

## Questions Taken on Notice – Corrections Portfolio – 7 March 2022

### Question 1 – Prison lockdowns (page 7)

**KEVIN CORCORAN:** When you talk about lockdown are you talking about locking down inmates in their cells or are you talking about locking the entire facility down with no entry or exit?

**The ACTING CHAIR:** We are talking about inmates being locked in their cells and on many occasions having 15 minutes or less out of cell in a 24-hour period.

**LUKE GRANT:** I might answer that question. I think it is something that we need to take on notice. We can give you a lot of detail about that incident because it has been very well examined, but just to point out that, as the commissioner said, there are a number of parts of that centre that were not locked down at all. Initially we had a whole lockdown of the centre that occurred over several days. There was testing that was done throughout the centre that discovered that at least two of the areas, area 4 and area 3, had no COVID cases. Those areas therefore did not have to be locked down. So a complete lockdown of the jail did not occur. The outbreak was managed over a period of about five weeks and during that time of five weeks there were parts of the centre that were locked down, but certainly not the whole of the centre; that would happen for a short period initially and then it was expanded. To respond to your question earlier, you asked about where the cases are as we speak, if you would like me to answer that specifically.

**The ACTING CHAIR:** That would be good.

### **I am advised:**

With reference to the question about the dates of the Parklea Correctional Centre COVID-19 outbreak (see page 6 of the transcript) movements were restricted at the centre from 28 August 2021 to 2 October 2022. As advised by Deputy Commissioner Grant at the hearing, this did not impact the whole correctional centre.

In the areas of the correctional centre that were impacted, movements and transfers in and out of the centre were restricted, and inmates were isolated in their cells as part of risk mitigation measures relating to transmission.

## Question 2 – Inmate vaccination rates (page 10)

**The ACTING CHAIR:** Commissioner, if you have a list of the vaccination rates in the different facilities, and you most likely do, it might be useful to hand that up at some point over the next 20 minutes and we can have a look at that.

**KEVIN CORCORAN:** That would be Justice Health information, but I am sure that could be provided. Can we take that on notice?

### I am advised:

The following data has been provided by the Justice Health & Forensic Mental Health Network (**Justice Health**) (as at 14 March 2022). Data is also provided for Clarence, Junee and Parklea Correctional Centres (as at 18 March 2022).

Any further questions should be referred to the Minister for Health.

Justice Health is working with Corrective services NSW to support health providers at Clarence, Junee and Parklea to improve vaccination rates at these centres.

Current Custody Location	COVID Vaccination First Dose %	COVID Vaccination Second Dose %
Bathurst CC	88.12%	79.29%
Broken Hill CC	80.49%	80.49%
Cessnock CC	88.56%	79.55%
Compulsory Treatment Centre Drug	100.00%	100.00%
Cooma CC	88.64%	87.88%
Dawn De Laos CC	86.41%	83.50%
Dillwynia CC	86.47%	78.20%
Geoffrey Pearce	90.10%	86.69%
Glen Innes CC	93.33%	89.52%
Goulburn - HMRC	88.89%	77.78%
Goulburn CC	94.04%	87.37%
Hunter CC	99.70%	99.10%
John Morony CC	83.99%	73.72%
Kirkconnell CC	94.12%	93.53%
LBH1	84.93%	76.71%
LBH2	95.53%	84.92%
Lithgow CC	89.23%	86.92%
Macquarie CC	94.44%	92.59%
Mannus CC	95.79%	91.58%
Mary Wade CC	96.36%	96.36%
Mid North Coast CC	86.35%	77.88%
MRRC	84.75%	76.92%
MSPC 1	95.62%	90.88%

MSPC 2	97.26%	95.89%
MSPC 3	95.52%	94.14%
Oberon CC	96.30%	96.30%
Shortland CC	84.18%	74.85%
Silverwater Women's CC	79.01%	70.17%
South Coast CC	90.40%	85.87%
Special Purpose Centre	113.16%	100.00%
St Heliers CC	91.67%	90.97%
Tamworth CC	85.71%	79.59%
Wellington CC	85.11%	74.47%
Clarence CC	78.00%	68.00%
Junee CC	77.00%	69.00%
Parklea CC	60.00%	53.00%

**Question 3 – Inmate booster program (page 11)**

**The Hon. TARA MORIARTY:** When did the booster program start?

**KEVIN CORCORAN:** I could not give you that date.

**The Hon. TARA MORIARTY:** It was not happening at all a couple—

**KEVIN CORCORAN:** Again, Justice Health manages—

**The Hon. TARA MORIARTY:** Surely they would have given you the information?

**KEVIN CORCORAN:** Sure. I do not have that in front of me.

**Dr GEOFF LEE:** If we do not have it, we will get back to you.

**The Hon. LOU AMATO:** Take it on notice, if you do not have it.

**Dr GEOFF LEE:** Take it on notice.

**I am advised:**

This question was answered during the hearing. See response on page 13 of the transcript.

#### **Question 4 – Staff with COVID-19 (page 13)**

**The Hon. TARA MORIARTY:** Let me start with the staff first. So 1,421 have had COVID. How many of those have been seriously ill and off work for long periods?

**Dr GEOFF LEE:** I do not have those figures for their return to work, unless the commissioner or one of your staff does? Otherwise we can—

**KEVIN CORCORAN:** No. We would have to take that one on notice.

**The Hon. TARA MORIARTY:** Yes, that is fine. Maybe a better way to put it is to refer to workers comp or any other support they might have needed or other leave arrangements that they might have needed during that period. You can take that on notice as well, if you like.

#### **I am advised:**

CSNSW does not hold information on how many staff may have become seriously ill due to a COVID-19 infection.

As at 21 March 2022, 527 CSNSW staff members have submitted a workers compensation claim for COVID-19:

Of these 527 workers:

- 251 employees have returned to work and are performing their pre-injury duties
- 220 employees are unfit for work and have not returned to the workplace
- 18 employees have returned to work on suitable duties
- The work capacity status for 38 employees is not available.

All Department of Communities and Justice (**DCJ**) employees have been provided with guidance on leave provisions in relation to COVID-19 and the resources available to support wellbeing.

## **Question 5 – The Last Governor’s Facebook Page (page 15)**

**The ACTING CHAIR:** Just so those other members in the Committee are aware, this is making comments about an inmate's partner and an inmate who was in deeply distressed conditions in jail:

Clearly X's husband cares more about himself than her. Inmates are "broken, fading and dying" because of their own actions.

Spare a thought for all the law abiding citizens who were locked in their house for months. Denied any freedom and limited services even tho they have never committed a crime.

Give Inmate X a length of rope and Mrs X a cup of concrete. After all you've both made your life choices, deal with it.

Has this been brought to your attention, Mr Scasserra?

**CARLO SCASSERRA:** I would have to take that on notice. As I said, we get a number of referrals every day.

### **I am advised:**

The individual identified by the Acting Chair as “L” has not worked for CSNSW since 2012. “L” has never worked for any of the private correctional centre operators in NSW.

**Question 6 – No of staff disciplined (page 16)**

**The ACTING CHAIR:** How many prison officers have been formally disciplined for their posts on The Last Governor?

**KEVIN CORCORAN:** Over a period of time?

**The ACTING CHAIR:** In the last 12 months? In this last financial year?

**KEVIN CORCORAN:** I think we would have to take that on notice.

**CARLO SCASSERRA:** We would have to take that on notice.

**The ACTING CHAIR:** In the last two financial years?

**CARLO SCASSERRA:** Yes, we could do the last two financial years. We have disciplined officers for comments.

**I am advised:**

In 2020/21, three CSNSW employees were formally disciplined (e.g. reprimand, fine or termination) for their posts on The Last Governor.

In 2021/22 (year to date), two CSNSW employees were formally disciplined for their posts on The Last Governor.

## **Question 7 – Death in custody at Junee Correctional Centre (pages 17-18)**

**CARLO SCASSERRA:** The decision would have been made locally at the time. I am unaware of the medical issues and perhaps the transport was not recommended; I am not sure. I would have to take that component on notice. Sometimes if people are unwell, medical does say that it is best not to transport them. We would have to review all of that.

**The Hon. TARA MORIARTY:** You do not know if that were the case here?

**CARLO SCASSERRA:** I am unaware.

**The Hon. TARA MORIARTY:** I accept that you want to take the details on notice. I appreciate it if you could.

**The ACTING CHAIR:** Sometimes if people are unwell, they get transported in things called "ambulances".

**CARLO SCASSERRA:** Yes, of course they do. But again decisions are made by medical staff and the like as to whether or not someone is best cared for where they are or whether or not they will be transferred.

**The ACTING CHAIR:** This man was not cared for. He died alone in a cell with COVID.

**CARLO SCASSERRA:** The inmate was being looked after. I would believe, as I said, I am unaware of the exact reasons why he was not transported further but he was taken off that transport that morning. But we can get further details to you.

**The Hon. TARA MORIARTY:** Yes, if you could get further details and also why he was not in hospital. I understand you would have internal processes for transferring.

### **I am advised:**

The inmate was asymptomatic and did not need to be hospitalised.

The inmate contracted COVID-19 on 25 January 2022, and the paperwork requesting transport was completed on that same day.

The inmate was then scheduled to be transferred by CSNSW to the Metropolitan Remand and Reception Centre on 27 January 2022. He was not removed from transport.

The inmate was being monitored by GEO Health, as per COVID management requirements.



**Question 8 – Inmates in isolation (pages 19-20)**

**The Hon. TARA MORIARTY:** What is the longest time someone has been isolated in that way?

**LUKE GRANT:** I would have to take that on notice. I have not got that information.

**The Hon. TARA MORIARTY:** If you could take that on notice and also where and how many people were impacted?

**I am advised:**

The average length of time inmates spend in isolation at the Metropolitan Remand and Reception Centre, where the majority of COVID-19 positive inmates are sent, is 11 days. Data for individual inmates includes housing and placement information, however CSNSW does not hold data that shows isolation periods for all inmates.

## **Question 9 – Aboriginal health worker positions (page 23)**

**The ACTING CHAIR:** Are there three full-time equivalent Aboriginal health worker positions based at Junee Correctional Centre, Mr Scasserra? That is a pretty simple test.

**CARLO SCASSERRA:** Again, I would have to take on notice whether all three are there. It is a very hard struggle to find Aboriginal support workers in most of our jails and to cover off on those. Again, it is not a job that is attractive to a lot of people. There is a lot of trauma associated with those roles as well. Every effort is made to connect people with their kin as much as possible.

**The ACTING CHAIR:** Can you tell me which of the six recommendations in the Hogan coronial have been implemented?

**CARLO SCASSERRA:** We can provide those.

**The ACTING CHAIR:** And if they have not been implemented, why?

**CARLO SCASSERRA:** Yes, I can provide those.

**The ACTING CHAIR:** Can you provide me with the same information about the nine recommendations in relation to the tragic death of Mr Whitton?

**CARLO SCASSERRA:** I can provide those as well, yes.

### **I am advised:**

The GEO Group Australia Pty Ltd (**GEO**) has been actively recruiting for Aboriginal Health Workers. One employee commenced in January 2021. A second worker commenced in July 2021 but has since left. GEO is currently recruiting for the vacant role.

GEO has reviewed the roles and the current inmate population, with only two Aboriginal Health Workers required at Junee Correctional Centre. If the inmate population increases, further recruitment may need to occur.

In relation to the implementation of coronial recommendations following the inquests into the deaths of Mr Jonathan Hogan and Mr Danny Whitton, the following information is provided:

#### Jonathan Hogan

On 6 May 2020, the Coroner handed down findings into the death of Jonathan Hogan. All the recommendations were accepted and implemented, except for recommendation 6 which was a broad recommendation for CSNSW regarding the telephone system which was not supported. This information is available online at:

<https://www.justice.nsw.gov.au/lrb/Pages/coronial-recommendations.aspx>

## Danny Whitton

The Coroner handed down findings on 19 November 2021. It should be noted inmate Whitton had not only taken paracetamol, but had diverted methadone and other medications from other inmates.

GEO has accepted the coronial recommendations that were specific to GEO and have been working on the implementation of these recommendations.

In February 2022, medical resources were diverted to the management of COVID-19 within Junee Correctional Centre.

Three recommendations were specific to Justice Health and Forensic Mental Health Network within NSW Health, as well as three specific recommendations assigned to CSNSW.

Most recommendations relating to CSNSW have been accepted. However, in relation to recommendation 9, CSNSW is still considering its position.

The final agency responses on the implementation of the coronial recommendations will be published online at:

<https://www.justice.nsw.gov.au/lsb/Pages/coronial-recommendations.aspx>

## Question 10 – Deaths of Mr Hogan and Mr Whitton (page 24)

**The ACTING CHAIR:** Has there been any accountability under the contract, even if it is the prior contract with GEO, for these two preventable deaths? Have they at least paid some kind of financial penalty for letting two Aboriginal men die on their watch?

**CARLO SCASSERRA:** I would have to take that on notice because I was not the assistant commissioner at the time. But I could get that information to you.

### **I am advised:**

The previous Junee contractual regime (which ceased on 30 November 2020) had the following penalty for any unnatural death in custody:

*PLF J1.2 Death in custody for which a material adverse finding has been made against the Operator by the Coroner. \$100,000 per incident.*

This penalty was not applied at the time.

This penalty clause no longer exists. Under the new contract, this was replaced with a charge event that applies a \$500,000 charge for any unnatural death in custody regardless of any coronial findings.

## **Question 11 – SIRA Investigation of workers compensation claims (page 25)**

**The ACTING CHAIR:** Can you provide the Committee on notice, if the EY report was commissioned and paid for by your department, what its purpose was and what the cost was? Can you also provide the same information about the Piper Alderman report?

**MICHAEL TIDBALL:** Yes, I can, Mr Shoebridge.

### **I am advised:**

DCJ understands the State Insurance Regulatory Authority (**SIRA**) commissioned Ernst & Young. DCJ engaged Piper Alderman (**PA**) to undertake a review of potential misconduct matters arising from the SIRA report. The cost of the PA review was \$110,000 (including GST).

## **Question 12 – Piper Alderman Report (page 25)**

**The ACTING CHAIR:** Will you provide the Committee with a copy of the Piper Alderman report?

**MICHAEL TIDBALL:** Mr Shoebridge, I would be able to do that. I would seek to, in terms of the privacy and confidentiality—

**The ACTING CHAIR:** I am more than happy for you to take it on notice for that purpose.

**MICHAEL TIDBALL:** Otherwise, I am certainly happy to provide it, Mr Shoebridge.

**The ACTING CHAIR:** Mr Tidball, of the three injury managers who had caustic findings against them for their conduct in, as I understand it, all four of the reports, one has left. But two—in fact, the two main injury management officers involved—still work in their roles and still work with injured Corrections officers. How is that the case?

**MICHAEL TIDBALL:** Mr Shoebridge, I am unaware of that aspect. I am happy to take that on notice and inquire about it and appropriately report back to the Committee.

**The ACTING CHAIR:** Finally, before I hand back to the Opposition—Minister, this entire sorry saga has seen Mr Fitzpatrick substantially in the red for legal expenses to simply get a human and decent and lawful response from your department and from Corrective Services NSW. Will you meet with Mr Fitzpatrick and speak with him about options to ensure that he is not out of pocket? It could be to the tune of close to \$170,000 for legals for this.

**Dr GEOFF LEE:** Yes, I will meet with Mr Fitzpatrick.

### **I am advised:**

Several injury managers were involved in the claim over a period of at least three years. Two of those staff have resigned and no longer work for the DCJ.

The Piper Alderman report is currently being redacted to maintain privacy and confidentiality. The redacted report will be sent to the Committee as soon as it is available.

### **Question 13 – Inmate disturbances at Parklea Correctional Centre (p 26)**

**The CHAIR:** Excellent. The Opposition?

**The Hon. TARA MORIARTY:** He has been to hell and back. You should meet with him. Thank you, Chair. Can I ask about the repeated situation that seems to be occurring at Parklea in relation to inmates rioting? I asked about this at the last estimates hearing with the former Minister. There was a riot; I think it was on 1 July last year. I understand there was going to be some sort of report or review done into that. I am not talking about what is happening regarding police charges. A review of the actual riot—where are we at with that? Can you give me some information about it?

**Dr GEOFF LEE:** I will ask the commissioner or any of the staff you have here, Commissioner. Otherwise I will take it on notice to give you the status of that report into the incident that you mentioned. I will take it on notice.

#### **I am advised:**

An internal investigation was conducted by MTC-Broadspectrum into the events leading up to and during the incident on 12 July 2021. Ten recommendations were made, and all have been implemented. These recommendations covered areas such as reviewing and updating incident and intelligence capturing procedures, staff deployment within the Centre, use of cameras and the recording of incidents.

**Question 14 – Fires in correctional facilities (page 29)**

**CARLO SCASSERRA:** Within all facilities? It does occur. As I said, it is not unique to Parklea. It definitely does occur. I do not have on me the statistics of how many fire events are reported but fires do occur across the system.

**The Hon. TARA MORIARTY:** Are you able to provide it? You can take it on notice.

**I am advised:**

The number of fire-related incidents reported in NSW prison custody were:

<b>Financial Year</b>	<b>No. of fire-related incidents</b>
2019/20	474
2020/21	509
2021/22 (at 28 February 2022)	456



## **Question 15 – Mouse Plague at Wellington Correctional Centre (page 30)**

**KEVIN CORCORAN:** Not everyone is back in. We are just gradually filling that facility back up again, which only commenced in the last week or so.

**The Hon. TARA MORIARTY:** So literally a week ago people started returning?

**KEVIN CORCORAN:** Yes, started to return people in. We were ready to bring them back earlier but we were using some of the staff around the system, with the amount of staff we had off with COVID.

**The Hon. TARA MORIARTY:** Right. What were the consequences? Are people essentially still in other facilities?

**KEVIN CORCORAN:** Yes, we are gradually bringing them back into Wellington.

**The Hon. TARA MORIARTY:** What is the timetable for that for it to be at full strength?

**KEVIN CORCORAN:** I would have to take that on notice. I am not 100 per cent certain when that is occurring. Obviously with all the moves around the system with COVID—bringing COVID positive inmates in MRRs—it is very difficult to pin down an actual timetable for something of that nature. As I also said, we were trying to work out what we were going to do with Windsor when we were thinking we had to evacuate 1,000 inmates from that facility with the floods. There has been a lot of planning going on with transport over the last few weeks. My apologies, I cannot give you a precise answer on that.

### **I am advised:**

Wellington Correctional Centre started receiving inmates again on 7 March 2022. The Centre is expected to return to normal operations on 11 April 2022.

**Question 16 – Cost to repair damage at Wellington (page 30)**

**The ACTING CHAIR:** Did you say it cost \$40 million to mouse-proof Wellington?

**KEVIN CORCORAN:** Not so much to mouse-proof it but to repair the damage that the mice caused. About 70 per cent of that was spent in the local community.

**The ACTING CHAIR:** If you can give a breakdown on how much was repair and how much was mouse-proofing?

**KEVIN CORCORAN:** Sure. Can we take that on notice?

**The ACTING CHAIR:** Absolutely.

**I am advised:**

The total cost of repair and refurbishment works at Wellington Correctional Centre was \$38.7 million. Of this amount \$28 million was for repair works funded from the proceeds of an insurance claim. \$10.7 million was for future proofing and infrastructure enhancement works funded from DCJ Capital funds.

**Question 17 – Default Notices (page 31)**

**The ACTING CHAIR:** My colleague put to you that there were three events in just seven months. Have default notices been issued? Is Parklea on notice that what is happening there is grossly unacceptable under the contract?

**CARLO SCASSERRA:** Yes, we have issued a number of default notices.

**The ACTING CHAIR:** Can you provide copies of those default notices to the Committee?

**CARLO SCASSERRA:** To the extent they are not commercial in confidence, yes, there will be some information that I can provide.

**I am advised:**

Copies of the Default Notices cannot be provided due to their commercial-in-confidence nature and the fact they could potentially identify inmates.

**Question 18 – Contractual payments made to private operators (page 31)**

**The ACTING CHAIR:** How much have the operators been paid this financial year?

**CARLO SCASSERRA:** I would have to take that on notice as well.

**I am advised:**

This question was answered at the hearing. See response on page 52 of the transcript.

**Question 19 – Financial penalties imposed on private operators (page 32)**

**CARLO SCASSERRA:** Again, I would have to take the question on notice.

**The ACTING CHAIR:** Is it a million dollars or more?

**CARLO SCASSERRA:** Again, I would have to take it on notice because there are a number of—again, abatements exist within the performance regime on a monthly basis; it is not singular charge events that occur. The performance regime is a monthly performance regime.

**The ACTING CHAIR:** Do you know how much? Is there a daily rate for bed unavailability?

**CARLO SCASSERRA:** Correct.

**The ACTING CHAIR:** What is the daily rate for bed unavailability?

**CARLO SCASSERRA:** Again, I do not have it in front of me. I would have to take it on notice.

**I am advised:**

The Bed Unavailability KPI's are shown below:

*“The Quality Performance Points which Manage Co will accrue for each Inmate Place Unavailability is as follows:*

- (a) 110 points per day, or part thereof, for the first seven days; plus*
- (b) 165 points per day, or part thereof, for any subsequent days.*

The State is currently preparing advice relating to the penalty that is to be applied for this incident.

**Question 20 – Policy on informing inmates of positive COVID-19 results (page 33)**

**The ACTING CHAIR:** Can you satisfy yourself, on notice, what the policy is about informing inmates in these circumstances?

**KEVIN CORCORAN:** I shall, yes.

**I am advised:**

This question was answered at the hearing. See response on page 53 of the transcript.  
**Question 21 – Status of CDTP Program (page 35)**

**The ACTING CHAIR:** Can you provide on notice what the current state of the CDTP program is and when it was last fully operational?

**KEVIN CORCORAN:** We can certainly provide that on notice.

**The ACTING CHAIR:** I say this because I have had—and I may not be the only MP who has had this—many in the program who are literally in tears because they thought they had a chance. They were in the program, they thought they were getting their life on track, they wanted to get back to their families through this program and it has been taken off them. Can you provide on notice what the status of that program is?

**KEVIN CORCORAN:** Yes, I can.

**I am advised:**

This question was answered later in the hearing. See response on page 54 of the transcript.

**Question 22 – Last Governor’s Facebook Page (page 36)**

**The ACTING CHAIR:** The individual whose name begins with L on the post that I shared, can you satisfy yourself whether or not she works for any of those private operators?

**KEVIN CORCORAN:** Yes.

**CARLO SCASSERRA:** I can add that she does not.

**The ACTING CHAIR:** You have checked in the time, Mr Scasserra?

**CARLO SCASSERRA:** I have checked, yes.

**The ACTING CHAIR:** Do you know if she has worked for a private operator since 2012?

**CARLO SCASSERRA:** Not that I was made aware of. I know that formally she was working for an operator, but that was quite a while ago.

**The ACTING CHAIR:** If you can give any details on notice, and it may be that you wish to give it in a confidential manner, that would be appreciated.

**I am advised:**

The individual identified by the Acting Chair as "L" has not worked for CSNSW since 2012. "L" has never worked for any of the private correctional centre operators in NSW.

## **Question 23 – Staff and inmate assaults (page 36)**

**The ACTING CHAIR:** Welcome back to this afternoon's session of budget estimates for the portfolio of Corrections. Mr Tidball, did you have a clarification?

**MICHAEL TIDBALL:** I did. Thank you, Chair. I just wanted to clarify my response to a question that, Chair, you asked earlier today, about the Piper Alderman report. That report was a directed response to the findings and was commissioned essentially to guide our response to SIRA. I just wanted to make the point that not all the Piper Alderman findings are consistent with the findings of SIRA. I, of course, will provide further information to the Committee that I undertook to earlier. But I just wanted to clarify that at this point.

**The ACTING CHAIR:** Thank you for that and for the timely notation on the record. The Opposition.

**The Hon. TARA MORIARTY:** Thank you, Chair. Just before I move on to the next topic, I might do a little final few questions just on assaults. I think some of it was taken on notice, but I might just redo some of it. I think probably, Commissioner, best directed to you. You might want to take some of this stuff on notice. But I just want to get some figures, if I can, on assaults that have occurred in facilities, particularly over the last year. But, if you can, give me over the last two.

**KEVIN CORCORAN:** So you want it facility by facility.

**The Hon. TARA MORIARTY:** Yes, if I can get a breakdown on officers, facility by facility, and also—I do not need the personal details—how many resulted in people being off on workers compensation or a long period of time. Can I also get the breakdown of assaults on inmates if I could? If possible, with the staff, if it can be broken down by physical injury and psychological or mental health, that would be useful, if that is possible.

**KEVIN CORCORAN:** Sure. We will take that on notice.

**I am advised:**

Statistics detailing the number and rate of assaults on inmate and staff for 2019/20 and 2020/21 were tabled at the hearing on 7 March 2022 (see page 52 of the transcript).



## **Question 24 – Inappropriate relationships with inmates (page 37)**

**The Hon. TARA MORIARTY:** How many cases of this have there been over the last, say, 12 months? We are aware of the ones where there are police charges because they then become news. But how common is it?

**KEVIN CORCORAN:** I would probably have to defer to Assistant Commissioner Scasserra for actual numbers there.

**CARLO SCASSERRA:** I do not have the numbers. I can take on notice and provide. But it is not a very common occurrence. Since the legislation was put in place, we have had 10 people charged under the Act, with nine of them receiving sentences and one diverted for mental health reasons. Even for those that depart or resign during our investigation or during investigations, we will still pursue them under misconduct if they are not charged by New South Wales police. They can choose to participate or not. We cannot force their participation; they are no longer employees. But what it does allow us to do is to continue that process. If we find misconduct, we can remove the resignation to a termination if so determined or is the outcome. That has a lasting impression in terms of being able to apply for other government roles.

**The Hon. TARA MORIARTY:** I accept that you are going to take on notice the numbers and circumstances over the last 12 months. Essentially, how do people get caught in these circumstances? Obviously, everything is under surveillance. Most things are watched in these facilities but, clearly, people are doing this. How are they getting caught?

**CARLO SCASSERRA:** There is a number of, obviously, interactions between officers and inmates on daily occurrences. In our most recent or more recent findings, people have tended to have either had relationships previously or were familiar with individuals, maybe not directly but through family or other friends, other networks, social networks et cetera. That has been the catalyst for their familiarity. Again, there is only so much checking we can do that would prevent that. But, at the same time, we do ask and, again, the onus is on the officer to come forward if there is some association, and let us know.

### **I am advised:**

In the past 12 months from March 2021, there have been 10 reported allegations of inappropriate relationships between CSNSW officers and inmates.

## **Question 25 – Treatment of inmates and access to medical care (page 38)**

**The Hon. TARA MORIARTY:** Yes, of course. Can I move on now to the treatment of inmates, particularly in relation to access to medical care inside your system? I am sure I am not a lone ranger in this, but I get contacted almost daily by family members who say that there are issues with their loved ones getting proper access to care. There is not necessarily any way of being able to assess what is right or wrong, but I do want to ask you a few questions about it today. I am also going to refer to the Inspector of Custodial Services health services report from last year because a number of recommendations were made about improving access to medical services, which makes me assume that there are some problems. I have heard from families—I am only going to raise things that I get on a more common basis, rather than individual situations—who might need access to tests, for example, for health complaints in relation to having cancer in the family, or if they suspect there is an issue in that regard. They cannot seem to get access to those things. Sometimes the waiting time can be six months to a year for those kinds of things. Can you comment on that? I know it is Justice Health but—

**KEVIN CORCORAN:** Yes, that is the problem. It is a Justice Health responsibility and probably that question would be better directed to Justice Health.

**The Hon. TARA MORIARTY:** Yes. Look, this is where we kind of get bounced, right? I can go through each of these kinds of categories and I know the answer will be "Justice Health", but the Auditor-General's report from last year also said that there are plenty of access problems in terms of people being able to attend. From memory, there were 60,000 appointments missed in a year from inmates being able to access Justice Health. So it has to go both ways.

**KEVIN CORCORAN:** What we have done, though, to improve access is develop a thing called the medical escort unit. Rather than individual correctional centres doing medical escorts, in the metropolitan area at least we have put this medical escort unit in place that has enabled us to collaborate with the planners from Justice Health. They all sit in the same office so we can make sure that we are providing as much access to specialists as we can with the staff we have available. That has increased markedly, and I will have to take it on notice and provide you with that sort of data. We have really ramped up the capability of Corrective Services NSW to provide access to specialists. I think we are planning on expanding that. I have to talk to the secretary more about finalising that particular unit. We will expand that out into the Cessnock region as well.

### **I am advised:**

In the public prison system, all medical services are delivered by Justice Health. Health care for inmates at Clarence Correctional Centre is provided by Serco. Parklea Correctional Centre is provided by St Vincent's Correctional Health; and Junee Correctional Centre is provided by GEO Group.

Questions in relation to inmate access to health care should be directed to the Minister for Health.

Further to the evidence given to the Committee, a permanent Medical Escorts Unit (**MEU**) was established to escort inmates to access specialist health care services. These medical escorts are recorded as scheduled medical appointments. The MEU also conducts unscheduled medical appointments, hospital guard escorts, and mental health escorts.

Data kept by CSNSW shows that in 2020, in the Sydney Metropolitan region (not including Parklea Correctional Centre, the Special Purpose Centre and the Compulsory Drug Treatment Correctional Centre) the MEU undertook over 6,700 of the total 7,368 scheduled medical escorts, unscheduled medical escorts, and hospital guard duties.

Since 2019, scheduled medical appointments have increased by 8% at Dillwynia Correctional Centre; 31% at Geoffrey Pearce Medical Centre; 22% at John Morony Correctional Centre; 37% at the MRRC; and 14% at Mary Wade Correctional Centre. Justice Health schedules specialist medical appointments for any inmate held in custody, and coordinates with CSNSW to pre-position inmates in the Sydney Metropolitan Region to attend appointments.

## Question 26 – Number of AOD Interventions (page 39)

**LUKE GRANT:** In relation to various alternative addictions support like 12-step types of processes, 2,285 people participated in those programs last year. In addition to that, the work that is done on a one-on-one basis—I do not have the data here, but there are literally thousands of interventions that relate to working with people on a one-on-one basis to support their drug and alcohol use, which I can provide to you on notice, if that is okay?

**The Hon. TARA MORIARTY:** Yes.

**I am advised:**

The Table below details the Drug and Addiction programs and Addiction Support sessions delivered to inmates in correctional centres in the period July 2021 to February 2022.

<b>Program</b>	<b>Inmates (n)</b>	<b>Total sessions</b>
Addictions support group	459	2,627
EQUIPS Addiction	382	9,751
IDATP pathways	72	698
IN-Cell - Getting past addiction	272	5,506
Rolling EQUIPS Addiction	26	1,146
<b>Total</b>	<b>1,211</b>	<b>19,728</b>

<b>Detail of Addiction Support Groups</b>		
<b>Program</b>	<b>Inmates (n)</b>	<b>Total sessions</b>
Addictions support group	130	790
Alcoholics Anonymous	22	85
Narcotics Anonymous	96	435
Open addictions	4	4
Remand addiction	211	1,313
<b>Total</b>	<b>459</b>	<b>2,627</b>

## **Question 27 – Inmate Tablets (page 41)**

**The ACTING CHAIR:** Perhaps if you could, on notice, just indicate those 17 facilities and then the ones that are not on the list and what the rationale for that is.

**LUKE GRANT:** No problem. Absolutely. We will do that.

### **I am advised:**

The following correctional centres now have offender tablets available for inmates: John Morony and Dillwynia, Lithgow, Mannus, Mid North Coast, Shortland, Mary Wade, Dawn De Loas, Geoffrey Pearce, South Coast, and Wellington (when the Centre fully reopens).

Macquarie and Hunter Rapid Build Correctional Centres also use in cell technology (comprising in-cell IPTV Kiosks with in-built features such as secure messaging, calls, and visits).

Inmate tablets are also in use at Clarence Correctional Centre. The Tablets are funded by the Centre.

CSNSW will be focussing on rolling out offender tablets to a further 18 correctional centres: Bathurst, Cessnock, Cooma, Glenn Innes, Emu Plains, Kirkconnell, Broken Hill, Goulburn, Parklea, The Compulsory Drug Treatment Centre, St Heliers, Long Bay MSPC (Areas 1 to 3), The High Risk Management Correctional Centre, Junee, Long Bay Hospital (Areas 1 and 2), the Metropolitan Remand and Reception Centre, Silverwater Women's, and Tamworth.

There are various reasons the remaining centres do not have inmate tablets at this time, including: security reasons, remoteness of the facility, and being a transition and/or remand centre.

## **Question 28 – Drug use in privately operated prisons (page 42)**

**The ACTING CHAIR:** Have you had reports from those facilities in your meetings with the operators? Have they told you any information about the prevalence of drug use in those facilities?

**KEVIN CORCORAN:** Actually they are subject to random urinalysis in those facilities. So they have got probably the best information in the system about the prevalence of drug use.

**The ACTING CHAIR:** Will you give us that data again going back four years so as we can see what the impact has been?

**KEVIN CORCORAN:** Yes.

**The ACTING CHAIR:** Mr Scasserra, have you seen that data over time?

**CARLO SCASSERRA:** I have, yes, seen the data.

**The ACTING CHAIR:** I will not hold you to percentages, as that would be cruel and wrong. Do you have an indication of what that has shown over the past four years?

**CARLO SCASSERRA:** Urinalysis, from my recollection, has shown a decrease in general drug use in facilities that we do random urinalysis over the past couple of years. Again, in terms of my recollection of the statistics, the statistics have dropped but that could also have been because of the introduction of the X-ray scanners that we have and the moving of inmates after visits through scanning rather than strip searching as well— so greater detection methods.

**The ACTING CHAIR:** What is the order of magnitude of the reduction?

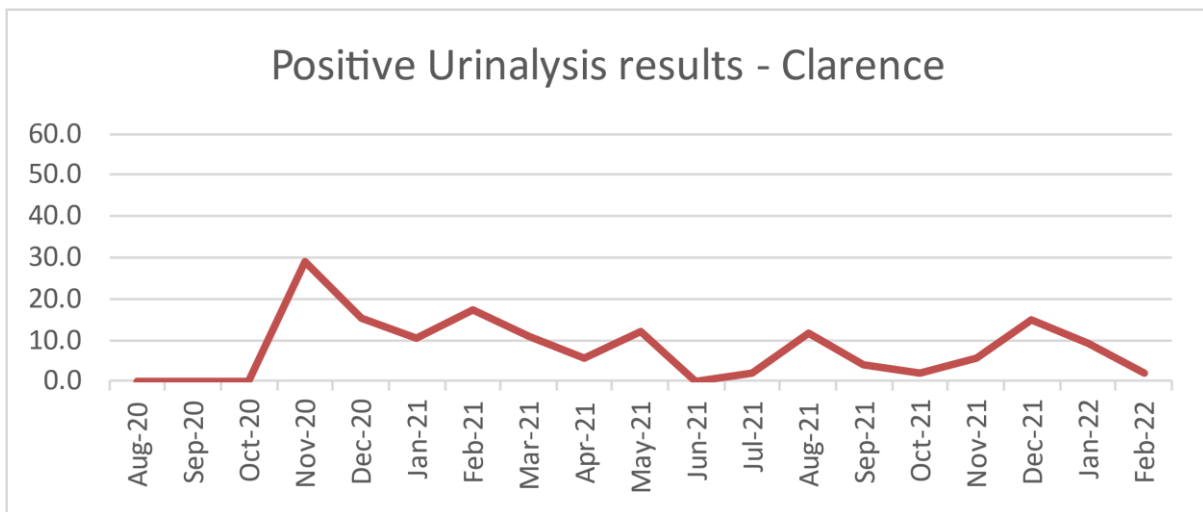
**CARLO SCASSERRA:** Again, I would have to take it on notice. My recollection is good but not that great.

### **I am advised:**

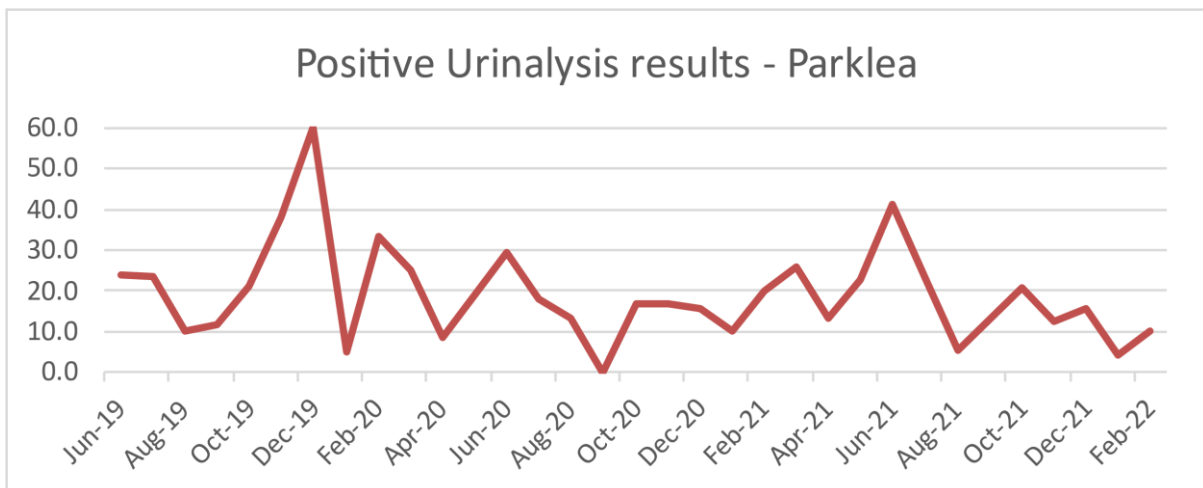
The below figures represent positive urinalysis testing outcomes of monthly randomised samples of inmates at the specified correctional centres. The positive testing rates are calculated as a percentage of all sampled random urinalysis tests completed.

The testing regime comprises of a 5% randomised sample of eligible inmates (ie those inmates that have been at the centre for greater than 30 days), which has produced small numbers of positive results each month, resulting in small peaks and troughs in the outcomes shown in the graphs for each centre below. For example, a positive urinalysis result of 30% is not based on the entire inmate population, but based on a 5% randomised sample of the inmate population.

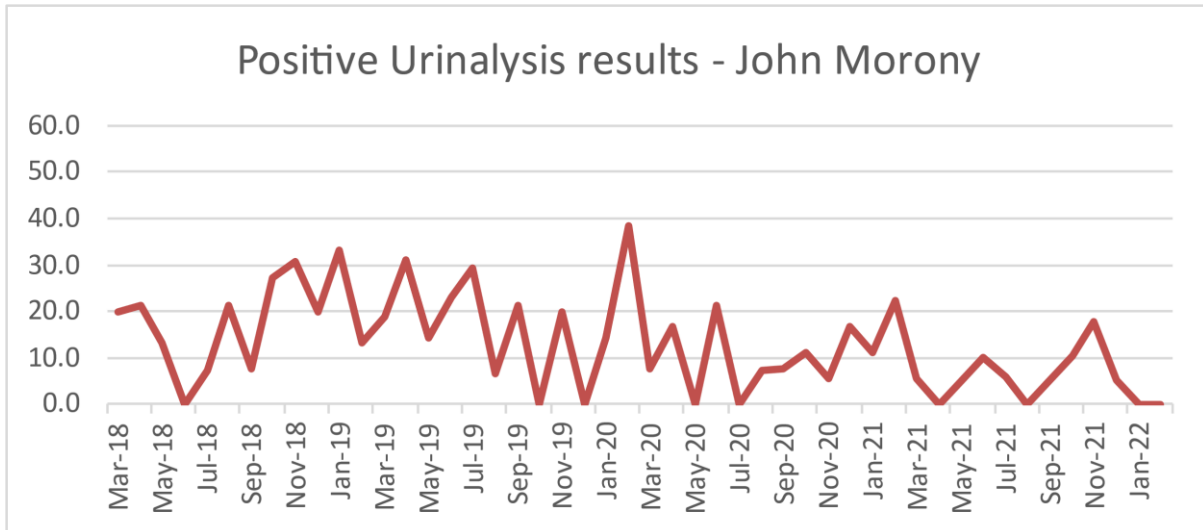
Further, the introduction of a change in inmate mail (all mail is now photocopied and given to inmates) has also resulted in the reduction in overall positive urinalysis rates for correctional centres.



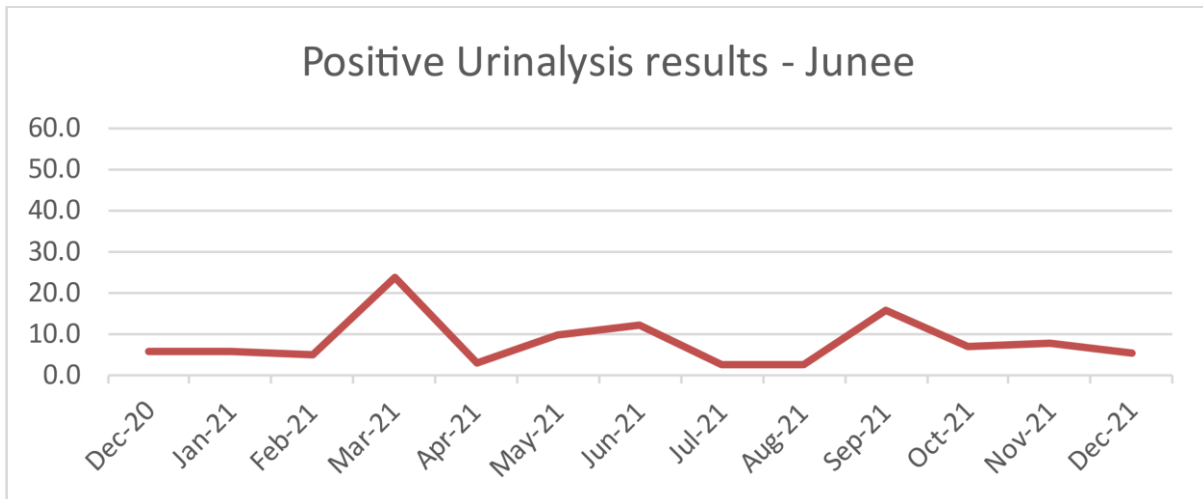
**Notes:** The monthly results show some minor fluctuations. As there is less than 2 years of data available for Clarence Correctional Centre (commenced operations 1 July 2020), trend analysis is limited. Overall, there has been a downward trend since November 2020.



**Notes:** Data is only available since the contract for Parklea commenced in 2019. The percentage of positive urinalysis tests decreased from an average of 26.9% (in the 7 months of data collected) in 2019 to 16.5% in 2020 and increased slightly in 2021 to 19.1%, but still remained well below the 2019 result. There has been a downward trend since mid-2021.



**Notes:** The monthly results show considerable fluctuation however, the annual results show a downward trend in 2020 and 2021. The percentage of positive urinalysis in 2018 and 2019 was 16.7% and 17.6%, respectively, which decreased to 12.2% and 8.2% in 2020 and 2021, respectively.



**Notes:** As there are only 12 months of data for Junee Correctional Centre, it is difficult to comment on trends. The new Performance Regime for Junee Correctional Centre came into effect from December 2020. The previous regime did not have a randomised urinalysis testing regime. However, Junee Correctional Centre maintains a consistently low positive urinalysis rate with only the occasional fluctuations.



## Question 29 – Drug use in prisons (cont'd) (page 43)

**KEVIN CORCORAN:** I was surprised by the low levels that were in the system when we did that system-wide urinalysis. As I said, I do not have the numbers in front of me but I think it was, over the system, something like a 6 per cent positive rate out of the people that were tested. I would have to come back to you with the precise number.

**The ACTING CHAIR:** We will get the data on notice. Do you have an indication of how much of the drugs are coming in through the workforce, through contractors and through genuine third parties?

**KEVIN CORCORAN:** We do have instances of staff bringing drugs into correctional centres, there is no doubt about that, and they are referred through to the police. But it is not a huge number.

**The ACTING CHAIR:** In the past 12 months do you know how many instances have been discovered, and also going back over the past four years?

**KEVIN CORCORAN:** Yes.

**CARLO SCASSERRA:** We can provide it. I do not have it in front of me.

**The ACTING CHAIR:** If you have everything I have asked for the public prisons, could you also provide that for the private prisons? It would be appreciated.

### **I am advised:**

#### Junee Correctional Centre

Since 2018/2019 to 2021/22 (to date), there were two staff members found introducing contraband into the correctional centre (both were tobacco). These two incidents occurred during 2019/20 and 2021/22.

#### Parklea Correctional Centre

Since 31 March 2019 (commencement by MTC-Broadspectrum) to 2021/22 (as at 22 March 2022), there have been two staff members found introducing drug contraband into the correctional centre. One incident is subject to an ongoing NSW Police investigation.

#### Clarence Correctional Centre

During 2020/21 financial year (first year of its operation), there was one employee found to have introduced drug contraband into the correctional centre, where the matter was dealt with by NSW Police. There have been no further incidents since this matter.

### Publicly managed correctional centres

The number of incidents of staff found introducing drugs or drug contraband (for example, tobacco) into correctional centres managed by CSNSW were as follows.

2018/19:	2
2019/20:	5
2020/21:	5
2021/22:	0 (as at 28 February 2022)

### **Question 30 – Evaluation of EQUIPS Programs (page 44)**

**LUKE GRANT:** Yes, the EQUIPS programs have been evaluated by the Matilda Centre.

**The ACTING CHAIR:** When was that review done? I will ask you a couple of questions and you can answer it as you see fit, Deputy Commissioner. When was the review done? Can you provide us with a copy of the review and a summary of it?

**LUKE GRANT:** There are four reviews, which I would not dare to summarise now; it would take the whole afternoon. I do not have all the detail. One of the reviews looked at the efficacy of doing one, two, three or four of those interventions. There is a foundational program, a program for domestic abuse, a program for aggression and a program for addictions, effectively, and the study found a positive impact of a person doing even one of those. So I do not think it seemed to matter which one of those somebody did. Our estimation was that the more that you did the better the impact would be on reoffending. I do not believe that was borne out. But people who completed at least one program had a significantly lower rate of reoffending than people who did not complete one program.

**The ACTING CHAIR:** When was that review done?

**LUKE GRANT:** I think it was finalised in the last 12 months.

**The ACTING CHAIR:** You said there were four reviews.

**LUKE GRANT:** I think some of them were more processed reviews about whether the right people were getting into treatment and so on, but there were four reviews in total and the Matilda Centre, the University of Sydney, undertook all the work on all four programs.

**The ACTING CHAIR:** Can you provide a copy of those reviews to the Committee?

**LUKE GRANT:** I can.

#### **I am advised:**

Attached are four EQUIPS evaluation reports completed by The Matilda Centre for Research in Mental Health and Substance Use, The University of Sydney.

The reports are provided to the Committee with a request that they be treated confidentially and not be released or published in their current form, as the content of these reports is being prepared into academic peer review papers.

### **Question 31 – Resumption of EQUIPS Programs (page 44)**

**The ACTING CHAIR:** Given the evidence earlier about the somewhat limited nature of lockdowns, which appeared to be contrary to the information I have had, how do you explain that radical reduction in EQUIPS? It would appear to be linked to lockdowns.

**LUKE GRANT:** Not entirely. There certainly have been some lockdowns, but I think we mentioned as well that in the first instance we restricted the number of people who could be in a room for treatment and then at one stage we stopped doing group-based activity altogether and went to one-on-one activity, and now we are in the process of resumption back into group activity. So there is a whole series of factors that would have impacted on the number of people participating. We have retained our staff in the workplace throughout COVID; we have changed their mode of program or service delivery to make them more individualised or dealing with smaller numbers of people. That has had an impact. We are in the process of actually reversing that as we speak.

**The ACTING CHAIR:** When do you anticipate EQUIPS to be back up and running fully?

**LUKE GRANT:** It is running now. I would not have a date on it. I would have to take that on notice to say when we got that running.

#### **I am advised:**

All centres that offer EQUIPS have been approved for return to business as usual. Any barriers which may prevent programs running at full capacity at individual centres are being addressed locally to ensure participants can complete treatment.

**Question 32 – Deaths in Custody (general) (page 45)**

**The Hon. TARA MORIARTY:** Following on from that, how many people have died in custody this year and also in the past 12 months?

**KEVIN CORCORAN:** This year, 2021-22, 22 deaths in custody and in 2020-21 there were 29 deaths in custody.

**The Hon. TARA MORIARTY:** You may need to take this on notice, but can I get a breakdown of the causes?

**KEVIN CORCORAN:** In 2021, 13 apparent natural and 16 apparent unnatural. In 2021-22, six apparent natural, five apparent unnatural and 10 cause unknown.

**I am advised:**

The response provided to the Committee (above) addressed the Member's question.

### **Question 33 – Placement of inmates in protective custody (page 51)**

**The ACTING CHAIR:** But surely an inmate, when first moved into protective custody, is, by definition, in a highly vulnerable state. Ordinarily they have had threats to their own safety—maybe an assault upon them, physical violence done to them or the threat of physical violence. They are deeply anxious about their safety. If that does not raise a concern and prevent them being put into a cell with a hanging point, what does?

**KEVIN CORCORAN:** I can say that at this point in time there was no indication of self-harm or suicidal ideation.

**The ACTING CHAIR:** Apart from him being fearful for his life and being put in protective custody?

**KEVIN CORCORAN:** Apart from him being put into protective custody, yes.

**The ACTING CHAIR:** Because he is fearful for his own safety and his life?

**KEVIN CORCORAN:** He is fearful for his safety, yes.

**The ACTING CHAIR:** And that does not trigger those extra protective measures?

**KEVIN CORCORAN:** Not normally, no. Because someone goes into protective custody does not necessarily trigger some activity involving placement in a cell.

**The ACTING CHAIR:** Does it trigger a mental health screening?

**KEVIN CORCORAN:** I am not 100 per cent certain as to what happened during that interview. As I said, it will be the subject of a coronial.

**The ACTING CHAIR:** Was it an interview with a psychologist, psychiatrist or medical practitioner?

**KEVIN CORCORAN:** I cannot tell you that information. I certainly do not have that information before me

**The ACTING CHAIR:** Could you take the question on notice?

**KEVIN CORCORAN:** Yes

#### **I am advised:**

The placement of an inmate in protective custody does not trigger a mandatory notification for at risk of self-harm or suicide. However, section 3.2 of the Custodial Operations Policy and Procedures (COPP) requires that inmates on protective custody be monitored carefully. Section 3.2 of the COPP is available online at <https://correctiveservices.dcj.nsw.gov.au/csnsw-home/correctional-centres/custodial-operations-policy-and-procedures-copp.html>

This inmate's death will be the subject of a coronial process and it is not appropriate to comment further.

## Question 34 – Breakdown of penalties issued to private operators (page 52)

**The ACTING CHAIR:** Can I say that is extremely helpful, Mr Scasserra. On notice, can you provide us with a breakdown of what those penalty figures were provided for?

**I am advised:**

Penalties are applied for Key Performance Indicator (**KPI**) failures. KPIs for Parklea, Junee and Clarence Correctional Centres are published on the internet at:

<https://correctiveservices.dcj.nsw.gov.au/csnsw-home/work-with-us/doing-business-with-csnsw/class-3-contract-documents-awarded-tenders.html>

For Parklea Correctional Centre, the categories for penalties abated during financial year 2021/22 (year to end of January 2022) were within the KPI categories:

- Time out of cells/ Purposeful activities/ Case management;
- Assaults/ Self-harm / Security Breach
- Staff misconduct
- Facilities maintenance
- Health services

For Junee Correctional Centre, the categories for penalties abated during financial year 2021/22 (year to end of January 2022) were within the KPI categories:

- Time out of cells/ Purposeful activities/ Case management
- Assaults/ Self-harm / Security Breach
- Staff misconduct
- Health services.

For Clarence Correctional Centre, the categories for penalties abated during financial year 2021/22 (year to end of January 2022) were within the KPI categories:

- Time out of cells/ Purposeful activities/ Case management;
- Assaults/ Self-harm / Security Breach;
- Breach of Performance Improvement Plan
- Staff misconduct;
- Health services.

### **Question 35 – Contraband searches (page 52)**

**KEVIN CORCORAN:** But, unfortunately, it is only searches conducted by the security operations group. It does not include the routine searches conducted by Correctional Services staff, which I will have to take on notice and get that information through to you.

#### **I am advised:**

The attached table details contraband items and categories reported at full-time custody facilities in 2019/20, 2020/21 and 2021/22 (year to date).

However, as noted at the end of the table (p 3), contraband found in NSW Correctional Facilities is reported on the CSNSW Incident Reporting Module (**IRM**) database system. It is not the purpose of the IRM to capture data on the specific number of items of contraband that have been found. For this reason, only the number of incidents of each category of item found can be reported from the IRM rather than the number of individual items found.



### **Question 36 – Workers Compensation premiums (page 53)**

**The ACTING CHAIR:** Yes. Is it your evidence that the \$25 million increase between the last financial year and this financial year is due to rejigging the wages estimate as opposed to claims experience or adverse claims experience, Commissioner?

**KEVIN CORCORAN:** The information that I have is that it was largely an accounting change, but obviously there would be some element of it that would be due to increased claims cost.

**MICHAEL TIDBALL:** Chair, for abundance of caution, I would like to take that aspect of this on notice, as I would like to provide absolutely accurate information to the Committee.

#### **I am advised:**

The contribution cost for workers compensation in 2020/21 for the CSNSW policy was \$58 million.

The contribution cost for workers compensation in 2021/22 for the CSNSW policy was initially set at \$59.9 million. In December 2021, this was revised to \$83 million following a change in accounting that resulted in a higher estimate of wages costs. The reason for the additional contribution cost was limited to the change in wages costs.

The contribution cost for workers compensation in 2022/23 has been estimated by iCare to be \$93m.

### **Question 37 – Return to work rates for correctional officers (page 54)**

**The ACTING CHAIR:** Can you provide on notice what the return-to-work rates are for Corrections officers?

**MICHAEL TIDBALL:** Yes.

**The ACTING CHAIR:** Normally you can provide them at the four-week period, the three-month period, the six-month period and the 12-month period? That is normally where at least iCare assesses it. Can you give an indication of what those return-to-work rates have been over that same period for Corrections officers, over the 2019-20, 2020-21, 2021-22 financial years, what the return-to-work rates have been for injured workers? It is normally what proportion have got back to work four weeks after an injury, three months after an injury, six months after an injury and 12 months after an injury. Was that with sufficient clarity? It might look better on the transcript.

**MICHAEL TIDBALL:** I certainly am happy to provide it, yes, happy to take that on notice.

#### **I am advised:**

Return to work rates are measured by iCare as continuance rates and released to DCJ at 13 weeks, 26 weeks and 52 weeks intervals.

As at 31 December 2021 the following applied:

- 76% of staff with an open claim at week 13 post claim lodgement had returned to work
- 83% of staff with an open claim at week 26 week post claim lodgement had returned to work; and
- 79% of staff with an open claim at 52 weeks post claim lodgement had returned to work.

This data applies to correctional officers with a date of injury in 2020/21 and 2021/22. The data is sourced from iCare from their data warehouse.

## CORRECTIVE SERVICES NSW

Response date: 21/03/2022

CRES reference: Request ID: 358

**Table 1: Contraband items and categories reported at full-time custody facilities; by financial year**

Category	Item	2019-20	2020-21	2021-22*
<b>Alcohol</b>	Brew Gaol Made	0	1	203
	Brew Gaol Made Fermented Fruit	169	264	6
	Brew Gaol Made Fermented Other	13	23	2
	Commercial Beer	12	4	5
	Commercial Spirit	24	11	4
	Commercial Wine	4	2	1
	Other (List in Comments or Summary)	1	1	0
	Other (Specify)	0	0	3
	Still components	2	0	0
	Sugar	2	0	0
<b>Sub-total</b>		<b>227</b>	<b>306</b>	<b>224</b>
<b>Currency</b>	Aus \$	0	8	0
	Aus Coin	0	0	1
	Australian Currency Coins	10	3	2
	Australian Currency Notes	20	7	3
	Bank Card Various	2	1	0
	Foreign Currency Notes	2	1	0
<b>Sub-total</b>		<b>34</b>	<b>20</b>	<b>6</b>
<b>Drug</b>	Buprenorphine	1798	1475	48
	Buprenorphine strips	0	0	625
	Buprenorphine tablets	0	0	6
	Cigarette	50	45	4
	Cigarette (BVM)	0	0	44
	Crystal	292	159	2
	Crystal substance	0	0	72
	Excess Medication	68	60	21
	GVM	222	152	64
	Methadone	30	18	9
	Other (List in Comments or Summary)	144	85	0
	Other (Specify)	0	1	55
	Other (free text)	0	36	2
	Powder	89	56	26
	Prescription Medication	201	128	72
	Seeds Cannabis	10	9	7
	Steroid Tablet/s	0	0	12
	Steroid Vial	31	35	18
	Substance Gel	2	4	0
	Substance Liquid	7	11	2
Tablet Illicit	88	61	31	
Tobacco	722	392	15	
	Tobacco (BVM)	0	0	139
<b>Sub-total</b>		<b>3754</b>	<b>2727</b>	<b>1274</b>
<b>Drug Paraphernalia</b>	Balloon	18	11	3
	Cone	24	10	4
	Metal Spoon	7	6	1
	Needle	258	225	11
	Needle (Specify type)	0	0	86
	Needle Butterfly	3	0	0
	Other (List in Comments or Summary)	94	37	0
	Other (Specify)	0	0	41
	Other (free text)	0	21	1
	Resealable bag	0	0	1
	Smoking Implement	326	175	78
	Syringe	520	381	226
	Syringe Gaol Made	637	410	174
	Tourniquet	6	5	4
<b>Sub-total</b>		<b>1893</b>	<b>1281</b>	<b>630</b>

Table 1 cont...

Category	Item	2019-20	2020-21	2021-22*
<b>Electronics</b>	CD Disc	7	5	0
	CD/DVD Disc	0	0	1
	CD/DVD Player	0	0	1
	Camera	3	2	0
	DVD Player	4	3	0
	Floppy Disc	0	2	0
	MP3 Player	16	11	4
	Mobile phone accessory (Specify)	0	0	23
	Mobile phone battery	0	0	2
	Mobile phone charger	0	0	76
	Mobile phone with camera	0	0	85
	Mobile phone with no camera	0	0	5
	Other (List in Comments or Summary)	64	21	0
	Other (Specify)	0	0	51
	Other (free text)	0	12	0
	Phone Mobile	241	158	8
	Phone Mobile Battery	31	11	0
	Phone Mobile Camera	51	34	0
	Phone Mobile Charger	246	159	4
	Phone Mobile Headset	26	29	3
SIM Card	106	59	31	
Secure Digital (SD) card	0	0	11	
USB Drive	138	81	40	
<b>Sub-total</b>		<b>933</b>	<b>587</b>	<b>345</b>
<b>Weapon</b>	Ammunition	5	3	2
	Bar Metal	129	97	4
	Bar Other	10	7	1
	Bar metal	0	0	46
	Baton Metal	2	2	0
	Baton Other	2	4	0
	Baton/Club composite material	0	0	1
	Baton/Club steel	0	1	3
	Baton/Club wooden	0	0	3
	Blowpipe	1	0	0
	Chain Length	1	0	0
	Chain Length metal	0	0	2
	Club/Baton Other	3	4	0
	Explosive Device	1	0	0
	Firearm	0	0	1
	Gaol Made Knife Metal	334	199	13
	Gaol Made Knife Other	126	104	2
	Gaol Made Weapon	701	504	23
	Glove Gun	2	1	0
	Knife - gaol issued	0	0	5
	Knife - gaol made	0	2	325
	Knife - introduced	0	1	24
	Knife Other	66	29	1
	Knife Pocket	20	12	0
	Other (List in Comments or Summary)	79	32	0
	Other (Specify)	0	0	116
	Other (free text)	0	21	1
	Scissors	0	0	6
Scissors Modified	12	18	0	
Slingshot	1	0	0	
Tomahawk	3	2	0	
<b>Sub-total</b>		<b>1498</b>	<b>1043</b>	<b>579</b>

**Table 1 cont...**

<b>Category</b>	<b>Item</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22*</b>
<b>Other</b>	Boil Up Kit	17	7	2
	Chemicals	9	7	6
	Cigarette Lighter	242	163	71
	Civilian Clothing	44	37	9
	Departmental Documentation	3	2	0
	Matches	0	0	1
	Other (List in Comments or Summary)	960	381	0
	Other (Specify)	0	0	236
	Other (free text)	0	185	19
	Petrol	3	4	2
	Pornographic Material	1	3	7
	Scissors	25	11	2
	Spark-Up Kit	0	0	6
	Tattoo Equipment	308	422	219
	Thinners	2	4	0
	Tool Other	166	103	2
	Tool Other (Specify)	0	0	52
Urine Synthetic	4	0	0	
<b>Sub-total</b>		<b>1784</b>	<b>1329</b>	<b>634</b>
<b>TOTAL</b>		<b>10123</b>	<b>7293</b>	<b>3692</b>

**Notes**

In relation to general searches, contraband found in NSW correctional facilities is reported on the Corrective Services NSW (CSNSW) Incident Reporting Module (IRM) data base system. However, it is not the purpose of the IRM to capture statistically accurate data on the specific number of items of contraband that have been found. For this reason, only the number of incidents of each category of item found can be reported from the IRM rather than the number of individual items found.