



Inspector of
Custodial Services

Inspector of Custodial Services

Inspection of the Metropolitan
Remand and Reception Centre



Inspector of Custodial Services

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Inspector's overview

The Metropolitan Remand and Reception Centre (MRRC) was first inspected by our office in September 2014 as part of a themed inspection related to increases in the inmate population and crowding in the NSW correctional system.¹ The centre was also inspected as part of two thematic inspections examining the management of radicalised inmates and health services in NSW custodial facilities.² Unlike previous inspections which were undertaken as part of a broader themed inspection, this inspection was specifically focused on the MRRC.

The MRRC's primary function is as a metropolitan remand and reception centre for male inmates, a role also shared by Parklea Correctional Centre. Since our last inspection of MRRC in 2018, an additional 440 maximum security beds have been added to the centre, as well as supporting infrastructure, including a new satellite health clinic. The new infrastructure is significantly better than the older infrastructure. It was therefore perplexing to find that the largest remand and reception centre in NSW did not accept new reception inmates into custody after 12.30 pm in the afternoon.

The inspection was initially scheduled to occur in July 2021 but was deferred due to the impacts of COVID-19. In the lead up to our inspection in early 2022, the centre had to manage several localised outbreaks of COVID-19. Changes implemented to prevent the introduction and transmission of COVID-19 remained in place at the time of our inspection. MRRC was managing a large population of inmates in quarantine to prevent the introduction of COVID-19 into the correctional system. CSNSW had also designated the MRRC as the centralised COVID-19 hub for the NSW correctional system responsible for the management of COVID-19 positive inmates. We recognise the impact on CSNSW staff and JH&FMHN staff and their families of having to work in this environment, where there was a real risk of becoming infected with COVID-19. The restrictions imposed to mitigate the severe risks of becoming infected with COVID-19 also had a profound impact on frontline health and custodial staff.

Due to the central role the MRRC played in the management of COVID-19, this report discusses how this role impacted the operations of the MRRC. It was clear at the time of our inspection that the MRRC was struggling to deliver basic remand and reception services and required much greater support from CSNSW. Staffing shortages, lockdowns and the volume of COVID-19 related transfers into MRRC had overwhelmed staff and management. Of significant concern, people in custody were often held in poor conditions for extended periods with limited access to basic amenities and essential services including contact with family and legal representatives, time out of cell, health services, and rehabilitation services.

We have undertaken a separate review of the management of COVID-19 in the NSW custodial system. Our review found there was much that was done right in response to COVID-19 in NSW custody, however, there are also lessons to be learned. The aspects of the response to COVID-19 that were less successful often exposed existing weaknesses in the NSW custodial system.

I would like to thank the management, staff, and inmates at the centre for their co-operation throughout the inspection. I also need to acknowledge the assistance of Official Visitor Chris Kokegei, who assisted us to engage with Aboriginal men during the inspection; and our independent consultant Craig Gear OAM, for his expertise related to prison health services.

Fiona Rafter
Inspector of Custodial Services

1 Inspector of Custodial Services NSW, Full House: The growth of the inmate population in NSW (Report, April 2015).

2 Inspector of Custodial Services NSW, The management of radicalised inmates in NSW (Report, May 2018), Inspector of Custodial Services NSW, Health services in NSW correctional facilities (Report, March 2021).

Glossary of terms and acronyms

Aboriginal	'Aboriginal' when used in this report is inclusive of Aboriginal and Torres Strait Islander people.
ACER	Australian Council for Education and Research (ACER)
ACSF	Australian Core Skills Framework
AVL	Audio-visual link
CAS Act	Crimes (Administration of Sentences) Act 1999
CAS Regulation	Crimes (Administration of Sentences) Regulation 2014
CC	Correctional Centre
CCTV	Closed-circuit television
CESU	Court Escort Security Unit
CMU	Case Management Unit
CMH	Corrections Mental Health
COPP	Custodial Operations Policy and Procedures
CRES	Corrections Research Evaluation and Statistics
COVID-19	Coronavirus Disease 2019
CPEO	Criminogenic Program Eligibility Overview
CPT	Classification and Placement Team
CSI	Corrective Services Industries
CSSL	Corrective Services Support Line
CSNSW	Corrective Services NSW
EEP	Education and Employment Plan
EQUIPS	Explore, Question, Understand, Investigate, Practice and Succeed
ICS	Inspector of Custodial Services NSW
ICS Act	Inspector of Custodial Services Act 2012
ICS Standards	Inspector of Custodial Services' <i>Inspection Standards for Adult Custodial Services in New South Wales</i>
IDC	Inmate development committee
Isolation	Where people with COVID-19 or the close contacts of people with COVID-19 are separated to prevent further transmission.
JH&FMHN	Justice Health and Forensic Mental Health Network

LSI-R	Level of Service Inventory - Revised
MEU	Medical Escorts Unit
MHSU	Mental Health Screening Unit
NUM	Nurse Unit Manager
OAT	Opioid antagonist therapy
OTS	Offender Telephone System
PPE	Personal Protective Equipment
PRNA	Protection non association
PARCC	Planning for Adjustment, Responsivity, Reintegration, Criminogenic Needs and Communication
Quarantine	Where inmates are separated for a period after entering custody to ensure they do not have COVID-19.
SMAP	Special management area placement

Executive summary

The Metropolitan Remand and Reception Centre (MRRC) is located on the Silverwater Correctional Complex, approximately 19 km from the Sydney CBD. MRRC, together with Parklea Correctional Centre (Parklea CC), are the two critical metropolitan remand centres for male inmates in NSW.

MRRC has multiple functions and manages a wide range of inmate cohorts. This includes people entering custody on remand, recently sentenced inmates awaiting transfer to another correctional centre, people subject to segregation and separation orders, both protection and mainstream population inmates, people participating in the Drug Court program, and specialist mental health units.

MRRC also manages a high volume of prisoner movement. MRRC is a transport hub, meaning inmates stop at MRRC on their way to other correctional centres around NSW. Inmates are also transferred to MRRC for court attendance in Sydney or to be interviewed or charged by police or other law enforcement agencies.

Consequently, MRRC is a complex environment with constant population turnover and numerous inmate groups with varying needs. It is strategically important to Corrective Services NSW (CSNSW) and the operation of the NSW custodial system.

In 2021, the capacity of MRRC increased to accommodate up to 1,539 inmates.³ It is now one of the largest correctional centres in NSW. New accommodation now sits alongside the original infrastructure that opened in 1997. This inspection highlighted the significant contrast between the older and newer areas, including the unsafe conditions of some of the older accommodation areas for both inmates and staff. These safety issues included obvious hanging points and poor visibility from staff areas. The new infrastructure reflects a modern correctional environment, and we encourage CSNSW to optimise its use.

Remand and reception function

We were particularly concerned about the placement of new reception inmates in the older Darcy unit. Entry into custody can be a period of increased stress, anxiety, and depression, associated with being incarcerated, and uprooted from the community. This can heighten the vulnerability of new reception inmates. The infrastructure in this area was in poor condition and in need of refurbishment. The presence of ligature points was especially troubling. Despite its proximity to the reception room and health centre, CSNSW should discontinue using this area as first night accommodation, in favour of new and safer infrastructure.

The Darcy unit contained camera cells holding people at high-risk of self-harm managed by the risk intervention team (RIT). The infrastructure was also poorly suited for this function.

MRRC does not accept new reception inmates after 12.30pm due to an agreement with CSNSW. As a result of this cut off time, people entering custody will either remain in court cell complexes or be sent to Parklea CC. It was perplexing to see the largest remand and reception centre in the state without capacity or capability to complete its core function. MRRC provides specialist mental health services unavailable in other locations. The cut off time results in inmates with acute mental health needs, who should be at MRRC for this reason, being sent to Parklea CC or remaining in court cell complexes, neither of which are equipped to manage this group. As such we recommend the reception cut off time be extended.

All people entering custody must be searched. This was a core part of the work of reception room staff. The reception room at MRRC had a body scanner that could be used in place of strip searches to ensure that contraband was detected. However, during the inspection we found that this body scanner was

3 Information provided by Corrective Services NSW, 3 May 2021.

underutilised, and inmates were still being routinely strip searched. We recommend that CSNSW increase the use of body scanners at MRRC and ensure MRRC has sufficient trained staff on duty.

We were pleased to find that body worn cameras had been introduced for the use of some correctional staff at MRRC. However, they were only available for the use of staff in specific posts. Body worn cameras can function as an important transparency and accountability mechanism when incidents occur. Given transient and remand inmate populations can be unsettled, resulting in incidents, we recommend CSNSW expand the use of body worn cameras at MRRC.

Classification and placement determinations of people entering custody or newly sentenced inmates are a core function of remand and reception centres. We were concerned to find inmates at MRRC were not being classified based on their security risk. Inmates on remand were being classified according to the sentence that might apply to their charges, in the event of a conviction. Sentenced inmates were classified according to guidelines for serious offenders, despite many inmates not being serious offenders. This approach is inconsistent with the legislation and CSNSW policy. This approach is not unique to MRRC, and we have announced a review of classification and placement to consider this issue.

Impact of COVID-19

The coronavirus disease 2019 (COVID-19) had a significant impact on the operation of MRRC and its ability to effectively perform its core role and function as a remand and reception centre. In part, this was due to MRRC managing large numbers of inmates in quarantine and isolation. Quarantine was a precautionary measure for all people entering custody, resulting in their placement in restrictive conditions until it was clear they did not have COVID-19. People with COVID-19, or who were close contacts of people with COVID-19, were placed in isolation. From August 2021 to August 2022, MRRC was also the isolation hub for all male inmates with COVID-19 in NSW. Inmates were transported from other correctional centres to MRRC to complete their isolation.⁴

MRRC's operation was also impacted by staff shortages caused by COVID-19. Staff with COVID-19 or who were close contacts of people with COVID-19 were unable to attend work, limiting MRRC's ability to operate, resulting in partial or full lockdowns. Lockdowns and staff shortages reduced time out of cell (for those inmates not in quarantine or isolation) and inmate's access to basic services, including health and legal representatives.

At the time of the inspection, the conditions experienced by inmates in quarantine were particularly poor. Quarantining inmates were placed in older accommodation units. The cells in these areas were often dilapidated and unclean. This group spent extended periods confined to their cells. They often only spent less than 30 minutes out of their cells per day and some days they were not let out at all. Some also spent longer than necessary subject to these conditions. The quarantine period was 10 days and we observed inmates who had been in quarantine conditions notably longer. The monitoring of the time people had spent in quarantine, and efforts to move them as quickly as possible, were inadequate.

Inmates in isolation were held in the newer units, which were more suitable for this purpose, but also experienced difficult conditions. This included isolating inmates not being provided with clean clothing and linen during their isolation, not having access to buy-ups or any property, and not having any time out of cell. Isolation periods were also extended beyond the minimum necessary due to difficulties moving inmates out of MRRC.

Access to phone calls for people in quarantine and isolation was limited. Quarantining inmates could only access phones during their time out of cell, which was minimal and inconsistent. Inmates sometimes

⁴ Commissioner's Instructions 2021/31, 2022/04, 2022/23.

struggled to get into contact with family and friends as they were unavailable during this small window. There were also delays in approving phone numbers so that inmates could make calls. Isolating inmates made phone calls via a wireless phone that was taken between cells by an inmate sweeper. The effectiveness of this approach was constrained by connectivity issues. It was also not clear if all inmates had equitable access to the phone as this was not being overseen by staff. During the initial outbreaks of COVID-19 in custody, isolating inmates at MRRC had no phone access, much to the distress of these inmates and their family and friends.

Access to court and legal representatives was challenging for all inmates at MRRC. Isolating inmates used tablets in cells to attend court and some legal appointments; however, this was impacted by poor signal and led to privacy concerns due to the presence of cellmates. New Audio-Visual Link (AVL) facilities located within isolation units were not being adequately utilised and we encourage CSNSW to maximise the use of these moving forward.

Initially, quarantining inmates also accessed court by tablets; however, a change of approach was required due to poor connectivity in the older accommodation, stakeholder complaints about cancellations, and security concerns. At the time of the inspection, MRRC had started moving quarantine inmates to AVL for court and legal appointments and all other inmates used tablets in the visits area. It had also tasked a new leadership team with improving AVL operations and addressing communication issues between MRRC and legal professionals. It is vital that inmates held on remand can communicate with their legal representatives. We recommend that CSNSW ensure that there is no impediment to inmates speaking with their lawyers.

In addition to facilitating access to courts and legal representatives, tablets have also been integral to enabling contact between inmates and their families and friends during the pandemic. At the time of the inspection, in-person visits were not available for inmates at MRRC. Although the implementation of tablets has not been without challenges, overall, this is a positive development. It is important that both virtual and in-person options continue to be available.

Inmate development committee (IDC) meetings were suspended for a period at MRRC due to the risk of COVID-19 transmission from inmates from different areas coming together. At the time of the inspection, it had been around nine months since the last IDC meeting had taken place. These meetings provide an opportunity for inmates to raise concerns with centre management. Where in-person meetings cannot be facilitated, alternate methods should be adopted.

Health services

The delivery of health services at MRRC is complex, reflecting the inmate population and the often intensive health needs of remand inmates. A high number of inmate movements and the designation of MRRC as the COVID-19 isolation hub added to these complexities.

Throughout the inspection, access to health services was identified by many inmates as their main issue of concern. Similarly, access to inmates by health staff was identified as one of the most significant challenges in the delivery of health services. Several factors impacted access. COVID-19 risk mitigation strategies limited the movement of inmates, requiring health staff to provide services in accommodation areas (often through cell door hatches). This practice, especially the resultant lack of privacy, negatively affected inmates' willingness to engage and disclose information. It also raised ethical concerns for health staff. There were also significant challenges in accessing patients for face-to-face health reviews.

There was a well-established main health centre at MRRC and four satellite health centres, one of which was in the new infrastructure and contained modern facilities. Satellite health centres minimise the need to move inmates to the main health centre, facilitating access for staff and inmates. We found that the newly

built satellite health centre was underutilised, and health services were not delivered from this well-equipped clinical space. JH&FMHN advise that the satellite health centre is now serviced by a team of permanent and visiting staff and that health staff delivered 17,311 appointments from M Block in the 2022-2023 year.⁵

Staffing medical escorts was often a challenge for MRRC. While the Medical Escorts Unit (MEU) was undertaking much of this work, the demand for medical escorts was beyond its capacity. Consequently, correctional officers from MRRC were also required to undertake medical escorts. This was particularly challenging due to staff shortages and often meant staff needed to be reassigned from other duties to undertake medical escorts.

MRRC is home to the Mental Health Screening Unit (MHSU), a purpose built 43-bed unit for the assessment and treatment of people with acute mental illness. A significant challenge for the MHSU was managing bed flow due to demand and people waiting for transfer to the Forensic Hospital. We recommend that CSNSW review demand for assessment cells in the MHSU. There were also issues with some of the MHSU's infrastructure and we recommend that CSNSW refurbish existing assessment cells. Despite these challenges, it was pleasing to see the multi-disciplinary approach adopted in managing inmates in the MHSU and we found this unit was operating well.

In addition to the MHSU, MRRC operated two 'step-down' units for patients transitioning out of the MHSU into main accommodation. We had previously raised concerns about remand and sentenced inmates being held together in these step-down units. We were pleased to find that CSNSW and JH&FMHN had worked together to relocate sentenced patients from the step-down unit to Long Bay Correctional Complex, addressing our previous recommendation. The recent announcement of a unit being temporarily closed at Long Bay Hospital will see the return of some of these patients to MRRC.⁶

Rehabilitation and wellbeing

Even though a substantial number of Aboriginal people were held at MRRC, inmates did not have access to a yarning circle. This has recently been addressed with the opening of a yarning circle in July 2023. The pandemic had prevented Aboriginal Elders from visiting the centre and no alternative cultural support and opportunities for cultural knowledge and connection activities were provided.

COVID-19 also impacted the delivery of programs at MRRC at the time of inspection. It was positive to see remand programs were being offered at MRRC, which reflects its primary purpose as a remand and reception centre. Continued focus on the delivery of remand programs at this centre is encouraged.

CSNSW delivers educational programs to inmates based on assessed need. Remand inmates can participate in educational programs aimed at improving their literacy, numeracy, or digital literacy. They can also participate in vocational training where a need is identified. No vocational training was provided to inmates at MRRC in 2021 due to COVID-19 restrictions, and at the time of inspection, education service providers were suspended from entering correctional centres.

A limited number of inmate employment opportunities in the kitchen, laundry, hygiene, and facilities maintenance are available at MRRC, which support the ongoing operation of the centre. Prior to the inspection, a COVID-19 outbreak among the inmate workers, who were all residing in the same accommodation unit, affected the functioning of the centre. Some inmates had chosen not to be vaccinated against COVID-19. This undoubtedly increased their risk of contracting the virus. Further, having unvaccinated inmate workers in the kitchen, laundry and hygiene teams significantly increased the risk of transmission within the centre.

⁵ Information provided by Justice Health and Forensic Mental Health Network, 6 September 2023.

⁶ Information provided by Justice Health and Forensic Mental Health Network, 30 January 2024.

Recommendations

The Inspector recommends:

1. Corrective Services NSW extend the reception cut off time at the Metropolitan Remand and Reception Centre to 7.00pm.
2. Corrective Services NSW provide staff at the Metropolitan Remand and Reception Centre with training in the management of LGBTIQ+ people.
3. Corrective Services NSW ensure that body scanners are used to search inmates at the Metropolitan Remand and Reception Centre, and that MRRC has sufficient trained staff on duty to utilise this equipment. Where inmates are strip searched, the search and the reason for the search are recorded.
4. Corrective Services NSW discontinue using Darcy Pod 1 as first night accommodation and remove ligature points.
5. Corrective Services NSW ensure that inmates can speak with their legal representatives confidentially, in-person or via AVL or telephone.
6. Corrective Services NSW ensure that inmates who are to be interviewed by police or other law enforcement officers, are offered the opportunity to speak with a legal representative before the interview.
7. Corrective Services NSW expand the use of body worn cameras in the Metropolitan Remand and Reception Centre.
8. Corrective Services NSW and Justice Health and Forensic Mental Health Network allocate adequate resources to ensure inmates in assessment cells under the management of the Risk Intervention Team are reviewed every 24 hours.
9. Corrective Services NSW and Justice Health & Forensic Mental Health Network maximise the use of the new satellite health centre by allocating necessary custodial and health resources.
10. Justice Health & Forensic Mental Health Network install telehealth equipment in the Hamden satellite health centre.
11. Corrective Services NSW and Justice Health and Forensic Mental Health Network review the demand for camera cells within the high needs area of the Mental Health Screening Unit, consider ways to increase capacity, and refurbish the existing assessment cells within this area.
12. Corrective Services NSW provide Aboriginal inmates with opportunities for cultural knowledge and connection activities (art, stories, music etc) that are delivered and evaluated by Aboriginal people.
13. Corrective Services NSW ensure the use of the library and related services by inmates at the Metropolitan Remand and Reception Centre.
14. Corrective Services NSW ensure inmates have access to exercise facilities at the Metropolitan Remand and Reception Centre.
15. The Inspector recommends that this report is made public immediately upon being tabled in NSW Parliament, in accordance with section 16(2) of the *Inspector of Custodial Services Act 2012*.

Metropolitan Remand and Reception Centre profile

Location

The Metropolitan Remand and Reception Centre (MRRC) is located on the Silverwater Correctional Complex, approximately 19 km from Sydney CBD. The traditional custodians of the land are the Wangal clan of the Dharug people.⁷

Population

The MRRC can accommodate 1,539 inmates after a recent infrastructure program which added an additional 440 beds. On 21 March 2022, the beginning of the onsite inspection, the total inmate population was 1,041.

Previous inspection by the Inspector of Custodial Services

The MRRC was first inspected by the Inspector of Custodial Services (ICS) in September 2014, as part of a thematic inspection focused on crowding and capacity across several correctional centres in NSW. The report was published in 2015.⁸

The MRRC was also inspected as a part of a thematic inspection examining the management of radicalised inmates. The report was published in May 2018.⁹ Most recently MRRC was inspected as part of a thematic inspection examining health services in NSW custodial facilities. The report was published in March 2021.¹⁰

Inspection Dates

Pre-inspection liaison visit : 3 May 2021

Inspection: 21 – 23 March 2022, 26 March 2022, and 28 – 29 March 2022

⁷ City of Parramatta, *Silverwater – A Brief History Parramatta History and Heritage* (Webpage, 2016) <https://historyandheritage.cityofparramatta.nsw.gov.au/research-topics/suburbs/silverwater-brief-history>.

⁸ Inspector of Custodial Services, *Full House: The Growth of the Inmate Population in NSW* (Report, April 2015).

⁹ Inspector of Custodial Services, *The Management of Radicalised Inmates in NSW* (Report, May 2018).

¹⁰ Inspector of Custodial Services, *Health Services in NSW Correctional Facilities* (Report, March 2021).

Inspection process

The office of the ICS was established by the *Inspector of Custodial Services Act 2012* (the ICS Act) in October 2013. The mandate of the office is to provide independent scrutiny of the conditions, treatment, and outcomes for people in custody, and to promote excellence in staff professional practice. The Inspector is required to inspect each adult custodial centre at least once every five years and report on each such inspection to the NSW Parliament with relevant advice and recommendations.¹¹

The inspection of MRRC was announced on 27 January 2021. A pre-inspection liaison visit was undertaken on 3 May 2021. The inspection was due to occur between 21 – 28 July 2021 however the evolving situation with the COVID-19 pandemic, resulted in the deferral of the inspection. The inspection subsequently occurred between 21 March – 29 March 2022.

The inspection team consisted of the Inspector, three principal inspection and research officers, the Aboriginal inspection and liaison officer, and executive support officer. The inspection team was also assisted by an Aboriginal Official Visitor, and a consultant with a clinical background in custodial health settings.

Inspection provides independent information gathering and analysis concerning what is working well and which areas require improvement. During the inspection, structured and semi-structured interviews were conducted with senior and middle management as well as uniformed and non-uniformed frontline staff and health staff. The inspection team also interviewed inmate representatives of the inmate development committee (IDC) and engaged with inmates individually and in small groups throughout the inspection. In addition to these discussions, the inspection team observed the environment and practices of the centre and collected documentation.

Prior to the inspection, we received documents and data from staff at MRRC, and from the Corrections Research Evaluation and Statistics (CRES) branch of CSNSW. We requested additional documents and data following the inspection.

It is acknowledged that inspections capture a snapshot in time, with understanding and observations limited by time spent on site. It should be noted that inspections of custodial facilities that occurred during the COVID-19 pandemic were impacted by ICS staff and centre staff being unavailable at short notice due to illness; centre lockdowns due to COVID-19 outbreaks; and changes to routines and practices to prevent or mitigate the risk of COVID-19 transmission. Consequently, some interviews that would usually occur in-person took place virtually either before or after the onsite inspection. The length of time onsite and ability to observe all functions of a centre was also impacted, often at short notice. Information obtained onsite was complemented by additional data obtained post-inspection. Conclusions are therefore drawn from the period of observation and additional data.

At the conclusion of the on-site inspection a debrief is held with the Governor of the centre. This provides an opportunity for local management to address any immediate concerns and to be aware of the initial findings of the inspection and likely medium to longer term recommendations.

The inspection considered sensitive information and methodologies. In accordance with section 15 of the ICS Act, information that could prejudice the security, discipline, or good order of any custodial centre, or identify or allow the identification of a custodial centre staff member, has been removed in the public interest.

¹¹ *Inspector of Custodial Services Act 2012* s 6.

A draft report or relevant parts thereof were provided to CSNSW, and JH&FMHN in accordance with section 14(2) of the ICS Act. Submissions were received from those entities. In accordance with section 14(1) of the ICS Act, the Inspector provided the Hon Anoulack Chanthivong, Minister for Corrections with the opportunity to make a submission in relation to the draft report. In accordance with section 14(3)(b) of the ICS Act, each submission and the Minister's response was considered before the finalisation of the report for tabling.

1 Introduction and overview

1.1 Background

Our inspection of MRRC coincided with its 25th year of operation. It officially opened on 4 July 1997, after an operational trial which commenced on 8 April 1997.¹² In 2021, MRRC's operating capacity was increased by 440 beds, creating capacity for up to 1,539 inmates.¹³ A new satellite health clinic, programs area, chapel, and multi-purpose exercise and recreation area were also constructed.¹⁴ On the first day of the inspection, it held 1,041 inmates.

MRRC is not an old correctional centre when compared with the rest of CSNSW's estate, however it is showing significant wear and tear and its original cells have ligature points. The new infrastructure is a considerable improvement on the existing infrastructure. Despite this, the potential of the new infrastructure is yet to be fully realised.

1.1.1 Previous ICS inspection

MRRC was first inspected in 2014 as part of an inspection focusing on overcrowding in NSW prisons. Parklea CC, and Area 2 of the Metropolitan Special Programs Centre (MSPC 2) located at the Long Bay Correctional Complex, were also included in this inspection. The resulting 2015 report focused on systemic issues across these three correctional centres and concluded that in NSW the 'existing prison infrastructure and resources [were] inadequate to support the correctional population'.¹⁵ Our main findings that primarily focused on MRRC included:

- Inmates experiencing a prolonged stay in court cells or in induction units at facilities like MRRC due to a shortage of remand beds.
- The mental health 'step-down' function undertaken at MRRC compromised its ability to fulfil its primary remand function as it also held sentenced inmates. It was, therefore, recommended that the mental health step-down function be relocated to elsewhere in the estate.
- Difficulty in separating different special management cohorts resulting in significantly limited out-of-cell hours for each group.
- Limited out of cell hours in general for all inmates, with an average of 5.5 hours per day.
- Inadequate chronic care services to respond to the ageing inmate population.
- Long waiting time to access mental health services.
- Extremely limited program provision for remand inmates.
- The introduction of the 'remand bed placement' practice to address some of the challenges resulting from overcrowding. This practice moves remand inmates to and from regional areas to create bed vacancies in Sydney, with considerable financial and human costs to the system.¹⁶

12 Corrective Services NSW, *The Metropolitan Remand and Reception Centre: The First Ten Years, Statistical Publication No.29*, (November 2007) 1.

13 Information provided by Corrective Services NSW, 3 May 2021.

14 Corrective Services NSW, Silverwater Correctional Complex upgrade (Web Page, 2 December 2020) <https://correctiveservices.dcj.nsw.gov.au/csnsw-home/correctional-centres/new-prisons/silverwater-correctional-complex-upgrade.html>.

15 Inspector of Custodial Services, *Full House: The Growth of the Inmate Population in NSW* (Report, April 2015) 32.

16 Inspector of Custodial Services, *Full House: The Growth of the Inmate Population in NSW* (Report, April 2015) 36.

In 2016, MRRC was one of the five maximum security correctional centres selected for an inspection focusing on the management of radicalised prisoners. The report was tabled in NSW Parliament in June 2018 and made 50 recommendations to improve the management of this group.¹⁷ While most inmates charged with or convicted of national security offences were placed in the High Risk Management Correctional Centre (HRMCC) in Goulburn, MRRC received new admissions into custody and was the correctional centre where inmates held at HRMCC were transferred to attend court in Sydney.

In 2018, MRRC was included in a thematic inspection focusing on health services in NSW because it is home to the MHSU. The inspection found the capacity and access to acute mental health services at the MHSU and its adjacent 'step-down' facility (which supports the transition of inmates from MHSU to the main accommodation units), to be inadequate. We recommended that to alleviate pressure on the MRRC, another MHSU and step-down unit be created at a correctional centre for sentenced inmates.¹⁸

1.1.2 Role and function

MRRC has a range of distinct functions that are pivotal to the broader correctional system in NSW. It is a major reception centre, it manages high volumes of remand and sentenced inmates, and is strategically important to CSNSW as it is close to courts within metropolitan Sydney, where the demand for remand placement options is concentrated. In the 2021–22 financial year 14,092 inmates were received into MRRC, consisting of 7,549 new inmate receptions and 6,543 inmate transfers from other correctional centres.¹⁹

MRRC has several key functions within the NSW custodial system:

- Reception: MRRC receives people into custody as lawfully directed by NSW courts and judicial authorities, as well as those remanded into custody following police charge.
- Remand: MRRC holds inmates who are detained on remand and awaiting finalisation of legal proceedings. MRRC must facilitate their participation in legal proceedings, and communications with legal representatives.
- Sentenced: MRRC holds recently sentenced inmates awaiting security classification (maximum, medium or minimum) and transfer to their centre of placement.
- Transfer: Inmates being moved between correctional centres in NSW will often transfer through MRRC.
- Police/other law enforcement interviews: MRRC has the only dedicated police station within a correctional centre, allowing for inmates to be interviewed by police or other law enforcement agencies.
- CSNSW transport hub: The CSNSW transport hub is located within MRRC but is managed by the Court Escort Security Unit (CESU). Inmates being transferred to and from court in metropolitan Sydney or being transferred between correctional centres transit through MRRC.

1.1.3 Staffing profile

MRRC has a custodial staffing profile of 431 positions. It is managed by a governor, two managers of security, 20 functional managers, and 77 senior correctional officers. Corrective Services Industries (CSI) workshops are staffed by a manager of industries, manager business unit, four senior overseers and 14 overseers.

¹⁷ Inspector of Custodial Services, *The management of radicalised inmates in NSW* (Report, May 2018).

¹⁸ Inspector of Custodial Services, *Health Services in NSW Correctional Facilities* (Report, March 2021) 69.

¹⁹ Information provided by Corrective Services NSW, 6 June 2023.

Table 1: MRRC personnel numbers for June 2022²⁰

Position	Current
Executive Officers	23
Senior Correctional Officers	77
Correctional Officers	311
Corrective Services Industries – Executive Officers	2
Corrective Services Industries – Senior Overseers	4
Corrective Services Industries – Overseers	14
Total	431
Manager Of Offender Services And Programs	3
Manager Crisis MHSU	1
Senior Services And Programs Officer	5
Services And Programs Officer	38
Senior Psychologist	2
Psychologist	14
Senior Case Management Officer	1
Case Management Officer	3
Business Manager	1
Senior IC&T	1
Finance & Administration Manager	2
Senior Finance Manager	3
Clerk Grade 3/4	3
Clerk Grade 1/2	10
General Scale Clerks	11
Clerk 3/4	4
Education Services Coordinator	1
Assessment And Planning Officer	6
Classification And Placement Coordinator	1
Classification Officers	5
Clerk 5/6	6
Clerk 3/4	12
Total	133

²⁰ Information provided by Corrective Services NSW, 22 June 2022.

1.2 Inmate profile – who is accommodated at MRRC

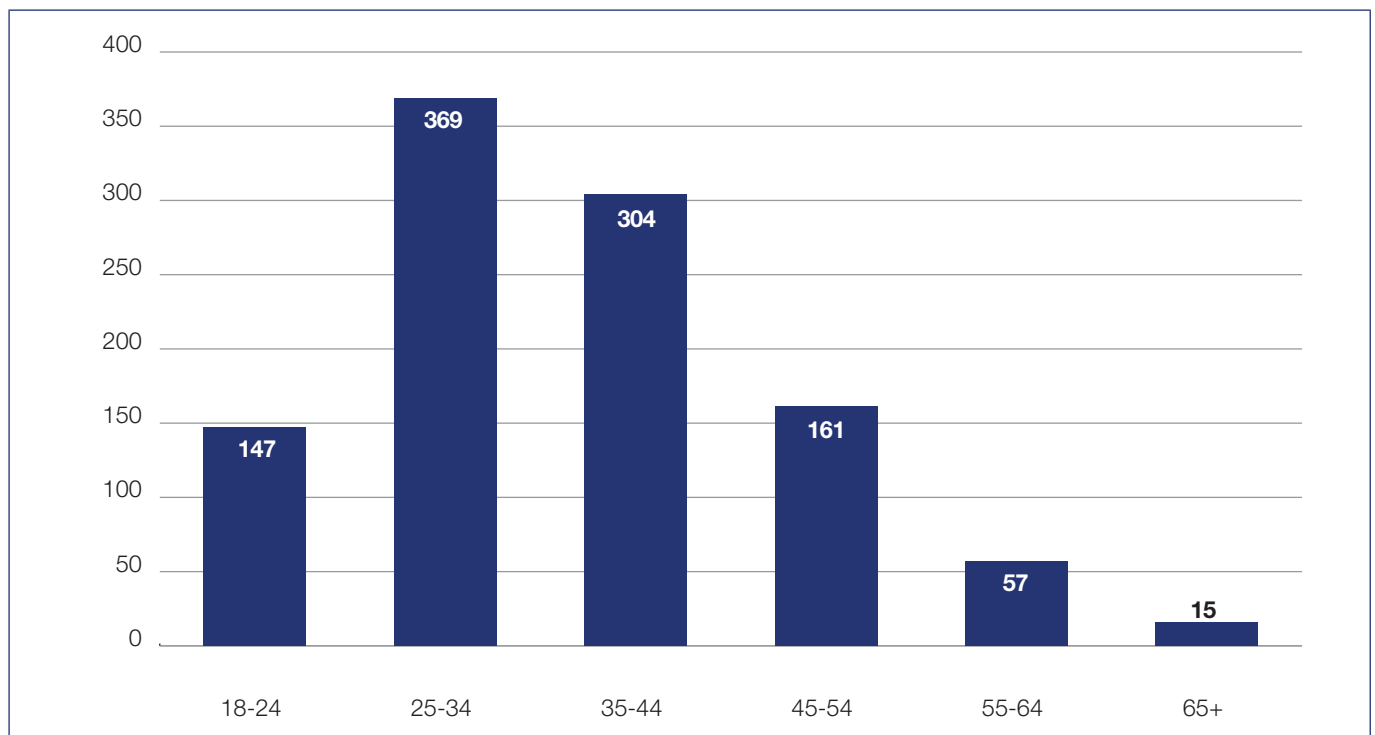
1.2.1 Population and legal status

As of 1 January 2022, there were 1,053 inmates held at MRRC, of these 797 were on remand, 239 were sentenced and 17 were appealing their sentence. 768 inmates had been bail refused and 15 had bail granted but the conditions had not been met. The median time on remand was 13 days. The average time spent on remand was 154 days, but this average is impacted by an inmate who had spent 1,728 days, the longest time on remand at the centre.²¹ The shortest period on remand was 1 day.

1.2.2 Age and cultural background

As of 1 January 2022, most inmates were aged under 45 years with 35% of inmates aged between 25 and 34 years, and 28.9% aged between 35 and 44 years.²²

Figure 1: Inmate age cohorts on 1 January 2022²³



Most inmates at MRRC were born in Australia (717). The top five languages spoken at home by inmates were English, Arabic, Vietnamese, Chinese, and Mandarin.²⁴ Of the 1,053 inmates at MRRC, 226 or 21.5% were Aboriginal. There were no Torres Strait Islander people held at the centre at the time.²⁵

A large majority of inmates (434) had no preferred religion or no religion. The religious preference of 185 inmates was unknown, 123 inmates identified as Catholic/Roman Catholic Rite, 121 as Christian/Anglican, 88 as Muslim and 23 as Buddhist.²⁶

²¹ Information provided by Corrective Services NSW, 25 January 2022.

²² Information provided by Corrective Services NSW, 25 January 2022.

²³ Information provided by Corrective Services NSW, 25 January 2022.

²⁴ Information provided by Corrective Services NSW, 25 January 2022.

²⁵ Information provided by Corrective Services NSW, 25 January 2022.

²⁶ Information provided by Corrective Services NSW, 25 January 2022.

1.2.3 Security classifications

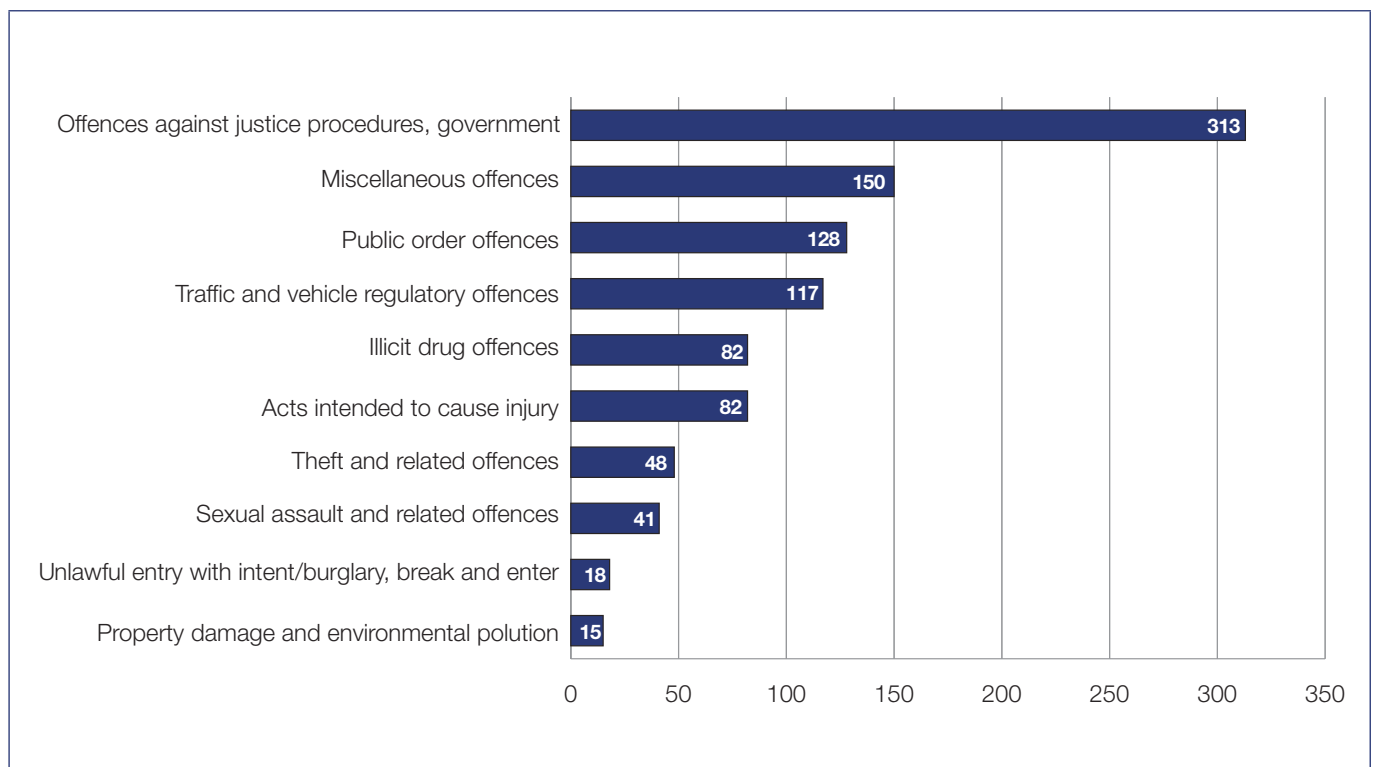
As of 1 January 2022, MRRC held 318 (30.2%) inmates with a maximum (A1 and A2) security classification, 339 inmates (32.2%) with a medium (B) security classification, and 218 inmates (20.7%) with a minimum (C1, C2 or C3) security classification. There were also 65 inmates or 6.2% with an 'escape risk' classification (E1 or E2), 112 inmates had not yet been classified, and one was a participant of the Drug Court Program.²⁷

As of 1 January 2022, 201 or 19.1% of the inmates at MRRC were Special Management Area Placement (SMAP).²⁸ This is a significant portion of the inmate population. A small number were on Protection Non-Association (PRNA) orders.²⁹

1.2.4 Most common offences

Offences against justice procedures, government security and government operations were the leading category of offence or charge for inmates held at MRRC as of 1 January 2022, followed by miscellaneous offences, public order offences, traffic and vehicle offences, acts intended to cause injury and illicit drug offences.³⁰

Figure 2: Ten most common offence/charge types for inmates at MRRC on 1 January 2022³¹



²⁷ Information provided by Corrective Services NSW, 25 January 2022.

²⁸ A special management area is a designated area for those inmates assessed as being vulnerable or at risk from other inmates in a normal discipline area of a correctional centre. SMAP inmates should have their status reviewed once every 12 months to ensure this placement remains relevant. See Corrective Services NSW, *Custodial Operations Policy and Procedures: 3.3 Special Management Area Placement* (version 1.3, October 2020).

²⁹ 0.37% or 4 inmates as of 1 January 2022, Information provided by Corrective Services NSW, 25 January 2022.

³⁰ Information provided by Corrective Services NSW, 25 January 2022.

³¹ Information provided by Corrective Services NSW, 25 January 2022.

2 Reception and remand

MRRC is one of two metropolitan remand and reception centres in NSW. People are brought to MRRC following court proceedings, or directly from police and court cells. It holds people detained on remand who are either waiting for or attending court proceedings. It also holds people who recently received a custodial sentence and are awaiting transfer to a different facility for sentenced inmates.

In general, remand inmates are less settled when compared to a sentenced population. They have higher rates of physical and mental health issues, and substance abuse problems. They also have different needs, for example, more frequent contact with their lawyers, access to legal information and resources, and often more intensive medical and welfare requirements. Many will be anxious about their legal case or court appearances, will not know how long they will be incarcerated, and many will be reflecting on the circumstances that have led them to be incarcerated.³² These elements can often present elevated risk, and less predictable behaviour. The first few days of custody, following reception, is also a particularly vulnerable time for new inmates.

The MRRC was observed to be an extremely complex prison. In addition to the complexities associated with managing remand prisoners, it was managing a high volume of prisoner movement, with new receptions and transfers between other correctional centres. With most prisoners staying at MRRC for short periods, demands on reception services were intense; this was exacerbated by its role as the CSNSW COVID-19 isolation hub.

2.1 Reception

There are several key priorities for a correctional centre when receiving and admitting people into custody. Some of these are described in the ICS *Inspection Standards for Adult Custodial Services in New South Wales* (ICS Standards) and include:

- ensuring access to all relevant risk assessment, and management information, to facilitate informed and appropriate arrangements
- ensuring an inmate's individual safety and wellbeing, safeguarding their privacy, and treating them with decency
- health screening and assessment to identify treatment needs and pressing medical (including drug, alcohol, or mental health) concerns
- identification of inmates at risk of self-harm or suicide
- providing the opportunity for inmates to inform their families of their imprisonment as soon as possible, and to make arrangements for the welfare of any children or dependents as applicable
- induction to the centre including rules and regulations and how to access services.³³

Reception into custody is a stressful and volatile period and one that is very resource intensive.

32 Inspector of Custodial Services, *Inspection of Parklea Correctional Centre* (Report, June 2022) 36.

33 Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standards 1–4.

2.1.1 Daily arrivals

MRRC receives new inmates daily. Most inmates are received from Surry Hills Court Cell Complex and Amber Laurel Correctional Centre. MRRC has a 12.30pm cut off time for new inmate receptions. This means there is only a four-and-a-half-hour window of opportunity for MRRC to receive new inmate receptions. However, courts in NSW sit between 10.00am and 4.00pm. Consequently, an inmate who is remanded into custody or sentenced in the afternoon will be conveyed to a court cell complex or Parklea Correctional Centre (Parklea CC).

The impacts of the 12.30pm reception cut off time were discussed in our inspection of Parklea CC. At the time of that inspection inmates were being transported to Parklea CC late into the evening, and in some cases, inmates were not placed in their cell until midnight. This hindered the ability of Parklea CC health staff to complete health screenings within 24 hours of an inmate's arrival.³⁴

In our inspection of Parklea CC, we highlighted the need to manage new inmate receptions according to capacity, medical and mental health resources, and risk. We recommended that CSNSW and JH&FMHN triage new inmate receptions through the 24-hour court cells and into metropolitan remand centres. Unfortunately, the 12.30pm reception cut off time at MRRC appears to influence where new inmate receptions are received.³⁵

On 4 September 2021, all inmate movements into Parklea CC were suspended for three months, in response to an outbreak of COVID-19 in that centre. The 12.30pm reception cut off time at MRRC was extended to allow new reception inmates to be received between 8.00am to 7.00pm and the limit of 30 new inmate receptions per day was increased to 60 per day.³⁶

The operational benefit to the custodial system of the 12.30pm cut off is unclear to us.³⁷ As the primary remand and reception centre in NSW, it is imperative that MRRC is open and able to perform its critical function for more than four-and-a-half hours a day. MRRC has significant custodial, non-custodial, and health resources that should be used across the day.

JH&FMHN supports our proposal to extend the reception cut off time at the MRRC to 7.00pm, but notes that this would have staffing implications, requiring the reallocation of resources to support reception health screening of patients arriving up to 7:00pm.³⁸

Recommendation: CSNSW extend the reception cut off time at the Metropolitan Remand and Reception Centre to 7.00pm.

2.1.2 Reception screening

Once inmates have been received into custody, searched, and risk assessed by custodial staff, they undergo health screening by nursing staff from JH&FMHN. Health screening was observed during the inspection and was conducted effectively and professionally. Nursing staff sought to obtain a medical history from newly received inmates and verified inmate medical histories against previous clinical records.

34 Inspector of Custodial Services, *Inspection of Parklea Correctional Centre* (Report, June 2022) 37.

35 Inspector of Custodial Services, *Inspection of Parklea Correctional Centre* (Report, June 2022) 39.

36 Corrective Services NSW, *Commissioners Instruction No:41/2021 – Temporary Expansion of Fresh Custody Window Period at MRRC (8:00am – 7:00pm)* (4 September 2022). Between July 2021 to June 2022, 7,549 new inmate receptions were received at the MRRC with an average of 629 inmate receptions per month. During the same period Parklea received 2,988 new receptions. It is noted that Parklea did not accept inmate receptions for three months during this period.

37 CSNSW have advised that the cut off time was the result of the Prison Bed Capacity Adjustment Program reforms, designed to flatten the rank structure and ensure appropriate staffing levels. Information provided by Corrective Services NSW, 20 October 2023.

38 Information provided by Justice Health and Forensic Mental Health Network, 6 September 2023.

Medical observations of inmates were taken, and referrals were made where it was identified that inmates required follow up care, including care for mental health or alcohol and other drug services.

It was reported during the inspection that MRRC normally takes up to 30 new inmate receptions per day, but that had decreased because of COVID-19. Despite this reduction, there was an extended delay in moving inmates for health and other screening. This resulted in significant waiting time for the rostered nursing staff, and underutilisation of a nurse who could have been providing services to other inmates.

2.1.3 Other screening and induction

Inmates should receive a structured and comprehensive induction to a correctional centre.³⁹ Induction should be prioritised to ensure that inmates received into custody are well informed about a correctional centre and what their custodial experience may involve. Inmates at MRRC were provided with an induction booklet during the screening process and services and programs officers (SAPOs) would follow-up on an individual basis.

An initial reception screening assessment should include an assessment of an inmate's welfare needs, (for example, relevant notifications to any relevant government housing or income support bodies). SAPOs undertake inmate welfare screening by completing the Intake Screening Questionnaire (ISQ).

We observed the welfare screening process with inmates during the inspection. These observations highlighted the important role of welfare screening, and the complex needs of people entering custody. This included a person with an acquired brain injury who appeared to have difficulty maintaining focus and understanding information he was told during the interview.

One new reception inmate was Aboriginal and transgender and had attempted to self-harm while in custody, resulting in their placement in a camera cell and management by the Risk Intervention Team (RIT). We were disappointed to observe staff play 'scissors, paper, rock' to determine who would screen this inmate, giving us the impression that staff did not want to engage with this person because they had high needs. This behaviour is unprofessional, disrespectful and has no place in a modern correctional environment. It also demonstrated a lack of understanding of the significant vulnerability faced by this inmate. Screening processes are less effective if people do not feel safe to disclose concerns about their safety or wellbeing or sense these concerns will not be taken seriously. CSNSW have advised they are reviewing the policy in relation to the management of transgender inmates and exploring training options for staff.⁴⁰

Recommendation: CSNSW provide staff at the Metropolitan Remand and Reception Centre with training in the management of LGBTIQ+ people.

2.1.4 Searching and privacy

MRRC had a new body scanner in the reception area. The Custodial Operations Policy and Procedures (COPP) provides that inmates may be body scanned as an alternative to a strip search in circumstances where strip searching is otherwise routine, such as on arrival from court or from another correctional centre. The training requirements for staff, the number of times an individual may be scanned in a 12-month period, and related auditing requirements are also outlined in the COPP.⁴¹

39 Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 2.8.

40 Information provided by Corrective Services NSW, 20 October 2023.

41 Corrective Services NSW, *Custodial Operations Policy and Procedures: 17.1 Searching Inmates* (version 1.11, 16 December 2022) 18; Corrective Services NSW, *Custodial Operations Policy and Procedures: 17.5 Body Scanning* (version 1.5, 24 March 2023).

Although the body scanner was operational at the time of the inspection, it was underutilised, and inmates were being routinely strip searched. According to CSNSW records in March 2022, 602 new inmate receptions were received into MRRC, 190 inmates were transferred out to court, 152 inmates returned from court and 894 inmates were transferred into MRRC from another correctional centre.⁴² Despite the significant amount of movement through MRRC, a review of body scanner records found that only 27 inmates were searched using the body scanner in March 2022.⁴³

It is important that CSNSW monitor the use of body scanners and we recommend that all strip searches and the reason for strip searches are recorded. High levels of staff sick leave, and insufficient numbers of trained staff rostered in the reception room were cited as reasons for not using the body scanner. As of 6 June 2022, MRRC had 60 staff trained and licensed to operate the body scanner.⁴⁴ CSNSW advise they have trained additional staff since the inspection.⁴⁵

Newly received inmates not searched using the body scanner, were strip searched in two searching cubicles located in the reception room. Inmates transferred to MRRC with COVID-19 were being taken directly to medical isolation and did not pass through the reception room and as such did not have the opportunity to be searched using the body scanner. This process was implemented to minimise the risk of transmission of COVID-19 amongst the inmate population. When COVID-19 positive inmates were received into MRRC, they were strip searched in the accommodation area. However, on departure from MRRC, inmates were searched in temporary search bays located in the ambulance bay outside of the accommodation building. Whilst makeshift privacy screens had been implemented, this area could be observed from some cells.

Inmate workers in the reception room were observed preparing prison-issue clothing for new arrivals. The clothing issued in reception appeared to be new and in good condition. Prison-issue linen was also observed and appeared to be suitable for use. CSNSW should, however, ensure that inmates are receiving their minimum issue of clothing and bedding as outlined in the COPP.

Whilst inmates are held at MRRC any property that they have is stored in a mezzanine level property storeroom. A new valuable property room has been constructed but was not yet operational. In a busy remand centre where inmates are frequently required to attend court, it was positive to see the centre had storage for inmate's court clothes.

Recommendation: CSNSW ensure that body scanners are used to search inmates at the Metropolitan Remand and Reception Centre, and that MRRC has sufficient trained staff on duty to utilise this equipment. Where inmates are strip searched, the search and the reason for the search are recorded.

42 Corrective Services NSW, *Custodial Movements Report*, December 2022.

43 Information provided by Corrective Services NSW, 20 June 2022.

44 Information provided by Corrective Services NSW, 20 June 2022.

45 Information provided by Corrective Services NSW, 20 October 2023.

Reception holding cells



Body scanner



Strip search area



Property storage



Inmate clothing store



Inmate court clothes



COVID-19 escort



COVID-19 search area



2.1.5 Placement and accommodation for new arrivals

Newly received inmates are particularly vulnerable and in a maximum-security correctional centre, they should ideally be accommodated separately from the general population during the admission and induction process.⁴⁶ Special first night accommodation and a suitable regime should be in place to ensure remand inmates' safety and wellbeing over the first few days of custody.⁴⁷ This is particularly important at a centre with a large remand population such as MRRC.

Inmates received into custody at MRRC have historically spent their first night in custody in Darcy, Pod 1. This accommodation is close to the reception room and the health centre and at the time of inspection could accommodate 31 inmates. Due to the demands of COVID-19, not all newly received inmates were accommodated in Darcy, Pod 1 on their first night at MRRC. Inmates were also being held in other designated quarantine accommodation units, where they would remain until they completed their quarantine period.

Darcy, Pod 1 was being used to accommodate new receptions, including COVID-19 positive inmates, those required to isolate, those inmates who were acutely mentally ill, or assessed to be at risk of self-harm and being managed by the Risk Intervention Team (RIT).

Given the complex needs of some inmates accommodated in Pod 1, particularly those who are mentally ill or at risk of self-harm, psychiatrists, nurses, and other staff work in the accommodation area. It is, however, important to note that the demand for beds for inmates who are acutely unwell or at risk of self-harm is often greater than what is available, and as such O Unit, Pod 22 serves as an overflow and will take inmates who are being managed by the RIT.

The infrastructure in Darcy, Pod 1 is poor and in need of refurbishment. The camera cells within the unit do not have showers within the cells which means that staff need to get inmates out of cells for showers. This is in stark contrast to the camera cells used to manage at-risk inmates within the new infrastructure in O Unit, Pod 22, which has showers within the cells. Of greater significance is the presence of ligature points within the accommodation area of Darcy unit. Although Darcy, Pod 1 is close to the reception room and health centre, its physical condition means it should not continue to be used as first night accommodation.

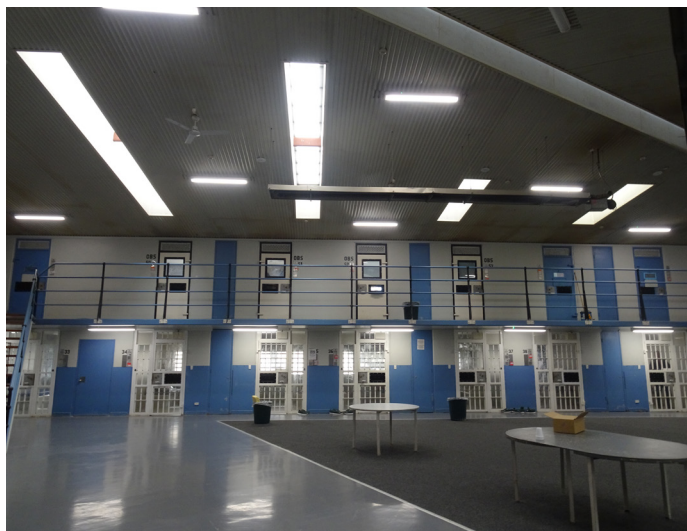
⁴⁶ Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 2.10.

⁴⁷ Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 8.4.

CSNSW have advised that Darcy Pod 1 is no longer being used as an induction unit and inmate cell placement is now determined on a case by case basis in accordance with advice provided by JH&FMHN. Ligature point reduction and cell refurbishment is occurring throughout the centre.⁴⁸ JH&FMHN support the refurbishment of the Darcy Unit and we believe Darcy Pod 1 should be prioritised for ligature point removal. The Inspector does not support Darcy Pod 1 being used as first night accommodation for any person entering custody, even after refurbishment and ligature point removal.

Recommendation: CSNSW discontinue using Darcy Pod 1 as first night accommodation and remove ligature points.

Darcy Pod 1



2.2 Remand services

Correctional administrators should expect remand inmates to have a high need for welfare services during their transition into custody.⁴⁹ Remand prisoners are often a more difficult group of prisoners to manage than those who are sentenced. Entry into custody can be a period of increased stress, anxiety, and depression, associated with being incarcerated, and uprooted from the community. Some remand inmates will have medical and psychiatric issues which may be diagnosed or undiagnosed. Some inmates will be experiencing physical and mental effects associated with drug and alcohol withdrawal. The fear of encountering other inmates will be a concern for some inmates, particularly those for whom it is their first time in custody or those who are otherwise vulnerable. Inmates will experience uncertainty around what the future holds, particularly around whether employment, housing, and relationships will survive their period of incarceration. Practical issues such as how to pay bills, and how their family will cope without their contribution and absence will be of concern to some inmates. Inmates may feel as though they have let others and themselves down. They may also have feelings of hopelessness, resentment, humiliation, shame, and disgrace regarding their actions.⁵⁰

Given this context, providing newly received inmates with essential services such as health, welfare and access to lawyers should be a high priority. During the inspection, inmates expressed frustration with accessing some essential services such as contacting family and friends, which included having telephone numbers registered on their accounts. CSNSW cited COVID-19 restrictions and staff shortages as

⁴⁸ Information provided by Corrective Services NSW, 20 October 2023.

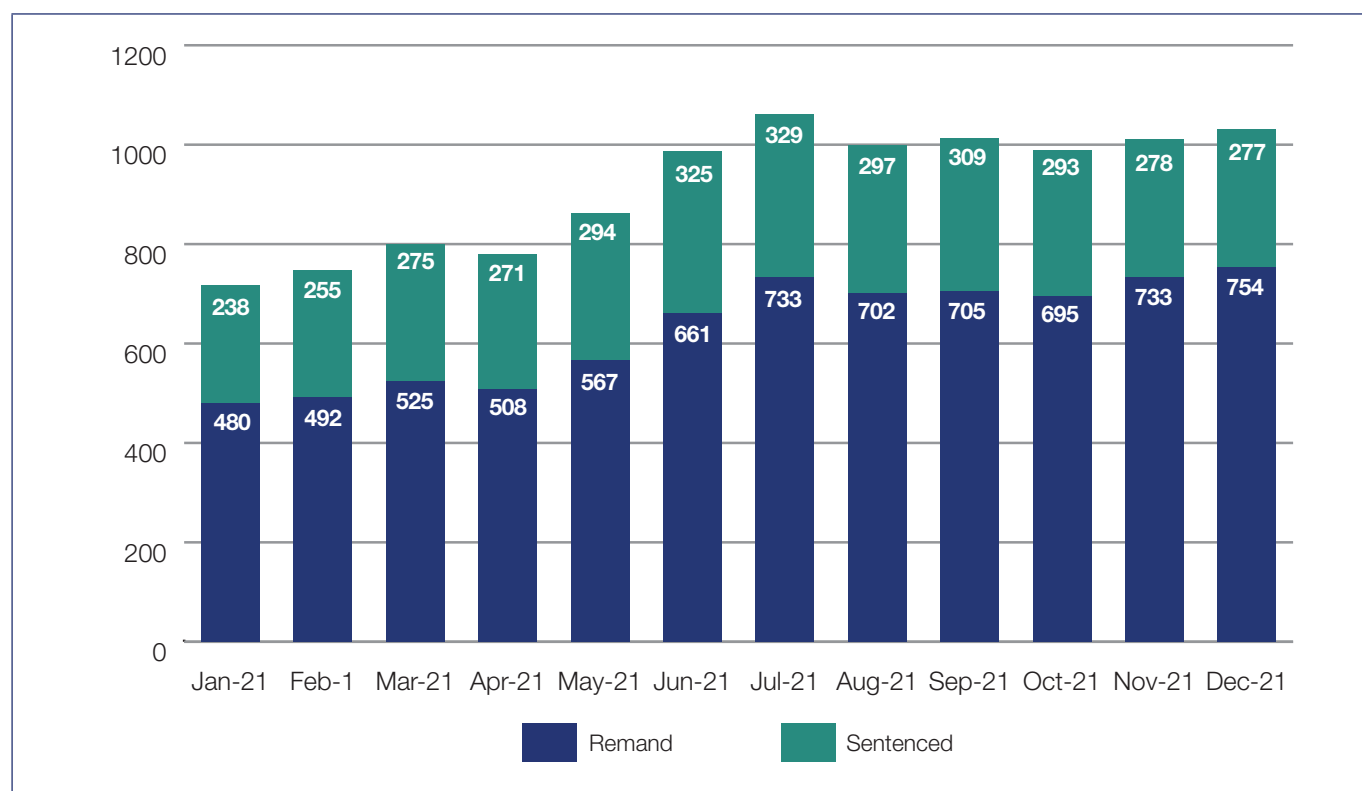
⁴⁹ Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 8.

⁵⁰ Inspector of Custodial Services, *Inspection of Parklea Correctional Centre* (Report, June 2022) 46.

contributing to delays in registering telephone numbers. CSNSW is exploring options for inmates to submit requests for telephone numbers to be added to their account through tablets to avoid reliance on paper based forms.⁵¹ Although this may prevent hard copy requests being misplaced, it will not address delays in registering numbers. CSNSW have redeployed staff on restricted duties to assist with completing necessary security checks before approving telephone numbers. However, a more sustainable solution is required.

It is important that regimes for remand and unconvicted inmates reflect the fact that they have been charged with, but not convicted of, a criminal offence. This often presents challenges for centres which hold a mix of remand and sentenced inmates, and this is particularly relevant for MRRC. Although MRRC has a significant remand population, it also holds sentenced inmates. The following graph shows the average daily distribution by month of remand and sentenced inmates at MRRC during 2021.

Figure 3: Average daily distribution by month of remand and sentenced inmates in 2021⁵²



Unlike many other maximum security correctional centres in NSW, MRRC has an inmate population that is frequently changing. They manage a high volume of inmates who are potentially unsettled and unwell, and who leave after a short period. They also manage sentenced inmates who are transiting through the centre, some of whom can spend an extended time awaiting transfer to their intended destination.

2.2.1 Access to the courts and legal representatives

Inmates remanded into custody and held at MRRC must engage with their ongoing court proceedings whilst being managed in a secure custodial setting. The physical environment and restrictions on movement, contact and communication, can operate as barriers to accessing necessary legal representation, legal materials and information and support about the legal process. In this restrictive

⁵¹ Information provided by Corrective Services NSW, 20 October 2023.

⁵² Information provided by Corrective Services NSW, 25 January 2022.

environment, inmates on remand need to be held in readiness for their next court appearance and assisted to prepare for that appearance.⁵³

The use of AVL technology has become a mainstay in the justice system, with use increasing because of the COVID-19 pandemic. Many court appearances for inmates detained at MRRC are facilitated by AVL. Between July 2021 and June 2022, 14,742 court appearances were facilitated by AVL at MRRC, an average of 1,229 per month. Parklea CC facilitated 12,671 with an average of 1,056 per month during this period.⁵⁴ Restrictions on visitation to correctional centres also resulted in the majority of legal visits taking place using AVL technology. MRRC has a centralised AVL unit that has 13 court suites and 10 holding cells (five large, five small). Three of the AVL suites were not operational at the time of inspection due to security and sound quality issues.

In addition to the centralised AVL suites, tablets were being used to facilitate court appearances and legal/professional appointments for inmates in quarantine or isolation. These tablets were taken to the inmate's cell, to reduce movement and contact with others. It was reported that the use of tablets gave MRRC capacity to have an additional 30 inmates appearing in court. However, connectivity issues were an issue, which MRRC attempted to address by installing signal boosters.

Records obtained onsite showed that on 23 March 2022, 170 AVL appointments were scheduled to be facilitated, with 78 inmates scheduled to appear in court, 91 inmates scheduled for professional/legal visits and 1 family/compassionate visit. Eighteen of the scheduled professional visits were cancelled as the inmates had been moved to another correctional centre.⁵⁵

In early 2022, legal stakeholders were raising serious concerns about access to their clients in custody at MRRC. Despite CSNSW maintaining there was no limitation on legal phone calls⁵⁶, our review of the response to COVID-19 found the access of legal practitioners to their clients was severely disrupted at this time.

'We acknowledge CSNSW's efforts to improve lawyer-client access through the installation of Bluetooth headsets, telephones, and electronic tablets in several custodial centres. However, their utility was constrained by poor connectivity. These were often used to facilitate client-lawyer communication when inmates were confined to a cell for quarantine, isolation, or due to a lockdown. This meant that they had no privacy from their cellmate to discuss sensitive legal matters or to review briefs of evidence. In some cases where in-cell phones and tablets were not available, legal representatives reported that it wasn't until they heard a custodial officer interject on speaker phone that they realised their client had been brought into a staff area to receive a phone call about their legal matter.'

We observed that these barriers were exacerbated where a custodial centre was managing larger numbers of inmates subject to restrictive quarantine or isolation regimes, or where a custodial centre was managing an outbreak and had imposed a partial or full lockdown. This meant that larger custodial centres responsible for managing unconvicted and unsentenced people, who need access to their legal representatives, were disproportionately impacted by these barriers.'

53 Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 6.

54 Information provided by Corrective Services NSW, 6 June 2023.

55 Information provided by Corrective Services NSW, 25 March 2022.

56 Information provided by Corrective Services NSW, 20 October 2023.

This was particularly the case while MRRC and SWCC operated as isolation hubs and the needs of unconvicted people were managed alongside quarantine and isolation. Staffing shortages have also compounded the allocation of resources to facilitate communication between legal representatives and their clients, requiring court appearances to be prioritised over legal contact.⁵⁷

Concerns raised by stakeholders about cancelled AVL and phone appointments with legal representatives and issues with tablet and phone connectivity in areas holding quarantining inmates necessitated a different approach. At the time of inspection, MRRC had very recently made changes to the staffing and operations of the centralised AVL unit. MRRC had tasked a new leadership team with improving the AVL operation and they were trying to establish a regular team of officers working in AVL posts to provide greater continuity of staff and practice. The need for a change in approach was also driven by the suspension of using tablets in cells due to a security breach.

As a result, inmates in quarantine were moved to the centralised AVL area instead of using tablets in their cells for court appearances and legal visits. Although inmates with scheduled AVL appointments were being screened for COVID-19 the evening prior to their appointment, the inspection team identified some risks with this practice as there were insufficient holding cells for quarantining inmates to be held within their quarantine cohorts (which at this time was limited to cellmates) or by pod. We observed 10 inmates in one holding cell and six inmates in another. Inmates were returned to their accommodation area soon after their matter had been finalised.

Telephones for legal telephone calls were located within the holding cells. The larger holding cells contained two phones and an internal privacy door. The smaller holding cells only had one phone and did not have an internal privacy door. The design and placement of the phones within the holding cells was problematic, as they did not provide adequate privacy for inmates to be able to engage in confidential conversations with their legal representatives.

Inmates who were not in quarantine or medical isolation were accessing court and legal/professional appointments via tablets in the visits area.

Three of the four newly constructed accommodation units each have four AVL suites and one has two. These AVL suites were underutilised with inmates using them for the first time during the inspection. This was because these units were being used to isolate inmates with COVID-19, and prior to that, inmates in quarantine. Given these AVL suites are within the accommodation units, minimising inmate movements and potential interactions, it was not clear to us why these facilities had not been used previously, with staff managing the risk of COVID-19 transmission using personal protective equipment (PPE). CSNSW advised this was because staff were reluctant to move COVID-19 positive inmates out of their cells when tablets and cordless phones were available, even if their use was hampered by connectivity and privacy issues.⁵⁸

MRRC was also working to improve its communication with stakeholders and provide information about their capacity to facilitate legal professional visits. CSNSW have since acknowledged that despite efforts to improve lawyer-client access, and the efforts of frontline staff, the access of legal practitioners to their clients during this period was disrupted.⁵⁹

57 Inspector of Custodial Services, *Review of the Response to COVID-19 in NSW Custody*, (Report, November 2023) 81.

58 Information provided by Corrective Services NSW, 20 October 2023.

59 Inspector of Custodial Services, *Review of the Response to COVID-19 in NSW Custody*, (Report, November 2023) 81.

AVL suites and holding cells



AVL suite



Recommendation: CSNSW ensure that inmates can speak with their legal representatives confidentially, either in-person or via AVL or telephone.

2.2.2 Access to legal materials

The COPP states that inmates must be provided with access to up-to-date Australian legislation and sentencing information. This is normally provided through the secure CSNSW Legal Information Portal, which is a secure internal CSNSW website, available on networked 'green' computers.⁶⁰ They should also have access to stand alone computers (not networked) to prepare their own legal documents, or to read and review legal information related to their case provided by their solicitor.⁶¹ Hard copy legal reference books and guides should also be available in an accessible library.

Access to legal materials and resources at MRRC was inadequate. This was due to the impacts of COVID-19 and restricted access to the library. The Ron Woodham Library has an extensive hard copy legal reference section. It also has three 'green' legal computers which enable access to the CSNSW Legal Information Portal. At the time of inspection only inmates who were employed and housed in the same accommodation pod could access the library.

Library staff at MRRC provide a state-wide service in which inmates can request material, including legal material, and library staff will source these materials and provide them to the inmate. This is an important service for inmates, particularly those held on remand. However, it is important that inmates are aware that this service is available, which is difficult when access to the library is significantly restricted. Since the inspection, CSNSW have created a schedule giving every pod at MRRC access to the library once a week.⁶² This will require ongoing monitoring by CSNSW to ensure the schedule is actually implemented.

60 Inmates should have an individual account in the State-wide centralised CSNSW Offender Citrix Environment (Offender Access to Computers (OAC)) Network ('OAC Network').

61 Corrective Services NSW, *Custodial Operations Policy and Procedures – 20.8 Inmate Access to Legal Resources* (version 1.2, 4 November 2021).

62 Information provided by Corrective Services NSW, 20 October 2023.

3 Custody and Security

3.1 Custodial infrastructure

3.1.1 Inmate accommodation

The environmental design of a correctional centre can be as important as the correctional centre regime in determining the experience of inmates and staff. Design should support staff in the execution of their duties and not exacerbate stress over concerns for safety, security, and well-being.⁶³

MRRC has 10 main accommodation areas, consisting of multiple accommodation pods within each area. Darcy, Fordwick, Goldsmith, and Hamden each have four accommodation pods, the MHSU has three pods, inmates from the Drug Court Program are housed in the Clinic/Detoxification area. The newly built accommodation units, O, P, R, T each have two accommodation pods which are separated by a staff office.

Table 2: Inmate accommodation and bed availability⁶⁴

MRRC	Available beds
Darcy 1	56
Darcy 2	74
Darcy 3 Protection – Non-Association	16
Darcy 4 Special Management Unit/Segregation	15
Fordwick 7/8	154
Fordwick 9/10	154
Goldsmith 11/12	160
Goldsmith 13/14 Workers	160
Hamden 15 – Mental Health Support	52
Hamden 16	70
Hamden 17 – Special Management Area Placement	58
Hamden 18	70
Mental Health Screening Unit 19, 20, 21	38
MHSU – Assessment Cells	5
Clinic/Detoxification	17
O Pod 22 – High Needs	55
O Pod 23	55
P Pod 24/25	110
R Pod 26/27	110
T Pod 28/29	110
Total	1,539

⁶³ Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) 30.

⁶⁴ Information provided by Corrective Services NSW, 3 May 2021.

The cell infrastructure and physical conditions of the older accommodation areas at MRRC were showing signs of significant wear and tear. Some aspects were unsafe for both inmates and staff. The staff offices are small and have poor visibility across the areas managed and supervised by the correctional officers based there. Of greatest concern, the cells in these units have obvious ligature points. CSNSW have advised that ligature point reduction is occurring throughout the centre with seven pods either completed or near completion.⁶⁵

At the time of inspection, part of the Goldsmith unit which housed inmates who were employed within the centre, had been refurbished and painted. This refurbishment highlighted the poor standard of the other older accommodation units.

The new inmate accommodation further highlights the disparity in the standard of accommodation at MRRC. New inmate accommodation consists of modern cells spread over two levels, the staff office is in the centre of the accommodation pod allowing for observation of the pod, which is also complemented by closed-circuit television (CCTV) monitors. AVL suites and interview rooms are located within the central spine of the accommodation unit thereby minimising the need to move the inmates out of the accommodation area.

3.1.2 Other infrastructure

As part of the expansion of MRRC, additional supporting infrastructure was constructed, including a new satellite health clinic, programs area, chapel, and multi-purpose exercise and recreation area. This infrastructure will be discussed further in later chapters of the report.

Fordwick accommodation block



Goldsmith accommodation block



⁶⁵ Information provided by Corrective Services NSW, 20 October 2023.

Fordwick cell



Goldsmith refurbished cell



O unit cell



P unit common room



3.1.3 Irwin House

Irwin House is a federation style building constructed between 1911 - 1918, when neighbouring Newington House was converted from an asylum for aged women to the Silverwater State Hospital. The building is of heritage significance and MRRC was constructed around the building. Irwin House and its garden stands as a central feature of MRRC. The building now accommodates several offices for CSNSW staff, a storage and common area for CSI, and a police charge room.

The police charge room at MRRC is a central location within metropolitan Sydney where police and other law enforcement agencies can interview and charge inmates with offences where necessary. It is staffed by members of the NSW Police Force, not staff from CSNSW. The area is equipped with an interview room, dock, and finger printing capabilities. Police can interview inmates, formally charge them, and make bail determinations. In regional areas inmates may be conveyed to a police station proximate to the police/law enforcement officer and the correctional centre in which the inmate is held.

Section 25 of the *Crimes (Administration of Sentences) Act 1999* (CAS Act) provides that the Commissioner may make a local leave order to enable an inmate to be interviewed by a police officer, or by an officer of a

law enforcement agency, in connection with the commission of an offence in a correctional centre, whether or not the offence was committed or is suspected of having been committed by the inmate. An order may also be made to enable an inmate to assist in the administration of justice.⁶⁶ In 2019, 803 section 25 movement orders were made for this purpose and in 2020, there were 598 orders.⁶⁷

The COPP highlights that an inmate must not refuse to meet with a visitor who is on official police/government agency business. However, they may refuse to participate in the interview. The inmate must be given the opportunity to seek legal advice before the interview takes place.⁶⁸ This policy reflects safeguards contained within the *Law Enforcement (Powers and Responsibilities) Act 2002* that require police to inform a person of their right to communicate with an Australian legal practitioner of their choice, and to have them present during any investigative procedure.⁶⁹

The importance of providing inmates with an opportunity to seek legal advice before an interview takes place was highlighted during the inspection. We heard that police must explain who they are and their role several times as inmates can become confused as to who they are.

This is an area that requires attention from CSNSW. Although CSNSW policy and procedure reflects the legal requirement that an inmate must be given the opportunity to seek legal advice before an interview takes place, no guidance is offered to correctional staff about when and how this should happen. Moreover, the COPP provides that an inmate must not be given any details of the interview time, date, and venue until the manager responsible for inmate transport has given approval, making it difficult for the inmate to arrange for legal advice.⁷⁰ There is also no mechanism for recording that an inmate has been informed that they are to be interviewed by police or other law enforcement agency and offered the opportunity to communicate with a lawyer. Such a mechanism should be in place.

CSNSW responded by saying this matter should be referred to the NSW Police Force. CSNSW should comply with legislative requirements and its existing policy, and ensure mechanisms are in place to record CSNSW staff compliance with the policy.⁷¹

Recommendation: CSNSW ensure that inmates who are to be interviewed by police or other law enforcement officers, are offered the opportunity to speak with a legal representative before the interview.

66 *Crimes (Administration of Sentences) Act 1999* s 25.

67 Information provided by Corrective Services NSW, 12 February 2021.

68 Corrective Services NSW, *Custodial Operations Policy and Procedures – 19.5 Police and other law enforcement escorts* (version 1.2, 12 March 2020) 5.

69 *Law Enforcement (Powers and Responsibilities) Act 2002* s 123.

70 Corrective Services NSW, *Custodial Operations Policy and Procedures – 19.5 Police and other law enforcement escorts* (version 1.2, 12 March 2020) 6.

71 Information provided by Corrective Services NSW, 20 October 2023.

Irwin House



Police interview room



Police holding cell



3.2 Dynamic security

The implementation of dynamic security in correctional centres reflects good correctional practice. Correctional staff who are alert to what is happening within the prison, who interact with inmates and know the prisoners in their care are invaluable in maintaining the security of the prison. The frequent movement of inmates in and out of MRRC can make this difficult but it remains important.

3.2.1 Information sharing and communication

In addition to regular and consistent interactions between staff and inmates, dynamic security requires timely gathering and analysis of information through observations and communication (for example, rapport building, training, networking, intelligence, and strategic analysis).⁷²

Information is shared in several ways at MRRC, including through a twice weekly management meeting, staff parades, briefings, and email. At the time of inspection, the twice weekly management meeting (synopsis) was being conducted via video conferencing with management staff joining remotely. This meeting was previously conducted in person but changed to video conferencing as a risk mitigation strategy to prevent COVID-19 transmission among staff. The inspection team observed one of these meetings which provided the management team with the opportunity to discuss events that had occurred and issues that needed attention in the future.

Ordinarily staff parades are facilitated by the Functional Manager, Purposeful Day at the commencement of each shift. During these parades staff are provided with information about events of significance that have occurred in the prison and any other information of relevance. At the time of inspection, staff parades had been suspended to manage the risk of COVID-19 transmission among staff. In addition to these meetings, staff were being emailed in relation to other changes and relevant information. In the absence of a face-to-face parade, staff were doing a shift handover with other pod staff and being sent email updates.

During the inspection it became apparent that not all staff were well informed with what was happening within MRRC. Many staff complained that they had not been provided with relevant information, or that information changed so frequently it was hard to keep up. It is essential that staff are aware of what has happened during the previous day, and what is likely to happen on the current shift, not just for their area, but for the whole of the prison.

3.2.2 Time out of cell

In 2020–21, the national daily average for time out of cells for secure custodial environments was 8.7 hours per day.⁷³ The daily average for time out of cells for 2020–21 at MRRC was 7.2 hours per day.⁷⁴

At the time of inspection, inmates were ordinarily let out of their cells at 7.30am and locked in at 2.30pm in the afternoon, which equates to 7 hours per day, assuming let-go and lock-in occur on time. However, the impacts of COVID-19 on time out of cell were evident, including staff shortages and restrictions to contain outbreaks. This was reflected in high numbers of lock downs between January to December 2021. During this period, there were 120 lock downs in total with MRRC locked down more than 25 times each month, in October, November and December 2021.⁷⁵

3.2.3 Assaults and use of force

According to the Report of Government Services, in 2020–21 NSW had the lowest rate of serious inmate assaults across Australia (0.27 per 100 prisoners). However, the rate of non-serious inmate assault was the highest in the country by some way (24.62 per 100 prisoners).⁷⁶

72 See Corrective Services Administrators' Council, *Guiding Principles for Corrections in Australia* (February 2018) 34.

73 Productivity Commission, *Report on Government Services 2022: 8 Corrective Services* (Report, 28 January 2022) table 8A.13.

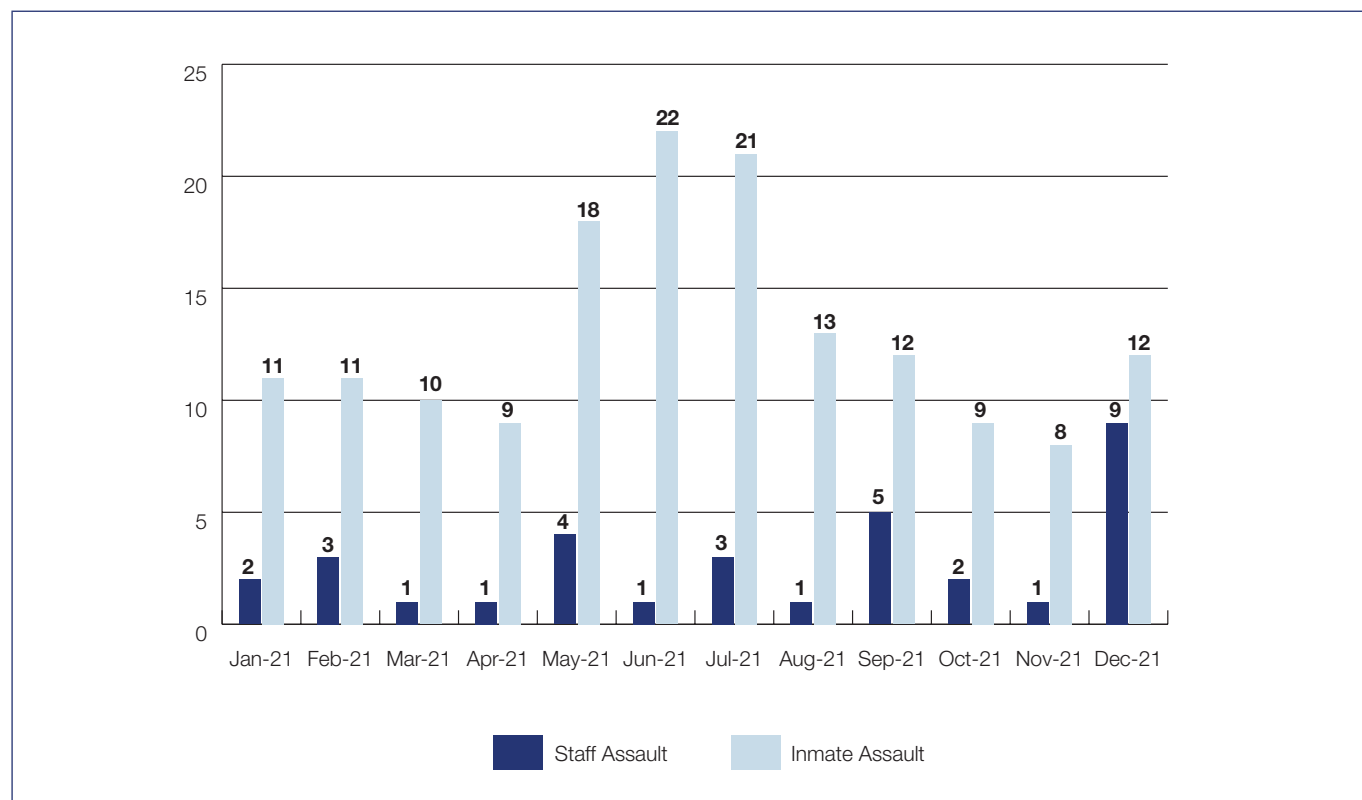
74 Information provided by Corrective Services NSW, 25 January 2022.

75 Information provided by Corrective Services NSW, 25 January 2022.

76 Productivity Commission, *Report on Government Services 2022: 8 Corrective Services* (Report, 28 January 2022) table 8A.18.

At MRRC from January to December 2021, there were 156 inmate on inmate assaults, 33 assaults on staff and force was used 262 times.⁷⁷ Research has found that adult remand inmates are almost twice as likely as their sentenced counterparts to be involved in an assault incident.⁷⁸

Figure 4: Assaults at MRRC by month in 2021⁷⁹



MRRC has an Immediate Action Team (IAT). The primary role and function of an IAT is to support the Governor to maintain security and the good order of the correctional centre. Members of the IAT undertake the Emergency Response Operators Course (EROC) prior to being appointed to this role and MRRC had a pool of correctional officers who had completed this training.⁸⁰

Body worn cameras had been introduced for the use of some correctional staff at MRRC (see Table 3). Body worn cameras in correctional environments are an important tool that captures a contemporaneous record of events that may be used as evidence in legal or other proceedings. Body worn cameras are also an important deterrent and assist in de-escalating incidents and reassuring inmates that correctional officers will act professionally. Given that new reception inmates can be volatile, resulting in incidents, we consider that further expansion of body worn cameras would be beneficial at MRRC. CSNSW have advised that additional body worn cameras and supporting infrastructure have been procured and they are awaiting delivery.⁸¹

⁷⁷ Information provided by Corrective Services NSW, 25 January 2022.

⁷⁸ Office of the Inspector of Custodial Services Western Australia, *Western Australia's Rapidly Increasing Remand Population*, (Report, October 2015) 15.

⁷⁹ Information provided by Corrective Services NSW, 25 January 2022.

⁸⁰ Corrective Services NSW, *Custodial Operations Policy and Procedures* – 16.13 Immediate action teams (version 1.2, 2 December 2021).

⁸¹ Information provided by Corrective Services NSW, 20 October 2023.

Table 3: Body worn camera allocation by post/location⁸²

Post/Location	
Immediate Action Team	25
Medical escorts	10
Darcy	6
Mental Health Screening Unit	6
Visits	6
Total	53

Recommendation: CSNSW expand the use of body worn cameras in the Metropolitan Remand and Reception Centre.

3.2.4 Incidents of self-harm

An inmate who is at risk of self-harm may be identified during reception screening, through staff observation, or may self-report to health or correctional staff. The management of inmates who are at risk of self-harm or suicide is shared by both CSNSW and JH&FMHN.

As of 1 January 2022, 103 or 9.8% of the inmates at MRRC had a history of mental illness and 138 inmates or 13.1% had been subject to a mandatory notification to the RIT.⁸³ Between January to December 2021 there were 222 recorded acts of self-harm.⁸⁴ Review of this data shows an increase in incidents of self-harm in October, November, and December 2021. While a direct causative link cannot be drawn, it is interesting to note that a significant number of lock downs occurred during the same period. A 2015 report from Western Australia found that remandees were disproportionately more likely than their sentenced counterparts to be involved in incidents of actual or threatened self-harm.⁸⁵

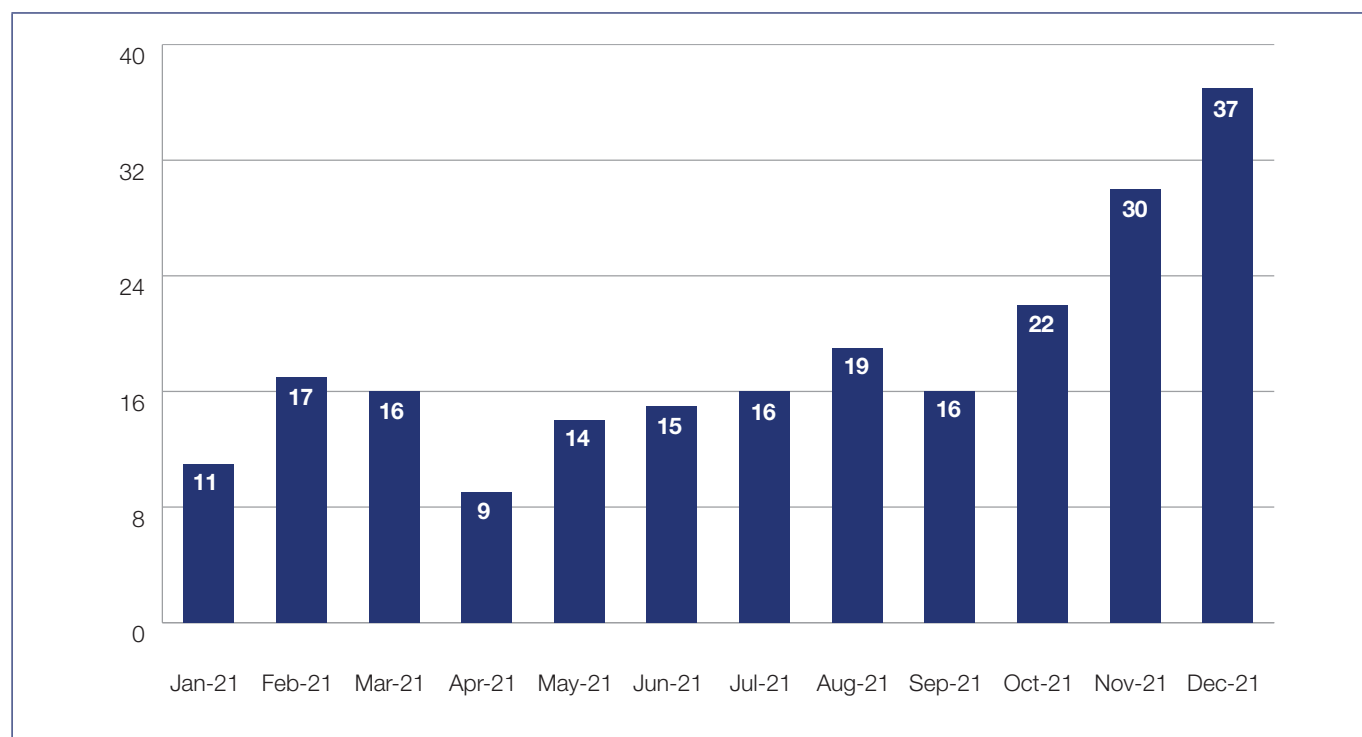
⁸² Information provided by Corrective Services NSW, 20 June 2022.

⁸³ Information provided by Corrective Services NSW, 25 January 2022.

⁸⁴ Information provided by Corrective Services NSW, 25 January 2022.

⁸⁵ Office of Inspector of Custodial Services Western Australia, *Western Australia's Rapidly Increasing Remand Population*, (Report, October 2015) 15.

Figure 5: Acts of self-harm at MRRC by month in 2021⁸⁶



Inmates at risk of self-harm or suicide are managed by the RIT. These inmates are placed in cells located in Darcy, Pod 1 and O unit, Pod 22. O unit is also used where additional capacity is needed for new reception or MHSU inmates, so these areas may have a range of different groups at any one time.

We observed the RIT conducting RIT management plan reviews with inmates in both Darcy, Pod 1 and O unit, Pod 22. These observations highlighted the important role of correctional and health staff in managing inmates who are acutely mentally ill or who are at risk of self-harm or suicide. Two teams were often required within O unit, Pod 22 to review all inmates on a RIT management plan; however, due to staff shortages, this was not always possible. RIT management plan review timeframes are set by the RIT, except for inmates being held in assessment cells which should be reviewed within 24 hours unless there are exceptional circumstances.⁸⁷ We became aware of a practice in which the RIT were conducting welfare checks through the cell hatch in lieu of undertaking a RIT management plan review, due to time and resource constraints. This practice is concerning and undermines the ability of the RIT to observe and develop rapport and trust with vulnerable inmates. This practice should be discontinued, and this will require a commitment by CSNSW to ensure that the RIT is adequately resourced at MRRC.

JH&FMHN has acknowledged that patients on a RIT management plan who are placed in an assessment cell should be reviewed within 24 hours unless there are exceptional circumstances. COVID-19 infection and prevention measures were reported to have resulted in an increased number of patients being managed on a RIT management plan. This impacted on JH&FMHN resourcing the RIT. Additional resources were allocated to meet surges in demand during this period, and RIT service needs have returned to normal levels (approximately 20-25 patients per day). JH&FMHN consider that the two designated RIT nursing positions are adequate to meet service needs, and managers continue to allocate additional resources as

⁸⁶ Information provided by Corrective Services NSW, 25 January 2022.

⁸⁷ Corrective Services NSW, *Custodial Operations Policy and Procedures* – 3.7 Management of inmates at risk of self-harm or suicide (version 1.4, 16 August 2021).

needed in line with demand.⁸⁸ Ongoing monitoring of resourcing levels to meet patient demand and ensure reviews are undertaken every 24 hours is required.

Recommendation: CSNSW and JH&FMHN allocate adequate resources to ensure inmates in assessment cells under the management of the Risk Intervention Team are reviewed every 24 hours.

3.3 Procedural security

3.3.1 Gatehouse and entry processes

There are separate staff and visitor entrances at MRRC. All staff and visitors entering and exiting MRRC must identify themselves and undergo biometric screening. All property brought into the centre must pass through an x-ray scanner to ensure it does not contain contraband. Similarly, staff and visitors must pass through a walk-through metal detector. A body scanner has been installed for visitors, to detect any contraband carried on their person.

Metal detector and x-ray machine



Body scanner



3.3.2 Drugs and contraband

Correctional centres should have effective mechanisms in place to prevent and detect the supply of illicit drugs and other contraband.⁸⁹ Contraband is commonly trafficked into prisons through inmate mail, breaches of perimeter security, the flight of drones over or into prisons, by visitors, or staff or contractors.

Data obtained from CSNSW showed that between 1 January 2021 and 31 December 2021, drugs were found in MRRC 123 times and drug paraphernalia was found 38 times. Buprenorphine and buprenorphine strips were the primary drugs detected.⁹⁰ Syringes and gaol made syringes were the most common drug paraphernalia found.

Between 1 January 2021 and 31 December 2021, 78 urinalysis tests were performed. Of these tests, 46 were random and 32 were targeted. CSNSW records indicate that no drugs were detected from these tests.⁹¹

⁸⁸ Information provided Justice Health & Forensic Mental Health Network, 6 September 2023.

⁸⁹ Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 37.

⁹⁰ Information provided by Corrective Services NSW, 25 January 2022.

⁹¹ Information provided by Corrective Services NSW, 25 January 2022.

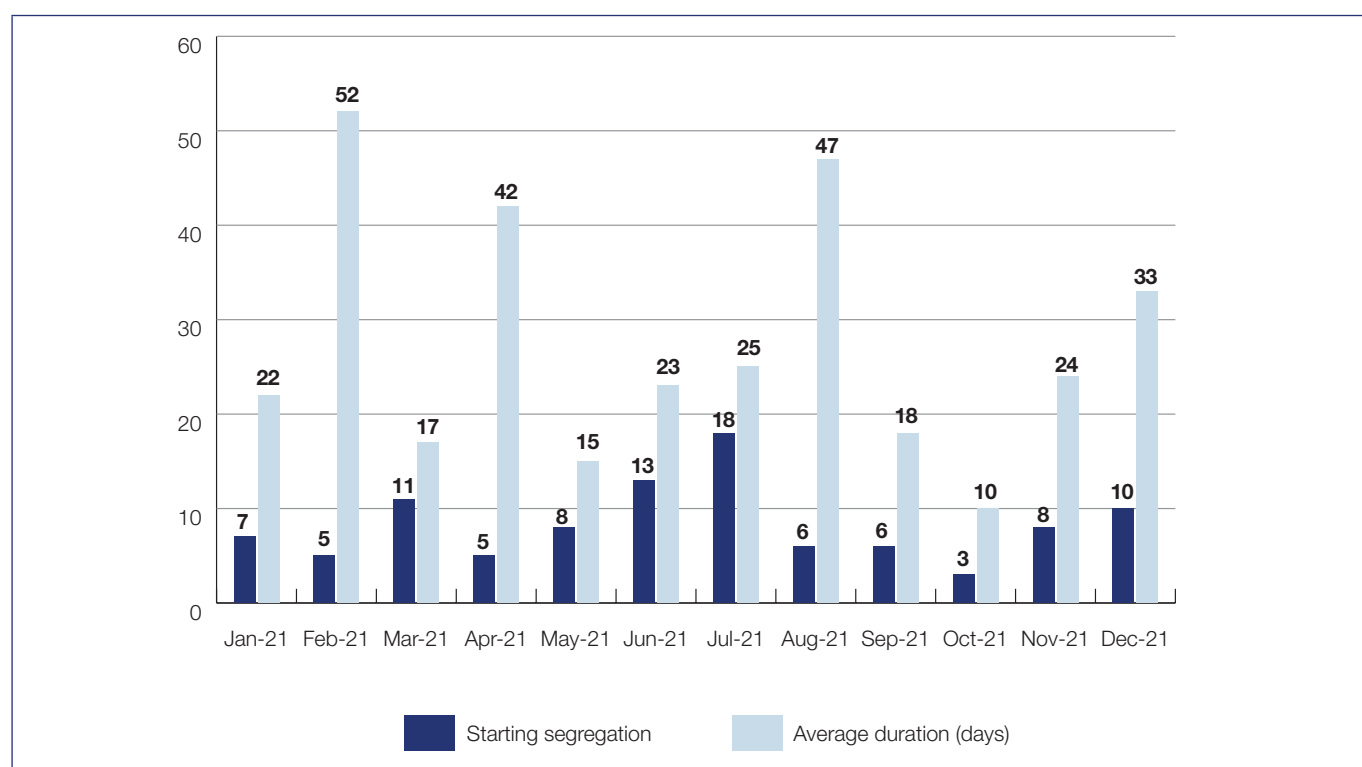
3.4 Segregation and protective custody

Section 10(2) of the CAS Act authorises the Governor to make a direction to segregate an inmate in their centre. On each occasion an inmate is placed in segregated custody, the Governor must inform the Commissioner (or delegate). When the Governor or delegate determines to place an inmate in segregated custody, this direction remains in force until it is revoked. Reviews of these orders are undertaken at 14 days, 3 months and then every 3 months thereafter.⁹²

An inmate may also be placed in protective custody pursuant to section 11 of the CAS Act. Inmates may also be separated from other inmates for 'the purposes of the care, control or management of the inmate' pursuant to section 78A of the CAS Act.

Between 1 January 2021 to 31 December 2021, there were 100 instances of inmates being placed in segregation and the average duration over the 12-month period was 27.3 days.⁹³

Figure 6: Segregation by month 2021⁹⁴



Inmates held on segregation or protection orders at MRRC were held in Darcy, Pods 3 and 4. Up to 16 inmates requiring protection or separation could be housed in Darcy, Pod 3 and 15 inmates could be placed in segregation in Darcy, Pod 4. Cells were equipped with a bed, shower, toilet, tv and exercise yard which was opened from 7.30am and closed by 2.30pm. It was, however, reported that inmate exercise yards may not always be open when there are staff shortages.

We observed the segregation review meeting, which was held once per week by video conference, as a risk mitigation strategy to prevent the transmission of COVID-19. All the inmates being held in these areas were discussed during the meeting.

⁹² Corrective Services NSW, *Custodial Operations Policy and Procedures* – 3.4 Segregation (version 1.4, 20 November 2020) 6.

⁹³ Information provided by Corrective Services NSW, 25 January 2022.

⁹⁴ Information provided by Corrective Services NSW, 25 January 2022.

At the time of inspection, MRRC was having difficulty moving inmates out of the segregation area to other correctional centres. That was in part due to COVID-19 with some correctional centres not taking inmates due to outbreaks of COVID-19.

Inmates held in the segregation and protection areas may come to MRRC from other locations, either for court or when transiting through to another correctional centre. At the time of inspection, some inmates from the HRMCC were held at MRRC to facilitate court appearances. This was a previous ICS recommendation, and it was positive to see this change in practice.⁹⁵

3.5 Classification and placement

Inmates should be classified as soon as practicable after they are received into a correctional centre and their security classification should also be reviewed when sentenced, and on an annual basis.⁹⁶

The MRRC has three functional managers and a senior classification and placement officer responsible for the classification and placement of inmates. At the time of inspection inmates were not participating in the Classification and Placement Team (CPT) meetings due to management of COVID-19. This practice had been in place for approximately three months.

New inmate receptions including unconvicted inmates on remand are assessed for an initial security classification. Upon classification unconvicted inmates will be identified as Remand Bed Placement (RBP) and will be transferred to a correctional centre where there is an available bed. It was reported that Aboriginal inmates are sent to Wellington or Mid North Coast Correctional Centres. No regard was given to other factors such as family connection or connection to Country.

For sentenced inmates, the senior classification and placement officer completes the Criminogenic Program Eligibility Object (CPEO), which identifies the programs sentenced inmates are eligible for and the correctional centres where they are offered. The functional manager performs an analysis of this information and then the CPT is convened with the senior classification and placement officer. The classification recommendation is then sent to the inmate classification and placement branch for approval.

Due to COVID-19, inmates stayed longer than normal at MRRC. Ordinarily inmates would be screened, classified, and transferred out of MRRC within a few days of coming into custody. At the time of inspection inmates received into MRRC were required to enter quarantine for a period of 10 days and could not be transferred until they were cleared.

We observed that security classifications were not being determined on assessed risk but were being assessed on guidelines for inmates subject to review by the Serious Offenders Review Council (SORC). These classification guidelines were being applied to all sentenced inmates. A similar approach was adopted for inmates who had been remanded into custody due to a breach of parole or an intensive corrections order. This process is fundamentally flawed and can result in inmates being assigned a higher or lower security classification than should have been applied according to their risk.

3.6 Correctional centre discipline

The CAS Act and the *Crimes (Administration of Sentences) Regulation 2014* (CAS Regulation) make provision for correctional centre offences.⁹⁷ If satisfied beyond a reasonable doubt that an inmate is guilty

⁹⁵ Inspector of Custodial Services, The management of radicalised inmates in NSW (Report, May 2018) 64.

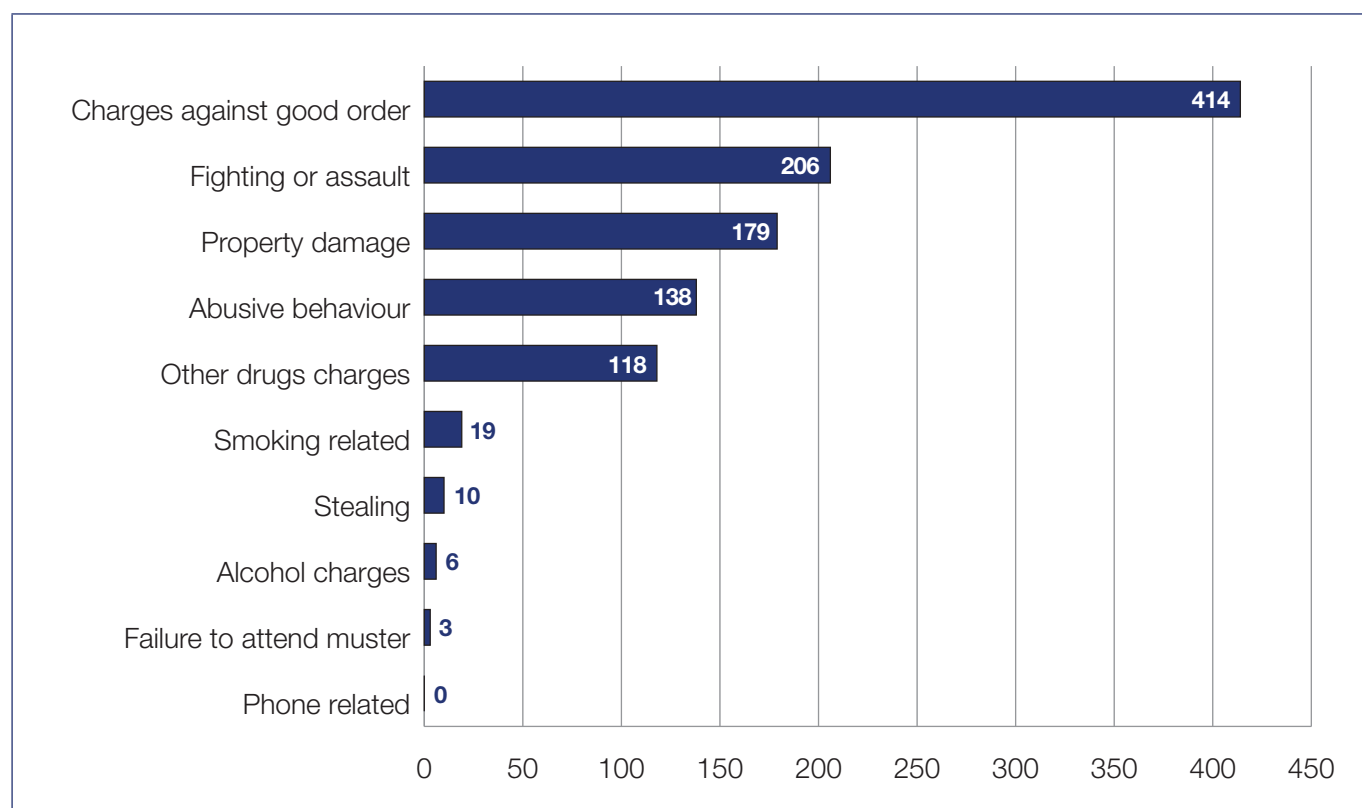
⁹⁶ *Crimes (Administration of Sentences) Regulation 2014*, cl 11, See also Corrective Services NSW, Policy for Inmate Classification and Placement (February 2021).

⁹⁷ *Crimes (Administration of Sentences) Act 1999* pt 2, div 6; *Crimes (Administration of Sentences) Regulation 2014* pt 6.

of a correctional centre offence the governor may apply a penalty provided for in the CAS Act.⁹⁸ In NSW the deprivation of prescribed ‘withdrawable [inmate] privileges’ for up to 56 days is one of several lawful punishments available to address a correctional centre offence.⁹⁹ Withdrawable privileges include contact visits, telephone access, inmate buy-up, and leisure and recreation activities.¹⁰⁰ Lawful punishment also includes a penalty of confinement to a cell for up to seven days, with or without deprivation of withdrawable privileges, as well as reprimand or caution.¹⁰¹

Between 1 January 2021 and 31 December 2021, a total of 1,093 breaches of correctional centre regulations were reported. The following table gives an overview of the breaches by category of offence. The most common offences in custody were offences relating to the good order of the correctional centre, followed by fighting or assaults, property damage, abusive behaviour, and other drugs charges.¹⁰²

Figure 7: Breaches of correctional centre regulations by category¹⁰³



98 *Crimes (Administration of Sentences) Act 1999* s 52.

99 *Crimes (Administration of Sentences) Act 1999* s 53.

100 *Crimes (Administration of Sentences) Regulation 2014* cl 163(j)-(k).

101 *Crimes (Administration of Sentences) Act 1999* s 53.

102 Information provided by Corrective Services NSW, 25 January 2022.

103 Information provided by Corrective Services NSW, 25 January 2022.

4 Health services

4.1 Introduction

JH&FMHN provide health services to inmates held within MRRC. The delivery of clinical health services at MRRC is a complex task. Incarcerated people have poorer health compared to the broader community.¹⁰⁴ They experience higher rates of communicable disease, chronic illness, substance misuse, and dual diagnoses of mental health issues and physical or other health problems.¹⁰⁵ They are also more likely to experience mental health issues including anxiety, depression, post-traumatic stress disorder, psychosis, and suicidal thoughts.¹⁰⁶ These health issues can be acute or become evident during the reception and remand period, and the reception and remand period can be a period of higher health risk or risk of deterioration if not appropriately identified and managed.

The provision of health services in a restricted custodial environment is challenging. These difficulties are exacerbated, as the prison population generally have poor health, with higher needs in the areas of mental health and alcohol and drug use. As a remand and reception centre, most inmates managed at MRRC are remand inmates. These inmates often have more intensive needs. Adding to the complexity is the significant volume of people that move through the system.¹⁰⁷

In our inspection examining health services in NSW correctional facilities, it was identified that high numbers of people moving through the correctional system each year, even for short periods, has placed extra demands on prison health services in NSW. This is because each person entering the correctional environment, even for the shortest period of time, needs to be fully assessed from a health, welfare and safety perspective.¹⁰⁸ From a health perspective, this is to ensure high risk health and mental health issues are identified as they enter, previously prescribed medication needs to be confirmed, ordered, administered (within a secure environment) and both current and emerging acute and chronic health issues need to be identified, assessed and managed.¹⁰⁹

At the time of the inspection, the generalist reception and remand priority health assessment and workload of JH&FMHN staff was exacerbated by the need to be focused on preventing and managing COVID-19 outbreaks and monitoring people in quarantine (a precautionary measure for new reception inmates) or isolation (people in custody with COVID-19 or close contacts of a person with COVID-19). MRRC was the COVID-19 isolation hub for men in custody with COVID-19. Men in custody who tested positive for COVID-19 were moved from other correctional centres to MRRC for their isolation period. Being a remand and reception location, MRRC was also managing a large number of new inmates undertaking quarantine.

During the inspection, inmates told us that they found it challenging to access health care. This was unsurprising given the impact of COVID-19 and that our health services inspection identified access to health care as the single biggest issue at all correctional centres.¹¹⁰

104 Australian Institute of Health and Welfare, *The Health of Australia's Prisoners 2018* (Report, 30 May 2019) vi.

105 Australian Institute of Health and Welfare, *The Health of Australia's Prisoners 2018* (Report, 30 May 2019) vi, 49; Justice Health and Forensic Mental Health Network, *Year in Review 2016-17* (Department of Health (NSW), December 2017) 14.

106 Justice Health and Forensic Mental Health Network, *2015 Network Patient Health Survey Report* (May 2017) 52-62.

107 Inspector of Custodial Services, *Health Services in NSW Correctional Facilities* (Report, March 2021) 57.

108 Inspector of Custodial Services, *Health Services in NSW Correctional Facilities* (Report, March 2021) 50.

109 Inspector of Custodial Services, *Health Services in NSW Correctional Facilities* (Report, March 2021) 50.

110 Inspector of Custodial Services, *Health Services in NSW Correctional Facilities* (Report, March 2021) 49.

4.2 Staffing

At the time of inspection JH&FMHN had the following staffing profile.

Table 4: JH&FMHN staffing profile at MRRC¹¹¹

Staffing	Number of positions (full time equivalent)
Nursing unit manager (NUM) – Level 3	1.0
Nursing unit manager (NUM) – Level 1	5.8
Registered nurse (RN)	30.75
Endorsed enrolled nurse (EEN)	7
Nurse in charge (NiC)	1.75
Clinical support officer (CSO)	1.5
Health centre clerk (HCC)	3.4
Data clerk	0.2
Total	51.0

In addition to the above positions, the following temporary positions had been implemented for COVID-19 and agency staff were being used to cover staff shortages.

Table 5: JH&FMHN temporary staffing profile at MRRC for COVID-19

Staffing	Number of positions (full time equivalent)
Nursing unit manager (NUM) – Level 1	1.0
Registered nurse	2.8
Enrolled nurse	2.8
Assistant in nursing	1.4
Total	8.0

4.3 Reception health screening

All newly received inmates should undergo a health examination by a qualified health professional within 24 hours after being received into a correctional facility.¹¹² Within the MRRC reception room there is a small clinical area with a consulting room in which nurses undertake health screening of inmates. There is also a small medication dispensary for inmates being transferred or discharged.

As noted earlier in this report, we observed nursing staff perform reception health screenings, which were carried out effectively and professionally, with staff reviewing previous electronic clinical records to verify an inmate's medical history. Nursing staff conducted observations for all new reception inmates and those with diabetes had their blood sugar taken. Inmates with mental health issues, or drug and alcohol histories

¹¹¹ Information provided by Justice Health and Forensic Mental Health Network, 16 May 2022.

¹¹² Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 78.

were appropriately referred for relevant services. However, we observed extended delays moving inmates for health and other screening processes, which resulted in significant waiting times for the registered nurse undertaking reception screening.

The total population of MRRC at any one time does not accurately reflect of the volume of health screening required. The table below provides an overview of monthly receptions and transfers into MRRC between January 2022 and December 2022. This workload also impacts the delivery of primary health services.

Table 6: Monthly overview of receptions/court movements/transfers/releases¹¹³

Month	Receptions	Inmates attending court in person	Transferred to centre	Released from centre
January 2022	538	55	920	204
February 2022	472	101	1,174	174
March 2022	602	190	894	229
April 2022	475	127	647	182
May 2022	571	266	817	194
June 2022	433	300	705	200
July 2022	535	231	1120	208
August 2022	599	296	661	223
September 2022	639	264	323	253
October 2022	542	238	334	235
November 2022	361	273	293	169
December 2022	500	184	373	199
Total	6,267	2,525	8,261	2,470

4.4 Health settings and services

4.4.1 Main health centre

The main health centre at MRRC is proximate to the reception room and Darcy, Pod 1. There is a well set up treatment room for temporary patient observations in emergencies, which included an acute bed and sub-acute bed, each was equipped with ECG and blood pressure monitors and other emergency response equipment. Telehealth services were also available in the main clinic, which allowed for outpatient clinics.

The main health centre is also equipped with an x-ray suite, which had digital radiography and an OPG machine for dental assessment. It was reported that radiology services are available every three days. However, we heard that access to ultrasounds was more challenging, occurring around once a month. JH&FMHN have since advised that ultrasound clinics are now provided twice per month at the MRRC.¹¹⁴

¹¹³ Corrective Services NSW, Custodial Movements Report 2022.

¹¹⁴ Information provided Justice Health & Forensic Mental Health Network, 6 September 2023.

There was also a chronic care room for the chronic care nurse to run clinics to allow monitoring of chronic diseases such as diabetes and asthma.

4.4.2 Satellite health centres – Fordwick, Goldsmith, Hamden, and the new health centre.

There are three satellite health centres in the old infrastructure and one that was constructed as part of the new infrastructure. The satellite health centres help improve the access health staff have to their patients, as inmates do not need to be moved to the main clinic. Satellite clinics have their own NUM, and staff structure that supports staff, including a clinical nurse educator who covered the main and satellite health centres.

Whilst not originally designed as a clinical space, a few interview rooms were repurposed into treatment rooms in Fordwick. The satellite health centre in Goldsmith includes three treatment/consulting rooms and access to telehealth. The satellite health centre in Hamden incorporates three consultation rooms, one treatment room and a dispensary. It was noted that the Hamden satellite health centre was not equipped with telehealth facilities. JH&FMHN introduced a web-based virtual care platform known as My VC to all healthcare locations in March 2022. Supporting equipment includes an internet-enabled device, webcam, and microphone. Appointments utilising virtual care commenced in September 2022, and a review of 2022-2023 financial year data showed that virtual care had been used in Hamden.¹¹⁵

The satellite health centre in the new infrastructure is well appointed with modern consultation and treatment rooms. Whilst it was being used at the time of inspection, it was disappointing that specialist and medical services were not providing services from the health centre and the clinical spaces were underutilised. This can be explained in part by the new inmate accommodation being used primarily for medical isolation of COVID-19 positive inmates. JH&FMHN confirmed that at the time of inspection the new satellite health centre was being used for the management of COVID-19 isolation patients. The satellite health centre now has a permanent staffing establishment of 12.6 full time equivalent positions, in addition to visiting specialty clinicians. In the 2022-2023 financial year 17,311 appointments were completed in this clinical space.¹¹⁶

Recommendation: CSNSW and JH&FMHN maximise the use of the new satellite health centre by allocating necessary custodial and health resources.

Recommendation: JH&FMHN install telehealth equipment in the Hamden satellite health centre.

Main clinic treatment room



Telehealth



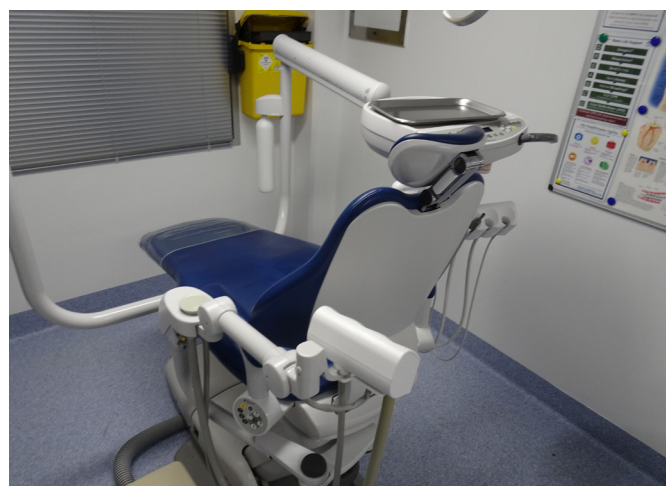
¹¹⁵ Information provided Justice Health & Forensic Mental Health Network, 6 September 2023.

¹¹⁶ Information provided Justice Health & Forensic Mental Health Network, 6 September 2023.

Radiology/X-ray room



Dental suite



4.4.3 Access to primary health care services

All inmates should have access to a 24 hour, on-call, or standby primary health service that is a registered doctor or nurse.¹¹⁷ Health services at MRRC are provided 24 hours, 7 days per week. In addition to an onsite nursing presence (across all hours), additional assistance can be sought by contacting the After-Hours Nurse Manager, through the Remote Offsite Afterhours Medical Services (ROAMS) and the Mental Health Helpline. Onsite Medical Officer hours were between 8.00am – 5.00pm, 7 days per week.

Data provided by JH&FMHN highlights the volume of care provided to patients at MRRC. Between 1 January to 31 March 2022, there were 20,633 unscheduled/walk in medical appointments. In the six months between 1 July to 31 December 2021, health staff provided in-person services on 79,104 occasions, telehealth services were used on 711 occasions, and 5,600 case conferences, planning, or review appointments were held. The breakdown of these appointments is provided in the table below.¹¹⁸

Table 7: Overview of health services delivered over six-month period in 2021¹¹⁹

Arrived appointments by provider	In-person	Telehealth	Case conference/ planning/review (No patient contact)
Nurse	73,438	605	5493
Nurse practitioner	722	12	20
GP	1918	6	32
Staff specialist (excl GP)	2549	5	34
Healthcare practitioner	20	8	21
Radiographer	264	-	-
Physiotherapist	193	2	-
Admin staff – Integrated care	-	73	-
Total	79,104	711	5,600

¹¹⁷ Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 80.

¹¹⁸ Information provided by Justice Health and Forensic Mental Health Network, 16 May 2022.

¹¹⁹ Information provided by Justice Health and Forensic Mental Health Network, 16 May 2022.

At the time of inspection, access to patients was identified as one the most significant challenges in the delivery of health services at MRRC. There were several factors contributing to these access challenges.

The internal movement of inmates was being minimised as a risk mitigation strategy against the transmission of COVID-19. To provide care to patients, JH&FMHN staff were providing services to inmates within accommodation areas often through cell door hatches. This practice raised ethical and other practical concerns for JH&FMHN staff. Challenges with maintaining confidentiality were a real concern as inmates frequently shared cells and conversations between patients and health staff could be easily overheard. We were concerned that as a result, inmates may have been reluctant to, or chose not to disclose, relevant information. Additionally, the proximity of correctional officers when JH&FMHN staff were speaking with their patients could also make these interactions challenging. The assessment and treatment of patients while they remain in their cell is not clinical best practice and should not continue.

The following table provides an overview of health services scheduled and delivered in the latter half of 2021.

Table 8: Overview of health services delivered over six-month period in 2021¹²⁰

Clinic	Scheduled clinic hours		Delivered clinic hours	
	Hours per month/week/ other	Delivery format (In-person or telehealth)	Hours per month/week/ other in last 6 months	Delivery format (In-person or telehealth)
Aboriginal Chronic Care Program	8-16hrs per week	In-person	8hrs per week	In-person
Drug and alcohol nurse	106hrs per week (7 days)	In-person	106hrs per week	In-person
Drug and alcohol doctor	32-40hrs per week	In-person	32hrs per week	In-person
Drug and alcohol nurse - Drug Court Assessment Unit	152 hours per week (7 days per week)	In-person	152 hrs per week	In-person
D&A doctor – Drug Court Assess. Unit	28hrs per week	In-person	28hrs per week	In-person
GP	80 hours/week (min 2 GPs per day)	In-person	Approx. 320hrs per month	In-person
Primary care nurse practitioner	40hrs per week (M-F) 56hrs per week Jan-Mar 2022 (M-Su)	In person	156 hrs per month 468 hrs per month Jan - Mar 2022	In person
Hepatology nurse practitioner	Nil scheduled clinic hours	In-person	2.5hrs per month	Telehealth

120 Information provided by Justice Health and Forensic Mental Health Network, 16 May 2022 and 6 September 2023.

Hepatology CNC	Nil scheduled hours	In-person	64hr over last 6 months 12 hrs over last 6 months	In-person Telehealth
HIV/STI/immunology specialist	2.5hrs per month	In-person	2.5hrs per month	Telehealth
Mental Health CNC	80hrs per week (M-F)	In-person	65hrs per week	In-person
Mental health nurse	760hrs per week (M-Su)	In-person	661hrs per week*	In-person
Optometry	Approx. 5hrs per month	In-person	20hrs in last 6 months	In-person
Oral health	Approx. 5hrs per month	In-person	140hrs in last 6 months	In-person
Physiotherapy	8hrs per week	In person	32hrs per month	In person
Population health doctor	As required	telehealth	nil	Telehealth
Population health nurse	40 hrs per week	In-person	40 hrs per week	In-person
Psychiatrist	214hrs per week (M-F)	In-person	149hrs per week^	In-person
Radiology	21hrs per week	In person	14-21hrs per week	In person

4.4.4 Medication management

There must be a safe procedure for the distribution of medications to inmates.¹²¹ We observed the management of medication, which was undertaken effectively with nursing staff packing medications in the main health centre, before moving to the satellite health centres for dispensing. It was noted that medication management in a large remand centre was labour intensive.

During the inspection we heard that medication charts often go missing, given the multiple clinical settings within MRRC. Electronic medication management was identified as an area in which improvements could be made. Although important, the level of resources required for medication administration does impact on the resources and time available for other health assessment and intervention activities.

4.4.5 Dental services

Every inmate is to have access to the services of specialist medical practitioners as well as psychiatric, dental, optical, and radiological services, on medical referral.¹²² JH&FMHN has a centralised waiting list for inmates requiring dental treatment. Inmates call the centralised dental line and are triaged. This process aligns with the prioritisation system and management of people in the community who utilise state funded public dental services.

During the inspection, we observed the cancellation of dental treatment due to a lockdown at MRRC and the dentist and dental nurse were redirected to another correctional centre. Access to inmates was identified as a significant challenge to the provision of dental services at MRRC.

¹²¹ Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 84.

¹²² Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 82.

Reception and remand centres are likely to have inmates with acute and emerging dental pain and other dental needs which become apparent during the remand and reception period. Usually, a weekly dental clinic occurs at MRRC, one of the higher levels of service provision in correctional environments. Significant investment has been made to upgrade the dental facilities. It was positive that the dental services had access to JH&FMHN electronic records management system. However, it was disappointing to hear that the equipment for digital x-rays was available but had not been connected due to ICT issues. JH&FMHN have advised that these technical issues were resolved in July 2022.¹²³

4.4.6 Aboriginal health

As previously highlighted, MRRC has a significant population of Aboriginal men. At the time of inspection, JH&FMHN did not employ any Aboriginal healthcare workers at MRRC, nor did they have a relationship with an Aboriginal community-controlled health organisation for the provision of services.

JH&FMHN were providing an Aboriginal Chronic Care Program and over a six-month period that service was provided eight hours per week. JH&FMHN identifies eligible Aboriginal inmates with a chronic health condition and develops multidisciplinary care plans for them. As of 11 May 2022, 97 inmates had a multidisciplinary care plan.¹²⁴

JH&FMHN have advised that they recruited an Aboriginal Health Worker to their Drug and Alcohol team in 2023 who will work across correctional centres in Windsor and Silverwater correctional complexes including the MRRC. The role will provide for patient engagement, and culturally safe drug and alcohol care.¹²⁵

4.4.7 Population health/blood borne viruses

Opportunistic screening for blood borne viruses and sexually transmitted infections was offered to all new reception inmates. Inmates with hepatitis C were provided with treatment but the transient nature of the population meant this was less of a focus than at other prisons.

4.4.8 Medical escorts and secondary hospital care

Inmates may be required to be transferred to a hospital or other medical service/specialist to receive assessment and medical treatment whilst in custody and this may occur on a planned or unplanned basis. Planned external appointments for inmates in metropolitan correctional facilities are centrally coordinated by JH&FMHN's Network Medical Appointments Unit.

Between 1 July 2021 – 31 December 2021, there were 246 unplanned transfers to hospital or other medical service/specialist.¹²⁶ JH&FMHN was unable to provide data in relation to the number of planned transfers to hospital or other medical service during the same period. However, they were able to identify that during the same period, 1,502 male inmates attended external medical appointments from metropolitan correctional facilities (MRRC, Francis Greenway Complex and Long Bay Complex including Long Bay Hospital).¹²⁷

The MEU was undertaking medical escorts for inmates held at MRRC. Correctional officers employed at MRRC were also utilised to undertake medical escorts. It was identified that staff shortages at MRRC made staffing medical escorts difficult; these shortages were further exacerbated by the impacts of COVID-19.

¹²³ Information provided Justice Health & Forensic Mental Health Network, 6 September 2023.

¹²⁴ Information provided by Justice Health and Forensic Mental Health Network, 16 May 2022.

¹²⁵ Information provided Justice Health & Forensic Mental Health Network, 6 September 2023.

¹²⁶ Information provided by Justice Health and Forensic Mental Health Network, 16 May 2022.

¹²⁷ Information provided by Justice Health and Forensic Mental Health Network, 16 May 2022.

This required officers to be reassigned from posts within the centre to undertake medical escorts.

4.5 Alcohol and other drugs

Correctional centres should have effective mechanisms to treat and reduce the harm caused by drug use.¹²⁸ People entering prison have high rates of alcohol and other drug (AOD) use and dependence, including poly-substance abuse.¹²⁹

MRRC has an AOD nurse who operates from MRRC seven days per week. A key treatment for inmates with histories of opiate dependence is Opioid Agonist Treatment (OAT), including the provision of opioid substitutes like buprenorphine and methadone. If an inmate was being treated with methadone in the community, they will continue their treatment. While Justice Health NSW typically won't commence patients on methadone, there are circumstances where patients will be commenced on methadone, including where clinically indicated. The inspection team observed one inmate being dosed with methadone before being transferred to another correctional centre. The process of daily methadone dosing is resource intensive.

There has been a shift to offer long lasting intramuscular buprenorphine injections (Buvidal). Depot buprenorphine is the preferred treatment option for managing opioid dependence among people in custody. These injections prevent inmates from diverting, and being pressured to divert, treatments. As they are long lasting, they also remove the need for nursing staff to supervise daily dosing. As of 28 February 2022, there were 131 inmates receiving OAT, and 98 awaiting assessment. This data encompassed all inmates at MRRC, including those in the MHSU and the Drug Court Assessment Unit. We noted that wait times for assessment and commencement of OAT in reception centres can be impacted by the movement of patients (internally or released on bail). Health staff responsible for providing drug and alcohol services must ensure that inmates/patients can be assessed, commenced on treatment, and stabilised prior to release.¹³⁰

4.6 Mental health services

Correctional centres must make appropriate and adequate provision to meet the mental health care needs of inmates. They must also have effective processes to detect and manage inmates in crisis, particularly where they may self-harm.¹³¹ The Guiding Principles for Corrections in Australia provides that appropriate mental health care should be accessible to prisoners, with systems in place to refer persons with deteriorating or acute mental illness for specialist mental health treatments.¹³²

4.6.1 Mental Health Screening Unit

MRRC is home to the MHSU which opened on 29 March 2006 and is a purpose built 43-bed unit for the assessment and treatment of people with mental health problems in custody. It is comprised of a 13-bed high dependency unit and two 15-bed sub-acute units.¹³³

The development of the MHSU was a collaborative project between CSNSW and JH&FMHN and was developed to enhance the delivery of mental health services across the state to incarcerated people.

The aims of the MHSU are to:

128 Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 95.

129 See Justice Health and Forensic Mental Health Network, Drug and Alcohol Service Provision (Policy 1.040, 12 July 2017) 2.

130 Information provided by Justice Health and Forensic Mental Health Network, 16 May 2022.

131 Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales*, (May 2020) standards 89, 90.

132 Corrective Services Administrators' Council, *Guiding Principles for Corrections in Australia*, (February 2018), Outcome 4.1.12.

133 Information provided by Justice Health and Forensic Mental Health Network, 22 February 2021.

- facilitate the timely and comprehensive assessment and treatment of people in custody who have or are suspected of having a mental illness,
- promote collaboration with the other JH&FMHN specialist mental health services and CSNSW to deliver optimal care and treatment,
- divert mentally ill people away from the correctional system to appropriate mental health services in the community,
- promote improved and appropriate linkages with community mental health teams, hospitals and CSNSW programs to ensure transfer care following discharge from the unit,
- adopt a multidisciplinary approach to assessment and management of people with mental health problems in custody, and
- provide a safe, secure, and therapeutic environment for mentally ill people for the purpose of assessment and treatment by the multidisciplinary team.¹³⁴

Pod 21 was the high dependency unit for those who were acutely mentally unwell and required a significantly increased level of care. The high dependency unit contains a shared activity room, a common yard, and a smaller exercise area. This provides staff with flexibility for time out of cell, depending on a patient's level of risk. The unit has five assessment cells, which are under camera observation. The assessment cells consist of a bed, toilet, and shower, and this infrastructure was observed to be worn and in need of aesthetic improvement.

We were informed that inmates were seen by a mental health nurse daily, and a psychiatrist or psychiatry registrar twice per week. If an inmate required camera observation and a camera cell was not available in Pod 21, they were moved out of the MHSU to O Pod for assessment and were considered an 'overflow' patient.

Pods 19 and 20 were sub-acute units for inmates who were mentally unwell and required an increased level of care. Each pod could accommodate 15 inmates. When we visited these units, we observed inmates engaged in indoor recreational activities in the shared common room. Inmate engagement in pro-social recreational activities in these pods were observed to contribute to a therapeutic approach to their care. Plans were being developed for an occupational therapist to provide services to these units.

Staff from the MHSU are part of Corrections Mental Health (CMH), a division of JH&FMHN. The MHSU has the following medical staffing profile:

Table 9: MHSU medical staffing profile¹³⁵

Staff Position	Number of positions
Consultant Psychiatrist	1.6 FTE
Psychiatric Registrar	2.0 FTE
Nursing Unit Manager	1.00 FTE
Nurse	6.6 FTE

Correctional officers also work in the MHSU, and the team consist of a functional manager, a senior correctional officer, and two correctional officers in each of the pods.

¹³⁴ Information provided by Justice Health and Forensic Mental Health Network, 22 February 2021.

¹³⁵ Information provided by Justice Health and Forensic Mental Health Network, 22 February 2021.

The inspection team was concerned about one of the interview rooms used in the MHSU which only had one entry and exit. However, it was noted that correctional officers are present during interviews. The approach adopted to inmate patient care by correctional staff was positive and they appeared to understand the unique challenges associated with working in the MHSU.

It should be noted the MHSU is not a gazetted mental health unit under the *Mental Health Act 2007*. Therefore, they are unable to enforce treatment or medications and the multi-disciplinary team work on an informed consent model with inmates. Those who require treatment under a mental health order must be transferred to the NSW Forensic Mental Health Unit at Long Bay.

The multi-disciplinary approach to the management of inmates in the MHSU is commended and was observed to be beneficial to those that are managed within the unit. We observed a multi-disciplinary meeting, which was nurse led, but incorporated all stakeholders, including psychiatrists, nurses, psychologists, custodial and non-custodial staff. Good collaborative engagement was observed in relation to patient care during this meeting and an electronic patient flow system was being used which is consistent with the state health system. Estimated discharge dates and earliest possible release dates were noted in the system. This system is a significant improvement and will aid in the management of patient flow.

A chronic challenge faced by JH&FMHN and CSNSW is the management of bed flow. A bed demand meeting is held via tele-conference on a weekly basis to manage the demand. The team determine who should be prioritised for admission to the MHSU. The clinical needs of patients should determine who is prioritised for admission to the MHSU.

It was positive to see that JH&FMHN has a waitlist of patients for admission to the MHSU. At the time of our inspection into health services, JH&FMHN was unable to report on the numbers of inmates waiting for a bed at the MHSU and we recommended action on recording and monitoring waitlists.¹³⁶ This is therefore a noted improvement. As of 9 February 2021, there were 38 patients on the waiting list to be transferred to the MHSU. The shortest time on the waiting list was 1 day, the longest was 85 days, and the average waiting time was 27 days. Between 1 January 2020 and 31 December 2020, 255 inmates were admitted to the MHSU. During the same period the longest stay was 348 days, and the average length of stay was 59 days.

Where inmates are so acutely unwell that enforced medication is required, they must be moved to the Forensic Hospital. We heard that challenges with bed flow at the Forensic Hospital also impact the MHSUs capacity. During the inspection we were told there were nine patients in the MHSU waiting for a bed at the Forensic Hospital.

It was positive to see JH&FMHN focused on ensuring continuity of care for MHSU patients upon release. There was a strong focus on discharge planning particularly for those in need of community treatment orders and there was a focus on creating linkages between patients and local health district service providers. Health staff working in the MHSU should be commended for their efforts for coordination and liaison with community and public mental health services to facilitate improved continuity of care of people with complex mental health issues transitioning back to the community following a period on remand.

JH&FMHN supports the review of demand for camera cells within the high needs area of the MHSU, and the opportunity it presents to improve patient flow and enable flexibility as to how the cells can be used.¹³⁷

Recommendation: CSNSW and JH&FMHN review the demand for camera cells within the high needs area of the Mental Health Screening Unit, consider ways to increase capacity, and refurbish the existing assessment cells within this area.

¹³⁶ Inspector of Custodial Services, *Health Services in NSW Correctional Facilities* (Report, March 2021) 64-65.

¹³⁷ Information provided Justice Health & Forensic Mental Health Network, 6 September 2023.

4.6.2 Mental Health Support Unit - Hamden

In our inspection of health services, we recommended that CSNSW consider locating sub-acute mental health beds for sentenced inmates at a correctional centre housing sentenced inmates and step-down mental health beds for remand inmates at a remand centre.¹³⁸

Prior to the inspection, CSNSW and JH&FMHN had moved sentenced inmates requiring mental health support out of the Hamden accommodation unit to the Long Bay Complex. JH&FMHN have advised some sentenced inmates will transfer back to the Hamden Unit due to the temporary closure of a unit at the Long Bay Hospital.¹³⁹ Up to 52 remand inmates who require mental health support can be accommodated in Hamden Pod 15.

High dependency unit – assessment cell



High dependency unit yard



MHSU common room



MHSU recreation yard



¹³⁸ Inspector of Custodial Services, *Health Services in NSW Correctional Facilities* (Report, March 2021) 18.

¹³⁹ Information provided Justice Health & Forensic Mental Health Network, 30 January 2024.

5 Management and impacts of COVID-19

5.1 Overview

Correctional environments are difficult and challenging places for those that work within them, and for those who are in custody. The impacts of a global pandemic have highlighted some of those challenges and contributed to new ones.

We would like to acknowledge the efforts of correctional centre and health staff who have worked tirelessly under exceptionally difficult conditions for a sustained period to manage COVID-19 within the correctional environment. It is also important to acknowledge the positive role many inmates have played to prevent the spread of COVID-19.

To manage the risk of COVID-19 transmission, CSNSW implemented quarantine and isolation regimes. Newly received inmates into custody were being held separately from other inmates in quarantine and screened by health staff for indicators of illness. Those inmates who tested positive to COVID-19 were accommodated in designated isolation accommodation areas, where they would remain until they were no longer contagious.

COVID-19 had an enormous impact on the operation of MRRC and its ability to effectively perform its core role and function as a remand and reception centre. At the time of inspection, MRRC was experiencing staff shortages. Staff with COVID-19 and close contacts of those with COVID-19 were unable to attend the centre. These absences combined with other sick leave, and staff absent on workers compensation leave resulted in partial or full lockdowns. Lockdowns and staff shortages reduced the time out of cells and inmate's access to basic services, including health and legal representatives. CSNSW have acknowledged the impact of staff shortages across the custodial system.¹⁴⁰

5.1.1 Quarantine and isolation

At the time of inspection, newly received inmates into custody were required to spend 10 days in quarantine to prevent the introduction of COVID-19 into the prison.¹⁴¹ During this period inmates were tested to determine if they were COVID-19 positive. If an inmate tested positive to COVID-19 they were placed in medical isolation. If they did not test positive to COVID-19 during the quarantine period they were to be released from quarantine after 10 days and placed in an accommodation unit.

The older accommodation units at MRRC were used to accommodate inmates in quarantine. The accommodation units were dilapidated and unclean. Inmates in quarantine spent an extensive amount of time confined to their cells, spending less than 30 minutes out of their cells per day and were not let out at all on some days. We found the conditions experienced by these inmates to be extremely poor.

Of greater concern, we observed inmates who had been cleared from quarantine but remained in the quarantine unit subject to quarantine conditions for between 2 – 4 weeks past their clearance date. Some custodial staff claimed that delays in moving people out of the quarantine unit was caused by health clearances. Health staff rejected this, highlighting that once a clearance has been provided, it is the responsibility of custodial staff to move inmates out of the quarantine unit to a different accommodation unit.

CSNSW initially identified several correctional centres as isolation hubs, where COVID-19 positive inmates

¹⁴⁰ Information provided by Corrective Services NSW, 20 October 2023.

¹⁴¹ Commissioner's Instructions 2022/04 and 2022/23; Justice Health and Forensic Mental Health Network, COVID-19 Emergency Public Health Response, Advice, and Risk Matrix (version 1, 11 January 2022).

could isolate. These hubs were located at Dillwynia, Junee, Mid North Coast, Shortland, Silverwater Women's, South Coast and Wellington correctional centres, the Long Bay Correctional Complex and MRRC.¹⁴² However, this changed and between August 2021 until August 2022, all male inmates with COVID-19 were transferred to MRRC for the duration of their isolation period.¹⁴³ In June 2022, CSNSW estimated around 3,500 inmates had been transferred from other correctional centres to MRRC to isolate after testing positive to COVID-19.¹⁴⁴ We heard that many inmates were not clear on why they had been transferred to MRRC, and how long they would be there. JH&FMHN began issuing a letter to inmates outlining why they had been placed in isolation and the intended duration.

At the time of inspection, the new infrastructure at MRRC was being used to accommodate inmates with COVID-19 who were in isolation, which was more suitable for this purpose. However, we observed a number of practices that were concerning, including a lack of access to clean clothing and linen whilst in isolation, no access to property and no time out of cells.

Like quarantine units, inmates remained in the isolation units in isolation conditions longer than necessary as MRRC did not always have capacity to move people out of isolation units to other units in the centre. There were also delays in transferring inmates out of MRRC to their gaol of classification. Additional transports were undertaken to move inmates with COVID-19 to MRRC but were not provided to move inmates out of the centre.

On the first day of the inspection, 13 of the 29 accommodation pods were being used to accommodate inmates required to be in quarantine or isolation. We found the monitoring of the time people spent in the quarantine and isolations units, and efforts to move them as quickly as possible once they were cleared by health staff, was wholly inadequate. We have made a recommendation in our Review of the Response to COVID-19 in NSW Custody that formal separation processes are followed when people in custody are separated from others due to illness or to prevent the spread of disease.¹⁴⁵ This should ensure proper oversight of the time people are separated from the general prison population. Improved processes for managing internal inmate placement and flow between units should also be developed in preparation for future outbreaks.

5.2 COVID-19 vaccination program

Significant work was being done by health staff to vaccinate inmates at MRRC against COVID-19. A dedicated vaccination team was offering vaccination to inmates daily. We observed nursing staff preparing and administering vaccinations. Nursing staff were acutely aware that they were at the frontline, and the work that they were doing was benefiting the correctional system. Where inmate patients raised concerns about possible contraindications against COVID-19 vaccination, the vaccination team was able to seek remote support from a doctor who could provide advice. JH&FMHN and custodial staff should be commended for the processes implemented to support vaccination and informed consent. This was an important public health initiative.

5.3 Field hospital

In 2020, CSNSW converted existing infrastructure at MRRC into a 'field hospital' for people in custody with COVID-19. CSI overseers constructed the field hospital, with the assistance of inmate and external labour at a cost of approximately \$700,000.

¹⁴² Commissioner's Instruction 2020/77, *Novel Coronavirus (COVID-19) Interim Measure – Amendment to management of inmates confirmed COVID-19 positive in Isolation Hubs*, (14 October 2020).

¹⁴³ Commissioner's Instructions 2021/31, 2022/04, 2022/23.

¹⁴⁴ Information provided by Corrective Services NSW, 3 June 2022.

¹⁴⁵ Inspector of Custodial services, *Review of the Response to COVID-19 in NSW Custody*, (Report, November 2023)14, Recommendation 12.

The rationale for the field hospital was that if the public health system became overwhelmed and were unable to take inmate patients, they would be cared for in the field hospital. At the time of inspection, the field hospital had only been used twice for inmate patients who were receiving anti-viral infusions.

Field hospital ward bed



COVID-19 field hospital



6 Living conditions

6.1 Contact with family and friends

One of the Guiding Principles for Corrections in Australia is that prisoners are supported to maintain family relationships and links to the community through personal and professional visits.¹⁴⁶ Inmates in NSW correctional centres maintain contact with family and friends in the community by using mail, telephone, virtual and in-person visits.

6.1.1 Visits

Between 1 January and 31 December 2021, MRRC facilitated 10,157 inmate visits. The majority (6,935) of these visits were facilitated using AVL. During this period, 3,222 in-person visits were facilitated, although it should be noted this number would have been impacted by COVID-19-related restrictions on in-person visits.¹⁴⁷

Prior to the pandemic, MRRC facilitated four in-person visit sessions each day between 8.00am to 8.30am, 9.00am to 9.30am, 12.00pm to 12.30pm, and 1.00pm to 1.30pm. At the time of inspection, in-person visits had been suspended at MRRC to prevent the transmission of COVID-19 throughout the correctional centre and broader correctional system. This followed a two-year period during which CSNSW imposed various restrictions on people entering custodial facilities across NSW to reduce the risk of COVID-19 transmission in custodial settings.¹⁴⁸

Video visits using tablets or AVL suites were rolled out by CSNSW in 2020 following the first cancellation of in-person visits. At the time of the inspection, access to tablet visits was further restricted to the weekend and only those inmates engaged in work and accommodated in G Pod 13 and 14 were able to receive these visits. Weekend tablet visits were being facilitated over four sessions between, 7.30am to 8.20am, 8.30am to 9.20am, and 9.30am to 10.20am, with each session lasting 50 minutes to allow for tablets to be cleaned between visits.

The MRRC visits room is located within the correctional centre. Visitors are subject to security screening before being brought through the gate to the visits area. Similarly, inmates participating in in-person visits are subject to security screening including wearing white overalls and being body scanned. The MRRC visits area has recently been constructed and incorporates four separate visit rooms. One of these rooms has been designated for the use of inmates who are subject to protection orders. The centre also has non-contact visit rooms, and legal visit rooms.

¹⁴⁶ Corrective Services Administrators' Council, *Guiding Principles for Corrections in Australia* (February 2018) 5.2.2.

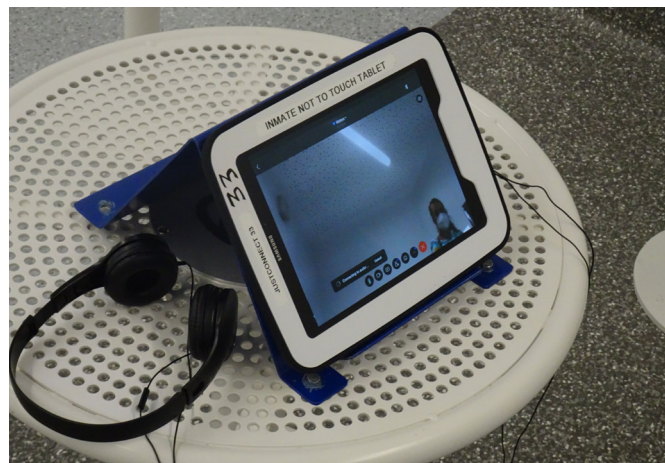
¹⁴⁷ Information provided by Corrective Services NSW, 25 January 2022.

¹⁴⁸ See Crimes (Administration of Sentences) Act 1999 s275, as inserted by the *COVID-19 Legislation Amendment (Emergency Measures) Act 2020 No 1*.

Visits room with tablet visits



Tablet used for video visits



Visits overalls



Body scanner



6.1.2 Telephone access and verification of contacts

Each of the pods is equipped with one or more inmate telephones which are located in the common room or yard. A list of telephones throughout the centre is included below:

Table 10: Inmate telephones¹⁴⁹

Location	Phones
Darcy 1 & 2	2 phones – one in the common area and one in the yard
Darcy 3 & 4	1 phone – cage phone
Fordwick 7, 8, 9, 10	4 phones per wing – two in the common room and two in the yard
Goldsmith 11,12,13,14	4 phones per wing – two in the common room and two in the yard
Hamden 15, 16, 17, 18	4 phones per wing – two in the common room and two in the yard
M Block	1 phone per wing – one phone in common area
O & P Block	3 in each pod – three phones in common area
R & T Block	3 in each pod – three phones in common area

¹⁴⁹ Information provided by Corrective Services NSW, 25 January 2022.

A lack of phone access was a significant stressor for inmates in quarantine and isolation. Inmates in quarantine spent less than 30 minutes out of cell per day and this was the only time they were able to make phone calls. Some inmates noted that the people they needed to contact were not always available at this time, making it difficult for them to make arrangements for things like work, housing, and care responsibilities after entering custody. We also heard that access to time out of cell was inconsistent, and the timing could vary from day-to-day. On some days quarantining inmates were not let out of their cells at all.

Inmates in isolation were not let out of their cells. Phone access for this group was provided using a portable phone connected to the Offender Telephone System (OTS), taken between cells by an inmate sweeper via the cell door hatch. Unfortunately, this meant staff were unable to ensure that inmates were receiving equitable access to telephone calls. We also observed inadequate compliance with PPE requirements by the cleaners carrying out this task in isolation areas. These phones were also impacted by connectivity issues. Prior to the implementation of this system, inmates in isolation had no access to phone calls, resulting in significant distress for the families of inmates who could not contact their unwell loved ones or receive an update on their condition.

Initial calls to family and friends and for inmate welfare, were being facilitated by the SAPOs. We heard there were delays with MRRC verifying inmate telephone contacts and adding them to the OTS. Having appropriate measures in place to prevent the inappropriate use of telephones while inmates are in custody is important, and although it is understandable that this may take time, it is important it is done expediently.

Delays in having telephone numbers placed on the OTS can be particularly stressful for new arrivals. Due to the COVID-19 pandemic and the quarantine and isolation regimes that were implemented to prevent transmission throughout the correctional system, these stresses have been further exacerbated. We spoke with distressed inmates waiting for telephone numbers to be added to the OTS and struggling to maintain contact with their families. The MRRC management team were made aware of our concerns.

6.1.3 Mail

Limitations on in-person social visits due to COVID-19 is considered to have limited the introduction of contraband into NSW correctional centres. To prevent contraband such as Buprenorphine strips from being concealed and introduced to correctional centres via inmate mail, CSNSW introduced a policy requiring the photocopying of all incoming mail that was not privileged mail (that is mail received from exempt persons or bodies including legal practitioners and the NSW Ombudsman).¹⁵⁰

Colour photocopies of mail, including the front and back of the envelope, should be delivered to the inmate. Photographs were permitted to be issued to an inmate provided they had not been tampered with and the subject-matter was not prohibited or inappropriate. Official documents such as birth certificates were required to be provided to the inmate or stored in their property.¹⁵¹

Inmates informed the inspection team about delays in receiving mail. The prompt delivery of mail to inmates should be prioritised. CSNSW have advised that due to staff shortages, health and essential functions were prioritised over other services such as mail.¹⁵² We are unclear about how CSNSW determined which functions or services were essential. We have also raised concerns with the legality of the practice of

¹⁵⁰ This is permitted under the *Crimes (Administration of Sentences) Regulation 2014* cl 112, unless the letter or parcel is addressed to or received from an 'exempt body', or an 'exempt person' as defined in the *Crimes (Administration of Sentences) Regulation 2014* cl 3.

¹⁵¹ Corrective Services NSW, *Commissioner's Instruction No: 86/2020 - Amendment to photocopying inmate mail* (26 November 2020).

¹⁵² Information provided by Corrective Services NSW, 20 October 2023.

destroying inmate mail after photocopying in our Review to the Response of COVID-19 in NSW Custody.¹⁵³

6.2 Prisoner advocacy and complaints

The Inmate development committee (IDC) is constituted of inmates nominated by their peers at each correctional centre and provide inmates with an opportunity to raise issues and concerns with the senior management.¹⁵⁴ The COPP provides that IDCs are intended to develop and promote 'positive dialogue and understanding between staff and inmates' and help correctional centre management deal with 'conflicts and difficulties that may otherwise adversely affect correctional centre life'.¹⁵⁵

Historically the IDC at MRRC met on the first Wednesday of each month. At the time of the inspection, the IDC at MRRC had not met since July 2021, eight months prior. This was attributed to COVID-19 and transmission risks associated with inmates from various areas in the centre mixing. Issues previously raised by the IDC included, insufficient TV's and problems with antenna connections, lack of pillows and mattresses in some units and complaints about the food.¹⁵⁶

It is important that inmates in a correctional environment have a mechanism by which they can raise issues and concerns with senior management. Listening to and addressing these concerns contributes to the dynamic security efforts of the centre and should be prioritised. While MRRC was managing significant volumes of inmates in quarantine and isolation, they should also have enabled inmates to have issues and concerns heard and addressed.

Inmates at MRRC have access to the Corrective Services Support Line (CSSL) which is a free telephone support service for inmates in all correctional centres state-wide. Inmates can also contact the NSW Ombudsman and several other agencies using a free call line to raise complaints externally, as they can from other correctional centres. However, as noted previously, many inmates at MRRC had limited or no access to phones for an extended period due to either periods of quarantine, isolation or lockdowns in the centre due to COVID-19 outbreaks or staffing shortages.

In the 2021–22 financial year, the NSW Ombudsman received 194 contacts from inmates at MRRC, and of these 193 were actionable complaints. The overwhelming majority of complaints related to the MRRC's daily routine. Other complaints of significance related to buy ups, medical, property, and visits.¹⁵⁷

At the time of the inspection, there were four official visitors appointed to MRRC. While reductions in the frequency of visits occurred due to the COVID-19 pandemic, legislative requirements of a minimum one in-person visit per month were maintained.¹⁵⁸

6.3 Cultural support for Aboriginal inmates

As of 1 January 2022, the Aboriginal population at the MRRC was approximately 21.5% (226) of the total population, and a further 21.5% of the inmate population were recorded as status unknown/not recorded, which means that the population of Aboriginal people in custody at this time could have been greater than that identified.

153 Inspector of Custodial services, *Review of the Response to COVID-19 in NSW Custody*, (Report November 2023)14, Recommendation 19 and 20.

154 See Corrective Services NSW, *Custodial Operations Policy and Procedures – 9.8 Inmate Development Committee* (version 1.2, 12 March 2020).

155 Corrective Services NSW, *Custodial Operations Policy and Procedures – 9.8 Inmate Development Committee* (version 1.2, 12 March 2020) 4.

156 Information provided by Corrective Services NSW, 4 March 2022.

157 Information provided by the NSW Ombudsman, 16 August 2022.

158 *Crimes (Administration of Sentences) Act 1999* s 228(5).

Aboriginal inmates spoke to the inspection team about the importance of being on Country and the desire to be held in a correctional centre on Country. The lack of a culturally appropriate place for Aboriginal men to meet, such as a yarning circle, was also highlighted. Inmates expressed a desire to have contact with Aboriginal Elders and the Aboriginal identified SAPOs.

MRRC has two Aboriginal identified SAPO positions, who deliver services and programs to Aboriginal men. The COVID-19 pandemic impacted on Aboriginal Elders visiting the centre.

We returned to the MRRC in July 2022 and observed NAIDOC celebrations which were held in the multi-purpose exercise and recreation hall. It was positive to see the men celebrating and sharing their culture through song and dance. It was also positive to see that Aboriginal Elders were able to attend this event.

Given the significant Aboriginal population and the high number of Aboriginal inmates who pass through MRRC, it is important that MRRC embrace opportunities for inmates to engage in activities that increase cultural connection.

Recommendation: CSNSW provide Aboriginal inmates with opportunities for cultural knowledge and connection activities (art, stories, music etc) that are delivered and evaluated by Aboriginal people.

6.4 Clothing, bedding, food, and property

6.4.1 Clothing and bedding

Inmates are provided with clothing and linen upon arrival at MRRC. The quality of clothing and linen observed in the reception room and being used or worn by inmates was of a suitable standard. However, inmates reported that they were not being provided sufficient supplies of clothing. We also identified some inconsistencies between practice and policy regarding the quantity of towels and blankets provided in the reception linen packs.

Of concern, inmates in COVID-19 isolation were not provided with changes of clothing or linen. Correctional centre staff informed us that this was to minimise the risk of cross-contamination, and that inmates could ask for additional clothing or wash their clothing in the sinks in their cells. CSNSW have denied this occurred at MRRC. This reluctance to address poor practice and deny it occurred is disappointing. We observed what was happening on-site and spoke to staff who confirmed they were not providing inmates with clean clothes.¹⁵⁹

The minimum level of clothing that should be issued and maintained as identified in the COPP is outlined below:¹⁶⁰

- T-shirt (short or long sleeve) x 4
- Fleecy tracksuit top/sloppy joe x 2
- Fleecy tracksuit pants x 2 pairs
- Shorts x 2 pairs
- Singlets x 4

¹⁵⁹ Information provided by Corrective Services NSW, 20 October 2023.

¹⁶⁰ Corrective Services NSW, *Custodial Operations Policy and Procedures: 1.5 Issuing correctional centre clothing Searching Inmates* (version 1.3, 16 March 2021) 5.

- Underpants x 7
- Socks x 7 pairs
- Shoes x 1 pair
- Washbags x 2

The minimum allocation of linen should include:¹⁶¹

- 1 x pillowcases
- 2 x sheets
- 2 x blankets

The ICS has previously made recommendations about the quality and quantity of clothing and linen provided to inmates; attention is drawn to these previous recommendations.¹⁶² A reception centre should not assume new arrivals or transferees have sufficient knowledge or familiarity to ask staff for supplies, particularly while in a restricted regime such as quarantine or isolation and if they have not been provided with a proper centre induction as required by legislation. Inmates should be provided with sufficient clothing and bedding throughout their period of incarceration, including during periods of isolation due to illness. CSNSW should address these issues at MRRC and other correctional centres. This issue is also discussed in our review of the response to COVID-19.

6.4.2 Food

Inmates at MRRC are provided with meals prepared and distributed by CSI. Inmates are given cereal packs, milk, and bread, for breakfast; a cold lunch which generally consists of sandwiches or salad, and fruit, and the evening meal, which is a reheated frozen meal, reheated onsite in the MRRC re-therm kitchen.

We received complaints from inmates about the quality of the food and reports that evening meals were sometimes undercooked and still frozen. The delivery of the evening meal in the early afternoon, prior to lock in at 2.30pm, likely contributed to concerns about food quality and safety.

Inmates often supplement the food provided by CSNSW with food that is purchased on the inmate buy up. As an infection control measure, inmates in isolation were unable to receive buys ups at the time of inspection. It was reported this resulted in increased tension among inmates.

6.4.3 Buy ups

Inmates held in correctional centres in NSW can purchase grocery and other items from an approved list of items using their own money, on a weekly basis. The grocery buy up consists of items such as, stationery, confectionery, drinks, toiletries, and hygiene products. Inmates can also purchase items from an activity related buy up once per month.

Buy ups are sorted and distributed on a Saturday morning at MRRC, and this process was observed by the inspection team. Inmate sweepers under the supervision of activities officers sort the buy ups on trolleys for distribution. The boxes and trolleys used for the distribution of buy ups were quite heavy and some trolleys were observed to be overloaded creating a work health and safety issue which should be addressed. On a positive note, we observed a positive rapport between the activities officers and inmate sweepers.

¹⁶¹ Corrective Services NSW, *Custodial Operations Policy and Procedures: 1.5 Issuing correctional centre clothing Searching Inmates* (version 1.3, 16 March 2021) 7.

¹⁶² Inspector of Custodial Services NSW, *Prison Greens: The clothing and bedding of inmates in NSW* (Report, June 2017) 9.

It was widely reported throughout the inspection that the activities officer post was the first post reassigned to other duties when MRRC was short staffed. These officers are frequently used throughout the week to facilitate medical escorts or relieve other critical areas of the centre. The exception to this was Friday, Saturday, and Sunday to facilitate buy ups processing.

Due to COVID-19, at the time of inspection buy ups were being delivered to each of the pods, where they were then distributed by correctional staff. Buy ups for inmates who had left MRRC were separated prior to distribution to enable the items to be returned and recredited to the inmate's account.

As noted previously, inmates in medical isolation were not able to order buy ups, nor were they able to bring property with them into isolation. As a result, CSNSW introduced a gratuitous buy up pack which contained an assortment of low value food items such as noodles and rice crackers. We heard that it was common for inmates to complete isolation never having received the gratuitous buy up. The lack of additional food items was a source of angst amongst inmates in isolation. The frequent reallocation of activities staff was cited as the reason inmates were not being provided with this buy up and little thought had gone into an alternative method of distribution. CSNSW refuse to accept this occurred.¹⁶³ This is disappointing, as difficulties with the distribution of the gratuitous buy up were observed and reported during the inspection.

6.4.4 Property

When inmates are transferred between correctional centres, they generally take their property with them. Inmate property includes a carry-on bag in which inmates can bring essential items such as toiletries, and a change of underwear and socks. A valuables bag, which holds valuable items that an inmate cannot possess while in custody (such as identification, bank cards, a mobile phone and jewellery), is stored within a valuable property room. Inmates' personal clothing will be stored and transported in a canvas bag. Other inmate property is moved in plastic storage tubs. Inmates are allowed two storage tubs of 15kgs each. Storage tubs are sealed with auditable seals. Unsentenced inmates and appellants can also have one storage tub for current legal proceedings whilst in custody.¹⁶⁴

Inmates with COVID-19 transferred to MRRC to isolate were transferred without their property, including their valuables. Their property was stored by the correctional centre from which they were transferred as it was expected that they would return there. This approach became problematic when some of these inmates were released directly from MRRC. Under normal circumstances inmates released after being transferred to a correctional centre without their property would be transferred back to that location and discharged from there. That did not occur for inmates transferred to MRRC for isolation.

We were informed that an inmate with COVID-19 was transferred from Goulburn Correctional Centre to MRRC without his property. After he completed medical isolation, he was discharged from custody at MRRC. He was released in prison greens and given an opal card and advised to make his way via public transport to Goulburn to collect his property. This inmate had serious mental health issues and became distressed. He was readmitted to custody three days after release having been charged with a new offence. There are significant risks associated with releasing inmates from custody without their property. It is unrealistic to expect inmates, particularly those who are vulnerable, to travel significant distances to collect their property from another correctional centre.

¹⁶³ Information provided by Corrective Services NSW, 20 October 2023.

¹⁶⁴ Corrective Services NSW, *Custodial Operations Policy and Procedures: 4.5 Property on transfer* (version 1.0, 22 June 2023) 4.

6.5 Psychological services

At the time of inspection there were 12 psychologist positions at MRRC, but five were vacant. The key objectives of the psychology team at the MRRC were reducing the risk of self-harm and suicide amongst inmates and the provision of mental health support.

The psychologists triage referrals based on risk and need. COVID-19 had a significant impact on the demand for psychology services at the MRRC. The impacts of quarantine and isolation were reported to have exacerbated the mental health issues of inmates, resulting in increased referrals. We heard that prior to the MRRC being used as an isolation hub, the wait list to see a psychologist was approximately two weeks but this increased significantly after MRRC became the COVID-19 isolation hub.

As with other services at the MRRC, access to inmates was challenging. Psychologists were utilising PPE and interviewing inmates through the cell hatch. We heard that this was problematic as it made it difficult to have confidential conversations with inmates, resulting in reduction to the quality of service provided.

6.6 Activities

6.6.1 Recreation and leisure activities

The ICS Standards identify that inmates should have reasonable access to a range of sports, recreation, and cultural activities.¹⁶⁵ Similarly, the Guiding Principles identify that prisoners should be provided with opportunities to safely engage in a range of recreational and sporting activities which promote good health and wellbeing.¹⁶⁶

A new multi-purpose exercise and recreation area was built as part of MRRC's expansion. This consists of an enclosed space for games like basketball, or indoor soccer and an outdoor exercise area. At the time of inspection these facilities were not being used as minimal internal movements were occurring to prevent the spread of COVID-19. Ordinarily correctional officers rostered to the activities post escorted inmates from the pods to these areas for recreation. However, as noted previously, this post was frequently vacant as staff were redeployed to other duties due to staff shortages.

CSNSW have advised that MRRC have created a detailed activity plan including various sporting competitions in the recreation hall.¹⁶⁷ The implementation of the plan will require ongoing monitoring from CSNSW.

6.6.2 Library

The ICS Standards identify that inmates should have reasonable access to a library of recreational, educational, cultural and information resources.¹⁶⁸ Similarly, the Guiding Principles provide that prisoners should be provided with library services to meet their legal, recreational, and educational needs.¹⁶⁹

MRRC's Ron Woodham Library has an extensive collection of books and a large legal reference library. To minimise the movement of inmates, at the time of inspection only inmates who were employed and housed in the same accommodation pod could access the library. A schedule for library access has been created to allow inmates to access the library once a week.¹⁷⁰ Ongoing monitoring of the implementation of this schedule is required.

¹⁶⁵ Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 100.

¹⁶⁶ Corrective Services Administrators' Council, *Guiding Principles for Corrections in Australia* (February 2018) 4.2.9.

¹⁶⁷ Information provided by Corrective Services NSW, 20 October 2023.

¹⁶⁸ Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales* (May 2020) standard 125.

¹⁶⁹ Corrective Services Administrators' Council, *Guiding Principles for Corrections in Australia* (February 2018) 2.3.6.

¹⁷⁰ Information provided by Corrective Services NSW, 20 October 2023.

Multi-purpose exercise and recreation hall



Outdoor exercise area



Ron Woodham Library



Legal reference collection



Recommendation: CSNSW ensure the use of the library and related services by inmates at the Metropolitan Remand and Reception Centre.

Recommendation: CSNSW ensure inmates have access to exercise facilities at the Metropolitan Remand and Reception Centre.

6.7 Support for religious inmates

The ICS Standards provide that 'inmates should have the right to manifest their religion or belief in teaching, practice, worship and observance, consistent with correctional centre security and good correctional centre management'.¹⁷¹

A new chapel was constructed as a part of the expansion of MRRC. Four chaplains provided a pastoral presence to inmates at MRRC.¹⁷² The chaplains ordinarily provided weekly chapel services, however at the time of inspection chaplains were not permitted to conduct group-based activities.¹⁷³ As a result chapel services were not running.

¹⁷¹ Information provided by Corrective Services NSW, 24 June 2021.

¹⁷² Information provided by Corrective Services NSW, 24 June 2021.

¹⁷³ Corrective Services NSW, *Commissioners Instruction No:08/2022 – Novel Coronavirus (COVID-19) Interim Measure -Temporary restrictions on entry to correctional centres* (14 February 2022).

7 Programs, education, and employment

7.1 Programs

It is an objective of the CAS Act to provide for the rehabilitation of offenders with a view to their reintegration into the community. Similarly, outcome 5 of the Guiding Principles identifies that ‘Prisoners and offenders are supported to change their behaviours and attitudes through participation in targeted programs and services which address criminogenic, and wellbeing needs and support their transition to a prosocial law-abiding lifestyle’.¹⁷⁴

While there is a significant population of sentenced inmates at MRRC, these inmates are largely transiting through to other locations, resulting in a high turnover of inmates with short stays. At the time of inspection, no group-based programs for sentenced inmates were being facilitated to minimise the risk of COVID-19 transmission. However, between January to December 2021, 4,237 inmates participated in the Explore, Question, Understand, Investigate, Practice and Succeed (EQUIPS) Foundations program, 394 in EQUIPS Aggression, 243 in EQUIPS Addiction and 19 in wellbeing programs.¹⁷⁵ MRRC also offered the Aboriginal Cultural Strengthening Program.

The MRRC offers remand programs to inmates including Remand Addiction and Remand Domestic Violence. Remand programs are based on cognitive behaviour therapy (CBT) principles and strategies. These are open programs, meaning inmates can determine when they participate and do not have to complete a set number of sessions. Participation in these programs is voluntary and as participants are on remand there is no requirement for them to admit guilt or take responsibility for their alleged offending.

Remand Addiction seeks to provide addiction support to assist inmates better understand their addiction, reduce unhelpful thinking and distress and learn new coping skills.¹⁷⁶ Remand Domestic Violence consists of six sessions and focuses on assisting inmates to understand their legal circumstance specific to domestic violence and provide them with knowledge and skills for healthier relationships.¹⁷⁷

7.2 Case management and case planning

The case management unit (CMU) at MRRC consisted of four staff. A senior case management officer, and three case management officers. CSNSW describes case management as ‘the collaborative process between staff and inmates where assessment and planning occurs in order to provide appropriate individual interventions’.¹⁷⁸ CSNSW policy requires a case plan for all sentenced inmates with more than three months of imprisonment to serve from the date of sentencing. Plans should be developed and approved within 42 days of sentencing.¹⁷⁹

An inmate’s case plan identifies their criminogenic needs, goals and intervention steps which provide an essential map of their custodial and rehabilitation activities and important first step for all sentenced inmates. All case plans were developed by the case managers assigned to the case management team.

¹⁷⁴ Corrective Services Administrators’ Council, *Guiding Principles for Corrections in Australia* (February 2018) Outcome 5.

¹⁷⁵ Information provided by Corrective Services NSW, 22 March 2022.

¹⁷⁶ Corrective Services NSW, *Offender programs and resources*, Intranet, accessed 31 March 2023; See also Corrective Services NSW, *Compendium of Offender Behaviour Change Programs*, (May 2020) 17.

¹⁷⁷ Corrective Services NSW, *Offender programs and resources*, Intranet, accessed 31 March 2023; Corrective Services NSW, *Compendium of Offender Behaviour Change Programs*, (May 2020) 19.

¹⁷⁸ Corrective Services NSW, *Policy for Case Management in Correctional Centres*, (Version 1.0, 8 December 2017), 1.

¹⁷⁹ Corrective Services NSW, *Policy for Case Management in Correctional Centres*, (Version 1.0, 8 December 2017) 14. Other inmates (remand and those sentenced to less than 3 months) should be given a Service Plan.

The CMU identified and prioritised those inmates who had been sentenced while at MRRC or were already sentenced and were transferred from another correctional centre. Sentenced inmates were reported to transit through MRRC for several reasons including to be interviewed by police or other law enforcement agencies, medical treatment, or association and placement difficulties. The CMU referred to these inmates as long-term transits as they were not at their goal of classification but could stay at MRRC for extended periods of time.

The CMU aimed to see an inmate within 48 hours of being sentenced or arriving at MRRC. A case plan would be developed once an inmate was cleared from COVID-19 quarantine or isolation. Case management officers utilised the Planning for Adjustment, Responsivity, Reintegration, Criminogenic Needs and Communication (PARCC) assessment to inform the case plan. However, the development of case plans was difficult as inmates were often moved out of MRRC within 10 to 15 days, which meant the CMU would not complete their case plan.

As at 1 January 2022, 853 inmates or 81% of the inmate population at MRRC were not eligible for a case plan. Only 200 inmates or 19% of the inmate population had a current case plan. It was suggested during the inspection that there was a need for additional staffing resources for the CMU at MRRC. This would appear incongruent with service needs given low levels of eligibility for case plans at MRRC and the transient nature of inmates passing through the MRRC.

7.3 Education and training

The Guiding Principles for Corrections identify that prisoners should have access to nationally recognised education programs, that are matched to the educational level and learning needs of the inmate. These programs should be aligned with vocational training that assists inmates to gain employment.¹⁸⁰

CSNSW provides educational opportunities to inmates, utilising a needs-based model. Inmates' educational abilities and needs are assessed using the core skills assessment (CSA). The CSA was developed by the Australian Council for Education and Research (ACER) and assists in identifying an inmate's reading and numeracy level in accordance with the Australian Core Skills Framework (ACSF).

Between July 2020 and June 2021, 1,827 CSAs were administered at MRRC. Between July 2021 and February 2022, 1,041 CSAs were administered. Access to inmates was identified to be a challenge for education staff due to staff shortages, lockdowns, and the requirement for inmates to quarantine.¹⁸¹

Typically, education staff develop an education and employment plan (EEP) drawing on the results of the CSA, Level of Service Inventory-Revised (LSI-R), and an inmate's employment and educational history. The EEP is used to assist in identifying education and employment goals while in custody. Between July 2020 to June 2021, 1,734 EEP's were completed at the MRRC. Between July 2021 and January 2022, 585 EEP's were completed.¹⁸²

Remand inmates can participate in education programs including foundation skills programs (consisting of literacy, numeracy, and digital literacy) or vocational training programs if a need is identified. At the time of the inspection, third party providers were suspended from entering correctional centres due to COVID-19.

Training offered to inmates at MRRC was linked to their employment. No vocational training was provided to inmates at MRRC in 2021 due to restrictions related to COVID-19. At the time of inspection, MRRC had plans to run vocational training in food safety, and cleaning operations. A vocational training plan for

180 Corrective Services Administrators' Council, *Guiding Principles for Corrections in Australia* (February 2018) 5.1.11.

181 Information provided by Corrective Services NSW, 22 March 2022.

182 Information provided by Corrective Services NSW, 22 March 2022.

the second half of 2022 had been approved and included training in test and tag, food safety, cleaning operations and waste management.

The transient nature of the population at the MRRC often precludes inmates from undertaking traineeships. However, the centre usually retains a number of sentenced inmates and is now offering 10 traineeships in facilities maintenance.¹⁸³

7.4 Employment

The Guiding Principles identify that prisoner employment increases future employability, supports the achievement of nationally recognised qualifications, and complements educational and vocational training opportunities. It also identifies that employment opportunities should be provided to all eligible, sentenced, remand, and unsentenced prisoners.¹⁸⁴

The CAS Act provides that the governor of a correctional centre may make an order directing any convicted inmate of a correctional centre to carry out suitable work.¹⁸⁵ The limitation in the CAS Act to only require convicted inmates to work reflects international conventions.

As at 1 January 2022, only 22% of the eligible inmate population at MRRC were employed. Employment opportunities available at MRRC largely consisted of roles which assisted the operation of the correctional centre. The employment profile is contained within the table below.

Table 11: Inmate employment profile at the MRRC¹⁸⁶

Employment location	Number of positions
Service	
Centre Hygiene	30
Ground maintenance	15
Building maintenance	15
Recycling	15
Kitchen	15
Painting	15
Commercial	
Laundry	30
Facilities maintenance	25
Total	160

7.4.1 Food services

The food services industry was responsible for food preparation and the delivery of meals to inmates at MRRC. The kitchen had recently been rebuilt following a fire in August 2016.

¹⁸³ Information provided by Corrective Services NSW, 20 October 2023.

¹⁸⁴ Corrective Services Administrators' Council, *Guiding Principles for Corrections in Australia* (February 2018) 5.1.12

¹⁸⁵ *Crimes (Administration of Sentences) Act 1999* s 6(1).

¹⁸⁶ Information provided by Corrective Services NSW, 29 June 2021.

Food services employed 15 inmates and the kitchen was well-equipped to meet meal demands of MRRC. The kitchen had 10 re-therm ovens, which can each heat 153 meals. Meals were delivered by CSI daily. MRRC had a supply of meals on hand in the event of interruptions to the supply chain.

Inmates were responsible for preparing and distributing breakfast packs, cold lunches, and re-thermed frozen meals. Inmates employed in food services undertook a local induction and were required to undertake food safety training. We observed that inmates and staff working in the kitchen wore appropriate PPE.

7.4.2 Laundry

MRRC was operating a commercial laundry that provided employment opportunities for 30 inmates. The laundry washed all the inmate clothing and linen for MRRC, Dawn De Loas Correctional Centre and Silverwater Women's Correctional Centre. Overseers undertook laundry for Silverwater Women's Correctional Centre.

Inmates worked between 6.30am and 1.30pm each day. The inspection team observed inmates sorting, washing and folding linen. At the rear of the laundry there was a small sewing room for repairing or repurposing damaged sheets.

The laundry was a high-risk area for the transmission of COVID-19. Potentially contaminated laundry was double-bagged and placed in silver trolleys. Inmate workers did not directly handle potentially contaminated laundry as it was placed in a dissolvable bag which was placed in the washing machine, minimising the risk of exposure. Inmates were also required to wear PPE when dealing with potentially contaminated laundry. We observed an inmate put on a gown and gloves to handle bags of potentially contaminated laundry, but he did not wear a mask or eye protection. It was also noted that unwashed laundry had been placed in a blue trolley/cage intended for clean laundry creating a possible contamination risk. While CSNSW has developed procedures to minimise the risks of COVID-19 transmission, they are only effective if implemented.

Although inmates working in the laundry undertake a local induction, inmates were unable to undertake formal training. As MRRC is a remand centre and many inmates are unsentenced they were unable to engage in laundry traineeships that are available to inmates in other centres.

7.4.3 Centre hygiene

MRRC employed 30 inmates in centre hygiene. Some of these inmates worked in a hygiene team cleaning throughout the centre and some worked as sweepers cleaning the accommodation pods.

Inmates in the hygiene team were engaged in high-risk activities, entering various areas within the correctional centre and cleaning cells and other high touch areas. At the time of inspection, the centre was trialling an electrostatically charged COVID-19 diffuser/disinfectant which was being used to spray down cells, and other high touch areas.

It was frequently reported throughout the inspection that inmates in the hygiene team had been trained in forensic cleaning. However, due to COVID-19 the external training provider was unable to deliver this training in 2021. This training was scheduled to run in 2022.

Inmate workers all resided together in Pods G13 and G14. Prior to the inspection there was an outbreak of COVID-19 among inmate workers. We were informed that 37 inmates tested positive to COVID-19 and were placed into isolation. This impacted the operation of MRRC and required overseers to perform functions

ordinarily performed by inmate workers. CSNSW should consider whether inmates performing COVID-19 cleaning should reside with other workers, performing essential work.

The inspection team spoke with inmate workers who had contracted and recovered from COVID-19. These inmates shared that they had not been vaccinated against COVID-19. The inmates conceded that it was their choice not to get vaccinated and they had been offered vaccinations but declined. Nevertheless, allowing unvaccinated inmates to perform critical work functions was unwise.

CSNSW maintain that inmates were required to be vaccinated as part of their employment application.¹⁸⁷ Despite this requirement for new inmate workers to be vaccinated, unvaccinated inmate workers were allowed to continue working.

7.4.4 Recycling

MRRRC employed 15 inmates in recycling. Inmates engaged in the recycling team could undertake accredited training in waste management, and a course was scheduled to run in the latter half of 2022. It was identified at the time of inspection that the recycling team needed a dedicated workspace.

7.4.5 Centre maintenance

Several industries that employ inmates at MRRRC were focused on maintaining the facilities and grounds. The building maintenance team employed 15 inmates, who assisted with maintaining the centre's infrastructure. MRRRC also employed 25 inmates in facilities maintenance. The centre employed 15 inmates to maintain the grounds and 15 inmates were employed to paint the centre.

CSI utilised a part of Irwin House as a storage area and workshop for these industries. The inspection team observed inmates welding outside of this building. The inspection team were concerned about the very real risks of a fire, with this activity being undertaken proximate to a building of historical significance.

Kitchen re-therm ovens



Laundry



¹⁸⁷ Information provided by Corrective Services NSW, 20 October 2023.

7.5 Preparation for release

Inmates released from the MRRC may have been granted bail or found not guilty at court, completed a sentence, or released to parole. Between January to December 2021, 2,067 inmates were released from the MRRC, an average of 172.25 inmates per month.¹⁸⁸

The NEXUS pre-release program is offered to sentenced inmates prior to release at the MRRC. NEXUS is an all-of-sentence release planning strategy designed to assist participants to drive their own release planning, including how to re-connect to the community.¹⁸⁹ In the 12-month period from 1 March 2020 to 1 February 2021, 734 inmates participated in Nexus.¹⁹⁰

¹⁸⁸ Information provided by Corrective Services NSW, 24 January 2022.

¹⁸⁹ Corrective Services NSW, *Offender programs and resources*, Intranet, accessed 31 July 2023.

¹⁹⁰ Information provided by Corrective Services NSW, 31 March 2021.



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