happens in these groups? How long do they last? Are they done like a class?

**Ms COOKE:** It is done like a class. The harm minimisation group is basically an educational group. The inmates are encouraged to participate, but given their levels of distrust they find it very difficult to open up fully in a group setting. But the level of participation is usually quite good. The groups run for six weeks and they are two hours each session.

**CHAIR:** How often would they have a session in a week?

**Ms COOKE:** It depends on the AOD worker. Some people like to do two sessions a week and do it over a three-week period and some people do one session a week and do it over a six-week period.

**CHAIR:** So, if it is a six-week period is likely to be a two-hour session once a week?

**Ms COOKE:** Yes.

**CHAIR:** You were saying there needs to be some compromise reached between industries and the inmates' interest. When the inmate is not going to industries in order to carry out or participate in a group course, are they considered to be still at work and do they still earn the same wage or is there some deduction made to them because they are not actually working?

We found in some prisons that there is a different payment made when you are doing education as opposed to doing work. Some people say this is a disincentive to make them do more education-based courses rather than work in industry.

**Ms COOKE:** So far as I am aware, the inmates are paid the same rate when they are either doing group or one-to-one sessions with the individual worker.

**CHAIR:** So, if it happens to take them away for six days from industry, to the best of your knowledge it does not impact on the payments made to the inmate so that is not likely to work as a disincentive to them?

**Ms COOKE:** No.

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**CHAIR:** When you get a group of inmates who express an interest, how many people have you usually got to carve off your list to say, "It is not available to you at this time"?

**Ms COOKE:** That varies also. Sometimes if you have an influx of new receptions, it could be as many as 20. Other times it is only a couple. So it depends on the population and how transient the population is at that particular point in time.

**CHAIR:** During the Drug Summit people referred to something, and I have forgotten now whether it is called the golden moment or something of that nature, but it is a period of time in which a person with a drug and alcohol problem essentially makes a decision that it is time they woke up to themselves and changed.

There was a great deal of emphasis placed on the need to get services to these people when they reach these cathartic points in their life. Do you have adequate resources within this gaol to meet prisoners if they reach that point and you are able to meet them when they reach that point?

**Ms COOKE:** That is a difficult question because when you say "within this gaol" I am assuming you mean the whole complex.

**CHAIR:** The people that you treat. I obviously cannot expect you to guess what happens somewhere else.

**Ms COOKE:** I work both sides now because I have got the detox position. I work with people who are coming off methadone because they are detoxing off methadone and I also work with the ladies who are coming in detoxing, over in the main. It is really difficult, because that is the reception gaol, to fulfil all the needs. Over here, where the population is more static, it is reasonable to expect that you would be able to fulfil the needs of about 75 per cent of the population.

**CHAIR:** I might move on just because of necessity of time to now discuss some of the welfare issues that perhaps Ms Burke can help us out with. What are some of the services that you provide to inmates and how do you allocate the time? One of the periods in which the Committee is particularly interested is post-release services as well as services provided within the institution.

**Ms BURKE:** Basically, with my role at the moment, I do assessments of the women as they come in as new receptions and the females that we have classified here that remain in Grafton. I see them on a day-to-day basis for maintenance work, whether that be follow-up work with the Department of Community Services or, as Chris talked about earlier, anything from animals to property to legal matters. Basically I have to prioritise.

If I get a new reception come in I need, obviously, to do an assessment on them to see how they are coping and what issues need to be addressed. I am currently here two and a half days a week. On those days that is how I spend my time. I am usually backwards and forwards between them and just doing maintenance work with them. As far as programs are concerned, I do not have the capacity to provide programs at the moment.

**CHAIR:** What programs would you provide if you did?

**Ms BURKE:** Well, I guess the programs that I could provide are being handled by other faculties. We have a self-awareness group and a domestic violence group happening. We did a pre-release course probably about a month ago. We had a whole range of services come in from the community. That was held over two days. The girls got an idea of what was happening with outside-based organisations. They were given information; they were given numbers to contact; they were linked up with community groups for after release.

**CHAIR:** Do you have a living skills program within the prison?

**Ms DRAYDEN-THOMPSON:** I would say it was broken down. For females, rather than living skills, at the moment we have a self-esteem program and we have a group on domestic violence. I did start to run adult survivors of child sexual abuse but we had a problem with that because a lot of these females are in court and they need to go to Mulawa or they get sent around for court. One girl started and she had to be moved for court.

It is the sort of group that they need to finish, so we decided not to run that one. We are sticking with ones that tend to be more educational and helping in the sense of living skills. So we are doing living skills, but we are breaking them down. At the moment it is self-esteem.

**Ms BURKE:** We have self-esteem, we have self-awareness, and there is an inmate committee to specifically look at programs that they think will be beneficial, and they obviously liaise with us.

**CHAIR:** Can I perhaps ask the three of you in relation to issues like coping and dealing with and preventing hepatitis C. I understand 60 per cent of female prisoners have the infection and you have said nearly three-quarters of the people who enter the prison here at Grafton have a drug and alcohol problem. What things outside the formal programs are done within the prison to raise awareness about the need to deal with those issues?

**Ms COOKE:** The Health Promotions Unit comes out and delivers on a regular basis awareness programs on infection control.

**CHAIR:** What is the Health Promotions Unit? Is that within Corrective Services.

**Ms COOKE:** It is within Corrective Services. It is attached to the alcohol and drug services.

**CHAIR:** What do they do?

**Ms COOKE:** They run a one-day self-awareness on hep C and HIV-AIDS and look at techniques to lower their risk of infection or, if they are already infected, cross-infection.

**CHAIR:** How often would you have run a promotion like that in a 12-month period?

**Ms COOKE:** They also have a three-day group, which is more in depth, and they also run a sweeper's course, which looks at infection control and how to clean properly. Those groups are usually run three or four times a year.

**CHAIR:** Which groups? I am not quite sure.

## UNCORRECTED PROOF

**Ms COOKE:** There is the one-day health promotion and the three-day health promotion. The one-day is a prerequisite of the three-day and the sweeper's course.

**CHAIR:** So an inmate who does the more detailed courses has to have done the one-day course?

**Ms COOKE:** Yes.

**CHAIR:** Would every prisoner have done the one-day hep C awareness course?

**Ms COOKE:** I could not tell you that.

**CHAIR:** Would most prisoners have done the one-day course?

**Ms COOKE:** It is a voluntary course and they list if they want to do it. No-one can force them into doing it.

**CHAIR:** I accept that nothing can force them, but what I am interested in is what things are done within the prison system that no prisoner could escape from in terms of informing them about hep C? Mine might be just a naive point of view, but it seems to me that an infection of which every single prisoner is at risk, a very dangerous infection and an infection which two-thirds of your inmates are likely to have already would make the balance a very highly at-risk group.

There would almost never be a day or a week go past in which those people should not be made aware of how dangerous that infection is. It is similar to what you do at a work site with regard to workplace safety. So what things are done to make sure that prisoners are constantly aware, and as part of the culture of the prison, of how to deal with those issues?

**Ms COOKE:** I think you underestimate the prison population themselves because they are aware. We also have a public health nurse who works within the facility.

**CHAIR:** As aware as they might be, if 60 per cent of them are infected --

**Ms COOKE:** Let me finish, please. Each inmate that is tested for hep C has post-hep C counselling, pre-hep C counselling. If the result comes back positive, they have post-hep C counselling and then they are informed of what they can do to maintain their health status, to improve their health status, diet, sleep, exercise. There is a public health nurse here who looks after that.

**CHAIR:** So every inmate is tested for hep C?

**Ms COOKE:** No, not every inmate. It is voluntary.

**CHAIR:** Voluntary is well and good. What about the ones who do not volunteer who need to have this information? What gets to them?

**Ms DRAYDEN-THOMPSON:** Peer support. Inmates who are trained wear T-shirts that say they are peer support and they know all this information, and through our orientation

booklets and also the health nurse all inmates are told when they come into gaol that there are peer support people.

If they do not want to talk to IDS staff or custodial staff there are peer support people, who can be identified by their T-shirts, who will give them all this information. There is information in the libraries. There are signs up everywhere with information on them. So even if they do not know, they are told where they can get the information.

**CHAIR:** Are there other procedures which might operate in the prison system where this sort of information can be given or reinforced to inmates?

**Ms DRAYDEN-THOMPSON:** We do it anyway. We have brochures.

**CHAIR:** I would have thought where you have a 60 per cent target group of a disease that is relatively rare in the rest of the community it ought to be an obsession, frankly, in the prison system.

**Ms COOKE:** I disagree that it is relatively rare in the rest of the community.

**CHAIR:** Well, not at the rate of 60 per cent. There would be no other environment that I could think of --

**Ms COOKE:** Well, they come from the community.

**CHAIR:** They do, but, clearly, you have a community which has a 60 per cent infection rate.

**Ms COOKE:** Okay. And that is because hep C is a blood-borne virus. It is passed on from blood to blood and, given that a great number of our population are intravenous drug users, therefore, it is only reasonable to expect that a greater number of that population would be infected with hep C.

Apart from putting out brochures, putting out the "Hep C Review", putting up posters everywhere, I think it is a bit unrealistic to expect us to go round and talk to every inmate that comes through those gates about hep C.

**CHAIR:** I was not expecting you to talk to them. I was thinking, are there procedures that occur in the gaol system that reinforce the issue of hep C? For example, at the work site it is not uncommon to have people constantly talking to people who work with lifting as to how important it is to lift correctly.

Are there things which communicate to prisoners, for example, when they might be in a position where they might bleed when they are playing sport? Are there things that indicate to them how important it is to protect themselves, and that ultimately they do not leave - is there any chance of someone leaving the prison system without confronting this issue on, say, a weekly basis?

**Ms DRAYDEN-THOMPSON:** I would say no because they are aware and there are brochures and pamphlets and inmates who are trained pass on information and they do.

## UNCORRECTED PROOF

**CHAIR:** But literacy is a problem for some inmates, though, so a brochure --

**Ms DRAYDEN-THOMPSON:** There are also inmates trained in peer support who pass on the information and when I see people they will mention that so and so told them about something. So they do not have a lot to do with their time. Whereas we have things out there, going to work and lots of activities, they do not have that so they do a lot of talking.

**CHAIR:** On the issue of drug and alcohol awareness --

**The Hon. Dr A. CHESTERFIELD-EVANS:** Before we get to that, can I ask is it the same for the men as for the women in terms of peer support, T-shirts, information and such?

**Ms DRAYDEN-THOMPSON:** Yes.

**The Hon. Dr A. CHESTERFIELD-EVANS:** A Parliamentary Committee did a report on hep C. I presume you are familiar with that and its recommendations for Corrective Services?

**Ms COOKE:** No, that would have gone through to Corrections Health.

**The Hon. Dr A. CHESTERFIELD-EVANS:** The very vexed issue of distribution of clean needles or cleaning information for needles was recommended in that. Does any of that happen here, either the provision of clean syringes and needles or the provision of bleach to clean them?

**Ms COOKE:** No, they are not issued with clean syringes or needles.

**The Hon. Dr A. CHESTERFIELD-EVANS:** I did not think they were. Is there bleach available?

**Ms COOKE:** No.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Which may be used for cleaning the toilet or may be used for something else?

**Ms COOKE:** There is bleach available but whether they use it to clean toilets or clean their syringes is another matter.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Are they educated that they can clean their syringes if they have them?

**Ms COOKE:** Yes, and they can also go to the clinic and get Milton tablets which are just effective as bleach if they choose.

**The Hon. Dr. A. CHESTERFIELD-EVANS:** And they are aware of that?

**Ms COOKE:** They are aware of that.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Is there a healthy demand for Milton tablets?



**Ms COOKE:** When someone goes to the dispensary window and asks for Milton tablets, it is a fair bet that they are not using it to clean their teeth and they do not want to hold up their hand and be recognised as a possible IVDU.

**The Hon. Dr A. CHESTERFIELD-EVANS:** I understand that. Are Milton tablets confidentially dispensed then?

**Ms COOKE:** No.

**The Hon. Dr A. CHESTERFIELD-EVANS:** So, in fact they do not have bleach in a situation where they might use it --

**CHAIR:** They have access but they have to identify themselves as needing. Would there be some danger in making Milton tablets generally available in the same way that I have seen condoms made available in dispensing units?

**Ms COOKE:** I cannot see any reason why it would be dangerous.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Is it true, then, that you were not aware of the Parliamentary report and that Milton tablets and bleach and presumably syringes are not available routinely to inmates?

**Ms COOKE:** They are available if they choose to ask for them.

**The Hon. Dr A. CHESTERFIELD-EVANS:** They would have to ask and they would be identifiable in that asking process?

**Ms COOKE:** Yes.

**CHAIR:** Given your training and expertise in the drug and alcohol area, what sort of problems do you foresee if needles and syringes were made available in prison?

**Ms COOKE:** Okay, the most obvious one is they could be used as a weapon. The majority of inmates probably would not do that, but there is always the minority that make it bad for the majority.

**The Hon. Dr A. CHESTERFIELD-EVANS:** We understand the practical difficulty. In a sense you have a good education program but some bits of the implementation in terms of the practical bacteriological virological things might be deficient. Would that be a true statement of the situation?

**Ms COOKE:** That could be true.

**CHAIR:** Are there ways and means of communicating to prisoners the importance of dealing with their drug habit? I suspect that, until I started this Committee inquiry, I had the same misapprehension but I think many members of the public are of a view that a prisoner with a drug habit is somehow confronted with the need to change whilst in prison. Are there ways and means in which that could be done apart from them having to take the initiative themselves? Are there things that can be done to convey to prisoners the importance of stopping their drug use?

## UNCORRECTED PROOF

**Ms COOKE:** There is. When each inmate is received at this centre, they are screened and inducted and a referral to the AOD worker is generated from that if necessary. It comes down to what the inmate wants to do. If the inmate says, "No thank you, miss, I am quite happy using drugs and I will be out there using when I finish this sentence", there is not too much you can do about it.

You can warn them about the dangers of their continued use and the consequences of their continual use but for someone who is in the contemplation stage, you know, you can do some work with them to hopefully put them from the contemplation stage into the action phase. But if they are pre-contemplative, they are happy using, there is not too much you can do about that. It is up to them to want to change. We cannot change them.

**CHAIR:** I would not suggest otherwise but, for example, the Government does run health promotion programs on television. Now, I do not know whether prisoners get to see those, but given you have obviously a fairly concentrated target audience for drug and alcohol messages, are there ways and means whereby these positive messages can be conveyed to prisoners, quite apart from whether or not they want to see them?

**Ms COOKE:** You can do it through groups, and that is done through the harm minimisation program. It is also done through the relapse prevention program. It can also be done through the screening and induction process. It can also be done through individual counselling. The other ways you could do it is to have posters produced and have them put up throughout the centre. You can have pamphlets produced and have them distributed throughout the centre.

**CHAIR:** What about other ways in which a drug-free lifestyle can be positively promoted to prisoners?

**Ms COOKE:** I would say the majority of them want a drug-free lifestyle but you have got to give them coping mechanisms to be able to achieve that.

**CHAIR:** Would it be fair to say that in the prison environment in some instances it is very difficult to get away from the pull of drugs? There are a lot of drugs about. There are other people who are using. There is strong peer group pressure and so on. Are there not ways in which that can be somewhat positively countered by the present system or do we just leave them out in the jungle to ultimately make their own decision?

**Ms COOKE:** Some of the centres down south have what they call drug-free wings where they are put in a wing where it is maintained as a drug-free unit. Anyone who is in breach of the rules in that drug-free unit are asked to leave and it is the unit where they are semi-protected, where they can maintain the drug-free status without the peer pressure.

**CHAIR:** Unless they are in that special program, is there any other way of communicating with prisoners with what appears to be fairly heavy peer pressure to use drugs? Do you think there are other conceivable ways of promoting a healthy lifestyle to prisoners?

**Ms DRAYDEN-THOMPSON:** I think the classification does have a way of doing that in the sense that if they want to get to minimum security, go to a camp for whatever, one of the policies is that if you have had a urine that is dirty for whatever in the last six months, you cannot go down in classification. So there are consequences of their behaviour and they come to realise

that, okay, if I really want this then I have to stop doing this. So we do try to modify behaviour in that way.

It does come down to them, what they want in life. If they are quite happy to use and they do not care where they are or where they are classified, then you have very little hope. We can give them all the information but they have to make the choice. If there are people who want to go to a certain goal, be a certain classification, and want to change their lifestyle and do certain programs, we can provide things for that.

**CHAIR:** In schools, which are also kinds of institutions, we do things to encourage kids to take up positive life styles. We introduce them to role models. We show them videos. We do all sorts of things. Are there ways and means of doing that with the general prison population and if so, what is done?

**Ms DRAYDEN-THOMPSON:** That is what is done in all the programs that are run. The videos are shown. There is HIV peer education. All of those sorts of things that are done in schools are done. They are just given a different name.

**CHAIR:** But they seem to be done only with prisoners who want them. We do that in schools even with kids who do not want them. We nevertheless expose them --

**Ms DRAYDEN-THOMPSON:** But a child can choose not to listen. If the child is sitting there dreaming, thinking about something else, playing outside, then they are not taking in the information. The child might be sitting there in the room but not necessarily absorbing the information.

**CHAIR:** But they are nevertheless present for the class. Do we do any of that?

**Ms DRAYDEN-THOMPSON:** Every inmate is given that chance. It is up to them. We cannot force them. They are adults and we cannot force them to do these things. It is the same as education. They may not read and write.

**CHAIR:** They are given the chance to access a program to which there is a limit to how much it is available?

**Ms BURKE:** They also have a responsibility as adults.

**CHAIR:** Nobody denies that.

**Ms DRAYDEN-THOMPSON:** But they continue to run. We have never had to say no to anyone in the last nine years that I have been here.

**CHAIR:** No to what?

**Ms DRAYDEN-THOMPSON:** No to them not doing whatever program they wanted to do. So if they do not get on to one course which runs for six weeks, they may get on to the next one or the one after that.

**CHAIR:** Now, that we have had a chance to look at those sorts of areas, are there other questions from colleagues?

## UNCORRECTED PROOF

**The Hon. Dr A. CHESTERFIELD-EVANS:** If someone were to come to you and say, "Look, I have seen the light. I want to go clean," how long would your waiting period be until you could see them and how much time could you give them? I am asking you a resource question in terms of how much time you would have.

**Ms COOKE:** That varies. If you have got nothing planned for the next couple of hours you could see them there and then, but if you have got some reports to type up or you have got other inmates who have been hanging in the wings waiting for you to see them for a couple of weeks, then it is appropriate to see them first because they have also seen the light and heard the word as well.

**The Hon. Dr A. CHESTERFIELD-EVANS:** People have said to us in some centres, "Look, it takes two or three months to get in to see a counsellor when you want to." Is that the situation here? Obviously, you might be saying, "Gosh, none of my reports is due until the end of next week. A couple of people have not turned up. I am living in happy days." Perhaps someone might knock on the door. "Oh, here I am to help you," bright and shiny.

Give me an idea of how jam-packed you are and how much chance people have relative to the demand? Could you use another staffer immediately or are you coping okay? Is the waiting time a few days? Can you give me an idea? Obviously it varies from time to time.

**Ms COOKE:** Over in the main it could take a couple of months.

**The Hon. Dr A. CHESTERFIELD-EVANS:** It could take a couple of months to see someone?

**Ms COOKE:** Yes. That is normal AOD. I am not talking about detox.

**The Hon. Dr A. CHESTERFIELD-EVANS:** The detox is immediate. You either treat it or it does not get treated.

**Ms COOKE:** That is it. Okay. Mainstream AOD could take a couple of months. But over here it would probably only take a couple of weeks.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Do you mean A and B or do you mean the women take a couple of weeks and the men take a couple of months?

**Ms COOKE:** Okay. When I worked over this side --

**The Hon. Dr A. CHESTERFIELD-EVANS:** I do not understand "this side" and "that side".

**Ms COOKE:** Okay. Area B. We are in area B now.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Right, area B is two weeks and area A is two months?

**Ms COOKE:** Yes.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Okay, I have got you. Could I ask you about the welfare and discharge planning? That is your area, Rebecca?

**Ms BURKE:** Yes.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Are you able to discharge-plan all discharges?

**Ms BURKE:** Can you clarify that?

**The Hon. Dr A. CHESTERFIELD-EVANS:** Some people were saying to us that in other prisons you often find out you are going out in a few days or a couple of weeks and no-one gets round to seeing you; your case manager is not too interested; you go out the door with a train ticket in your hand and two bob in your pocket and that is your lot. On the other hand, some people have seen the welfare officer and had housing teed up with the Department of Housing and a cheque from Centrelink lined up. Do you get to all the people and do you know when they will be discharged and what is going to happen to them in the immediate post-discharge period?

**Ms BURKE:** I can confidently answer that one, yes.

**The Hon. Dr A. CHESTERFIELD-EVANS:** You do get to all of them and you do plan all their discharges?

**Ms BURKE:** Yes. We have a small unit of women and it makes it very easy to monitor discharges. With Centrelink payments as such, if women are being discharged on a weekend we organise Centrelink to come in the week before. A cheque is organised and the inmates are given the cheque before they leave.

As far as accommodation is concerned, if a female tells me that she has no accommodation on release, I will contact the Department of Housing or Clarence Valley Housing. Usually when the women come in the majority of them are already on the Department of Housing waiting list. They may fill out a priority housing form, or I will link them in with another service, depending on which area it is.

I have a really good network that goes as far down as Macksville, so I can safely say yes. If someone comes to me and says they are having problems with accommodation for discharge usually I can tee them up with at least some crisis accommodation or, if not, some idea of when they may get premises.

**CHAIR:** You just service the women?

**Ms BURKE:** That is correct.

**CHAIR:** So you are not two and a half days for the whole complex?

**Ms BURKE:** No, I am two and a half days for the women.

**CHAIR:** That is probably a fairly generous resource in comparison with other institutions.

## UNCORRECTED PROOF

**The Hon. Dr A. CHESTERFIELD-EVANS:** Are the men in the same boat? Do they get similar discharge planning, or are you three not responsible for that?

**Ms BURKE:** We have a welfare officer who is in area B for the men and we have another welfare officer in area A. I cannot answer that.

**The Hon. Dr A. CHESTERFIELD-EVANS:** You know that they are working in that area but you do not know the extent to which they deliver the standard of service that you do?

**Ms BURKE:** As I said, we have a small number of women, although their needs are high, but I am able to monitor that really well.

**CHAIR:** How many discharges would you have a week?

**Ms BURKE:** It varies. We might have two; we might have three.

**CHAIR:** Would it be rare to have a week in which there are no discharges?

**Ms BURKE:** No, not really.

**CHAIR:** There would be some weeks or months?

**Ms BURKE:** Usually it works in months. You know, in months coming up we have three leaving. It just varies on the length of sentence.

**Ms DRAYDEN-THOMPSON:** The welfare officer for this side was actually talking to me the other day. She said that she gets a printout in advance of the inmates being released and she organises with Social Security. There is a lady who comes in every week to see them. That is all done.

**Ms BURKE:** They all get put on the same list.

**Ms LEE RHIANNON:** To what extent do you work with the inmate development committee? Do you get feedback from them about your own work and have you at any time modified your own programs on the basis of feedback, comments or suggestions you may have had from them? Do you actively solicit suggestion from any of the inmates through the IDC or in any other way?

**Ms DRAYDEN-THOMPSON:** I had a fair bit to do with them on the other side of the gaol because I ran a long termers group on that side. The long termers in the group were in the IDC, basically, all the representatives, so they would tell me at our long termers group what was happening and what things they talked about to either the Governor or the Deputy Governor, but also I was getting feedback from management because they meet with the Deputy Governor and decide on what issues ought to be raised. Either inmates will tell us or management. So we usually know what is happening in that area.

**Ms LEE RHIANNON:** So you have modified your programs depending on the feedback that you get from them?

**Ms DRAYDEN-THOMPSON:** If it is possible to do so, we do.

**Ms LEE RHIANNON:** Can you give an example?

**Ms DRAYDEN-THOMPSON:** I am just trying to think of something over the other side. It is a bit hard now because I am not on the other side so I do not have as much to do with this one on this side. I know there were some concerns about the food when they changed where the food was coming from, but this is some time back and since then we are doing it totally differently another two times.

This was in the main, and they were talking about that, but I know the Deputy Governor at that time came and talked to the inmates and they took it back to the other guys and he said that he would look into it, and that was fixed up. It was just concerns about things not being cooked or whatever it was. So that was dealt with. I have not had time on this side to run a long termers group as yet. I have not been here very long.

**Ms LEE RHIANNON:** Apart from that, there is no other interaction with the IDC that you know of?

**Ms DRAYDEN-THOMPSON:** Unless they have got a concern that is taken to the IDC about us, but that is usually passed on and it is dealt with. To my knowledge, nothing has been said at the meetings.

**The Hon. Dr A. CHESTERFIELD-EVANS:** How much contact do you have with the support services outside the prison both in terms of parole and in terms of ongoing support with DOCS or other counselling facilities that they might access after discharge?

**Ms DRAYDEN-THOMPSON:** Quite a lot in this institution because we have a lot to do with the parole office in Grafton. They actually come in here at times, and I have been asked to go and see inmates at various times at the parole office when they are on parole. They might have been in a rather long time and the parole officer has said, "Can you come and have a chat to them and help them with their re-establishment in the community."

There is a fair bit, or quite a lot actually, of interaction with DOCS services. I know welfare has a lot to do with DOCS, and I do as a psychologist, because if there are issues about their children and we are looking at how they are coping with that, we will contact DOCS to find out whether or not visiting can be facilitated. Welfare and psych tend to blur a bit. I suppose AOD do as well here. We all work in together fairly well.

**CHAIR:** It sounds like more of a team approach. Are there any specialist Aboriginal workers within the centre and are there any special services provided for inmates with a non-English speaking background?

**Ms BURKE:** We have an Aboriginal welfare officer who works in area A. He actually was over here in area B for a period of 12 months and he has only just swapped over. But if there are any cultural issues, we just give him a call and he comes over. So if any inmate over here requests specifically to speak to Michael Skinner, Michael will come over to speak with them.

**CHAIR:** Did we get some idea of the number of people in the prison who are from an Aboriginal background?

## UNCORRECTED PROOF

**Ms LEE RHIANNON:** We did from the Governor.

**Ms DRAYDEN-THOMPSON:** I think it is around 30 or 40 per cent.

**CHAIR:** It is fairly high.

**Ms DRAYDEN-THOMPSON:** It goes up and down. We have an Aboriginal chaplain too who comes in and liaises with our chaplain and does quite a bit of work in here too. She is an elder.

**Ms BURKE:** We also have an Aboriginal art teacher who comes in.

**Ms DRAYDEN-THOMPSON:** And there are not really any prisoners from a non-English speaking background.

**Ms COOKE:** English as a second language. That is about it.

**Ms DRAYDEN-THOMPSON:** Yes, we have English as a second language. We might have only five or six inmates in the whole gaol who have any concerns in that area.

**CHAIR:** I do not know if we are going to see anybody about this, but are there any programs within the gaol to identify people who have significant literacy problems? What is done to help them.

**Ms COOKE:** Through the screening and induction process yet again, if the induction officer has any concerns about anyone who has literacy problems, then an education assessment is ordered. If people want assistance for their literacy problems, then they are assessed as to their level of ability and they can either go into class or have one to one.

**CHAIR:** Is it ever necessary to modify other programs to make them more accessible to illiterate inmates?

**Ms DRAYDEN-THOMPSON:** I have been aware of people in the past who have had problems reading and writing, mostly Aboriginal inmates who have still done the harm minimisation, and there was another drug and alcohol program that ran. In most of them there are white boys, and other people will help them. Even in groups that I have run, they might say, "What does that mean?" They will help each other. They often get quite a lot out of it even though they might have problems reading and writing. But that is being worked on at the same time.

**CHAIR:** Indeed. It is best to work on it that way. Thank you for your time.

**(The witnesses withdrew)**



**EDGARS STANLY OZOLS**, District Manager, Probation and Parole Service, Department of Corrective Services, Suite 14B, 21 Conway Street, Conway Plaza, Lismore, affirmed and examined:

**CHAIR:** Could you briefly outline your qualifications and experience as they are relevant to this inquiry?

**Mr OZOLS:** I am a registered psychiatric and developmental disability nurse. In 1983 I joined the Probation and Parole Service after 11 years in the health area working in the intellectual disability and mental health areas. I joined the Probation and Parole Service in 1983. I worked in Sydney, in Blacktown, in Coonamble in western New South Wales, in Maitland in the Hunter Valley, and since 1988 I have worked at Casino and Lismore.

In 1993 I undertook an Anzac Fellowship to New Zealand to study indigenous programs within the New Zealand correctional system. In 1998 I attended the United States on a Churchill Fellowship during which I looked at domestic violence programs and special programs for mentally ill and developmentally disabled offenders, and I completed an Associate Degree in Law in 1997 at Southern Cross University.

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

**Mr OZOLS:** Yes, I have.

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

**Mr OZOLS:** 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 agree 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.

I might further inform you that all of the evidence given in open session is available on the public record as it is recorded in the transcript and ultimately distributed after you have had the chance to correct it, or before in some instances as an uncorrected draft.

Are there any comments you would like to make to the Committee before we ask you questions?

**Mr OZOLS:** I would like to address you in relation to what I would like to say today. I would like to cover the role of the Probation and Parole Service at an operational level, and to that end I will table a report done in 1997, an evaluation from a viewpoint of the offenders we have under our supervision. I would also like to address you on indigenous offenders, specifically talking about the probation and parole programs we run at the Lismore Probation and Parole Office.

I would then like to discuss mentally ill offenders and the preponderance of them within our service at Lismore, and at that stage I will be tabling a report by Rosemary Caruana of the

## UNCORRECTED PROOF

Probation and Parole Service, "Looking at special needs offenders" and I would like to also address you on section 2(j) about the post-release policies of the department, and I would like to close by talking to you about the burgeoning prisoner population in the United States and some lessons we might learn about that in New South Wales.

**CHAIR:** It sounds as though we have a bit to cover, but judging by your background I have no doubt that you will have many fascinating things to say, so we are looking forward to that.

**Mr OZOLS:** The Probation and Parole Service is a service that undertakes a highly complex and difficult task. I guess of any service that is provided at a human service level, we may possibly be the only service that deals with people who do not come through our doors voluntarily. I think you need to appreciate the difficulty in working with people who are angry about the court system, the legal system.

They are angry about life and so they come to the Probation and Parole Service with lots of problems and they see - I do not know what the number in the State is but certainly in my office there are about seven or eight staff, and we sit down and try to assess the needs of those people and try to figure out what we can do that is going to, firstly, protect the community and, secondly, hopefully assist them to stop reoffending.

So, we wear two hats. We wear a hat that is a public accountability, public safety, public protection hat. So, we get people who come out of institutions like this who may not be better people than they were when they went in here and so we are dealing with in some cases people who have been institutionalised, who have no life skills and who come to Probation and Parole and we have got all the answers theoretically. The community expects that we will do something to protect them from these people of whom the perception out there is we are dealing with dangerous people who are human beings.

The other side of it is that we also wear a hat as support role, as advocates, as people who are trying to help often disadvantaged and marginalised people in the best way that we can and with the resources within the department at our disposal and at our disposal within the wider community.

So, in a lot of ways, probation officers tend to have to be very creative, inventive and need to try to balance the public safety against the needs of the offender. That is a very difficult task. We have systems in place to try to help us do that, specifically the case management system.

I guess from a human level, people who work as probation and parole officers are human beings. They are swayed by the individuals that they see each day. We are not perfect, and so mistakes will happen. Because with the emotional side of working with someone sometimes we tend not to balance correctly and sometimes things will happen that should not happen but they are failings of us all as human beings.

I would like to table a report that was prepared in 1997 by Karen Hamlyn, a student at Southern Cross University who was undertaking bachelor of social science in her third year. She did a placement with us for a few months and we talked about what she might do that might be beneficial for her and beneficial for us. That report basically was her interviewing 60 clients of the Probation and Parole Service at Lismore, having designed the questionnaire in consultation with us.

The report talks about the methodology and the confidentiality issues and I do not know who the individuals that she interviewed were, but basically it was trying to get some feedback about what did the people who came through our doors think about what we did. The report speaks for itself. The surprise in it is that it probably suggests we did a better job than we thought we did but overall there was a generally favourable impression of the service that they received from their supervising officer with one or two criticisms.

I think that having a look at that report will give you a bit of an understanding about some of the issues we face in working with involuntary clients, but it will also give you some good feedback in terms of what people who come in to see Probation and Parole at Lismore think about what we do.

I would also like to talk about community service order clients at this point as well. I would like to table another document which is a list of agencies that we use at Lismore that we place people at community service. I actually counted this up this morning and I think there were 183 agencies. We are not using these agencies all at the one time and some of them are probably defunct in the sense that we have not used them for some years, but you will see from the spread of agencies that we establish good networks within the community.

So, if we get clients with particularly difficult placement problems, often we can find somewhere for them. For example, we currently have a fellow that we did a court report on a couple of months ago who was in a wheelchair, a paraplegic, and it was a driving charge. So he was not going to have a drivers licence once he went to court. So we indicated to the court that it would be very difficult to place him on a community service order but if the court really wanted to, we would break our necks to try to find him a placement.

So the court remanded him again and said, you know, the appropriate penalty in this case is a community service order, give us a favourable assessment. We went out and found an agency which he could get to. It is actually a public library. He does some covering of books and they actually allow him to take books home to cover so he does not have to turn up at the agency every day. You will see from that list there are quite a number of agencies.

We have a number of indigenous agencies that we can place indigenous clients at. We have women's services. The women's refuge and the Aboriginal women's refuge at Lismore are agencies we can place women at who have specific needs that may make it difficult to place them at and we have agencies in the middle of the bush where there may just be a community hall and nothing else, and once in a blue moon you will get someone who lives near that hall who can paint it or do some work around that area.

I would like to talk about indigenous offenders now. I guess my background in this area goes back to my time at the Coonamble office which covered the towns of Gulargambone, Coonamble, Walgett, Lightning Ridge and Goodooga, all towns with a high Aboriginal population.

I guess it is no news to you that the Aboriginal community is grossly overrepresented within the correctional system, both in the community sector and the custodial sector. We have had a royal commission that has examined the issues and yet the prison population for Aborigines is increasing. There are a whole heap of sociological and demographic things that will probably continue to see that population increase.

## UNCORRECTED PROOF

I guess at a personal level, and I certainly do not offer this as a departmental response, I think that the response generally to the plight of Aborigines being enmeshed in the criminal justice system has not been enough done at a whole-of-government level to address that. Corrective Services can only take what is given to it. We have no control out there in terms of prevention or stopping the flow of people into the correctional system.

So, often times we see a population that is marginalised, that is suffering the effects of 200 years of oppression, a population that has massive social and economic problems and somehow we are supposed to fix it.

We have been running a couple of programs at Lismore for the last couple of years and I would like to table a report prepared by Tyagarah Consultants in March 1999 which is the evaluation of the first year of the support of Aboriginal families project in Lismore. That project is a combined effort of the Department of Corrective Services Probation and Parole Lismore office, Department of Community Services, Lismore office, and the Northern Rivers Area Health Service and in the initial year, the Department of Employment, Education, Training and Youth Affairs, a Commonwealth department.

Briefly, it became apparent that a lot of the offender clients that we in the community at Lismore work with were probably clients of other departments, such as the Department of Community Services and the Health Department.

We undertook a needs analysis at Lismore in which we found that for the Aboriginal clients at the Lismore office, apart from all the other social needs that are well documented, the issues we needed to address before we could move on to address things like employment and education were issues of mental health, personal development, alcohol and drugs, domestic and family violence and anger and violence as reflected in their criminal behaviour, especially towards police.

So the manager of DOCS and I sat down and talked about this problem and there was an Aboriginal district officer working in his office at that time who was running some groups for Aboriginal men to talk about issues related to being an Aboriginal male and what it meant in contemporary Australian society. I will just mention his name. It is Greg Telford. So when I refer to Greg you will know who I am talking about.

Essentially Greg was a guy who had grown up with a lot of the disadvantages that are well documented. He had grown up in a violent household. He was alienated from his father who had inflicted violence and so he was in a voluntary capacity trying to work with Aboriginal men to deal with issues of violence.

So we sat down and we came up with an idea so we managed to get some funding through our department, through DOCS, through the Northern Rivers Area Health Service and through DEETYA, which initially had provided the majority of the funding. Essentially, what eventuated was the continuation of the Aboriginal men's group, and that actually became a daytime group so that Greg could actually get paid for doing that.

He was seconded from DOCS and released from his full-time position as a child protection worker essentially to work with clients of Probation and Parole and clients of the Department of Community Services where child protection issues were paramount.

In the first year, as reflected in that evaluation, apart from the weekly group for men, there was a case management model introduced that allowed Greg to case manage specifically referred clients; there was a gym program established through the police citizens youth club to get these guys doing some physical exercise and just starting to feel good about themselves physically.

Greg is a lifetime member of our Alcoholics Anonymous, so he established a specific Alcoholics Anonymous group in Lismore which is open to non-indigenous people. He tells me that a number of non-indigenous people come to that because they like the way it operates.

On the back page I have undertaken an evaluation from our service's perspective of the first 20 clients that we referred to that program. You will see that under the heading "MSO", which stands for most serious offence, all but two had offences of violence on their background.

Now, seven of the parolees, as best I can extrapolate, went back to gaol during the first year of that program. However, there were two people with long and extensive criminal backgrounds dating back over 20 years who actually managed to stay out of gaol for a year, probably their longest period of freedom in their adult lives. The rest of the orders there were District Court bonds and Local Court bonds.

Generally speaking, it appears that most of the people who attended that program, even the ones who went to gaol, gained some personal benefit from being involved in that program. Often the reasons that the parolees went back to gaol were that they had reoffended and the Parole Board had pulled their parole.

However, there was one gentlemen on that list who was on parole who reoffended twice during his parole, both offences of violence. We were able to put up a case to the Parole Board, given his involvement in this program, why he should not return to gaol. The Parole Board issued him with a warning on both occasions, and I think he has just completed his parole in the last month.

We also run an Aboriginal women's program, which is fairly low key and costs us about \$3,000 a year. That is run in collaboration with the Yinganeh Aboriginal Women's refuge at Lismore and one of our staff, who meet fortnightly. That program was essentially designed to get Aboriginal women staying in contact with us so we did not have to breach them.

Anecdotally, from my experience, Aboriginal women had the least success of any offender group that we looked after. They could not get through community service orders, they would often not report on probation, so we just were not touching them or reaching them in any meaningful way.

One of the interesting things that came out of the first evaluation of that program - I do not think I brought that with me but I could send you a copy if you are interested - was that the sort of stuff that was talked about in that fortnightly group was really basic sort of stuff. It was not dealing with psychological issues or stuff like that. I will give you an example.

Carmel Bennett, who co-ordinates that program, came back and said, "One of the issues that came out this week was an Aboriginal woman who said she had stopped paying rent on her Department of Housing house." She was asked about that and she said, "I do not like the

## UNCORRECTED PROOF

neighbours. You know, they treat me bad and treat the kids bad," and basically it seemed as though it was an issue of racism. So she said, "Well, why are you stopping paying the rent?" The woman said, "Well, if I stop paying the rent the Department of Housing will kick me out and then they will have to find me somewhere else to live."

Carmel said, "Well, doesn't that take away any power that you have to negotiate the situation? Wouldn't you be better off going down to the Department of Housing and saying, 'Look, the neighbours are treating me bad. Can I get relocated?'"

It is a simple story and yet often I think we aim too high. We are sort of missing the very basic issues of life for a lot of indigenous people who, if you look at Maszlo's hierarchy of needs, we are wanting to start up the middle there and work towards self-actualisation rather than working towards the basics of life, which a lot of indigenous people cannot communicate to us. So that group is a very simple process. I think in the time that we have run that group we have not breached one Aboriginal woman for not reporting to us.

I would like to move on to mentally ill offenders. The Probation and Parole Service undertook a special needs survey, and I would like to table a document dated May 1999 prepared by Rosemary Caruana, which was basically a special needs survey focusing on 10 offices across the State, looking at offenders diagnosed with a special need falling into one of five categories. That was intellectual disability, mental, psychiatric illness or drug or alcohol induced psychosis, intellectual disability or mental, psychiatric or brain damage, physical disability or sensory disability.

The offices covered were 10. There was Albury, Dubbo, Lismore, Wollongong, City, Fairfield, Campbelltown, Gosford and Penrith. I would just like to talk to you about Lismore.

You will see on page 3 the total special needs caseload that was identified was 225, or 7 per cent of the total caseload being supervised by Probation and Parole at the time.

If you look at page 5, table 3 gives you the breakdown by office, and you will see that Lismore had 33 people in category one, which is mental, psychiatric and/or drug or alcohol induced psychosis. We have seven intellectual disability and/or mental, psychiatric illness and/or brain damage. We had six intellectual disability and three in category five.

Table 6 after page 7 talks about the types of services that we are currently involved with in the Probation and Parole Service in case managing these people in the community. Table 10 is a breakdown of the barriers and the problems experienced in the management of offenders with special needs. I will not address all those.

The interesting thing was that Lismore office had the highest percentage or ratio in the State of special needs offenders; that is, 20 per cent of our caseload had a diagnosable special need. The last three pages are the survey. So it was a fairly comprehensive survey that was done. Of the 20 per cent, I think about 36 or 37 of the people at Lismore were mentally ill offenders.

My background, as you are aware, is in mental illness, having done mental health nursing. We have fairly good working relationships with the mental health services that we relate to at Lismore, Ballina Community Health Service, and Byron Bay, Mullumbimby Community Health Service, yet there are lots of people still slipping through the gaps.

I do not know the figures in relation to mentally ill people who end up in gaol, but there are certainly, from our experience at Lismore, a lot of mentally ill people slipping through the safety nets that are there to capture them and ending up in gaol on remand or sentenced.

Part of the problem, and again this is a personal view - it does not represent the department - is that there is a failure in the mental health laws in this State to adequately provide for treatment for people who are mentally ill. I will give you a case example which highlights the ludicrous nature of the mental health laws.

I had a client some two years ago who, in a psychotic state, assaulted a fellow in his car. He had been treated by the mental health services in the community and he, for no reason that was apparent, other than the voices, assaulted a fellow in his car.

He went to court and was put on probation with a condition that he continue with mental health treatment through the community health service. He came to our office and we talked to him about that. He said, "I do not think I need to have medication." We said, "Well, look, the bond is quite specific. If you do not comply with the conditions of your bond, we are going to have to take you back to court and you could face resentencing." That is a synopsis of a process.

He went up to community mental health and because he had to wait five minutes assaulted the secretary and four other staff. He was taken into custody again, held on remand for two months, given five more good behaviour bonds and eventually came back out to Probation and Parole supervision and the same scenario goes around: "No, I do not need medication. There is nothing wrong with me." The officer seeing him said, "What do I do?" I said, "See him again and put it to him that if he does not go back up to the clinic and have his medication, we are going to have to take him back to court." So that is what happened.

We wrote the breach report and he was called back before the court and the magistrate - and I will not repeat the name - said, "Mr So and so, when I gave you this bond you promised me you would take your medication. If you do not take the medication the psychiatrists say you need, I am going to have to punish you." She promptly remanded the matter for another six weeks for another report from Probation and Parole to get an update to say that he was taking his medication.

He went back to court. This was just before Christmas. "No, I am not taking my medication. I do not need it." The magistrate promptly adjourned the matter again and said, "If you come back next time and you have not done what the psychiatrist says, I am going to have to send you to gaol," which is what happened the following month.

So he went to gaol, and we liaised with the gaol and he got four months' gaol. I liaised with the - I cannot remember who it was I liaised with - but the bottom line was that because he was behaving himself in gaol despite his diagnosed mental illness, the community treating psychiatrist was able to document that we had a chronic paranoid schizophrenic going to gaol. Unless he was scheduled within the correctional system to Long Bay he could not be forcibly medicated in gaol.

I just relate that as an example of how systems break down. I guess there are a lot of mentally ill people who are falling into the criminal justice net - that is our experience at Lismore

## UNCORRECTED PROOF

- because the mental health laws are not sufficiently strong to force people to take medication. I would like to then go on to section 2(j) of your terms of reference which reads:

the effectiveness or otherwise of post release policies of the Department of Corrective Services and co-ordinating of integrated assistance to inmates by Government Departments, including Housing, Health and Community Services, with a view to reducing recidivism.

Again, this view obviously does not represent a departmental view but I think that if we can look at the Queensland model of release back to the community, there is a graduated release, and we get a number of people coming out of the Queensland system in whom we can see the difference. They will have money in their pocket. They may have worked on works release. They may have spent some months in a bail - not a bail hostel but some sort of a hostel.

**CHAIR:** A transition centre which is like a half-way house?

**Mr OZOLS:** Yes. So that the return to the community is less traumatic. We had a Queensland officer working for us two years ago who said he could not believe the difference between people coming out of Queensland gaols and New South Wales gaols. There just seemed to be more preparation for the return to the community. I think it is an area that at a policy level and perhaps at a political level we need to look at. I guess it is a political area, early return to the community and that sort of thing, and it is an issue that people may be too --

**CHAIR:** But do they have remissions in Queensland?

**Mr OZOLS:** They still have remissions, yes. There is a graduated process. There is works release, hostel, and home detention as a back end option to release, so that there is generally a bit of preparation for people and there is also a thing called the Western Outreach Centre which they go and do community work in western towns. I am told that some of the reward for that is when they come back after a month they will get a weekend's leave and things like that with their family.

So I think there is room to try to break down the preparation so that rather than just walking out the front door of the gaol lost and confused with a parole officer to help you, you have actually got yourself a few skills in preparation for your release.

I would finally like to talk about the burgeoning prisoner population in the United States and the obsession with building gaols. When I was in Lancaster county, Pennsylvania, I spent an afternoon with the manager of the State Parole Office in that county. He told me that in the 31 years of his career with State Parole, and I think I need to differentiate between State Parole. Anyone in Pennsylvania who is sentenced to more than two years gaol goes into a State penitentiary system as opposed to the majority of people who are gaoled for less than that go into a county gaol and then there are, of course, Federal offenders which are a small number.

In his time, 31 years in the probation and parole area, he reflected that there had been an increase in prisons in Pennsylvania from three to 31 and they could not keep up with the pace of incarceration. I went and did hook-ups for home detention over there. People were getting home detention for things they would not even get probation for here in New South Wales. So that when we look at the American correctional system, we need to look at a system that is based on a very punitive, just-deserts philosophy that is culturally appropriate, I guess, within the American setting of accepting personal responsibility.



I visited gaols and I talked to some of the prisoners and said, "How long are you doing", and the answer was five years. So I said, "What did you do", thinking it must have been manslaughter or something, and the answer was burglary. I said, "How many of those did you do to get five years?", And the answer was, "Just the one". I asked, "How many times have you done this?" And the answer was, "I have had a few". But it is a very punitive system.

I guess the question that New South Wales needs to ask itself is and, again, this does not reflect the department's view, what sort of criminal justice system do we want? Do we want one that is based on dehumanising individuals, warehousing them and treating them as the dross of society or do we want a criminal justice system that hopes for change in individuals, expects change in individuals and works towards change in individuals.

I might just pick up on some of the evidence given by the IDS staff. There are people in the system who have to be in gaol, who will be in gaol for most of their lives. They will keep coming back because nothing that we can offer, that is Probation and Parole, the IDS staff or society, will change some people. Some people are not interested in change.

Most of the people that we see in Probation and Parole, most of the people who come out of gaol do want to change and I guess our job is to try to help them achieve that. But we are dealing with a lot of people who have major social disadvantages and the best that we can do is try to prop them up and try to put their best foot forward when it comes to a court report rather than, you know, there is no hope for this person.

There are challenges. Before I came here this afternoon, I visited a woman over in the women's section who is on remand, who has a bad criminal record for the last six years. She is 36 or 37 years of age and started using heroin at 29 and it has been one long, downhill slope since then. We really have not got anything to offer her. I rang the drug and alcohol worker yesterday and said, "Look, this case looks absolutely hopeless. Have you seen this woman? Is there anything we can say to the court that they could hang their hat on in terms of not sending her to gaol". She said that she has made inquiries with her GP at Tweed Heads about getting on to naltrexone. I said, "Look, let us run with it".

That is what we will put to the court. The scenario does not look good but there is a possibility, there is hope and I guess that is the best we can do in Probation and Parole in doing court reports, to try to balance the necessity to punish, to deter, with the hope of rehabilitation.

I spoke to a manager of a large probation department in Lancaster county and in talking about drug treatment I asked about methadone. The manager said, "We gave methadone away in the 80s". That whole rehabilitation philosophy is gone. I guess in terms of your inquiry, I think every time there is an election, you guys are trying to - well, you are all Independents, are you?

**CHAIR:** No. I represent the Liberal Party, and I am happy to plead guilty.

**Mr OZOLS:** You are involved in the auction that happens every four years, trying to out do each other and seeing who can be toughest on crime.

**CHAIR:** I have participated in that and I regret it.

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**Mr OZOLS:** I guess the message from a political level is that it needs leadership at a political level to say every time we lock someone up or build another gaol cell it is one less nurse in a hospital or one less teacher in a school. There are States in the United States or counties that spend more money on corrections than they do on education.

I mean, what sort of society do we want? Do we want a society that is based on fear, suspicion? I guess in a sociological sense, the more affluent we become, the more we have to lose. You know, the majority of people are becoming more affluent, there is no doubt about that, but yet there is still this large group of people who are missing out and, unfortunately, the Parliament, representing the people, has a responsibility to look after the poor, the dispossessed and the marginalised and that takes some leadership and guts. Quite frankly, at election time we do not see too much guts talking about alternatives to building more gaols.

The other thing I would say is that, you know, we have come into the twenty-first century and we are talking about e-commerce and e-business and e-everything, yet we are still talking about nineteenth and twentieth century models of corrections. I would guess, if we could turn a phrase "e-corrections", what would a correctional system in the twenty-first century look like? What are the alternatives to punishment as opposed to our traditional models?

Do we need to incarcerate people? Do we need to isolate them like we did in the nineteenth and twentieth centuries? If we take the mental health and disability model and we go down the Parramatta River and start at Callan Park, then to Gladesville Hospital, and then to Rydalmere and end up Parramatta Psychiatric Centre, we have closed down all those places.

**The Hon. Dr A. CHESTERFIELD-EVANS:** *One Flew over the Cuckoo's Nest.*

**Mr OZOLS:** Yes, we have said that we are treating mentally ill and retarded people as human beings and that there are different models of intervening. Let us be bold and look at how are we going to deal with people who offend against society and break the laws in the twenty-first century. Rather than going back to an outdated model, let us look forward and see what are the alternatives. Let us be uniquely creative as Australians. We do not have to follow the Yanks and lock up everyone. We can come up with our own models.

**CHAIR:** You have probably addressed the Committee for longer than any other witness that we have had. However, can I say there are odd occasions being in Parliament and sitting on committees where individuals uniquely inspire you and you remember for a long time. I think there would not be a member sitting at the table who would forget the address that you have given and we are very grateful for it.

**Mr OZOLS:** Can I table some brochures? These relate to our office. They have no service imprimatur or anything. They are basic things that we have done at Lismore to try to increase some of the options.

**CHAIR:** We appreciate your contribution. We have given an assurance to the Governor and so on that we will see some inmates. I have said a quarter to and no later because they obviously have difficulty organising that, so we do not have much time for questions.

However, there is one short one I would like to ask you. You were talking about new and bold initiatives. I could not help but notice that the research program you had where you actually had people who described your clients as people who did not want to come to you and were

forced and yet they did not identify anything negative. Almost nobody identified anything negative. They said a number of things that appear to be helpful about the service and they made constructive criticisms as to how it could be improved.

These are the same people who had previously been in prison. Given that people who get paroled are usually the most serious offenders who ever come into gaol because the less serious offenders do not have parole, you cannot help but think that perhaps parole does things for prisoners which the custodial service cannot do and, given that the day before yesterday we had a submission from Mr Tony Vinson who basically said one of the options we should be looking at for people who were guilty of the more middle serious levels of crime was incentive parole - you do not have to answer this question; I fully accept it is an opinion - but do you think there might be some capacity to look at intensive parole as an option as an alternative to incarceration?

**Mr OZOLS:** I guess it is a policy question. I guess the department would be in a better position to respond to that. I guess one of the policy issues there is the issue of net widening. What I have seen in the States is that you can build bigger and bigger correctional systems and be more and more punitive.

It may well be that the intention is to get that middle group of prisoners and take them out of places like this and put them back into the community, but it would have to be carefully crafted so that the safeguards were there - a bit like, I guess, the home detention scheme. I think there was a lot of resistance to that by the judiciary because they actually had to pronounce a gaol sentence to get people to be assessed as suitable for that sentence. But it is a safeguard that stops people getting sentenced as an alternative to a fine if the magistrate thinks it is a good option or something like that.

At a personal level, provided there are safeguards in place, I think that anything we can do to get people out of the custodial division is worth a go.

**CHAIR:** I know we all want to ask you questions but I do not know how we allocate the two minutes that are now available.

**Ms LEE RHIANNON:** The views you have expressed are unusual for us to be hearing from somebody in your position. Do you have opportunities to speak with your people about this? Are other people talking about the sorts of things that you have said to us in that light?

**CHAIR:** Within corrections.

**Ms LEE RHIANNON:** Yes.

**Mr OZOLS:** I think a lot of Probation and Parole officers would have the view that imprisonment should be the last resort.

**Ms LEE RHIANNON:** We hear that rhetoric a lot, but you went a lot further than saying it just needs to be done in another way. Do other people talk like you do in as much detail?

**Mr OZOLS:** No.

**CHAIR:** I guess it is a unique culture and it would be hard.

## UNCORRECTED PROOF

**Ms LEE RHIANNON:** Because it does not seem to create that openness that you do what you are told basically.

**Mr OZOLS:** Well, it is a hierarchical department. I think it is a department that is focused on prisons. Community Corrections or Probation and Parole is a very small part of a large organisation, and it is not a voice that is - do you want to respond to that? Phil Ruse is the Regional Director from Probation and Parole.

**Mr RUSE:** I do not think it is as simple as just a straight introduction.

**CHAIR:** Frankly, we would probably, the lot of us, love to spend three hours panning your brain for the experience that you have achieved overseas in your study. It occurs to me that I would love to have views from you about the plight of people with disabilities in prisons. I was going to ask about that survey that you tabled.

**Mr OZOLS:** The special needs survey?

**CHAIR:** Yes. The numbers that it mentions. Is that essentially a snapshot of the people available at the time?

**Mr OZOLS:** Yes, at the time. I think it was the last week of March last year.

**CHAIR:** There has been some controversy as to how many people have an intellectual disability in the prison system.

**Ms LEE RHIANNON:** We are hearing wildly different figures.

**CHAIR:** Yesterday we heard about 10 in the whole system altogether, which I find hard to believe.

**The Hon. Dr A. CHESTERFIELD-EVANS:** The difference is from 2 per cent to 20 per cent.

**CHAIR:** That is in the female prisons.

**Mr OZOLS:** I caught the news about Susan Hayes' evidence. I guess the definition of intellectual disability is fairly broad. A lot of people who are intellectually disabled function quite normally in society. The people she was talking about with an IQ of less than 75 function quite okay in the community. It may well be that intellectually disabled people are overly represented in the prison system, but I think you need to remember that there are a lot of intellectually disabled people who never come to notice or do not stand out in the community.

**CHAIR:** I do not know how we are going to get the opportunity to meet with you again. I do not know whether you have duties you have to attend to tonight because we are hanging around the place, but it would be wonderful if we had the opportunity to speak to you again.

**Mr OZOLS:** I am off to Coffs Harbour now to fly to Newcastle.

**CHAIR:** It has been great to hear from you. We have appreciated the rich experience you have brought to your submission. Thank you

**(The witness withdrew)**

## UNCORRECTED PROOF

**[INMATE 16]**, Inmate, Grafton Correctional Centre, 170 Hoof Street, Grafton,

**[INMATE 17]**, Inmate, Grafton Correctional Centre, 170 Hoof Street, Grafton, and

**[INMATE 18]**, Inmate, Grafton Correctional Centre, 170 Hoof Street, Grafton, affirmed and examined:

**CHAIR:** [INMATE 16], have you received a summons from me in accordance with the provisions of the Parliamentary Evidence Act 1901? It is a letter. Did you receive a letter that looked like that? You have received that?

**[INMATE 16]:** Yes.

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

**[INMATE 16]:** Not really.

**CHAIR:** We are inquiring into prisons and the reasons that the prison population has increased and other things about whether prison is effective.

[INMATE 17], have you received a summons issued by me in accordance with the provisions of the Parliamentary Evidence Act?

**[INMATE 17]:** Yes, I have.

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

**[INMATE 17]:** I certainly do.

**CHAIR:** [INMATE 18], have you received summons from me in accordance with the provisions of the Parliamentary Evidence Act?

**[INMATE 18]:** Yes, I have.

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

**[INMATE 18]:** Yes, I do.

**CHAIR:** I need to read this warning to you first. If any of you should consider at any stage of your evidence that in the public interest something you wish to say or some document you want to give us should be seen or heard only by the members of the Committee, the Committee will normally agree to this request and we will resolve into a private session at which only members of the Committee and the Committee staff are present, and everything you say in that will be confidential and kept confidential. However, I should warn you that the Parliament has the power to override our decision at any time and make your evidence public.

What we will do now is ask you some questions but, firstly, I would like you to have an opportunity to speak to us about something that might be on your mind about our inquiry if you want to. Do any of you want to do that? You do not have to but if you wanted to, we give you the opportunity to speak to us first before we ask questions.

It is helpful if you could tell us something about your background, how long you have been here and where you were living before you came to Grafton, because sometimes people come here from a long way away and that sort of thing. If each of you would be willing to tell us something about that, that would be helpful, but it is not necessary to do so. Would any of you care to do that?

**[INMATE 17]:** I am from Sydney originally. I have been up the North Coast for approximately 12 years. I bought a property just out of Ballina. I have been in and out of the system since the beginning of 1980 as a young offender. I have spent probably seven years out of the last decade in custody. I have been a heroin addict for 22 years. That is why I commit crime and, hence, why I have done the gaol that I have done. My MO is fraud. I signed up cheques.

**CHAIR:** Do any others of you wish to give us any idea about your background? As I said, it is not necessary, but sometimes it is helpful for us to understand more about you.

**[INMATE 18]:** I was born and bred in Grafton, a local. I am a nurse by profession. This is my first time in gaol, which was a shock, a total shock. Time to adjust was fairly long. My family is still here and is very supportive. I could go on and on, but I will not. I will leave it there.

**CHAIR:** Pauline, did you want to say anything at all?

**[INMATE 16]:** No.

**CHAIR:** That is all right. Have you been here for very long and did you come from the Grafton area?

**[INMATE 16]:** No, Kempsey.

**CHAIR:** You come from Kempsey. Is this your first time in gaol?

**[INMATE 16]:** No.

**CHAIR:** Would any of you like to comment on how you are treated in gaol and what things are good, what things are bad, what things are helpful and what are not?

**[INMATE 17]:** Basically, I have seen the system change a hell of a lot over the last 15 or 17 years. I personally think that there have been a hell of a lot of good changes within the system. I also think that there are a lot of things that need a lot of improvement. Using this facility as an example, we hold 20 women here. It was designed for females from the northern New South Wales area. It has not always necessarily been that northern New South Wales girls stay here due to overcrowding and other things.

There is a great limit of professional staff, psychologists, welfare. The females share our professional staff with the males, so accessing them is very limited, which becomes a really big problem when you face parole boards, classification boards and courts, and it takes so much time for reports and stuff to be done, besides the rehabilitation factor. You know, the majority of females are here for drug-related crimes and there are no programs to rehabilitate us - I should not say "no programs" - minimal programs to rehabilitate us.

## UNCORRECTED PROOF

I personally think that the problem lies in the judiciary system. We can talk about prisons all we like, but if the judges do not stop sending females to prison for petty crime and there are no alternatives put in place, well, we may as well talk all we like to the wind. I do not find this hard, to be honest. I think it is very hard on the people who love me and, I guess, there is not a lot as far as post-release.

I am at a turning point in my life, I guess, especially my gaol time, in that I am looking at being reparaoled and getting out and I am as scared as hell, to be honest. I am probably a good result of the end result of this system, and that is somebody who is too scared to walk out the gate. I am very institutionalised.

**CHAIR:** What scares you?

**[INMATE 17]:** A lot of things. I am just starting off, hopefully, on a reintegration program. They are very few and far between for inmates, especially females. It has only been because of my amount of history and that the system realises the responsibility of my institutionalisation, which I am grateful for, but it is a bit late coming, you know. I think there are lots of things to be scared of.

**CHAIR:** I think I have forgotten how long you said you had been at Grafton. How long you have been in Grafton?

**[INMATE 17]:** I had seven weeks out in all that time, and I have been here since --

**CHAIR:** Many years?

**[INMATE 17]:** No, in Grafton since May last year, but I was in Mulawa before that and Boggo Road.

**CHAIR:** You said earlier that you are a heroin user. Have you tried to access drug and alcohol programs in the prison?

**[INMATE 17]:** Yes. I am also on the IDC, which has been pushing for more programs and stuff, and, at last, we are starting to get movement. Mr Stanford and Mr Breckenridge and our programs manager are extremely supportive in that regard. There have not been a lot here before. I was first in Grafton in 1995 and things have come a long way since then. But you are talking about one DNA counsellor for the whole of the male units and 15 to 20 females. You are looking at 40 hours a week. In 40 hours a week, one person can do only so much work.

**CHAIR:** Would you like to tell us how you went about getting access to a DNA worker, how often you have seen the DNA worker and what you have done with the DNA worker?

**[INMATE 17]:** Sure. I have put in probably close to 15 referrals since December. In that time I have seen Kaye Cooke four times, and most of those were to prepare a court report for a resentencing.

**CHAIR:** Is that why you wanted to see her?

**[INMATE 17]:** No.



**CHAIR:** What did you want to see her for?

**[INMATE 17]:** Because I have had a long and extensive drug history. I have had a gutful of gaol.

**CHAIR:** That is a healthy attitude. You saw her to help you prepare a report. Can you go on and explain?

**[INMATE 17]:** Kaye Cooke, admittedly, is a very good DNA worker, but, you know, we can even take it to Mulawa as well. It is the same problem. You have three DNA workers for 320-odd girls.

**CHAIR:** So you have seen her since December --

**[INMATE 17]:** I have seen her four times.

**CHAIR:** To help you fill out paperwork?

**[INMATE 17]:** No, for counselling.

**CHAIR:** How long did you get to spend with her for counselling?

**[INMATE 17]:** Probably 40 minutes to an hour our next session, which should be a weekly or fortnightly thing.

**CHAIR:** Have you attended any of the longer courses, the six-week courses?

**[INMATE 17]:** The females do not have access to those.

**CHAIR:** Are you aware of the Health Promotions Unit?

**[INMATE 17]:** Yes, I have done the AIDS workshop, which was a half-day workshop. I have done many of them.

**CHAIR:** Do you understand what the disease hep C is?

**[INMATE 17]:** I certainly do.

**CHAIR:** Do you think that many of the other inmates in the prison understand hep C and understand what to do to avoid being infected?

**[INMATE 17]:** I do. I do not think so much the young ones coming through have any idea. I mean, most of the older girls live with it on a daily basis, so, yes, we do know. It is my body, so I have gone out of my way to learn about it but, again, with these Fitzsimmons courses from the Health Promotions Unit, the IDC delegates have pushed for those. Things are not given on platters. They are not available. You have to fight for them.

I guess basically it sorts out people who are motivated to change and those who are not, but I find, especially with the younger ones - and I have been an adult nucleus for young offenders - it is like out of sight out of mind. When something is there and a course is put in

## UNCORRECTED PROOF

front of them that they must attend, even if they are switched off for the whole day I can guarantee they will walk away knowing something. But if it is not there at all, they are no better off than they were when they walked in here.

**CHAIR:** Do you think that inmates should from time to time be made to do courses about drug and alcohol?

**[INMATE 17]:** I certainly do.

**CHAIR:** What if they do not want to?

**[INMATE 17]:** I do not know.

**CHAIR:** Noela, do you want to talk about some of the programs and things you have participated in?

**[INMATE 18]:** I enjoy all the programs that we do get access to. It has just begun. We have two going at the moment and we have been waiting for some action and it is beginning, but I have to back Therese there. Access to DNA and psych is limited because of the number in the gaol, and their workload is so high. So the requests going in are fairly constant and with little result.

**CHAIR:** How often have you requested to enter programs and been refused?

**[INMATE 18]:** I have never been refused but for one request. I am now waiting only two weeks and then I am putting another request in to see a DOA or psychology, and even that is still not being met. I was interviewed the other day about something towards my classification and what parole expects of me. They expect me to see these workers. I put the request in and I am not seen. Therefore, they say I am not trying hard enough. I said, "I could put in a request in every day. How hard do you want me to try?" Even with that you still have to wait your turn. It is a big gaol with few workers in that area and the workload is very high.

**CHAIR:** Do you think that women in prison need psychologists and drug and alcohol workers who specialise in women inmates only or do you think there is a problem if they look after both women and men?

**[INMATE 18]:** I do not think there should be a problem if they are qualified in that field. There should not be. That is going into specialising I suppose if you want to specialise with males or females.

**CHAIR:** Pauline, you have been really quiet. Would you like to talk about some of the programs you have participated in?

**[INMATE 16]:** Like DOA and psychology, but I reckon more Aboriginal girls should see them because when they come through gaol they do not go and see them.

**CHAIR:** You are an Aboriginal person?

**[INMATE 16]:** Yes.

**CHAIR:** Are there many other Aboriginal people in the gaol with you at the moment?

**[INMATE 16]:** Yes, there are about two I think now, two more beside me.

**CHAIR:** I heard that there is an Aboriginal welfare worker. Do you find that helpful?

**[INMATE 16]:** Yes, he is all right.

**CHAIR:** What sorts of things do they help you with?

**[INMATE 16]:** They ask are we getting along with the other girls, like, different nationalities. I have had a lot of them through gaol.

**CHAIR:** Do all of you go to industries and work?

**[INMATE 16]:** Yes.

**[INMATE 17]:** No, I do not work in industries. I am a sweeper who works in the unit. I am a domestic.

**CHAIR:** Have any of you done any education courses?

**[INMATE 17]:** Yes, I am enrolled at TAFE, and I will be going to TAFE four days a week.

**CHAIR:** Have you enrolled in any courses?

**[INMATE 16]:** I work in industries, sugar bags, to help me get a proper job. It is a men's gaol and it is hard for the girls to get work here.

**CHAIR:** What stops that happening? You have been asking for work and sometimes you do not get it?

**[INMATE 16]:** They have not got work for women because there have only been about three or four sweepers over there, so I have been working with sugar bags.

**CHAIR:** Do you like working at the sugar bags?

**[INMATE 16]:** Yes, it is all right.

**CHAIR:** Do you get paid for that?

**[INMATE 16]:** Yes, \$24 a week I think.

**[INMATE 18]:** I am doing a leather course. I am planning on doing a small business course as well and continuing with craft.

**CHAIR:** Some other prisoners at other gaols said to us that there is a problem with doing education courses in that you get paid more to go to work than you do to do education, so

## UNCORRECTED PROOF

many people do not do education because, obviously, they would rather have \$60 a week to spend for buy-ups than \$25. Is that something that you people have experienced?

**[INMATE 17]:** We have only just got an industry for the females as of six weeks ago. Until then girls were trying to live on \$10.50 unemployment a week, and if you do education I think it is \$16 here a week. Now, that we have got an industry they are looking at \$24 to \$30 compared to \$16. Who is going to do education?

**CHAIR:** So up until the industry arrived you were better off to do some education here. Is that right?

**[INMATE 17]:** Yes.

**CHAIR:** Do all of you read and write well?

**[INMATE 17]:** Yes.

**[INMATE 18]:** One other thing about education is that it can be limited, too, depending on how long the girl has in gaol. It is pointless placing her in education if she gets out in, say, two months or less and is not going to continue. I think they prefer someone who is going to commit themselves to the course they have chosen to do, so I think there are some restrictions. If you are not here very long you do not have that choice to do it.

**[INMATE 17]:** I think it is about funding, too, up here. I have not found that so badly in Mulawa and other gaols but here that seems to be a bit of a problem.

**CHAIR:** The prison that you are in is a little smaller, and some of you have been in others. Is it helpful that it is a bit smaller?

**[INMATE 17]:** For me, it has been. I do not get lost in the crowd here.

**[INMATE 18]:** I find this very adequate for myself. I was sent to Mulawa. I was only here for two weeks and I was still in shock, and I went down there and my life was threatened. My cell mate had been brutally bashed that morning and my life was threatened, and this girl apparently is a well-known person there. I was totally terrified. The experience affected me. I came back here. I believe I had a nervous breakdown. It took me two months to recover from that one-week experience.

**CHAIR:** You are from Grafton, are you not?

**[INMATE 18]:** Yes.

**CHAIR:** Why were you in Mulawa? Was it the court?

**[INMATE 18]:** They asked me that when they wanted to send me back once they realised my life was in danger. I said that I did not know, and I did not know. I basically thought it was a process that you go through in a gaol system to be transferred from one gaol to another. He asked me why. He said, "You are from Grafton?" I said, "I do not know." They sent me back.

**CHAIR:** Had you been at Grafton for a period of time before?

**[INMATE 18]:** Two weeks. I had only just gone there.

**[INMATE 17]:** It was the length of sentence.

**CHAIR:** But you did not need to go to court? You were not going to Sydney because you needed to go to court?

**[INMATE 18]:** No.

**The Hon. JENNIFER GARDINER:** Do you see that happening a fair bit with girls being transferred and coming back again?

**[INMATE 17]:** Yes, and it is just a waste of money.

**The Hon. JENNIFER GARDINER:** Are they girls from the region?

**[INMATE 18]:** Yes, and we find it fairly pointless. I am from the country. I was terrified. To me, it was frightening because they were city girls in a city gaol, and I was terrified, and rightly so. We find that country girls are being sent down there, reason unknown. There are reasons for some to go but some reasons unknown as well. We wonder why. We are told to put blue forms in to get ourselves back here with requests to be brought back. I am only presuming that it is a system with the gaol that they use. I am not sure.

**CHAIR:** Do any of you or all of you understand what case management is and what a case officer is?

**[INMATE 17]:** Yes.

**CHAIR:** Do you find that helpful?

**[INMATE 18]:** I do.

**[INMATE 17]:** I am very old school, so it goes against the grain of everything that I have known. I was very hesitant in the beginning. I have found, in spite of myself, that case management has been extremely helpful since it has been introduced.

**CHAIR:** By "old school" you mean that once upon a time people did not talk to prison officers?

**[INMATE 17]:** No, we used to get charged for insolence for looking them in the eye. That is pretty archaic. We have come a long way since then, thank God.

**CHAIR:** There is a lot of talk about drugs in gaols. We have heard different stories at different places. Do you people see a lots of drugs in the gaols or is it something that people do not care much about here? Have any of you ever tried to live a drug-free lifestyle and found there has been a problem because other people want to force drugs on people or things of that sort of nature?

**[INMATE 18]:** I have seen drugs in gaol, yes.

## UNCORRECTED PROOF

**[INMATE 17]:** I personally have not seen girls have drugs, full stop, ever. I can honestly say that. It goes with the culture, peer pressure, all the rest of it, but, I can honestly say I have not seen that. I have seen a lot of standovers, a lot of violence because of drugs, but I have never seen it pushed on to someone.

As I said, I have done quite a lot of time and I have had an incredible record to do with drugs in gaol. They are here. I mean, they are evident, but up here and at Mulawa I do not think the problem is as large as it is in the male gaols, and I certainly do not think it is a business as it is in a lot of male gaols. The media tend to blow it very much out of proportion on reputation alone, but from my own experience, I do not see a lot of hard drugs.

**Ms LEE RHIANNON:** How do you see the drugs coming in? We have been hearing that it is a split between prisons at visiting times - some people talk about it being thrown over the fence - and with officers. Can you comment on that and maybe give a percentage breakdown of how much you think is coming in from those different sources?

**[INMATE 17]:** I know of no officers in the last seven years. Before that it was a very big thing. I have not seen any officers, and I would say that the greatest percentage is visits.

**CHAIR:** Do you think there is anything that can be done to stop that or do you think that no matter what you do it is going to happen?

**[INMATE 17]:** Never ever. Look at Mulawa: padlocks, dogs at the door checking visitors. It is a bit like the heroin trade in Australia. I do not think we are ever going to stop it.

**CHAIR:** That reminded me of something that we do need to ask you about - visits. Do any of you have families, particularly children, and do you get access to them? Do they complain to you? Do members of your family complain or make comment about the procedures at visiting time? Do any of the members of your family have difficulty visiting you because of transport?

**[INMATE 18]:** I know of one incident that I wanted to tell you about. My boyfriend came to visit me one weekend and there was a Sydney drug squad up here. The dogs indicate people they smell. He was taken in and strip-searched and asked to bend over, which was not, I do not think, very appropriate. I have not told anyone this. That was not very good, you know.

**CHAIR:** Were drugs found?

**[INMATE 18]:** No, oh, no. No apology either. I told him to maybe make a formal complaint because he was distressed over it, and I can understand why, but we let it go. I have never mentioned anything about it.

**CHAIR:** Did he ever use drugs or carry drugs himself at any time?

**[INMATE 18]:** No.

**[INMATE 17]:** I actually encouraged her to make an official complaint about that but she was too scared to because she thought it would come back on her visit. I think he felt the same way, that he did not want to cause trouble.

**[INMATE 18]:** Yes, it was like that, yes, causing trouble.

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

**[INMATE 17]:** Yes.

**Ms LEE RHIANNON:** Were you selected by the officers to come to speak to us or did the IDC make the decision of who should come?

**[INMATE 17]:** We were voted in by our peers.

**Ms LEE RHIANNON:** You spoke about integration, Therese. Have you started on that program yet or is that just something that works for people who have been here longer? Could you tell us a bit about that?

**[INMATE 17]:** There actually are a couple at the moment where integration is happening because we do not have a lot of long termers here. Gone are the days of girls not getting a long term in gaol. They are starting to get longer and longer sentences for less crime. You know, we are looking at here anything over six months as a long sentence.

You have got one girl at the moment who has a 12-month sentence and she is going out to TAFE four days a week. I will be going out to TAFE. I am just waiting on my classification to be ratified for me to go out, but I have started the process. I was actually given the opportunity to audition. It is a music course I am doing, and although I was a category 2, Mr Stanford arranged that I could go down to the audition, which I passed and got accepted into the course. I have been doing it through a tutor who comes in once a week until I am able to have the right classification to be able to go to TAFE myself. It is great.

**Ms LEE RHIANNON:** You said that women are doing longer sentences. Can you describe some examples of that? You are saying that because you have been here a long time. It sounds as though some of the trends you are describing are good and there is an improvement, but on this issue it sounds as though it is quite a step backwards.

**[INMATE 17]:** It is. You just have to look at the numbers of women. I know there has been a lot of hoo-ha in the papers lately about the amount of women in custody, et cetera, but it is a problem. I remember when, not so long ago, probably 1996, Mulawa was functioning on 170, 190 inmates, and you are looking at, when I left last year, 305. That is a huge increase in a matter of a few years.

I think white collar crime, which I am guilty of, is really coming down heavily, understandably so. My best way is to give you an example. My first sentence in Queensland was six years with four for fraud which, out of an appeal, came down to four with two. That was in 1992. Okay, Queensland is a lot harsher, I understand.

A female could go in for manslaughter and get six with a four. You know what I mean? I think there is a really big problem with our judicial system, its consistency, its justification, and women are no longer seen as not dangerous. And we are not. We are not considered not dangerous any more. There are some very dangerous females in custody. It is not a lot.

**CHAIR:** Pauline, did you say you were from Kempsey?

## UNCORRECTED PROOF

**[INMATE 16]:** Yes.

**CHAIR:** Is that where your family come from?

**[INMATE 16]:** Yes.

**CHAIR:** Do they get to visit you very often?

**[INMATE 16]:** Yes, they come up here every second week.

**CHAIR:** And how do they get here?

**[INMATE 16]:** By car.

**CHAIR:** Do they stay overnight here or do they see you and go straight back?

**[INMATE 16]:** Yes, they see me and go back to Kempsey.

**Ms LEE RHIANNON:** I am interested in the passage from juvenile justice to adult prisons. Is there anything that you can reflect back on how you were treated or on how the system works that would, if it were different, mean that today you would not be in an adult prison? I am not sure if you were in juvenile justice.

**[INMATE 17]:** No, I was not. I was a young offender and I was in an adult prison. That was a long time ago. It kept me out of gaol from my first sentence to this lot. I was out of trouble for 10 years. It gave me a fright. It was scary. It was cruel. It is not something I would like to see or go through again, and the system has changed for the better since then.

**CHAIR:** Are you aware that the Department of Corrective Services is going to build new women's gaols, one in Sydney and another one at Kempsey? Do you think that this is a good idea?

**[INMATE 17]:** I think we definitely need another gaol. I do not think we need another two gaols. I think there need to be alternatives for females. Country girls do not have an option. It is custodial or it is not. That is the bottom line. You have no weekends. You have no home detention. It is outrageous. The whole idea of weekends is so that probably a mother or somebody who works, has a family, can still run their life and pay their dues to society. To do that, they have to pack up and go to Sydney to do weekends. It is bizarre. I do not think that we need both gaols. I do think, though, that at Kempsey it would be great to see some weekend accommodation maybe for women so that country girls have an option when they go to court.

**CHAIR:** Probably the only good thing about gaol is leaving, but I would like you to have a think about whether anything good has happened to you while you were in gaol and, if so, what it was because we have tended in these sorts of things always to focus on bad things.

**[INMATE 18]:** I suppose I can answer this. I have always been into the art and my life out there has always been busy, full of demands and it is go, go, go, but in here after I came out of my breakdown and came good I picked up some leatherwork and enrolled in the leather course. Now I feel that my work is very good and I am definitely going towards a small business.



The other thing that I have really noticed about my time here, first time in gaol and never been confined, is, I suppose, a small sense of not so much being expected of me. I realise the demands of life are very great. It scares me at times to look at that, to see how demanding life is and only through this time here can I see that. That has really been big for me - time out, basically, from a lot of stress.

**CHAIR:** You said you had a breakdown. What help were you given when that happened to you?

**[INMATE 18]:** Nothing at all. I had to just go through it. I was also coming down off - I was right off my Valium, which I had been addicted to for many years. I went through this breakdown with absolutely nothing. Being, luckily, strong of character, which I am, I believe I am --

**CHAIR:** Did you ask for help?

**[INMATE 18]:** They were aware.

**CHAIR:** Who is they?

**[INMATE 18]:** The medical staff. I am from the medical profession and I believe that the medical here is very poor in that when you are experiencing a true symptom of something, no matter what it might be, it is ignored. It is as if we are just fabricating. We are not believed, basically. You really have to be very, very ill, like, losing a stone in weight within a week or practically on your death bed, before real medical help is given to you.

**The Hon. JENNIFER GARDINER:** So a breakdown is not very ill?

**[INMATE 18]:** No, a breakdown is considered nothing. It is just too bad. I mentioned once at clinic that I was having anxiety and feeling quite ill, and I was told, "Well, tell somebody who cares."

**CHAIR:** The doctor said that?

**[INMATE 18]:** No, a sister; "Tell somebody who cares."

**CHAIR:** What happened?

**[INMATE 18]:** Nothing happened. I did speak to the Governor over this incident. I was going to put in a blue form, which is an official complaint, but I decided not to. I thought I should really validate my feelings much better, and I have, I must admit, and I am very serious about putting in a formal complaint. I was sentenced for 12 months. I have now served 10 months. In that time, like this all being new for me, I have seen girls come into gaol very sick. A lot of it has been drug withdrawal, heroin especially. One girl has just recovered now. It has been three weeks. She has been vomiting for three weeks, weight loss incredible.

**CHAIR:** So she is detoxing, is she?

## UNCORRECTED PROOF

**[INMATE 18]:** Yes. They treat them with a bit of, probably Valium, three tablets three times a day, which is then reduced in a certain time. I find it is not adequate, really. It is far from adequate.

**CHAIR:** Do you know that the medical staff are employed by the Department of Health, they are not employed by the Department of Corrective Services?

**[INMATE 18]:** Yes.

**CHAIR:** I think one of the reasons that is the case is that they are supposed to be a bit different, more flexible and able to be more friendly and caring, perhaps, than custodial staff so they treat you like you are going to the doctor or anybody else. Do you feel when you talk to people on the medical service that they treat you differently than perhaps custodial officers do?

**[INMATE 17]:** I would have said no. Grafton is by far one of the best medical services I have seen in prison. I cannot say that any more.

**CHAIR:** Why is that?

**Ms LEE RHIANNON:** Are you saying it has deteriorated?

**[INMATE 17]:** Shocking.

**Ms LEE RHIANNON:** Since when?

**[INMATE 17]:** 1996.

**Ms LEE RHIANNON:** Is there any reason you can give us for that?

**[INMATE 17]:** No, considering a lot of the sisters are the same that were here then. There are some wonderful staff here, do not get me wrong, but, for example, the female doctor who comes here - and this is no word of a lie - if you get to see her, reads out of a book. I went to her with what I think is carpal tunnel. I do not know if any of you females know about carpal tunnel. I have had my peers witnessing it for probably six months now. She tried to tell me out of her book that it was something to do with my shoulder, that I put my shoulder out: "Do not worry about it, take some Brufen and off you go".

I have been back to her three times and she has not sent me out for one test. I only got some blood tests done because I would not leave until they just wrote it out. It is just not adequate.

**CHAIR:** Why do you think she would not let you have tests?

**[INMATE 17]:** Cost. I was told the other day I cannot go to an optometrist appointment because they are stopping all the escorts for specialty reasons.

**CHAIR:** Why do you need to go to an optometrist?

**[INMATE 17]:** Because I should have glasses.

**CHAIR:** How do you know that?

**[INMATE 17]:** Because I used to wear glasses outside and I have been getting really bad eye strain headaches for nearly 12 months.

**CHAIR:** Do you need glasses for short-sightedness or for reading?

**[INMATE 17]:** No, for seeing.

**CHAIR:** For seeing normally. If you used to wear glasses outside why are you not wearing them now?

**[INMATE 17]:** Because I cannot get an appointment. I am serious.

**The Hon. Dr A. CHESTERFIELD-EVANS:** So you have not got any glasses?

**CHAIR:** I will bet London to a brick you have an appointment very soon.

**[INMATE 17]:** Sorry?

**The Hon. Dr A. CHESTERFIELD-EVANS:** Did you lose your other glasses or are they no longer helpful?

**[INMATE 17]:** No, when I have come back in, because I had seven weeks out, I did not have glasses, and I have asked a number of times about making an appointment. I did see - I will say something in their defence - something the other day, a memo stating that an optometrist is apparently being employed to come once a whatever, but that sums up medical. Now, I just do not say if there is anything wrong with me. It is pointless. We have one very sick young girl with us at the moment.

**[INMATE 18]:** She has just come back from hospital. She was near death when she was sent over there.

**CHAIR:** What was wrong with her?

**[INMATE 17]:** She has a very severe eating disorder. I am a bulimia recoverer of 17 years and she has bulimia and from that she also has some side effects obviously with her heart and stuff. She needs specialist care, and she is not getting it.

**Ms LEE RHIANNON:** And she is back with you now, is she?

**[INMATE 17]:** Yes, she was out of hospital after four days. They discharged her from the high-dependency unit.

**Ms LEE RHIANNON:** And she is still losing weight?

**[INMATE 17]:** She is still bingeing.

**CHAIR:** What sorts of things tell you that she is ill? What are her symptoms?

## UNCORRECTED PROOF

**[INMATE 17]:** She has lost 14 kilos since December. I have known this kid nearly three years. She is half the size that she was. She is pasty grey. Being a fellow bulimic, eating disorders you pretty well pick up in other people. I see her binging, I see her throwing up.

I had a long talk to her this morning. Her exact words to me this morning were - she calls me Ma - "Ma, I cannot go to the sisters because there is a different sister on every day and I feel uncomfortable." It is a huge trust thing too, with eating, and she just said, "If I tell you, would you be able to tell them how I am going on a daily basis," which I have been doing.

**[INMATE 18]:** It does not go anywhere. It is very complex.

**CHAIR:** Have there been any women here while they have been pregnant while you have been here?

**[INMATE 17]:** Yes.

**CHAIR:** Are they given good support by the medical service?

**[INMATE 17]:** Yes, we have one who has just come in, a young Koori girl, who has a two-month-old baby, so she has obviously got milk.

**CHAIR:** She is lactating?

**[INMATE 17]:** And I was told to go and look in the storeroom for a breast pump the other day after she had been here three days by that stage, and sister forgot to go and buy her one, so she had to wait another 24 hours. I opened the fridge and I saw it in the fridge, so she has got it.

I know it is gaol, I know we are being punished, but medical is medical. It is the same as because you are an addict you cannot have anything for pain. We are talking horrendous teeth pain and stuff. Panadeine. That is it because you are an addict. No-one says that outright, but, "You are an abuser of opiates. No." I have often said to a sister, "Would you put up with this pain?" Drug addict or no drug addict, I do not have to put up with pain.

**CHAIR:** You are not given Panadeine?

**[INMATE 17]:** Yes, we get Panadeine, but there is a thing on at the moment that we are giving out too much Panadeine, so now you only get two a day.

**CHAIR:** Is it Panadeine or Panadol? There is a difference.

**The Hon. Dr A. CHESTERFIELD-EVANS:** It has 8 milligrams of codeine in it.

**CHAIR:** That is right. Well, I have to say that my dentist told me that I should not use Panadeine and suggested that I use Panadol for pain.

**[INMATE 17]:** Well, I am surprised because I have always been given Panadeine Forte for bad headaches.

**CHAIR:** I did ask. As I said, I am a real chicken with pain.

**[INMATE 17]:** So am I.

**CHAIR:** I prefer Panadeine. I would like to go home with a couple of Mersyndol and sleep it off. He said, no, I should just take Panadol. So it may not be something that is peculiar to prisoners.

**The Hon. JENNIFER GARDINER:** With respect to mental illness and psychiatric disorders, we have been told that there is a service here where the staff can get psychiatric back-up by teleconferences or telemedicine. Are you aware of that specialist back-up service being made available?

**[INMATE 18]:** For the staff?

**The Hon. JENNIFER GARDINER:** No, for the inmates.

**CHAIR:** Has anyone used it?

**[INMATE 17]:** I actually had a psychiatric report ordered for court. They were given eight weeks to prepare. Admittedly, it was a mistake on the warrant. It should have been psychology but it was written "psychiatric" so, therefore, the gaol has to follow what is written on that warrant. That report did not happen before I went back to court. It is a perfect example of how well this link-up business works.

**CHAIR:** Have you needed to go to the doctor while you have been here, Pauline?

**[INMATE 16]:** No.

**CHAIR:** We have asked you guys lots of questions. Now that we have got you to talk, is there anything that we have not asked you questions about that you wanted to tell us about? Do not leave here without saying what it was that you wanted to say is what I am saying to you if there was something you wanted to say.

**[INMATE 17]:** I think basically my whole thing was about the lack of programs and rehabilitation, but mainly about options other than prison.

**CHAIR:** Other inmates have said that about programs and things. Can I put to you the two explanations? One of them is that some of the programs you are after are things that are rare in the community generally. You do not always get a drug and alcohol counsellor if you are living in a housing commission house wherever and you want to get a drug and alcohol appointment at the local hospital. You might have to wait some time there. Is it fair that inmates might have to wait some time to get these things too since people in the community have to wait?

**[INMATE 17]:** I do not think a DOA worker outside would have anywhere near the caseload that the DOA workers have here. I have been in therapy inside and out close to 17 years and I have never had problems seeing a DOA worker or a psychologist.

**CHAIR:** The other thing is that I guess when you are in gaol you are likely to think badly about everything. It does not come as a surprise to people that inmates are going to complain, so

## UNCORRECTED PROOF

it would not really matter if you had lots of IDS staff and they could meet everything because people would still say, "We have not got enough."

**[INMATE 17]:** I do not agree with that. I have big problems thinking bad about this place. That is why I have troubles leaving it. I do not agree with that at all. This is sort of my home now, which is sad in itself, but that is how it is.

**CHAIR:** It is interesting that you recognise that.

**[INMATE 17]:** I am trying to change that. I have only just been able to admit it really in the last six months or so.

**CHAIR:** Have any of you left prison before, been discharged?

**[INMATE 17]:** Yes, I have.

**CHAIR:** What happened when you were discharged? What help were you given to help you get back into the community? We really would love to hear about it. Was it very long ago?

**[INMATE 16]:** No, it was about seven weeks. I was out for six weeks, back in, and then I was out for four weeks.

**CHAIR:** Where do you live when you are at home? Do you live at Kempsey?

**[INMATE 16]:** Yes.

**CHAIR:** And do you live with parents or do you live on your own?

**[INMATE 16]:** Yes, I live with my mum.

**CHAIR:** So when you went home you obviously had somewhere to live?

**[INMATE 16]:** Yes.

**CHAIR:** Did you need any help for things like social security benefits or those sorts of things?

**[INMATE 16]:** No, I go to social, like, trying for a job and that because for many Aboriginal people they cannot live on the outside world. They just go and do crime and that. I was trying to get into TAFE, and it just did not work for me.

**CHAIR:** Why did it not work for you?

**[INMATE 16]:** I was missing gaol too much, being inside, I think.

**CHAIR:** What is it that you miss? Is it the friends that you make here?

**[INMATE 16]:** Yes. On the outside you have friends and they are just all drug addicts. I think I am better off back in gaol. At least I am not going to get on drugs.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Do you intentionally come back?

**[INMATE 16]:** No, I did not intentionally. The police got me and they reckoned I had something wrong with me.

**Ms LEE RHIANNON:** So it was not intentional, but you think what the police did was not fair?

**[INMATE 16]:** Yes.

**Ms LEE RHIANNON:** So you said you were not guilty of what they said you did. Is that because you feel that they harass Aboriginal people?

**[INMATE 16]:** Yes, they do.

**CHAIR:** Would you like to tell us about that?

**[INMATE 16]:** They have known me for years and that, and my brother too.

**Ms LEE RHIANNON:** Has your brother been inside?

**[INMATE 16]:** Yes, he is in now. He is over there.

**Ms LEE RHIANNON:** Do you get to see him at all?

**[INMATE 16]:** Only on visits.

**CHAIR:** Have you ever been charged with resisting arrest?

**[INMATE 16]:** No.

**CHAIR:** Or assaulting police?

**[INMATE 16]:** No.

**CHAIR:** It is just that some people have given us evidence before - they were not inmates - that often Aboriginal people get into trouble because they do not like police. They are asked a question by the police and then, because they do not like the police, they tell them what they think of them and the police officer is upset by that and then wants to charge them with offensive behaviour. The Aboriginal person is less impressed by that and as they are being arrested they strike out at the police officer.

Do you understand what a trifecta is? It even sometimes has that nickname to it. It is offensive language, resist arrest and assault police. Does that ring true for you?

**[INMATE 16]:** No.

**CHAIR:** That has never happened to you?

**[INMATE 16]:** Like, with males and that too, they hit the police and that.

## UNCORRECTED PROOF

**CHAIR:** So you did not actually mind coming back to prison. You said you tried to get into TAFE. How did you do that?

**[INMATE 16]:** I got my HSC and everything. I was trying to get into TAFE, like, catering and that. Like, I was going to TAFE and it did not work and that because I was not talking to the other ladies and that.

**CHAIR:** You were not what?

**[INMATE 16]:** I was not like mixing with them. I am not used to the outside world and that.

**The Hon. Dr A. CHESTERFIELD-EVANS:** You did go to TAFE?

**[INMATE 16]:** Yes.

**CHAIR:** Were the other ladies older than you?

**[INMATE 16]:** Yes, in their twenties and that. They were older.

**CHAIR:** They were older than you in their twenties. You must be very young.

**The Hon. JENNIFER GARDINER:** Was there anyone trying to help you readjust?

**[INMATE 16]:** Yes.

**The Hon. JENNIFER GARDINER:** Was there somebody who was meant to see you through that process?

**[INMATE 16]:** Yes, you get an Aboriginal youth worker. I was going to see them.

**The Hon. JENNIFER GARDINER:** But it still did not work in your case?

**[INMATE 16]:** No.

**CHAIR:** And you also got your higher school certificate?

**[INMATE 16]:** Yes.

**CHAIR:** That is wonderful. What on earth are you doing here? Where did you do that?

**[INMATE 16]:** At Kempsey at high school.

**CHAIR:** What subjects did you study?

**[INMATE 16]:** Maths and Aboriginal art.

**CHAIR:** Are you good at art?



**[INMATE 16]:** Yes, when I put my head to it.

**CHAIR:** Do you do any of that while you are here?

**[INMATE 16]:** Yes, some, but not a lot.

**CHAIR:** Have you done some education?

**[INMATE 17]:** Yes, I finished my Bachelor of Arts in gaol. I got my BA in gaol.

**CHAIR:** Congratulations. What subjects did you study for that?

**[INMATE 17]:** I majored in music, and film and television scores was my other major.

**CHAIR:** Do you play a musical instrument?

**[INMATE 17]:** Yes, I play the keyboards. I have one. Fortunately education has lent me one - it is in my cell - so that I can do my course and practise for my tutor.

**CHAIR:** Are you graded?

**[INMATE 17]:** Yes, I went to eighth grade.

**CHAIR:** So you are really crash hot.

**[INMATE 16]:** I was. I am rusty now.

**CHAIR:** Even a rusty eighth grade is pretty good.

**The Hon. Dr A. CHESTERFIELD-EVANS:** Can you have a keyboard in here?

**[INMATE 17]:** Yes, I have one in my cell.

**Ms LEE RHIANNON:** She has one.

**[INMATE 17]:** I am really lucky.

**Ms LEE RHIANNON:** Pauline, just with your own situation, you have indicated that you felt okay about coming back but you felt at the same time that what the police did to you was wrong. Have you pursued your case at all? Have you spoken to any legal people about getting it overturned or are you just accepting?

**[INMATE 16]:** No, I just accept my sentence.

**The Hon. Dr A. CHESTERFIELD-EVANS:** You did your HSC, so presumably you were okay up until then?

**[INMATE 16]:** Yes, and then I became a heroin addict.

## UNCORRECTED PROOF

**The Hon. Dr A. CHESTERFIELD-EVANS:** When you went out again you were still a heroin addict?

**[INMATE 16]:** No, I just, like, did not want to stay with them.

**The Hon. Dr A. CHESTERFIELD-EVANS:** You did not want to stay with the heroin addicts, so you kind of wanted to come back in here?

**[INMATE 16]:** Yes, to get away from them.

**The Hon. Dr A. CHESTERFIELD-EVANS:** And then you got, you would say, set-up, did you?

**[INMATE 16]:** No, like, the copper thought I had broke my parole but I was going to see the Parole Board and that all the time, Probation and Parole.

**The Hon. Dr A. CHESTERFIELD-EVANS:** So you think you were off the heroin basically. You went to TAFE and you could not mix in very well?

**[INMATE 16]:** No.

**The Hon. Dr A. CHESTERFIELD-EVANS:** At that time when you were in this state, you ended up being picked up and you came back in here in consequence of that?

**[INMATE 16]:** Yes.

**CHAIR:** We have been talking for a long time --

**[INMATE 18]:** Could I mention one thing? Before I was sentenced, my boyfriend of six years - and I, too, actually - was certain that I would get community service. I never pleaded guilty to my crime, either, but the judge did not believe me and he told me so. I was found guilty by him. I thought, okay, so I knew I would be delivered some sort of situation. I thought community service would be given to me.

**CHAIR:** Did you ask for that?

**[INMATE 18]:** Well, I had my solicitor. I had no chance to really speak, so my solicitor did most of the talking.

**CHAIR:** But your solicitor asked?

**[INMATE 18]:** Yes, very briefly, too. He did not stay very long on that subject before the judge really wanted to put me in gaol. In my time here, okay, I have been very productive, I presume - I think I have - but really I also see that for a lot of women in gaol it is wasting valuable resources here. I could be out doing something really worth while in the community instead of wasting time here. It is not wasted, but still I see a lot of that here.

**CHAIR:** Why do you think you missed out on a community service order? It was your first offence too, was it not?

**[INMATE 18]:** Yes.

**CHAIR:** I know this is a bit of a sensitive question, and Dr Keliher told me that I should never ask it, but it really does help us understand your circumstances. Can you tell us what it was you were charged with?

**[INMATE 18]:** Malicious wounding.

**CHAIR:** So it is a pretty serious offence.

**[INMATE 18]:** Yes. But I did not do it. Really, it was a strange, bizarre accident, and the judge said to me, "I do not believe you, [INMATE 18]". What could I do? And I did appeal, but my solicitor, really, I sacked him because he did not make me aware. I was very ignorant of any proceedings. So I really did not want to appeal. I found this all later. My appeal was rejected. I remained with the original sentencing, but what I should have done instead of appealing on the sentence was be retried, and I did not know that. I was not informed of what I could do.

**The Hon. JENNIFER GARDINER:** How long have you still got to go?

**[INMATE 18]:** Two months.

**The Hon. JENNIFER GARDINER:** You said you were interested in perhaps setting up a small business in leatherwork and so on. Is there any pathway that assists you in that regard?

**[INMATE 18]:** I have a wholesaler in mind in Brisbane.

**The Hon. JENNIFER GARDINER:** And you can contact that person?

**[INMATE 18]:** Not while in here, no. I am being helped with it while here until I am released, but I will then go ahead, make my contact for my wholesale and begin my small business course. Yes, that is happening. Anyway, back to this waste of time, it is not really waste of time. I have achieved certain things in here, but I think I would have been a lot more productive serving the community.

**CHAIR:** I imagine it must be dinner-time somewhere in the place and we have to get going, too, but can we thank you for being so helpful. I know it is a brave thing to come and confront the Committee. People do not think much of politicians as it is. It is really nice of you to come and help us out, and we thank you for that. We do really wish all of you the very best in the future.

**[INMATE 17]:** Thank you. Thanks for asking us.

**(The witnesses withdrew)**

**(The Committee adjourned at 6.05 p.m.)**