
Custodial Inspector

Inspection of Adult Custodial Services in Tasmania, 2017

Care and Wellbeing Inspection Report

October 2018



Produced by the Tasmanian Custodial Inspector

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ISSN – 2209-895X (Print)

ISSN – 2209-8968 (Online)

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Note: For the purposes of this report, a reference to the term *prisoner* includes people that are remanded and detained in custody.

I From the Custodial Inspector

I was appointed inaugural Custodial Inspector effective from 31 January 2017 following the passing and proclamation of the *Custodial Inspector Act 2016*. That Act requires me as Inspector to carry out a mandatory inspection of each custodial centre at least once every three years and to report to the responsible Minister and Parliament.

As I noted in my Annual Report for 2016-17, because Tasmania is a small jurisdiction, to respond to legislative obligations using the limited resources available, the Custodial Inspectorate undertakes themed inspections of custodial centres focussing on particular inspection standards. At the end of a three year cycle, all facets of custodial centres will have been inspected against the full set of inspection standards.

I am required by section 15 of the Custodial Inspector Act to prepare an inspection report on my findings in relation to each mandatory inspection to the Minister or Parliament. I am required to include in any report such advice or recommendations as I consider appropriate including recommendations relating to the safety, custody, care, wellbeing and rehabilitation of prisoners and detainees; and information relating to education and programs to assist in the rehabilitation of prisoners and detainees. I report directly to the Minister responsible for the custodial centre and the responsible Minister is required to table a copy of the Inspector's report in each House of Parliament. In this way, the findings and recommendations relating to inspections become a public record.

From May 2017 to December 2017, the first theme based inspections which fall under the *Care and Wellbeing* standards were undertaken and I am now pleased to present this omnibus report covering the full suite of Care and Wellbeing inspection standards.

The report is lengthy and detailed as a conscious decision was made to report fully against the processes and procedures relating to each inspection standard. As this is the inaugural inspection report, this level of detail has been included to provide a baseline for all future inspections to report against. Future inspection reports will be more succinct, focus less on providing procedural details and description of each custodial centre, and focus more on the performance of Tasmania Prison Service against each standard.

Given the level of detail that has been included, for ease of reference, the report is structured into headings that correspond to the *Inspection Standards for Adult Custodial Services in Tasmania*, and under each heading the relevant inspection standards are referenced. Thus, the report can be read in stand-alone sections or in its entirety.

Prior to publication of this report, Tasmania Prison Service and Correctional Primary Health Services were consulted, and invited to correct any factual inaccuracies in it. Additionally, given the passage of time since inspections commenced and the finalisation of this report, a number of recommendations have already been addressed. These are identified in Appendix 8 which details the Department of Justice's response to the recommendations. Appendix 9 details the Department of Health's response to the recommendations.

Richard Connock
Custodial Inspector
October 2018

2 Acknowledgements

I would like to acknowledge the contributions of the following consultants, and sincerely thank them for their expert advice and assistance, which adds greatly to the work of my office:

- Ms Helena Bobbi, Environmental Health Officer, Environmental Health Services, Public Health Services, Department of Health and Human Services (Tasmania)
- Mr Cameron Dagleish, State Water Officer, Environmental Health Services, Public Health Services, Department of Health and Human Services (Tasmania)
- Dr Michael Levy, Clinical Director, Justice Health Services Mental Health, Justice Health and Alcohol & Drug Services (Australian Capital Territory)
- Professor James Ogloff AM FAPS, Director, Centre for Forensic Behavioural Science at Swinburne University of Technology and Director, Psychological Services and Research at the Victorian Institute of Forensic Mental Health (Forensicare)
- Ms Ngaire Hobbins, Accredited Practising Dietician, Bachelor of Science (Bsc), science and nutrition, Diploma of Nutrition and Dietetics

Acknowledgment and appreciation is also extended to all staff at Tasmania Prison Service and Correctional Primary Health Services who supported the Care and Wellbeing inspections.

I also greatly value the contribution of detainees and prisoners in custody to this report.

3 Executive Summary

This is the report of the inaugural inspections of Tasmanian adult custodial centres covering the suite of Care and Wellbeing inspection standards for adult prisoners. All the inspections were announced and were carried out between May and December 2017.

Tasmania Prison Service (TPS) is responsible for providing care and custody, at various levels of security, for prisoners and people remanded in custody in Tasmania¹. TPS provides secure transport between prison facilities, health facilities and courts.

The following custodial centres operated by TPS were visited during the inspections:

1. Risdon Prison Complex (RPC);
2. Ron Barwick Minimum Security Prison (RBMSP);
3. Mary Hutchinson Women's Prison (MHWP);
4. Hobart Reception Prison (HRP); and
5. Launceston Reception Prison (LRP).

The inspection also focussed on the work undertaken by Correctional Primary Health Services (CPHS), within the Tasmanian Health Service (THS). CPHS is responsible for healthcare provision at custodial centres throughout Tasmania.

During the inspections, a number of evidence sources were used to assess the custodial centres against the standards. These included: onsite visits; meetings with senior management; individual interviews carried out with staff and prisoners; survey results; group discussions with prisoners; documentation; and observation by inspectors and experts. Where relevant, external consultants joined the inspections to supplement the internal expertise of the custodial inspectorate team.

The report concludes that at present the prison service is over-stretched at almost every point due to the continual increase in prisoner numbers and existing infrastructure constraints, and this is creating system pressures in many areas.

As a general comment across all areas of inspection, when enquiring about processes and procedures in place at TPS facilities, the inspection team was often referred to Director's Standing Orders.² On reviewing the Director's Standing Orders, it was noted that many are outdated and at the inspection of custodial centres, the process or procedure demonstrated differed to that set down in the relevant Director's Standing Order. In these situations, the inspection team could not make confident judgements without further requests for information from TPS. The Inspector recommends that **TPS review all Director's Standing Orders to ensure that the information they contain is current and up to date, and that processes and procedures at all custodial centres reflect those documents.**

¹ Note: For the purposes of this report, a reference to the term *prisoner* includes people that are remanded and detained in custody.

² Director's Standing Orders are standing orders made by the Director of Corrective Services (or delegate) for the management and security of prisons and for the welfare, protection and discipline of prisoners and detainees.

Hygiene and Environmental Health

In May 2017, an inspection of hygiene and environmental health at adult custodial centres in Tasmania was undertaken. The inspection was conducted across all TPS sites. Consultancy services were obtained from Environmental Health Services at DHHS – Public Health Services and Ms Helena Bobbi, Environmental Health Officer assisted throughout, with input from Mr Cameron Dalglish, State Water Officer, in relation to drinking water quality.

The inspection assessed compliance with Standards 70, 72, 73 and 74 of the *Inspection Standards for Adult Custodial Services in Tasmania* (the standards) which relate to clothing and bedding, general hygiene and environmental health issues including cleanliness, cell temperatures, food safety and water sampling. These issues are important factors in the quality of life for prisoners as they have an impact on their physical health, wellbeing and morale.

The inspection identified concerns in all areas largely as a result of constraints imposed either through budget pressures or existing infrastructure. These concerns include the standard of kitchenettes in some divisions of RBMSP, thermal comfort in RBMSP, drinking water quality in MHWP and RPC, and some clothing issued to prisoners in RPC was in very poor condition at the time of the inspection. In relation to clothing, simple process improvements could be achieved by measures such as having prisoners inspecting clothing as it is laundered (rather than correctional officers) and replacing worn out items and keeping adequate stocks of new clothing in all sizes.

Physical Health Care

An inspection of physical health care at custodial centres was also commenced in May 2017. Doctor Michael Levy, Clinical Director, Justice Health Services Mental Health, Justice Health and Alcohol & Drug Services (Australian Capital Territory Government) provided consultancy services for this inspection.

The inspection related to all physical health services provided at custodial centres in Tasmania. The services looked at covered many areas including:

- intake screening and assessment;
- administration of medications;
- service delivery; and
- provision of information relating to, and the promotion of, healthy lifestyles to prisoners.

Over the course of this inspection, it became obvious that, while prisoner numbers have increased and extra beds have been installed, corresponding health infrastructure and services have not been increased proportionally. The increase in prisoner numbers places increased pressure on the health system, leading to longer waiting times and, in some cases, results in the health needs of prisoners not being met. This situation was strongly reflected in feedback from prisoners, who identified a lack of health care as a significant issue at all custodial centres.

It is widely accepted that the prisoner population has a much poorer health profile than that of the general population.* The health professionals were dedicated and working very hard within the resources and facilities available. Staffing levels, health care processes and infrastructure, however, have not kept up with the changing demand and types of health needs. Additionally, there are serious impediments to prisoners accessing health services, in large part due to custodial requirements and processes imposed by TPS.

* Australian Institute of Health and Welfare <https://www.aihw.gov.au/reports-statistics/population-groups/prisoners/overview> and reported in *The health of Australia's prisoners 2015*, the 4th report produced by the Australian Institute of Health and Welfare on the health and wellbeing of prisoners <https://www.aihw.gov.au/reports/prisoners/health-of-australias-prisoners-2015/contents/table-of-contents> and

Australian Medical Association: Position Statement on Health and the Criminal Justice System (page 3)

[https://ama.com.au/sites/default/files/documents/Health_and_the_Criminal_Justice_System_\(final\).pdf](https://ama.com.au/sites/default/files/documents/Health_and_the_Criminal_Justice_System_(final).pdf)

Management and Treatment of Substance Abuse

In relation to management and treatment of substance abuse the inspection considered whether there are comprehensive and integrated strategies to minimise the harm arising from drug use (abuse) through education, treatment and enforcement. The inspection took place in May 2017 and Doctor Michael Levy, Clinical Director provided consultancy services.

The term s8 is a reference to Schedule 8 medications* which are prescription medicines (drugs of dependence) that have a recognised therapeutic need when used to treat opioid dependence. Methadone and buprenorphine (Suboxone, Subutex) are the Schedule 8 medicines that have been registered in Australia for opioid-replacement therapy (also known as pharmacotherapy).** TPS has a pharmacotherapy program (the s8 program) for limited prisoners in place in RPC, MHWP, and HRP.

The inspection found that there are many shortcomings with the existing s8 program including access to the program for prisoners, trafficking, the burden that it places on CPHS (restricting access to the health clinic for other patients while s8 dosing is taking place), and the fact that there are limited places available in the community to enable prisoners to continue treatment on release. There is a problem involving misuse, abuse and diversion of buprenorphine in the community and the current prison environment is a reflection of that problem.

There are only two Alcohol and Drug Counsellors on TPS staff to service over 600 prisoners and there is inadequate supervision and lack of professional support provided to these counsellors. There is no Alcohol and Drug Treatment Unit for women prisoners and no plans to establish one. It appears that little is provided in the way of through-care*** to Alcohol and Drug Services in the community on release. This is a concern, as untreated addiction among individuals often results in re-offending behaviour.

* Schedule 8 to the *Poisons Standard* October 2017 (Commonwealth).

** <https://www2.health.vic.gov.au/public-health/drugs-and-poisons>

*** Through-care describes how custodial and community service systems must work together to ensure that continuity of care is preserved for prisoners during their time in prison and post-release.

Food and Nutrition

An inspection of food and nutrition at custodial centres Tasmania was commenced in September 2017. Ms Ngaire Hobbins, Accredited Practising Dietician, provided consultancy services for this inspection.

This inspection considered whether the fundamental rights of prisoners to be provided with sufficient nutritious and varied food, and to have access to potable drinking water at all times, were being met.

The inspection found that TPS generally provides a nutritionally adequate menu for prisoners, with the exception of some issues concerning the provision of special diets, a somewhat excessive supply of bread elevating potential sodium intakes, and less than ideal availability of fresh vegetables and fruit. However, production and meal delivery constraints have an impact on the final quality of meals for many prisoners, so that meals, or meal ingredients, are often rejected by prisoners. In their place, prisoners substitute low nutritional value *buy up* options from the canteen, resulting in costly wastage of meals and a negative impact on the nutritional status of prisoners.

Mental Health Care

An inspection of mental health care at custodial centres Tasmania was commenced in June 2017. Professor James Ogloff AM FAPS, Director, Centre for Forensic Behavioural Science at Swinburne University of Technology provided consultancy services for this inspection. Professor Ogloff is also the Director, Psychological Services and Research at the Victorian Institute of Forensic Mental Health (Forensicare).

This inspection focussed on whether the custodial centres have appropriate and adequate provision to meet the existing mental health care needs of prisoners. In particular, the inspection covered a broad range of issues including whether:

- mental health is assessed as part of the initial health screening upon entry into custody;
- post release care arrangements are made for people exiting the system;
- processes exist to detect and manage prisoners in crisis, particularly where they may self-harm; and
- mental health awareness training for staff.

The inspection found that current mental health services do not meet the needs of the Tasmanian prisoner population.

Remaining Care and Wellbeing Standards

The remaining standards contained in the Care and Wellbeing suite of inspection standards were assessed for compliance during the period from October to December 2017. The inspection team assessed compliance via a desk audit of relevant documentation, on-site inspections and meetings with relevant TPS staff and external service providers.

The remaining care and wellbeing standards covered:

- Treatment of prisoners
- Clothing and bedding
- Recreation
- Prisoner purchases
- External contacts and communications
- Women prisoners with infants and children
- Religious and spiritual needs
- Gratuities and money management
- Prisoner property

The inspection found as follows:

- The Visitor Reception Centre (VRC) at Risdon provides commendable service to visitors, however little information is available at the VRC and on the TPS website about public transport and transport services for visitors.
- Inconsistencies in clothing standards. For example, the condition of clothing issued to prisoners at MHWP, RBMSP and HRP is satisfactory. Conversely, clothing issued at RPC is substandard and was explained by the inability of the TPS tailor shop to meet orders for new clothing in time. Clothing issued to prisoners at LRP is satisfactory except that second hand underwear is being redistributed. The inspection also found that the initial clothing pack issued to prisoners should include extra socks and underwear, along with additional items such as shorts for recreation and polar fleece jumpers.
- Services provided by the prison chaplains are very good but increasing lock downs have caused strain in the delivery of pastoral care.
- With regard to recreation, the inspection established that a good variety of art, craft, sport and music programs are offered in most areas with limited staffing resources. With adequate staff and resources, however, TPS could expand the variety of programs on offer to more participants and in all areas.
- A high incidence of closures of the RPC Activities Centre was observed as well as the impacts of these closures on rehabilitation activities. Staff shortages in other areas result in correctional officers from the Activities Centre being redeployed and without correctional officers, the Activities Centre must be closed. Consequently all recreation, education and program activities for prisoners are cancelled.
- Most programs and services aimed at maintaining and developing family relationships are facilitated by external organisations on the basis of goodwill. The Inspector acknowledges the conscientious efforts and commitment by such organisations and their volunteers, and the invaluable contribution they make in facilitating these programs. It is considered however that at least some of these programs should be funded by TPS and reliance on external organisations to facilitate programs, at no cost, is unsustainable.
- Adequate access to telephones was a concern at inspection. There are simply not enough telephones in some areas to meet the demand of prisoner numbers. Access to telephones is also impacted by prisoners' structured day and work commitments.
- A serious concern of prisoners was the high cost of telephone calls made through the Arunta system.* The financial burden is particularly high where prisoners have to make STD or mobile telephone calls.

*The Arunta telephone system, which was developed specifically for use in prisons to enable monitoring of phone calls, is used throughout Australia. The system is owned, installed and maintained under contractual agreements between TPS and an external service provider.

4 Summary of Recommendations

It is recommended that Tasmania Prison Service:

1. Reviews all Director's Standing Orders to ensure that the information they contain is current and up to date, and that processes and procedures at all custodial centres reflect those orders.

Treatment of Prisoners

It is recommended that Tasmania Prison Service:

2. Establishes a means to regularly review the equal opportunities and outcomes for different prisoner groups.
3. Introduces system-wide strategies to promote anti-discriminatory practices.
4. Provides a systemic approach to training staff to assist with the identification of, and appropriate strategies for, dealing with disabilities.

Women Prisoners with Infants and Children

It is recommended that Tasmania Prison Service:

5. Considers a more efficient process to allow Mary Hutchinson Women's Prison staff to purchase urgently required baby items.

Clothing and Bedding

It is recommended that Tasmania Prison Service:

6. Provides additional socks and new underwear on reception to facilitate the needs of the prisoners to have clean clothing on a daily basis.
7. Ceases the process of redistributing washed second hand underwear at Launceston Reception Prison.
8. Provides male prisoners with sleepwear.
9. Provides additional clothing on reception to facilitate the needs of the prisoners to have clean clothing on a daily basis.
10. Provides a pair of shorts for sport and recreational use.
11. Issues all prisoners with suitable clothing to keep warm such as a polar fleece jumper or similar, in addition to the tracksuit jumper already provided.
12. Procures robust and durable footwear as the standard prison issue and provide a secondary pair of footwear such as thongs to all prisoners.
13. Provides suitable discharge clothing to prisoners who do not have any civilian clothing.
14. Reviews stock-management controls and implements changes to ensure sufficient clothing stock is maintained to meet prisoner entitlements.
15. Implements a quality-control process to assess the condition of clothing items before they are returned to the store to be reissued.
16. Procures clothing items from another external supplier if the prison tailor shop is unable to meet demand.

17. Implements a process for issuing replacement clothing to prisoners, particularly those with lengthy sentences.
18. Introduces a mattress replacement strategy so that mattresses can be proactively replaced in each facility on a regular basis.
19. Implements processes to ensure staff inspect mattresses, doonas and pillows regularly for defects, moisture and mould and replace where necessary.
20. Implements a quality-control process to assess the condition of bedding items before they are returned to the store to be reissued.
21. Explores alternative options for bedding supplies and implements changes in order to meet the standard that requires bedding to be fire retardant.
22. Explores alternate laundry bag options, to prevent loss of items during the laundry process.
23. Ensures that adequate laundry services are available to provide all prisoners in all custodial centres throughout the state the ability to wear clean clothing on a daily basis.

Hygiene and Environmental Health

It is recommended that Tasmania Prison Service:

24. Inspects all cells in Ron Barwick Minimum Security Prison regularly and those identified with any visible condensation or mould should be left unoccupied.
25. Ensures that complaints of prisoner thermal discomfort are addressed in a timely manner.
26. Introduces education and procedures to ensure that all prisoners are advised to run taps for 30 seconds prior to using the water for drinking, washing and preparing food, and brushing teeth³.
27. Undertakes regular testing to ensure that the water filter that has been installed at Mary Hutchison Women's Prison is delivering safe drinking water.
28. Facilitates further water sampling at all custodial centres.
29. Seeks advice and direction from the Department of Justice's Consumer Building and Occupational Services Technical Regulation Unit in relation to the plumbing configuration in cells located in Risdon Prison Complex (Maximum).
30. Ensures that temperature checks of fridges in all units and divisions in all custodial centres are occurring on a regular basis.
31. Ensures that the food safety program includes a reference to the protocol for identifying/screening prisoners for food allergies when first taken into custody.
32. Upgrades the kitchenettes in Divisions 2, 3 and 4 of the Ron Barwick Minimum Security Prison.
33. Ensures that all prisoners in Ron Barwick Minimum Security Prison have access to food safety training.
34. Increases the canteen storage area to enable more efficient ordering processes and storage.
35. Provides extra shelving and storage space for dry goods such as cereals in Risdon Prison Complex (Medium) kitchenettes.

³ This recommendation does not need to be followed in respect of the drinking water tap in the Mary Hutchinson Women's Prison which subsequent to the inspection, had a filter installed.

36. Ensures that damaged food preparation equipment such as microwaves, toasted sandwich makers and fridges is repaired and/or replaced as soon as possible.
37. Makes microwave containers available for all prisoners to purchase through canteen regardless of their security classification.
38. Ensures that Mary Hutchison Women's Prison kitchen is covered by the food safety program.
39. Provides food handler training to all prisoners working in kitchens in all custodial centres.
40. Ensures Hobart Reception Prison is registered as a food business with the Hobart City Council as required under the *Food Act 2003*.
41. Considers options to increase access to showers for those prisoners that work in the prison commercial laundry and are accommodated in the Risdon Prison Complex medium security precinct.
42. Reviews procedures and implements changes relating to hair clippers and barbering services in Risdon Prison Complex (medium and maximum security precincts) to ensure that proper infection control measures are being followed by prisoners in order to reduce the risk of transmission of blood borne viruses.
43. Allows all prisoners to buy basic toiletries, such as soap, toothpaste and toilet paper, out of their private account, regardless of contract levels, if prison issued toiletries are not sufficient to maintain personal hygiene.
44. Addresses plumbing issues at the Launceston Reception Prison, particularly in relation to the limited shower facilities, issues with shower drainage, and no access to hot water to wash hands after using the toilets.
45. Replaces the wooden benches in the Launceston Reception Prison day yard with metal benches.
46. TPS should explore options to address the hygiene issues caused by in-cell toilets with no lids.
47. Takes steps to reduce and control the rabbit population at the Risdon site.
48. Reviews the current Quality Assurance Program for Horizon Laundry to ensure procedures for the transportation of used linen comply with ASNZS 4146: Laundry Practice and ensure that the Transport of Laundry/Final Inspection Checklist specifies requirements for cleaning of prison escort vehicle pods that used linen has been stored in.
49. Introduces procedures to clean prison escort vehicle pods after every use whether linen is transported or not.
50. Contacts Tasmania Fire Service for advice and direction in relation to the placement of the fire alarm and fire extinguisher on the lowest, basement, level of Launceston Reception Prison.

Physical Health Care

It is recommended that Tasmania Prison Service:

51. Improves access to prisoners for Correctional Primary Health Services staff.
52. Introduces a process to enable prisoners to return medical request forms directly to the health clinic whilst maintaining confidentiality.

53. Introduces an awareness campaign to encourage prisoner patients to provide more detail on the medical request forms so that nurses can triage effectively.
54. Introduces measures to assist prisoners that are illiterate and cannot complete a medical request form.
55. Undertakes a work safety audit in the Mary Hutchinson Women's Prison health clinic.
56. Reviews the physical layout of the Ron Barwick Minimum Security Prison health clinic to ensure there is an exit door in the clinic.
57. Ensures that proper and detailed consideration is given to the specific high needs of the increasing number of elderly, frail and disabled prisoners in prison forward planning. Consideration should be given to including a geriatric nurse on staff.
58. Ensures that prisoners have access to the immediate supply of EpiPens where there is a documented life threatening allergy.
59. Considers implementing procedural changes to provide timely access to Paracetamol after hours for prisoners.
60. Reviews and implements changes to the strip searching process for hospital escorts to improve the process and reduce strip searching of prisoners.
61. Until access to all health services for most prisoners is ensured, minimises escorts for private medical consultations in order to reduce lock downs which disadvantage many others and result in diminished treatment time in the prison clinic.
62. Provides all prisoners unhindered access to condoms and lubricant.
63. Reviews, risk assesses and considers introducing a needle exchange for prisoners given the high transmission rate of blood borne viruses in the Tasmanian prison system.
64. Ceases the process of requiring nursing staff to maintain a *sharps register* in health clinics.
65. Undertakes a review of the medical *chit* process, with consideration given to the division of responsibilities between TPS and Correctional Primary Health Services, and implements changes to improve the process.

It is recommended that Correctional Health Services:

66. Seeks a rotation from Royal Hobart Hospital and Launceston General Hospital of a Junior Resident Medical Officer to assist with burgeoning workloads of CPHS Medical Officers.
67. Develops a nurse-based workforce that reflects the diverse health needs of the complex client group (i.e. not all generalist nurses), specifically mental health and drug and alcohol nurses.
68. Enters formal arrangements with the Aboriginal Community Controlled Health Organisations in the south and north of the State, or recruits Aboriginal Health Workers to the service.
69. Explores with TPS the funding and commissioning of a radiology suite on the Risdon campus.
70. Explores with TPS the funding and commissioning of a physiotherapy suite on the Risdon campus.

71. Reviews the governance for pharmacists, with a view to changing the structure so that the pharmacists report directly to a senior pharmacist.
72. Introduces the community-accepted standard for medication management, which is to allow medications to be provided to prisoners, where it is appropriate, on a weekly basis.
73. Ensures that all medications distributed to prisoners are signed for by nursing staff contemporaneously to distributing the medication.
74. Ensures that when a prisoner refuses a regular order, the appropriate notation is made on the prisoner's medication chart.
75. Reviews the processes relating to blood tests taken as part of the admission screen/assessment and implements changes to ensure that this screening does not cease during busy periods.

It is recommended that Tasmania Prison Service and Correctional Health Services together:

76. Review the responsibility and processes for cleaning of the Inpatients facility to ensure adequate and timely sanitation and infection control.
77. Consider options for implementing an appropriate forum to improve communications and discuss and resolve issues on a regular basis.

Mental Health Care

It is recommended that Tasmania Prison Service:

78. Considers establishing a mental health leadership position for the prisons to provide oversight, strategic planning, and coordination of mental health services (e.g. Director of Mental Health Services). This position should work closely with the existing medical director of the Correctional Primary Health Service.
79. Establishes and identifies dedicated spaces that are conducive for the provision of mental health care in the prisons.
80. Considers the training needs of prison officers to identify, communicate, and de-escalate prisoners with mental illnesses. Based on the prison officers' needs, a training package should be developed and delivered.

It is recommended that Correctional Primary Health Services:

81. Commences planning immediately to meet the need for additional dedicated mental health professionals to work in the prisons. Service levels should be modelled on existing and anticipated demand, taking into consideration the developing national standards.
82. Includes in strategic planning for mental health services workforce development, professional development, and succession planning to ensure growth and stability of the workforce overtime.
83. Considers formalising the mental health screening by using a dedicated and validated mental health screening form, and engaging qualified mental health nurses to conduct the mental health screening, separate to the general health screening assessment.
84. Reviews the process and content of their approach to triaging prisoners with mental illness, in order to move towards a more systemic and formalised approach.

It is recommended that Tasmania Prison Service and Correctional Health Services together:

85. Consider establishing a service agreement with the Forensic Mental Health Services for the provision of psychiatric services.
86. Give further consideration to the structure and role of mental health professionals. The development of a multidisciplinary team with clear roles in the assessment, treatment, and monitoring of prisoners with mental illnesses is required.
87. Undertake planning for a dedicated mental health unit within the prison to serve as a step down facility:
 - a. for prisoners returning from hospitalisation; and
 - b. to assist in managing and providing treatment to prisoners who require dedicated mental health care but do not meet the requirements for involuntary hospitalisation in a secure forensic mental health facility.
88. Develop a community integration program to identify and bridge prisoners with mental illnesses to appropriate community mental health services when preparing for their release.

It is recommended that Tasmania Prison Service, Correctional Health Services and Forensic Mental Health Services:

89. Work together to model service demand to help identify the nature and extent of mental health services and capacity required now, over the short term and longer term, to meet the needs of prisoners with mental illnesses.

Food and Nutrition

It is recommended that Tasmania Prison Service:

90. Engages an Accredited Practising Dietician to provide food and nutrition education to employed prisoners and staff at the Mary Hutchinson Women's Prison kitchen.
91. Considers reinstating the kitchen in Mary Hutchinson Women's Prison as a fully functioning kitchen as soon as possible so that it is a self-catered facility.
92. Explores options for a central kitchen facility to be built onsite at Risdon Prison Complex.
93. Considers options, appropriate to their security and behavioural status, for prisoners to prepare their own meals from ingredients supplied by the Risdon Main Kitchen – these would be in place of the pre-cooked meals currently supplied.
94. Explores options and make changes to introduce more menu variation.
95. Implements all recommendations of the 2016 TPS Menu Nutrition Assessment prepared for TPS. Those recommendations are set out in the Appendix to the Report from the Consultant Dietician provided in Appendix 5.
96. Engages an Accredited Practising Dietician to reassess the prison menus following implementation of recommendations 1 to 6 and 8 of the 2016 TPS Menu Nutrition Assessment.
97. Engages an Accredited Practising Dietician to assess the nutritional status of pregnant and breastfeeding prisoners (with respect to recommendation 7 of the 2016 TPS Menu Nutrition Assessment).

98. Develops processes for Risdon Prison Complex to reduce the time between meals being removed from the reheating oven to consumption. That is, reducing the time meals are kept in hot boxes before serving.
99. Reassesses the TPS menu to include more microwave friendly meal options to reduce the likelihood of excess water in reheated meals.
100. Reassesses meals containing vegetables with high water content and consider supplying instead a salad separately to meat and starchy vegetables.
101. Reviews recipes for casseroles, wet dishes, gravies and sauces with a view to making them more palatable.
102. Reviews the supply of crumbed fish to ensure that meals made using it achieve the same protein content as meals made using fresh meat (that is, 100-140g cooked meat per serve).
103. Implements processes so that sandwiches are provided to prisoners for consumption on the day that they are made.
104. Supplies Hobart Reception Prison with ingredients for fresh sandwiches to be made onsite. Alternatively, sends fresh sandwiches direct to Hobart Reception Prison for same day consumption.
105. Considers sourcing fresh bread for Launceston Reception Prison from a local northern supplier.
106. Adds extra fresh vegetables (carrot sticks, celery, dried fruit etc. depending on availability and budget) to lunch meals when sandwiches contain limited vegetables/salad.
107. Reduces the amount of salted, processed meat used in sandwiches.
108. Ensures potatoes entering the Vegetable Processing Facility are kept cool and away from light at all times.
109. Explores options for an alternate hot drink to coffee to be provided to prisoners.
110. Reviews the vegetarian menu to ensure that meals and recipes used provide an adequate supply of protein for prisoners who are vegetarian.
111. Initiates an education program for prisoners on healthy eating involving the input of an Accredited Practising Dietician.
112. Engages an Accredited Practising Dietician to offer individual consultations on the recommendation of medical staff, to ensure the needs of those on special diets are met, to offer education to staff and prisoners, and to support TPS food services in recipe development and the selection of canteen items.
113. Reviews the canteen with a view to directing prisoners towards higher nutritional value food choices through incentives and reducing the variety of high salt, high sugar foods on offer and replacing with healthier alternatives.
114. Provides more education about healthy choices so that when prisoners are released from prison they have the information to be able to make the right decisions and choices regarding food options.
115. Implements changes in the sugar distribution process at Risdon Prison Complex to ensure equal portions for all prisoners.

Management and Treatment of Substance Abuse

It is recommended that Tasmania Prison Service:

- I16. Makes available an equivalent alcohol and drug treatment program, such as the Apsley Unit, for women prisoners.
- I17. Advises prisoners that the full impact of smoking substances other than tobacco, such as dried vegetable and plant matter, is unknown and that smoking these products may be addictive and inhaling smoke-based products or substances is harmful to the lungs and respiratory system.
- I18. Introduces a separate dosing area for the pharmacotherapy program to improve access for prisoners to medical services provided by Correctional Primary Health Services in the clinic area.
- I19. Considers introducing a secure accommodation area for those prisoners undergoing treatment in the pharmacotherapy program.
- I20. Facilitates an independent review of the Department of Health and Human Services state-wide community, and TPS, Alcohol and Drug models of care.
- I21. Facilitates an independent appraisal of the pharmacotherapy program noting the need, the integrity of any program, and the appropriate policies and procedures that should underpin an agreed program.
- I22. Reviews the current line management/administrative supervision arrangements for Alcohol and Drug Counsellors, noting that external clinical supervision and formal peer supervision has ceased.

Recreation

It is recommended that Tasmania Prison Service:

- I23. Reviews and adjusts the recurrent funding for sport and recreation to adequately cover the replacement of larger sporting and exercise equipment when no longer fit for purpose.
- I24. Addresses and rectifies the lack of art craft and music in RPC maximum.
- I25. Introduces music programs/activities in Mary Hutchinson Women's Prison.
- I26. Considers reviewing the recurrent funding provided for art and craft across all facilities.

Gratuities and Money Management

It is recommended that Tasmania Prison Service:

- I27. Introduces funded programs and financial systems that will encourage prisoner saving.
- I28. Explores options and introduces an electronic deposit system allowing funds to be distributed to prisoners' private cash accounts or returned if deposit limits are exceeded.

Prisoner Purchases

It is recommended that Tasmania Prison Service:

- I29. Makes available more hobby items through the canteen.
- I30. Makes hobby items available to wardsmen at Launceston Reception Prison.

Property

It is recommended that Tasmania Prison Service:

- I31. Explores options and introduces a centrally located property area at the Risdon site, as well as a centralised system to manage and track prisoner property.

External Contacts and Communication

It is recommended that Tasmania Prison Service:

- I32. Implements systems to reduce prisoner concerns regarding lack of confidentiality of mail.
- I33. Explores the possibility of introducing the email-a-prisoner system in Tasmanian custodial centres.
- I34. Reviews the Arunta telephone system call costs, explores options, and implements changes to reduce call costs.
- I35. Increases the number of telephones available in Risdon Prison Complex Medium so that there is one telephone per unit.
- I36. Explores options and introduces changes to address the privacy issues with the telephones located in the central area of Risdon Prison Complex Medium.
- I37. Explores options and introduces changes to increase access to telephones in Risdon Prison Complex Medium for prisoners that work.
- I38. Explores options and introduces changes to best facilitate prisoners' access to urgent incoming telephone calls in Risdon Prison Complex medium security precinct during lockdown times.
- I39. Provides an additional professional telephone, and a room to house that phone, in the medium security precinct.
- I40. Installs an additional telephone for personal calls within the Derwent units.
- I41. Installs an additional telephone for personal calls in Mary Hutchinson Women's Prison Hartz Unit.
- I42. Reviews options and implements changes that will allow more flexibility for booking interstate and intrastate visits.
- I43. Provides more information in the Visitor Reception Centre including, but not limited to, the location of bus stops; the Metro website, phone number and bus service numbers; and taxi phone numbers.
- I44. Updates the TPS website to include more detailed information regarding transport options to assist people wishing to visit a prison.
- I45. Provides refreshments including drinking water at visits areas in all custodial centres and the Visitor Reception Centre.

- I46. Reviews the Mary Hutchinson Women's Prison visits area so that the area includes appropriate visitor amenities, is more child friendly and incorporates an adequate children's play area.
- I47. Reviews the visits areas for the reception prisons and implements changes to ensure that there are resources to occupy children during a visiting session.
- I48. Addresses concerns regarding prisoner privacy in the visits area at Launceston Reception Prison.
- I49. Makes available healthy food options in all visiting areas.
- I50. Explores options and implements changes to provide a replacement booking system for visits that is flexible, simple, and accessible.
- I51. Explores options and implements changes to provide for improved data collection, collation and reporting on prisoner requests to attend funerals, particularly data detailing numbers of requests made, broken down into allowed and disallowed requests.
- I52. Significantly increases prisoner access to Skype (or other similar technologies) to further facilitate family and community contact in all prisons.
- I53. Ensures the toilets are cleaned on a regular basis in Risdon Prison Complex as children should be able to use these facilities at the weekly homework club sessions and quarterly Kid's Days.
- I54. Explores and provides an incentive-based visit program aimed at reducing the gap that develops when a family member is in prison.
- I55. Considers the recent publication of Lord Michael Farmer's review, *Importance of Strengthening Prisoners* which outlines recommendations on strengthening family ties for prisoners to prevent reoffending and reduce intergenerational crime.

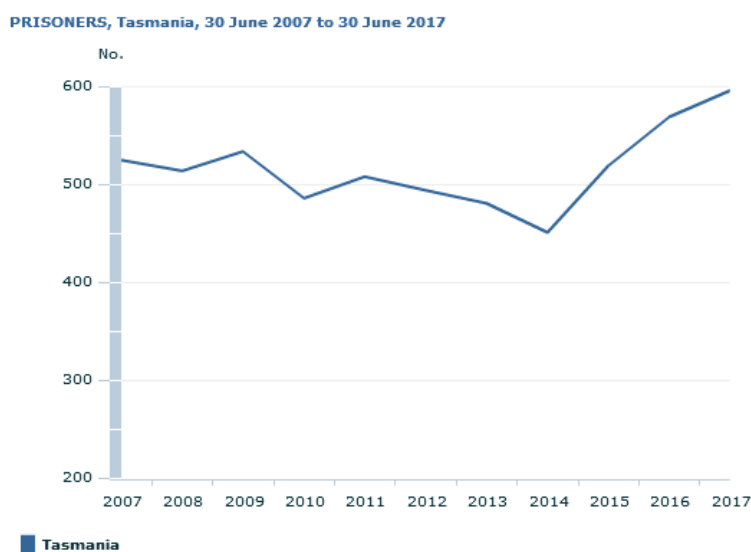
5 About Tasmania Prison Service

TPS is responsible for providing care and custody, at various levels of security, for prisoners and people remanded in the five adult custodial centres in Tasmania. Most adult custodial centres are located on one large site at Risdon which is approximately 12 kilometres from the Hobart CBD and very close to the suburb of Risdon Vale.

The five adult custodial centres are:

1. Risdon Prison Complex (RPC). This facility is located at Risdon in the south of the state and comprises the medium and maximum security precincts. The medium security precinct has the capacity to house 196 prisoners and the maximum security precinct the capacity to house 107 prisoners.
2. Ron Barwick Minimum Security Prison (RBMSP). This facility is located at Risdon, and has the capacity to house 248 prisoners (including the O'Hara Cottages). RBMSP was the old Risdon Prison, which was recommissioned as the minimum security facility and opened in late 2006.
3. Mary Hutchinson Women's Prison (MHWP). This facility is located at Risdon and has the capacity to house 46 prisoners.
4. Hobart Reception Prison (HRP). This facility is located in Hobart CBD and has the capacity to house 36 prisoners.
5. Launceston Reception Prison (LRP). This facility is located in Launceston and has the capacity to house 29 prisoners.⁴

The prison service has to respond to an increasing prisoner population across all population groups. Female, aged, and Aboriginal prisoners have all increased. There is no indication that this increase is abating. The table below shows the prisoner population growth from 2007 to 2017.



Source: Australian Bureau of Statistics

⁴ These capacity numbers are as at 22 January 2018.

In 2014 it was anticipated that the prisoner population would reach 600 in 2020; however, if the trend continues, it will be at 1000 people by 2020. The prisoner population has been fluctuating around and frequently above 600.

The Australian Bureau of Statistics reported⁵ that on 30 June 2017, Tasmanian Prisons held 596 prisoners (94 percent male and 6 percent female). The proportion of female prisoners was high, compared to other jurisdictions, in 2016 (12 percent compared to 6–8 percent) but decreased during 2017 from 31/100,000 females to 18/100,000 females.

The median age for Tasmanian prisoners was 34 years, and overwhelmingly Tasmanian prisoners were born in Australia (96 percent). 20 percent of Tasmanian prisoners identified as Aboriginal. This is four times higher than the equivalent rates of incarceration in the non-Aboriginal population, but the lowest proportion reported by any Australian jurisdiction.

There were 1628 receptions into Tasmanian prisons in 2017. 61 percent of Tasmanian prisoners had been previously imprisoned under sentence. All prisoners entering the Tasmanian prison system come in via the two reception prisons, one in Hobart and one in Launceston.

6 Inspection Methodology

Inspection provides independent, external evaluation that includes an analysis of areas that require improvement. It is based on gathering a range of evidence that is evaluated against an inspection framework.

All inspections of custodial centres are conducted against the Custodial Inspector's published inspection standards. The inspection standards are based on international human rights standards, and cover matters considered essential to the safe, respectful and purposeful treatment of prisoners in custody.

The inspection standards specify the criteria for inspection. During the Care and Wellbeing inspection, a number of sources of evidence were used to assess the custodial centres against the standards. These sources of evidence included individual interviews carried out with staff and prisoners, survey results, group discussions with prisoners, documentation, and observation by inspectors and, where relevant, external expert consultants. In addition, desk-based research and data analysis was carried out with input from TPS and CPHS.

The inspection team invited input from a cross-section of prisoners and staff from different custodial centres and accommodation units. Participation was informed and voluntary. Discussions with prisoners were held with, and without, officers present. Some discussions were structured and others were conducted as the inspection team walked around the units of the centres, allowing people to provide their opinions in a more informal manner.

Inspection reports are published in Parliament after an inspection is completed. Prior to publication of the report custodial centre management and the responsible Minister are consulted with, and invited to correct any factual inaccuracies in the report.

⁵ Australian Bureau of Statistics <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4517.0>.

How will the inspection team make judgements?

The inspection team will ensure that their judgements are:

- **secure** - based on sufficient evidence
- **first-hand** - based on direct observation of processes, prisoners and staff
- **reliable** - based on the criteria in the inspection standards
- **valid** - accurately reflecting what is achieved and provided
- **corporate** - findings reflect the collective view of the inspection team

7 Inspection Standards

The Inspection standards for adult custodial services in Tasmania provide the structure for reviewing and assessing the performance of custodial centres in relation to the treatment of, and conditions for, prisoners in Tasmania.

The standards were developed taking into account the full range of relevant international treaties, covenants, and the *Standard Guidelines for Corrections in Australia, Revised 2012*.

The standards are closely aligned to both the New South Wales and Western Australian inspection standards for adult custodial services, providing an element of harmonisation across multiple Australian jurisdictions. The Custodial Inspector consulted with Tasmania Prison Service and other stakeholders throughout the drafting process of the inspection standards.

Independent monitoring and assessment is important to ensure custodial services are meeting standards. An independent perspective can identify issues – both shortcomings requiring improvement and strengths that can be better utilised – that may not be obvious to the custodial centre, thereby providing a continuous improvement framework.

The inspection standards are publicly available on the Custodial Inspector's website www.custodialinspector.tas.gov.au.

Summarised below are the findings of the inspection team in respect of the Care and Wellbeing suite of inspection standards.

7.1 Treatment of Prisoners

Inspection Standards 66, 67 and 68

The standards relating to treatment of prisoners were largely assessed through observation by the inspection team during all inspections and onsite visits. Discussions were also held with relevant TPS staff.

Overall, TPS staff treat prisoners respectfully and positively across all facilities. The inspection team saw many examples of staff going above and beyond what is required by their duties to assist prisoners. Conversely, other TPS staff members appear to have either empathy fatigue or a *rack-em and stack-em* mentality and cannot see good in any prisoner. Some correctional officers do not seem to view prisoners as individual human beings deserving of basic rights.

The inspection found that TPS do not have the means to regularly review the equal opportunities and outcomes for different prisoner groups at the present time. There are issues with access to programs for different prisoner groups, for example:

- women in maximum security in MHWP are not able to participate in the Kid's Day program;
- men in RPC medium and maximum security cannot access group sex offender programs, however, it should be noted they can access one-on-one treatment⁶;
- men in RBMSP cannot access the pharmacotherapy program; and
- women prisoners do not have access to an equivalent alcohol and drugs unit such as Apsley.

TPS also does not have any system-wide strategies to promote anti-discriminatory practices. With regard to disabilities specifically, in all facilities prisoners with disabilities are dispersed amongst the general prisoner population. There are many prisoners with cognitive impairment, which is not a visible disability, and the issue is that other people (both staff and prisoners) do not understand such disabilities. All staff receive initial training in relation to disabilities and cognitive impairment, acquired brain injuries, mental health and suicide and self-harm, but there is a need for refresher training. There is no systemic approach to training staff to assist with identification and appropriate strategies for dealing with disabilities.⁷ Much more needs to be done in this regard.

External contact and communication with family, particularly for foreign national prisoners, has been undertaken by means of Skype, which is a software application that enables its users to make voice calls, chat, message and video conference over the Internet. It is noted however that arrangements for such contact are initiated and facilitated by an external volunteer

⁶ Sex offenders are case managed, and as part of that process their offending needs are assessed. Treatment is then offered one-on-one if required.

⁷ There is a broader problem with capacity for TPS staff to undertake training as it often results in lockdowns due to staff shortages (as there is no ability to cover correctional staff when they take time out to attend training). I understand that this capacity issue is currently being considered by TPS with an independent review of rostering underway.

organisation rather than TPS. Once again, TPS' reliance on external organisations to facilitate these arrangements, at no cost, is not sustainable.

In summary, it is recommended that TPS:

- **Establishes a means to regularly review the equal opportunities and outcomes for different prisoner groups.**
- **Introduces system-wide strategies to promote anti-discriminatory practices.**
- **Provides a systemic approach to training staff to assist with the identification of, and appropriate strategies, for dealing with disabilities.**

7.2 Women Prisoners with Infants and Children

Inspection Standard 69

The standards relating to women prisoners with infants and children were largely assessed through observation by the inspection team during all inspections and onsite visits. Discussions were also held with the TPS Family Consultant, MHWP staff and women prisoners with infants.

Inspection standard 69.1 requires comprehensive and well-structured policies and programs to be developed where the interests of the children are paramount. The only programs that are currently offered by TPS are the *Mother and Child Program*, which allows infants and children aged up to two years to reside in prison with their mother and a parenting program, *Circle of Security*, facilitated by an external organisation. The *Circle of Security* parenting program is available to all mothers and they are strongly encouraged to participate, however the inspection team was advised that ongoing programs are difficult to facilitate due to the small size of the jurisdiction. The *Circle of Security* program was held in MHWP in February, August and October 2017.⁸

The *Mother and Child Program* is governed by a Director's Standing Order which contains the following:

The purpose of accommodating a child in prison with its parent or guardian is to enable the relationship with the child to be maintained and to minimise the impact of a caregiver's incarceration on the child. The best interests of the child are the primary concern.

An Assessment Panel consisting of one Correctional Officer (a Superintendent or Supervisor), one Therapeutics Services Unit staff member (usually a psychologist), a CPHS representative (a nurse or doctor) and a Child Safety Service representative (usually a community team leader) determines whether a baby can stay in the prison. The TPS Family Consultant assists the panel as a secretary, but does not have a vote. The decision is based on a number of factors and the mother must:

- be classified as minimum;
- be housed in the Roland unit; and
- have positive case notes.

Every child in prison has a care plan which is developed by a correctional officer with the mother. The Department of Health and Human Services' (DHHS) Child Health and Parenting Service regularly visits the prison and appointments with this service are organised by the TPS Family Consultant. The current Child Health Nurse attending MHWP is from the local Rosny Clinic and this position liaises with the child health nurse that will be the prisoner's local child health nurse on release.

Mothers and babies are currently housed in the Roland unit at MHWP. There are two issues with the suitability of this unit:

- there is no outdoor grass space for children; and

⁸ The inaugural *Circle of Security* program for male prisoners was held in RBMSP in August 2017.

- it is located next to the maximum security unit.

However, it is understood that there are plans underway for a new purpose built mother and baby unit with five beds, which will hopefully address these issues.

MHWP allows mothers out of Roland away from the baby for one hour per day. A specified alternate carer looks after the baby whilst the mother attends programs. The prison is flexible with this one hour limit if a program will run longer, or there are a number of meetings to attend, provided that a specified alternate carer can care for the baby.

MHWP is very flexible in assisting mothers to provide and purchase baby items. The mother provides clothing, formula, nappies and wipes which can be purchased through Centrelink payments and private monies. Leave permits for reintegration purposes might provide opportunities for a prisoner to shop for baby items however this is mostly done by family members or friends from the community. On occasion, TPS chaplains and MHWP staff have assisted by personally shopping or completing an online order for a prisoner through the TPS main store.

Ordering baby items through the TPS main store is a somewhat convoluted process but works well if the mother plans and keeps adequate stock on hand. Where adequate stock has not been kept, usually in relation to infant formula, MHWP staff have gone to a local supermarket to purchase various emergency baby items with petty cash. **TPS should consider a more efficient process to allow MHWP staff to purchase urgently required baby items;** at present, no MHWP staff hold a corporate credit card.

The inspection team received feedback from a prisoner who had recently given birth to a baby while in custody; her experiences are provided as a case study on the next page.

Case Study – Ante-natal Care, Childbirth, and Post-natal Care

Tegan* spoke highly of the ante-natal health care that she received in custody during her pregnancy. She reported that she had some problems throughout her pregnancy and as a result was required to attend the Royal Hobart Hospital at times. A car escort was used for each trip to hospital. Tegan applied for the Mother and Child Program and was successful and able to keep her baby in prison with her post-birth. Tegan advised that the process of applying to keep her child in custody post-birth was *easy*. She was 32 weeks pregnant when she submitted her application for the Mother and Child program and it took TPS only a week to determine and advise the prisoner of the decision.

The experience of preparing for childbirth while in custody was quite stressful for Tegan. This was largely due to uncertainty as to whether her partner would be able to attend the birth of their child. The relevant TPS' Director's Standing Order, provides:

During labour and child birth, the prisoner / detainee will be permitted to have an approved support person(s) present with them at the hospital.

Tegan was required to have a caesarean birth and as a result had to seek special allowance for her partner (who does not have a criminal record and has no history with child protection) to be present at the birth. Initially, Tegan's request for her partner to attend as a support person was denied because a caesarean birth was planned. Tegan's understanding was that there would not have been an issue with her partner attending the birth if it was a vaginal delivery. In an attempt to circumvent this decision, Tegan requested a vaginal delivery despite medical concerns that this would be unsafe. As a last option, Tegan also made a complaint to the Office of the Ombudsman and the matter was ultimately resolved with her partner permitted to attend the birth. It is noted that there is no distinction made between caesarean and vaginal childbirth in the Director's Standing Order.

A correctional officer was present in the operating room during the caesarean. Tegan stated that she felt the staff at the RHH treated her differently because she was a prisoner. The correctional officers were visible and dressed in TPS uniform. This is despite the fact that TPS Standard Operating Procedure states:

Where possible, correctional staff accompanying the prisoner / detainee to hospital for the birth should wear civilian clothing and remain outside the room during the birth.

The majority of the time correctional officers remained stationed outside Tegan's hospital room. However, on one occasion, a male correctional officer was present in Tegan's room for the whole night and this was a very distressing experience. Tegan did not feel safe and as a result could not sleep and she did not want to use the toilet whilst the officer was present.

In relation to visits after birth, the Director's Standing Order states:

The mother is entitled to receive approved visits in hospital following the birth of her child. This will generally be in line with visitors nominated on her prison visit list, but this will be assessed on a case by case basis.

Tegan's experience of visits was that the processes were quite restrictive. Her partner was required to book his hospital visits through TPS' Visitor Reception Centre (VRC) and there were occasions when he was not allowed to come in despite having booked the time. For example, one booked visit was not allowed because it coincided with a change of correctional officers, another visit was double booked at the same time as Tegan's son had a booked visit so her partner was not allowed in. Tegan said that she *was promised* by TPS that her partner would be allowed to book extra visits when her child was first born but that did not happen. Her partner was not allowed to book any two-hour double visits, with the maximum time allowed being 40 minutes. Tegan felt that due to the restrictions placed on visiting in hospital her partner was *not able to bond with the baby much*.

Tegan has had no difficulties in obtaining supplies and purchases for her baby. The process for obtaining baby items such as Vicks vapour rub and baby Panadol has been very straight forward with all requests actioned within one day of submitting a request form. The ease with which Tegan has been able to obtain these items has been largely because she has a partner in the community who is able to purchase the items and bring them into the prison.

Overall Tegan was very positive about her experience of having her baby in prison stating that all the correctional officers have been very helpful and *made everything really easy* for her. Tegan has felt well supported by TPS in relation to allowing her baby to stay with her partner in the community for two days per week allowing them to bond and providing opportunities for Tegan to participate in programs and work when her baby is outside of prison. Tegan also feels strongly that being able to keep her baby in prison has assisted with her mental health, believing that she would have suffered deep depression and struggled in custody if she was not able to have her baby stay in the prison with her.

Tegan commented that there should be more items in the Roland Unit for babies; in particular, she said that there are no toys or baby books. Tegan advised that there is a sheet detailing what a prisoner can bring in for babies and as toys and books are not listed, she has not asked her partner to bring any in for their baby. There were no toys or books visible in the Roland Unit during the inspection.

Tegan advised that she is not able to talk to the health nurse without TPS' Family Consultant being present and she finds this particularly intrusive and would like some privacy in her discussions with health professionals.

* Not her real name

A number of issues are highlighted in Tegan's case study. There are concerns regarding:

- the application for a support person being treated differently depending on whether there will be a caesarean or vaginal birth;
- male correctional officers remaining inside the birthing suite at the hospital;
- correctional officers wearing uniform at the hospital rather than civilian clothing;
- difficulties with the bookings of visits; and
- insufficient baby toys and books in the Roland Unit.

These issues have been noted and will be monitored to ensure that they are not promoted by TPS processes.

7.3 Clothing and Bedding

Inspection Standards 70, 71 and 72

An important factor in the quality of life for incarcerated people is the provision of appropriate clothing and bedding. The expectation outlined in the inspection standards for clothing and bedding is that each prisoner is issued with a set of clothing that matches climate and use, as well as their own bed with pillows, blankets and sheets appropriate for the climate. The inspection assessed the suitability and adequacy of prisoner clothing and bedding at all adult Tasmanian custodial centres. The inspection also considered the processes that TPS has in place for ensuring an adequate supply of clothing. The inspection found that TPS provides a basic level of clothing across all custodial centres.

Clothing

On receipt into custody, all prisoners, both on remand and sentenced, are provided with the clothing and bedding entitlements detailed in Appendix 6.

The inspection found that TPS does not provide the following basic essential items as part of the standard prison issued clothing:

- singlets;
- shorts for recreation;
- polar fleece jumper or warm jacket;
- thongs;
- hat;
- in the case of men, pyjamas (or suitable items for sleeping); and
- in the case of women, a brassiere.

Thermals, Socks and Underwear

Only two pairs of underpants and two pairs of socks are issued to prisoners.⁹ This appears inadequate and, as a minimum, TPS should include in the standard clothing issue at least four pairs of underpants and four pairs of socks. Anecdotally, many prisoners hand wash their underwear in order to clean it quickly. **It is recommended that TPS provides additional socks and new underwear on reception to facilitate the needs of the prisoners to have clean clothing on a daily basis.**

From 7 August 2017, TPS no longer allow a prisoners' family and friends to provide items that prisoners can purchase themselves through the canteen – that is, thermals, socks, and underwear. Aside from the workload involved in checking the items coming into the prison, and slowing down the processing of visitors, TPS was having issues with property being

⁹ TPS will in some cases provide additional/replacement underwear and socks at no cost to prisoners. However, there is no formal replacement strategy. The process for this is that a prisoner submits a *Tasmania Prison Service Request Form* requesting new items. Based on the information contained therein the authorising officer decides whether the request is approved or not.

brought in by families and friends.¹⁰ TPS continues to accept a limited range of items from family and friends that are approved items and cannot be purchased through the canteen.

Prisoners at LRP are issued with previously used, but freshly laundered, underwear and socks. The inspection team was advised that the process is that if a prisoner is received into custody with their own suitable underwear it is washed and given back to them and on arrival at one of the custodial centres in Hobart they are given two full sets of underwear by TPS. It is not considered acceptable for prisoners to wear previously used underwear, even if it has been freshly washed. Despite also being a reception prison with a high turnover of short-term prisoners, HRP does not redistribute underwear. It is recommended that **TPS should cease the practice of redistributing second hand underwear at LRP.**

Sleepwear

It is noted that there is no clothing issued to male prisoners specifically for sleepwear. Female prisoners are issued with a white t-shirt specifically for sleeping and families and friends of prisoners are allowed to provide pyjamas. **TPS should provide male prisoners with sleepwear.**

Basic Level of Clothing

The inspection found the number of tracksuits (two jumpers and two pants) issued to prisoners to be inadequate. Prisoners are expected to utilise their tracksuits for work roles, recreational activities and sleepwear. Khaki work trousers are only issued to prisoners in RBMSP¹¹, and not to those in the RPC medium security precinct working in the commercial laundry and gardens. It is not known whether the prison issued clothing meets the industry standard for work wear in areas such as the Risdon Main Kitchen and laundries. In the community, it would be expected that people working in food preparation wash their clothes every day, but this is not possible for prisoners working in the kitchen based on the current clothing allocation. Also, in the medium security precinct there are many prisoners working in labouring and gardening roles resulting in extra wear and tear on tracksuit pants (which are easily torn and holed), khaki work pants would appear to be a more suitable alternative.

With only two sets of prison clothing issued there is limited opportunity for prisoners to wash their clothes. Not all prisoners, particularly those in the RPC medium security precinct and HRP, have access to washing machines. Where there is no washing machine in the unit in the RPC medium security precinct, the prisoner's laundry is sent to the RPC commercial laundry which operates five and half days per week. At HRP, prisoners' clothing is sent offsite to MHWP¹² for laundering.

An additional problem that was raised with the inspection team is that issuing only two sets of clothing creates *haves* and *have nots* within the prisoner population. Some prisoners can afford to buy thermal underwear, socks, underwear, white t-shirts and black shorts for recreation, to supplement the prison issued clothing, but most prisoners cannot. Increasing the basic essentials provided in the prison issued clothing pack would go some way to

¹⁰ Issues included visitors bringing in property that was not approved, was not brand new, had no receipts and/or was not the right type or colour accepted by the facilities.

¹¹ Only one pair of work trousers is issued to prisoners in RBMSP.

¹² Some of the HRP laundry is done in the RPC commercial laundry.

addressing this problem, though it is acknowledged that it is impossible to eliminate. The issue of *haves* and *have nots* can also be attributed in some part to TPS stock management processes (discussed below).

It is reasonable to expect that the clothing pack issued to prisoners on reception should include three sets of clothing (to allow one to be worn, while one is laundered, and one is ready for use). **TPS should provide additional clothing on reception to facilitate the needs of the prisoners to have clean clothing on a daily basis.**

Recreational Wear

As a general principle, prisoners should be provided with clothing suitable for the activities they perform. Shorts for recreation are not issued to prisoners by TPS. The inspection team observed many prisoners exercising in tracksuit pants. The tracksuit pants are fleecy and not well suited to physical workouts, causing prisoners to become hot and sweat more quickly during exercise. It is acknowledged that prisoners can purchase black shorts through the canteen however this is not an option for all prisoners. **TPS should provide a pair of shorts for sport and recreational use for each prisoner.**

Jackets, Coats and Polar Fleece

Prisoners are issued with limited warm outerwear and those that can afford to purchase clothing through the canteen buy singlets, t-shirts and thermals to supplement this limited prison issue. Jackets/coats or polar fleeces are not items available from the canteen. The inspection team was advised that prisoners in RPC can get an orange polar fleece jumper when these are available, but supply is limited and there were none in stock at the time of the inspection. It is noted that polar fleece jumpers are part of the standard prison issued clothing pack in RBMSP, however only one tracksuit jumper is included and this should be increased to two. Anecdotally in the past prisoners have been issued with a *bluey* coat but this practice ceased due to budget constraints. The feedback from prisoners across custodial centres was that all would like a polar fleece and that it should be part of the standard prison issue. **TPS should issue all prisoners with suitable clothing to keep warm such as a polar fleece jumper or similar, in addition to the tracksuit jumper already provided.**

Footwear

Most prisoners in the custodial centres are issued with one pair of green running shoes, procured by TPS from a private supplier. It is noted that the prisoners at MHWP are issued with a different type of running shoe. In this regard, the MHWP Superintendent advised that he actively tried to improve the quality of shoes for female prisoners, to provide shoes with better support and good soles, and he had success with better quality sandals now available.

There is no TPS policy that enables replacement of shoes within a specified timeframe from the date of issue. The inspection team observed many male prisoners wearing running shoes in a state of disrepair, frequently worn at the toes. It appears that the green running shoes have limited durability for prisoners actively engaged in recreational activities.

The availability of alternative footwear for prisoners to purchase at their own expense may compensate for the reported poor quality of the current prison-issued runners. This is not,

however, a satisfactory solution to problems with government-issued footwear. **TPS should procure robust and durable footwear as the standard prison issue.**

Prisoners are not issued with thongs, however they can purchase these through the canteen. The use of thongs may be an appropriate means of reducing wear and tear on the prison-issued green running shoes. In addition, wearing thongs in the communal showers may reduce the spread of tinea, a contagious fungal skin infection, as all fungi need warm, moist environments and communal showers are typical places where infection may be spread.¹³ **TPS should provide a secondary pair of footwear such as thongs to all prisoners.**

Discharge Clothing

There are no formal arrangements in place to provide civilian clothing to prisoners being discharged who are not in possession of a change of clothes in their property. As a result, prisoners are sometimes released from custody in prison issued tracksuits.

Prisoners are processed through the prisoner reception areas of each custodial centre for final release. Most prisoners have civilian clothing when they enter custody and this is provided to them on release. Additionally, prisoners can have civilian clothing dropped off by their family and friends to be used on release. If a prisoner does not have any clothing on release the following is available:

- RPC has an arrangement with the chaplaincy service who on request will source clothing from charitable organisations.
- MHWP has a collection of items that has accumulated over time from uncollected property (and past staff donations) and prisoners can choose from these items on release.
- HRP has a small collection of lost and found items that may be used, but if there is nothing suitable, the prisoner will be discharged in prison issued clothing. The t-shirts at HRP are grey, so the clothing is not easily identifiable as prison issue. However, the tracksuit pants and jumper are the standard maroon issue.
- If a prisoner does not have any civilian clothing, LRP attempts to contact family or friends to request clothing be provided. Alternately, if the prisoner has funds available, correctional staff will go to a charity or a second hand shop to buy items if the prisoner requests. If neither of these options are possible the prisoner will be discharged in a prison t-shirt and tracksuit pants. The t-shirts at LRP are grey, so not easily identifiable as prison issue. However, the tracksuit pants and jumper are the standard maroon.
- RBMSP do not have any arrangements in place and will provide prisoners with prison issued tracksuit pants and a t-shirt to wear on release. Generally, the t-shirt given to the prisoner will be white, so it is not easily identifiable as prison issue. However, the tracksuit pants and jumper are the standard maroon.

TPS should provide suitable discharge clothing to prisoners that do not have any civilian clothing. The solution to this could be as simple as providing black or grey tracksuit pants (made by the tailor shop) which are not as obvious as the maroon prison issued tracksuit;

¹³ <https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/tinea>

or arrangements could be put in place with local charities to provide donations of clothing to prisoners without suitable clothing.

Stock Management

The inspection found inconsistencies in the stock management and quality of clothing across the custodial centres.

Hobart Reception Prison

At HRP the clothing and bedding supplies were plentiful and well organised. The condition of the clothing was very good, as the correctional officers will dispose of items that are considered substandard. The HRP Superintendent has access to, and control of, the prison's budget and is supportive of spending money to buy replacement stock as required. The good condition of the clothing may also be reflective of less wear and tear in the reception prison environment as there is no access to outdoor facilities, it is not a working prison, and the population is transient.

Launceston Reception Prison

The laundry workers (prisoners) at LRP are responsible for the condition of used clothing, and they exercise discretion and decide whether the clothing is acceptable for re-use. The LRP Superintendent has access to, and control of, the prison's budget and checks the laundry with the supervisors at regular intervals to ascertain the need to purchase new items. Prison issued clothes are purchased by LRP through the tailor shop and the inspection team was advised that there is no problem with supply of these items.

Ron Barwick Minimum Security Prison

The stores at RBMSP were well organised and the prison issued clothing stock appeared sufficient and in good condition. When asked about the condition of used clothing, the laundry workers (prisoners) said it was up to their discretion to decide if clothing was still acceptable for redistribution to prisoners. The standard applied for reissue is that if the item of clothing is not something the laundry workers would feel comfortable to wear themselves it is discarded. It is noted that post-inspection, in April 2018, the inspection team attended the stores at RBMSP and found that many sizes of clothing were out of stock due to rising prisoner numbers and the inability of the tailor shop to meet the increased demand.

Mary Hutchison Women's Prison

The stores at MHWP were well organised and the clothing stock seen by the inspection team was adequate, in varying sizes, and in good condition. The female prisoners had recently been issued with hot pink t-shirts and these items appear to be popular.



* Clothing stock at MHWP

Risdon Prison Complex

In RPC, the clothing and bedding are distributed through the bulk processing stores. TPS processing staff decide when clothes are too weathered, unsuitable, and should be disposed of. At the time of the inspection, due to the high numbers in the prison population, unless an item was completely unwearable, TPS were not disposing of worn items. As a result, the standard of some clothing in the RPC stores (that is, the stock waiting to be issued to prisoners) was of very poor quality. Many of the items seen by the inspection team were of substandard quality with stains, holes and runs, waistbands, cuffs and neckbands cut off tracksuit jumpers, and slits cut up the legs of tracksuit pants (presumably to make it easier to pull off and on over shoes). While it is acceptable to reissue good quality second hand items, in the community, charitable organisations will not accept donations of stained or damaged goods. The standard of clothing issued to prisoners should not be of a lesser standard than is acceptable in the wider community.



* Clothing in poor condition at RPC

In addition to the poor quality of clothing, at the time of the inspection, the RPC stores had no stock in some sizes of clothing. This means that prisoners newly received into custody will be given *the next best size* clothing that is either too big or too small. The inspection team was advised that RPC stores were waiting on a clothing order from the prison tailor shop, and that a faster turnover of new clothes is required from the tailor shop.



* Low stock levels at RPC

Anecdotally, also affecting stock levels is that the RPC laundry does not turn round the clothes washing quickly enough due to the fact they are busy washing prison linen and fulfilling commercial contracts. As a result, the staff advised that much of the clothes washing was being undertaken in the bulk processing stores, but there were difficulties in getting the washing dried. The inspection team raised this with the Superintendent in charge of the processing area and a clothes dryer was installed.

General Observations

The management and recording of prisoner property does not appear to be consistent in respect of prison issued clothing and this impacts on stock management. The Director's Standing Order relating to property provides:

- any electrical items, clothing, electronic games consoles and games acquired in custody must be added to prisoners' property records (this information is recorded in CIS);
- under no circumstances are prisoners permitted to transfer possession of any item of property to another prisoner;
- all prison property issued to prisoners must be returned to TPS when the prisoner is released from custody.

It appears that one of the issues with clothing is that prisoners are not always required to return their prison clothing when released from custody. Anecdotally, prisoners will give their clothing entitlements (and other items) to friends and family prior to release and it is not uncommon for a cell to be almost bare on the day of a prisoner's discharge. These items are not returned to stock for distribution to newly received prisoners. The inspection team was advised that poor stock management also contributes to the *haves* and *have nots* in the prisoner population by allowing some prisoners to accumulate additional clothing. These problems could possibly be alleviated through an improved stock management system, which allows for an improved system of recording (noting that any system is dependent on human input).

TPS should review stock-management controls and implement changes to ensure sufficient clothing stock is maintained to meet prisoner entitlements.

Quality of Clothing

Prisoners in RPC highlighted the importance of presenting well to their family and friends at visits. The photos below are of a prisoner who raised the issue of the poor condition of clothing and footwear, saying, *It's humiliating when your family visit and you have holes in your clothes.*



* Shoes and clothing in poor condition at RPC

During the inspection, correctional officers also commented on the poor quality of the prison issued clothing: *The elastic in the track pants waist isn't tight enough, even when they are first made, and the T-shirts are too short in the body.* The inspection team's observations supports these comments and many prisoners tracksuits pants were hanging very low off their waists and t-shirts were stretched and riding high.

The inspection team was advised that the issue with the elastic in the tracksuit pants relates to washing and drying processes. The heat of the clothes dryers results in the woven elastic losing elasticity. In addition, items of prisoner clothing prisoner often go missing in the laundering process, resulting in prisoners ending up with one set of tracksuit bottoms that are washed and dried repeatedly. Even the best quality elastic will deteriorate under such stress, however when the elastic fails either it or the tracksuit pants should be replaced. Consideration could also be given to issuing more khaki work trousers as an alternative to the tracksuit pants, as these do not require elastic in the waistbands and anecdotally are comparable in price.

The condition of prisoner clothing in RPC needs to be addressed. **TPS needs to implement a quality control process to assess the condition of clothing before they are returned to the store to be reissued to prisoners.**

A better stock management system is required to ensure that there is always stock on hand in every size so that prisoners are issued with clothing in an appropriate size. **TPS may need to consider procuring items from another supplier if the prison tailor shop is unable to meet the demand for new clothing.**

There are no processes in place in any custodial centres for replacement of worn and damaged clothes on a regular basis; that is, no automatic anniversary, financial year, or other date, for replacement. Rather, it is up to the prisoner to make a formal request for new clothing. The inspection team was advised by correctional staff that in the past there was a policy where prisoners were issued with new clothing every six months. This is no longer happening. The inspection team was unable to find any documented evidence of such a policy; it is not covered in the Director's Standing Orders or Standard Operating Procedures relating to prisoner property. **TPS should implement a process for issuing replacement clothing to prisoners, particularly those with lengthy sentences.**

Manufacture of Clothing

TPS manufactures all prison issued clothing in the tailor shop, with the exception of socks and underwear, black shorts, and the white t-shirts for recreation. This manufacture of clothing is a vital component of prison industries, as it generates much needed prisoner employment.

There are a number of reasons why there are delays in the manufacture of prisoner clothing in the tailor shop. Firstly, the number of prisoners employed there is relatively small, whilst the exact number fluctuates, on average there are only eleven prisoners working on clothing manufacture (the maximum number of employees is 14). There is a relatively high turnover of prisoner workers for a variety of reasons including:

- release;
- changing security classifications;
- prisoner movements;
- willingness to work;
- disciplinary reasons; and
- association issues.

It takes some time to train new employees in a specialised difficult task. In addition, the ever-increasing prisoner population is impacting on the ability of the tailor shop to meet the demand. Fabric orders can take six weeks to be supplied and due to budget constraints and (anecdotally) management direction, the tailor shop is unable to hold large quantities of fabric and stock.¹⁴ There is one manager who runs the tailor shop and when the manager is not working, the shop does not open. This means that the tailor shop is closed when the manager is on leave. The shop is also closed when the manager is redeployed to work in the

¹⁴ The inspection team was told that one reason for not holding large volumes of fabric is in case prison clothing colours are changed.

commercial laundry when that is short staffed. The inspection team was advised that this redeployment to the laundry is a priority as the laundry has a commercial laundry contract for which it must deliver services. The key dependency on the tailor shop manager is an issue that TPS should address.

To only *blame* the tailor shop for the shortage of clothing is, however, simplistic, as some of the problem lies in stock management. One of the issues with stock management is that budget allocations occur annually in July and all areas submit their clothing orders when they receive this allocation. This results in orders for hundreds of items from all custodial centres being received by the tailor shop at the same time and it is physically impossible to meet such a demand. The tailor shop does have a quiet time from March to July and during this time the prisoners will continue sewing items to rebuild stock levels, but not to the required levels. This is because the shop will not hold large volumes of fabric and stock. If the orders for new clothing could be spaced out across the financial year, this would assist the tailor shop to fulfil orders in a timely manner.

Mattresses and Bedding

It is essential that bedding, especially mattresses, is clean and in a suitable condition to prevent the spread of disease.

Many of the mattresses seen during the inspection were dirty, stained, ripped, with foam exposed, and in need of replacement. The inspection team was advised that prisoners had removed many of the mattresses' protective covers, as the vinyl type covers¹⁵ are uncomfortable and sweaty. At the time of the inspection relating to hygiene in May 2017, there was no mattress replacement strategy. The inspection found that mattresses in the custodial centres are currently replaced on an *as-needed* basis, but sometimes budget pressure has a bearing on this decision.

The process for obtaining a replacement mattress is that a prisoner submits a *Tasmania Prison Service Request Form* requesting a new mattress. Based on the information in the request the authorising officer decides whether to approve the request or not, but must provide a reason with the bottom half of the form returned to the prisoner advising of the decision.

As the inspection team moved around the custodial centres, it asked prisoners if mattress checks were performed. Prisoners told the team that they were not aware of mattresses ever being inspected by TPS correctional staff. This information, however, contradicts the advice provided by TPS that the mattress is one of the items included on the daily cell check form. In addition to the daily cell checks, TPS advised that mattresses are also checked for cleanliness, cuts, tears and holes when a prisoner is first admitted to a cell and again on the prisoner's discharge.

The standard of mattresses inspected varied greatly. The inspection team noted a large number of near new mattresses throughout the male custodial centres. Below are photos of some of the worst mattresses that were seen during the inspection and, to give some context, not a great number of cells relative to the prisoner population were inspected.

¹⁵ Vinyl cover mattresses are used only in certain areas, largely within RPC, such as the Crisis Support Unit and in units with high security regimes. Cotton covered mattresses are used in most other areas.



TPS need to introduce a mattress replacement strategy so that it can proactively replace mattresses in each facility on a regular basis. In this regard, the inspection team was advised that TPS is currently working on a mattress replacement strategy. The strategy will consider relevant documentation (including consideration of the reasons for replacement) and photos of mattresses replaced in the 2017-18 financial year, in order to ascertain the life of a mattress in each of the facilities. The intention behind the data collection is to enable creation of an accurate budget to purchase and proactively replace mattresses in each facility on a regular basis.

In several of the custodial centres visited, some bedding was inspected and many doonas and pillows were found to be of a poor quality and often stained. Again, there is no replacement strategy and if a prisoner wants new bedding or pillows then a request form is submitted. One prisoner showed the inspection team a stained and dirty pillow that he alleged was in that condition on issue. He advised that he had requested a new pillow three months prior and still had not received a replacement. While it is accepted that it is not possible to issue all newly received prisoners with new pillows and doonas, there do not appear to be quality control mechanisms in place to prevent damaged, stained or torn stock being reissued to prisoners.

To address the quality of mattresses and bedding, it is recommended TPS:

- **implements processes to ensure that staff inspect mattresses, doonas (quilts) and pillows regularly for defects, moisture and mould and replace where necessary; and**
- **implements a quality-control process to assess the condition of bedding items before they are returned to the store to be reissued.**

There are no specific winter weight doonas available and doonas are not available on the canteen list, so prisoners with the means cannot purchase extra bedding for better comfort in winter.

Standard 74.4 requires that mattresses and bedding should be fire retardant. All mattresses (both cotton and vinyl covered) provided by TPS are fire retardant, as are the pillows. However, the current bedding supplied (sheets, doonas, pillowcases) is not fire retardant. **TPS should explore alternative options for bedding supplies and implement changes in order to meet the standard that requires bedding to be fire retardant.**

Laundry

The availability of laundry services largely determines what quantity of clothing should be issued to prisoners.

Ron Barwick Security Prison

At RBMSP all prisoner laundry is done in a central laundry¹⁶ run by trusted prison employees. The inspection found that the commercial washing machines in the laundry are under enormous strain trying to cope with increased prisoner numbers, laundry for LRP (everything except clothing) and laundry for all discharges (released prisoners). Bedding is also laundered once a week centrally.

To meet current demand, the laundry operates between 7:30am and 4:30pm seven days per week even when the prison is locked down. The inspection team was advised that after an external contractor had recently serviced the washing machines, the laundry workers were told the machines were being overloaded. TPS need to address the strain that the machines are under, as with the predicted increase in prisoner numbers the situation will only get worse. The laundry is already operating at full capacity and TPS need to procure at least one additional commercial washing machine and dryer.

The RBMSP prisoners place their laundry in white net laundry bags which are tied up and washed and dried without being opened. The bags are then returned to their owners. The inspection team was advised that the current laundry bags at RBMSP do not tie up properly and often items come out of the bags, resulting in prisoners clothing being misplaced. The laundry workers do their best to identify lost property and return it to the rightful owner, but this is sometimes difficult. Zip laundry bags are no longer used as the heat from the machines was damaging the zips. **TPS should explore alternate laundry bag options, to prevent loss of items during the laundry process.**

Hobart Reception Prison

At the time of the inspection at HRP all prisoner clothing was washed onsite, with washing machines and dryers located on both accommodation floors. Since that time, the washing machines and dryers have been removed and all HRP laundry has been transferred offsite to MHWP¹⁷.

Launceston Reception Prison

At LRP all prisoner clothing is washed in a central laundry run by trusted prison employees. Other items (e.g. linen) are transported to RBMSP in the escort vans and washed in the central laundry there¹⁸. The laundry workers cannot keep up with the workload at LRP, with the machines currently operating seven hours a day, seven days a week. In addition to laundering all prison issued clothing, the civilian clothing of those newly received into custody is also

¹⁶ With the exception of the O'Hara Cottages and Division 8 which have their own washing machines and dryers.

¹⁷ Some of the HRP laundry is being done in the RPC commercial laundry, but the intention is that it will eventually all be handled at the MHWP.

¹⁸ The watch house blankets are sent to the RPC commercial laundry to be washed, as they cannot be cleaned at RBMSP due to their weight.

washed, so it can be stored in a clean state ready for release. The washing machines and dryers at LRP are old and past replacement date and this needs to be addressed by TPS.

Mary Hutchinson Women's Prison

At MHWP trusted female prisoner employees operate a centralised laundry for prisoner clothing and bedding¹⁹. There is a 27kg washer and a 38kg dryer in the central laundry. The laundry operates seven days per week, from Monday to Friday from approximately 8:30am to 3:30pm, and on weekends from approximately 9:30am to 2:30pm. There is also a 7kg washer and a 7kg dryer in the mother and baby unit available for use by the prisoners in that unit. The laundry services at MHWP are currently meeting demand.

Risdon Prison Complex – Maximum Security Precinct

In RPC maximum security precinct, there is no centralised laundry for clothing. Washing machines and dryers are positioned in each unit for clothing. Each unit has prisoners employed as laundry workers and it is their job to operate the machines and do the unit laundry. Bedding is laundered centrally in the RPC commercial laundry. The inspection found that the machines in the units are operated seven days a week and the laundry workers still struggle to meet demand due to the current prisoner numbers. The washing machines and dryers are old and past replacement date and this needs to be addressed. TPS also need to procure at least one additional commercial washing machine and dryer to keep pace as prisoner numbers continue to rise.

Risdon Prison Complex – Medium Security Precinct

At the time of the inspection in RPC medium security precinct, the laundry system appeared to be haphazard. As part of the original fit out, the medium security precinct was set up with washing machines and dryers in each of the 28 pods.²⁰ The intention was to provide prisoners with semi-independence and improve custodial efforts to control and rehabilitate people in the precinct. However, over time washing machines and dryers have been removed from most pods, as they have failed due to damage and general wear and tear, limiting the availability of laundry services to prisoners.²¹

Due to the removal of machines in the medium security precinct, only a very small number of prisoners can use the limited remaining machines in pods. There is no other formal process available for prisoners to wash their clothes. Informally, a service is available where prisoners can place their clothes, in their laundry bag, in a trolley sent to the commercial laundry. Where possible, TPS laundry staff members, not the prisoner workers, launder the clothing to reduce theft and tampering. The inspection team was advised, however, that there are constant complaints relating to quality control and theft. The laundry trolley sits unattended at the top of the precinct outside the administration/education area, as the precinct is not resourced to police the laundry. An additional issue is that the small numbers of existing machines encourages illegal trade, renting and stand over by prisoners.

¹⁹ Linen is laundered once per week and doonas once per month.

²⁰ There are seven units in the medium security precinct, each comprised of four pods (28 pods in total).

²¹ As at 12 April 2018, there were only five washing machines and dryers within the medium security precinct and 178 prisoners.

The inspection team was advised that a conscious decision had been made not to replace the washing machines in the medium security precinct as continual repair and replacement is cost prohibitive. There are two main reasons for the machines failing; firstly the strain on machines due to the constant workload and; secondly, damage caused by prisoners. Anecdotally, prisoners hiding contraband in the machines (removing pieces, taking the machines apart and putting them back together etc.) have caused the damage. However, the service contractor advised that the majority of the repairs are due to wear and tear as the machines are old and past replacement date. The cost of repairs is magnified, and greater than a general repair in the community would be, as the machines are fixed and hardwired for security reasons, requiring an electrician to attend each repair. Regardless of the cost associated with maintaining and replacing machines, TPS need to review and address the laundry processes in the medium security precinct as the current arrangements are not satisfactory.

It is important for hygiene reasons that prisoners have adequate access to laundry facilities. **TPS must ensure that adequate laundry services are available to provide all prisoners in all custodial centres throughout the state the ability to wear clean clothing on a daily basis.**

7.4 Hygiene and Environmental Health

Inspection Standards 70, 72, 73 and 74

The inspection focussed on: good public health practices; cell temperature and humidity; drinking water quality; food safety; hygiene and environmental health issues. Consultancy services were obtained from Environmental Health Services at DHHS – Public Health Services and Ms Helena Bobbi, Environmental Health Officer assisted throughout, with input from Mr Cameron Dalgleish, State Water Officer, in relation to drinking water quality. The full reports from Environmental Health Services are contained at Appendix 2.

Survey

A basic survey on hygiene and environmental health was provided to a sample of prisoners across all custodial centres prior to commencement of the inspection.

There were 75 respondents to the survey of which 88 percent were male and 12 percent female. The survey was used mainly as a tool for gathering information as to the main areas for the inspection to focus on. The results were not relied on as quantitative data.

A snapshot of questions and responses is provided in Appendix 7.

Cell Temperature and Humidity

As it was apparent that cell temperature was of concern to both staff and prisoners at RBMSP and LRP, the inspection team placed LogTag humidity and temperature recorders at these locations to take incremental readings. The results were as follows:

Location	Dates	Average temp	Highest temp	Lowest temp	Standard deviation	Average humidity	Highest humidity	Lowest humidity	Standard deviation
RBMSP Division 5 Cell 32	29/06/17-20/07/17	14.5°C	23.0°C	9.7°C	2.2°C	61.9%	78.5%	44.0%	7.2%
RBMSP Division 3 Cell 33	29/06/17-20/07/17	18.0°C	22.8°C	14.0°C	1.9°C	50.2%	62.1%	37.4%	4.9%
LRP Women's area Cell 22	05/01/18 – 19/01/18	25.0°C	27.9°C	22.5°C	1.3°C	41.7%	61.4%	29.8%	5.5%
LRP Men's area Cell 11	05/01/18 – 19/01/18	23.5°C	25.2°C	22.5°C	0.7°C	48.5%	64.2%	36.5%	5.5%

While Australia has no current thermal comfort standard, the key referenced standard is the American Society of Heating Refrigeration and Air-conditioning Engineers (ASHRAE) standard 55-2004. This standard combines an older standard version of ASHRAE 55 and European ISO 7730 standards and is referred to by the National Occupational Health and Safety Commission in its advice that:

- in winter, wearing heavy clothes, a comfortable temperature is 20 - 24°C
- in summer, wearing light clothes, 23 - 26°C is more comfortable

The Commission prefaces this advice with its definition of thermal comfort as *the best temperature for the workplace is the temperature most people find comfort [sic] without discomforting the few people who have unusual temperature preferences.*²² The inspection team acknowledges that comfort is subjective and varies from person to person.

ASHRAE indicates optimum humidity levels are between 40 percent and 60 percent and it recommends they be kept between 30 percent and 70 percent. There are no specific recommendations for prison cells, however thermal comfort at work ranges specified by ASHRAE outline acceptable operating temperatures for seasonal conditions and humidity levels as follows:

Conditions	Relative humidity	Acceptable Operating Temperature
Summer (Light clothing)	If 30% then If 60% then	24.5 – 28.0 °C 23.0 - 25.5 °C
Winter (Warm clothing)	If 30% then If 60% then	20.5 - 25.5 °C 20.0 – 24.0 °C

Ron Barwick Minimum Security Prison

The average cell temperatures recorded at RBMSP are well below the ASHRAE standard, despite panel heaters being installed in cells at the facility and the inspection team being aware that those heaters were in operation during the interval recordings. The average humidity readings from RBMSP are at the higher end of recommendations although it is acknowledged that the use of panel heaters may have affected humidity levels.

Prisoners reported being cold at RBMSP in the winter months despite all cells having a panel heater that operates as per the following heating schedule:

Weekdays	On	Off	Weekends	On	Off
AM	0400	0800	AM	0400	1300
PM	1500	2400	PM	1500	2400

It is noted that following a prisoner complaint about the cold in June 2017, TPS extended the heating schedule in July 2017 by an extra hour in the morning and evening (the power previously turned off at 0700 and 2300).

²² https://www.csu.edu.au/_data/assets/pdf_file/0017/136700/Mgt_Indoor_Thermal_Comfort_v1.1.pdf.

Divisions 1, 5 and 6 have a heat pump in the kitchen/common room²³ and during the day prisoners can also attend the library which is heated. A high percentage of prisoners are engaged in work and other activities during the morning when the room heating is turned off. It is noted, however, that those most likely to feel the effects of the cold are the elderly, frail and infirm prisoners and many of those are not working. Some prisoners have medical certificates from doctors (commonly referred to as a *chit*) stating they need extra heating due to a medical reason and they are supplied with oil filled bar heaters.

Prisoners also described how they were cold during the night and were forced to wear multiple layers of clothing to bed in a bid to stay warm. It was unclear whether there was a shortage of doonas or prisoners had not requested additional doonas. Prisoners are supplied with two sheets and two doonas, which are washed on a weekly basis, but TPS do not have the stock to supply extra doonas to every prisoner. If a prisoner requires an additional doona he has to submit a request to the Superintendent of that area and this will be actioned on a case-by-case basis. The procedure for gaining extra bedding is a *chit* from the doctor (same as a heater), and in August 2017 there were two prisoners who had this.

The inspection team was advised that Division 3 particularly has problems with condensation in the cells at the back of the yard in the winter months as they back straight onto the outside wall. Prisoners reported that the cells get very wet from the condensation to the point that paper and photos curl up, paint peels off the walls when touched and anything placed against the walls in winter gets wet. The cells are cold even in summer as the southern side of RBMSP is shaded in summer. The inspection team viewed cell 33 in Division 3 and noted that, despite the fact that it was May and the temperature still mild, the paint in the cell was still soft to touch and could be easily peeled off.

TPS advise that due to the age of the RBMSP facility and services, they have to manage carefully the demand on the electrical system *this is an old facility and we only have so much power that we can draw upon*. It has previously been noted that there is no escaping the fact that Ron Barwick Minimum Security Prison is an old, open-air building that is not designed to withstand the cold Tasmanian climate. Its design is based on an American prison located in warmer climates; the bitumen yards are essentially open to the elements and are cold and wet in inclement weather.

The inspection team observed that the strip search room at the RBMSP visitor centre is very cold and raised this issue with TPS. A column heater was placed in the strip search room by TPS however on a later visit the inspection team noted this had little effect on the room temperature as there is no ceiling over the room; any heat generated by the column heater would be lost to the vast open space above. Upon raising the issue again with TPS, the inspection team was advised that the ceiling was open to accommodate the fire sprinkler system and that the strip search room was designed as a workshop rather than an area for contact visits. The inspection team acknowledges that TPS has attempted to resolve the issue under the restrictions of an aged facility which is no longer fit for purpose.

Given these circumstances and that the facility does not warrant the installation of better heating and cooling, I do not propose to make any such recommendation at this time. The

²³ During unlock hours prisoners are allowed to access to any other Division except for Division 5.

issue cannot continue unaddressed however and I intend to monitor the situation and, if necessary, make recommendations at my next inspection.

Noting the concerns of the inspection team, it is recommended that **TPS put in place procedures to:**

- **inspect all cells in Ron Barwick Minimum Security Prison regularly and those identified with any visible condensation or mould should be left unoccupied; and**
- **ensure that that complaints of prisoner thermal discomfort are addressed in a timely manner.**

Launceston Reception Prison

Temperature control in the female area at LRP was raised as an issue and the inspection team was advised that female prisoners were seen coming out of cells gasping for air and dehydrated in summer. The female cells back onto a solid brick wall, which is a heat conductor, and there is no air ventilation. Concerned correctional staff recorded temperatures of 37 to 40 degrees over two nights in summer 2016-17 with a thermometer provided by nurse. Based on this feedback, the inspection team followed up by placing LogTag humidity and temperature recorders in both a male and female cell at LRP.

During the period in which the LogTags recorded data, the average cell temperatures at LRP were within the acceptable range as were average humidity levels. TPS has advised that LRP temperature is controlled by Tasmania Police as the LRP is co-located with the Launceston Police Station. It has previously been noted that prisoners at LRP do not have access to natural daylight or fresh airflow and combined with other factors relating to the age and design of the building, thermal comfort of individual prisoners at LRP would be impacted.

Further data on cell temperature and humidity at LRP will be collected in summer 2018-19.

Drinking Water Quality

Many of the prisoners' survey responses indicated possible water quality issues, particularly in relation to water taste. To investigate these complaints, water sampling was undertaken at all custodial centres.

According to the Environmental Health Services' report:

The analysis of the water samples did not identify biological matter that would account for inmates' claims regarding the taste of the water. However, the analysis did identify the presence of metals in the drinking water above the Australian Drinking Water Quality Guidelines 2011 (ADWG) limits.

In summary, metal concentrations that exceed the ADWG include nickel in MHWP and RPC, lead in MHWP and cadmium in LRP. The TasWater supply to the boundary site was sampled and analysed to investigate the source of the metals. There was no metal present above ADWG levels in the TasWater sample, which indicates that the metals are likely to be present in the prisons' water as the result of water being transported via the prison plumbing; that is, as the water sits in the pipes it is being loaded with metals associated with the plumbing.

Advice was sought from Environmental Health Services to determine if consumption of the water posed any health risks to prisoners. The advice was that there are no significant health related issues; there are, however, identified plumbing issues that TPS may need to investigate further.

TPS was contacted immediately regarding the water sampling results and a water filter was installed in the area most greatly affected in MHWP. To address the metal concentrations in the water Environmental Health Services advised that all prisoners should be advised to run the taps for 30 seconds prior to using the water for drinking, washing and preparing food, and brushing teeth. This advice is particularly important for pregnant and lactating women, for whom the risk of health effects is greatest. In addition, cells that have been unoccupied for more than 48 hours should also have the taps flushed before prisoners drink from them. This general advice regarding flushing of taps is consistent with published information on the DHHS website about flushing household plumbing first thing in the morning and after extended periods of absence.²⁴

Environmental Health Services also advised that efficacy testing should be undertaken to ensure that the water filter that has been installed at MHWP is delivering safe drinking water and also that it would be prudent for a further round of water sampling to be undertaken at all custodial centres. In addition, Environmental Health Services advised that TPS should seek advice and direction from the Department of Justice's Consumer Building and Occupational Services Technical Regulation Unit in relation to the plumbing configuration in cells located in Risdon Prison Complex, Maximum Precinct.

In relation to drinking water, the inspection team found that the tap buttons in cells in RPC and MHWP are very hard to press and, as a result, are very unlikely to promote prisoner consumption of water.

Full details regarding the analysis and results of water samples is provided in the Environmental Health Services report at Appendix 2.

It is recommended that TPS:

- **introduces education and procedures to ensure that all prisoners are advised to run the taps for 30 seconds prior to using the water for drinking, washing and preparing food, and brushing teeth²⁵;**
- **undertakes regular testing to ensure that the water filter that has been installed at Mary Hutchison Women's Prison is delivering safe drinking water;**
- **facilitates further water sampling at all custodial centres; and**
- **seeks advice and direction from Department of Justice's Consumer Building and Occupational Services Technical Regulation Unit in relation to the plumbing configuration in cells located in Risdon Prison Complex (Maximum).**

²⁴ Refer <http://www.dhhs.tas.gov.au/publichealth/water/drinking/mains>.

²⁵ This recommendation does not need to be followed in respect of the drinking water tap in the Mary Hutchinson Women's Prison which subsequent to the inspection, had a filter installed.

Food Safety

The food safety inspections were conducted from 1 to 5 May 2017 across all custodial centres. The inspections standards require that service equipment for refrigeration and cooking must be properly maintained and regularly cleaned. Except for HRP, these standards were met in the Risdon Main Kitchen facilities across all custodial centres. Some kitchenettes in RBSMP, however, were not of an acceptable standard and, notably in RPC, equipment such as fridges, microwaves, sandwich presses in units had been damaged by prisoners and not replaced, often for an extended period of time. For example, in one maximum unit there had been no fridge since 31 March 2017, following a disturbance resulting from a prisoner not being able to attend a relative's funeral. Similarly, in another maximum unit there was no microwave as a prisoner had smashed the glass plate approximately eight months prior to the inspection. TPS correctional staff advised that not replacing damaged items is an intended behavioural tool; however, this has implications for food safety and food preparation equipment should be repaired or replaced as soon as possible. Across all custodial centres **TPS should ensure that temperature checks of fridges in units and divisions in all custodial centres are occurring on a regular basis.**

The full report from Environmental Health Services is provided at Appendix 3.

Ron Barwick Minimum Security Prison – Main Kitchen, Vegetable Processing and Kitchenettes

The Risdon Main Kitchen is located in RBMSP and provides food services across all custodial centres. That is, meals are prepared, cooked and packaged in the Risdon Main Kitchen and delivered to prisoners in RBMSP, RPC, MHWP, HRP and LRP.²⁶

Clarence City Council registers the Risdon Main Kitchen and the vegetable processing facility as a food business in accordance with the *Food Act 2003*. The inspection found that processes and procedures are well documented and records maintained and Auditing Services Australia audits the food safety program annually.

Environmental Health Services found that *While allergen management ...is covered by the food safety program, this document should also include reference to the protocol for identifying/screening inmates for food allergies when first taken into custody.* TPS need to address this.

The RBMSP premises are old, but the fit-out of the Risdon Main Kitchen and vegetable processing areas is appropriate for current use, and generally well maintained. There are various sections, however, where the paint is flaking from the wall and doorframes and needs repair.

²⁶ The (prisoner) kitchen staff at MHWP and LRP freshly prepare lunches from ingredients supplied by the Risdon Main Kitchen.



* Peeling paint work in Risdon Main Kitchen

Evening meals are delivered cold in RBMSP and prisoners reheat their meals in the microwaves provided in the kitchenettes in each Division. Prisoners are also able to purchase food from the canteen to cook using electric frypans, sandwich presses and microwaves. The condition of the kitchenettes in Divisions 1 to 6 varies greatly, with **Divisions 2, 3 and 4 being in very poor condition. To ensure food safety, these kitchenettes need upgrading** (refer to the full report from Environmental Health Services at Appendix 3).





* Kitchenettes in divisions in RBMSP

As prisoners are required to reheat meals, and cook some foods purchased through canteen, it is recommended that **all prisoners in RBMSP have access to food safety training.**

Ron Barwick Minimum Security Prison – Canteen/Stores

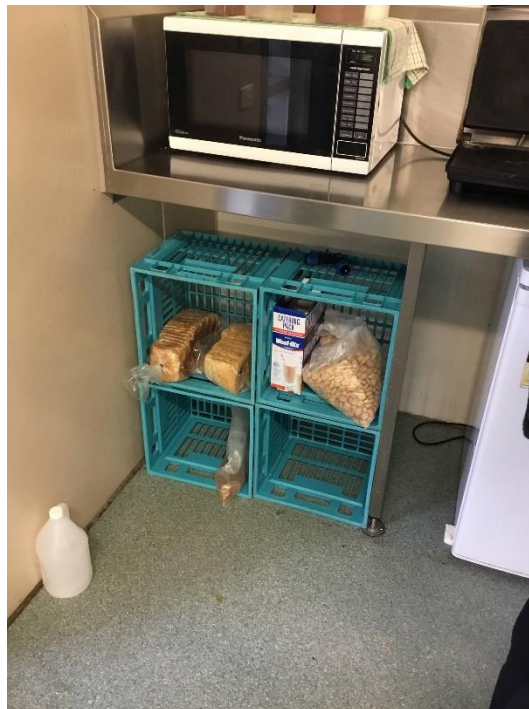
The canteen provides a range of low risk packaged foods for sale to prisoners in all custodial centres. The fit-out of the canteen is appropriate for its current use although there are issues with limited storage and this needs to be addressed. The types of food offered by the canteen is discussed in further detail under *7.7 Food and Nutrition*. In particular, there are limited healthy alternatives available from the canteen and this is due in part to the storage issues and the inability to refrigerate items such as yoghurt, dips, cheese, meat etc. **An increased storage area would enable more efficient ordering processes and storage which would assist TPS to provide more healthy food options.** If healthy items requiring refrigeration are made available to prisoners, consideration must be given to ensure prisoners have sufficient storage.

There is also some concern about the storage of eggs; these are supplied to the canteen on Thursday afternoons and distributed to prisoners over the course of the week. Environmental Health Services advised that eggs for sale should be stored in accordance with manufacturer's instructions, preferably refrigerated.

Risdon Prison Complex – Medium Security Precinct

Kitchenettes in the medium security precinct were appropriate for their use, though they would benefit from extra shelving and storage space for dry goods such as cereals and pasta²⁷. The inspection team observed that these dry goods were often stored on the floor, where they are subject to absorbing spills or attracting pests. Food should also be stored in sealed containers, not left in opened bags. **TPS should provide extra shelving and storage space for dry goods such as cereals in the medium security precinct kitchenettes.**

Quite a few units had **damaged food preparation equipment (e.g. microwaves, sandwich presses)** and, though the inspection team acknowledge that it is costly, **this equipment should be replaced or repaired as soon as possible.**



* Food being stored on the floor in opened bags in RPC medium security units

Risdon Prison Complex – Maximum Security Precinct

Kitchenettes in the medium security precinct were appropriate for their use, though the inspection team noted that not all are accessed by prisoners depending on the unit security classification. Again, some units had **damaged food preparation equipment, which should be replaced or repaired as soon as possible.**

The inspection team noted that some prisoners in maximum units had microwave containers that they use to heat food. Not all prisoners in maximum units have access to these as they can only buy these containers through the prison canteen when they are minimum or medium

²⁷ Prisoners in the medium security precinct have a level of independence and prepare their own breakfast from items supplied through the Risdon Main Kitchen. This is in contrast to the maximum security precinct where pre-packed breakfast packs are supplied.

classified, in accordance with the incentive scheme.²⁸ While the importance of having an incentive scheme is well understood, there is some concern that TPS are providing through canteen goods, such as pasta, eggs and noodles, to prisoners that should be cooked but not appropriate facilities to cook them and this is a potential food safety issue. **It is recommended that microwave containers should be made available for all prisoners to purchase through canteen regardless of their classification.**

Mary Hutchinson Women's Prison

The kitchen in the MHWP is appropriate for its current use. The inspection team was unable to determine if the current food safety program covers processes and procedures in the MHWP. To ensure food safety, the **food safety program should cover the MHWP kitchen.**

Evening meals are delivered chilled and reheated by the prisoners employed in the MHWP kitchen. Lunches are prepared onsite fresh daily also by the prisoners employed in the MHWP kitchen, from ingredients supplied by the Risdon Main Kitchen. Food preparation is undertaken in the form of making soups, sandwiches, and deep frying items such as ham steaks, salmon patties and vegetable fritters.

A few practices caused some concern to Environmental Health Services which could easily be rectified by **providing food handling training to those prisoners employed in the MHWP kitchen.**²⁹ For example, the hand washing sink was piled up with dirty towels; the soap dispenser at the hand washing sink was empty; the rubbish bins were up on the bench next to the sinks; there was a large pot of soup in the fridge which should have been decanted into smaller vessels to cool quickly; eggs were not refrigerated; the rubber floor mat was sitting on top of the food preparation sink; and the wire flyscreen door had small holes in it.



²⁸ If a prisoner is relocated to a maximum unit, they are able to retain microwave containers if they have previously purchased them when they were minimum or medium classified.

²⁹ The two female prisoners working in the MHWP kitchen at the time of the inspection advised that they had not done any type of food training.



* MHWP kitchen

Hobart Reception Prison

The HRP kitchen requires some attention. The inspection team noted that the microwave was sitting on a piece of chipboard over the kitchen sink; the toaster was sitting on top of a very old and damaged chest freezer; and there was only one sink for all purposes (that is, no separate sink dedicated for handwashing – though the sink was noted to be sparkling clean).

The HRP kitchen is not registered as a food business with the Hobart City Council. This is a requirement under the *Food Act 2003* and must be addressed by TPS.

Meals are delivered chilled from the Risdon Main Kitchen and reheated by the wardsmen (prisoner workers). It was noted that the wardsmen at the time of the inspection did not temperature probe a sample meal after the reheating process. When questioned the wardsmen advised that they check the oven and fridge temperatures with the probe thermometer but not meals. It is recommended that **food handler training be provided to all prisoners working in the HRP kitchen.**



* HRP kitchen

Equipment such as microwave ovens, fridges and sandwich presses in the prisoner kitchenettes were damaged and/or missing and had not been replaced. As discussed above, from a food safety perspective these items should be replaced as soon as possible.

Launceston Reception Prison

The kitchen in the LRP is appropriate for its current use. It is registered as a food business with the City of Launceston Council.

Evening meals are delivered frozen and reheated for prisoners by the wardsmen. Lunches are prepared onsite fresh daily by the wardsmen, from ingredients supplied by the Risdon Main Kitchen. It was noted by prisoners and staff that the bread supplied by the Risdon kitchen is not delivered fresh which affects the quality of the sandwiches prepared for lunches.

The inspection team observed that the wardsmen at the time of the inspection were very thorough in their food handling duties with temperatures logged and recorded and the kitchen was very clean and tidy.

Hygiene

Prisons must provide the facilities, services and items necessary for the maintenance of environmental health and general hygiene.

Personal Hygiene

The United Nations Standard Minimum Rules for the Treatment of Prisoners, Rule 16 stipulates:

Adequate bathing and shower installations shall be provided so that every prisoner may be enabled and required to have a bath or shower, at a temperature suitable to the climate, as frequently as necessary for general hygiene according to season and geographical region, but at least once a week in a temperate climate.

This is reflected in the inspection standards which require that all prisoners are provided with suitable facilities and opportunities to maintain their own hygiene. In the main TPS meets the standards relating to suitable facilities for personal hygiene however the substandard facilities at LRP are discussed in detail below.

The standards also require that information promoting good hygiene practices should be made available to prisoners. TPS has a Director's Standing Order relating to hygiene and grooming and whilst this provides: *Upon reception into custody, the TPS will provide prisoners/detainees with information regarding personal hygiene, grooming and infection control*, the inspection team found that this was not case.

It is recommended that **TPS consider options to increase access to showers for those prisoners that work within the prison commercial laundry and are accommodated within the RPC medium security precinct** (for example, by unlocking workers for a short period in the evening to access showers and telephones).

Hair Clippers and Fingernail Clippers

The prisoner survey highlighted issues with the limited provision of fingernail and hair clippers in RPC. Other concerns raised by RPC prisoners, aside from hygiene, included that there is only one barber and some prisoners do not feel comfortable having their hair cut by that person due to association issues or conflict. There was legitimate concern expressed regarding the possibility of contracting blood borne viruses such as Hepatitis b and c through the shared use of these items.

The inspection team found that prisoners in RPC have no access to personal hair clippers; rather they have to share hair clippers, in some instances with one set to cover a whole yard.

TPS advised that the reasons personal hair clippers have been removed from prisoners include:

- prisoners using hair clippers to make tattoo guns and/or weapons;
- difficulties in ensuring hair clippers are cleaned to an appropriate standard; and
- the costs of replacing hair clippers when they are lost and cannot be accounted for.

A barber's shop was established in the RPC Activities Centre to try and alleviate some of the issues but initially this had minimal success. Anecdotally this is because there was only one barber who not all prisoners felt comfortable with and it was reported to the inspection team that there may have been some stand over issues. TPS subsequently developed a more structured delivery around the barbers shop by engagement with TasTAFE and the introduction of a formal training program. The inspection found that the barbers shop has two sets of clippers, an autoclave (and another autoclave on order), and staff have also been using a sterilising solution to clean the clippers. It appears that the concerns regarding hygiene and sterilisation have been addressed by TPS for now and the inspection team at some future point will follow this up. It would be prudent for TPS to **review procedures and implement changes relating to hair clippers and barbering services in Risdon Prison Complex, Medium and Maximum, to ensure that prisoners are following proper infection control measures in order to reduce the risk of transmission of blood borne viruses.**

In relation to fingernail clippers, the inspection found that a decision had been made by TPS management to take these items off the canteen list. As a result, prisoners were forced to share nail clippers and some were requesting nurses to clip their nails rather than share clippers, resulting in overburdening the health service and ultimately a refusal to provide this service. The inspection team raised this issue with TPS management and that earlier decision was reversed and prisoners are once again able to access their own set of fingernail clippers.

Toiletries – Soap, Toothpaste and Toilet Paper

On a number of occasions throughout the inspection, prisoners raised concerns regarding the adequate provision of toiletries, in particular soap, toothpaste and toilet paper.

The Director's Standing Order for Hygiene and Grooming states:

With the exception of toilet rolls and soap, which are supplied free of charge, prisoners/detainees are required to purchase their own toiletries from the Canteen.

The canteen provides prisoners with soap at no cost. The soap is available to the prisoners by request to their unit correctional staff however most prisoners prefer the soap that is available for purchase through the canteen.

One toilet roll is provided to prisoners per week, with further additional rolls made available for the unit communal toilet.

The toothpaste that is provided to prisoners in the induction pack issued on reception into custody is inadequate, as it is too small.



* The toiletry pack issued to prisoners on reception

The inspection found that the issues with the purchase of toiletries is linked to contract levels. Toiletries cannot be bought with money in a prisoner's private account, unless the prisoner is on a Level 4 Contract. Rather these items must be bought with a prisoner's prison allowance, which is meagre on the lowest levels. New prisoners entering the prison system will commence on a Level 3 Contract, unless their behaviour warrants placement on a lower level and, at the earliest, a prisoner must be in custody for 10 weeks before they can attain a Level 4 Contract.³⁰

The importance of soap for good hygiene practices cannot be underestimated. Soap is an essential part of good hygiene practise.

*Regular washing with soap prevents the occurrence of many diseases, especially skin conditions and diarrhoeal diseases transmitted by the faecal-oral route. The cost of the soap will be more than offset by the savings made in keeping the detainees in good health.*³¹

Again, while the importance of having an incentive scheme is well understood, **all prisoners should be able to buy basic toiletries, such as soap, toothpaste and toilet paper, out of their private account, regardless of contract levels, if prison issued toiletries are not sufficient to maintain personal hygiene.** This needs to be addressed.

³⁰ Under normal circumstances, new prisoners entering the prison system will commence on a Level 3 contract, unless the prisoner's behaviour warrants placement on a lower level. The Standard Operating Procedures states that *Prisoners/detainees on Level 3 (Intermediate) Contract are eligible to apply to progress to Level 4 (Advanced) after completing ten (10) consecutive weeks at Level 3.*

³¹ International Committee of the Red Cross (ICRC), February 2013, *Water, sanitation, hygiene and habitat in prisons*, page 39.

Launceston Reception Prison

As was stated in the Inspector's 2016-17 Annual Report there are concerns as to whether LRP is fit for purpose. This is particularly so in relation to the facilities necessary for the maintenance of prisoner general hygiene. There is no hot running water in cells, prisoner toilets or the day yard; the showers are defective and in need of replacement or repair; and there are not enough showers to meet demand.

The only hot water available to prisoners is in the showers, and it is a set temperature. Prisoners are allowed one three-minute shower per day and there are only two male showers and one female shower for up to 30 prisoners. The water runs out of shower bays and has to be continually mopped back into the shower area. The showers on the lowest basement level of LRP, where the wardsmen live, have been condemned by the Superintendent.

Prisoners shave in their cells using an old plastic bucket with warm water supplied by correctional officers and they use a piece of tin as a mirror.

There are ongoing problems with toilets flushing, and the plumbing runs continuously or backs up. To address the plumbing problems it is necessary to lock up the day yard each time maintenance is required to access the plumbing cisterns.

TPS need to address the plumbing issues at LRP, particularly in relation to the limited shower facilities, issues with shower drainage, and no access to hot water to wash hands after using the toilets.

There are no power points or water in the day area to facilitate hot drinks and the wardsmen bring a big kettle in at meal times for prisoners to have a coffee.

The wooden benches in the day yard are burnt and damaged through being used by prisoners to light wicks which are used to light cigarettes and other substances which are smoked. **TPS should replace the wooden benches in the LRP day yard with metal benches.**



* Wooden benches at LRP

Toilet Flushing – No Lids

Many in-cell toilets also lacked lids. Where there are no lids or appropriate screening, this can result in bacteria from the toilet being sprayed into the cell when the toilet is flushed. Studies have shown that flushing toilets without lids contaminates nearby floors and surfaces as toilet aerosol plumes contain bacteria and transmit infections.³²

When a toilet is flushed germs, including faecal bacteria and other microorganisms such as viruses, from the toilet bowl can travel as far as six feet, landing on the floor, the sink and other items within range. A study has shown that significant quantities of microbes float around the bathroom for at least two hours after each flush.³³ The inspection team considers that the effect would be the same in a cell as in a bathroom. The toilets in the custodial centres inspected were often in close proximity to beds, meaning that any germs that were emitted from the flush would end up on the prisoner's bed and, in some cases, pillow.

As prisoners are locked in their cells during meal times in the RPC maximum security precinct, LRP and HRP, they have to eat their meals in their cells, often next to their toilets and, in some cases where there is insufficient furniture, sitting on their beds. These prisoners have to eat their meals in their cells close to an unscreened shared toilet. This is degrading and an unhygienic infectious risk and the practise should be reviewed. This issue has also been highlighted in the Food and Nutrition section of this report. **TPS should explore options to address the hygiene issues caused by in-cell toilets with no lids.**



- The toilets in LRP cells and the close proximity to beds where food is consumed by prisoners

³² Johnson, D. L., Mead, K. R., Lynch, R. A. and Hirst, D. V. L. (2013) *Lifting the lid on toilet plume aerosol: A literature review with suggestions for future research*, *American Journal of Infection Control* 41, 254–258; Barker, J. and Jones, M. V. (2005) *The potential spread of infection caused by aerosol contamination of surfaces after flushing a domestic toilet*, *Journal of Applied Microbiology* 99, 339–347.

³³ Gerba, C. P., Wallis, C. and Melnick, J. L. (1975) *Microbiological Hazards of Household Toilets: Droplet Production and the Fate of Residual Organisms*, *Applied Microbiology* 30 (2), 229–237.



* A toilet in an RPC maximum cell in close proximity to the prisoner's bed

Other Environmental Health Issues

General Cleanliness and Cleaning Products

Paid wardsmen undertake cleaning duties in all prisons and there is a responsibility for prisoners to keep their cell clean and tidy. TPS staff undertake cell inspections and forensic services are contracted to clean cells contaminated with bodily fluids.

General cleanliness is a concern, as evidenced by photos throughout this report. Cleanliness is also a concern to some prisoners, who readily approached the inspection team to point out issues of concern to them.

The inspection team was advised by correctional staff that cleaning products are watered down before use. It is not clear whether these products are purchased in a concentrated form and are watered down according to manufacturer's instructions, however prisoners are aware the products are watered down and are doubtful of their effectiveness. The inspection team was advised that RBMSP prisoners take cleaning products without permission from the Risdon Main Kitchen to *properly* clean their divisions.

Residual food grime on crates used to store and transport bread, meals and other food supplies to prisoners was evident at the time of inspection and although these would be frequently touched, it is apparent they are not regularly cleaned.



* Dirty crates used in Risdon Main Kitchen

Bathrooms in units in the RPC medium precinct are hard to clean, and keep clean, as it appears that grime easily sticks to the surfaces. TPS has obtained a product that removes the grime but its composition is such that it must be used under TPS staff supervision. The inspection team was advised that an incentive scheme is in place in the RPC medium precinct to encourage cleanliness, with the cleanest unit being awarded a meat pack.

Wet area sealants were noted as being particularly dirty in some wet areas as evidenced by photos below. These are used in shower cubicles and around drop in sinks and are notoriously difficult to keep clean. A regular schedule of removal and replacement is required to address this and would contribute to a cleaner appearance.



* Dirty wet areas



* A blocked and dirty toilet in the communal area of an RPC maximum unit

Sinks, particularly drains, were also noted to be in need of thorough cleaning, as were microwaves. Potential health risks are posed if microwaves are not regularly cleaned as the warmth, food and moisture required for germs to multiply are readily available if a dirty microwave is in continual use.



* A dirty sink and microwave

Overall, the inspection found that cleanliness of units and cells varies, and is largely dependent upon prisoners and how dedicated the wardens are to their duties. It would be fair to say however that cleanliness in most areas could be improved.

Vermin and Pests

Prisons must protect prisoners from any environmental hazards which may pose a risk to health. For this reason, vermin and pests should be controlled and appropriate precautions should be in place to minimise hazards to health such as mosquitoes, bed bugs, flies, head lice, fleas, cockroaches, mice, rats and bacteria such as legionella, E coli and listeria among many.

There are a few issues with small flies at RBMSP over the summer months. In the past there were flyscreens on the cell windows but these have been destroyed by prisoners and over time have not been replaced as it is a costly exercise to do so. To control the flies, TPS has introduced fly tape in the kitchen areas and this has reduced the number of flies. It is not possible to provide fly spray to prisoners though, as it is flammable and on the contraband list. The inspection team considered that the fly problems at RBMSP are no greater than those experienced in the general community.

There is a problem with the number of ducks and cockatoos flying into the RPC medium security precinct because of prisoners feeding the birds with the oversupply of bread. On the morning of one inspection there were at least 70 cockatoos sighted by a correctional staff member and there is an ongoing problem with bird faeces which is being addressed by prisoners using a high pressure water cleaner to remove the mess.

Rabbits appear to be in plague proportions at the Risdon site, particularly around RPC. Rabbits are present in numbers sufficient to be noticed at all times of the day and not only at dawn and dusk, which are their peak feeding times. Burrows are evident all around the perimeter fencing and the inspection team was advised that the rabbits pose a workplace safety issue due to warrens collapsing under foot. Anecdotally, at least one correctional officer has been injured walking over a warren that collapsed. Because the rabbit population is currently so high, they are contributing to widespread soil erosion and the destruction of plants and vegetables on the Risdon site. **TPS need to take steps to reduce and control the rabbit population.**

Transport of Dirty Linen

During the inspection an issue was identified with the laundry at LRP. Only prisoners' clothes are washed at LRP, with all dirty linen sent to RBMSP for laundering. The dirty linen is transported in the escort vehicles in pods and these pods are not cleaned between the laundry being taken out and the next prisoner coming in. The dirty linen may include foul or nauseous linen, as only bloodied items are packed in alginate bags - thin plastic bags that are not opened and break down in the washing machine.

The inspection team sought advice from Environmental Health Services in relation to appropriate sanitisation. The advice was that **the current Quality Assurance Program for Horizon Laundry should be reviewed and amended to ensure procedures for the transportation of used linen complies with ASNZS 4146 : Laundry Practice, and that the current Transport of Laundry/Final Inspection Checklist specifies requirements for cleaning of prison escort vehicle pods that used linen has been stored in.**

It is recommended that **TPS introduces procedures to clean the prison escort vehicle pods after every use whether linen is transported or not.**

Ventilation and Lighting

Natural light is essential for every human being.³⁴ Prisoners at LRP do not have access to any natural daylight or fresh airflow even in the day yards.

*The function of ventilation is to evacuate the carbon dioxide produced by breathing and the humidity resulting from perspiration. Good air circulation in living quarters allows the detainees to breathe normally and gets rid of body odour..... For proper ventilation, a supply of fresh air is necessary.*³⁵

The inspection team found the conditions in LRP very stuffy with little air circulating, making it oppressive and uncomfortable. The limited air is stale and musty with undertones of body odour.

Rule 11 of the United Nations Standard Minimum Rules for the Treatment of Prisoners provides:

In all places where prisoners are required to live or work,

(a) The windows shall be large enough to enable the prisoners to read or work by natural light, and shall be so constructed that they can allow the entrance of fresh air whether or not there is artificial ventilation;

*(b) Artificial light shall be provided sufficient for the prisoners to read or work without injury to eyesight.*³⁶

³⁴ International Committee of the Red Cross (ICRC), February 2013, *Water, sanitation, hygiene and habitat in prisons*, page 24.

³⁵ International Committee of the Red Cross (ICRC), February 2013, *Water, sanitation, hygiene and habitat in prisons*, page 23.

³⁶ International Committee of the Red Cross (ICRC), February 2013, *Water, sanitation, hygiene and habitat in prisons*, page 24.

Fire Safety

There are four wardsmen living in the basement of the building that houses LRP, basically inside a concrete block. In these living quarters the prisoners have no access to fire extinguishers, nor alarms, once they are locked in for the night. The inspection team was advised that Tasmania Fire Service had approved these living arrangements, but it is difficult to comprehend that such arrangements could be acceptable from a safety point of view. The Inspector recommends **Tasmania Fire Service should be contacted for further advice and direction in relation to the placement of the fire alarm and fire extinguisher on the lowest basement level of LRP.**

7.5 Physical Health Care

Inspection Standards 75 to 87

The inspection against the physical health care standards was conducted between 7 and 15 May 2017. Being a specialist area, Dr Michael Levy, provided consultancy services for this inspection and assisted in developing the recommendations contained in this report.

In Tasmania, CPHS provides healthcare to men and women who are in the custody of TPS. CPHS is part of the Tasmania Health Service. All five adult custodial centres were visited during the inspection as CPHS operate healthcare centres in each of these facilities. Teams of CPHS administrative staff, nurses and doctors staff these healthcare centres. RPC has a dedicated medical clinic, consulting rooms, pharmacy and a hospital (called Inpatients) with six primary care beds. In all other custodial centres, a health clinic operates and nursing staff are present seven days per week.

The inspection related to all physical health services provided at custodial centres in Tasmania ranging from intake screening and assessment, administration of medications, service delivery, to the provision of information relating to, and the promotion of, healthy lifestyles to people in custody. The inspection team also joined a prisoner escort between RBMSP and the Royal Hobart Hospital (RHH).

Access to healthcare services requires making an appointment using a health request form that is available to prisoners in their units. All treatment and discussions between prisoners and health professionals are confidential. That is, this information is not shared between CPHS and TPS unless a prisoner provides consent in writing. Likewise, information will not be shared with a prisoner's significant others or family members without consent.

Over the course of this inspection, it became obvious that, while prisoner numbers have increased and extra beds have been installed, corresponding health infrastructure and services have not been increased proportionally. The increase in prisoner numbers places increased pressure on the health system, leading to longer waiting times and, in some cases, results in the health needs of prisoners not being met. This situation was strongly reflected in feedback from prisoners, who identified a lack of healthcare as a significant issue at all custodial centres. With respect to both dental care and optometry the feedback from a number of prisoners, independently, was that the services are excellent, but the waiting lists are long.

It is widely accepted that the prisoner population has a much poorer health profile than that of the general population.³⁷ The health professionals were dedicated and working very hard within the resources and facilities available. Staffing levels, health care processes and infrastructure, however, have not kept up with the changing demand and types of health needs. The inspection team was advised that the model of care, facilities, staffing and the associated budget for CPHS has not changed since 2006. Additionally, there are serious impediments to

³⁷ Australian Institute of Health and Welfare <https://www.aihw.gov.au/reports-statistics/population-groups/prisoners/overview> and reported in *The health of Australia's prisoners 2015*, the 4th report produced by the Australian Institute of Health and Welfare on the health and wellbeing of prisoners <https://www.aihw.gov.au/reports/prisoners/health-of-australias-prisoners-2015/contents/table-of-contents>. Also, Australian Medical Association: Position Statement on Health and the Criminal Justice System (page 3) [https://ama.com.au/sites/default/files/documents/Health_and_the_Criminal_Justice_System_\(final\).pdf](https://ama.com.au/sites/default/files/documents/Health_and_the_Criminal_Justice_System_(final).pdf)

prisoners accessing health services, in large part due to custodial requirements and processes imposed by TPS.

Case Study – A Prisoner’s Experience of Healthcare

A long-term prisoner, Paul*, detailed his experiences of healthcare in the Tasmanian prison system and provided the following examples.

Paul dislocated his shoulder on the oval playing sport, but the s8 program was running at that time so he was unable to go to the health centre. It was a 3.5 hour wait before a nurse could see Paul.

In another instance, Paul had his eye socket broken in a fight. As the fight occurred just prior to the lunchtime lock down Paul was unable to access medical treatment until after lunch lock down being around 1-1.5 hours later.

On one occasion, Paul was on antibiotics for four weeks and kept asking the nurses why, but no one would tell him what the antibiotics were treating.

At the time of the inspection, Paul had had some x-rays taken two months prior and still had not been advised of the results.

The prisoner had to wait six months to see the dentist at RPC.

*** Not his real name**

The inspection team commended CPHS on its use of information technology based services to communicate with medical officers, who are usually onsite at RPC. The team observed the nurse at the HRP using an electronic system to send photos, seek advice, and update prisoner medications. Clinical notes are also stored electronically and staff can access these notes at all custodial centres. Handover records are also stored and accessed electronically.

Recommendations

Based on the inspection findings and the expert advice provided, it is recommended that the following actions are undertaken:

- **TPS improves access to prisoners for CPHS staff**

The inspection found that access to prisoners requiring healthcare in RPC is poor. Anecdotally, the average work time for patient contact in an equivalent Australian prison is five hours per day. The health clinic at the Risdon site has only two hours per day for patient contact. The effect of limited contact hours is that prisoners’ access to the health clinic is severely compromised. The inspection team observed on one day that there were 42 prisoners on the daily patient list and medical staff saw only six of these patients.

Many of the access barriers appear to be linked to the structured day imposed by TPS. The prison day is very short with prisoners locked down for around one and half hours over the lunchtime period and the evening lock up commences around 4:00pm. In addition, a major obstacle for access to prisoners results from the TPS requirement to close the health clinic for a substantial period of time during unlock hours while Schedule 8 dosing is occurring under the pharmacotherapy program. A possible solution to this particular obstacle would be for the pharmacotherapy program to be moved out of the health clinic to another location.

CPHS staff clearly need more access to prisoners; waiting lists are already long and the situation will only worsen as the prison population continues to grow. TPS needs to take steps

to improve access to prisoners for CPHS staff. If it is not possible to improve physical access to prisoners other options such as internal Telelink should be explored.

- **TPS introduces a process to enable prisoners to return medical request forms directly to the health clinic whilst maintaining confidentiality**

The inspection found that many prisoners have concerns about their privacy and the integrity of health records. Given the haphazard process for returning medical request forms (via a nurse on medication rounds or a correctional officer in their unit) the inspection team was not surprised that there is no confidence in the security of health information. It is strongly recommended that TPS put in place processes that allow prisoners to submit medical request forms directly to the health clinic whilst maintaining confidentiality. For example, one option could be to return forms in a sealed envelope given to nurse/medical staff, not correctional officers).

A prisoner made the following statement to the inspection team in relation to the medical request forms:

The nurse asks why you want to see the doctor and you have prisoners lined up behind you and two screws standing beside but if you don't give an answer then you won't be seen by the doctor.

- **TPS introduces an awareness campaign to encourage prisoner patients to be more informative on the medical request forms so that nurses can triage effectively**

CPHS uses nurses to undertake the role of triage for prisoners, based on the information provided on the medical request form.³⁸ The inspection found that one of the difficulties that CPHS nurses encounter with the triaging process is the limited information that is provided by prisoners on medical request forms. There may well be a few reasons for this including concerns about privacy, as discussed above, and literacy issues. It is also possible that prisoners are not aware of the triaging process and the importance of providing sufficient information to allow nurses to accurately assess their symptoms and concerns. An awareness campaign should be introduced encouraging prisoner patients to be more informative on the medical request forms so that nurses can triage effectively. Additionally, measures should be put in place to assist those prisoners that are illiterate and cannot complete a medical request form without assistance.

³⁸ Triage is the widely used medical process of determining the order and priority of patients' treatments based on the severity of their condition. This process is used when resources are insufficient for all patients to be treated immediately. A nurse assesses the prisoner's symptoms and concerns as outlined on the form, and then decides how these needs might best be met. Establishing information as to the nature of the problem, severity, duration and particular concerns helps to prioritise the urgency with which the prisoner needs to be seen or action taken and this information is passed onto the relevant medical staff who may subsequently deal with the prisoner.

A prisoner made the following statement to the inspection team in relation to the medical request forms:

If you don't answer the form with enough information it goes straight into the bin. I have seen a nurse do this.

- **TPS undertakes a work safety audit in the Mary Hutchinson Women's Prison health clinic.**

The inspection found that the MHWP health clinic requires minor work to make it safe from a work safety perspective. The inspection team observed that the clinic had a strong musty smell, possibly from a mop in the toilet adjacent, on the day of the visit there. It was also evident that staff eat food in the clinical area. The treatment room was cluttered; the oxygen and mobility frame should be in a storage area, not in the clinic. The inspection team observed that one of the doors was blocked by equipment. TPS needs to ensure that there are safe entry and exit doors in the health clinic.



* The door blocked by equipment in a MHWP health clinic

- **TPS reviews the physical layout of the Ron Barwick Minimum Security Prison health clinic to ensure there is an exit door in the clinic.**

The inspection found that the RBMSP health clinic requires minor work to make the clinic safe from a work safety perspective. Due to the layout of the clinic and the long hallway leading to it, there is no exit door and this must be addressed.

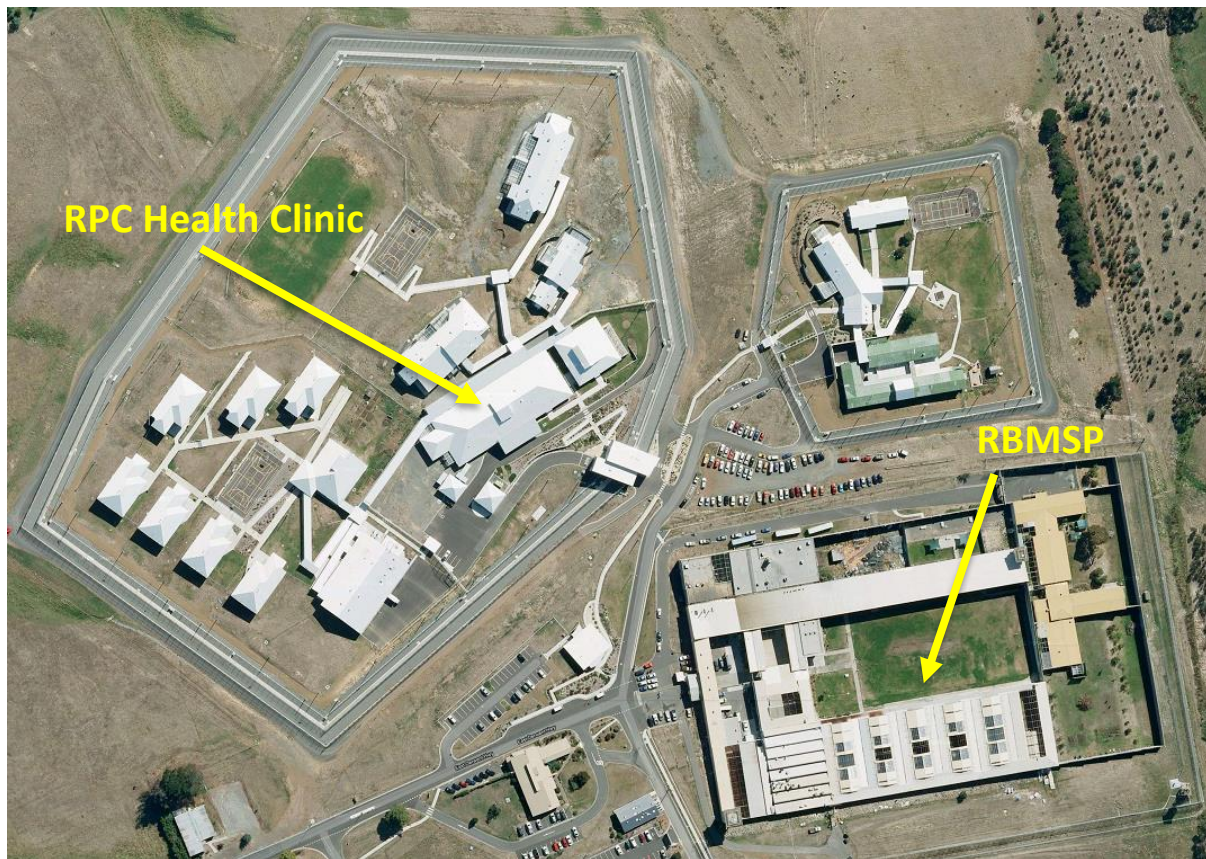
- **TPS ensures that proper and detailed consideration be given to the specific high needs of the increasing number of elderly, frail and disabled prisoners in prison forward planning. Consideration should be given to including a geriatric nurse on staff.**

Healthcare professionals normally use the age of 65 as the point at which someone is termed as elderly. In prisons, the demarcation is often younger, sometimes at 50 years,

*since so many prisoners have health conditions, histories of substance dependence and limited access to healthcare.*³⁹

There is a global trend of the number of elderly prisoners continuing to rise. In Australia, the number of prisoners over the age of 50 has grown by a third in five years.⁴⁰ The inspection found that there was a significant number of elderly prisoners in Tasmanian custodial centres, particularly concentrated in RBMSP where the traditional prison architecture is not designed to accommodate elderly, frail and disabled people.

At the time of the inspection there did not appear to be any specific measures in place to address the high needs of this prison cohort. The inspection team observed both elderly and mobility impaired prisoners accommodated on the upper levels in divisions in RBMSP, which can only be accessed by stairs. Elderly prisoners in RBMSP had fashioned small carry baskets in which they carried their meals upstairs to their cells. TPS should supply an appropriate basket to assist the elderly prisoners collecting meals. Additionally, it was noted that there is no nursing presence at RBMSP overnight with any required medical response coming from the night nurses located in the RPC health clinic. The photo below indicates the distance between the RPC health clinic and RBMSP.



³⁹ Refer page 19: https://www.penalreform.org/wp-content/uploads/2018/04/PRI_Global-Prison-Trends-2018_EN_WEB.pdf. This document was authored by Olivia Rope and Frances Sheahan and prepared for Penal Reform International, an independent non-governmental organisation

⁴⁰ Refer page 19: https://www.penalreform.org/wp-content/uploads/2018/04/PRI_Global-Prison-Trends-2018_EN_WEB.pdf.

It is widely accepted that older adults are more susceptible to the cold. As the body ages, the ability to maintain a normal internal body temperature decreases, creating an insensitivity to moderately cold temperatures which may create a hypothermia risk. Elderly people are also frequently affected by poor circulation and thus are prone to cold hands, feet, ears, nose, etc. In this regard, the inspection team has concerns about accommodating older prisoners in RBMSP, due to the cold conditions and thermal comfort limitations discussed in the Hygiene and Environmental Health section. TPS should supply beanies and gloves for the elderly prisoners.

The inspection team considers that in the absence of specialised geriatric facilities, concessions for older prisoners need to be made. These include: assignment to a ground floor cell and where *double bunking* is necessary, to a low bunk; extra clothing and blankets in winter; and permission to take short cuts when moving around the facility to take meals or medication. As well, plans need to be in place for staff or other prisoners to aid in the provision of care to those who use wheelchairs, are otherwise mobility-impaired or cannot take care of themselves.

- **TPS ensures that prisoners have access to the immediate supply of EpiPen where there is a documented life threatening allergy**

The inspection team was advised that EpiPens⁴¹ are not available for use across any of the facilities. The feedback from registered nurses was strongly that EpiPens should be available for, and used by, prisoners with anaphylactic allergies, as they are in the community.

The process for treating a prisoner for an anaphylactic allergic reaction is that nurses are required to draw up adrenalin and inject the prisoner. Nurses are located in health clinics and not within units, so this process will clearly result in a longer response time than would be the case if a prisoner has access to an EpiPen in their unit. TPS should put in appropriate processes to allow prisoners with a documented life threatening allergy to have access to EpiPens in their unit and within their cells during periods of lock down.

- **TPS implements procedural changes to provide timely access to Paracetamol after hours**

The expert medical consultant advised that paracetamol does not need to be a supervised medication. It is freely available in the community. The inspection found that paracetamol in the form of Panadol is being distributed widely and freely to prisoners in Tasmanian custodial centres. This is reflected in the amount of Panadol that is being ordered by the pharmacy. The inspection team was advised that in the four weeks prior to the inspection 30 boxes of Panadol (100 per box) was ordered for 200 prisoners in RBMSP, the Wilfred Lopes Centre and Ashley Youth Detention Centre.

In addition, the inspection team observed medication rounds in each facility and almost without exception prisoners requested Panadol from the nurses. The prisoner requests for Panadol were granted without any nurse querying why pain relief was required. When

⁴¹ EpiPens are an epinephrine (adrenaline) auto injector, which is a medical device for injecting a measured dose of adrenaline by means of auto injector technology. It is used for the treatment of anaphylaxis in the case of a severe allergic reaction. Epinephrine is a chemical that narrows blood vessels and opens airways in the lungs. The design of the device uses a spring loaded needle to penetrate the skin.

questioned about this practice CPHS staff advised, *the nurses know the prisoners and know why they need it.*

The costs associated with the distribution of paracetamol at these levels is very high. This is particularly because the product of choice used by CPHS, Panadol Osteo, is distributed because it is a slower release formulation.⁴² It is understood that the slower release formulation is used to accommodate the daily dosing schedule that is imposed by TPS, but the product is four times as expensive than standard immediate release paracetamol.⁴³ The pharmacy staff advised the inspection team that in the preceding six weeks 216 boxes of Panadol Osteo had been ordered. The dosage for prisoners is twice a day however the medical consultant advised that when administered correctly the dose should be three times daily in accordance with the drug specification.

A registered nurse provided feedback to the effect that introducing a new policy requiring prisoners to purchase their own Paracetamol would likely reduce consumption. TPS could consider making paracetamol available on the canteen list with appropriate parameters, such as only prescribed by medical officers for patients with chronic pain where a specific diagnosis deems this appropriate.

Another issue consistently raised by TPS staff, CPHS staff and prisoners alike is that medications are not available to prisoners after lock down at night. TPS staff are not medically endorsed (trained) so cannot distribute medications. The inspection team was advised that the nurse will only be called in, at the discretion of correctional officers, when a prisoner is considered to be in extreme pain or very unwell. Prisoners are locked down over night for in excess of 12 hours in RPC and that is a significant period to be without pain relief. Registered nurses suggested that an option to address this could be to provide prisoners Panadol tablets at night when locked in their cell with unused tablets being provided back to the nursing staff in the morning. This system would still allow paracetamol usage to be monitored.

- **TPS reviews and implements changes to the strip searching process for hospital escorts to improve the process and reduce strip searching.**

The inspection found that the process for hospital escorts involves the prisoner being strip searched four times:

- on exit from the relevant custodial centre (RPC, RBMSP, MHWP);
- on entry into HRP;
- on departing HRP; and
- on entry into the relevant custodial centre (RPC, RBMSP, MHWP).⁴⁴

⁴² Panadol Osteo provides more prolonged analgesia than standard immediate release paracetamol. For the patient, this translates to longer lasting pain relief and the improved convenience of fewer doses. Refer: https://www.gsk.com.au/resources.ashx/consumerhealthcareproductschilddataproinfo2/6/FileName/A702AB025A0288091DF8E4A45509B51B/Panadol_Osteo_Product_Information.pdf

⁴³ The inspection team was advised by pharmacy staff that the costs at the time of the inspection for Panamax 100 tablets was \$0.99 and for Panadol Osteo 96 tablets \$3.60

⁴⁴ No strip searches are undertaken at the RHH, they are only performed at custodial centres.

Prisoners are strip searched when coming from a secure area, after being strip searched and transported in a vehicle that should have been checked/searched before the prisoner gets in, and then dropped off at another secure site where they are strip searched again.

A number of prisoners indicated to the inspection team that they would consider not seeking appropriate medical treatment at the hospital because they are strip searched so many times in the process. CPHS staff confirmed that prisoners do not want to have escort appointments because they do not want to be strip searched. TPS should review the strip searching process for hospital escorts, as the current process appears to be intrusive and excessive.

- **Until access to all health services for the majority of prisoners is ensured, TPS should minimise escorts for private medical consultations in order to reduce lock downs which disadvantage many others and result in diminished treatment time in the prison clinic.**

Prisoners are able to attend private medical appointments which they pay for themselves. This practice requires TPS to facilitate medical escorts to enable the prisoner to attend the appointment. The prisoner is not required to pay for the cost of this escort.

By way of comparison, there are very few prisoners permitted to attend private appointments in Western Australia and when they do receive permission they are expected to pay for the escort.

The reality is that private escorts result in lock downs throughout the prisons, as rostered correctional staff are redeployed to undertake the escort, thus disadvantaging many other prisoners. For example, prisoners may not be able to attend programs, training, counselling appointments, recreation at the gymnasium amongst other activities. In addition, patient time in the health clinics may also be diminished due to the escort taking correctional staff away from core duties. TPS should minimise escorts for private medical consultations in order to reduce lock downs, until access to all health services for the majority of prisoners is ensured.

- **TPS provides all prisoners unhindered access to condoms and lubricant.**

The inspection found that condoms are not available to male prisoners in the maximum security precinct and this should be addressed. Whilst there are condom and lubricant machines in RBMSP and the medium security precinct the inspection team was advised by prisoners that the machines are *always empty or broken*. The inspection team followed up this feedback with a number of unannounced spot checks and found that it was correct and a number of machines were empty or jammed. To address initial concerns raised by the inspection team, TPS management changed the restock schedule from bi-monthly to monthly. It appears that TPS is regularly stocking and repairing the machines in RBMSP and the medium security precinct and that the issues lie with prisoner misuse and abuse of the machines, which is beyond the control of TPS. Condoms and lubricant should be provided by TPS to prisoners in the maximum security precinct, HRP and LRP.

- **TPS reviews, risk assesses and considers introducing a needle exchange for prisoners given the high transmission rate of blood borne viruses in the Tasmanian prison system.**

Despite education about the harms associated with drug use and information on drug treatment programs many people in the community and in prisons will continue to inject drugs. One of the major risks associated with injecting drugs is HIV and hepatitis B and C infection. In the wider community outside prison, needle and syringe programs are considered best practice and are one of the main strategies used to prevent the spread of HIV infection among people who inject drugs. The aim of such programs is to reduce the harms associated with drug injecting and benefit both drug users and the wider community.

Needle and syringe programs are legal in every state and territory in Australia and are strictly regulated. Introducing such a program to custodial centres should not be seen as condoning contraband drugs, nor the injection of same, rather it is a position being taken against the risks of disease transmission and bloodborne viruses.

The Australian Medical Association has called for needle and syringe programs to be introduced in prisons and other custodial settings, to reduce the spread of blood borne viruses including hepatitis B and C, and HIV.⁴⁵ CPHS provides an excellent treatment program for prisoners with hepatitis C involving direct acting antiviral drugs but the reality is that many prisoners become reinfected after sharing dirty needles. While needles and syringes remain contraband in prisons, they will continue to be stored in a clandestine manner, thereby increasing the risk of needle stick injury for correctional staff searching prisoners and cells. The introduction of a prison-based needle and syringe program is likely to reduce that risk. A needle exchange also offers public health benefits for the wider community as it may reduce the likelihood of someone being discharged from prison with an untreated blood borne virus, and spreading it in the outside community.

Custodial facilities provide a unique opportunity to protect the health of prisoners and a number of prisons throughout the world have recognised this and introduced prison-based needle and syringe exchange programs. TPS should consider introducing a needle exchange for prisoners given the high transmission rate of blood borne viruses in the Tasmanian prison system.⁴⁶

- **TPS ceases the process of requiring medical staff to maintain a sharps register in health clinics.**

The inspection team observed that in all health clinics there is a requirement for CPHS staff to maintain and complete a sharps register, whereby every needle is accounted for. The external medical consultant considered that the practice of maintaining a sharps register is disruptive, distracting and does not protect staff safety. Nor does a sharps register form an integral part of sharps management as it can be easily *defrauded*. The inspection found the sharps registers appeared to be an unregulated system and, at one site, staff were not maintaining a register. Whether a sharps register is being maintained or not, sharps do need to be consistently secured and the inspection found that this was the case in all health clinics.

⁴⁵ Refer: <https://ama.com.au/media/needle-and-syringe-programs-needed-prisons>

⁴⁶ CPHS advised that as at May 2018, 35 percent of men and 40 percent of women in custody have hepatitis C antibodies. Acute prison acquired infections are very common and the inspection team was advised that the baseline figure is as high as 15 percent a year. As the CPHS treatment program for prisoners with hepatitis C expands in Tasmanian custodial centres the number of infections is reducing but a needle and syringe program remains a necessary program.

- **TPS and CPHS review the responsibility and processes for cleaning of the Inpatients facility to ensure adequate and timely sanitation and infection control.**

The inspection found that there were cleanliness issues in the Inpatients facility in RPC. In particular, the inspection team observed that the bathroom/shower area was dirty and there was rubbish left in the cell, indicating that it had not been cleaned on exit. The inspection team was advised that a CPHS staff member is responsible for cleaning the bathroom areas and a prisoner wardsman cleans the floors daily. It seems there is a lack of clarity regarding roles resulting in gaps in cleaning services at the Inpatients facility. It also appears that there is a timing issue as the cells can be left dirty for a significant period and CPHS nurses advised that at times they have had to clean cells when a prisoner is admitted after hours and before the cell is cleaned after the last discharge. The timing issue may be related to the TPS structured day as it seems the wardsman is only available in the morning.

In addition to the inspection team's observations, a female prisoner also raised the issue of cleanliness after having recently been accommodated in Inpatients. The Correctional Primary Health Inmate Consumer Group representatives at RBMSP also independently expressed concerns about the cleanliness of the Inpatients facility. It is clear that responsibilities and processes for cleaning need to be reviewed to ensure adequate and timely sanitation and infection control.



* A dirty shower in Inpatients that had not been cleaned following a prisoner's exit

- **TPS undertakes a review of the medical *chit* process, with particular consideration given to the division of responsibilities between TPS and CPHS, and implements changes to improve the process.**

The inspection team was advised that there are issues with the medical *chit* process, particularly that CPHS staff write chits on a medical basis and then TPS disallows them.

During the inspection, written feedback was received from a prisoner stakeholder group. The following is an excerpt from that feedback relating to medical chits:

The issue for the Health Service at the prison is that decisions by custodial management in every case overrule decisions or recommendations made by health staff. Thus, health

chits for extra mattresses, heaters or bedding, for example, are dismissed by custodial staff. Comments such as, we don't care what the doctors said are common. It is the case currently that Health Services do not have integrated processes to achieve improvements and cannot effectively promote a culture of safety and quality commensurate with that expected in the general community.

It appears that the division of responsibility has never been clearly defined and a review of the TPS/CPHS chit process may resolve some of the issues and is recommended.

- **CPHS seeks a rotation from the Royal Hobart Hospital and Launceston General Hospital of a Junior Resident Medical Officer to assist with burgeoning workloads of CPHS Medical Officers.**

The existing facilities and services for healthcare in Tasmanian custodial centres do not appear to be responding to population pressures. In particular, the RPC health clinic has outgrown itself with only one consulting room for doctors. The CPHS medical staffing profile needs substantial boosting. The medical workforce is three Full Time Equivalent medical practitioners; each is registered with no restrictions on their professional registrations.

The expert medical consultant suggested that introducing a Junior Resident Medical Officer may contribute to breaking down the existing top heavy medical model and assist with relieving the excessive work load of the three senior medical officers. Having said this, it should be noted that simply employing extra doctors in the current environment will not resolve the long waiting lists for prisoner patients, as there are prisoner access problems resulting from TPS structures and process, as discussed above.

- **CPHS develops a nurse-based workforce that reflects the diverse health needs of the complex client group (i.e. not all generalist nurses), specifically mental health and drug and alcohol nurses.**

All CPHS nurses are registered with the Australian Health Practitioner Regulation Agency (AHPRA), and none have restrictions noted on their registrations. The inspection found however that the mix of nurses is problematic, as there are not enough mental health and drug and alcohol trained nurses. In addition, it appeared from discussions with CPHS staff that nurses silo themselves with an attitude of *I only do this, I only do that*. Whilst it is acknowledged that CPHS need generalist nurses the staffing complement should not consist of only generalist nurses. CPHS needs to develop a nurse-based workforce that reflects the health needs of the complex client group in the custodial centres.

- **CPHS enters formal arrangements with the Aboriginal Community Controlled Health Organisations in the south and north of the State, or recruits Aboriginal Health Workers to the service..⁴⁷**

The inspection found that there are no designated Aboriginal CPHS staff. Additionally, the inspection team saw no evidence of consistent involvement from a Community Controlled

⁴⁷ This recommendation is based on the findings of the Royal Commission into Aboriginal Deaths in Custody (RCIADIC) (1987–1991).

Aboriginal Health Service⁴⁸, despite there being an expectation that there be an Aboriginal health presence in the health model.

It appears that there are some informal networks established with the Tasmanian Aboriginal Health Service, run through the Tasmanian Aboriginal Corporation (TAC). TAC have clinics in the community and are a reported good through-care organisation for Aboriginal prisoners⁴⁹. Communication is reported to be two-way between TAC and CPHS. Anecdotally, TAC representatives attend RPC every month and TAC also contact CPHS when one of their clients enters custody.

The inspection team was advised that although relationships with the Aboriginal Health Service in the south of the State are good, relationships have never been developed with the Aboriginal Health Service in the North.

The Royal Commission into Aboriginal Deaths in Custody made very clear recommendations as to the levels of services that Aboriginal prisoners can expect. To meet these expectations, it is recommended that CPHS enter a formal arrangement with local (Hobart and northern state) Aboriginal Community Controlled Health Organisations, or alternately recruit designated Aboriginal health positions within the service.

- **CPHS explores with TPS the funding and commissioning of a radiology suite on the Risdon campus**

It is common throughout all custodial centres for prisoners to be injured with suspected broken bones. The inspection team was advised that prisoners are regularly taken offsite for even the most minor of injuries, such as a bruised thumb, to have x-rays taken at an external location. This recommendation, if implemented, would have the advantage of reducing the number of medical escorts undertaken for prisoner x-rays.

- **CPHS explores with TPS the funding and commissioning of a physiotherapy suite on the Risdon campus.**

The inspection found that physiotherapy services are infrequent and inconsistent. Depending on the reason for treatment, the benefits of physical therapy include amongst other things: pain management with reduced need for opioids; avoiding surgery; improved mobility and movement; and faster recovery from injury or trauma.

Musculoskeletal (MSK) disorders and injuries are quite common amongst prisoners. The causes of MSK injuries are varied but notably include physical inactivity, changes in physical activity patterns, sporting injuries, trauma and poor postures. Studies indicate that prisoners are less likely to participate in adequate physical activity than the general population. Limited exercise time, lack of training equipment, lack of access to appropriate guidance for exercise and training technique, prolonged rest in unsupportive beds, fear of interaction with other prisoners and mental health issues all contribute to physical inactivity in prisoners, leading to MSK pain. Further, the prison population is ageing and the elderly generally present with more MSK conditions in comparison to the public at large. Similarly, physical overactivity, particularly excessive weightlifting, generally results in overuse injuries such as muscle strains

⁴⁸ An Aboriginal Community Controlled Health Service is a primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it, through a locally elected Board of Management. Refer <http://www.naccho.org.au/>.

⁴⁹ In addition to clinics, TAC is a prescriber of s8 medications in the community.

and tendon injuries. Again, a lack of qualified trainers to teach and supervise on correct technique contributes to such injuries. Soft tissue injuries and fractures also result from playing a variety of sports during recreation time and trauma injuries from fights are common. There is clearly an ongoing need for regular physiotherapy in prisons.⁵⁰

- **CPHS reviews the governance (reporting structure) for pharmacists, with a view to changing the structure so that the pharmacists direct report professionally to a senior pharmacist.**

There are three pharmacists on staff, all work in a part time capacity and are based in the health clinic at RPC. The inspection team noted concerns regarding the structure of pharmacy governance as the CPHS pharmacists in the RPC health clinic are not required to and do not report to a senior pharmacist. Best practice is for the CPHS pharmacists to link into professional training and performance management under a senior pharmacist, not administrative management. At the time of the inspection, the inspection team was advised that a recent pharmacy review had been undertaken and had referred to linking the role of CPHS pharmacists with the RHH pharmacy department. It is recommended that this arrangement should be formalised.

Of concern in relation to pharmacy, the inspection team observed that medications were dispensed on an expired prescription raising issues of legality. It appears that patient charts are not being updated by doctors regularly and above all pharmacists have a responsibility to dispense against a legal script.

- **CPHS introduces the community-accepted standard for medication management, which is to allow medications to be provided to prisoners, where it is appropriate, on a weekly basis.**

The medical consultant advised that CPHS should consider allowing medications to be provided to prisoners, of an appropriate security classification and where it is appropriate. In effect, this means that medications would be provided on a weekly basis in a Webster pack with daily doses. CPHS could formulate a list of medications allowed for weekly distribution and maintain a list of prisoners that lose the privilege of daily on-person medications if found to have abused the system. All doses of s4 and s8 medications should continue to be supervised, that is, not included in the weekly Webster pack.

To facilitate this, an active process of approval and periodic review should be conducted by CPHS. This process should assess a prisoner's initial and ongoing suitability for daily on-person medication based on compliance history, mental health concerns, and TPS intelligence relevant to medication hoarding and trading.

- **CPHS ensures that all medications distributed to prisoners are signed for by nursing staff contemporaneously to distributing the medication**

The inspection found that medications distributed to prisoners are not being signed for by nursing staff contemporaneously. Nurses do not carry patient records with them during the medication rounds, only Webster packs which contain the prisoner's medications; that is, nurses do not match medication to the prisoner's chart or script.

⁵⁰ Refer: https://www.physio-pedia.com/An_overview_of_physiotherapy_in_UK_prisons

Pharmacy staff pack the Webster packs and these are labelled with the patient's name, date of birth and photograph. Nurses simply hand out the daily dose that is contained in the Webster pack to the prisoner named on the pack. Many CPHS staff expressed concerns to the inspection team regarding this practice, particularly that it does not allow nurses to match medications distributed to patient charts thereby restricting their ability to dispense medication in accordance with the 7 R's.⁵¹ The inspection team were told that there have been errors made occasionally by pharmacy staff when packing Webster packs.

The strong feedback from CPHS nurses was that no one is happy with the current processes for medication distribution. The inspection team was advised that this has been raised with CPHS management and the nurses have been advised that the practice of not signing when the medication is taken by prisoners is acceptable and should be followed.

The inspection team does not agree with the directive for nurses to sign medication charts only when medication is not administered. Under the current process, there is no record of the medication that a prisoner received thus no chain of evidence. The expert medical consultant advised that this is not a standard practice in the clinical world.

It appears that when nurses agreed to only signing for chart refusals the broad assumption from the nursing staff was that they were no longer responsible for charting. The inspection team is concerned that because of the change, reconciliation of the dose to the prescription has been lost in the process. It is recommended that nursing staff sign contemporaneously for all medications dispensed, and when a regular order of medication is refused, the appropriate notation is made on the chart.

- **CPHS ensures that when the prisoner refuses a regular order, the appropriate notation is made on the prisoner's medication chart.**

The inspection found that not all nurses were noting on the patient clinical record when a prisoner refused a regular order of medication. Standard medical practice is that if a person has not accepted their prescribed medication this should be noted on their clinical record. The inspection team observed that the practice of most CPHS nurses was to chart when PRN⁵² medication and short terms medications were taken but not when they were refused. As discussed above, long-term medications are not noted on the clinical record at all, neither when taken nor when refused. CPHS should ensure that when the prisoner refuses a regular order of medication, the appropriate notation is made on the prisoner's medication chart. The National Inpatient Medication Chart User Guide 2016 also requires that if a patient refuses medicine(s), then the medical officer must be notified.⁵³

- **CPHS reviews the processes relating to blood tests taken as part of the admission screen/assessment and implements changes to ensure that this screening does not cease during busy periods.**

⁵¹ The widely accepted seven rights of medication administration are **right** medication, **right** client, **right** dose, **right** time, **right** route, **right** reason and **right** documentation.

⁵² PRN is abbreviated from the Latin phrase *pro re nata*, for an occasion that has arisen, as circumstances require, as needed: https://www.medicinenet.com/common_medical_abbreviations_and_terms/article.htm. The term is commonly used in medicine as a short hand for *when required* or *as needed*. PRN medications are not intended to be given as a regular dose or at specific times e.g. during a regular medication round.

⁵³ Refer page 28: <https://www.safetyandquality.gov.au/wp-content/uploads/2016/03/NIMC-User-Guide.pdf>

The inspection team was advised by CPHS that all newly received prisoners in Tasmania are offered a range of rapid interventions such as breast screening, pap smears and blood borne virus screening. During the inspection however a prisoner expressed concern that he had been in prison for several months and had not had any intake assessment blood tests or screening performed. The inspection team followed up this matter with CPHS and was advised that in the past⁵⁴ CPHS had routinely undertaken blood tests and screening on a prisoner's admission to custody as part of the admission screen and assessment process. The process had since changed⁵⁵ so that at the time of the inspection CPHS were not automatically undertaking blood tests for every new entry if blood tests had been performed by CPHS in the previous six months, which may be the case where there is a re-entry to prison.

The inspection team was advised that the reason for the change in the intake assessment blood tests and screening process was largely related to cost. Anecdotally, the cost of the blood tests and screening increased substantially due to the rising prisoner numbers. Additionally, with limited medical staff, follow up on the blood tests was problematic.⁵⁶ The inspection team was advised that resourcing issues, such as limited availability of doctors and large workloads, also had an impact on routine doctor reviews of prisoners resulting in *well-known inmates* not being automatically booked an appointment to see the doctor if there were no issues identified by nurses on the intake assessment.

In summary, the inspection found that all prisoners should have blood tests and screening as part of the admission screen and assessment and that due to CPHS resourcing and budget issues this is no longer happening. It is strongly recommend that CPHS reviews the processes relating to blood tests taken as part of the admission screening and assessment to ensure that screening does not cease during busy periods.

- **CPHS and TPS consider options for implementing an appropriate forum to improve communication and discuss and resolve issues on a regular basis.**

The inspection found that many of the issues identified during the inspection may be addressed, or resolved, if a formal forum for communication, such as a monthly meeting with a standing agenda, was implemented. It is recommended that CPHS and TPS work together to set up an appropriate forum.

General Concerns to be Monitored

Throughout the inspection, concerns regarding CPHS management were raised independently by multiple sources. The concerns related to the fact that from the top down there have not been consistent appointments providing staff with direction. As is often the case within government bureaucracy, appointments to management positions have been on a temporary basis with staff acting in positions, with a flow effect down the chain. There did not appear to be a visible Director of Nursing (DON) and some nurses that the inspection team spoke to were not aware who was currently acting in the DON role. CPHS staff reported that the Clinical Director is supportive of staff, though the nurses expressed concern about the Clinical

⁵⁴ No indication was given of timeframe.

⁵⁵ Again, no indication was given of timeframe.

⁵⁶ It is understood that pathology alert CPHS directly when infections or serious abnormalities are detected in a prisoner's blood tests.

Director's heavy workload and suggested that more of this workload could be devolved to other medical staff.

Both prisoners and CPHS staff also raised the following matters of concern with the inspection team:

- Arbitrary decisions to cease medications without consultation with prisoners.
- Medication to assist and promote sleep being provided at the medication rounds between 3:30pm and 4:30pm. For security reasons, the prisoners have to ingest this medication at that time in the nurse's sight. The dosing time is hours before bedtime and the medication wears off over the course of the night, well before morning.
- The Tier I assessment/screening process is undertaken even while a prisoner is under the influence of drugs or mentally unwell, and may not be repeated again or completed, as CPHS do not have time and resources to perform the four-week reviews.

The inspection found that prisoners at LRP have no access to sunshine, no natural daylight or fresh air and cannot see the sky. In this regard, the prescribing of remedial vitamin D to prisoners is vital. The inspection team was advised that vitamin D is routinely prescribed for prisoners if they are accommodated at LRP for a period longer than four weeks. Additionally, the inspection team was advised that there has not been a dentist at LRP for a very long time (a timeframe was not indicated) and prisoners there do not have access to condoms or dental dams. TPS should take steps to address these gaps in service provision.

Though not specifically related to physical health care, the inspection team had additional concerns regarding the living arrangements for the trusted prisoner wardsmen housed long-term in the basement of LRP. These prisoners have no access to fire extinguishers, nor fire alarms, once they are locked in their living quarters at night. TPS advised that Tasmania Fire Service had approved this arrangement. Ideally, TPS should close the four long stay cells in the basement of LRP however the limitations on the prison service, and that wardsmen are essential for the day-to-day operations of that facility are acknowledged. The fact remains that the wardsmen have far less than ideal living conditions and this must be addressed by TPS in the short to near term future.

Similarly, there are a number of prisoners housed long-term at HRP for security and protective reasons. These prisoners also have little access to fresh air and sunshine. A desirable outcome would be for TPS to cease using HRP as a long stay facility for protection prisoners and those with association issues. A suitable alternative for protection prisoners should be considered in planning of future prison infrastructure.

As a general observation, and outside the scope of the physical health care inspection, the medical consultant noted that the mental health services observed at the time of the inspection are insufficient for the needs of Tasmanian prisoners. A psychiatrist consults prisoners on an as-needed basis and a psychiatric liaison nurse attends consultations with the psychiatrist. The inspection found that when the psychiatrist consults a patient the medical chart is not available to the psychiatrist. Importantly, the psychiatrist also has no knowledge of the patient's treatment compliance.

7.6 Mental Health Care

Inspection Standards 88 and 89

The inspection against the mental health care standards was conducted between 15 and 16 June 2017 and 26 and 27 July 2017. Being a specialist area, Professor James Ogloff AM FAPS, Director, Centre for Forensic Behavioural Science at Swinburne University of Technology and Director, Psychological Services and Research at the Victorian Institute of Forensic Mental Health (Forensicare) was engaged as expert consultant to assist with the inspection and the formulation of recommendations. He has prepared a separate report which is Appendix 4.

I adopt and reiterate the recommendations contained in that report which are as follows:

- **TPS considers establishing a mental health leadership position for the prisons to provide oversight, strategic planning, and coordination of mental health services (e.g. Director of Mental Health Services). This position should work closely with the existing medical director of the Correctional Primary Health Service.**
- **TPS establishes and identifies dedicated spaces that are conducive for the provision of mental health care in the prisons.**
- **TPS considers the training needs of prison officers to identify, communicate, and de-escalate prisoners with mental illnesses. Based on the prison officers' needs, a training package should be developed and delivered.**
- **CPHS commences planning immediately to meet the need for additional dedicated mental health professionals to work in the prisons. Service levels should be modelled on existing and anticipated demand, taking into consideration the developing national standards.**
- **CPHS includes in strategic planning for mental health services workforce development, professional development, and succession planning to ensure growth and stability of the workforce overtime.**
- **CPHS considers formalising the mental health screening by using a dedicated and validated mental health screening form, and engaging qualified mental health nurses to conduct the mental health screening, separate to the general health screening assessment.⁵⁷**
- **CPHS reviews the process and content of their approach to triaging prisoners with mental illness, in order to move towards a more systemic and formalised approach.**
- **TPS and CPHS together consider establishing a service agreement with the Forensic Mental Health Services for the provision of psychiatric services.**

⁵⁷ Note that dual trained nurses (physical health and mental health) could screen for both physical and mental health issues; although such nurses are understandably rare.

- **TPS and CPHS together give further consideration to the structure and role of mental health professionals. The development of a multidisciplinary team with clear roles in the assessment, treatment, and monitoring of prisoners with mental illnesses is required.**
- **TPS and CPHS undertake planning for a dedicated mental health unit within the prison to serve as a step down facility:**
 - **for prisoners returning from hospitalisation; and**
 - **to assist in managing and providing treatment to prisoners who require dedicated mental health care but do not meet the requirements for involuntary hospitalisation in a secure forensic mental health facility.**
- **TPS and CPHS together develop a community integration program to identify and bridge prisoners with mental illnesses to appropriate community mental health services when preparing for their release.**
- **TPS, CPHS and Forensic Mental Health Services work together to model service demand to help identify the nature and extent of mental health services and capacity required now, over the short term and longer term, to meet the needs of prisoners with mental illnesses.**

7.7 Food and Nutrition

Inspection Standards 90, 91 and 92

Food is a significant contributor to the health, morale and quality of life of prisoners. It is however very difficult to cater to a cohort with different dietary restrictions and specific food preferences. Prison food is therefore the subject of many complaints. The expectation outlined in the inspection standards is that food provided to prisoners is high quality, nutritionally adequate and varied. Special dietary food should also be provided to meet vegetarian, religious and medical requirements. The inspection standards also require that menus be developed in consultation with a qualified dietitian and that prisoners should be educated about healthy eating and its benefits.

Prior to the commencement of the food and nutrition inspection, a prisoner survey and staff survey were developed in consultation with a consultant dietician. A good number of responses were received from both survey groups. From previous visits to TPS sites, and the survey results, the inspection team noted two issues consistently raised by both prisoners and staff:

- the amount of bread available to prisoners – a bread pack with seven slices of bread is provided to each prisoner, in addition to the meals provided for breakfast, lunch and dinner; and
- the nutritional impact of *buy ups* from canteen - whether the items available through the canteen are nutritionally appropriate or not.

Prisoner surveys also show that prisoners would like more freshly prepared food, especially more salads, but in contrast, some also expressed a preference for popular commercial take away foods that are neither nutritionally beneficial nor practical and could not be provided.

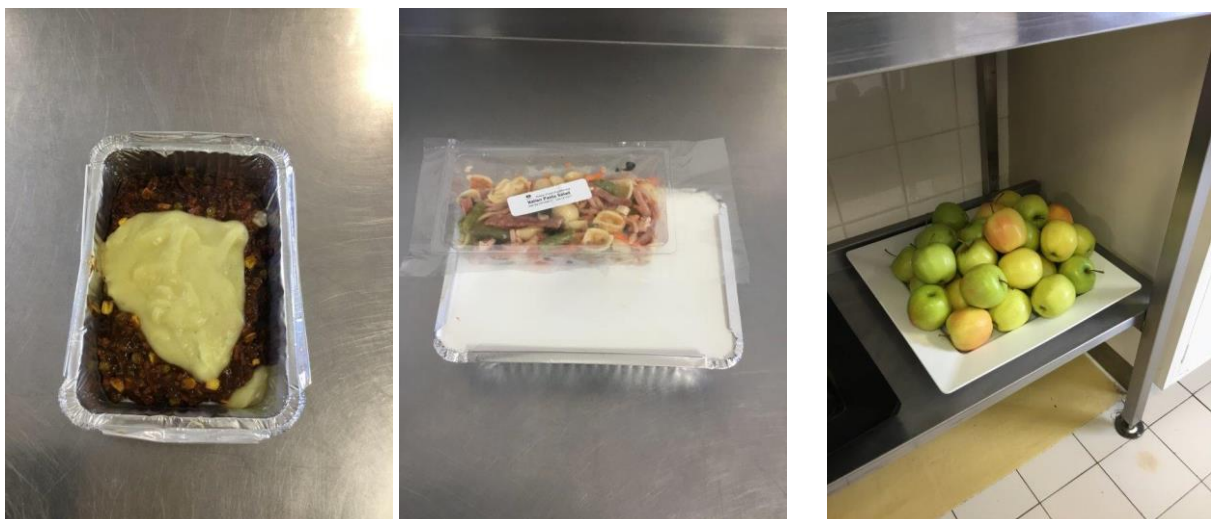
The Inspection

The inspection team visited all custodial centres, and walked around the units, allowing prisoners and staff an opportunity to provide their opinions in an informal manner. The team also ate a number of the lunch and evening meals prepared for prisoners. At LRP on the day of inspection, the evening meal was lasagne, pumpkin and beans. Prisoners also received bread, fruit and chocolate mousse.



* A meal and the food trolley at LRP and meat roasting in the oven at Risdon Main Kitchen

On the day of inspection at MHWP, the kitchen workers had prepared a hot lunch, cottage pie, from ingredients provided by the Risdon Main Kitchen. It was served with pasta salad and fruit.



* A lunch meal and fruit at MHWP

Provision of Food at Facilities

The current arrangement for TPS food services commenced in 2004 and involves centralised food preparation in the Risdon Main Kitchen. Meals are packed into individual, sealed containers.

Hot meals are chilled following preparation, and reheated for serving up to 72 hours later. The process for reheating varies for each prison as follows:

- meals for RPC are reheated at the Risdon Main Kitchen and delivered in hot boxes;
- meals for MHWP are delivered chilled and reheated in the MHWP kitchen by the kitchen workers (prisoners);

- meals for HRP are delivered chilled and reheated in the HRP kitchen by the wardsmen (prisoners);
- prisoners at RBMSP are provided with chilled evening meals that they reheat themselves in microwaves in their divisions; and
- meals for LRP are frozen after preparation at the Risdon Main Kitchen, then delivered and reheated in the LRPP kitchen by the wardsmen (prisoners).

With the exception of LRP, generally the same meals are served at all facilities on the same day. Some frozen meals are kept in reserve at all facilities to cover new receptions and any unforeseen issues.



* A frozen meal and steak and gravy with vegetables plated up at Risdon Main Kitchen

Cold meals, such as sandwiches and salads, are also prepared at the Risdon Main Kitchen. These are packed into sealed containers, chilled and served approximately 24 hours later. Sandwiches are prepared fresh at LRP and MHWP from ingredients supplied by the Risdon Main Kitchen. MHWP kitchen workers also prepare some hot lunch meals using ingredients supplied by the Risdon Main Kitchen. Noting this, **TPS should engage an Accredited Practising Dietician to provide food and nutrition education to employed prisoners and staff at the MHWP kitchen.**



* Sandwiches and a salad prepared at Risdon Main Kitchen

Prisoners in all facilities except the RPC Medium security precinct prepare their own breakfasts with provisions supplied with the evening meal the night prior (cereal, bread, spreads, powdered coffee and sugar). In the Medium security precinct bulk breakfast cereals (not individual portions) are provided to the units and stored in the kitchenettes in each pod for communal use.



* Breakfast cereals stored in RPC medium security units and a breakfast pack in RPC maximum

The inspection brought to light issues regarding breakfast packs at LRP. These were previously packed at LRP but are now packed and supplied by the Risdon Main Kitchen. The oats that are provided cannot be cooked or heated at LRP, as prisoners have no access to microwaves. In addition, the disposable plastic bowl is too small for the amount of oats provided and even if microwaves were available, these bowls are not microwave safe. Coffee sachets are also provided but prisoners have no access to boiling water, or kitchenettes, to make coffee. Wardsmen are therefore required to deliver coffee (in a kettle) to prisoners and while this seems impractical, given the restrictions of infrastructure at LRP there is no other option. LRP pack up the unused coffee sachets and these return to Risdon. The photos below show the LRP breakfast pack, the coffee sachets provided at LRP and the pot used by wardsmen to deliver coffee to prisoners.



The inspection found that the factor most affecting the quality of meals results from the centralised food preparation, specifically, the delay between preparation and consumption of meals (the quality of meals is discussed in further detail below).

The Risdon Main Kitchen was not designed to cater for 600 prisoners accommodated across a number of locations. Preferably, each of the major facilities (RBMSP, MHWP and RPC)

should have its own kitchen catering specifically for its own prisoner population. The original design of RPC included a fully functioning kitchen onsite and in the past MHWP operated a fully functioning kitchen. **TPS should consider reinstating the kitchen in MHWP as a fully functioning kitchen as soon as possible so that MHWP is a self-catered facility,** to offer fresh meals from there. Likewise, **TPS should explore options for a central kitchen facility to be built onsite at RPC** to cater for its prisoners.

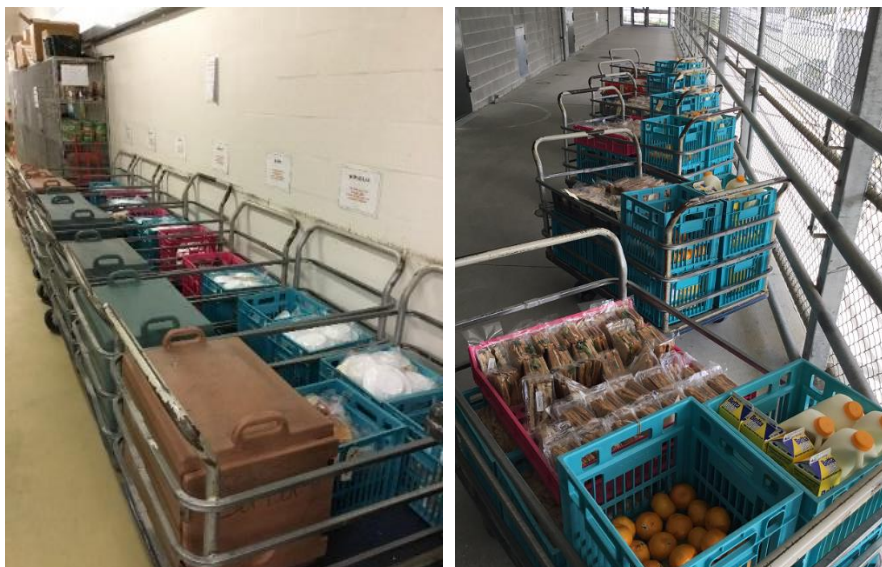
In addition, TPS should consider options, appropriate to prisoners' security and behavioural status, for prisoners to prepare their own meals from ingredients supplied by the Risdon Main Kitchen – these meals would be in place of the pre-cooked meals currently supplied. To allow prisoners to prepare their own meals in areas such as the O'Hara Cottages, and some units in the Medium security precinct, would have the additional benefit of introducing more independent living, assisting prisoners to gain valuable life skills in preparation for release.

Many prisoners do not eat communally; they do so in their cells, while others eat at central tables in individual units, depending on their security level.⁵⁸ Notably, in most prisons evening meals are served just prior to lockup with the majority of prisoners receiving their evening meal as early as 4:30pm. The exception is RBMSP, including the O'Hara Cottages, where meals are delivered around 6:00pm and prisoners may eat their evening meal at any time until lock up.

The photos below are of the catering van delivering reheated meals to RPC and the trolleys packed ready for distribution by the food handlers (prisoner workers) to the units.



⁵⁸ In HRP and the RPC maximum security precinct, prisoners are locked down during all meal times and eat in their individual cells. In the RPC medium security precinct, prisoners are locked down in their units and can choose to eat their meals in their cells or at central tables within the units. At LRP breakfast and lunch is served in the day yard or in cells if prisoners do not want to come out of cells and the evening meal is served cells after lockup. At MHWP prisoners eat meals in their common dining areas or outside; the only time that prisoners eat in their cells are if the facility is locked down for operational reasons.



Menu Variation

Menus operate on a four-week rotation. Prisoner surveys indicate there is not enough variety in the menu and the rotation is monotonous. They also indicated that the menu previously operated on an eight-week rotation and this was preferred as it provided greater variation. The vegetarian menu operates on a seven day rotation and this was highlighted as a concern in prisoner surveys.

To compare, the inspection team made contact with catering services at the Alexander McConachie Centre in the ACT, a facility with similar prisoner numbers to Tasmania. This Centre operates a seasonal menu on a two-week rotation. Seasonal changes were made every three to four months. There are two choices for the hot meal, with one being meat based and the other vegetarian. Special diets are catered for outside of these choices. This arrangement would appear to provide adequate menu variety and would cater to most vegetarian diet variations. **TPS should explore options and make changes to introduce more menu variation.**

Prior Menu Analysis and Recommendations

There were two notable events relating to prior menu analysis of which the inspection team was made aware:

- In 2016, TPS engaged a dietitian (the TPS dietitian) to carry out a menu analysis. This entailed a site visit only to the Risdon Main Kitchen and analysis of menus provided by TPS using FoodWorks software. The TPS dietitian made a number of recommendations in a report prepared for TPS.
- In 2006, a University of Tasmania Occasional Paper⁵⁹ *Food Matters – Issues Surrounding Food in Prison* raised issues regarding the quality of meals provided to prisoners.

⁵⁹ Prepared by the Criminology Research Unit in the School of Sociology & Social Work and authored by Dianne Heckenberg and Dannielle Cody. This report was undertaken as part of the Field Project component of the Criminology & Corrections post graduate course work program.

The inspection team found that overall meal provision has changed very little since the 2016 analysis and only some recommendations in the TPS dietician's report have been implemented. It is also concerning that many issues raised in the 2006 paper were raised during the inspection in 2017.

A summary of the TPS dietician's recommendations to TPS is as follows:

1. Swap to multigrain bread
2. Decrease serves of grains
3. Decrease sugar intake, perhaps decrease dessert to two to three times per week
4. Increase vegetable intake
5. Implement education or regulation at canteen
6. Implement a diabetic education program for diabetic prisoners
7. Extra calcium intake for female prisoners
8. Explore options for snack/supper as 15 hours between dinner and breakfast is not ideal.

The recommendations are set out in the Appendix to the Report from the Consultant Dietician provided in Appendix 5.

In determining the extent to which the above recommendations had been acted upon and/or implemented, the inspection found:

- The types of bread available had only changed in the six weeks preceding the inspection. Multigrain bread is being made in the Risdon Main Kitchen bakery and is supplied along with white and wholemeal bread for sandwiches and in bread packs. At inspection, it was estimated approximately 60 percent of the bread available was white, the rest a combination of wholemeal and multigrain. The prisoner survey indicated that white bread is mostly preferred by prisoners.
- Bread serves were recommended to reduce to four slices in the bread pack but this has not occurred. Seven slices are still supplied with an additional four slices in sandwiches (lunch consists of two sandwiches or wraps⁶⁰ per prisoner). Wraps have been introduced to replace sandwiches two days per week with the intent of reducing sodium intake but unless the wrap purchased is low in sodium, the consultant dietician advised that there is little difference. Staff surveyed commented that a lot of bread is fed to feral birds at the Risdon site, indicating the bread pack provided to prisoners is excess to requirements. However, some prisoners indicated they would like more, not less, bread.
- The recommendation to decrease desserts to two to three times per week has not been implemented. The Risdon Main Kitchen has attempted to reduce sugar intake by using artificially sweetened jelly but the consultant dietician considered this to be pointless when many of the other desserts are high sugar baked goods.
- Vegetables have been increased in main meals. All meals served to the inspection team contained vegetables, some with two, some with three, however it appears that the main hot meal is the only significant source of vegetables and would constitute three and a half to four vegetable serves. Recommended vegetable intake is five to six serves

⁶⁰ Wraps are a flat bread such a pita or a tortilla rolled around various fillings.

per day with an additional two serves of fruit. Given sandwiches are prepared the day prior to being eaten, the addition of most salad ingredients will result in the product becoming soggy so limited amounts of salad ingredients are included. The prisoner survey indicates a preference for more salads – 65 percent suggested one sandwich and a salad would be a better lunch than the current two sandwiches.

- Canteen creates major nutrition issues for prisoners. It is likely the impact of canteen *buy ups* thwarts any endeavour by TPS management to maintain nutritional standards for prisoners.
- There does not appear to be any current diabetes education program in place at TPS.
- Since the 2016 analysis, an extra 300ml milk per day has been made available to pregnant females and extra dairy is provided to all female prisoners. Dairy serves available for prisoners are now at an adequate level, assuming they are eaten.

The consultant dietician indicated that **all recommendations from the 2016 TPS Menu Nutrition Assessment prepared for TPS should be implemented.**

In addition, TPS should **engage an accredited practising dietitian, to reassess the prison menu following implementation of recommendations 1 to 6 and 8.**

Regarding recommendation 7, the consultant dietician was of the view that **the nutritional status of pregnant and breastfeeding mothers be assessed by an accredited practising dietitian**, perhaps in consultation with the visiting child health nurse. It is recommended that this advice be adopted by TPS.

The consultant dietician assisting the inspection team further recommended that in respect of recommendation 4 from the TPS dietician's report:

- sandwiches be provided to prisoners on the day they are made and that they include additional salad ingredients;
- extra fresh vegetables should be added to lunch when sandwiches contain limited vegetables and salad; and
- the amount of salted, processed meat used in sandwiches should be reduced and only used three times per week as a maximum.

Menu Development and Healthy Eating Education Program

Standard 90.8 requires menus to be developed in consultation with a qualified dietitian. While a qualified dietitian completed the 2016 menu analysis, the inspection found there has been no ongoing dietitian involvement.

Standard 91.3 requires prisoners be educated about healthy eating and its benefits. This is particularly important for prisoners with diabetes and those who are pregnant or breastfeeding and should ultimately involve the input of a dietitian. The inspection team noted there is no education program relating to healthy eating in place at TPS.

Food Quality

Reheated Meals

The inspection found that nutrient depletion in meals (predominantly folate and vitamin C) is probably due to long chill storage times and the slow-low temperature reheating. In addition, *hot holding* of meals after reheating and while they are transported to prisoners also results in loss of vitamins. The inspection team observed meals being reheated at the Risdon Main Kitchen. These meals were ultimately distributed to prisoners in RPC some 1.5 to 2 hours later having been placed in *hot boxes* for delivery to units. The meals served to the inspection team throughout the inspection were warm but certainly not hot. **TPS should develop processes for RPC to reduce the time between meals being removed from reheating oven to consumption.** That is, reducing the time meals are kept in *hot boxes* before serving. **TPS should also reassess the menu to include more microwave friendly meal options to reduce the likelihood of excess water in reheated meals.**⁶¹

Prisoner surveys indicated a dislike of the final hot meal product due to the cook-chill process as outlined above. Long chill storage times, slow-low temperature reheating and *hot holding* of meals due to transport requirements appear to lead to meals being described as *sweaty*, *watery* and *water logged*. Prisoner surveys and direct discussions with prisoners highlighted that meals with vegetables often contain a lot of free water and that meat in meals is described as being tough, dry, chewy and hard to swallow. The consultant dietician noted both issues were likely to be a result of long chill storage times and slow-low temperature reheating. In addition, *hot holding* of meals after reheating and while they are transported to prisoners results in condensation forming while the meal is being held in the hot box. For vegetables, this results in the destruction of cell walls as vegetables are naturally high in water when they are chilled and reheated.

Brown chicken meat was highlighted as a dislike in prisoner surveys. The consultant dietitian explained that this was most likely due to the slaughter and bleed process employed in the butchering processing but this should not significantly affect product quality.

The gravy on roast meals was widely considered *monotonous*. 38 percent of prisoner survey respondents indicated they disliked the gravy or sauce and, in discussions during the inspection, many prisoners reported *washing the sauce off the meat* or discarding these meals.

Comments by prisoners on individual components of meals varied and it is acknowledged that individual preferences are difficult, if not impossible, to accommodate in the prison environment. It should be noted however, that providing meals which are ultimately thrown out or not eaten is costly to TPS and nutritionally undesirable as it appears that prisoners choose lower nutrition canteen options as a replacement. It is recommend that TPS should:

- **Reassess meals containing vegetables with high water content (to reduce the likelihood of excess water in the reheated meal) and consider supplying instead a salad packaged separately to meat and starchy vegetables.**
- **Review recipes for casseroles, wet dishes, gravies and sauces with a view to making them more palatable.**

⁶¹ This recommendation is relevant to RBMSP where prisoners reheat their meals in microwaves.

- **Review the supply of crumbed fish to ensure that these meals achieve the same protein content as meals made using fresh meat, that is, 100 to 140g cooked meat per serve.**

Below are photos of the crumbed fish evening meal that the inspection team consumed on the day of inspection at HRP. The inspection team observed that when cut in a cross section the crumbed fish portion contained very little fish within the outside coating, which consisted of a layer of batter and then the outer layer of crumb. The portion was approximately 3cm thick and significantly less than one third was fish – most was batter and crumb.



Sandwiches

Prisoner lunches most often consist of sandwiches containing some type of processed meat and very limited amounts of salad ingredients. The limited salad ingredients is mainly by necessity as the sandwiches are made the day prior to them being eaten and the addition of most salad ingredients will result in soggy sandwiches after the approximately 26-28 hours storage following production. As a result, the lunchtime meal does not contribute extra vegetables, except on weekends when a salad is available.

TPS should put in place processes so that sandwiches are provided to prisoners for consumption on the day that they are made. This would allow additional salad ingredients to be included in sandwiches. Whilst it is understood that this may be logistically difficult if there is a lock down or other emergency affecting prisoner workers' ability to make the sandwiches, this is a matter for management. The benefits of waste reduction as well as nutrition should outweigh those of logistics. One way to assist same day consumption could be to have basic sandwich ingredients made available for emergency days (ham, cheese, peanut butter and other low-perishable ingredients) with these ingredients distributed with bread for prisoners to prepare sandwiches themselves in emergencies, or alternately a small number of trusted prisoners could prepare these basic sandwiches at those times.

HRP should be supplied with ingredients for fresh sandwiches to be made onsite by the wardsmen. Alternatively, processes should be put in place to send fresh sandwiches direct to HRP for same day consumption.

At LRP sandwiches are made and consumed on the same day from ingredients provided by the Risdon Main Kitchen. The inspection team observed that the sandwiches appeared to contain more salad ingredients than those provided in other custodial centres. The inspection

team was advised that bread is supplied by the Risdon Main Kitchen and is delivered once a week to LRP. Bread not consumed on the day of delivery is frozen. The freshness of the bread supplied is questionable however as none of the bread is date marked; in fact, there is no labelling of the product whatsoever. The inspection team was also advised that on occasions, bread is delivered frozen and this results in further doubt about its freshness. It seems that labelling of bread products is achievable given meals supplied to LRP by the Risdon Main Kitchen are marked with *use by fresh* and *use by frozen* labels. **TPS should consider sourcing fresh bread for LRP from a local northern supplier.**

Extra fresh vegetables (carrot sticks, celery, dried fruit etc. depending on availability and budget) should be added to lunch meals when sandwiches contain limited vegetables/salad. This is particularly important should the above recommendation regarding increasing salad ingredients in sandwiches not prove achievable.

From a nutritional point of view, **there should be a reduction in the amount of salted, processed meat used in sandwiches.** As an alternative, chicken, turkey or beef should be cooked and sliced in the Risdon Main Kitchen for use in sandwiches. Chicken loaf or commercial sliced chicken or turkey with added salt should be used only once a week.

The photos below are of sandwiches being prepared and sealed in the Risdon Main Kitchen to be served and eaten by prisoners the following day.



Potatoes

In relation to inspection standard 90.9, the inspection team observed that bulk potatoes waiting to be processed in the vegetable processing facility were outdoors, uncovered in large wooden bins. The consultant dietician advised that potatoes exposed to light develop green areas in, and under, their skin. The green colour is due to harmless chlorophyll, but it indicates that more harmful glycoalkaloids have also been formed in the potato. Glycoalkaloid poisoning is serious and is especially dangerous in pregnancy. Removing the green areas by cutting them out and peeling greatly reduces the potential for eating enough glycoalkaloid to cause problems for most people but it is to be strictly avoided in pregnancy. The potatoes observed outdoors were well covered in dirt, which reduces, but does not stop, light penetration. When the

inspection team observed the potato processing inside the facility however there were significant numbers of potatoes with a significant amount of green. **TPS should ensure potatoes entering the vegetable processing facility are kept cool and away from light at all times.** At the very least, potatoes held temporarily outdoors must be kept out of the sun as well as being completely covered by a dark, breathable fabric (dark to avoid light effects, and breathable to avoid a build-up of humidity under the cover).

Hot drinks

Coffee is the only hot drink available to prisoners although the inspection noted some individual prisons were providing Milo sachet. These were not supplied by TPS catering services, but rather at the discretion of the appropriate Superintendent. Extra coffee and Milo can be purchased through canteen.

Tea bags were previously provided by TPS catering services but were withdrawn because prisoners were mixing nicotine replacement patches with tea leaves for smoking following the TPS wide smoking ban.

Nicotine replacement patches are no longer available at the Risdon site and are now only available at HRP for a short period of time. It seems that the reason for withdrawal of tea bags is no longer an issue and tea should be made available again, at least at the Risdon site, in the form of tea bags or instant (powdered) tea. **TPS should explore options for an alternate hot drink (to coffee) to be provided to prisoners.**

Cutlery

Plastic cutlery is provided with hot meals and salads as well as with breakfast packs. The inspection team was advised that plastic cutlery was provided over stainless steel cutlery for security reasons. It appears that any cutlery, whether plastic or steel, would pose a security risk and reintroduction of stainless steel cutlery in appropriate areas determined by reference to security considerations, would certainly contribute to a better culinary experience for prisoners and reduce costs in the longer term.

Special Diets and Medical Requirements

The inspection found special diets being accommodated included vegetarian, lactose free, gluten free and diabetic. As well as these, prisoners identified needing to avoid various foods including seafood, red meat, pork, tomatoes, onions and peanuts due to allergies and intolerances. The Risdon Main Kitchen was also meeting these requirements. In general those on special diets have a greatly reduced variety of meal options and despite substitution of meals each day, some prisoners end up eating the same meal for many days in a row because standard menu items are not appropriate.

Vegetarian meals were considered for protein content at inspection and it was found that only one meal contained protein content similar to the non-vegetarian meals offered. Some vegetarian meals were determined to be much too low in protein, which is particularly of concern for pregnant and breastfeeding women who are vegetarian. Due to the high water content in vegetables, vegetarian meals are the most likely to be affected by condensation during post cooking storage and reheating. The consultant dietician indicated a full nutritional analysis of vegetarian meals should be undertaken urgently in consultation with a dietitian.

This consultation should be used as a basis for developing new vegetarian recipes, including vegetable proteins from pulses, nuts and soy, that provide adequate amounts of protein and other nutrients for those on vegetarian diets, bearing in mind the effects of condensation on ingredients. Based on this advice, it is recommended **TPS review the vegetarian menu to ensure that meals and recipes used provide an adequate supply of protein for prisoners who are vegetarian.**

Diabetic prisoners are supplied with a *diabetic pack* containing two low glycaemic index biscuits, two slices processed cheese and artificial sweetener in addition to usual daily meals. The consultant dietician noted that the amount of bread supplied, a total seven slices as well as sandwiches, is excessive especially for those with type 2 diabetes.

Women prisoners who are pregnant or breastfeeding are provided with extra salads and fresh fruit as well as additional yoghurt and extra milk. There is however no involvement by a dietician to ensure that the nutritional status and health of the mother and baby is maximised. The inspection team observed one pregnant prisoner being supplied a ham steak meal, which the consultant dietician noted as unacceptably high in salt and not nutritionally ideal for a pregnant woman. The alternative meal was a vegetable burger, which did not contain enough protein for the pregnant prisoner's needs.

Engagement by TPS of a dietician would assist in not only ensuring those on special diets are supplied nutritionally adequate meals, but would also offer opportunity for education of prisoners which might reduce the need for special diet considerations. In regard to inspection standard point 91.3, **an education program on healthy eating and its benefits should be initiated by TPS involving the input of a dietician.** This is particularly important for prisoners with diabetes and those who are pregnant or breastfeeding.

TPS should also engage an accredited practising dietician to offer individual consultations on the recommendation of medical staff, to ensure the needs of those on special diets are met, to offer education to staff and prisoners, and to support food service in recipe development and selection of canteen items.

Canteen and the Impact of Buy Ups

The impact of discretionary intake – known as *buy ups* - from the canteen is of significant concern from both a budgetary and nutrition standpoint. Staff and prisoner surveys both suggested the canteen should offer food a prisoner could purchase to cook their own meals. This feedback was confirmed in direct discussions at inspection. Suggestions included fresh meat packs, vegetable/salad packs, more variety of dried fruit and nuts, as well as butter, yoghurt, sauces, dips and condiments. While most of these are good choices, the inspection team is conscious that provision of meals to prisoners is a significant expenditure for TPS. Therefore, it is important the canteen does not offer selections that will further encourage prisoners to dispose of meals provided by TPS in favour of canteen items. The inspection team was advised that BBQ meat packs are supplied in some areas and it was suggested that this could be increased, replacing another meal rather than being additional to meals supplied by the Risdon Main Kitchen.

Staff and prisoner surveys also highlighted concerns about high sugar and high salt foods available on canteen. The most popular items on canteen are 390ml bottles of Coca Cola

followed by two minute cup noodles; both are nutritionally disadvantageous with the soft drink being high in sugar and the noodles being high in fat, salt and containing a variety of additives which should be avoided especially by those with mental health concerns.



Overall, the surveys indicated that most items currently on canteen were considered worth retaining and the inspection team acknowledges that removal of popular items is not practical given the likely reaction from prisoners. Rather, a way to limit purchasing such items and directing prisoners towards better choices – such as offering higher nutritional value foods at lower prices and implementing a *traffic light guide* to educate prisoners – is advisable. In addition, TPS should investigate the following options for packaging individual portions of the following healthy foods for sale through canteen:

- fresh vegetables such as carrot batons, celery sticks, cauliflower and broccoli florets, and red and green capsicum slices (to be sliced at the vegetable processing facility); and
- dried fruit and unsalted nuts purchased in bulk to reduce the on-selling price.

The consultant dietician also suggested reviewing the canteen with a view to:

- reducing the variety of high salt, high sugar foods on offer at canteen and adding items such as foil or plastic tub based fish/grain combination snacks such as Safcol salmon and tuna ready meals, tuna and rice salad, or *Quick Cups* brown or white rice;
- sourcing a wider variety of foil-packed snack meals including those containing fish, chicken, and/or beans combined with rice and/or vegetables;
- adding sauces such as tomato and sweet chilli sauce, that are available in soft bottles and in low or no added salt varieties, to the canteen list which might allow prisoners to experience different flavours, increase their enjoyment of meals and reduce wastage; and
- considering replacing the current two minute noodles on offer with rice noodles or rice-based *heat in a box* snacks as they contain far less salt.

It is recommended that **TPS review the canteen with a view to directing prisoners towards higher nutritional value food choices through incentives and reducing the**

variety of high salt, high sugar foods on offer and replacing with healthier alternatives. Additionally, more education is required about healthy choices so that when prisoners are released from prison they have the information to be able to make the right decisions and choices regarding food options.

The inspection team was advised by a number of sources that additional items on canteen could not be accommodated because TPS canteen policy is *one item on, one item off* – that is, if an item is added to the canteen list, one item on the current canteen list was to be removed. The reason provided for this was limited space at the TPS canteen store. The inspection found however that some of the low nutrition items on offer are bulky and it is possible that one item could be removed and two added to the list, for example, remove one variety of flavoured potato chips and replace with two sorts of dried fruit and nut combinations. Similarly, a lack of refrigeration was raised with the inspection team as an obstacle to introducing healthy foods such as yoghurt, dips, meat etc. Ultimately, if increasing the range of healthy items available to prisoners improves their health, that is of benefit to the State's health budget and should be accommodated by TPS and solutions to challenges and obstacles must be explored.

In summary, it appears that any improvements in food and canteen will require TPS to engage a dietitian on an on-going basis to develop menus with meals which are more appealing to prisoners, determine ingredients that will withstand the cook-chill process, provide advice on healthier options for canteen and educate prisoners about healthy eating and its benefits.

Sugar Distribution

Apart from the five sugar sachets that are provided with breakfast packs, extra sugar is available to prisoners as follows:

- MHWP provides extra sugar which is individually portioned into plastic containers before distribution;
- RPC provides extra sugar which is received in bulk; and
- RBMSP, HRP and LRP do not provide any extra sugar.

At inspection, the distribution of sugar at RPC maximum security units was observed. While some prisoners did not partake of sugar, the distribution appeared to be a *free for all* handout of a large ration of sugar to those prisoners who did partake – the result being some obtained large amounts, others small and some none at all.

Concerns were raised with TPS about the sugar distribution at RPC with a suggestion that it be individually portioned before distribution, such as occurs at MHWP. In response, the inspection team received conflicting information. Initially, the inspection team was advised the provision of extra sugar is not provided by TPS catering services but is at the discretion of individual Superintendents; and as such it cannot be controlled by TPS catering services. After raising the issue with Superintendents directly, however, the inspection team was advised that catering decisions are not made by the accommodation Superintendents - these usually come from TPS catering services.

It was generally agreed that the distribution of individual portions of sugar to prisoners would be preferable and it is recommended that **TPS implement changes in the sugar distribution process at RPC to ensure equal portions for all prisoners.**

Drinking Water

Standard 90.5 requires that prisoners have continuous access to clean drinking water. The inspection found this was generally the case however:

- in most cells, access to drinking water is at the sink above the toilet unit which raises concerns about hygiene;
- the taps in cells are push button and very difficult to press, particularly so at LRP; and
- there is no water available in the day yards at LRP other than from the sink above the toilet unit.



* Drinking water available in the day yards at LRP via the sink above the toilet unit

7.8 Management and Treatment of Substance Abuse

Inspection Standards 93, 94, 95, 96 and 97

To assess the management and treatment of prisoners with substance abuse issues, the inspection team spoke to CPHS staff, TPS therapeutics staff, Alcohol and Drug Counsellors, correctional officers and prisoners, both individually and in group settings. The feedback and observations from all of these stakeholder groups was consistent and largely unanimous in identifying the issues raised.

The inspection highlighted a number of issues relating to the management and treatment of substance abuse in Tasmanian adult custodial centres including:

- There appears to be a lack of or failure in communication between Alcohol and Drug Counsellors and CPHS staff. This apparent failure in communication runs the real risk of a prisoner being released from custody without required medication. Ideally, the two services should know what each other delivers and have a process for exchange of information. It is understood that patient confidentiality provisions hamper the exchange of information, but it is in the best interests of the prisoner for both Alcohol and Drug Counsellors and CPHS staff to encourage prisoners to consent to their information being shared between the two services.
- Possible inconsistent clinical assistance for prisoners withdrawing from alcohol and/or drugs.
- Inadequate physical resourcing as there are not enough rooms available to book appointments and there is constant *competition* between therapeutics staff and the case management team to secure a room booking.
- Inadequate human resourcing (staffing) which was identified as the largest barrier that TPS Alcohol and Drug Counsellors have in their roles, with only two counsellors and consistently over 600 prisoners in Tasmania. The inspection team was advised that there is a waiting list of over 100 prisoners and this has remained steady since October 2015.
- The number of prisoners referred to Alcohol and Drug Counsellors but released from custody to freedom before receiving treatment for their alcohol and drugs issues due to the inadequate human resourcing is concerning. This is despite a triaging policy where referrals are prioritised based on earliest release dates and parole eligibility dates.
- Prisoners being denied parole or parole being delayed because the required substance abuse treatment/programs have not been completed.
- Limited assistance provided in the way of community through-care due to the shortage of drug and alcohol treatment places in Tasmania generally. It appears that prisoners are not treated as a priority group due to resourcing issues in Alcohol and Drug Services (DHHS).

Initial health assessments are undertaken on a prisoner's reception into custody to identify those prisoners who are physically dependant on drugs and/or alcohol and require detoxification. The inspection team was advised by various stakeholders that this assessment process is undertaken inconsistently and that varying clinical support is provided to prisoners

withdrawing from alcohol and drugs. Examples provided to the inspection team included a prisoner who had alcohol withdrawal symptoms that were missed and this had a life threatening effect, and withdrawal from benzodiazepines⁶² being handled well in some cases but not in others. In relation to benzodiazepines, a number of women prisoners in MHWP raised the issue of having their medications stopped abruptly. The NSW Government Health Fact Sheet *Benzodiazepines* states:

People who are dependent on benzodiazepines find it very hard to stop using them or cut down because of withdrawal symptoms. Suddenly stopping using benzodiazepines can be dangerous.

A prisoner may be identified as requiring the services of an Alcohol and Drug Counsellor through self-referral (the prisoner requesting assistance), referral from a correctional officer or referral from TPS therapeutics services, but not through CPHS staff. As noted above, there appears to be a significant communication failure between Alcohol and Drug Counsellors and CPHS. While CPHS may identify a prisoner as withdrawing from alcohol and/or drugs during an initial health assessment this information is not passed on to the Alcohol and Drug Counsellors.

Programs

TPS offers a number of drug and alcohol programs, but not all programs have been externally evaluated. The programs that are currently provided by TPS include individual counselling, the EQUIPS Addiction program (prisoners must complete EQUIPS Foundation prior to entering this course), Gottawanna and the alcohol and drug treatment unit, Apsley. These programs are discussed in further detail below. Program accessibility is heavily dependent on the security rating and housing of prisoners as well as current sentencing specifications.

Individual Counselling

TPS Alcohol and Drug Counsellors offer an individual counselling service to prisoners with alcohol and other drug issues. It is a voluntary service offered on a one-on-one basis focusing on harm-reduction and minimisation and relapse prevention. It is a client-focused approach and does not have a specific duration but is needs based. There is, however, a lengthy waiting list so prisoners are also encouraged to participate in established programs where possible until a counsellor becomes available. Prisoners can be referred by a case officer, a planning officer or self-refer.

⁶² Benzodiazepines are a group of drugs called minor tranquillisers, often known as benzos. These drugs are prescribed by a doctor to help people with anxiety or sleep problems. There are about 30 different types (generic names) of benzodiazepines and each one of these generic name drugs may be sold under several different brand names. Refer: <http://www.health.nsw.gov.au/mentalhealth/Factsheets/Pages/benzodiazepines.aspx>

EQUIPS Addiction

EQUIPS Addiction is an evidence based program, utilising Cognitive Behavioural Therapy and Rational Emotive Behaviour Therapy, to address addictive behaviours of offenders in custodial settings. The program consists of five modules broken up over 20 two hour sessions. Participants are encouraged to share their experiences with each other and to develop future focused plans and strategies to address their addictive behaviour. The program aims to be effective in addressing the personal and social factors that contribute to addictive behaviours and to help offenders understand and practice ways of responding to difficult events that may lead to addictive behaviours.

Gottawanna

The Gottawanna Program is run by an external provider and addresses specific issues for prisoners who are seeking help for their alcohol or drug misuse, gambling or other addictive behaviours. The program is a voluntary eight session program based on the theory and principles of Rational Emotive Behavioural Theory (REBT), Family Systems Theory, Social Learning Principles and Stress/ Coping Module. The program involves therapeutic group work and individual sessions. Prisoners must self-refer or be referred and willing to participate and must be accommodated in Ron Barwick Minimum Security Prison or the Apsley unit.

The Apsley Program

TPS has the Apsley alcohol and drug treatment unit for male prisoners which aims to provide a safe and secure drug-free environment that supports male prisoners through intervention and the provision of intensive education, programs and counselling to become independent of substance abuse. There is no equivalent drug free unit or program for women, nor is one planned. In line with standard 93.2, TPS should explore options for a drug-free unit for women prisoners.

The Apsley program is designed as a twelve-week live-in program and the unit, when fully operational⁶³, houses ten participants. Prisoners are not told in advance when they are going into Apsley so that they *don't load up with drugs* before they are admitted into the unit. Over the twelve-week period of the program correctional staff, program facilitators and alcohol and drug counsellors work with prisoners in the unit to address their substance misuse issues and assist them to gain the strength and skills to progress towards behavioural change.⁶⁴

During the inspection, the Apsley program was criticised by both staff and prisoners as not being successful. The main concerns raised with the inspection team related to the fact that graduating participants are released back into the medium security precinct, which is where both prisoners and staff report the majority of drugs use occurs.⁶⁵ There is no documented limit on how many times a prisoner can be readmitted into the Apsley program. The

⁶³ Two cells have been offline since mid-July 2017 due to a *structural issue*, meaning that the program can only take eight participants at any one time until these cells are back in operation.

⁶⁴ The Apsley program is based on the Australian Capital Territory Solaris program, which is a therapeutic community model of treatment for substance misuse. It provides a structured environment where the participants in the community itself are used as the principal tool to bring about personal change. Refer <http://www.cs.act.gov.au/page/view/860/title/solaris-program>

⁶⁵ Anecdotally, based on staff estimates, around 90 percent of prisoners relapse and start taking drugs again when they are released from the Apsley program into the medium security precinct.

inspection team was advised by a number of sources that it is not unusual for prisoners to return to the Apsley unit and undertake the program a number of times during their time in custody.

The Inspector recommends that **TPS makes available an equivalent Alcohol and Drug Treatment program, such as the Apsley Unit, for women prisoners.**

Alcoholics Anonymous

Alcoholics Anonymous (AA) group meetings have been held in RBMSP in the past⁶⁶, but these meetings were intermittent, largely because prisoners drop out and the prison cohort who abuse only alcohol is reducing (the inspection team was advised that older male prisoners tend to prefer AA).

Standard 96 requires that all prisoners should be offered alcohol education programs to raise awareness of the potential harms and to encourage safe and responsible drinking based on informed choices. The inspection team found that there are no such education programs currently being offered as there is insufficient staff to facilitate them.

In terms of drug use, the inspection team was advised that prisoners' drug usage in the community commonly presents as abuse of amphetamines, cannabis, alcohol, and opiates. However when in custody the prisoners' drug of choice often becomes suboxone.⁶⁷ Anecdotally, this is because suboxone is accessible and easier for prisoners to obtain than illicit drugs.

Nicotine Replacement Therapy

Smoking has been banned in all Tasmanian prisons (including the surrounding grounds) since 31 January 2015⁶⁸. HRP and LRP were declared smoke-free on 8 September 2014, followed by the MHWP on 6 October 2014 and the remaining facilities were smoke-free by early 2015.

Inspection standard 97.1 provides that support should be made available for people withdrawing from tobacco addiction, particularly prisoners newly received into prison. Prior to the introduction of the smoking ban there was a period of preparation during which time both staff and prisoners engaged in a peer mentoring program, education sessions, quit programs, and the use of nicotine patches to reduce the craving for nicotine. TPS currently offers access to nicotine replacement therapy for prisoners for a maximum period of 5 days whilst located at a reception prison.

One of the negative side effects of the smoking ban in Tasmanian custodial centres is that prisoners devised ways of ingesting nicotine such as boiling up nicotine patches and mixing this with plant and green vegetable matter which is dried to be smoked as a substitute to cigarettes. Prisoners use microwaves or power points to make a spark and toilet paper to make a wick for lighting the homemade *smokes*.⁶⁹ It is acknowledged that this behaviour is not specific to

⁶⁶ The inspection team was advised that no AA meetings had taken place in the two-year period prior to the inspection in May 2017.

⁶⁷ Suboxone is the commercial name for a prescription medication that combines buprenorphine and naloxone (an opioid antagonist). It is used to treat opioid addiction.

⁶⁸ They are designated smoke-free areas under the *Public Health Act 1997*.

⁶⁹ This is the reason that many microwaves are damaged by prisoners and require repair or replacement.

Tasmania and had been raised as a risk factor by other jurisdictions that had banned cigarette smoking in prisons. The inspection team heard that prisoners *stand over* other prisoners to get their nicotine patches, causing great tension in all custodial centres. For this reason, TPS has restricted nicotine patches to prisoners located at the reception prisons only. If a prisoner moves to another prison earlier than the 5-day period treatment will cease.

On a number of occasions, the inspection team came across the distinct and strong smell of prisoners smoking this mixture. There is some concern about the possible negative health impact of smoking vegetable matter, as when burnt it produces tar, carbon monoxide, and other toxins⁷⁰ and prisoners are breathing those toxins directly into their lungs, as there are no filters on the homemade *smokes*. The Inspector recommends that **prisoners are advised by TPS that the full impact of smoking substances other than tobacco, such as dried vegetable and plant matter, is unknown and that smoking these products may be addictive and inhaling smoke-based products or substances is harmful to the lungs and respiratory system.**

The s8 Program⁷¹

The term *s8* is used throughout the prison environment in Tasmania, by health staff, prisoners and TPS staff, to refer to the pharmacotherapy program run in selected Tasmanian custodial centres.⁷² *Pharmacotherapy* is the term used to describe the use of medication (such as methadone and buprenorphine) to assist in the treatment of opioid addiction.

CPHS operates the *s8* program for male prisoners in the CPHS clinic area of RPC. The program has been limited to 26 prisoners or roughly five percent of the prison population by TPS, and this allows about 100 prisoners to cycle through the program per year. According to CPHS, the need for *s8* dosing in the prison population approximates 20 percent of prisoners, so there is great demand for program placements and limited capacity to meet this demand.⁷³ All people entering the prison system on pharmacotherapy will be continued on their medication, both sentenced and remand prisoners. Due to capacity restraints, however, there are no new starts on *s8* in the prison at the current time.⁷⁴

CPHS also administer *s8* dosing for up to five female prisoners in MHWP. Medical staff provide the medication at the end of the regular medication dosage time. The inspection team received little feedback or comment regarding the women's *s8* program, perhaps due to the small number of participants and the generally smaller women's prison population.

⁷⁰ Refer <https://www.everydayhealth.com/stop-smoking/herbal-and-natural-cigarettes.aspx>.

⁷¹ The Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) is an Australian legislative instrument produced by the Therapeutic Goods Administration (TGA). Schedule 8 (S8) drugs and poisons, otherwise known as Controlled Drugs, are substances and preparations for therapeutic use which have high potential for abuse and addiction.

⁷² There is no pharmacotherapy program available in RBMSP. There is no formal pharmacotherapy program at LRP or HRP as prisoners are in transition, and if they require ongoing *s8* dosing they will be moved to RPC or MHWP quickly.

⁷³ At the time of the inspection, CPHS reported there were 31 people on treatment, 28 males and three females. Of these 19 prisoners were on Suboxone, one on Subutex, eight on Methadone and three on MS Mono, with the primary reasons for dosing being addiction and chronic pain.

⁷⁴ Continuation of pharmacotherapy is not considered a new start.

Not all prisoners are able to access the s8 program despite a clear need for it. S8 medications are only available to prisoners accommodated in RPC, not those located at RBMSP. Remand prisoners accommodated at RPC are only able to access the program where capacity allows. This is problematic as prisoners have reported being on remand for lengthy periods of time - up to years - and unable to access medication to assist in the treatment of opioid addiction. The inspection standards provide that remand prisoners should be offered opportunities for addressing drug and alcohol issues and, where appropriate, cognitive skills development programs.

The s8 clinic time at RPC is also problematical as it impinges directly on clinical service time and hinders patient access to general medical care. From 1:00pm to 3:00pm daily⁷⁵, while s8 dosing is taking place no other prisoners are allowed to access the CPHS clinic area of RPC. This is a custodial requirement, aimed at reducing the trafficking of prescribed medications⁷⁶. The consultant expert for the inspection considered that the evidence base for this appears to be missing, but the consequences of TPS' decision are clear in that access to the clinic is severely compromised. A solution would be to **introduce a separate dosing area for the pharmacotherapy program to improve access for prisoners to medical services provided by CPHS in the clinic area.**

A wastewater research project was conducted at Risdon in 2013 as part of a joint project undertaken by University of Tasmania, University of Queensland, Australian Federal Police and the National Research Centre for Environmental Toxicology. The results of wastewater sampling associated with the project indicate that buprenorphine misuse is prevalent. The study suggested this may be due to:

- the sublingual form in which it is administered (either film or crushed tablet) making it easy to divert; and
- the drug being readily available, and misuse increasing, in the wider community.

Many prisoners and TPS staff consider that the s8 program is a disaster. At the very least, there is clearly a *public relations* problem with the current program. The illegal supply of s8 medications into the prisons appears to be a massive money making business for some prisoners. Prisoners talk about the *suboxone train [leaving] at 3:15pm*, being a reference to both the end of visits and the finishing time of the s8 program at RPC. Concerns mainly relate to the trafficking of medication and addiction issues, with a limited legal supply available' leading to standover tactics, violence and threats. To address some of these issues **TPS could consider introducing a secure accommodation area for those prisoners undergoing treatment in the pharmacotherapy program.**

The inspection team is aware that with advances in medicine there is a monthly injection for opioid addiction on the horizon. The Inspector strongly encourages TPS and CPHS to explore

⁷⁵ The s8 dosing always takes place from 1:00pm to 3:00pm Monday to Friday, but on the weekends it is often run in the morning.

⁷⁶ Prisoners hide the medication in their mouths and then traffick it to other prisoners, with the most common smuggling technique involving prisoners hiding cling wrap in their mouth and wrapping the medication strip so it does not dissolve, or reserving and regurgitating saliva laced with suboxone to dry out.

this alternate method of dosing which may restrict the ability of prisoners to traffic medication received through the CPHS pharmacotherapy program.

The inspection team received feedback suggesting that it would be more appropriate for the pharmacotherapy program (s8 dosing) to be staffed by CPHS rather than correctional officers. This would possibly reduce negative interactions, and improve relations, between prisoners participating in the pharmacotherapy program and correctional staff.

A common theme in discussions regarding the s8 program was that there is no continuity of care for drug-addicted prisoners during their time in prison and then post-release. With regard to the community, as stated above, there are not enough drug and alcohol treatment places in Tasmania generally and prisoners are not treated as a priority group due to resourcing issues in Alcohol and Drug Services (DHHS). In addition, according to CPHS staff, the modern drug user is a poly-drug⁷⁷ user, not simply an opiate user and at the time of the inspection Alcohol and Drug Services were not accepting poly-drug users for therapy.

CPHS report that Alcohol and Drug Services has no input into the work undertaken by CPHS in treating drug additions both historically and at the time of inspection. This work currently falls between the Clinical Nurse Consultant Co-morbidity and the Head of Department plus some motivated mental health nurses. The inspection team noted that it would not take much for this process to fail and it is not sustainable in its current format. The inspection team noted the lack of support (due to resourcing constraints) from Alcohol and Drug services in the community. There needs to be greater integration with the community to enable CPHS to improve its services in the domain of addictions. Moreover, the statewide and prison alcohol and drug models of care need to be reviewed independently of this inspection. **It is recommended that TPS facilitates an independent review of the DHHS state-wide community, and TPS, Alcohol and Drug models of care.**

Given the problems attributed to the current pharmacotherapy program, the small number of people that are on the program and the limited places in the community on release, the inspection team does ask the question whether it is effective and worth the effort. **It is recommended that an independent appraisal be undertaken of the pharmacotherapy program, noting the need, the integrity of any program and the appropriate policies and procedures that should underpin an agreed program.**

Challenges

TPS has two full time Alcohol and Drug Counsellors in its Programs Unit for around 600 prisoners. The Alcohol and Drug Counsellors are the only members of the Programs Unit employed in a counselling role. With the exception of team leaders, the remainder of their team are program facilitators primarily running group activities.

The inspection found that resourcing is an issue, it is particularly concerning that the Alcohol, and Drug Counsellors are not replaced when on leave. There is a waiting list of over 100

⁷⁷ Poly-drug use refers to the practice of concurrent use of several dissimilar drugs, such as alcohol, cocaine, opiates, and other drugs. The toxic potential of multiple drug use is increased compared with the use of a single drug. Refer <https://medical-dictionary.thefreedictionary.com>.

prisoners and this number has remained steady since October 2015.⁷⁸ The reality is there are a number of prisoners that enter custody and request support for alcohol and drug related issues but cannot access it due to staffing limitations. The inspection team was advised by experienced staff that to meet the current demand for services TPS needs at least four more Alcohol and Drug Counsellors, but assuming they were appointed there would be issues with room availability to run the counselling sessions.

The inspection team found that the Alcohol and Drug Counsellors were supported in their roles through informal debriefing with colleagues, external clinical supervision, and formal peer supervision⁷⁹. Since the inspection, however, the team has become aware that there have been a number of changes to the professional support provided to the Alcohol and Drug Counsellors by TPS. The inspection team was advised that in August 2017, TPS management made the decision to cease formal peer supervision for the Alcohol and Drug Counsellors. As a result, it appears that the Alcohol and Drug Counsellors were left without any internal supervision or support, as those positions do not receive line management or administrative supervision from the Programs Unit. At that time, the Alcohol and Drug Counsellors continued to receive external clinical supervision once per quarter for 50 minutes, that being the extent of their formal supervision and support. In December 2017, this support was reduced even further with the Alcohol and Drug Counsellors being advised that they will no longer receive external clinical supervision. Formal peer supervision has also ceased due to difficulties in finding another team member willing to take on this role. The only internal supervision provided to the Alcohol and Drug Counsellor is from a team leader, once per month.

It is difficult to understand how or why there would be a decrease of support and supervision for the Alcohol and Drug Counsellors, who are based in an environment with a client population who display very challenging behaviours and routinely share information of distressing and traumatic content. There is a danger that the lack of support in place for the Alcohol and Drug Counsellors increases their risk for both *burn-out* and vicarious trauma⁸⁰. The Inspector recommends that **TPS reviews the current line management /administrative supervision arrangements for Alcohol and Drug Counsellors, noting that external clinical supervision and formal peer supervision has ceased.**

Other challenges and issues relating to the management and treatment of substance abuse that TPS staff raised with the inspection team included:

⁷⁸ The inspection team was advised that in terms of timing, the waiting list is for months. Some prisoners are never seen by an Alcohol and Drug counsellor before they are released.

⁷⁹ *One-to-one or group peer supervision are important resources for any mental health professional, but particularly so for those who work in the trauma field. Sharing experiences of how the work is affecting work and personal life offers social support and normalisation of the therapist's own experience.* Refer https://www.livingwell.org.au/professionals/confronting-vicarious-trauma/#_edn11.

⁸⁰ The term vicarious trauma is sometimes also referred to as compassion fatigue. *Vicarious trauma is the emotional residue of exposure that counsellors have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured.* Refer <https://www.counseling.org/docs/trauma-disaster/fact-sheet-9---vicarious-trauma.pdf?sfvrsn=2>.

- there are inadequate resources;
 - a lack of physical space - there are not enough rooms available for current programs and counselling sessions and the situation will worsen as the prisoner population continues to increase; and
 - low staffing levels - more staff are required in order to allow programs to be running concurrently, to meet the demand for individual counselling services, and to facilitate staff training.
- There is a lack of programs in Tasmanian prisons run by external service providers. The advantage of having programs facilitated by *outsiders* is that it allows prisoners to make connections to assist with their transition back into the community on release.
- There is a massive gap in alcohol and drug services for prisoners in the maximum security precinct. For example, in the behavioural management unit there is one prisoner undertaking the EQUIPS Addiction program and sessions must be run on a one-to-one basis in the non-contact professional visits area in the unit. This arrangement is a source of frustration for staff and the inspection team was advised that previously there was a period, of approximately 12 months, when programs were permitted to be run in the open area of the unit.
- There is not enough communication with prisoners' families. Families of prisoners should be provided with information about alcohol dependence, withdrawal and support. The inspection team was advised that it is not common practice for the Alcohol and Drug Counsellors to have direct contact with a prisoner's family. The route of information sharing is through the Alcohol and Drug Counsellors' direct contact with the prisoner, and then via the prisoner to the family (if the prisoner chooses to share that information). The relationship with family support appears to be very fragmented across all areas of family engagement in the prison system.
- There are currently problems with prisoner's accessing local drug rehabilitation units post-release, as Tasmanian residential drug treatment units do not accept prisoners directly from prison. This is despite the Alcohol and Drug Counsellors reporting good relationships with external service providers in the *Alcohol and Other Drugs* (AOD) sector and their improved representation at community AOD forums/consultations. The Alcohol and Drug Counsellors advised that they routinely receive feedback from external organisations that the demand for services in the community outweighs their capacity for service provision.
- There are no culturally appropriate alcohol-specific support groups, nor culturally appropriate individual support services available to prisoners. The Alcohol and Drug Counsellors have not been offered specific cultural training, and the training offered for AOD treatment programs does not include discussion regarding culturally appropriate interventions.

Prisoner Quotes

Suboxone ruined this prison. It rules it and it has ruined it

It doesn't make sense to close the clinic during s8s, because the doctor isn't doing the s8 dosing, it is the nurses. So why can't the doctor still see patients at the same time?

The people that are good at secreting or regurgitating it [their s8 dose] provide a reliable source daily. But not enough comes out of the dosing room to supply what is being used in the prison. A lot more comes in from outside the prison than through dosing

I was on remand for 3 years before I was sentenced so I couldn't get on the s8 program. I stood over people, bashed people, whacked up dirty syringes, and infected clean people because I was a junkie

Dosing needs to be changed, because they are turning us into sly people

Dirty fits are used around the jail everywhere

7.9 Religious and Spiritual Needs

Inspection Standard 98

Prison Chaplains

TPS has three prison chaplains on staff, two male and one female, who cover all southern-based prisons. In the North of the State, two local members of the Salvation Army (one male, one female) provide chaplaincy services to LRP. The male chaplain attends LRP at a minimum every Tuesday, unless operational requirements prevent it, and visits all areas of the facility.

The TPS chaplain's office is available 24 hours a day, with religious services run on Sundays fortnightly in all facilities, except the reception prisons, as follows:

1. RPC – facilitated by Prison Fellowship and Christian Family Centre;
2. RBMSP – facilitated by Prison Fellowship, Anglican and TPS Chaplaincy; and
3. MHWP – facilitated by Prison Fellowship, Anglican and TPS Chaplaincy.

Services are also run at Christmas, Easter and Anzac Day and there is an annual memorial service at MHWP for women that have lost children.

The chaplains work on four main areas:

1. one-on-one contacts with prisoners - ministering to the spiritual needs of prisoners and their families;
2. religious services - coordinating faith based services;
3. staff - supporting the wellbeing of TPS employees; and
4. reintegration - providing reintegration linkages with the community.

The prison chaplains reported that pastoral care has increased in recent times but the increasing number of lock downs has had an impact on the delivery of pastoral care. The needs of the prisoner population remain the same, however, sustained growth in prisoner numbers and the Royal Commission into Institutional Responses to Child Sexual Abuse were recognised as contributing to this increased need.

It appears that there is enough therapeutics support offered by TPS in terms of counselling and psychology. Whilst the chaplains are not needed in this context at present, the sustained growth in prisoner numbers is of some concern.

The chaplains find out who needs their services through word of mouth, therapeutics staff, and self-referral. The chaplain's role is not always spiritual, but can simply fill an emotional need and provide direction, guidance and *friendship*. There is a good relationship between the chaplains and correctional staff. If correctional staff recognise a prisoner is lonely or isolated, or appears to not be adjusting to prison life, they will refer that prisoner's name to the chaplains for follow up.

The chaplains also *fill gaps* where family or friends cannot do so. For example, purchasing approved items for prisoners or taking them out for resocialisation on a leave permit issued under section 42 of the *Corrections Act 1997* where family or friends cannot facilitate these activities. The chaplains also support health initiatives such as the Bras Behind Bars at MHWP

and the Men's Health Expo at RBMSP. Other duties include marriage preparatory courses and marriage ceremonies; assisting prisoners with end of life care plans; accompanying prisoners to funerals on a leave permit; music activities; and vetting of religious visitors. Family reunification also comprises a large part of the chaplain's role.

The chaplain's role is unique as they can make contact with a prisoner post-release, as part of the rehabilitation process.

Prison Fellowship

In addition to the TPS prison chaplain service and the Salvation Army Chaplain at LRP, the religious and spiritual needs of prisoners are met by volunteer services from the Prison Fellowship.

The Prison Fellowship team consists of male and female volunteers who assist with services. Prayer meetings are held once per month to pray for prisoners, staff and programs. The Fellowship organises birthday and Christmas presents for prisoners' children via a request form through the prison chaplains. Additionally, Prison Fellowship volunteers run craft sessions at MHWP on Thursday mornings.

The Prison Fellowship also facilitates the following programs:

1. *The Prisoner's Journey*. According to the Prison Fellowship website this program is centred on the Gospel of Mark. The program is not traditional teaching or preaching, rather it is about *putting the Gospel in front of prisoners and giving them the chance to make up their own minds about Jesus*.
2. *Change on the inside (COTI)*. A character development course covering topics such as character, responsibility, self-control, forgiveness, faith, and wisdom. Prisoners volunteer to participate, and in groups of 10-12, explore these topics through teaching, discussions, role play, personal reflection, and a workbook produced by Prison Fellowship.

Aboriginal Emotional and Spiritual Needs

The TPS chaplains are available to all prisoners, both Aboriginal and non-Aboriginal, in regards to spiritual needs. In addition to the chaplains, TPS employs an Indigenous Officer. Two of the chaplains have completed the TAC Cultural Awareness Program and the third is Aboriginal (a Native Canadian man) and draws on his own life and cultural experiences.

Standard 98.11 requires that *Aboriginal spirituality should be encouraged and strengthened through the systematic observance of cultural practises*. In this regard, Aboriginal prisoners have opportunities, when possible, to apply for leave permits to attend cultural events, where cultural practises are observed. For example, during NAIDOC Week, eligible prisoners have the opportunity to attend the TAC Flag Raising held at Risdon Cove. Risdon Cove is a very significant area for the Tasmanian Aboriginal Community, and this event allows individuals to connect with both Country and Community. Another event regularly attended by prisoners is the TAC annual putalina festival, held in January at Oyster Cove. Again, this event is held in a location very significant to the Tasmanian Aboriginal Community and is an opportunity for Aboriginal prisoners to affirm their culture and spirituality.

7.10 Recreation

Inspection Standards 99 and 100

Recreation and fitness are essential to maintaining prisoners' physical and mental health and provide opportunities for the constructive use of leisure time and development of positive social habits. Physical wellbeing outcomes include providing alternatives to substance abuse in prison, reducing health risks for older prisoners and those with chronic disease, and increasing the general physical fitness levels of prisoners. Sport and recreation activities also have a positive impact on mental health. Prisoners who are regularly engaged in sport and recreation activities report improved levels of self-esteem, reduced anxiety and stress, decreased depression and feelings of hopelessness, decreased insomnia, and reduced levels of anger and aggression.⁸¹

Recreation for prisoners is also important for other non-health related reasons including as an aid in the rehabilitation process⁸², as it encourages positive social habits, reduces anti-social behaviours, and fosters learning of social values and social rules. Sport and recreation activities can also be used by prisons as an offender management tool.

TPS custodial centres, with the exception of LRP, ensure all prisoners have access to fresh air for at least an hour a day where they can participate in active, passive, individual and group activities as well as have access to on-site library facilities and LINC Tasmania (the public library) and hobby items through the canteen.

Mary Hutchison Women's Prison

MHWP has modest recreation facilities for prisoners. Minimum and medium security prisoners have access to a hard court area, a grassed area, a treadmill in the medium day room, two exercise bikes, a rower, a stack/pulley weight machine, some medicine balls and sporting equipment in the recreation room. The maximum security unit contains an exercise bike, a volleyball net, and small equipment such as basketballs, tennis racquets and medicine balls. Previously the maximum security unit also had a treadmill but prisoners damaged this and it was not replaced. Noting the sustained increase in prisoner numbers in MHWP, TPS will shortly need to review the number of cardio machines to ensure adequate access for all prisoners.

Sport and Recreation Officers run programs in MHWP from Monday to Friday. The women prisoners particularly like the sports sessions and a boot camp is run specifically for maximum security prisoners one day per week.

The Creative Learning Officer attends MHWP three times a week for arts and craft activities. Prison Fellowship volunteers also attend one day per week to run card-making sessions. Prisoners in the maximum security unit are currently painting a mural in their exercise yard.

⁸¹ Gallant, D., et al., Recreation or rehabilitation? Managing sport for development programs with prison populations. Sport Management Review (2014)
<http://dx.doi.org/10.1016/j.smr.2014.07.005>

⁸² Sport and recreation programs appear to have a positive influence on prisoners' health and behaviour; however, the effectiveness of rehabilitation efforts through sport remains uncertain as there is limited evidence according to Gallant, D., et al.

A piano is available in the recreation room for all minimum and medium classified prisoners to play. There is a small *library* (a bookshelf, mainly consisting of novels) in the recreation room. Prisoners are also able to access books through LINC Tasmania. There is no *library* or books readily available in the maximum security unit but prisoners can access books through LINC Tasmania or request books, through staff, from the recreation room.

Ron Barwick Minimum Security Prison

RBMSMSP has good recreation facilities including an oval, a free weights gym, and each division generally has two or three cardio machines, such as treadmills, exercise bikes or rowers. There are a variety of sport and recreation activities and programs available in RBMSMSP, including regular sport sessions facilitated by TPS Sport and Recreation Officers and a Tai Chi course which is offered by an external provider. A gentle exercise program for older prisoners, *Healthy Ageing*, is run twice a week.

The Sport and Recreation Officers also organise a number of sporting activities for prisoners with the involvement of community sporting groups including:

- a football game between prisoners and a local Australian Rules Football Club on 21 October 2017;
- a Fijian rugby team that ran several rugby sessions involving training and matches between 13 and 21 December 2017. This occurred in both RBMSMSP and RPC involving medium security prisoners and some from maximum units; and
- members of the Tasmanian Tigers Cricket team spent an afternoon in RBMSMSP playing cricket on 2 February 2018

A Certificate 3 Fitness Instruction Course was run as a pilot course in RBMSMSP, facilitated by TAFE instructors. The course ran for three months and finished in the first week of December 2017. Six participants were selected based on interest and aptitude to complete the theory component of the course. A Sport and Recreation Officer reported that the course went well and he would like to see those prisoners that completed the course become prisoner fitness instructors at RBMSMSP. A potential problem for future courses is the anticipated closure of the free weights room.

Standard 99.6 provides that where it is not a risk to security, minimum security rated prisoners should be allowed to participate in structured recreational activities outside of the prison. At the time of the inspection there was one prisoner in RBMSMSP that regularly had a section 42 leave permit to umpire local community AFL football games.

The inspection team was advised that a challenge for the Sport and Recreation staff is recurrent funding being inadequate to replace sporting and exercise equipment. The budget is not adequate to replace bigger, more expensive, items such as cardio machines (many of which are below standard assets according to a TPS equipment audit) and free weights. The amount of use cardio machines undergo is extreme, so domestic machines are not suitable, rather industrial strength equipment is required and this must be modified to be *safe* in the prison environment.

It is recommended that TPS reviews and adjusts the recurrent funding for sport and recreation to adequately cover the replacement of larger sporting and exercise equipment when no longer fit for purpose.

Risdon Prison Complex – Medium and Maximum Security Precincts

The RPC Activities Centre is used by TPS for multiple purposes including organised sport, exercise, arts, barber services, therapeutics meetings, programs such as Homework Club⁸³, and both internal and external courses, such as the TAFE-run barista course. It is accessed by maximum and medium security prisoners.

Two correctional officers are permanently stationed at the Activities Centre on a rostered basis, with only one of these officers on duty at any time. The two correctional officers never overlap in shifts and communicate with each other via the paper-based Activities Centre diary and a daily handover by telephone (the off-duty officer phones in). This arrangement works well as the prisoners respond to the regular structure and having consistent correctional staff; the prisoners know who to expect when they come to the Activities Centre and their attitudes have improved towards these officers. Additionally, the two officers display an *ownership* of the Activities Centre and keep the facility clean and tidy making sure there is no graffiti on surfaces, the office is vacuumed and equipment is well maintained.

In addition to the correctional officer on duty in the Activities Centre, for maximum security units, additional correctional officers follow their unit to the centre and remain present while the prisoners from that unit have their sport and recreation session. The ratio of additional correctional officers that attend with their unit varies depending on the classification of the unit.

As well as the Activities Centre, most RPC maximum units have some exercise equipment such as a chinup bar and small equipment such as basketballs, tennis racquets and medicine balls available in the unit exercise yards. A tennis/basketball court is freely available for use in the medium security precinct and there is a football oval that had restricted access. It was not frequently used up until early February 2018, when it was opened to medium security prisoners for use at any time while maximum security prisoners are not scheduled to use it. To encourage participation in sport and recreation, TPS has paid prisoner working positions titled *Event Coordinators*, the role of which is to get prisoners interested in attending sport and recreation sessions.

Maximum security prisoners have two sessions scheduled at the Activities Centre per week. Some units receive a third session as part of the incentive scheme, while those in segregation for disciplinary reasons receive none. Medium security prisoners have three sessions scheduled at the activities centre per week. In addition, two units have a separate session scheduled due to protection issues. The Activities Centre correctional staff indicated that the current structure allows prisoners adequate opportunity to attend sessions at the centre, but the prisoners do not always choose to attend. To accommodate any more prisoners would require modifications to the building and, if too many more prisoners were to attend, there

⁸³ This program uses video technology to connect children who are unable to visit the prison to connect with their incarcerated parent to do homework.

would not be adequate correctional staff. It is noted that with the rising prisoner numbers this may become a future issue.

Standard 99.2 requires that the hours out of cells should facilitate access to recreation. There are no face-to-face sport and recreation sessions run in the behaviour management unit in RPC. This is due to the current security constraints which make it difficult to have one-on-one contact. Rather, the Sport and Recreation Officers supply prisoners with exercise plans and appropriate gear to do their own workouts. A Sport and Recreation Officer attends one of the higher security units in the maximum security precinct that does not attend the Activity Centre twice weekly to provide structured exercise programs to prisoners.

In relation to standard 99.10, there are currently no opportunities in RPC for prisoners to acquire skills and personal development in recreational pursuits such as accreditation for refereeing, fitness training etc. At present, the only relevant activity is the Certificate 3 Fitness Training Course run in RBMSP discussed above.

Challenges of a Multi-purpose Facility

The inspection team noted that medium security sessions the Activities Centre were very noisy during weight sessions and organised sports. These activities were occurring at the same time as programs were being undertaken and therapeutics sessions being held. Therapeutics staff indicated that it is difficult to run sessions with the noise level from sport and recreation activities. It is recommended that timetabling for the Activities Centre be reviewed to minimise noise while therapeutics and programs sessions are scheduled.

During the inspection, the inspection team became aware of a high incidence of closures at the Activities Centre. The Activities Centre closures were mostly due to staff shortages, with correctional staff at the Activities Centre having to be redeployed to other areas in RPC to cover those shortages resulting in the Centre being closed. It is acknowledged that the reasons for staff shortages are extremely complex however it appears that the first *port of call* to resolve the issue was to shut the Activities Centre and redeploy its correctional staff.

Prisoners and staff, both correctional and therapeutics, expressed concerns to the inspection team about the high incidence of closures, in particular the effect that this has on prisoner rehabilitation. Programs that cannot go ahead in the event of closure of the Activities Centre relate to important rehabilitation activities including sport and recreation, drug and alcohol and therapeutics. Apart from those programs, planning and reintegration activities are affected which results in prisoners about to be released not having integral arrangements, such as accommodation, Centrelink, Medicare cards and driver's licences organised prior to their release.

Apart from the loss of sport and recreation time for prisoners, the closure of the Activities Centre results in lost time and wages for therapeutics and program staff and volunteer programs such as the Video Homework Club operated by an external service provider cannot proceed when the Activities Centre is closed. This lost time does not equate to lost wages but does inconvenience the volunteers who give up their time and expend resources to facilitate these programs. It also has an impact on rehabilitation of the prisoners involved, when contact between prisoners and family should be encouraged and recognised as an

important role in successful reintegration of prisoners back to the community upon their release (Standard 109 of the Tasmanian inspection standards).

Structured Day

Standard 99.5 requires that time allocated for use of recreation facilities should not conflict with other aspects of the structured day and it appears that TPS is meeting this standard. The inspection team was advised that sport and recreation is entered into a prisoner's diary for sessions with Sport and Recreation officers and for the time their unit is allocated into the Activity Centre. These bookings are only overridden if a prisoner has court, an external medical appointment, a parole hearing or a legal visit for upcoming court hearings. Sport and recreation is managed around a prisoner's visits, employment, programs, education, and planning and reintegration interviews.

Feedback from TPS staff was that the current booking system is very structured and inflexible. The system is such that bookings for the following day have to be made by 12:00pm the day before. If staff have not put their booking in the system by 12:00pm the prior day they are not able to book a room – even if a room is available. This is of some concern noting the commonly mentioned *demand for rooms* in all areas of TPS. Additionally, if a prisoner fails to attend the Activities Centre at their booked time, then Activities Centre staff cannot call another prisoner to take their place, even if there is space available.

Arts and Craft

The inspection team was impressed with the arts and craft programs offered by TPS, particularly in RBMSP and MHWP. The inspection team attended a creative writing and performance project, *The Convict Monologues*, which was a collaboration between prisoners, local writers, musicians and actors. The prisoners presented their work set to music composed and performed by Tasmanian Symphony Orchestra musicians. The inspection team also attended the annual *Artists with Conviction* exhibition in November 2017 and were impressed with the variety of genres presented, and the quality of the work on display.

There is a variety of art and craft activities on offer in RBMSP, MHWP and the RPC medium security precinct, and this is limited only by resources, both physical and human, lack of available rooms and limited staff. There is only one fulltime Creative Learning Officer responsible for all art and craft across all custodial centres (and over 600 prisoners). Volunteers, such as Prison Fellowship, local artists and musicians, provide assistance in delivering programs. RBMSP has a music program on Mondays, and Wednesdays run by Sport and Recreation Officers, as the Creative Learning Officer cannot fulfil the need. Due to this key person dependency, if the Creative Learning Officer goes on holidays all programs stop. Illustrating the challenges with shortages of available rooms is the way in which craft programs are structured at MHWP in six week blocks. This structure allows the recreation room to be used for other purposes in the following six weeks, and also enables the Creative Learning Officer to plan leave, training and appointments etc.

In terms of music, prisoners in RPC, medium and maximum, have access to the *RockSmith* Computer Program, a self-learning product for guitar, and three electric guitars in the Activities Centre. TPS has a supply of guitars (15 acoustic guitars and 5 electric at the time of inspection, with 10 more acoustic guitars on order) that prisoners in all custodial centres can

borrow, but there is no dedicated space for prisoners to play music. Depending on the availability of prisoners that can play a musical instrument, there is a prisoner rock band in RBMSP, though at the time of the inspection the band was struggling, as it required a drummer. The Creative Learning Officer is planning to introduce drumming groups for prisoners, facilitated by a staff member after undertaking training in the program *DRUMBEAT*, a therapeutic drumming program using djembes.

It is concerning that male prisoners in the reception prisons and the RPC maximum security precinct do not have the opportunity to take part in art and craft sessions or music activities.⁸⁴ The inspection team was advised that there are no art or music activities in those areas as there are limited opportunities for the Creative Learning Officer and other volunteers to access these prisoners in the current environment. **TPS must address and rectify the lack of art craft and music in RPC maximum.**

Similarly, there are no music activities in MHWP. It is accepted that there is little need for art and craft, including music activities, in the reception prisons due to the transient and short-term nature of the prisoner population in those facilities. It is considered, however, that **TPS must address and rectify the lack of music activities within MHWP from an equity perspective.**

The current budget is insufficient to engage external music teachers or facilitators to provide services, though in the past TPS has used the services of an external teacher from the Conservatory of Music. With this in mind, TPS should **consider reviewing the recurrent funding provided for art and craft across all facilities.**

⁸⁴ Note the exception that there are individual art and craft sessions held to cater for those in the special needs unit located in the RPC maximum security precinct.

7.11 Gratuities and Money Management

Inspection Standard 101

This standard requires that all gratuities (pay and allowances) should be credited to prisoners' accounts on a weekly basis, and must be recorded and controlled in a transparent and effective manner. TPS currently complies with this standard and all monies received on prisoners' behalf are receipted on a daily basis, and prisoners are paid on a weekly basis. Transactions are recorded and controlled in accordance with Financial Management Legislation, Treasurers Instructions, Departmental Policies and Procedures, Director's Standing Orders and Standard Operating Procedures. Prisoners are able to access records of their finances via correctional officers or a request form to the Finance Branch.

The gratuities paid are scaled according to whether prisoners are required to contribute to the costs of their care and custody. TPS prisoners are only required to contribute to the costs of their care and custody, in particular by payment of board, when in receipt of full-time paid employment in the community. TPS as a rule does not take more than five percent of prisoner earnings.

The awarding of different scales or levels of gratuities is applied equitably by TPS, based upon skill and workload. Prisoners undertaking full-time education or training are also eligible for gratuities at a range of scales or levels, including the highest gratuity level. For example, a higher amount is paid for prisoners undertaking pre-apprentice training.

Standard 103.6 states that a prison may provide that a part of the gratuities may be retained by the administration so as to constitute a saving fund to be handed over to the prisoner on their release. At present, this is not possible for TPS prisoners as the finance system is set up to hold an account per prisoner for private and earnings accounts only, not an additional savings account. The inspection team was advised that there is the potential to create an additional account for savings and this would have to be explored with the finance branch of the Department of Justice. In addition, the standard requires that prisoners should be encouraged to save money, with budgeting education provided. There is no budgeting program provided for prisoners though there are external financial counsellors from Anglicare who visit the prison and provide one-on-one counselling sessions for prisoners. It is noted that this financial counselling service is provided by an external charitable organisation, and is not funded by government, and depending on the will of Anglicare it could stop at any time. More work needs to be done in this area with **options explored by TPS for funded programs and systems that will encourage prisoner saving.**

TPS only facilitates the deposit of funds by family or friends to a prisoner's private cash account. Funds can be deposited at any Service Tasmania Shop across the state, at HRP, LRP and the VRC at the Risdon site. There is a \$100 limit on deposits to private cash accounts and the maximum amount that can be held in a prisoner's private account is \$300. For interstate family and friends or those who cannot access a Service Tasmania Shop, deposits can only be made by forwarding a bank cheque or money order to TPS. The inspection team noted that the cost of money orders and bank cheques are expensive at approximately \$9.00. This is a disadvantage for lower socio economic groups and **TPS should explore options and introduce an electronic deposit system allowing funds to be distributed to prisoner's private cash accounts or returned if deposit limits are exceeded.**

All prisoners are issued with a telephone credit on their arrival, a toiletries pack if required and are paid in the first pay period of their arrival which can be up to a week.

7.12 Prisoner Purchases

Inspection Standard 102

TPS operates a centralised canteen system that provides purchases to all five adult custodial centres. Prisoners do not have physical access to the canteen, rather purchasing of goods is managed using of a canteen form, completed on a weekly basis by prisoners, checked by the correctional area supervisor and passed on to finance staff for processing.

The role of Stores staff is to process and deliver the canteen bags, ensuring that prisoners check the contents and provide a signature upon receipt of the goods. Completed canteen orders are delivered in bulk and distributed to prisoners by Stores staff. Correctional staff meet the Stores staff and are present when the orders are distributed.

The inspection team observed the delivery of canteen orders to the RPC medium security precinct. On receiving their canteen orders, prisoners are given a new order form in their bag of purchases. The Stores staff also have a pad of order forms at hand, in case a prisoner requests a form. Order forms were also observed to be freely available throughout the various prisons, including at officer stations. TPS Stores staff advise that the canteen price lists are updated as required.

The canteen ordering system ensures that all prisoners have access to canteen purchases including prisoners at court, segregated and protection prisoners, new arrivals to the prison and those sick in cell or otherwise confined.

There is some consistency in the list of basic approved items across prisons, however there are items which are available in some accommodation areas and not in others. This is a systemic issue, and the differences are due to matters of security and TPS' use of incentive schemes to encourage prisoner movement through the system.

The impact of discretionary intake from buy-ups at the canteen is of significant concern from both a budgetary and a nutrition standpoint. With provision of meals to prisoners being a significant contributor to TPS expenditure, it is important the canteen does not offer selections that are so enticing they further encourage prisoners to throw away the meals provided in favour of eating canteen items.

There is a wide variety of food and other products available for prisoners to purchase, but the range of healthy alternatives is extremely limited. Both the prisoner and staff surveys indicated the large number of high sugar foods available for purchase was considered as a negative but, overall, most items currently available on canteen were considered worth retaining. The prisoner survey invited suggestions for additions to canteen. Meat packs, vegetable and salad packs, a variety of dried fruit and nuts, sauces, dips, condiments, butter and yoghurt were common suggestions. Some items suggested may not be ideal due to added salt and some might encourage more meals provided to be discarded, but it was considered by the consultant dietician that most suggestions were good choices.

It should be noted that the variety of items available through canteen is limited most significantly by storage issues. Since the smoking cessation program there has been an overall increase in spending and prisoners spend what was their *tobacco money* on cartons of cordial, multiple bags of chips, UHT milk etc. which means that purchased goods have a greater bulk

volume. At present TPS employs a one-on, one-off policy in relation to the introduction of new canteen items and this area requires prompt attention from TPS to address the limited storage facilities. Lack of storage should not impact on the ability of TPS to introduce new healthy food choices. Some of the low nutrition items available for purchase are bulky and TPS could consider removing one item and adding two to the list, for example remove one variety of flavoured chips and replace with two sorts of dried fruit and nut combinations. Healthy food choices should not be introduced at the expense of existing canteen items as this may result in negative prisoner feeling and lack of acceptance.

The inspection team was advised that the canteen is planning to move towards a healthier list *at some stage* but this move is being held back due to resourcing issues, both budgetary and human resources. TPS could encourage prisoners to choose more healthy options through a canteen price structure which promotes choosing the healthier alternatives, or allowing a larger quantity or number of healthy items to be purchased at one time. The list of confectionary is extensive and TPS should explore introducing a *traffic light system* to categorise foods and drinks on the canteen lists according to their nutritional value and levels of energy, saturated fat, fibre, sugar and salt. For example, green food and drink items are healthy choices; amber food and drinks items should be selected carefully; and red items are not recommended.

The top 10 canteen sellers from January to August 2017 were:

1. UHT Milk, 1 litre
2. Coca Cola 390ml
3. Safcol Tuna 100g Tomato/Herbs/Olive Oil
4. Mars Bar 53g
5. Suimin Noodles, Chicken 70g
6. Kit Kat 50g
7. Eggs, Dozen 600gm Cage
8. Cadbury Boost 60g
9. Cadbury Dairy Milk Chocolate 135g
10. Allens Party Mix 190g

Suimin noodles and Coca Cola are both highly unfavourable from a nutritional point of view: the soft drink high in sugar and the noodles high in fat, salt and a variety of additives best avoided – especially by individuals with mental health concerns. Removal of these foods from the canteen is not practical given their popularity and the likely backlash from prisoners, but a way to limit purchasing and direct prisoners towards better choices is advisable.

It is understood that a lack of refrigeration, both in the Stores and in prison units, is an obstacle to introducing the following healthy foods: meat packs; fresh yoghurt; dips; and cheese. TPS need to explore options to address this.

To ascertain if the canteen items were comparable in price to those items sold in the local community the inspection team undertook a price comparison at Coles Eastlands Supermarket and this indicated that the canteen prices are generally comparable with branded products, though some generic brands and items on sale are less expensive.

Standard 104.9 requires that a wide range of suitable hobby materials should be available through the prison shop or by order. The following hobby materials are available through the canteen system: pens; notebooks; sketchpads; textas; pencils; paints; glue; playing cards; and hobby match sticks. More hobby items such as wool and scrapbooking papers could be made available. **It is recommended that TPS makes available more hobby items through the canteen.**

Availability of hobby items varies depending on prisoner classification and location with limited to no items available to prisoners in segregation. It is noted that hobby items are not available for prisoners at LRP, however, and TPS needs to address this to ensure that **hobby items are made available to the LRP wardsmen**, as their accommodation is not transitional or transient.

Prisoner representative groups in each prison meet with the Superintendent once per month and can submit ideas, preferences and concerns about canteen options. Feedback and ideas for canteen can also be submitted by individual prisoners to Superintendents, who then complete an *Add/Delete Canteen Form*. This form is considered by the Canteen Committee who's membership is comprised of the Senior Stores Officer, the Manager Prison Industries (Head of Stores), the Deputy Chief Superintendent and the Head of Financial Operations, and a decision is made, usually out of session as the Canteen Committee rarely meets. The decision is communicated back to prisoners by the Superintendent.

7.13 Property

Inspection Standard 103

To normalise life in prison and promote a sense of personal identity, prisoners are allowed access to a limited range of personal property; items that will not pose a risk to the safety, security or good order of a prison.

The inspection standard relating to property requires an effective and equitable process for identifying and regulating private property in prisoner cells. Director's Standing Orders relating to prisoner property and the contract system govern TPS's management of property. The management of property is linked to the contract system, which is an incentive and reward system that encourages prisoners to set goals, make sound choices, demonstrate positive behaviour and actively participate in the case management process. The contract is a formal agreement between TPS and the prisoner. There are different levels of contracts within the system and each contract level has different entitlements and benefits. The type and amount of property prisoners are allowed in their cells is governed by the contract system. If a prisoner's contract is reduced, any items in excess of the contract entitlement will be placed in storage.

Systems are in place and used to record prisoner property retained at each prison in an electronic database, the Custodial Information System (CIS). An entry is recorded in CIS for each movement or transfer of property. The inspection found that the systems are prone to error as they rely on accurate data entry and strict observance of the procedures by staff. The inspection team observed a valuables bag that did not have a security seal on it - it had been opened and not resealed - and also a property box, the contents of which did not match the electronic records.

The inspection team was advised that CIS does not allow for appropriate control of the description of property items. Rather it leaves the description open to the interpretation of the staff member entering the items into the system. Sometimes there is not enough information to determine which item recorded is the appropriate item located, for example it may simply read *white running shoes* but not list brand, size and other distinguishing features.

In each prison prisoner valuables are kept in separate locked storage bags in a different storage area to general property, that is only accessed by TPS staff. If a prisoner is transferred permanently to another prison or released from custody the prisoners' property must be reconciled against the property records. The process of dealing with claims of damaged or lost property is through complaints coordination.

Property that is not to be retained at a prison is required to be disposed of by the prisoner, where appropriate. All property and unspent money is returned on the prisoner's release. For unspent money, the prisoner is given a debit card or an electronic funds transfer is facilitated to a nominated bank account.

Ron Barwick Minimum Security Prison, Mary Hutchinson Women's Prison and Hobart Reception Prison

When a prisoner is relocated to another prison or released, a correctional officer packs their property in their cell with the inventory recorded and double signed by another correctional

officer to verify the inventory. The prisoner's cell contents are checked against the prisoner's recorded personal property items list. The majority of prisoners entering HRP are there only for a short period, and therefore do not have, nor do they accumulate a great deal of property.

Risdon Prison Complex

When a prisoner is relocated from RPC to another area, correctional staff will pack the prisoner's property in a blue property bag, with the prisoner's identification attached. The correctional staff who pack this property sign off the property bag. The property bag is taken to the processing area, or the property officer attends the unit to collect the property bag and an inventory of all items is then completed by the property officer. There is no double signing of the inventory. The property officer records property and the items the prisoner is approved to have at his new prison location. The prisoner attends the processing area and the approved property is signed out to them. Due to past complaints and missing items, prisoners do not pack their own property when relocated and cleaners are not permitted to pack property. Historically correctional staff packed the property and completed the inventory. However, this process left TPS with lack of staff engaging with prisoners on the floor and it was an unsafe practice, such that it is now the property officer's role to itemise all items.

Launceston Reception Prison

The processes at LRP are different from the southern prisons, as LRP does not have prisoners accommodated on a permanent basis. Prisoners at LRP generally do not have any property except what is in their secure box and that is court clothing and valuables which are recorded on CIS. Prisoners to be released from custody will arrive from Hobart on an escort vehicle with all their property already packed for release.

Complaints

Around 75 complaints about property were recorded by TPS in its complaint register since January 2017. Most of these were from prisoners accommodated at RPC and a high number related to loss of property when a prisoner was relocated to another unit or facility. While most complaints were recorded as unsubstantiated, there were some recorded as being substantiated or resolved, indicating there are some issues which need to be addressed.

Prisoners have the option of taking their complaint to the Ombudsman. The Ombudsman received some 34 complaints relating to property since 1 July 2016, from 25 different complainants. Three complaints are recorded as being partly or fully substantiated with complaint outcomes including apology, financial correction, compensation and explanation from TPS.

TPS reviewed its property processes in 2014, concluding that DSOs relating to property need to be followed and its property system restructured to establish a central property location. This would alleviate time management issues faced by staff in prisoner, reception and processing areas and address issues concerning the storage of prisoner's property.

Storage

It is clear that a centrally located property area at the Risdon site, as well as a centralised system to manage and track prisoner property, would resolve many of the issues raised by prisoners relating to property. It is recommended that **TPS explores options for and introduces a centrally located property area at the Risdon site, as well as a centralised system to manage and track prisoner property.**

7.14 External Contacts and Communications

Inspection Standards 104 through to 112

The objective of the inspection standards is to ensure that an imprisoned person has the right to be visited by and to correspond with members of their family as well as to communicate with the outside world, subject to reasonable conditions and restrictions. To facilitate external contacts and communications, prisoners in all Tasmanian custodial centres have access to mail, telephones, and professional and personal visits.

Mail

Prisoners are provided with a supply of writing materials and envelopes upon admission to prison at no cost. From that point on, prisoners are responsible for purchasing their own supplies through the canteen, with the exception of standard envelopes which are provided throughout all custodial centres.

Prisoners have the right to send and receive privileged mail unopened. All incoming and outgoing prisoner mail, with the exception of privileged mail, is routinely opened, examined and searched by TPS.

Incoming mail may be sent to a prisoner using the following methods:

- external postal system (e.g. Australia Post);
- hand-delivery to the Visitor Reception Centre during normal opening hours; or
- internal mail system (e.g. for approved inter-prison mail and mail from another government department).

Non Privileged Mail

Prisoners are entitled to send one standard non-privileged letter per day at no cost. Prisoners are responsible for any postage costs in excess of this entitlement. Prisoners are also expected to cover the postage costs for excess non-privileged mail, large letters and parcels. Payment for excess and over-sized mail is deducted from the prisoner's account prior to the item being posted. All incoming non-privileged mail is opened, searched and examined by TPS for illegal, potentially dangerous and unauthorised articles or things.

Legally Privileged Mail

Privileged mail is mail to or from specified people, bodies or organisations (listed in the Glossary of Terms and Acronyms at Appendix 1) which must not be opened or read. Examples include, but are not limited to, the prisoners' legal practitioner, the parole board, the Director of Prisons, TPS' Complaints Coordinator and the Ombudsman.

There are no restrictions on the number of small letters a prisoner may send as privileged mail. Where a prisoner wishes to send privileged mail as a large letter or parcel, the prisoner may be required to cover the costs of doing so if a Superintendent determines the costs are excessive.

TPS recognises the importance of a prisoner's right to send and receive privileged mail unopened and if privileged mail is opened in error, the correctional officer must:

- cease examining / searching the mail as soon as the error is recognised;
- re-seal the mail and note on the envelope that it was opened in error;
- submit an incident report; and
- make a case note on the prisoner's file in CIS.

Prisoners expressed concern to the inspection team about the lack of confidentiality surrounding mail. Mail is handed to correctional officers over the unit station desk and where there are mailboxes, these are in plain sight of staff, which could restrict confidentiality. Prisoners were also confused about the level of confidentiality surrounding mail sent to external complaint agencies. The mail should not be opened before it reaches its intended addressee however, once the addressee has received the complaint, sometimes the only way to deal with it is to refer it back to the prison, which occurs on a regular basis. Individual complaints can be difficult to resolve externally without involving the prison, which could raise concerns as to how confidential the prisoner's complaint is. **TPS should put in place systems to reduce prisoner concerns regarding lack of confidentiality of mail.**

Inter-prison Mail

Correspondence between prisoners is not generally permitted by TPS however if a significant pre-existing relationship exists between two prisoners, a Superintendent may make an exception. Access to inter-prison mail is an incentive under the contract system. Inter-prison mail is routinely opened, examined and searched by TPS.

Electronic Mail

Written correspondence is still an important means of communication for a proportion of prisoners, but in today's society there are much more relevant and timely means of communication. In this regard, the email-a-prisoner system that is in use in a number of custodial centres in Australia is noted with interest.⁸⁵ **TPS should explore the possibility of introducing the email-a-prisoner system in Tasmanian custodial centres.**

Telephones

The inspection found two main areas of concern relating to prisoner telephone calls in Tasmanian custodial centres:

1. Adequate access to telephones. There are not enough telephones in some areas of the prison to meet the demand of prisoner numbers. Access to telephones is also impacted by prisoners' structured day and work commitments.
2. The high cost of telephone calls made through the Arunta telephone system.

⁸⁵ Refer <https://www.emailaprisoner.com.au/>.

Processes

Prisoners are unable to receive incoming personal telephone calls. The Arunta telephone system is set up for them to make outgoing calls to their nominated people. The TPS Telephone Communication DSO outlines the options available.

There are no limits on the number of phone calls prisoners can make, as long as the prisoner has enough money to make the calls and provided that access to personal telephone calls has not been restricted as a penalty under the disciplinary process.

The following telephone numbers can be listed on a prisoner's Arunta account:

1. five personal telephone numbers (i.e. family and friends);
2. three legal representatives and/or other approved external service providers; and
3. two other external service providers engaged by or professionally associated with the TPS and approved by the Superintendent, Directorate Security Unit.

It should be noted that there are some restrictions on numbers that can be listed.⁸⁶

Prisoners also have telephone access to the Ombudsman and Health Complaints Commissioner at no cost.

Once a prisoner's telephone list is established, he/she is limited to requesting changes. A prisoner can submit only one *Telephone Number Request Form* in each calendar month. The inspection team spoke with an Arunta Administration Officer at TPS who advised that this restriction is in place, and strictly enforced, due to the volume of forms lodged by prisoners. This restriction does not apply to circumstances where telephone numbers of already approved call recipients, both personal or professional, change. In these circumstances, the telephone number for the approved call recipient is immediately updated. The restriction does apply when prisoners wish to change the approved call recipients on their established phone list. The Arunta Administration Officer advised that exceptional circumstances are always taken into account and this aligns with the provisions of the relevant DSO.

Costs

A serious concern of prisoners was the high cost of telephone calls made through the Arunta system. The Arunta telephone system was developed specifically for use in prisons to enable monitoring of telephone calls, and is used throughout Australia. The system is owned, installed and maintained under contractual agreements between TPS and an external service provider. The financial burden is particularly high where prisoners have to make long distance (STD)⁸⁷ or mobile telephone calls. Anecdotally, Arunta costs have always been a nagging issue for prisoners however the cost of telephone call has been exacerbated in recent times by the

⁸⁶ For example, the subject or respondent of a family violence or restraint order where telephone contact is prohibited; a person who advises the TPS that he or she does not wish to be contacted by the prisoner; TPS staff members; an ex-sentenced prisoner within 12 months of his or her release from custody, unless authorised by a Superintendent; a Member of Parliament; a person aged under 18 years. Note this list is not exhaustive.

⁸⁷ The acronym STD stands for subscriber trunk dialling (also known as subscriber toll dialling). The term was introduced when it first became possible for long-distance calls, involving more than one telephone exchange, to be dialled directly (Source: Wikipedia).

increasing trend for Australian households to remove landline telephone connections, with many people relying on mobile phones only.

TPS advised that the costs of Arunta calls (as at 15/09/2016) were as follows:

1. local calls \$0.30;
2. STD Australia wide \$0.10 for the first 32 seconds and \$0.10 for each additional 30 seconds or part thereof; and
3. mobile costs – for the first 32 seconds \$0.30 then for each additional 30 seconds or part thereof \$0.30.

In Tasmania, the area codes in the North and North West of the State, (63) and (64), are classed as STD calls.

TPS should review the Arunta telephone system call costs and explore options and implement changes to reduce these call costs.

Time Limits on Calls

There are time limits on prisoner telephone calls, which TPS advises is influenced by prison numbers, demand and out of cell hours allocated. All legal telephone calls have a limit of 20 minutes. Personal telephone call time limits vary between 10 and 20 minutes, depending on the prison and the security classification of prisoner accommodation.

Adequate Access to Telephones

Inspection standard 104.2 provides that there should be a sufficient number of telephones such that prisoners are able to gain reasonable access and be able to speak for a reasonable time, without disadvantaging other prisoners. A de facto standard is 1:20 telephones to prisoners. The inspection found that there are not enough telephones in some custodial centres to meet the demand of prisoner numbers, and that access to telephones is also impacted by prisoners' structured day and work commitments. On a positive note, at the time of the inspection all telephones were checked and found to be in good working order. TPS staff also reported that if phones are damaged or not working they are repaired quickly.

Ron Barwick Minimum Security Prison

There is a telephone in each yard in RBMSP and one telephone at O'Hara Cottages servicing all five cottages. Another telephone is located in the main yard at RBMSP but is for scheduled professional telephone calls for legal representatives, and external service providers, and the like only.

The design capacity for Divisions 1 to 6 at RBMSP is 232 prisoners and there are six telephones. This is a ratio of 1:38; consequently, there are not enough phones. The inspection team was advised that whilst there are no apparent standover issues or complaints about access to telephones at RBMSP, more phones would be welcomed and certainly utilised. It is acknowledged that out of cell hours at RBMSP are longer than those at other prisons and access to telephones later in the afternoon provides opportunity for prisoners to contact

family and friends, but most prisoners at RBMSP are working during the day and have no access to telephones during those times.

RPC Medium Security Precinct

There are not enough telephones in the medium security precinct for 196 prisoners, which is the design capacity. In total, there are six telephones for 196 prisoners to use; being a ratio of 1:32. The inspection team was advised that the insufficient number of telephones has resulted in standover issues in relation to telephone access. Anecdotally, prisoners have put in place an *informal* booking system for times to use the phones, resulting in less dominant, *lower status* and vulnerable prisoners having limited access.

There are seven units in the precinct and only four of those have telephones, which are located outside the unit. It is recommended that **TPS installs additional telephones so that there is a telephone at every unit.**

There are an additional two telephones located in a central area close to the administration building; these telephones are positioned on a pathway that is effectively part of a walking track that runs around the precinct, so there is excessive foot traffic past the caller and very little privacy. The expectation of inspection standard 104.3 is that prisoners should have access to telephones that permit reasonable privacy from other prisoners. **TPS should explore options and implements changes to address the privacy issues with the telephones located in the central area close to the administration building.**

The inspection also found that there are access issues for those prisoners within the medium security precinct who choose to work, particularly those employed in the prison commercial laundry. The hours of availability for the Arunta system result in extremely limited access to telephone calls for these prisoners, putting them at a disadvantage to those who work in other prison industries and those who choose not to work. It is recommended that **TPS considers options and implements changes to increase access to telephones for those prisoners that work.** For example, by installing a telephone in the laundry area or unlocking workers for a short period in the evening to access telephones. This option may result in an additional benefit to TPS as it would possibly address the reluctance of some prisoners to work in the commercial laundry.

Correctional officers also identified issues with telephone access during lockdowns, that is prisoners not being able to access telephone calls from family and friends in urgent situations for example where a family member is seriously ill or there has been a death in the family. It is recommended that **TPS explores options and introduces changes to best facilitate prisoners' access to urgent incoming telephone calls in Risdon Prison Complex medium security precinct during lockdown times.**

There is one telephone for professional calls in the medium security precinct, located in a room in the education area. The inspection team was advised that this room was originally designated for educational, interview and program purposes. Another is available at the visits area to accommodate overflow however it appears that at least another professional telephone and a room to house that phone is required within the precinct to meet the needs of the medium security population. It is recommended that **TPS provide an additional**

professional telephone and a room to house that phone in the medium security precinct.

RPC Maximum Security Precinct

There is one telephone in the exercise yard of each unit for personal telephone calls. The inspection team was advised that there is always high demand for the telephones in each of the Derwent A and B units. These units are both designed to hold 26 prisoners, which at capacity exceeds the 1:20 ratio, however due to increasing prisoner numbers some cells have been identified as suitable for *doubling up*⁸⁸ resulting in greater demand for telephones. It is understood that the maximum cap for each of these units, taking into account double ups, is 30 prisoners per unit. TPS need to address the demand for telephones in the Derwent units, as with the predicted increase in prisoner numbers the situation will only get worse. It is recommended that **TPS introduces an additional telephone for personal calls in the Derwent units.**

Professional telephone calls are taken on a cordless telephone that is located in the officers' station of each unit – for privacy the prisoner takes the telephone to the unit interview room. As stated above in relation to the medium security precinct, another professional telephone is available at the visits area to accommodate overflow.

Mary Hutchinson Women's Prison

Arunta telephones are located in MHWP as follows:

1. one downstairs in the medium security area (this is also used by minimum security classified prisoners);
2. one in the mother baby unit; and
3. two in the maximum security unit (south and north)

There is a telephone for professional calls located in the breezeway. There is also a phone in the non-contact visit room in the maximum security unit, used for professional calls only.

The four Arunta telephones in MHWP, there are not enough as the phones located in the maximum security unit and the mother baby unit cannot be accessed by prisoners accommodated outside of those units. Effectively, there is one telephone for the majority of mainstream prisoners and another telephone should be installed upstairs in the minimum unit.

It is recommended that **TPS introduce an additional telephone in the minimum security unit of MHWP.**

Other general access issues

While prisoners have access to the Arunta system during normal out of cell hours, these times do not always fit with the availability of family and friends in the community. With evening lockup times commencing in some prisons as early at 4:30pm, access to telephone calls at

⁸⁸ *Doubling up* refers to two prisoners sharing a cell designed to be occupied as a single cell. At the present time this means that one prisoner in a doubled up cell is sleeping on a mattress on the floor. It is understood that TPS intends to install permanent bunk beds in these cells to accommodate the rising prisoner numbers.

times family and friends are available is an issue. For example, if a family member goes to work from 9:00am to 5:00pm a prisoner may not be able to call at times the family member is available. Additionally, TPS does not allow business numbers to be added to a prisoner's phone lists so calls to family or friends at work cannot be made if the business number is the only contact number for that person during business hours. It is a similar situation with calls in the morning as unlock commences at 7:40am which is generally a busy time for people in the community readying for work and school. Sporting and other commitments after school and during the day on weekends also restrict the time available for prisoners to contact their children.

Out of cell hours are determined by a variety of factors. Given the popularity of and preference for mobile phone technology and the accessibility it enables, it is apparent that more reasonable charges for calls to mobile phones would encourage contact with family and friends during these times. Prisoners would not be limited to attempting contact with family and friends at times the call recipient is home and the prisoner is out of cell, but would have additional opportunity to make such contact at any time while out of their cell.

A further issue raised by prisoners relates to the process for getting telephone numbers added to the prisoner's phone list, specifically when the Arunta Officer calls the recipient to gain approval, or not, for a number to be placed on the prisoner's Arunta account. This call is made from a private number and some call recipients do not answer calls from unidentified callers. This results in delays in finalising the prisoner's telephone list. The Arunta Administration Officer advised that generally, telephone numbers are registered on the prisoner's Arunta account as soon as possible after being approved and that registration of other approved telephone numbers is not prevented by one number waiting on approval. This aligns with the provisions of the relevant DSO but does prevent contact with the call recipient until the telephone number is verified.

Professional Visits

Visits by professional visitors are not deemed personal visits and will not affect a prisoner's personal visits entitlements. Professional visitors include a legal practitioner, legal assistant, external service provider or a representative of an approved welfare organisation or community group. There are no restrictions on the number of professional visits a prisoner may receive. Legal practitioners and legal assistants are permitted to exchange legal documents with prisoners during a professional visit and correctional officers may search but not read this documentation.

Personal Visits

Family and friends should be encouraged to maintain contact with prisoners throughout their sentence. Visits provide emotional support and are an important link in preparing prisoners for their life in the community when they are released.

Supportive relationships with family members and significant others give meaning and all important motivation to other strands of rehabilitation and resettlement activity.⁸⁹

⁸⁹ Lord Farmer (2018), *The Importance of Strengthening Prisoners' Family Ties to Prevent Reoffending and Reduce Intergenerational Crime*, London: Ministry of Justice. Refer This review was commissioned by the United Kingdom

Research from the United Kingdom has shown that, for a prisoner who receives visits from a partner or family member, the odds of reoffending are 39 percent lower than for prisoners who had not received such visits.⁹⁰ Visits are an opportunity to maintain and strengthen bonds with family and friends, reduce the strain on relationships and provide an important part of a prisoner's routine.

Logistics of Visiting

In order to visit a prisoner at a Tasmanian custodial centre it is necessary for a person to become an approved visitor, in which case the prisoner will need to nominate the person. If the prisoner does not nominate the person, they will not be allowed to visit. The Visitor Reception Centre is open seven days a week for bookings either by telephone or in person during the hours of 8:30am and 4:00pm.

TPS provides prisoners with information regarding personal visits (and a *Visitor Nomination* form) upon reception into custody. Prisoners are permitted a maximum of 10 visitor nomination slots.⁹¹ Prisoners are not required to nominate children as visitors where the child is to be accompanied by an adult; this is arranged by the nominated visitor through the visitor application process. Prisoners who have filled all of their allocated 10 visitor slots can only make changes to their visitor slots once every three months.

Inspection standard I10.4 provides: *Where public transport is unavailable or stops some distance from the prison, transport arrangements should be in place for visitors to get to and from the prison.* The inspection team observed that the Metro bus stop on the East Derwent Highway has no pedestrian crossing, no traffic lights, and cars are permitted to travel at 100kph. The access path is long and steep, making it difficult and daunting for families to come to Risdon by public transport. Ideally, buses should come to a bus stop near the Visitors Reception Centre.

Booking a Visit

Visitors reported to the inspection team that it can be quite difficult to book a visit with a prisoner. All visits must be booked with a minimum of 24 hours' notice and no further than seven days in advance. Visits sessions appear to book out quite quickly.

At the time of the inspection, TPS confirmed that due to the increasing prisoner population the demand for visit bookings, both professional and personal, has increased, especially on weekends. In RPC, Thursday and Saturday are the busiest days. TPS advised that it does not have a waiting list for the visit sessions in the event that a booked session becomes available, largely because visitors often do not contact TPS to advise that they will not be attending. As a result, TPS is unable to fill the unattended visit sessions at short notice.

Ministry of Justice to investigate how supporting men in prison in England and Wales to engage with their families, can reduce reoffending and assist in addressing the intergenerational transmission of crime. Refer https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/642244/farmer-review-report.pdf

⁹⁰ May C., Sharma N. and Stewart D. (2008), *Factors linked to reoffending: a one-year follow-up of prisoners who took part in the Resettlement Surveys 2001, 2003 and 2004*, London: Ministry of Justice.

Refer <https://www.lemosandcrane.co.uk/dev/resources/Factors%20linked%20to%20reoffending%2008.pdf>

⁹¹ That is, a prisoner can only have 10 people listed as nominated visitors at any one time. Prisoners can apply to their Superintendent in writing requesting an extra visitor slot, but these are only approved if exceptional circumstances exist and written approval must be provided documenting the decision.

At the time of the inspection, the inspection team was advised that the visits schedule for RBMSP was being reviewed in order to increase visits. Post inspection six new visits sessions have opened up in RBMSP though it is understood that there is still high demand as the prisoner population within RBMSP has also increased.

It has been suggested that more flexibility is required for booking of interstate and intrastate visits. That is, more flexibility in allowing visits to be booked further than seven days in advance if someone needs to book flights to Tasmania. Under the current rules, an interstate visitor may potentially not be able to book a visit session due to high demand. In addition, to allow visitors to book further in advance for some situations would be more family friendly, particularly in school holiday periods for intrastate visitors from the north of the State. It is recommended that TPS reviews options and implements changes that will allow more flexibility for booking interstate and intrastate visits.

The Visit

Visitors must arrive 30 minutes prior to the visit and this rule is applied strictly with no discretion, regardless of whether the visitor has travelled from the North of the State, even if they are only a few minutes late. This rule, whilst apparently harsh or non-negotiable, is required for sound security reasons. The inspection team was advised that discretion has been applied on late arrivals previously, but the Visitor Reception Centre staff were subject to significant verbal abuse from visitors when latitude was given to one visitor but not another. As a result, the 30 minutes arrival prior to visit rule is now strictly enforced and the rule is well communicated to visitors.

On arrival at the Risdon site, visitors are processed through the Visitor Reception Centre, which has a very small and inadequate outside playground for children to use while they wait for the visit to commence. From there, visitors are escorted by foot to RPC, MHWP and RBMSP. In RPC and MHWP just before a visit starts, visitors are screened through the facility gatehouse and then taken to the visits area. Visitors to RBMSP go directly to the visits area bypassing the gatehouse in that facility. The inspection team observed that staff in all of these areas treated visitors in a professional, courteous, and efficient manner.

Times available, duration of the visit and whether the visit is a contact or non-contact visit depends on the security rating of the prisoner and the requirements of each facility. In general, contact visits are for one hour and non-contact visits are for 30 minutes. In some circumstances, double-visits may be facilitated, however the inspection team received feedback that double visits for visitors travelling from regional and remote areas of the state now seem almost impossible to organise. TPS advised that double-visits are not part of a prisoner's entitlement under the contract system and can only be facilitated if, and when, there is the capacity in the visits schedule. Unfortunately due to the current high prisoner numbers, TPS confirmed that there is less capacity for double-visits.

Visitor Reception Centre – the Facilities

The Visitor Reception Centre clearly displays visiting hours and what visitors can expect and to bring in etc. There is no information, however, about public transport and transport services generally. It is suggested that, as a minimum, **TPS should provide more information in the Visitor Reception Centre including, but not limited to:**

- taxi phone numbers;
- Metro website and telephone number;
- the location of nearby bus stops ; and
- bus service numbers that operate from close proximity to the site.⁹²

It is also noted that **there is very little information on the TPS website advising prospective visitors about transport options and this should be addressed.**

Inside the Visitor Reception Centre there is seating, toilets, lockers, a television, limited toys for children, and a vending machine. There is also a small outdoor fenced area with rubber matting and some limited play equipment designed for toddlers. There is no provision for visitors to access drinking water. **TPS should provide refreshments including drinking water in the Visitor Reception Centre.**



* The Visitor Reception Centre

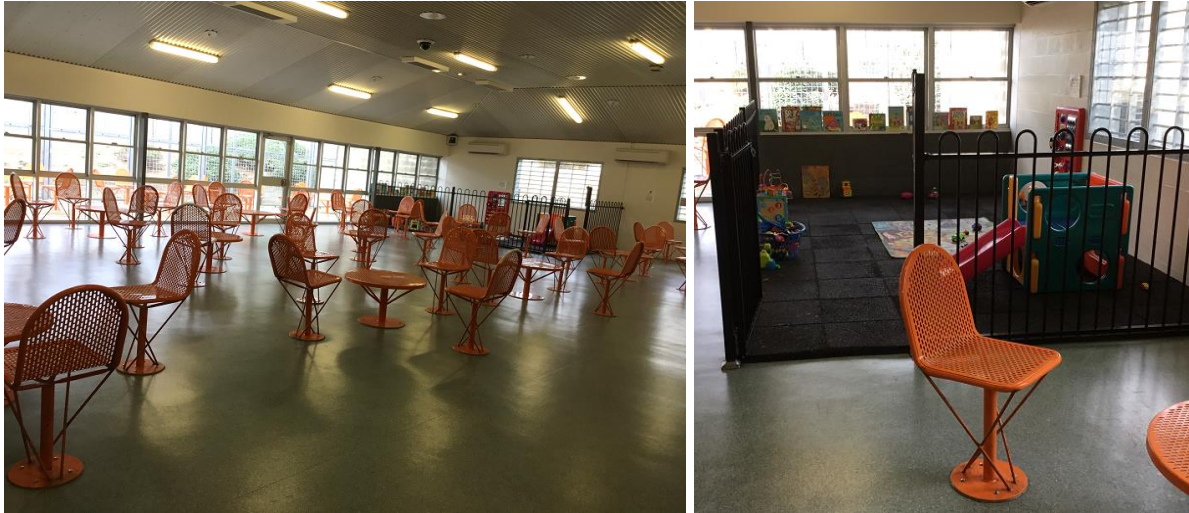
Risdon Prison Complex – the Facilities

The RPC visits area is a large room fitted out with a small children's play area, with some toys and books provided, and 14 fixed metal table and chair seating arrangements, with four chairs for each table. The inspection team observed, however, that the design of the visits area, particularly the positioning of the fixed chairs and tables and poor acoustics of the room, is not favourable to social interactions with family and friends.

The inspection found that TPS considers the RPC visits area to be at full capacity when ten of the tables in the visits area are being used. That is, for security reasons the visits session is booked out when the visits area is not actually at capacity based on the seating that is available in the room. It is regrettable that the outside area in the RPC visits area is no longer used; there are five fixed metal table and chair seating arrangements in this area.

⁹² Refer visitors to the time schedule boards at the nearby bus stops.

The inspection found that the visits sessions in RPC are not conducted according to prisoner classification⁹³. The inspection team observed that the visit session they attended had a mix of protection, special needs and mainstream prisoners from both maximum and medium security units. There were also prisoners at non-contact visits who were a mix of mainstream and protection prisoners. Anecdotally, this has caused issues in the past and is a source of concern for correctional staff.



* The RPC Visits Area

Mary Hutchinson Women's Prison – the Facilities

The expectation of the relevant inspection standards relating to visits areas is that there will be suitable play facilities, equipment and toys available for visiting children. In addition, facilities should have a suitable area to feed and change babies and young children. The inspection found that the MHWP visits area is unsuitable. It is a very small room with two tables, vending machines for snacks and cold drinks, and a few children's toys and books. It is stale, impersonal, and not conducive to maintaining family connections.

The inspection team was advised that up to four prisoners can be booked in for each visit session, despite there being only two tables. Anecdotally, staff do limit the number of people that can visit at the one time due to the room size. For example, if one person has three adult visitors with children, it is impossible to have four prisoners booked into that visit session.

There are no visitor amenities or facilities to make a hot drink, no drinking water, limited play equipment, and little to occupy children. On weekends, prisoners and visitors are able to sit at outside tables, of which there are three. Visits in a more relaxed, natural setting would allow the women to reconnect with their loved ones in a positive and meaningful way. **TPS should review the Mary Hutchinson Women's Prison visits area so that the area includes appropriate visitor amenities, including drinking water, is more child friendly and incorporates an adequate children's play area.**

⁹³ With the exception of prisoners in the drug free unit, segregation and behavioural management units.



* The MHW P Visits Room

Ron Barwick Minimum Security Prison – the Facilities

The contact visits area in RBMSP is a large room, big enough for the design capacity of the prison. It has 15 tables inside, and eight in the outdoor area. Coffee is available from a sink on the internal back wall, but there are no facilities for drinking water. **TPS should provide refreshments including drinking water in the RBMSP visits area.**



* The RBMSP Kitchen

The fenced outdoor area is a good sized, pleasant area with picnic tables on a deck, children's playground equipment, a basketball hoop and a small area of grass. At the time of inspection, there was a shade sail located over one-half of the deck, however another shade sail is required on the other side of the deck. Some days in summer can be hot, with high to very high UV levels and one shade sail does not provide adequate sun protection for this area.



* The playground and outdoor visits area at RBMSP

The Christian Family Centre through a \$50,000 community infrastructure grant from the Tasmanian Community Fund funded the children's play equipment in RBMSP. It certainly enhances the area and is well utilised by visiting children.

At the time of the inspection RBMSP did not have any non-contact visit rooms.

Hobart and Launceston Reception Prisons – the Facilities

The Hobart and Launceston Reception prisons do not have purpose built visitors' centres; rather visitors enter through the reception areas of the relevant facility. This arrangement is satisfactory as there are only a small number of prisoners accommodated in these facilities and most are moved on to other custodial centres soon after admission to the reception prison. Lockers are provided in the reception areas for visitors to secure their personal belongings. There are no vending machines, or alternate arrangements, to allow food to be taken into visits and shared with the prisoner. The inspection also found that there is very little on offer to occupy children during a visit to the reception prisons and this should be addressed by TPS. This could be as simple as providing some children's books and toys. It is recommended that **TPS reviews the visits areas for the reception prisons and implements changes to ensure that there are resources to occupy children during a visiting session.**

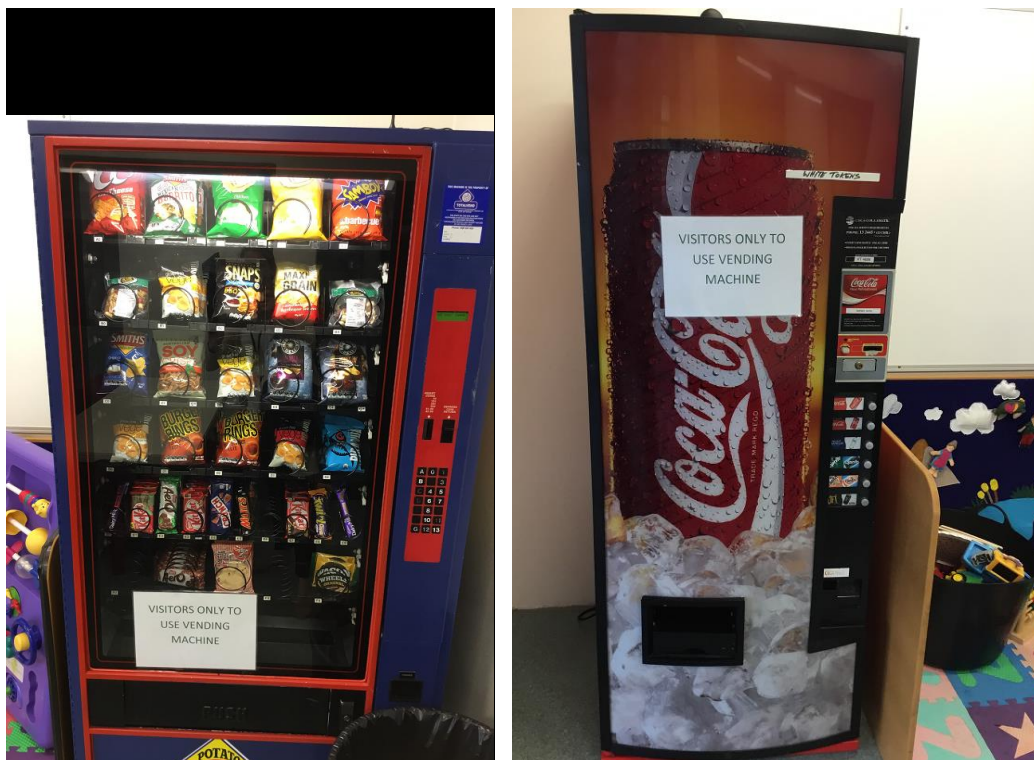
The visits area in HRP consists of eight non-contact visit rooms and one contact visit room. Monday to Friday visits are non-contact only. Saturday and Sunday visits are contact and non-contact. The number of visitors is restricted to a maximum of five at any one time. The facilities are bleak and spare, though fit for purpose.

At LRP all visits are 30 minutes in duration and are non-contact. Special approval may be given for a contact visit and this depends on the security rating of the prisoner. The number of visitors is restricted to two adults and two children. There are two non-contact visit rooms that are separated by a partition wall that is not sound proof and the doors have a metal mesh grill on the bottom half that allows noise to pass through. The two contact visit rooms are also used for professional visits (for example by community corrections court mandated drug diversion officers and legal representatives). The two contact visit rooms are located side-by-side and are not sound proof, with conversations clearly audible through the doors,

which again have a metal mesh grill on the bottom half. The CPHS nurse also uses an adjacent room to the contact visit rooms for medical consultations, which also affects the noise level in this area. The visits area in LPS is not suitable in its current design, and this is particularly so because it is used by a wide range of people for a variety of purposes. **TPS need to address concerns regarding prisoner privacy in the visits area at LRP.**

Food and Drink During Visits

For security reasons, prisoners cannot bring in food that they have purchased from the canteen to share with their visitor. Nor are visitors allowed to bring food or drink in from outside the prison. The only food and drink consumed is that purchased by visitors from the vending machines in the contact areas of each custodial centre⁹⁴ using tokens that the visitors purchase from the Visitor Reception Centre. There are two external suppliers of vending machines. The current charges are \$2.00 for drinks and \$2.50 for food items. An observation of the inspection team is that the vending machines are expensive and there are no healthy options available. **TPS should explore options for providing healthy and nutritious snacks and drinking water for visits.**



* The vending machines available in MHWP

Inter Prison Visits

Inter prison visits - visits between a prisoner in one prison with a prisoner in another prison - are available upon application, but strict criteria must be met. Such visits can be contact or non-contact, or via Skype. TPS advised that inter-prison visits are not frequently requested and very few, less than five, have taken place in recent years.

⁹⁴ With the exception of the reception prisons.

Booking Systems

The inspection found that the booking systems used by TPS for personal and professional visits are manually cumbersome, inflexible and inadequate. The expectation of the inspection standards is that efficient planning and booking arrangements are established to minimise visitors' waiting to commence a visit and to enable the length of visits to be extended, subject to not disadvantaging other prisoners and visitors. The existing booking system requires TPS staff to manually check multiple information sources and manually enter information into a number of information systems. The inspection found that due to the amount of manual checking and different systems that the staff work with, the process of booking a visit takes some time and human errors are made despite the best efforts of staff. **TPS needs to explore options and introduce a replacement booking system for visits that is flexible, simple, and accessible.**

Funerals

TPS provide two options with regard to providing prisoners access to the funeral of an immediate/near relative or a person with whom the prisoner has had an established longstanding relationship:

1. a leave permit issued under section 42 of the Corrections Act for compassionate reasons to physically attend the funeral; or
2. viewing the funeral remotely by video from prison using Skype.

A Director's Standing Order provides information regarding the criteria and process for prisoners attending funerals but it does not appear that this document is publicly available to prisoners or family members. There is no documented formal process for advising prisoners whether they can attend a funeral in a timely manner. TPS advised that it often receives very short notice regarding funerals so compassionate leave applications are to be actioned and processed as quickly as possible. TPS advised that it is sensitive to the circumstances and attempts to notify the prisoner and his or her family with a decision as soon as possible. If a prisoner is not approved to attend a funeral, TPS advised that it will try to arrange Skype attendance where possible and appropriate.

There is no formal process to allow prisoners to have an option to appeal a decision to refuse funeral attendance. TPS advises that while there is no specific appeals process in place, prisoners can utilise the internal complaints system or one of the other avenues of complaint available to them. Given TPS advice that it often receives very short notice regarding funerals, I question whether such avenues of complaint could result in an outcome in sufficient time for the prisoner to attend the funeral if that was what he or she sought to do.

There is no budget to provide escorts or transport for prisoners' funeral attendance.

Data on Funeral Attendance

The inspection found that TPS does not collect adequate data in relation to prisoners' requests to attend funerals. The inspection team requested data on the number of requests, including

a breakdown based on approved and denied requests, and whether the requests were to physically attend or view the funeral using Skype. TPS was unable to provide this information.

TPS advised that approved compassionate leave is recorded in CIS, but the data extracted is limited; it shows funerals and serious illness in the same category, and TPS cannot disaggregate the two. Additionally, Skype funeral attendance is recorded as a professional visit and again the data cannot be easily disaggregated by purpose. **TPS need to explore options and implement changes to provide for improved data collection, collation and reporting on prisoner requests to attend funerals, particularly data detailing numbers of requests made, broken down into approved and denied.**

Compassionate Video Visits (Skype)

Prisoners may request to attend a compassionate video visit in the following circumstances:

- a funeral;
- the serious illness or acute personal need of a family member; and
- following the birth of child.

Where appropriate, a video visit may be offered where a section 42 leave permit is refused. Again, the criteria require that the request must relate to an immediate, near family member of the prisoner, or a person with whom the prisoner can establish a pre-existing long-standing relationship. TPS and the relevant external service provider coordinate the facilitation of a compassionate video. The volunteer external service provider facilitates the use of online video technology for compassionate video visits, as TPS does not currently have the resources to provide these services.

Expanded Use of Video Visits (Skype)

Video visits using Skype are an innovative and cost-effective alternative communication method for prisoners who do not receive visits.

TPS should significantly increase prisoner access to Skype (or other similar technologies) to further facilitate family and community contact in all prisons.

Family Engagement

Kid's Day

Kid's Day is an initiative that allows incarcerated parents to have a special two hour visit with their child or children.⁹⁵ Kid's Days are for prisoners and children only, the child's primary care giver does not attend. This is to ensure that the focus of the visit remains on the children and the sessions are designed for parent and child to enjoy participating in activities and games, and creating some positive memories.

An external service provider in conjunction with the TPS Family Consultant operates the program. The Family Consultant is responsible for all administrative functions, including the

⁹⁵ Alternately, another close relation, such as grandchild, sibling, niece or nephew, may be deemed acceptable by TPS.

applications process and contacting prisoners and the children's primary caregivers. Prisoners are only able to participate if they are on an appropriate contract level and the superintendent of the relevant facility must approve all applications.

Kid's Days are held four times a year, to coincide with school holidays, in RBMSP, MHWP and RPC. Children are dropped off at the Visitor Reception Centre by their caregivers and supervised by volunteers⁹⁶ who take them to the relevant facility to meet their parent.



* The visit room in RBMSP set up for Kid's Day

The activities and games are organised by the TPS Family Consultant and volunteers and are usually theme-based. Food is also prepared so that parent and child can share a meal together. The inspection team observed a Kid's Day session in each prison in January 2017, the theme of which was Egyptian. Activities included the children wrapping their family member as mummies, face painting, decorating biscuits, board games and art and craft.



* Activities on offer at Kid's Day in the various custodial centres

⁹⁶ From the from the external service provider

Risdon Prison Complex – Issues with the Smooth Operation of Kid's Day

The inspection team noted a few issues with the smooth operation of the afternoon session of Kid's Day in RPC.

Correctional staff on duty in the visits area did not have a list of prisoners and were unaware how many children or adult volunteers would be attending each session. The inspection team was advised by one correctional officer that the list of participants had been requested three times, by multiple people, and still at the time of the session a list had not been provided. The TPS Family Consultant did have a list of participants and children but this list was for her to mark the attendance of children on arrival and to ensure children were collected by the appropriate carer at the end.

The process of getting the prisoners to the visitor area in RPC did not run smoothly on the day of inspection. There was a significant delay between the children arriving, and their family member presenting and the inspection team observed that this caused visible distress to some of the children. There was clear relief when the fathers (and in one case brother) finally arrived. Anecdotally, the inspection team was advised that this delay occurred for three reasons:

1. Prisoners were not called to attend in the medium security precinct, even when some prisoners proactively approached the officer station and advised correctional staff that Kid's Day was starting. TPS needs to reiterate to all staff at the morning briefing that the Kid's Day is happening and participants need to be at the visitor centre on time.
2. Unlock after lunch was delayed in one mainstream maximum security unit as cell hygiene checks were being performed.⁹⁷ The easy solution would have been to let the Kid's Day participants out before commencing the hygiene checks or to move the timing of the session back to say 1:30pm to 3:30pm.
3. The timing of the Kid's Day afternoon session overlapped with the pharmacotherapy program. This scheduling conflict could easily have been rectified by allowing flexibility to dose those prisoners participating in the afternoon session of Kid's Day in the morning.⁹⁸

There is an acoustics issue with the visitor area and it is very noisy when there are many people in the room. In addition to the general noisy chatter of Kid's Day, maintenance was being performed on the roof of the visitor area and this was very loud due to drilling. The inspection team observed that one child in particular appeared to have a sensory sensitivity, covering his ears, and it took him some time to settle in with his father as a result. This was unfortunate as Kid's Day is only for a short period of time. The dates for Kid's Days are booked months in advance, always in school holidays, and these bookings should be taken into

⁹⁷ During hygiene checks, one side of the unit is locked down because the process requires correctional staff to be off the floor in the other unit performing the cell checks.

⁹⁸ It is noted that timing of dosing may be affected by prisoner security classification. However, the inspection team observed that during visits maximum and medium classified prisoners are permitted in the visits area which is inconsistent with the s8 dosing rule which does not allow maximum and medium prisoners to be administered medication at the same time.

account in the TPS maintenance schedule to ensure that intrusive maintenance work is not being undertaken in a visits area at the same time.

A child requested to use the toilets and was initially advised that this was not allowed. After discussions between the inspection team and correctional staff, the child was able to use the facilities however these were filthy and the light was not working.⁹⁹ Correctional staff defended the lack of cleanliness of the toilets saying that the visiting public does not normally use the facilities. **It is recommended that the toilets are cleaned on a regular basis in RPC as children should be able to use these facilities at the weekly homework club sessions and quarterly Kid's Days.**

Homework Club

The Homework Club provides opportunity for incarcerated parents to engage with their children, by working through homework tasks and supporting them in their education. These sessions are carried out both face-to-face from inside the custodial centre's visits area, or by connecting with schools via video Skype sessions.

An external service provider and its volunteers operate the Homework Club. It is run weekly in RBMSP, RPC and MHP. The program provides opportunities for prisoners to spend quality time assisting their children with their homework, outside the normal visiting schedule. This program has an additional benefit for children who are unable to visit their incarcerated parent due to distance or family circumstances. The Homework Club allows children to maintain a relationship with their incarcerated parent and participate in homework on a consistent weekly basis through the video visit. The inspection team observed an example of this, sitting in on a video visit between a child living on the North-West coast of Tasmania and a prisoner located at RPC.

The Homework Club is run in cooperation with schools, as the school is responsible for setting the homework task, which is brought to the visit by the child or passed on to the parent for video sessions.

Circle of Security Parenting Program

The *Circle of Security* parenting program is a parent-reflection program designed to increase attachment and security. The program is well respected worldwide, teaching parent-child attachment by presenting examples of secure and problematic parent-child interaction as well as healthy options in caregiving. The program is facilitated by an external organisation and its volunteers, primarily at MHP. Post inspection, the inspection team was advised that TPS is now co-facilitating the program at RBMSP.

Facilitating Stronger Family Relationships

The inspection found significant gaps in the programs and supports offered by TPS in relation to facilitating stronger family relationships in all custodial centres. It appears that little funding is allocated by TPS to family engagement and at the time of the inspection there was one Family Consultant on staff and over 600 prisoners. The only formal programs for families that appeared to be on offer are the Kid's Days and Homework Club, and an external provider

⁹⁹ A member of the inspection team had to stand at the door of the toilet and hold it slightly ajar to allow light to pass into the room so that the child could see.

and its volunteers facilitate both. Likewise, this external provider and its volunteers run all video visits, as TPS has no equipment to facilitate Skype, and it also plays a large role in escorting prisoners to funerals on leave permits. Similarly, the *Circle of Security* parenting Program is facilitated by an external volunteer organisation which also provides the program tools. The conscientious efforts and commitment by such external organisations and their volunteers, and the invaluable contribution they make in facilitating these programs are acknowledged and commended. It is considered however that at least some of the work undertaken should be funded by TPS and its reliance on external organisations to facilitate these programs, at no cost, is unsustainable.

TPS should explore and provide an incentive-based visit programs aimed at reducing the gap that develops when a family member is in prison. The following are examples of initiatives in Australian prisons, but it is emphasised that these initiatives are provided not as recommendations, rather examples of types of initiatives that could be made available:

- allowing incarcerated fathers with young children to attend toddler visit sessions delivered in an environment designed to encourage positive interactions and make visiting children feel at ease;
- inviting families three times per year to have a visit on the oval; and
- allowing long-term prisoners the opportunity to invite their family and support networks for an evening meal or to visit them in a secure accommodation block.

More generally, **TPS should consider the recent publication of Lord Michael Farmer's review, *Importance of strengthening prisoners* which outlines recommendations on strengthening family ties for prisoners to prevent reoffending and reduce intergenerational crime.**

TPS need to undertake more work in facilitating stronger family relationships throughout all custodial centres and this area will be closely monitored.

Appendix I - Glossary of Terms and Acronyms

APD	Accredited Practising Dietician APDs are university qualified experts in nutrition and dietetics and are all members of the Dietitian's Association of Australia.
Arunta	Arunta is the name for the prisoner payphone system used by Tasmania Prison Service.
CPHS	Correctional Primary Health Service
Contract system	The contract system is an incentive and reward system that encourages prisoners to set goals, make sound choices, demonstrate positive behaviour and actively participate in the case management process.
DHHS	Department of Health and Human Services (Tasmania)
Doona	Doona is typically a brand name but in Tasmania the term is often used to refer to a quilt, eider-down and duvet type product. It has removable, washable cover thus eliminating the need for cover sheet and blankets.
DSO	Director's Standing Orders are standing orders made by the Director of Corrective Services or his delegate for the management and security of prisons and for the welfare, protection and discipline of prisoners and detainees.
Forensic mental health	<i>Forensic</i> means related to, or associated with, legal issues <i>Forensic mental health</i> services provide assessment and treatment of people with a mental disorder and a history of criminal offending, or those who are at risk of offending.
HRP	Hobart Reception Prison
Leave permit	Section 42 of the <i>Corrections Act 1997</i> provides that a prisoner or detainee may be granted a <i>leave permit</i> allowing for a temporary absence from prison for a number of purposes, such as educational purposes, work experience, rehabilitation programs, pre-release, family re-socialisation, re-integration, cultural reasons, etc. This leave is commonly referred to in custodial centres as <i>Sections</i>
LRP	Launceston Reception Prison
MHWP	Mary Hutchinson Women's Prison

Non privileged
mail

Non-privileged mail means all mail, other than privileged mail (refer definition below), to or from a prisoner.

Pharmacotherapy

Pharmacotherapy is the term used to describe the use of medication (such as methadone, buprenorphine) to assist in the treatment of opioid addiction.

Privileged mail

Privileged mail means mail to or from the following people, bodies or organisations which must not be opened or read:

- Anti-discrimination Commission
- Attorney-General
- Consul of the country of which the prisoner is a citizen
- Custodial Inspector
- Director of Corrective Services
- Director of Prisons
- Electoral Office
- Integrity Commission
- Human Rights and Equal Opportunity Commission
- Member of Parliament
- Minister for Corrections
- Office of the Ombudsman
- Parole Board
- Prisoner's legal practitioner at his or her business address
- Tasmania Prison Service Complaints Coordinator

RBMS

Ron Barwick Minimum Security Prison

RPC

Risdon Prison Complex

RPC comprises medium and maximum security units

s8

Drugs and poisons which are substances and preparations for therapeutic use which have high potential for abuse and addiction listed in Schedule 8 (s8) to the *Poisons Standard October 2017* (Commonwealth).

s8 Program

A colloquial reference to the Pharmacotherapy Program run in selected Tasmanian custodial centres.

CPHS administer s8 substances - buprenorphine/ suboxone/ subutex/ methadone/ morphine sulphate equivalents - to approved prisoners with drug addictions or chronic pain.

Skype	Skype is a software application that enables its users to make voice calls, chat, message and video conference over the Internet.
TAC	Tasmanian Aboriginal Corporation
Through-care	Through-care describes how custodial and community service systems must work together to ensure that continuity of care is preserved for prisoners during their time in prison and post-release.
TPS	Tasmania Prison Service
VRC	Visitor Reception Centre
Webster pack	A Webster pack is a multi dose medication packaging system that is a sealed weekly calendar pack designed to help people take their medication correctly, according to their doctor's orders. All regular medication that needs to be taken each week is sealed within the blister compartments. Webster pack is tamper-evident and cannot be spilled accidentally and medications cannot be changed without being obvious.

Appendix 2 – Report from Environmental Health Services – Drinking Water Quality and other environmental health issues

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Mr Richard Connock
Custodial Inspectorate
GPO Box 960
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SCANNED



Dear Mr Connock

Initial findings from planned inspections of Tasmanian custodial centres – Drinking water quality and other environmental health issues

As requested in an email dated 28 March 2017, from the Office of the Custodial Inspectorate, an Environmental Health Officer, Mrs Helena Bobbi from this department, assisted you with an inspection of a number of Tasmanian custodial centres.

The centres included: Ron Barwick Minimum Security Prison, Risdon Prison Complex, Mary Hutchinson Women's Prison, Hobart Reception Centre and Launceston Reception Centre.

Inspections were conducted from 1 to 5 May 2017 and then with the assistance of this department's Sate Water Officer, Mr Cameron Dagleish between 29 May and 15 June 2017.

The inspections were carried out in conjunction with Lisa Steele, Principal Officer Custodial Inspectorate, and in accordance with section 13 of the *Custodial Inspector Act 2016*.

The focus of these inspections was hygiene and environmental health, within the framework of the Tasmanian Inspection Standards for Adult Prisoners. A report on food safety at the centres was forwarded to you on 11 May 2017, and in that report we undertook to further advise you on drinking water quality and other environmental health issues identified during the inspections.

Drinking water quality

Ms Steele provided a copy of inmate surveys where water quality issues were identified; many of which related to water taste. To further investigate these complaints, water sampling was undertaken at various prison sites. The analysis of these samples have been forwarded to Ms Steele and are the basis for the following discussion and advice.

The analysis of the water samples did not identify biological matter that would account for the inmates' claims regarding the taste of the water. However, the analysis did identify the presence of

metals in the drinking water above the *Australian Drinking Water Quality Guidelines 2011* (ADWG) limits.

The Analytical Services Laboratory reports are included as attachments to this letter, however as a summary, metal concentrations that exceeded the ADWG include nickel in the Mary Hutchins Women's Prison and the Risdon Prison Complex, lead in the Mary Hutchins Women's Prison, and cadmium in the Launceston Reception Centre.

To investigate the source of these metals the TasWater supply to the site was sampled and analysed. The analysis did not reveal any metals present above ADWG levels. Therefore, it is likely that the metals are present as the result of water being transported via the centres plumbing.

The ADWG indicate the following metals can leach from plumbing into water supplies:

- Cadmium – Present as a result of impurities in the zinc of galvanised pipes or solders that are used in fittings.
- Copper – Used in the manufacturing of pipes and fittings.
- Nickel – Some tap fittings and fixtures are nickel plated.
- Lead – Used in the manufacturing of pipes and solders. Sometimes used as a rust inhibitor and known to be used as a plastic stabiliser.
- Zinc – Used as an anticorrosive agent on iron and steel products and in brass manufacturing.

An assessment of plumbing and water fitting requirements falls outside the scope of this water quality investigation. Regulation of these areas is undertaken by the Department of Justice's Building Standards and Local Council.

The water sampling program was specifically designed to highlight the extent of any internal plumbing influences and also to determine if consumption of the water poses any health risks to inmates. The health risks are assessed by comparing the results against the ADWG health related guideline values. The extent of plumbing influences was determined in two ways; firstly water sampled within each facility was compared to the water supplied to the property boundary by TasWater, and secondly by observing changes in metal concentrations over time by taking a series of samples from the same location over a period of time.

- Water samples taken when a tap was first turned on were at times non-compliant with the ADWG and therefore, the water is unsafe to drink. This means that there are health implications for all consumers of this water. However, the results do demonstrate that running a tap for 30 seconds prior to taking a sample brings the water to well within the ADWG. The decreasing trends of the metal concentrations in water supports the likelihood that internal plumbing (including pipes, fittings and fixtures) is degrading the water quality. To minimise risk to health, all inmates should be advised to run the taps for 30 seconds prior to using the water for drinking, washing/preparing food and brushing teeth. This advice is particularly important for pregnant and lactating women, for whom the risk of health effects is greatest.
- It is understood that a filter has been installed in the Mary Hutchins Wellington Complex and this report advises that efficacy testing be undertaken to ensure that this filter is delivering safe drinking water; alternatively, the manufacturer can be contacted for advice. It should also be noted that none of the metal concentrations reported would impart adverse taste or odour issues; even at those locations where non-compliances were detected.
- During a site visit to the Derwent A complex on 29 May 2017, the State Water Officer reported to experience a sewage smell after turning on the hot water tap of the shower. Water samples taken did not identify any health-related concerns. It is likely that the odour issues experienced are related to the plumbing configuration and it is recommended that the

Department of Justice's Consumer Building and Occupational Services Technical Regulation Unit be contacted for advice and direction on this matter (Mr Richard Harris, Principal Advisory Officer (Plumbing) 6166 4725).

- The advice and recommendations regarding drinking water quality adopt the precautionary principle and reflect the Department's best judgement in light of the limited water sampling undertaken (two sampling events). Water sampling provides an indication of the quality of water at that point in time. Uncertainty exists surrounding the interpretation of the current results due to the limited sampling undertaken which may not be representative of overall water quality. It is anticipated that samples taken first thing in the morning would exhibit greater plumbing influence and therefore have higher levels of metals than those reported in this investigation. Currently, the prison service is supplying at times, non-compliant water. To further enable more site-specific advice to be given, it is recommended as a minimum that a further round of sampling be conducted, following which the DHHS will provide health advice.

Other environmental health issues and recommendations

All areas

- While smoking (tobacco products) has been banned within all Tasmanian Prison Services facilities and on prison property, prison officers and inmates report ongoing issues with smoking other materials. A culture of preparing and smoking combinations of dried vegetable and plant matter that have been soaked in water in which nicotine patches are boiled, has emerged. As matches and lighters are no longer available, inmates improvise; often creating wicks from toilet paper and igniting them from foil and microwave sparks. While the specific health risks associated with smoking these substances have not been identified, a precautionary approach should be taken. Inmates should be warned that the full impacts of smoking these substances is unknown, that smoking these products may be addictive and that inhaling smoke-based products or substances is harmful to the lungs and respiratory system.
- The condition of mattresses varies throughout the sites and is affected by the time inmates spend in their cells (by choice or imposed by lock down periods) and the overall conditions within the cell. For example where inmates are locked down in their cells for long periods (as in maximum security sections), inmates spend more time sitting or lying on their mattresses. In turn, mattresses are aired, as is required when inmates are not in lock down, but for less time than in other sections. Where condensation is present there can be further impacts, as moisture trapped between the base of the mattress and the usually flat (non-slatted) bed surface is more likely to remain present, causing staining and at times the growth of mould. It is recommended that mattresses, doonas and pillows be routinely inspected for defects, moisture and mould and replaced where necessary.
- Although all inmates have had access to nail clippers in the past, they no longer do. As a result the few sets that are available in each section are often shared. To reduce the risks of the spread of infection, shared clippers should be washed with detergent and water or a detergent wipe between uses. Alternatively and preferably, inmates should have access to their own set of nail clippers.
- Currently hair clippers are limited to one or two sets per yard. It would be preferable for single use clipper blades to be used, however, if re-useable blades are used they should be cleaned between use with detergent and water or a detergent wipe. These re-useable items should not be used in such a way that there is any risk of them becoming contaminated with blood.

Risdon Prison, Ron Barwick Minimum Security Prison (RBMSP)

- The RBMSP is the oldest section of buildings on the Risdon Prison site. Concerns of ongoing issues of condensation in a number of cells throughout this facility were raised by both inmates and Prison Officers. Cells 32 and 33 in Division 3, for example, were found to have damp walls, with paint flaking on some sections when touched. Inmates in these and other cells often aired their bedding and clothing throughout the day on outside railings to reduce dampness. They also reported that books and paper became damp when kept in the cells. Many inmates in the RBMSP also advised that they slept in their clothes due to feeling cold overnight and have requested additional doonas for extra warmth. All cells in RBMSP should be inspected regularly and those identified with any visible condensation or mould should be left unoccupied. Complaints of inmate thermal discomfort should be addressed in a timely manner.

Launceston Reception Centre (LRC)

- The length of time that inmates are accommodated at the LRC varies from a number of days to several months. During this time they do not have access to natural daylight or fresh airflow. The Tasmanian Inspection Standards for Adult Prisoners, Standard 100.1, states that "Prisoners should be able to exercise in open air for at least one hour every day, weather permitting. This minimum standard is applicable to all inmates including those under protected or segregated punishment."
- Inmates at the LRC have no access to warm running water in cells, inmate toilets or day yard. When warm water is needed for shaving it is accessed from a shower and is carried in a container to the inmate's cell.
- The shower on the lowest (basement) level of the LRC is defective and in need of repair or replacement. As it is not in working order, inmates residing on that level access showers on another floor level. This arrangement increases usage of those showers and creates additional strain on staffing resources.
- When inmates residing on the lowest (basement) level at the LRC are locked down they have no access to a fire alarm or fire extinguisher, as these are located outside that area. Tas Fire Services should be contacted for advice and direction on this matter.
- Used linen is transported in prison escort vehicles from the LRC to the commercial laundry (Horizon Laundry) at the Risdon Prison Complex (RPC) for laundering. It is common practice for (bagged) used linen to be stored in unoccupied inmate 'pods' in these vehicles for transport. Once the used linen is unloaded at the RPC, inmates from Risdon Prison and/or the HRC may then be transported in these pods, without cleaning. As such, the current Quality Assurance Program for the Horizon Laundry should be reviewed and amended to ensure procedures for the transportation of used linen complies with ASNZS 4146: Laundry Practice and that the current Transport of Laundry/Final Inspection Checklist specifies requirements for cleaning of prison escort vehicle pods (that linen has been stored in) with detergent and water or detergent wipes, following transport of linen. The inmates 'pods' should also be cleaned after every trip/use (whether linen is transported or not) with detergent and water or detergent wipes.
- Prison officers at the LRC advised that a number of female inmates showed signs of heat-

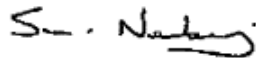
related illness including 'gasping for air', during the summer months of 2016-17. Prison officers recorded night temperatures of 37 – 40 degrees Celsius in a number of cells housing these inmates and explained that the cells had little ventilation, with the back brick wall of the cell facing north and forming the exterior wall of the building. Because inmates have little control over their cell environment, where cell conditions have been identified as likely to impact negatively on the health of inmates during extreme heat, they should be left unoccupied.

I would like to thank Lisa Steele for her time and assistance in facilitating the Department's investigation as well as assistance from prison officers across all sites.

As an inspection of the Ashley Youth Detention Centre focussing on hygiene and environmental health has not yet been conducted, please contact Helena Bobbi on 6166 0621 to facilitate this.

Please do not hesitate to contact me on 6166 0698 if you would like to discuss any of these details further.

Yours sincerely



Stephen Newbery
A/State Manager, Environmental Health Services

24 July 2017

Copy: Mr Richard Harris, Principal Advisory Officer (Plumbing), Department of Justice

Enc:

1. Analytical Services Tasmania Report 83015
2. Analytical Services Tasmania Report 83230
3. Analytical Services Tasmania Report 83430

Appendix 3 – Report from Environmental Health Services – Food Safety

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Mr Richard Connock
Custodial Inspector
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Dear Mr Connock

Initial findings from planned inspections of Tasmanian custodial centres – Food Safety

As requested by the Office of the Custodial Inspectorate an Environmental Health Officer from this department, Helena Bobbi, recently assisted you with an inspection of a number of Tasmanian custodial centres. The sites included: Ron Barwick Minimum Security Prison, Risdon Prison Complex, Mary Hutchinson Women's Prison, Hobart Reception Centre and Launceston Reception Centre.

Inspections were conducted from 1 to 5 May 2017, together with Lisa Steele, Principal Officer Custodial Inspectorate, in accordance with section 13 of the *Custodial Inspector Act 2016*.

The focus of these inspections was hygiene and environmental health, conducted within the framework of the Tasmanian Inspection Standards for Adult Prisoners. Sites were assessed for compliance with inspection standard 76. *Prison environments must comply with good public health practices* and Standard 77. *Prisons must provide the facilities, services and items necessary for the maintenance of environmental health and general hygiene.*

The following are findings and subsequent recommendations with regard to food safety at the sites:

Risdon Prison, Ron Barwick Minimum Security Prison (RBMSP)

- The Risdon Prison Kitchen (RPK) and the Vegetable Processing Facility located in the RBMSP are registered as a food business by Clarence City Council in accordance with the *Food Act 2003*. A food safety program is in place and is audited annually by Auditing Services Australia (ASA).
- Processes and procedures in place are well documented and records maintained. This includes details of approved suppliers, delivery of goods, cook-chill procedures, cleaning and sanitising, pest control, food service workers induction procedures and details of food handler training undertaken by all food handlers.
- While allergen management in the RPK is covered by the food safety program, this document should also include reference to the protocol for identifying/screening inmates for food allergies when first taken into custody.
- The facility offers an opportunity for inmates to learn valuable food handling skills and work skills in general.
- While the premises are old, the fit-out is appropriate for the current use. Most areas are well

maintained, however paint is flaking from various sections of the wall and door frames throughout and is in need of repair. This is apparent for example in sections of in the vegetable processing facility and cereal room of the RPK.

- Meals prepared and packaged in the RPK are delivered to inmates throughout the prison. Evening meals provided for inmates in the RBMSP are delivered cold, for inmates to reheat. Inmates are also able to purchase cooking equipment (electric frypans) and food from the canteen to cook.
- The condition of the kitchenettes in yards one to six of RBMSP that are used by inmates for reheating and cooking varies, and those in yards two, three and four are in very poor condition. To ensure food safety, these kitchenettes need upgrading, using the kitchenettes in the Risdon Prison Complex (Medium Security) as a satisfactory model on which to base the works. Tas Prison Services is advised to contact Clarence City Council, and in particular the Senior Environmental Health Officer, before undertaking works to these areas to ensure compliance with the *Food Act 2003*, the *Building Act 2016* and other regulatory requirements.
- As inmates in RBMSP are required to reheat meals and may access food from the canteen to cook, it is recommended that they have access to food safety training. This will assist in ensuring they have appropriate skills and knowledge to prepare food safely for consumption.
- Meals are delivered from the RBMSP 'ready-to-eat' (hot) to inmates in Risdon Prison Complex and Mary Hutchinson Women's Prison and only require reheating if inmates choose to store and eat later. The procedures in place for the delivery and distribution of meals to inmates are considered compliant with food safety requirements (as per the Australia New Zealand Food Standards Code). The kitchenette facilities in these areas are in general appropriate for their current use and for other food preparation by inmates (usually using food purchased from the canteen and cooked in a microwave oven).

Risdon Prison, Ron Barwick Minimum Security Prison (RBMSP), Canteen

- The canteen provides a range of low risk packaged foods for sale to inmates. Canteen request forms are completed by inmates and the items purchased. Inmates working in the facility packed the ordered food into individual plastic bags for each inmate, and the purchases are subsequently delivered. The fit-out of the canteen is appropriate for its current use although increased storage area would enable more efficient ordering processes and storage. It is recommended that eggs for sale are stored as per manufactures instructions – stored in a cool place or refrigerated.

Risdon Prison Complex (RPC)

- The RPC includes both medium and maximum security areas for inmates. In general kitchenettes provided in these areas are appropriate for their use.
- Those in medium security would benefit from extra shelving /storage space for dry goods such as cereals/pasta. Inmates in this area are able to prepare their own breakfast and other foods when purchased, however this food is often stored on floor level. Food is also often stored in opened bags and should be stored in sealed containers (or re-sealable bags).
- Some food preparation is allowed in maximum security areas with food purchased from the canteen. However, facilities can be limited, as equipment such as microwaves or fridges that have been damaged are not always replaced immediately. Equipment should be repaired and/or replaced as soon as possible.

Mary Hutchinson Women's Prison (MHWP)

- It is unclear if the current food safety program covers processes and procedures conducted in this kitchen. To ensure food safety, the MHWP kitchen should be covered by the food safety program.
- The fit-out of the kitchen in MHWP is appropriate for its current use. It is used to distribute 'ready to eat' (hot) meals delivered from the RBMSP to inmates and two designated inmates also prepare and reheat hot lunches in this kitchen for inmates in this area.
- Staff working in this kitchen require appropriate food safety skills and knowledge. This can be achieved through food handler training as is provided to inmates working in the RPK.

Hobart Reception Centre (HRC)

- The HRC kitchen is not registered as a food business with Hobart City Council. This is a requirement under the *Food Act 2003* as food is stored under refrigeration and reheated on site for inmates.
- Meals are delivered cold from the RPK. They are then stored appropriately with evening meals reheated by two wards-men. Prison officers and inmates require the appropriate skills and knowledge to undertake the food handling activities at this site (as is a requirement of the Australia New Zealand Food Standards Code). This can be achieved through food handler training as is provided to inmates and staff at RPK.
- Equipment such as microwave ovens, fridges and toasted sandwich presses in some kitchenettes on other floor levels are damaged or are missing and have not been replaced. If damaged or removed, these items should be repaired and/or replaced as soon as possible.

Launceston Reception Centre (LRC)

- The LRC kitchen is registered as a food business with City of Launceston (Council).
- Evening meals are transported frozen from the RPK, stored, thawed and reheated for inmates.
- The fit out of the kitchen is appropriate for its current use.
- Inmates and correctional staff working in this area have appropriate skills and knowledge in food handling. All yards-men working in this area have completed food handler training as at RPK.

The inspection findings on drinking water quality and the range other environmental health issues identified will be forwarded once results of the water sampling are received.

Please do not hesitate to contact me on (03) 6166 0698 or Helena Bobbi on (03) 6166 0621 if you would like to discuss the details further.

Yours sincerely



Paul Hunt
State Manager, Environmental Health Services

// May 2017

Appendix 4 - Report from the Consultant Mental Health Expert

Office of the Custodial Inspectorate, Tasmania Mental Health Care Inspection -

August 2018

Mental Health Care Inspection Final Report

Prepared for the Office of the Custodial Inspectorate
Tasmania, Australia

August 2018



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Background

The Office of the Custodial Inspectorate in Tasmania organised an inspection of mental health services provided in prisons and the youth detention centre in Tasmania. The inspection was undertaken based on the knowledge that prisoners and youth justice detainees have disproportionately higher rates of mental illnesses than people in the community.

Prevalence and effects of mental illness in prisons and youth justice centres

As at 30 June 2017, the number of adult prisoners in Tasmania was 596 (94% male, 6% female).¹ These numbers have been growing since 2014 and the 2017 figures represent an increase in 5%, or 27 prisoners from 2016. There are a relatively small number of young offenders in detention in Tasmania at any particular time. In the 2015 and 2016 fiscal year, for example, there were only 9 children in youth detention (8 males, 1 female). The numbers fluctuate quite dramatically.

The prison population, both internationally and in Australia, has been found to have higher rates of mental illness than that of community populations (Butler et al., 2006; Prins, 2014; Trestman, Ford, Zhang, & Wiesbrock, 2007). The same holds true for children and adolescents, with even higher rates of mental illness than found in adult prisons (Colins, Vermeiren, Vreughenhil, VandenBrink, Doreleijers, & Broekaert, 2010; Teplin, Abram, McClelland, Dulcan, & Mericle, 2002).

Mental illness in prisoners has also been found to be correlated to a number of adverse social and health outcomes for prisoners once released (Cutcher, Degenhardt, Alati, & Kinner, 2014). These include poorer physical and mental health, greater substance use, and an inequity in health service access. Given this, time spent in prison is an opportunity to treat mental illness to improve both the prisoners' and the community's outcomes. Unfortunately, numerous issues exist in prison mental health care, including; inadequate screening for mental health issues, lack of ongoing care for those who are more unwell, and lack of availability of health professionals (AIHW, 2015; Hayes, Senior, Fahy, & Shaw, 2014; Schilders & Ogloff, 2014). In terms of treatment effectiveness, only a small number of studies appear to exist, which makes conclusions into what works in prison mental health treatment difficult to make.

High prevalence mental disorders amongst the prison population include; anxiety, affective/mood disorders, self-harm (or self-harm thoughts), trauma, substance use disorders, personality disorders, intellectual disabilities/acquired brain injuries (ABIs) and psychosis (Butler, Indig, Allnutt, & Mamoon, 2011; Dias, Ware, Kinner, & Lennox, 2013; Prins, 2014). Butler et al. (2006) found that 80% of prisoners had a psychiatric illness compared to 31% of a community sample. The Australian Bureau of Statistics (ABS) has estimated that of the general Australian population aged 16-85, less than one fifth (17.6%) of males had symptoms of a mental disorder in the 12 months (ABS, 2007), yet of respondents who had ever been incarcerated (in gaol, prison or a correctional facility), twice this rate, or over two fifths (41.1%), reported symptoms of a mental disorder in the previous year. Similarly, in a study of New South Wales prisoners, 38.6% of males were found to have had a mental disorder (excluding substance use disorders) in the previous 12 months (Butler et al., 2011), and 52% had a recorded substance use disorder. A recent study of male prisoners at the point of reception in Victoria reported that 39% had

¹ Australian Bureau of Statistics, Prisoners in Australia, 2017.

a mental illness (excluding personality and substance use disorders) during their lifetime, and 19% were reported as having a current mental illness (Schilders & Ogloff, 2014).

The impact of mental health issues for prisoners is not restricted to only those who have had pre-existing mental illnesses, prior to their incarceration. Entry into prison can be a time of significant psychological distress. Nearly one third (29%) of male prison entrants were assessed as having high or very high levels of psychological distress (AIHW, 2015), and this distress appears to be increased for prisoners with more complex presentations. Dias et al. (2013) reported high or very high distress in 23.7% of non-intellectually disabled prisoners, yet this increased to 30.1% in intellectually disabled prisoners. A systematic review by Walker et al. (2014), suggested that while mental health deteriorates on initial entry to prison, prisoners' mental health improved over time whilst incarcerated.

Apart from the distress experienced upon entry to prison, events which occur inside prison may be traumatic for prisoners. In a small sample of Australian prisoners who screened positive for Post-Traumatic Stress Disorder (PTSD) symptoms and a history of substance abuse, 43.3% reported having experienced trauma, such as being raped or sexually assaulted, receiving or witnessing a serious physical assault, or being tortured, within a prison setting (Sindicich et al., 2014).

Internationally, studies have found the same pattern of results; high rates of mental health issues among prison populations, with a comparatively higher prevalence than the general population (Prins, 2014; Trestman et al., 2007). Given the vulnerability of prisoners with a diagnosis of mental illness, and their increased risk of poor social and health outcomes after release (Cutcher et al., 2014), mental health care for prisoners is considered a priority. The design and delivery of mental health services in prisons is complex, due in part to the nature of the restrictive environments such services operate in. Security considerations and the mobile nature of prison populations can make the operation and evaluation of these services challenging. To date, there is a lack of research that evaluates the efficacy and effectiveness of mental health care services in prison settings.

Guidelines and Standards for Mental Health Care in Prisons

A range of guidelines and standards have been promulgated regarding the provision of mental health services in prisons and other facilities in which people are involuntarily detained (e.g., immigration detention facilities, forensic mental health hospitals). Such guidelines and standards come from the United Nations, the World Health Organisation, the National Commission on Correctional Health Care (USA), US Department of Homeland Security Office of the Inspector General, American Psychiatric Association, Home Office (UK), Australian Human Rights Commission, Australian Health Ministers' Advisory Council, Royal College of General Practitioners, and the Australian Psychological Society.

The international frameworks for best practice that guide the models of delivery of prisoner health services in Australia include the following:

- The Standard Minimum Rules For the Treatment of Prisoners (1955) from the Office of the High Commissioner for Human Rights outlines the basic rules regarding medical services, including having medical officers available, including those related to psychiatry, transferring sick prisoners who require specialist treatment to the appropriate facility and having dentists available (UN 1955).
- The United Nations' Basic Principles for the Treatment of Prisoners (1990) provides that prisoners must have health services available without discrimination based on their legal situation (UN 1990).

- The Principles for the protection of persons with mental illness and the improvement of mental health care (1991) outlines the basic details regarding the protection of people with mental health disorders and improving their condition. It includes, for example: the right to treatment following informed consent; that physical restraint or involuntary seclusion only be implemented in accordance with official procedures and when it is the only option; and that any patient admitted to any mental health facility should always be informed of their rights (UN 1991).
- Trenčín statement on prisons and mental health (2007) recognises the high proportion of prisoners with mental health problems. Key criteria include diverting such prisoners to psychiatric care where appropriate, having central policies that promote mental health and wellbeing, and providing general health care that is as equivalent as possible to that available in the community (WHO 2008).

Principles

The guidelines pertaining to the treatment of prisoners helpful in identifying minimum standards of health and mental health care. Five primary themes emerge across existing guidelines and standards:

1) Equivalence of care

Prisoners should receive health care, including mental health care, equivalent to that available in the community, with regard to professional, ethical and technical standards. This principle underpins almost all of the relevant standards and guidelines.

2) Early assessment

All prisoners should be assessed as soon as possible on admission to prisons to facilitate the identification and immediate management of mental health problems. This should be accompanied by appropriate treatment plans.

3) Treatment for mental illness

Prisoners must have access to treatment for mental illness; resources and staffing should ensure that detainees receive timely access to high-quality mental health care.

4) Continuity of care

Beyond early assessment, the guidelines note the importance of providing ongoing monitoring and care, as well as linking mental health services in prisons with those in the community.

5) Transfer to hospital

Mental health workers play a role in identifying and arranging for prisoners who require involuntary mental health care to be transferred to an appropriate authorised mental health facility.

Approaches to the Assessment and Management of Mental Illness in Prisons

Prison provides a public health opportunity to engage with a group of disengaged, socially deprived individuals who often present with significant mental health needs. Effectively addressing prisoners' mental health benefits individuals, prison staff and the wider community. Although there is an emerging consensus about necessary elements of mental health service provision for this group [Ogloff, 2002; Ford and Trestman 2005; RCP, 2015; APA, 2016], access to services remains poor

[Sapers, 2015; Simpson et al, 2003; Senior et al., 2013; Hassan et al, 2012;]. Therefore, understanding of epidemiology and service need has not translated into effective service delivery in most jurisdictions internationally.

Academics and clinicians in Canada with international colleagues have led the development and testing of an evidence-based model of mental health care, STAIR. This model integrates the five core service requirements for mental health services (Screening, Triage, Assessment, Intervention and Reintegration) (Ogloff, Tien, Roesch, & Eaves, 1991).

Method and approach to the consultancy

The method and approach to the consultancy included seven elements aimed at addressing the topics required in the consultancy:

- Literature review

A literature review and examination of international and national forensic mental health service models was undertaken.

- Consultations

Consultations were undertaken with more than 80 individuals including mental health, justice (corrections and youth justice), and related backgrounds, as well as prisoners, in Tasmania. Most of the consultations were undertaken in Hobart with some in Launceston and Deloraine (See Appendix A).

- Data capture and mapping exercise

Information was obtained from Tasmania corrections and health services. The information was used to map the services available in the prison and youth justice services. To the extent possible, data was obtained to provide an overview of the mental health services provided.

- Analysis of the information

The data, literature review, and consultation information obtained were analysed and used by the project team to form the foundation of the considerations in this report.

Findings from the inspection

Overarching comments

The quality of care, dedication and commitment of health staff was uniformly high. Both Correctional Health Service (CHS) and Tasmania Prison Service (TPS) therapeutic staff were mature, well experienced and well suited to their roles. They expressed a genuine concern for the well-being of prisoners. This was also evident in the interactions with prisoners we observed during the inspection.

The following issues of concern were noted:-

- Services are understaffed.

There is a relative lack of resources compared to services in other jurisdictions in Australia (that is, the ratio of mental health staff to detainees). Unfortunately no standards yet exist in Australia regarding the ratio of mental health staff to prisoners. In Tasmania there are unique pressures because of its relatively small prison population. As such there is not much 'critical mass'. Without services like those available in New South Wales and Victoria where dedicated in-custody accommodation is available to mentally ill prisoners, it is expected that resources would otherwise be increased. Although there is some variation in the research, it is well accepted that approximately 15% of prisoners in Australia have a serious mental illness for which they would require treatment. An additional 25% of prisons experience high prevalence (i.e., less serious) mental illnesses.² The rates among female prisoners are higher.

There is capacity for 680 prisoners in Tasmania, with a prisoner count that varies. The vast majority of prisoners (about 550 men and 50 women) are located at the Risdon site. There has been a consistent growth in prisoner numbers in Tasmania over the past decade. For example, as at 30 June 2007,³ there were 525 prisoners in Tasmania. By August 2018 the number had increased to 639, with considerable variation over time. This represents 21.7% increase over time.

The Australian Institute of Health and Welfare (AIHW; 2014), has provided information regarding the number of full-time equivalent (FTE) health care staff in Australian prisons. The types of services offered within the prison system vary, such as whether secondary and tertiary care services are offered outside of the prison clinic. This complicates the collection of data; nonetheless, averages and ranges exist for most states and territories.

Within prisons, most primary mental health services are managed by general practitioners and perhaps psychiatric nurses, as would be the case in the community. Often, psychologists also assist with managing prisoners with mental illnesses, which is again consistent with the community standard. Psychiatrists typically play a consultant psychiatric role, providing oversight of more serious cases and reviewing prisoners who have complex presentations or who are not benefitting from other care. AIHW data show that, on average, there is 0.15 FTE (range 0.13-0.74) medical practitioner and 0.10 EFT of psychiatry time (range 0.07 to 0.37) for every 100 prisoners. There will be, on average, 3.61 (range 1.21-6.29) registered nurses and a smaller number of psychologists (0.39; range 0.07-1.01). It is difficult to quantify psychology

² See, for example, Schilders, M. & Ogloff, J. R. P. (2014). Review of point-of-reception mental health screening outcomes in an Australian Prison, *Journal of Forensic Psychiatry and Psychology*, 25, 4, 480 – 494.

³ Prisoners in Australia 2017, Australian Bureau of Statistics.

time, since psychologists often have a range of roles in prisons, including offender rehabilitation programs, in addition to the delivery of mental health care.

Table 1. Number of mental health professionals needed for the Tasmanian Prison Service (Risdon site)

Staff	Prisons - Average FTE per 100 prisoners	Tasmania Correctional Health Service	
		Expected*	Actual
Psychiatrists	0.1 FTE	0.6 FTE	Provided by FMH on an in-reach basis - 1 - 2 sessions per week (0.1 -0.2 FTE)
Mental Health Nurses	3.61** FTE	21.6 FTE	1.0 FTE Mental Health Nurse Consultant; 1 MH Nurse is rostered 12 hours/day, 7 days per week. 1 Psychiatric Liaison Nurse is rostered on every shift.
Psychologists	0.37*** FTE	2.3 FTE	Provided by FMH on an in-reach basis – 1-2 sessions per week (0.1 – 0.2 FTE)
Totals	4.1 FTE	24.6 FTE	Impossible to calculate but clearly below the expected rate

Note: *The expected number is for the Risdon site. The other locations have few prisoners, which makes it difficult to estimate required numbers. Generally, with smaller numbers, efficiencies are reduced and mental health staff number are increased. **this number includes all nurses, not only mental health nurses. ***this is the expected number of clinical psychologists, not psychologists doing other duties.

The expected numbers Dedicated psychiatry coverage, clinical psychology coverage, and mental health nursing are all under represented. Although many nurses are employed within the Correctional Health Service, there are very few mental health nurses working in the prison.

As noted, staffing numbers are difficult to estimate for the smaller prisons outside of the Risdon site but given the needs of prisoners, services must still be provided.

RECOMMENDATION 1:

Planning should commence immediately to meet the need for additional dedicated mental health professionals to work in the prisons. Service levels should be modelled on existing and anticipated demand, taking into consideration the developing national standards.

- Lack of mental health leadership in the prisons

Although health staff members are dedicated, and endeavour to provide appropriate mental health services, there is a lack of leadership, strategic planning, and coordination of mental health services. As such, consideration should be given to establishing a leadership position to provide oversight of the mental health services, such as a Director of Mental Health Services.

The provision of mental health services at the present time is fractured and lacks strategic direction. For example, while the CHS has primary responsibility for the mental health care of prisoners, service provision is shared, in an informal way, with both the Tasmanian Prison Service (via psychologists and counsellors in its employ), and the Forensic Mental Health Service (through the provision of in-reach services and hospitalisation of prisoners at the Wilfred Lopes Centre) playing a role. While it is beyond the scope of this review, consideration should be given in Tasmania about the extent to which the Forensic Mental Health Service plays a more formal role in the organisation and delivery of mental health services. While models vary across the country, it is necessary that mental health services be well-organised and that the role and responsibilities of the various agencies and clinicians involved are clear and accountable. At the time of the inspection, while some systems were certainly in place, many arrangements appeared ad hoc and personality based.

In Victoria, a review of safety in the health system, *Targeting zero, the review of hospital safety and quality assurance* ("Duckett Review"), identified the need to support strong leadership in hospital governance with good clinical leaders. Recommendation 9 provided that Clinical leaders must be engaged to strengthen, direct and lead efforts to improve safety and quality of care. While the prison system is not a hospital, there are significant health, and indeed mental health needs, that are disproportionate to those in the community. Thus, clinical leadership is required to meet clinical governance and service delivery requirements.

RECOMMENDATION 2:

Consideration should be given to establishing a mental health leadership position for the prisons to provide oversight, strategic planning, and coordination of mental health services (e.g., Director of Mental Health Services). This position should work closely with the existing medical director of the Correctional Health Service.

- Service agreements need to be in place.

At the time of the inspection, good relationships existed between the Forensic Mental Health Service and the Correctional Health Service, and an experienced consultant psychiatrist from the Forensic Mental Health service provided services to prisons at the Risdon site. Although there is goodwill on the part of staff, clear service agreements with some flexibility need to be in place. Without formal service level agreements, the range and nature of services provided is dependent upon individuals, which may change over time. Given the close proximity of the Wilfred Lopes Centre to the Risdon Prison complex, broader considerations for the role that the Forensic Mental Health Service might play in the delivery of services should be entertained.

RECOMMENDATION 3:

TPS and CHS consider establishing a service agreement with the Forensic Mental Health Service for the provision of psychiatric services.

- Physical space

It is the case that adequate quiet, safe, space is lacking in most of the prisons visited. Limited available space means that mental health staff compete with other health staff for adequate interview rooms that are quiet and conducive to mental health assessment and intervention. There is a perception among some mental health staff that priority is given to space for physical health. At the same time, space needs to be adequately designed for safety, with clear lines of sight and double egress capability.

RECOMMENDATION 4:

TPS should establish and identify dedicated spaces that are conducive for the provision of mental health care in the prisons.

- Workforce planning

It was reported that it is sometimes difficult to recruit mental health staff, including mental health nurses. During discussions, it did not appear that there was a mental health workforce plan. For example, senior staff members could not readily identify how many members of the existing nurse workforce force are recognised mental health nurses. There is also an ageing workforce. At the time of the review, and for the foreseeable future, there is considerable demand for mental health nurses, clinical psychologists, psychiatrists, and other mental health professionals in Tasmania and around Australia. As such, forward planning is needed to help ensure that ongoing demands and needs are met now and into the future.

RECOMMENDATION 5:

Strategic planning for mental health services should include workforce development, professional development, and succession planning to ensure growth and stability of the workforce overtime.

General Observations:

There needs to be ongoing training and support for prison officers to understand and manage people with mental health issues. During the course of the inspection, the team had occasion to interact with many prison officers who raised ongoing concerns with their perceived limitations in working with prisoners with mental health issues, particularly those who also have challenging behaviour. While many can develop strong skills with on the job experience, a supportive approach to training and mentoring would be helpful. Moreover, some officers note that they feel considerable distress working with some of the prisoners with mental illness. It was also noted that some have difficulty understanding why some of the prisoners do not receive a higher level of mental health care.

RECOMMENDATION 6:

TPS should consider the training needs of prison officers to identify, communicate, and de-escalate prisoners with mental illnesses. Based on the prison officers' needs, a training package should be developed and delivered.

With respect to female prisoners with mental illness, there are significant risks because there are limited services which are gender sensitive and aimed at the psychiatric and psychological needs of women. This observation was consistently confirmed by groups of women prisoners at inspection. The inspection team also observed a female prisoner on watch in a unit that houses at risk men. While she was physically separate from the men, there was no evidence of gender sensitive practice and the environment was particularly inhospitable.

With respect to youth, the main observations are that there is limited dedicated psychiatry time and limited clinical psychology time. The psychiatrist, who is very skilled and experienced, comes from Victoria to provide services at AYDC and therefore there are very few links to local services to assist young people when they leave the centre. There is a need to establish a local psychiatrist who can be mentored into a role within youth justice. This role needs links with local services to help facilitate aftercare of young offenders.

RECOMMENDATION 7:

AYDC needs to increase the dedicated psychiatry time for young people in detention and link to external psychiatry services to assist young people upon release.

RECOMMENDATION 8:

AYDC needs to increase the dedicated clinical psychology time for young people in detention.

Consideration of existing mental health services in light of the STAIR Model:

As noted in the Background section, the STAIR Model integrates the five core service requirements that are well-accepted for prison mental health services: Screening, Triage, Assessment, Intervention and Reintegration. The STAIR model will be employed below as a framework for the consideration of essential prison mental health services that are provided.

1. Screening

All incoming prisoners are screened for both health and mental health and this meets current practice requirements. Screening for mental health history and problems specifically is embedded in the broader health screen, however, and it has a relatively narrow focus. Moreover, no audit or quality evidence exists to determine how reliably or validly the form is completed. Best practice requires a more formalised mental health screening assessment. The mental health information covered in screening is limited (more limited than other Australian jurisdictions), and many of the nurses doing the screening are not mental health nurses. This is a challenging combination. This was raised at inspection and it was noted there was a degree of resistance to the suggestion that enhanced mental health screening is undertaken. There are validated mental health screens designed for use in prisons,

such as the Jail Screening Assessment Tool (Nicholls, Roesch, Olley, Ogloff, & Hemphill, 2005) or the Brief Jail Mental Health Screen (Steadman, Scott, Osher, Agnese, & Robbins, 2005).

Where possible screening should be done by a qualified mental health professional. The combined screening downplays the focus on mental health and those without expertise in mental health can miss the nuanced presentation of some people with mental illnesses. Training for nursing generally does not focus much on mental health. People are screened to be triaged to determine who requires more immediate intervention. If an experienced mental health professional is not doing the screening, it is inefficient since there will be 'less comfort' in screening people out, and the time of psychiatrists or clinical psychologists will be spent doing work with prisoners who may not require it. Further, psychiatrists or clinical psychologists may have to spend more time with prisoners due to the lack of reliable mental health information that a mental health nurse could provide.

RECOMMENDATION 9:

CHS consider formalizing the mental health screening by using a dedicated and validated mental health screening form, and engaging qualified mental health nurses to conduct the mental health screening, separate to the general health screening assessment.⁴

It was unclear at inspection whether people entering and exiting prisons for purposes such as court attendance or transfer between facilities were 'repeat screened'. In such situations, a prisoner may experience a major setback and should be screened again.

2. Triage

Following screening, the goal is to triage people - that is, define the small number of people who require immediate psychiatric care. At both reception prisons in Tasmania, people are brought straight from the community and it is highly likely some will require immediate psychiatric care by hospitalisation or further assessment. When discussing this potential, health care staff said that most prisoners will be identified as being managed as 'business as usual.'

Some other jurisdictions in Australia, such as Victoria,⁵ have identified a formal rating for people following the screen for triage. For example, in Victoria, the P ratings are defined as follows:

P1: "Serious psychiatric condition requiring intensive and/or immediate care."

P2: "Significant ongoing psychiatric condition requiring psychiatric treatment."

P3: "Stable psychiatric condition requiring continuing treatment or monitoring."

It is recognised that when first clinically assessed, particularly following the initial nursing reception screen, there may be grounds for concern that a serious psychiatric condition may exist but is not yet confirmed. In such instances further assessment is required, therefore a P1 rating may be allocated even though on subsequent review it may be determined that a serious psychiatric condition meeting the P1 definition does not exist and the patient's rating can therefore be downgraded.

It is also recognised that although the P rating definition denotes severity of an existing psychiatric condition and the appropriate intensity of care and treatment, its primary purpose, in practice, is to communicate to correctional authorities information about the required level of intensity of treatment can be delivered.

⁴ Note that dual trained nurses (physical health and mental health) could screen for both physical and mental health issues; although such nurses are understandably rare.

⁵ Commissioner's definitions and requirements for the application of P ratings. Corrections Victoria, Department of Justice and Regulation, Victoria.

Screening and triage is certainly being done within the Tasmanian Prison Service; however, it appeared to be somewhat ad hoc and might depend to a considerable extent on the person doing the screening or assessment. The process should be formalised, and it should not be dependent upon the goodwill and expertise of individual staff members. New staff need to be guided in decision making, so that if something goes untoward, they can be confident that they can, and did, manage a situation properly. At inspection, triage seemed idiosyncratic - either people are identified as needing care or not, there is no determination for anything more nuanced. The less process and substance of triage is formalised, the more it depends on the individual health practitioner. A systematic approach is required even where clinical staff feel that they know the prisoner well.

RECOMMENDATION 10:

CHS should review the process and content of their approach to triaging prisoners with mental illness, in order to move towards a more systemic and formalized approach.

3. Assessment

Once identified as requiring an assessment, the prisoner is referred for a psychiatric evaluation. For psychiatric assessments, most prisons use psychiatric registrars. Even so, psychiatric assessment is done under supervision of a registered psychiatrist. This is where a service level agreement is required. During the inspection we were provided with information that a consultant psychiatrist from the forensic mental health service did in-reach work into the prison on a limited basis. At the current time, this is defined as one to two sessions per week (where a session equals one-half day of work). The consultant psychiatrist who was providing in-reach service to the prison, and Correctional Health Service Staff members expressed the view that additional psychiatry resources were required. There is also an opportunity to establish a psychiatric registrar position attached to the Risdon Prison Complex, both to grow the service but also to help develop a future workforce. Such arrangements require supervision and support.

Management and response to suicide and self-harm (SASH) issues is by means of the Risk Intervention Team (RIT) and High Risk Assessment Team (HRAT). RIT and HRAT were observed and appeared to be managed and operating quite well. HRAT meetings were well attended and the right staff were there (i.e., a blend of prison staff, health staff and TSU). The RIT (TSU team member, psychiatric nurse and prison supervisor) performed its duties well and had a good understanding of the prisoners to whom they were providing service. No significant issues have been identified with the work that they were performing. Some consideration needs to be given to role clarification of the TSU group. They have a senior psychologist, along with other psychology and counselling positions, but their duties extended beyond mental health and SASH work.

Not all prisoners seen by the HRAT have mental health issues but many do. It is important that CHS staff be at these meetings and this seems to be the case. Staff did an excellent job of reviewing the HRAT cases. As outlined in Recommendation 2, there should be opportunity for the prisoner to be seen privately by the mental health professional, if they wish or require. The HRAT meetings observed took place within the accommodation unit wherever there was space, never in a private room. The meeting involved the mental health professional speaking with the offender with one or two correctional officers standing close by. There were no questions about whether the offender would like to speak privately, where appropriate.

4. Intervention:

A range of interventions is required to meet the mental health needs of prisoners, including:

1. Psychiatric medication

2. Mental health nursing follow-up and monitoring
3. Psychological intervention (individual and group)
4. Unit-based intervention
5. Transfer to psychiatric hospital

Most of the mental health intervention provided in the prisons is by means of medication or loose or unstructured 'counselling'. There is a high reliance on medication, which is not dissimilar to most other prisons in Australia. There is less evidence, however, of intensive psychological interventions and this is most likely due to availability of staff (see Recommendation 1). It could also be attributed to confusion between the roles of health, mental health staff and the TSU staff members.

There did not appear to be any practice of defined group interventions for mental health in Tasmanian prisons. A range of appropriate group programs is available for prisoners with mental health problems including psycho education about their illness, medication etc. There may be an opportunity for some group programs assisting people with mental illness. For example, group based Adherence Therapy can assist prisoners in understanding the need for medication, complications with mixing prescribed medication and drugs, and can help increase medication compliance (Cavezza, Aurora, & Ogloff, 2013).

It appeared that the focus of mental health staff is on triage and seeing people for the purposes of administering medication rather than ongoing intervention. Over time, it would be very helpful if the mental health staff could form a multidisciplinary team, with clear roles and expectations around the ongoing monitoring and care of prisoners with mental illnesses. This team structure should be a priority of the mental health clinical leader. For example, with the current separation of professionals who provide mental health services, issues arise about who has access to the medical files and what information is recorded in the files. This detracts from continuity of care and service delivery.

RECOMMENDATION 11:

The structure and role of mental health professionals should be given further consideration. The development of a multidisciplinary team with clear roles in the assessment, treatment, and monitoring of prisoners with mental illnesses is required.

It was unclear, based on the information available during the inspection, to what extent prisoners who required involuntary hospitalisation are accommodated in the Wilfred Lopes Centre for Forensic Mental Health, the state's secure forensic mental health unit. Generally speaking, Forensic Mental Health Services indicated that a prisoner with a mental illness or mental health issue who requires specialist mental health inpatient treatment could be hospitalised at the Wilfred Lopes Centre. However, it was noted that it was not always possible to accommodate all prisoners who required such services. This was confirmed by the Correctional Health Services, who noted that on occasion capacity does not allow for the transfer of a prisoner to the Wilfred Lopes Centre. The process for transfer of prisoners to Wilfred Lopes Centre needs to be formalised to address 'bed block' pressures. The collection of information and advocating over time for more resources will address bed block pressures.

As noted previously, the prisoner numbers in Tasmania continue to grow. The Wilfred Lopes Centre was opened in 2006 at a time when prisoner numbers were around 500. Indeed the planning for the Wilfred Lopes Centre occurred years earlier, when prisoner numbers were even lower. At the present time, prisoner numbers routinely exceed 600 and were as high as 639 in August 2018. This is a 21.7% increase in prisoners over time, with no increase in forensic mental health services or capacity at the Wilfred Lopes Centre.

At the time of preparing this report, an Expert Reference Group has been established for forensic mental health services across Australia. Part of the work entails benchmarking and establishing service standards and services levels for forensic mental health services. This information will be of assistance to the Tasmanian Forensic Mental Health Service to help establish the case for additional resources if required.

RECOMMENDATION 12:

TPS, CHS, and Forensic Mental Health Services, should work together to model service demand to help identify the nature and extent of mental health services and capacity required now, over the short term and longer term, to meet the needs of prisoners with mental illnesses.

Our observation of the Mersey Unit was that it is fairly stark and is really a mainstream unit. There is a need to consider the Mersey infrastructure from a therapeutic view. Over time, there will be a need for a properly staffed (i.e., adequate ratio and mix of mental health professionals) dedicated mental health unit conceived either as a step down unit for people returning from Wilfred Lopes Centre or as a maintenance unit for managing people with mental health problems who do not require involuntary hospitalisation or the level of care provided at a secure forensic mental health facility. At the time of the inspection, some of the units within the Risdon Prison Complex were performing these functions; however these units are not staffed adequately or managed appropriately. At present, these units are managed and staffed by prison officers and clinical decisions do not prevail in this arrangement.

It was unclear whether prison staff working in the Mersey Unit are required to undertake mental health training.

The typical ratio is 8% of men experience psychosis. As such, it is expected a number of prisoners at the Risdon Prison Complex would require dedicated mental health care. The Mersey Unit was used to accommodate a range of prisoners include those with intellectual disabilities and protection prisoners. This situation confirms the need for a dedicated mental health unit and I consider even a small unit of this type would be beneficial.

RECOMMENDATION 13:

TPS and CHS undertake planning for a dedicated mental health unit within the prison to serve as a step down facility:-

- for prisoners returning from hospitalisation and
- to assist in managing and providing treatment to prisoners who require dedicated mental health care but do not meet the requirements for involuntary hospitalisation in a secure forensic mental health facility.

5. Reintegration

The aspiration is that because prisons are meant to be community facilities and most prisoners do not spend very long period of time in custody, it behoves the health service to provide prisoners with the mental health services they need for reintegration. Information received at inspection indicated that attempts at reintegration of prisoners with mental illnesses appeared to be fairly ad hoc.

The goal of reintegration is that people will be equipped with treatment and skills to assist their mental health recovery and reintegration back to community. The Mersey Unit does not do this in a systematic way. Rather, the focus of service seemed to be more on crisis and care. Once the prisoner is stabilised, there is no way of identifying and providing follow through services ('through care'). This is particularly so if the prisoner is accommodated in the mainstream prison population once stabilised.

There is no mechanism to ensure that leading up to release mental health care planning as a bridge to the community occurs. Such planning is required to ensure that the person will be able to smoothly transition to access appropriate mental health care upon release.

While it is the case that, as with other jurisdictions, there are limitations in Tasmania with resourcing, there is a need for a 'Community Integration Program' approach. It is essential for prisoners with serious mental illness, even if accommodated in mainstream prison units, to be identified and proactively connected to community mental health services when readying to leave prison. This appears to be lacking at the present time and was confirmed by staff from Forensic Mental Health Services. While adequate through care did appear to be provided in some cases, there was no identified formal process around it and no feedback mechanism to identify a person requiring through care.

RECOMMENDATION 14:

TPS and CHS develop a community integration program to identify and bridge prisoners with mental illnesses to appropriate community mental health services when preparing for their release.

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Appendix A:

Biography – Professor James R. P. Ogloff AM

Jim Ogloff is a clinical and forensic psychologist who is also trained as a lawyer. He is a Fellow of the Canadian, American, and Australian psychological societies; as well as the International Association of Applied Psychologists. He has worked in clinical and forensic psychology in a variety of settings for more than 35 years. Professor Ogloff was appointed a Member of the Order of Australia (AM) in 2015 for significant service to education and to the law as a forensic psychologist, as an academic, researcher and practitioner.

He has extensive experience in forensic mental health services. He has provided consultancy services to all of the forensic mental health services in Australia, New Zealand, as well as many across North America, the United Kingdom, Europe, and Asia. He has developed or assisted in the development of many forensic mental health services. He has also conducted service reviews and evaluations throughout Australia and in many countries internationally. He was the first Director of Mental Health Services for British Columbia Corrections. He has worked as a consultant to the British Columbia Forensic Psychiatric Services Commission (1990-2001) and has been a director and now Executive Director of Psychological Services and Research at the Victorian Institute of Forensic Mental Health (Forensicare) since November 2001. Professor Ogloff also was a member of the Board of Directors for the Justice Health and Forensic Mental Health Network in New South Wales (2011-2015) and he is a Member of the Forensic Mental Health Board in Victoria.

He is the Past-President of the Australian and New Zealand Association of Psychiatry, Psychology and Law and a former Chair of the College of Forensic Psychologists of the Australian Psychological Society. He is a Past-President of the Canadian Psychological Association and a Past-President of the American Psychology-Law Society. Professor Ogloff has published 17 books more than 270 scholarly articles and book chapters. He is an Associate Editor of *Criminal Justice and Behavior*. He has served as Editor of the International Journal of Forensic Mental Health, as Associate Editor of Law and Human Behavior, and he is an International Editor of Behavioral Sciences and the Law. He has served on 11 other editorial boards. He is the recipient of the 2018 Distinguished Contributions to Law and Psychology from the American Psychology Law Society, the 2012 Donald Andrews Career Contributions Award for Criminal Justice Psychology from the Canadian Psychological Association and the 2009 Award for Distinguished Contributions in Forensic Psychology from the Australian Psychological Society.

Appendix B:

Organisations and Individuals Consulted as Part of the Review

Tasmanian Prison Service Management Group

- Ian Thomas, Anthony Rees, Andrew Gallagher, Helen Gardner

Correctional Health Services

- Dr. Chris Wake, Peter Cairns, Justin Knight, Fiona Montgomery, David Movric, Barry Nicholson,
- Nursing staff at the Hobart Reception Prison
- Janne Elkin and Launceston Reception Prison Nursing Staff

Tasmanian Prison Service Therapeutic Staff

- Jess McCormack, Helen Gardner, Kate Lennox, and Kylie Beard

Tasmanian Prison Service Staff

- John Franklin, Superintendent, Risdon Prison
- Steve Gridley, Superintendent, MHWP
- Shaun Wheeler, Superintendent, Hobart Reception Prison
- John Pickering, Superintendent, Risdon Prison
- Geraldine Hayes, Superintendent, Launceston Reception Prison
- Michael Mione, Correctional Supervisor, Launceston Reception Prison
- Risk Intervention Team Assessments/Review team – Kate Lennox, David Noble, Peter Cairns, Monique Dykes, and TPS Custodial Supervisor
- Risk Intervention Team Meeting – with therapeutic staff and CPHS staff

Groups of Prisoners

- MHWP prisoners
- Medium Security Peer Council at Risdon Prison
- Correctional Health Inmate Consumer Group
- Launceston Reception Prison Wardsmen

Tasmania Forensic Mental Health Services

- Dr. Leila Kavanagh and Dr. Hadrian Ball
- Andrew Saint and Katrina Brooks, Court Liaison Officers

Office of the Commissioner for Children and Young People

- Mark Morrissey (CCYP), Annie McLean, and Isobel Crompton

Tasmanian Youth Justice Staff and Contractors

- Patrick Ryan, Centre Manager, Ashley Youth Detention Centre
- Ralph Beck; Dr. Teresa Flower, Psychiatrist; William Doudle, Psychologist; Dr. Elysia Cunningham, Psychologist

Appendix 5 - Report from the Consultant Dietician

Ngaire Hobbins **Dietitian and Nutrition Consultant**

EXECUTIVE SUMMARY and RECOMMENDATIONS: NUTRITION STANDARDS **for** **The Tasmanian Prisons Custodial Inspectorate** **November, 2017**

EXECUTIVE SUMMARY:

The Tasmanian Prison Service (TPS) provides a mostly nutritionally adequate menu for inmates, with the exception of some issues around the provision of special diets, a somewhat excessive supply of bread elevating potential sodium intakes and less than ideal availability of fresh vegetables and fruit. However, production and meal delivery constraints impact the final quality of meals for many inmates, so that meals, or meal ingredients, are often rejected. In their place, inmates substitute low nutritional value 'buy up' options from the canteen, resulting in costly wastage of meals and negative impact on the nutritional status of inmates.

Some inmates experience a number of nutrition-related chronic health concerns, including type 2 diabetes, which are potentially exacerbated by their diets while in TPS. This creates a potential cost burden on the health system either during their incarceration, or following their release. The impact of such chronic health concerns can be reduced by providing the services of a dietitian to educate inmates in all facilities in making appropriate food choices and provide ongoing input into food services in the TPS.

While numbers are not large, there are women who are pregnant and with young babies within the Mary Hutchinson Women's Prison (MHWP) and they require professional nutritional support and education to maximise their health and that of their babies. This support needs to be provided by an Accredited Practising Dietitian (APD).

Important initiatives at Ashley Youth Detention Centre (AYDC) to educate young inmates have been undertaken (including the "Physically Fit" program currently under development) but the essential nutrition education component of these is hampered by reductions in numbers of dietitians employed by Department of Health and Human Services (DHHS) in the past few years, such that DHHS is currently not able to provide this resource.

There is a lot of demand from inmates for a wider range of foods in canteen, especially pre-prepared meals or items that they can use to prepare meals for themselves. While canteen food is purchased at the inmate's cost, it impacts the TPS food budget by potentially increasing wastage of meals being supplied to inmates if they choose to reject meals provided in favour of 'buy ups'. In addition, canteen lists offer limited variety of healthy options, with the most commonly purchased items being high in salt and/or sugar. Both inmates and custodial staff surveyed requested a better range of healthy options be made available through the canteen.

SUMMARY OF RECOMMENDATIONS:

1. That all recommendations of the 2016 TPS Menu Nutrition Assessment by Dietitian, Britt Gardner, be implemented. Those recommendations are set out in the attached Appendix.
2. Following implementation of recommendations 1-6 and 8 of the 2016 TPS Menu Nutrition Assessment, the menu be reassessed by an APD.
3. In respect of recommendation 7 of the 2016 TPS Menu Nutrition Assessment, the APD should provide individual nutritional counselling and support to pregnant women and mothers of babies.
4. An APD be engaged by TPS to offer individual consultations on the recommendation of medical staff, to ensure the need of those on special diets are met, to offer education to staff and inmates, and to support food service in recipe development and selection of canteen items.
5. AYDC to be funded to seek the services of an APD to offer vital nutrition counselling to individuals as required and to participate in educational initiatives for both staff and residents/inmates.
6. Consideration be given to developing processes in Risdon Prison Complex (RPC) to allow:
 - a. Sandwiches being offered on the day they are made (with options in place to deal with emergencies such as unavailability of inmates employed in food service).
 - b. More fresh vegetables and salads being offered at meal times.
 - c. Reducing time between meals being removed from reheating oven to consumption. That is, reducing the time meals are kept in 'hot boxes' before serving.
7. The menu of vegetarian meals offered by TPS must be reviewed to ensure that meals and recipes used provide an adequate supply of protein for inmates who are vegetarian.
8. Recipes used at RPC containing vegetables with high water content be reassessed to reduce the likelihood of excess water in the rethermed meal.
9. Recipes with gravy/sauce added be reassessed to increase palatability.
10. Offer more salad options on the menu – with sandwiches, or as side salads to meals.
11. Crumbed/battered fish to contain a minimum 100g fish per portion inside the batter.
12. Potatoes entering the Vegetable Processing Facility must be kept cool and away from light at all times.
13. The kitchen in MHWP be reinstated as a fully functioning kitchen as soon as possible so that MHWP is a self-catered facility.
14. The APD provide education to employed inmates and staff at the MHWP kitchen.
15. Consider options, appropriate to their security and behavioural status, for inmates to prepare their own meals from ingredients supplied by the kitchen – these would be in place of the pre-cooked meals currently supplied.
16. In the canteen:
 - a. Initiate a pricing schedule providing financial reward for healthier food choices along the lines of a 'traffic light guide'.
 - b. Offer fresh vegetable packs (packed by Vegetable Processing Facility).
 - c. Buy nuts/dried fruits in bulk and pack up for sale to reduce cost to inmates.
 - d. Investigate using lower salt/fat options to 'suimin' noodles such as rice noodles.
 - e. Source a wider variety of foil-packed snack meals including those containing fish/chicken/beans combined with rice and/or vegetables.
17. The TPS menu be reassessed to include more microwave friendly meal options to reduce the likelihood of excess water in reheated meals.
18. That Launceston Reception Prison (LRP) sources fresh bread from a local supplier.
19. That RPC supply Hobart Reception Prison (HRP) with ingredients for fresh sandwiches to be made at HRP. Alternatively that RPC sends fresh sandwiches direct to HRP for same day consumption.

Appendix

TPS Menu Nutrition Assessment – Recommendations

- 1) Swap to multigrain bread (low gi bread) – especially in diabetic diet.
- 2) Decrease serves of grains. 7 slices of bread on top of what the meals provide is excessive. Reduce to 4 supplementary slices of multigrain bread. See analysis of intake with 7 slices versus 4 slices.
- 3) Decrease sugar intake. World Health Organisation suggests sugar intake should be approximately: 25 g per day. Current intake, excluding canteen, is: 196g. Decrease the number of sugar serves made available. Swap jam for peanut butter with bread. Perhaps decrease dessert to 2-3 times per week. Replace with a low sugar alternative. Eg: Cheese and biscuits (eg: Mainland Tasty Light Cheddar cheese and cracker pack), yoghurt (Tamar Valley no added sugar greek style yoghurt with fruit).
- 4) Increase vegetable intake. Include in lunchtime meal as well as dinners if possible.
- 5) Implement an education scheme or some kind of regulation with the canteen. Eg: traffic light system for foods. The amount of extra calories/sugar made available without any regulation will lead to increased rates of obesity, chronic disease and poorly managed diabetics.
- 6) Diabetic inmates (especially newly diagnosed) should participate in education on foods, it is very likely that any supplementation from the canteen would be detrimental to progression of disease and control of blood glucose levels.
- 7) For any female inmates over 50 they will require extra calcium from the diet to reach 4 serves per day (on average diet currently provides 2.5). Could add 40g of cheese and half a cup of milk. If just fortifying with milk, would require an extra 375ml.
- 8) 15 hours between dinner and breakfast is not ideal. Explore whether snack/supper can be provided for all inmates, as is the case with diabetic inmates.

Appendix 6 – TPS clothing and bedding entitlements for prisoners

HRP	LRP	RBMS	RPC	MHWP
CLOTHING				
1 pair of runners 2 pairs of socks 2 underwear 2 t-shirts 2 trackpants 1 jumper		1 pair of runners 2 pairs of socks 2 underwear 2 t-shirts 2 trackpants 1 jumper 1 pair boots 1 khaki trouser 1 polar fleece jumper	1 pair of runners 2 pairs of socks 2 underwear 2 t-shirts 2 trackpants 2 jumpers	1 pair of runners 2 pairs of socks 2 underwear 2 pink t-shirts 2 trackpants 2 jumpers 1 flannel shirt 1 white t-shirt (sleepwear)
BEDDING AND LINEN				
1 pillow 2 pillow slips 1 doona 1 doona cover 1 sheet 2 towels 1 laundry bag	1 pillow 1 pillow slip 1 doona 1 doona cover 1 sheet 1 towel	2 pillows 2 pillow slips 2 doonas 1 doona cover 1 sheet 2 towels 1 laundry bag	1 pillow 1 pillow slip 1 doona 1 doona cover 1 sheet 1 towel 1 laundry bag	2 pillows 2 pillow slips 2 pillow protectors 1 doona 1 doona cover 2 sheets 2 towels

	I laundry bag (assigned to cell not prisoner)			I laundry bag
COMMENTS				
<p>All above items other than underwear and socks are returned to HRP upon the transfer of prisoners from HRP to another facility.</p> <p>Prisoners wear their own clothing for transfer. If their clothing is not suitable or is not available for some reason i.e. taken for evidence etc. HRP will transfer the prisoner in prison issued clothing.</p> <p>Due to changes in laundry procedures, HRP advised that they are in the process of issuing additional clothing, one additional item of the listed clothing.</p> <p>Used underwear is not reissued. Prisoners are allowed to take their prison issued underwear with them when transferring facilities.</p>	<p>All above items are returned to LRP upon the transfer of prisoners from LRP to another facility.</p> <p>Prisoners wear their own clothing for transfer to HRP. If their clothing is not suitable or is not available for some reason i.e. taken for evidence etc. LRP will transfer the prisoner in prison issued clothing. HRP return the clothing to LRP on the escort vehicle.</p> <p>Used underwear is retained by LRP, washed and returned to stock for redistribution to new prisoners.</p> <p>Shoes in good condition are washed and treated with anti-fungal powder and then reissued.</p>	<p>As RBMSP is a working prison, boots, khaki work trousers and a polar fleece jumper are included in the standard prison issued clothing pack.</p> <p>Used underwear is not reissued but is discarded.</p> <p>Shoes in good condition are washed and treated with Glen 20 disinfectant spray and then reissued.</p> <p>New inner soles are placed in shoes as required.</p> <p>If a prisoner requires an additional doona he has to submit a request to the Superintendent and this will be actioned on a case by case basis.</p>	<p>Shoes in good condition are washed and treated with tinea powder and then reissued.</p>	<p>Two doonas can be issued if requested.</p> <p>Families and friends of prisoners are allowed to provide pyjamas, socks (black only, explorer style, no ankle socks), underwear (basic cotton only) and brassieres through the Visitor Reception Centre.</p> <p>Shoes in good condition are washed and treated with Footcare Odour Stop anti-bacterial spray and then reissued.</p>

	Bedding items are changed once a week, towels are changed daily. Prisoners are often drug affected and unwell so their bedding will be changed every day if they request.			
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Appendix 7 – Prisoner survey on hygiene and environmental health – a snap shot of responses

Cleanliness	Of the respondents, 69.3% reported they are satisfied with the level of cleanliness of their living quarters. The largest response of dissatisfaction was from RBMSP												
Enough Rubbish Bins	Of the respondents, 68% reported having access to a sufficient number of bins. The highest rate of dissatisfaction came from RBMSP												
How often are the toilets cleaned	Of respondents, 33.3% reported their toilet was cleaned daily, 13.3% every second day, 5.3% reported twice a week, with 9.3% stating it was cleaned weekly. 36% of respondents reported <i>Other</i>												
How often is the shower/bathroom cleaned	Of the respondents, 32% reported daily cleaning, 12% every second day, 6.7% twice a week, with only 8% reporting once a week. 41.3% of respondents reported <i>Other</i>												
Happy with quality of cleaning products	Of the respondents, 45.3% reported being satisfied while 49.3% were not												
Self wash frequency	The majority of respondents reported washing daily (86.7%) with 9.3% reporting washing every second day. No respondents reported washing sometimes and 4% reported washing rarely												
Happy with quality of toiletries	Only 45.3% of respondents were happy with the quality of their toiletries												
Access to toilet paper, nail clippers, shaving, sanitary, and haircuts	<table> <tr> <th>Item</th><th>Satisfaction</th></tr> <tr> <td>Toilet Paper</td><td>68%</td></tr> <tr> <td>Nail Clippers</td><td>10.7%</td></tr> <tr> <td>Shaving Equipment</td><td>50.7%</td></tr> <tr> <td>Sanitary Products</td><td>100%</td></tr> <tr> <td>Haircuts</td><td>30.7%</td></tr> </table>	Item	Satisfaction	Toilet Paper	68%	Nail Clippers	10.7%	Shaving Equipment	50.7%	Sanitary Products	100%	Haircuts	30.7%
Item	Satisfaction												
Toilet Paper	68%												
Nail Clippers	10.7%												
Shaving Equipment	50.7%												
Sanitary Products	100%												
Haircuts	30.7%												

Required medical attention for foot infection	Of the respondents, 37.3% reported having sought medical attention for foot infection
Head lice, bed bugs, and insects	Of the respondents, only 5.3% reported issues with head lice, while 21.3% had issues with bed bugs, and 54.7% reported issues with insects
Access to clean clothes	68% reported having adequate access to clean clothes
Is two sets of prison clothes enough	Only 32% of respondents reported two sets of prison clothes being sufficient
How often is your doona washed	There were mixed results for this question as per the table below. Nearly a third of all respondents had no idea when their doona was washed
How often are sheets and pillows cleaned	Of the respondents, 74.7% reported their sheets being washed weekly
Is your mattress damaged, soiled, or torn	Of the respondents, 44% identified that their mattress was damaged, soiled, or torn. There was no option to breakdown responses by category for a more meaningful result. For example, if 41% of mattresses were torn, that would be less worrisome than 39% of mattresses being soiled
Access to drinking water	Of the respondents, 88% reported having adequate access to drinking water
Taste of drinking water	Only 37.3% of respondents were satisfied with the taste of the drinking water. RBMSP and MHWP reported the highest levels of dissatisfaction.

Appendix 8 – Department of Justice response to the recommendations

DEPARTMENT OF JUSTICE RESPONSE TO DRAFT CUSTODIAL INSPECTOR CARE AND WELLBEING INSPECTION REPORT

The Department of Justice (the Department) thanks the Custodial Inspector for the opportunity to comment on the draft Custodial Inspector Care and Wellbeing Inspection Report.

The work of the Custodial Inspector will assist the Department to ensure that it provides a decent, safe and constructive environment in which prisoners can address their offending behaviour and prepare for return to the community.

The Tasmania Prison Service (TPS) is part of the Department and is responsible for the management of adult custodial services in Tasmania. The Department of Health, through Correctional Primary Health Services (CPHS), is responsible for health services for prisoners.

Set out below is the Department's initial response to each recommendation (noting that the Department has reviewed a draft of the report only and that final recommendations may be amended). Many recommendations have been accepted in principle, with more detailed work to be done to assess the feasibility and cost of implementation.

The Department is not in a position to provide a response to recommendations that should be considered by the Minister and/or the Tasmanian Government or recommendations that require significant funding and consideration through normal budget processes. It has also not provided a response to those recommendations that are exclusively relevant to the Department of Health.

It has however, provided an initial response where initiatives are already underway within the TPS or where recommendations relate to operational issues and do not require significant funding.

As the draft report notes, given the passage of time since inspections commenced, a number of recommendations have already been addressed. Work is also underway on many other recommendations. In addition, a number of initiatives relevant to multiple recommendations are underway. These include:

Disability Justice Plan for Tasmania

The *Disability Justice Plan for Tasmania* (the Plan) aims to generate change in the way disability is identified and thought about in the justice system and to lead to more seamless service delivery arrangements and greater ease in dealing with the diversity of client and users' needs.

The Plan brings together many existing commitments across the justice system and supplements these with further targeted strategies.

There are a number of specific actions included in the Plan relevant to the TPS:

- Include a focus on disability in the case management model being developed and implemented.
- Improve screening and assessment of prisoners to identify the presence of disability.
- Make reasonable adjustments to enable prisoners with disability to engage with prison services.
- Develop specialist services and interventions to address the needs of prisoners with disability.
- Develop effective partnerships between corrections, health, disability and mental health services to address the particular needs of prisoners with disability.
- Introduce screening for intellectual disability and acquired brain injury and address the specific needs of prisoners.
- Ensure that reintegration and release planning take account of particular needs arising from a prisoner's disability.

DEPARTMENT OF JUSTICE RESPONSE TO DRAFT CUSTODIAL INSPECTOR CARE AND WELLBEING INSPECTION REPORT

- Address the needs of people with disability on remand.
- Establish streamlined service delivery arrangements for prisoners who were in receipt of a National Disability Insurance Scheme package prior to incarceration or who are eligible for a National Disability Insurance Scheme package on release.

Prisoner Mental Health Task Force

The Prisoner Mental Health Care Task Force was established in September 2018 to examine processes and procedures relating to prisoner psychiatric care assessments and prisoner discharges.

The Task Force will identify options for ensuring that prisoner health assessments and prisoner discharge processes are as rigorous as they can be.

The Task Force will provide advice on ways in which the delivery of mental health services to prisoners and to people who are remanded can be improved.

The Task Force is co-chaired by senior representatives from the Department of Justice and Department of Health.

Relevant recommendations in the Custodial Inspector's Care and Wellbeing Inspection Report will also be taken into account by the Task Force.

Prison Infrastructure

Several significant infrastructure projects have recently been underway and new prison infrastructure has also been announced that will continue to address a number of the draft recommendations.

Funding of \$270 million over ten years has been announced to commence the construction of a new Northern prison over two stages. The new prison will ultimately provide accommodation for a variety of security classifications, including remand facilities and a women's prison. It will relieve pressure on the Risdon facility, improve family connections for Northern prisoners and increase opportunities for prisoners to find meaningful work on release.

Funding of \$70 million over three years will also be provided for the construction of a new remand facility on the Risdon Prison site. The new remand facility will assist with the separation of sentenced prisoners and unsentenced remandees and will facilitate improved access to services.

At the Ron Barwick Minimum Security Prison, work is well advanced to upgrade Division 7. The upgrades include 40 additional accommodation cells.

Two new 10-bed accommodation units and a 5-bed mother and baby unit have recently been completed to create additional facilities at the Mary Hutchinson Women's Prison.

\$1.5 million has also been committed over two years from 2018-19 to expand the number of beds in the transitional and pre-release accommodation units (known as the O'Hara Units). Four additional independent living units will be constructed, with each unit designed to house four people.

Funding has also been provided to update shared facilities at the Risdon Prison site to meet increased service demand. Updates will include the construction of:

- an upgraded and expanded medical/health centre;
- a new kitchen;
- upgraded and expanded visits facilities;

- an upgraded and expanded gatehouse; and
- an upgraded prisoner processing area.

Trauma Informed Practice

Trauma is a significant issue in prisons. The TPS has recently endorsed the implementation of trauma informed practice within the prison system. This decision is based on data from Australia and overseas which indicates that a significant proportion of prisoners have been exposed to trauma in their lifetime. Additionally, it is acknowledged that a number of our staff members have been exposed to trauma.

The Tasmania Prison Service will seek to integrate trauma informed practice into daily routines, core values, operating procedures / policy and everyday language. Staff training and development, coaching and mentoring practices will also be developed and established to support the implementation and the ongoing practice within the prison system, and to build on initiatives already underway.

Justice Connect

Justice Connect is an initiative to address the shortcomings of existing technology in key justice business systems. The Department has identified a number of significant problems with the management of information in the criminal justice sector that are impeding its ability to effectively deliver services to the Tasmanian community.

The Department is looking to redevelop these business systems and to replace them with a system that enhances efficiencies and improves outcomes through better information sharing, access to timely and trusted information and integration across government. In the 2018-19 State Budget, an allocation of \$2.5 million was made to continue the preparation of detailed requirements for this work.

Demand Analysis

In the 2017-18 State Budget, funding was provided for specialist data analyst positions to adapt the Victorian Justice system's demand analysis model for use in Tasmania. These positions will also maintain the model once operational, and undertake the necessary data analysis and reporting.

A Criminal Justice Demand Analysis Working Group has also been established to provide advice and input from across the criminal justice system on expected future changes in legislation, policy and practice, in order to better manage, understand and predict service demand across the system, and to identify required resources for ongoing demand modelling.

The Demand Analysis Working Group includes senior representatives from a number of government agencies including the Department of Justice (Tasmania Prison Service and Community Corrections) and Department of Health (Correctional Primary Health Services).

Response to Recommendations

Recommendation	Response/Acceptance Level
<p>1 Tasmania Prison Service (TPS) reviews all Director's Standing Orders to ensure that the information they contain is current and up to date, and that processes and procedures at all custodial centres reflect those orders.</p>	<p>Supported - Existing Initiative</p> <p>A rolling program of review for all TPS Director's Standing Orders has been underway for some time, with a schedule of priority regularly reviewed.</p>
<p>2 TPS establishes a means to regularly review the equal opportunities and outcomes for different prisoner groups.</p>	<p>Supported in Principle</p> <p>TPS will review this recommendation with an aim to address issues identified in the Inspection Report. TPS does not presently capture data to identify different prisoner groups and their specific offending behaviour needs. It is also noted, that there would be significant budget implications to deliver all programs/services to all prisoner groups in all facilities.</p> <p>Full implementation would require additional funding and is a matter which will be considered further.</p>
<p>3 TPS introduces system-wide strategies to promote anti-discriminatory practices.</p>	<p>Supported - Existing Initiative</p> <p>The TPS has included decency modules and other training for all staff not limited to but including diversity and discrimination in their mandatory training package. The Department will consider a broader communication strategy to further promote anti-discriminatory practices across the organisation.</p>
<p>4 TPS provides a systemic approach to training staff to assist with the identification of, and appropriate strategies for, dealing with disabilities.</p>	<p>Supported</p> <p>A review of current TPS and other jurisdictional training practices will be undertaken to identify areas of improvement in the current training package. The recent <i>Disability Justice Plan for Tasmania</i> is also relevant to this recommendation. That plan includes a number of specific actions, including staff training to recognise and better respond to offenders with disability and improving screening and assessment.</p>
<p>5 TPS considers a more efficient process to allow Mary Hutchinson Women's Prison staff to purchase urgently required baby items.</p>	<p>Supported</p> <p>New baby items including toys and books will be purchased as part of the new mother and baby unit. The TPS will also consider a more efficient process to allow staff to purchase urgent items when a prisoner comes into custody with a child or baby.</p>

Recommendation	Response/Acceptance Level
6 TPS provides additional socks and new underwear on reception to facilitate the needs of the prisoners to have clean clothing on a daily basis.	<p>Supported</p> <p>The Department will implement a reception pack that will provide additional socks and underwear for prisoners upon reception. TPS will add underwear and socks to the canteen list to enable prisoners to purchase these over and above prison allocated undergarments.</p>
7 TPS ceases the process of redistributing washed second hand underwear at Launceston Reception Prison.	<p>Implemented</p> <p>This process has ceased.</p>
8 TPS provides male prisoners with sleepwear.	<p>Supported</p> <p>Family members are permitted to send pyjamas to prisoners. TPS will add sleepwear to the canteen list for purchase by prisoners. In addition, sleepwear will be made available to prisoners upon reception for those who wish to use them.</p>
9 TPS provides additional clothing on reception to facilitate the needs of the prisoners to have clean clothing on a daily basis.	<p>Supported in Principle</p> <p>The Department will implement a reception pack that will provide additional clothing for prisoners upon reception. Prisoners also have the ability to purchase additional clothing from the canteen.</p>
10 TPS provides a pair of shorts for sport and recreational use.	<p>Supported in Principle</p> <p>Prisoners are currently able to purchase shorts from the canteen list. Family members will be permitted to send shorts into prisoners.</p>
11 TPS issues all prisoners with suitable clothing to keep warm such as a polar fleece jumper or similar, in addition to the tracksuit jumper already provided.	<p>Already in Place</p> <p>All prisoners are currently issued with a polar fleece and a tracksuit top.</p>
12 TPS procures robust and durable footwear as the standard prison issue and provide a secondary pair of footwear such as thongs to all prisoners.	<p>Supported in Principle</p> <p>TPS will review the footwear list to ensure shoes available for prisoner purchase are durable. Prisoners are currently able to purchase thongs through the canteen.</p>
13 TPS provides suitable discharge clothing to prisoners who do not have any civilian clothing.	<p>Supported - Existing Initiative</p> <p>TPS has initiated a project to address these issues.</p>
14 TPS reviews stock-management controls and implements changes to ensure sufficient clothing stock is maintained to meet prisoner entitlements.	<p>Supported</p> <p>TPS will review prisoner clothing and stock-management controls.</p>

Recommendation	Response/Acceptance Level
15 TPS implements a quality-control process to assess the condition of clothing items before they are returned to the store to be reissued.	Supported TPS will review clothing issue and return processes.
16 TPS procures clothing items from another external supplier if the prison tailor shop is unable to meet demand.	Supported TPS will review stock control processes with an aim to meet prisoner demand.
17 TPS implements a process for issuing replacement clothing to prisoners, particularly those with lengthy sentences.	Supported TPS will review stock control and issue and return processes for prisoner clothing.
18 TPS introduces a mattress replacement strategy so that mattresses can be proactively replaced in each facility on a regular basis.	Implemented TPS current processes ensure that mattresses are replaced every three years, with one third of mattresses replaced in each facility yearly. Prisoners can request a replacement mattress where the need arises earlier than the routine replacement period.
19 TPS implements processes to ensure staff inspect mattresses, doonas and pillows regularly for defects, moisture and mould and replace where necessary.	Implemented TPS currently undertakes daily cell inspections, part of which is to identify damage to property - including mattresses. Prisoners are also able to contact Correctional Staff where they identify a need to replace a mattress.
20 TPS implements a quality-control process to assess the condition of bedding items before they are returned to the store to be reissued.	Supported TPS will review the prisoner transfer or release process as it relates to in-cell property - particularly mattresses - to ensure required checks are carried out in line with procedural requirements.
21 TPS explores alternative options for bedding supplies and implements changes in order to meet the standard that requires bedding to be fire retardant.	Supported TPS will review processes for the purchase of bedding to ensure it is fire retardant.
22 TPS explores alternate laundry bag options, to prevent loss of items during the laundry process.	Supported – Existing Initiative Currently under way as part of the project to have Risdon Prison Complex (RPC) Medium laundry work done by the prison commercial laundry.

Recommendation	Response/Acceptance Level
23 TPS ensures that adequate laundry services are available to provide all prisoners in all custodial centres throughout the State the ability to wear clean clothing on a daily basis.	<p>Supported – Existing Initiative</p> <p>Currently under way as part of the project to have RPC Medium laundry work done by the prison commercial laundry. TPS will review laundry processes to ensure prisoners in all custodial centres throughout the State have the ability to wear clean clothing on a daily basis.</p>
24 TPS inspects all cells in Ron Barwick Minimum Security Prison regularly and those identified with any visible condensation or mould should be left unoccupied.	<p>Supported – Existing Initiative</p> <p>Currently part of the daily cell inspections. Mattresses need to be turned on their sides daily to avoid mould caused by condensation. TPS to review cell inspection processes to ensure staff and prisoners are reminded to check cells and mattresses for mould daily. TPS also to review processes for cleaning cells promptly that are identified with mould.</p>
25 TPS ensures that complaints of prisoner thermal discomfort are addressed in a timely manner.	<p>Supported in Principle</p> <p>Prisoners are able to have thermal clothing provided to them by family members. TPS will look at possible causes of discomfort that would require the need for thermal clothing items. TPS will also review the hours of operation for RBMSP heating given recent electrical maintenance upgrade works; and the temperate control for LRP female prisoner cells.</p>
26 TPS introduces education and procedures to ensure that all prisoners are advised to run taps for 30 seconds prior to using the water for drinking, washing and preparing food, and brushing teeth.	<p>Supported – Existing Initiative</p> <p>TPS is introducing a communication strategy aimed at advising prisoners to run taps for 30 seconds prior to using the water for drinking, washing and preparing food, and brushing teeth.</p>
27 TPS undertakes regular testing to ensure that the water filter that has been installed at Mary Hutchinson Women's Prison is delivering safe drinking water.	<p>Implemented</p> <p>MHWP water filters are changed semi-annually (June and December). Whole of site water is tested every 6 months at 52 locations.</p>
28 TPS facilitates further water sampling by the State Water Officer.	<p>Supported in Part</p> <p>Whole of site water is tested every 6 months at 52 locations. Advice from the State Water Office will be sought as required.</p>
29 TPS seeks advice and direction from the Department of Justice's Consumer Building and Occupational Services Technical Regulation Unit in relation to the plumbing configuration in cells located in Risdon Prison Complex (Maximum).	<p>Supported</p> <p>Risdon Prison Complex was constructed in a joint venture between John Holland and Fairbrother in 2006 that met building and plumbing codes.</p>

Recommendation	Response/Acceptance Level
30 TPS ensures that temperature checks of fridges in all units and divisions in all custodial centres are occurring on a regular basis.	<p>Implemented</p> <p>This occurs as part of daily unit and cell inspections. Kitchen fridge and freezer temperatures are regularly checked and recorded as part of the QA process, domestic units are repaired or replaced only when they fail.</p>
31 TPS ensures that the food safety program includes a reference to the protocol for identifying/screening prisoners for food allergies when first taken into custody.	<p>Supported</p> <p>The existing food safety program will be amended to include processes for identifying /screening prisoners for food allergies.</p>
32 TPS upgrades the kitchenettes in Divisions 2, 3 and 4 of the Ron Barwick Minimum Security Prison.	<p>Infrastructure Consideration</p> <p>This recommendation is supported in principle, however has significant budgetary implications and needs to be considered through the State Budget processes.</p>
33 TPS ensures that all prisoners in Ron Barwick Minimum Security Prison have access to food safety training.	<p>Supported</p> <p>TPS notes that all prisoners being transitioned to RBMSP through the induction prison have received their food handling (safety) training as part of their induction. TPS will consider this recommendation to capture long-term prisoners who did not transition through the Hobart Reception Prison and may require training or retraining.</p>
34 TPS increases the canteen storage area to enable more efficient ordering processes and storage.	<p>Infrastructure Consideration</p> <p>This recommendation is supported in principle, however has significant budgetary implications and needs to be considered through the State Budget processes.</p>
35 TPS provides extra shelving and storage space for dry goods such as cereals in Risdon Prison Complex (Medium) and kitchenettes.	<p>Supported</p> <p>Shelving to be fitted.</p>
36 TPS ensures that damaged food preparation equipment such as microwaves, toasted sandwich makers and fridges is repaired and/or replaced as soon as possible.	<p>Implemented</p> <p>Equipment checks form part of daily unit and cell inspection requirements. Identified issues are required to be reported as part of that process.</p>
37 TPS makes microwave containers available to all prisoners to purchase through canteen regardless of their security classification.	<p>Supported in Principle</p> <p>TPS to consider this recommendation and costs involved with implementation, noting also that microwave containers are already available to prisoners in some locations.</p>

Recommendation	Response/Acceptance Level
38 TPS ensures that Mary Hutchinson Women's Prison kitchen is covered by the food safety program.	<p>Supported – Existing Initiative</p> <p>TPS notes that this recommendation is part of an existing initiative.</p>
39 TPS provides food handler training to all prisoners working in kitchens in all custodial centres.	<p>Supported</p> <p>TPS will review current processes in lieu of this recommendation, as it is of the opinion that this may be a result of the need to improve record keeping, rather than of prisoners working in food-handling areas not receiving required training.</p>
40 TPS ensures Hobart Reception Prison is registered as a food business with the Hobart City Council as required under the Food Act 2003.	<p>Supported</p> <p>TPS to pursue as soon as possible.</p>
41 TPS considers options to increase access to showers for those prisoners that work within the prison commercial laundry and are accommodated within the Risdon Prison Complex medium security precinct.	<p>Supported - Existing Initiative</p> <p>TPS already provides prisoners with ready access to showers. Prisoners in the Medium Security Prison - including those working in the laundry - have access to showers at lunch time, after evening lock up, and of a morning before work in the communal pods.</p>
42 TPS reviews procedures and implements changes relating to hair clippers and barbering services in Risdon Prison Complex (medium and maximum security precincts) to ensure that proper infection control measures are being followed by prisoners in order to reduce the risk of transmission of blood borne viruses.	<p>Supported</p> <p>TPS will implement this recommendation in all prisons.</p>
43 TPS allows all prisoners to buy basic toiletries, such as soap, toothpaste and toilet paper, out of their private account, regardless of contract levels, if prison issued toiletries are not sufficient to maintain personal hygiene.	<p>Supported - Existing Initiative</p> <p>TPS notes that prisoners are already supplied with an extra toilet roll each week and a bar of soap, which is over and above what they purchase themselves for their own use. Prisoners are already provided with earnings to enable them to purchase toiletries, irrespective of contract levels.</p>

Recommendation	Response/Acceptance Level
44 TPS addresses plumbing issues at the Launceston Reception Prison, particularly in relation to the limited shower facilities, issues with shower drainage, and no access to hot water to wash hands after using the toilets.	<p>Supported in Principle</p> <p>TPS will consider this recommendation, noting that the downstairs prisoner shower was closed due to poor drainage and ventilation. A new prisoner shower area was constructed upstairs along with the cell upgrades, approximately four years ago. However, if the result of consideration is the need for infrastructure upgrade, this may have significant budgetary implications and will need to be considered through the State Budget processes.</p>
45 TPS replaces the wooden benches in the Launceston Reception Prison day yard with metal benches.	<p>Implemented.</p> <p>Wooden Benches have been removed and replaced with steel benches.</p>
46 TPS should explore options to address the hygiene issues caused by in-cell toilets with no lids.	<p>Supported - Existing Initiative</p> <p>TPS to install toilet seats and lids on all toilets where appropriate.</p>
47 TPS takes steps to reduce and control the rabbit population at the Risdon site.	<p>Supported - Existing Initiative</p> <p>Various humane methods have been, and continue to be taken, to address the increasing rabbit population on the Risdon Prison Complex Site.</p>
48 TPS review the current Quality Assurance Program for Horizon Laundry to ensure procedures for the transportation of used linen complies with ASNZS 4146: Laundry Practice and ensure that the Transport of Laundry/Final Inspection Checklist specifies requirements for cleaning of prison escort vehicle pods that used linen has been stored in.	<p>Supported in Principle</p> <p>TPS will further consider this recommendation.</p>
49 TPS introduces procedures to clean prison escort vehicle pods after every use whether linen is transported or not.	<p>Supported</p> <p>TPS will review escort processes with an aim to address this recommendation.</p>
50 TPS contacts Tasmania Fire Service for advice and direction in relation to the placement of the fire alarm and fire extinguisher on the lowest, basement, level of Launceston Reception Prison.	<p>Supported in Principle</p> <p>The LRP meets Building Code of Australia requirements. A schedule has been prepared by Johnstone McGee & Gandy Engineers and Planners and this is regularly reviewed.</p>
51 TPS improves access to prisoners for CPHS staff.	<p>Supported in Principle</p> <p>TPS will consider this recommendation.</p>

Recommendation	Response/Acceptance Level
52 TPS introduces a process to enable prisoners to return medical request forms directly to the health clinic whilst maintaining confidentiality.	<p>Supported - Existing Initiative</p> <p>TPS notes that prisoners are able to lodge confidential medical request forms daily in each facility - sometimes twice a day - during labour parades. TPS will consider how it can further meet the aims of this recommendation in consultation with CPHS.</p>
53 TPS introduces an awareness campaign to encourage prisoner patients to provide more detail on the medical request forms so that nurses can triage effectively.	<p>Supported</p> <p>TPS to consider a communication strategy, in consultation with CPHS, to increase prisoner awareness of the need to provide more detail on the medical request forms.</p>
54 TPS introduces measures to assist prisoners that are illiterate and cannot complete a medical request form.	<p>Supported in Principle</p> <p>TPS will consider this recommendation, noting that, in order to maintain confidentiality, this responsibility may fall to CPHS.</p>
55 TPS undertakes a work safety audit in the Mary Hutchinson Women's Prison health clinic.	<p>Supported</p> <p>TPS will consider this recommendation in consultation with CPHS.</p>
56 TPS reviews the physical layout of the Ron Barwick Minimum Security Prison health clinic to ensure there is an exit door in the clinic.	<p>Supported in Principle</p> <p>TPS will consider this recommendation in consultation with CPHS.</p>
57 TPS ensures that proper and detailed consideration is given to the specific high needs of the increasing number of elderly, frail and disabled prisoners in prison forward planning. Consideration should be given to including a geriatric nurse on staff.	<p>Supported in Principle</p> <p>TPS will work to address this recommendation in consultation with CPHS. This recommendation is supported in principle, however may have significant budgetary implications and needs to be considered through the State Budget processes.</p>
58 TPS ensures that prisoners have access to the immediate supply of EpiPens where there is a documented life threatening allergy.	<p>Supported in Principle</p> <p>TPS will look to introduce EpiPens in consultation with CPHS.</p>
59 TPS considers implementing procedural changes to provide timely access to Paracetamol after hours for prisoners.	<p>Supported in Principle</p> <p>TPS will further consider this recommendation as it relates to all prisons, noting that RBMSP prisoners already have access to Paracetamol after hours.</p>

Recommendation	Response/Acceptance Level
60 TPS reviews and implements changes to the strip searching process for hospital escorts to improve the process and reduce strip searching of prisoners.	<p>Not supported at this time</p> <p>Given that strip search procedures are in place to maintain the security and good order of prisons, TPS requests further clarification of the intent of this recommendation.</p>
61 Until access to all health services for most prisoners is ensured, TPS minimises escorts for private medical consultations in order to reduce lock downs which disadvantage many others and result in diminished treatment time in the prison clinic.	<p>Not Supported</p> <p>Private medical consultations are required for procedures not undertaken by CPHS in TPS prisons - such as specialised dental, optical and hearing appointments - and TPS cannot interfere with a prisoner's access to health services where their condition requires treatment, including by external medical agents. TPS endeavour to ensure medical escorts cause minimum disruption to day to day operations.</p>
62 TPS provides all prisoners unhindered access to condoms and lubricant.	<p>Implemented</p> <p>Already undertaken across all TPS prisons. As noted in the draft report, restock schedules have been amended and regular repairs undertaken.</p>
63 TPS reviews, risk-assesses and considers introducing a needle exchange for prisoners given the high transmission rate of blood borne viruses in the Tasmanian prison system. The inclusion of an education component in any such program is vital.	<p>Not Supported</p> <p>While TPS understands the intent of this recommendation, it notes the complex issues around re-offending behaviour (use of needles) that rehabilitative programs are working to address. Initial inquiries indicate that this issue is not widely supported across custodial centres in Australia. Alternative options will be considered.</p>
64 TPS ceases the process of requiring nursing staff to maintain a sharps register in health clinics.	<p>Not Supported</p> <p>TPS requires the use of a sharps register to ensure accountability relating to the use of dangerous items in a prison environment in locations that are also frequented by prisoners. This is a safety measure to protect both prisoners and staff.</p>
65 TPS undertakes a review of the medical chit process, with consideration given to the division of responsibilities between TPS and CPHS, and implements changes to improve the process.	<p>Supported – Existing Initiative</p> <p>Meetings between TPS and CPHS have commenced to discuss this issue.</p>
66 CPHS seeks a rotation from Royal Hobart Hospital and Launceston General Hospital of a Junior Resident Medical Officer to assist with burgeoning workloads of CPHS Medical Officers.	<p>Department of Health</p>

Recommendation	Response/Acceptance Level
67 CPHS develops a nurse-based workforce that reflects the diverse health needs of the complex client group (i.e. not all generalist nurses), specifically mental health and drug and alcohol nurses.	Department of Health
68 CPHS enters a formal arrangement with local (southern and northern State) Aboriginal Community Controlled Health Organisations, or alternately recruit designated Aboriginal Health positions within the service.	Department of Health
69 CPHS explores with TPS the funding and commissioning of a radiology suite on the Risdon campus.	<p data-bbox="746 730 1038 754">Infrastructure Consideration</p> <p data-bbox="746 770 1382 981">This recommendation is supported in principle, however has significant budgetary implications and needs to be considered through the State Budget processes. The existing CPHS facilities would require expansion and extra funding for the building, staffing and equipment would be required. This recommendation will be considered for potential inclusion in the shared facilities upgrade project.</p>
70 CPHS explores with TPS the funding and commissioning of a physiotherapy suite on the Risdon campus.	<p data-bbox="746 1021 1038 1046">Infrastructure Consideration</p> <p data-bbox="746 1061 1382 1272">This recommendation is supported in principle, however has significant budgetary implications and needs to be considered through the State Budget processes. The existing CPHS facilities would require expansion and extra funding for the building and additional staffing and equipment. This recommendation will be considered for potential inclusion in the shared facilities upgrade project.</p>
71 CPHS reviews the governance for pharmacists, with a view to changing the structure so that the pharmacists report directly to a senior pharmacist.	Department of Health
72 CPHS introduces the community-accepted standard for medication management which is to allow medications to be provided to prisoners where it is appropriate, on a weekly basis.	Department of Health
73 CPHS ensures that all medications distributed to prisoners are signed for by nursing staff contemporaneously to distributing the medication.	Department of Health

Recommendation	Response/Acceptance Level
74 CPHS ensures that when the prisoner refuses a regular order, the appropriate notation is made on the prisoner's medication chart.	Department of Health
75 CPHS reviews the processes relating to blood tests taken as part of the admission screen/assessment and implements changes to ensure that this screening does not cease during busy periods.	Department of Health
76 TPS and CPHS together review the responsibility and processes for cleaning of the inpatients facility to ensure adequate and timely sanitation and infection control.	Supported Meetings between TPS and CPHS have commenced to discuss this issue. CPHS currently employ a cleaner for the inpatients facility. Training to be provided.
77 TPS and CPHS together consider options for implementing an appropriate forum to improve communications and discuss and resolve issues on a regular basis.	Implemented This recommendation has been implemented. Senior management of TPS and CPHS meet on a monthly basis to discuss and resolve any ongoing issues. Regular meetings are also occurring for various specific issues including multidisciplinary meetings for mental health and disability case management. CPHS currently attends TPS Senior Management Team meetings weekly, meets with Superintendents daily and has weekly meetings with the superintendent responsible for the health centre area. In addition, there is close collaboration between TPS Therapeutic Services and CPHS mental health team. The Northern CPHS Nurse Unit Manager meets with TPS to discuss various issues.
78 TPS considers establishing a mental health leadership position for the prisons to provide oversight, strategic planning, and coordination of mental health services (e.g. Director of Mental Health Services). This position should work closely with the existing medical director of the Correctional Primary Health Service.	Supported in Principle This recommendation is supported in principle, however has significant budgetary implications and needs to be considered through the State Budget processes.
79 TPS establishes and identifies dedicated spaces that are conducive for the provision of mental health care in the prisons.	Supported in Principle TPS will work with CPHS to consider how to best address this recommendation, noting opportunities the already announced infrastructure upgrades and new facilities provide.

Recommendation	Response/Acceptance Level
<p>80 TPS considers the training needs of prison officers to identify, communicate, and de-escalate prisoners with mental illnesses. Based on the prison officers' needs, a training package should be developed and delivered.</p>	<p>Supported - Existing Initiative</p> <p>Already part of recruit training. The TPS acknowledges the need for refresher training. It notes that staff in the Needs Assistance Unit have been provided with additional training. The TPS delivers Verbal Judo training (de-escalation) and has recently endorsed the implementation of trauma informed practice. These initiatives also address this recommendation.</p>
<p>81 CPHS commences planning immediately to meet the need for additional dedicated mental health professionals to work in the prisons. Service levels should be modelled on existing and anticipated demand, taking into consideration the developing national standards.</p>	<p>Department of Health</p> <p>The Department will provide input to CPHS as required.</p>
<p>82 CPHS includes in strategic planning for mental health services workforce development, professional development, and succession planning to ensure growth and stability of the workforce overtime.</p>	<p>Department of Health</p>
<p>83 CPHS considers formalising the mental health screening by using a dedicated and validated mental health screening form, and engaging qualified mental health nurses to conduct the mental health screening, separate to the general health screening assessment.</p>	<p>Department of Health</p> <p>The TPS will provide input to CPHS as required.</p>
<p>84 CPHS reviews the process and content of their approach to triaging prisoners with mental illness, in order to move towards a more systemic and formalised approach.</p>	<p>Department of Health</p>
<p>85 TPS and CPHS together consider establishing a service agreement with the Forensic Mental Health Services for the provision of psychiatric services.</p>	<p>Implemented</p> <p>CPHS is currently within the same management structure as Forensic Mental Health Services (FMHS). An existing Memorandum of Understanding between TPS and CPHS also incorporates FMHS.</p>
<p>86 TPS and CPHS together give further consideration to the structure and role of mental health professionals. The development of a multidisciplinary team with clear roles in the assessment, treatment, and monitoring of prisoners with mental illnesses is required.</p>	<p>Implemented</p> <p>As outlined above CPHS falls within the auspices of FMHS and it is part of an existing multidisciplinary team within that structure.</p>

Recommendation	Response/Acceptance Level
<p>87 TPS and CPHS together undertake planning for a dedicated mental health unit within the prison to serve as a step down facility:</p> <ul style="list-style-type: none"> a. for prisoners returning from hospitalisation; and b. to assist in managing and providing treatment to prisoners who require dedicated mental health care but do not meet the requirements for involuntary hospitalisation in a secure forensic mental health facility. 	<p>Infrastructure Consideration</p> <p>This recommendation is supported in principle, however has significant budgetary implications and needs to be considered through the State Budget processes. This recommendation will be considered by the Prisoner Mental Health Care Task Force.</p>
<p>88 TPS and CPHS together develop a community integration program to identify and bridge prisoners with mental illnesses to appropriate community mental health services when preparing for their release.</p>	<p>Supported in Principle</p> <p>This recommendation is supported in principle, however has significant budgetary implications and needs to be considered through the State Budget processes. This recommendation will be considered by the Prisoner Mental Health Care Task Force.</p>
<p>89 TPS, CPHS and Forensic Mental Health Services work together to model service demand to help identify the nature and extent of mental health services and capacity required now, over the short term and longer term, to meet the needs of prisoners with mental illnesses.</p>	<p>Supported in Principle</p> <p>A Criminal Justice Demand Analysis Working Group has been established to provide advice and input on expected future changes in legislation, policy and practice, in order to better manage, understand and predict service demand across the system, and to identify required resources for ongoing demand modelling.</p>
<p>90 Engages an Accredited Practising Dietician to provide food and nutrition education to employed prisoners and staff at the Mary Hutchinson Women's Prison kitchen.</p>	<p>Supported in Principle</p> <p>TPS will further consider this recommendation and options for its introduction. The recommendation is supported in principle, however has budgetary implications and will be considered through normal budget processes.</p>
<p>91 TPS considers reinstating the kitchen in Mary Hutchinson Women's Prison as a fully functioning kitchen as soon as possible so that it is a self-catered facility.</p>	<p>Supported - Existing Initiative</p> <p>TPS has existing plans to reinstate the MHWP Kitchen.</p>
<p>92 TPS explores options for a central kitchen facility to be built onsite at Risdon Prison Complex.</p>	<p>Supported - Existing Initiative</p> <p>A central kitchen facility at Risdon Prison Complex is part of the already announced Southern Remand Infrastructure Project.</p>

Recommendation	Response/Acceptance Level
93 TPS considers options, appropriate to their security and behavioural status, for prisoners to prepare their own meals from ingredients supplied by the Risdon Main Kitchen – these would be in place of the pre-cooked meals currently supplied.	<p>Supported in Principle</p> <p>TPS will further consider this recommendation. To be introduced in line with Recommendation 91.</p>
94 TPS explores options and makes changes to introduce more menu variation.	<p>Supported in Principle</p> <p>TPS will review the existing menu.</p>
95 TPS implements all recommendations of the 2016 TPS Menu Nutrition Assessment prepared for TPS. Those recommendations are set out in the Appendix to the Report from the Consultant Dietitian provided in Appendix 3.	<p>Supported - Existing Initiative</p> <p>TPS will review progress against the 2016 TPS Menu Nutrition Assessment.</p>
96 TPS engages an Accredited Practising Dietitian to reassess the prison menus following implementation of recommendations 1-6 and 8 of the 2016 TPS Menu Nutrition Assessment.	<p>Supported in Principle</p> <p>TPS will further consider this recommendation in conjunction with Recommendation 90.</p>
97 TPS engages an Accredited Practising Dietitian to assess the nutritional status of pregnant and breastfeeding prisoners (with respect to recommendation 7 of the 2016 TPS Menu Nutrition Assessment).	<p>Supported in Principle</p> <p>TPS will further consider this recommendation in conjunction with Recommendation 90.</p>
98 TPS develops processes for Risdon Prison Complex to reduce the time between meals being removed from reheating oven to consumption. That is, reducing the time meals are kept in hot boxes before serving.	<p>Supported in Principle</p> <p>TPS will consider this recommendation, noting the potential infrastructure and costs associating with meeting it. Refer to Recommendation 92.</p>
99 TPS reassesses its menu to include more microwave friendly meal options to reduce the likelihood of excess water in reheated meals.	<p>Supported in Principle</p> <p>TPS will further consider this recommendation in line with related recommendations.</p>
100 TPS reassesses meals containing vegetables high in water content and consider supplying instead a salad separately to meat and starchy vegetables.	<p>Supported in Principle</p> <p>TPS will further consider this recommendation in line with related recommendations.</p>

Recommendation	Response/Acceptance Level
101 TPS reviews recipes for casseroles, wet dishes, gravies and sauces with a view to making them more palatable.	Supported in Principle TPS will further consider this recommendation in line with related recommendations.
102 TPS reviews the supply of crumbed fish to ensure that meals made using it achieve the same protein content as meals made using fresh meat (that is, 100-140g cooked meat per serve).	Supported in Principle TPS will further consider this recommendation in line with related recommendations.
103 TPS implements processes so that sandwiches are provided to prisoners for consumption on the day that they are made.	Supported in Principle TPS will review the production model to meet this recommendation.
104 TPS supplies Hobart Reception Prison with ingredients for fresh sandwiches to be made onsite. Alternatively, sends fresh sandwiches direct to Hobart Reception Prison for same day consumption.	Supported in Principle TPS will implement this recommendation in line with Recommendation 103.
105 TPS considers sourcing fresh bread for Launceston Reception Prison from a local northern supplier.	Supported in Principle TPS will work to introduce this recommendation.
106 TPS adds extra fresh vegetables (carrot sticks, celery, dried fruit etc. depending on availability and budget) to lunch meals when sandwiches contain limited vegetables/salad.	Supported in Principle TPS will consider this recommendation in conjunction with the review of the existing menu.
107 TPS reduces the amount of salted, processed meat used in sandwiches.	Supported in Principle TPS will review this recommendation in conjunction with the review of the existing menu.
108 TPS ensures potatoes entering the Vegetable Processing Facility are kept cool and away from light at all times.	Supported in Principle TPS will further consider options to implement this recommendation.
109 TPS explores options for an alternate hot drink to be provided to prisoners.	Supported - Existing Initiative Options to implement this recommendation are already being pursued.
110 TPS reviews the vegetarian menu to ensure that meals and recipes used provide an adequate supply of protein for prisoners who are vegetarian.	Supported in Principle TPS will review this recommendation in conjunction with the review of the existing menu.

Recommendation	Response/Acceptance Level
111 TPS initiates an education program for prisoners on healthy eating involving the input of an Accredited Practising Dietitian.	<p>Supported in Principle</p> <p>TPS will consider this recommendation in conjunction with Recommendation 90.</p>
112 TPS engages an Accredited Practising Dietitian to offer individual consultations on the recommendation of medical staff, to ensure the needs of those on special diets are met, to offer education to staff and prisoners, and to support TPS food services in recipe development and selection of canteen items.	<p>Supported in Principle</p> <p>TPS will work to introduce this recommendation in conjunction with Recommendation 90.</p>
113 TPS reviews the canteen with a view to directing prisoners towards higher nutritional value food choices through incentives and reducing the variety of high salt, high sugar foods on offer and replacing with healthier alternatives.	<p>Supported in Principle</p> <p>TPS will further consider this recommendation in conjunction with Recommendation 90.</p>
114 TPS provides more education about healthy choices so that when prisoners are released from prison they have the information to be able to make the right decisions and choices regarding food options.	<p>Supported in Principle</p> <p>TPS will further consider this recommendation in conjunction with Recommendation 90.</p>
115 TPS implements changes in the sugar distribution process at Risdon Prison Complex to ensure equal portions for all prisoners.	<p>Supported in Principle</p> <p>TPS will further consider this recommendation in conjunction with Recommendation 90, noting that prisoners are currently allocated sugar as part of their daily food pack.</p>
116 TPS makes available an equivalent alcohol and drug treatment program, such as the Apsley Unit, for women prisoners.	<p>Infrastructure Consideration</p> <p>This recommendation is supported in principle, however has significant budgetary implications and needs to be considered through the State Budget processes.</p>
117 TPS advises prisoners that the full impact of smoking substances other than tobacco, such as dried vegetable and plant matter, is unknown and that smoking these products may be addictive and inhaling smoke-based products or substances is harmful to the lungs and respiratory system.	<p>Supported in Principle</p> <p>TPS will further consider this recommendation in consultation with CPHS and other awareness and education recommendations identified as part of the draft Inspection Report.</p>

Recommendation	Response/Acceptance Level
118 TPS introduces a separate dosing area for the pharmacotherapy program to improve access for prisoners to medical services provided by CPHS in the clinic area.	<p>Supported - Existing Initiative</p> <p>TPS will consider this recommendation, noting the need for funding to meet this requirement. TPS also notes that this recommendation is already underway in the RBMSP.</p>
119 TPS considers introducing a secure accommodation area for those prisoners undergoing treatment in the pharmacotherapy program.	<p>Infrastructure Consideration</p> <p>This recommendation is supported in principle, however has significant budgetary implications and needs to be considered through the State Budget processes.</p>
120 TPS facilitates an independent review of the Department of Health and Human Services state-wide community, and TPS, Alcohol and Drug models of care.	<p>Department of Health</p> <p>This recommendation sits outside the scope of TPS.</p>
121 TPS facilitates an independent appraisal of the pharmacotherapy program noting the need, the integrity of any program, and the appropriate policies and procedures that should underpin an agreed program.	<p>Supported in Principle</p> <p>The pharmacotherapy program is managed by CPHS. TPS provides security for staff administering and supervising, as well as prisoners participating in the program. The TPS will provide input on this issue as required.</p>
122 TPS reviews the current line management / administrative supervision arrangements for Alcohol and Drug Counsellors, noting that external clinical supervision and formal peer supervision has ceased.	<p>Implemented</p> <p>The concept of peer supervision referred to in the draft Inspection Report was trialed from December 2016 to around mid-2017. Staff were surveyed and the majority indicated not wanting to continue the scheme. As such, it was not transitioned into a permanent arrangement. External supervision for AOD counsellors was undertaken on a quarterly basis. At the end of December 2017, this was replaced by monthly in-house supervision. In 2018, the TPS recruited a permanent fulltime Team Leader. This, along with the transition of a Senior Facilitator position to a 0.6 FTE clinical support role, has increased the capacity to provide support to the AOD counsellors. In August 2018, an Alcohol and Drug Management Team was established within the TPS Intervention Programs Unit in order address the significant number of referrals for AOD interventions, and alleviate the waitlist for the AOD Counsellors. This management team works to assess and triage prisoners in to appropriate AOD treatment, including individual counselling, group based interventions and the residential facility, Apsley. This management team also provides an opportunity for peer support and case discussion with the programs staff currently delivering AOD interventions, including AOD Counsellors and Programs Facilitators.</p>

Recommendation	Response/Acceptance Level
123 TPS reviews and adjusts the recurrent funding for sport and recreation to adequately cover the replacement of larger sporting and exercise equipment when no longer fit for purpose.	<p>Supported - Existing Initiative</p> <p>An audit of equipment was completed in 2017 and a replacement schedule developed. Introduction of new equipment is underway.</p>
124 TPS addresses and rectifies the lack of art, craft and music in RPC maximum.	<p>Supported in Principle</p> <p>Will be assessed in line with other budgetary priorities for the TPS.</p>
125 TPS introduces music programs/activities in the Mary Hutchinson Women's Prison.	<p>Supported in Principle</p> <p>Will be assessed in line with other budgetary priorities for the TPS.</p>
126 TPS considers reviewing the recurrent funding provided for art and craft across all facilities.	<p>Supported in Principle</p> <p>Will be assessed in line with other budgetary priorities for the TPS.</p>
127 TPS introduces funded programs and financial systems that will encourage prisoner saving.	<p>Supported in Principle</p> <p>Will be assessed in line with other budgetary priorities for the TPS.</p>
128 TPS explores options and introduces an electronic deposit system allowing funds to be distributed to prisoners' private cash accounts or returned if deposit limits are exceeded.	<p>Supported in Principle</p> <p>Will be assessed in line with other budgetary priorities for the TPS.</p>
129 TPS makes available more hobby items through the canteen.	<p>Supported in Principle</p> <p>TPS will further consider this recommendation.</p>
130 TPS makes hobby items available to wardsmen at the Launceston Reception Prison.	<p>Supported in Principle</p> <p>TPS will further consider this recommendation.</p>
131 TPS explores options and introduces a centrally located property area at the Risdon site, as well as a centralised system to manage and track prisoner property.	<p>Supported - Existing Initiative</p> <p>This proposal is already being investigated with a potential site identified, however has budgetary implications and will be further considered.</p>

Recommendation	Response/Acceptance Level
132 TPS implements systems to reduce prisoner concerns regarding lack of confidentiality of mail.	<p>Not Supported</p> <p>TPS has security processes in place for the screening of incoming prison mail that also maintains confidentiality for legal or comparable mail. All incoming non-legal mail is screened to maintain the security and good order of prisons. To reduce this process would increase the risk of the trafficking of items - including contraband - into TPS facilities.</p>
133 TPS explores the possibility of introducing the email-a-prisoner system in Tasmanian custodial centres.	<p>Supported in Principle</p> <p>TPS will further consider this recommendation.</p>
134 TPS reviews the Arunta telephone system call costs, explores options, and implements changes to reduce call costs.	<p>Supported - Existing Initiative</p> <p>TPS has developed new specifications for the provision of telephony to prisoners, including greater access, additional phones, review of call costs. This is currently being prepared for tender.</p>
135 TPS increases the number of telephones available in Risdon Prison Complex Medium so that there is one telephone per unit.	<p>Supported - Existing Initiative</p> <p>Refer to Recommendation 134.</p>
136 TPS explores options and introduces changes to address the privacy issues with the telephones located in the central area of Risdon Prison Complex Medium.	<p>Supported - Existing Initiative</p> <p>Refer to Recommendation 134.</p>
137 TPS explores options and introduces changes to increase access to telephones in Risdon Prison Complex Medium for prisoners who work.	<p>Supported - Existing Initiative</p> <p>Refer to Recommendation 134.</p>
138 TPS explores options and introduces changes to best facilitate prisoners' access to urgent incoming telephone calls in Risdon Prison Complex medium security precinct during lockdown times.	<p>Supported - Existing Initiative</p> <p>Refer to Recommendation 134.</p>
139 TPS provides an additional professional telephone, and a room to house that phone, in the medium security precinct.	<p>Supported - Existing Initiative</p> <p>Refer to Recommendation 134.</p>
140 TPS installs an additional telephone for personal calls within the Derwent units.	<p>Supported - Existing Initiative</p> <p>Refer to Recommendation 134.</p>

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Recommendation	Response/Acceptance Level
141 TPS installs an additional telephone for personal calls in Mary Hutchinson Women's Prison Hartz Unit.	Supported - Existing Initiative Refer to Recommendation 134.
142 TPS reviews options and implements changes that will allow more flexibility for booking interstate and intrastate visits.	Supported in Principle TPS will further consider options to implement this recommendation.
143 TPS provides more information in the Visitor Reception Centre including, but not limited to, the location of bus stops; the Metro website, phone number and bus service numbers; and taxi phone numbers.	Supported TPS will meet this recommendation.
144 TPS updates its website to include more detailed information regarding transport options to assist persons wishing to visit a prison.	Supported TPS will meet this recommendation.
145 TPS provides refreshments including drinking water at visits areas in all custodial centres and the Visitor Reception Centre.	Supported TPS will meet this recommendation.
146 TPS reviews the Mary Hutchinson Women's Prison visits area so that the area includes appropriate visitor amenities, is more child friendly and incorporates an adequate children's play area.	Supported - Existing Initiative Plans underway to convert the Roland Unit into a multi-purpose unit – including visits – will address this Recommendation.
147 TPS reviews the visits areas for the reception prisons and implements changes to ensure that there are resources to occupy children during a visiting session.	Infrastructure Consideration This recommendation is supported in principle, however has significant budgetary implications and needs to be considered through the State Budget processes.
148 TPS addresses concerns regarding prisoner privacy in the visits area at Launceston Reception Prison.	Supported in Principle TPS will consider this recommendation, noting the need to balance privacy with security when facilitating appropriate visits between prisoners and others.
149 TPS makes available healthy food options in all visiting areas.	Supported TPS will meet this recommendation.

Recommendation	Response/Acceptance Level
150 TPS explores options and implements changes to provide a replacement booking system for visits that is flexible, simple, and accessible.	<p>Supported in Principle</p> <p>To be considered in Justice Connect project.</p>
151 TPS explores options and implements changes to provide for improved data collection, collation and reporting on prisoner requests to attend funerals, particularly data detailing numbers of requests made, broken down into allowed and disallowed requests.	<p>Supported in Principle</p> <p>To be considered in Justice Connect project.</p>
152 TPS significantly increases prisoner access to Skype (or other similar technologies) to further facilitate family and community contact in all prisons.	<p>Supported in Principle</p> <p>TPS will consider this recommendation for prisoners who qualify for access to these privileges (services) as part of the Justice Connect project.</p>
153 TPS ensures the toilets are cleaned on a regular basis in Risdon Prison Complex as children should be able to use these facilities at the weekly homework club sessions and quarterly Kids' Days.	<p>Supported - Existing Initiative</p> <p>Toilets are cleaned by wardsmen on a daily basis.</p>
154 TPS explores and provides an incentive-based visit program aimed at reducing the gap that develops when a family member is in prison.	<p>Supported in Principle</p> <p>TPS will consider this recommendation further as part of a review of the prisoner contract system.</p>
155 TPS considers the recent publication of Lord Michael Farmer's review, 'Importance of Strengthening Prisoners' which outlines recommendations on strengthening family ties for prisoners to prevent reoffending and reduce intergenerational crime.	<p>Supported</p> <p>TPS will consider this publication.</p>

Appendix 9 – Department of Health response to the recommendations

Introductory comments

- The Department of Health (DoH) welcomes the opportunity to provide feedback on the Custodial Inspector's Inspection of Adult Custodial Services in Tasmania, 2017 – Care and Wellbeing Inspection Report (the Report).
- A lack of healthcare within Adult Custodial Services can cause negative impacts on the quality of life for prisoners and detainees, adversely affecting their physical and mental health and wellbeing, which in turn increases pressure on the health system.
- That is why DoH is committed to continuing to provide health services in Tasmania's adult custodial settings and welcomes the Report's recommendations which are aimed at improving the safety, custody, care, wellbeing and rehabilitation of prisoners and detainees.
- The recommendations relating to the first five themes identified in the Report are the most relevant to Correctional Primary Health Services (CPHS), which is responsible for provision of general and primary healthcare in adult correctional centres in Tasmania. CPHS is a specialised stream within Statewide Mental Health Services (SMHS), within the Tasmanian Health Service (THS) under DoH.
- Responses have therefore been provided to those recommendations in the Report which are specifically directed at CPHS. A number of the recommendations are supported as they are existing initiatives (noting the passage of time since inspections were conducted), or supported in principle noting they have significant financial or operational implications, or require further work with Tasmania Prison Service (TPS) to determine how best to implement the recommendation.
- DoH will continue to work with TPS to implement those recommendations which are supported or supported in principle.

Correctional Primary Health Services

- The Report refers to the Custodial Inspectorate being informed the CPHS model of care, facilities, staffing and associated budget has not increased since 2006. Additional nursing staff have been appointed to the Ron Barwick Minimum Security Prison and Hobart Reception Prison; a CPHS Nurse Unit Manager (NUM) is in the North, additional Pharmacy team and additional medical officers have also been appointed since 2006. Care assistants have also joined the team to work in the Risdon Prison Complex inpatient centre to assist with clients with high care needs.
- CPHS will commence an establishment review and as part of this review, will explore the services currently being provided. The findings will be used to inform future staffing, models of care and requirements needed to support the increasing demand for CPHS services.
- It is acknowledged there are complexities providing ideal medication management within CPHS. There is an ongoing commitment to address this issue. The THS Executive Director of Nursing has worked with the previous management team and CPHS staff to determine short, medium and long term solutions.

- CPHS has also engaged a project consultant to undertake an electronic prescribing project to identify the specific needs of the service and make recommendations on options moving forward.

Mental Health Care, and Management and Treatment of Substance Abuse (Recommendations 78-89, 116-122)

- CPHS has provided some specific feedback to the Custodial Inspectorate in relation to several of the Mental Health Care recommendations. Some recommendations within this broad theme are considered complete as they have been addressed through existing initiatives (see response table template below).

Service Structure

- Health care to prisoners is provided by SMHS across three core areas: Mental Health Services (MHS), FMHS and Alcohol and Drug Services (ADS).
- MHS delivers care to Tasmanians with a severe mental illness through community teams and inpatient settings, also working in partnership with the community sector to deliver a range of services for people experiencing mental ill health.
- ADS provides treatment to people and their families for alcohol, tobacco and other drug issues, and delivers information, education and community-based support. ADS also funds a range of services delivered by community service organisations to provide comprehensive care across the state.
- FMHS consists of community and inpatient mental health assessment, treatment and care management for offenders (or people at risk of offending) who have a mental health issue or cognitive impairment. Community teams are located in the North and South of the State while inpatient care is provided at the Wilfred Lopes Centre. It also involves CPHS, which consists of general and primary healthcare to men and women who are TPS inmates.
- The Mental Health, Alcohol and Drug Directorate (MHADD) was formed in 2013 as part of the national strategy for health reform. MHADD has a key role in implementing national and state strategic direction for the delivery of services by SMHS. MHADD is functionally separate to SMHS.
- MHADD is leading a range of initiatives which will inform and direct the delivery of mental health and alcohol and drug services to prisoners.

Prisoner Mental Health Care Task Force

- The Prisoner Mental Health Care Task Force was established on 18 September 2018 to urgently examine processes and procedures relating to prisoner psychiatric care assessments and prisoner discharges.
- As part of this work, the Task Force will identify options aimed at ensuring prisoner health assessments and prisoner discharge processes are as rigorous as possible.
- The Task Force will provide advice to the Ministers for Corrections and Health on ways in which delivery of mental health services to prisoners and people who are remanded can be improved.
- The Task Force is chaired by representatives from DoH and the Department of

Justice (DoJ) and comprises representatives from the TPS and SMHS.

Rethink Mental Health Better Mental Health and Wellbeing – A Long Term Plan for Mental Health In Tasmania 2015 – 2025 (Rethink)

- Rethink delivers on the Tasmanian Government's commitment to develop an integrated mental health system that provides support in the right place, at the right time, and with clear signposts about where and how to get help.
- Rethink notes the need for mental health services to collaborate with the justice sector to address the high rates of mental illness and other complex needs of people who have come into contact with the justice system, prisoners, and ex-prisoners. The plan also supports the view that prison provides a screening opportunity to connect people with services if they are found to have an untreated mental illness.
- An action arising from Rethink is to work more closely with services provided through DoJ to ensure continuity of services for clients exiting the prison system.

Connecting with People Training

- Connecting with People (CwP) is an internationally recognised, suicide and self-harm awareness and prevention training program which includes an integrative framework for suicide mitigation. CwP combines compassion and governance with the aim of improving the assessment of, and response to, people at risk of suicide by enhancing the quality, consistency and documentation of assessments, care plans and co-producing Safety Plans. The CwP approach also tackles the stigma around mental ill-health.
- CwP promotes a role for all in suicide prevention and supporting emotional well-being. It aims to ensure everyone trained is able to make well-informed interventions within their level of expertise and competence. Professionals are trained to be aware of patient safety in relation to suicide prevention. Central to the whole approach and ethos is the importance of compassion and collaboration.
- The CwP approach has been endorsed by Dr Aaron Groves, Tasmania's Chief Psychiatrist (an accredited CwP trainer) and Tasmania has invested in CwP training as part of the implementation of the Tasmania Suicide Prevention Workforce Development and Training Plan for Tasmania.
- In June 2018, a CwP Train the Trainer program was held in Tasmania with people from clinical and non-clinical areas across the state trained to deliver the seven CwP modules.
- Tasmania has 16 CwP accredited trainers.
- A meeting with the Director, TPS, together with officers from MHADD and FMHS recently took place, and there was broad support for implementation of some of the CwP models with TPS. There is a CwP trainer within FMHS and also a trainer within Therapeutic Services at Risdon Prison.
- Discussions to identify opportunities to deliver CwP training to TPS staff are ongoing.
- Professor Nicholas Procter, Chair of Mental Health Nursing from the University of South Australia, and a CwP associate trainer, is scheduled to meet with staff of the

TPS in October 2018. Professor Procter has experience in rolling out CwP within a number of prisons in South Australia and is happy to share his experiences.

- This initiative supports Recommendation 80; that TPS considers the training needs of prison officers to identify, communicate, and de-escalate prisoners with mental illness. Based on the prison officer's needs, a training package should be developed and delivered. MHADD is happy to work with TPS to identify suitable and evidence-based training programs and to facilitate delivery of CwP subject to available resources.

Trauma Informed Care

- Action 12.4 of the Fifth National Mental Health and Suicide Prevention Implementation Plan is to train all staff delivering mental health services to Aboriginal and Torres Strait Islander peoples, particularly those within forensic settings, in trauma-informed care that incorporates historical, cultural and contemporary experiences of trauma.
- MHADD will have a role in implementing this action item into the future.

Reform Agenda for Alcohol and Drug Services in Tasmania

- This information is relevant to recommendation 120.
- The Reform Agenda for Alcohol and Drug Services in Tasmania was developed to ensure all Tasmanians affected by alcohol, tobacco and other drugs use have timely access to a seamless and integrated service system.
- A Consultation Draft outlining proposed reform directions was recently released for public comment, and this closes on 2 November 2018. It includes a reform direction for specific population groups including people in or leaving the justice system.

Reform direction 5: Responding to specific population groups

- This reform direction acknowledges some priority groups are not inherently more at risk of alcohol and other drug (AOD) misuse, but rather they may experience greater rates of discrimination, isolation and other forms of social exclusion that can impact on AOD use. These priority groups may include, for example, people in or leaving the justice system, children and young people, and Aboriginal and Torres Strait Islander people.
- Reform Goals include to ensure population groups identified as at higher risk of AOD-related harm can access appropriate treatment and support when and where they need it and to better integrate with other non-AOD specialist services such as prison services, children and youth services, homelessness services and education.
- Key actions include working closely with CPHS and DoJ to better support people in or leaving the justice system.

Review of the Tasmanian Opioid Pharmacotherapy Program, Policy and Clinical Practice Standards (TOPP)

- This information is relevant to recommendation 121.
- The THS commenced a review of the TOPP in late 2017 (the TOPP Review). The Terms of Reference for the TOPP Review are at **Attachment I**.

- The TOPP was first released in 2012 to provide comprehensive policy and clinical practice standards for the delivery of the Opioid Pharmacotherapy Program in Tasmania. It sets the policy and clinical standards for the delivery of the Program in Tasmania including to prisoners.
- Given the high risk of overdose and death for recently released prisoners who are opioid dependent, it is important the care provided is assertive and well-coordinated. There is also a requirement for planned, timely and effective communication between CPHS and ADS to ensure a seamless clinical handover and manage this priority group safely and within each service's resources.
- Objectives of the TOPP Review include reviewing the current operation of the TOPP to identify barriers and gaps to its operation.

Other

- DoH suggests TPS and CPHS provide Aboriginal cultural awareness and cultural respect training for staff, preferably delivered face-to-face by Aboriginal people. This aligns with several of the recommendations from the Royal Commission into Aboriginal Deaths in Custody, including Recommendations 154 and 177, and is also consistent with national and state-based strategies aimed at improving cultural awareness, including:
 - Suggested strategies under Domain 3 (Workforce Development and Training) of the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016–2026.
 - Action 1.21 of the National Safety and Quality Health Service Standards (Version 2): “The organisation has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal patients.”

Attachments

- Review of the Tasmanian Opioid Pharmacotherapy Program, Policy and Clinical Practice Standards Terms of Reference.

Responses to Recommendations

Recommendation	Response/Acceptance Level
65. TPS undertakes a review of the medical <i>chit</i> process, with consideration given to the division of responsibilities between TPS and CPHS, and implements changes to improve the process.	<p>Supported in Principle</p> <p>This process is currently being discussed by the TPS and CPHS.</p>
66. CPHS seeks a rotation from Royal Hobart Hospital and Launceston General Hospital of a Junior Resident Medical Officer to assist with burgeoning workloads of CPHS Medical Officers.	<p>Supported in Principle</p> <p>The possibility of CPHS seeking a rotation from the Royal Hobart Hospital of a Junior Resident Medical Officer to assist with burgeoning workloads of CPHS Medical Officers has already been explored by the current CPHS Head of Department and the Royal Hobart Hospital. CPHS agrees an agreement of this nature would be mutually beneficial; options for rotation with Launceston General Hospital will also be explored.</p>
67. CPHS develops a nurse-based workforce that reflects the diverse health needs of the complex client group (i.e. not all generalist nurses), specifically mental health and drug and alcohol nurses.	<p>Supported - Existing Initiative</p> <p>CPHS is already a nurse based workforce. A proportion of CPHS nursing staff are dual classified with both generalist and mental health qualifications. Dedicated mental health nurses and a CNC – Co-morbidity are already employed. The CNC – Co Morbidity position is a conduit for mental health and drug and alcohol work within CPHS. While some nurses at CPHS have mental health qualifications CPHS do not employ drug and alcohol nurses as a speciality. The CPHS establishment review will explore the services currently being provided.</p>
68. CPHS enters a formal arrangement with local (southern and northern State) Aboriginal Community Controlled Health Organisations, or alternately recruit designated Aboriginal Health positions within the service.	<p>Supported in Principle</p> <p>CPHS supports entering formal arrangements with the Aboriginal Community Controlled Health Organisations in the south and north of the state, or recruitment of Aboriginal Health Workers to the service.</p>
69. CPHS explores with TPS the funding and commissioning of a radiology suite on the Risdon campus.	<p>Supported</p> <p>CPHS will explore with TPS the funding and commissioning of a radiology suite on Risdon campus, noting that infrastructure changes to the Risdon campus would be required.</p>

Recommendation	Response/Acceptance Level
70. CPHS explores with TPS the funding and commissioning of a physiotherapy suite on the Risdon campus.	<p>Supported</p> <p>Noting the CPHS establishment review, this recommendation can be explored by CPHS and TPS. The Department of Health notes CPHS currently employs a physiotherapist to provide services one day per week.</p>
71. CPHS reviews the governance for pharmacists, with a view to changing the structure so that the pharmacists report directly to a senior pharmacist.	<p>Supported</p> <p>The Department of Health notes CPHS senior management has enquired into the possibility of this occurring. Discussions are ongoing with Pharmacy Services, THS.</p>
72. CPHS introduces the community-accepted standard for medication management which is to allow medications to be provided to prisoners where it is appropriate, on a weekly basis.	<p>Supported - Existing Initiative</p> <p>This is currently completed where possible within Minimum Security. CPHS senior management is investigating whether this would be manageable in the broader prison environment.</p>
73. CPHS ensures that all medications distributed to prisoners are signed for by nursing staff contemporaneously to distributing the medication.	<p>Supported in Principle</p> <p>A CPHS Medication Management Review has been developed on behalf of the Electronic Medication Management Project, in order to review the prescription and pharmacy functions of the CPHS.</p>
74. CPHS ensures that when the prisoner refuses a regular order, the appropriate notation is made on the prisoner's medication chart.	<p>Supported - Existing Initiative</p> <p>CPHS staff record each refusal within the existing record management system (Prison Health Pro). The recording of a medication refusal on Prison Health Pro is not the same as recording this on a medication chart. Recording medication refusals on medication charts is impracticable using CPHS' current system due to the volume of medications administered each day. Prison Health Pro is the primary clinical record at CPHS and is accessed by all clinicians.</p>
75. CPHS reviews the processes relating to blood tests taken as part of the admission screen/assessment and implements changes to ensure that this screening does not cease during busy periods.	<p>Supported - Existing Initiative</p> <p>CPHS currently takes all bloods at the TIER I assessment upon admission.</p>

Recommendation	Response/Acceptance Level
76. TPS and CPHS together review the responsibility and processes for cleaning of the inpatients facility to ensure adequate and timely sanitation and infection control.	<p>Supported in Principle</p> <p>This process is currently being discussed by the TPS and CPHS.</p>
77. TPS and CPHS together consider options for implementing an appropriate forum to improve communications and discuss and resolve issues on a regular basis.	<p>Supported - Existing Initiative</p> <p>TPS and CPHS senior management currently meet on a monthly basis to discuss and resolve any ongoing issues. The ADON, CPHS, attends TPS Senior Management Team meetings weekly, meets with superintendents daily and has weekly meetings with the superintendent responsible for the health centre area. There is also close collaboration between TPS Therapeutic Services and the CPHS Mental Health Team. The Northern CPHS NUM meets with TPS to discuss various issues.</p>
80. It is recommended that TPS considers the training needs of prison officers to identify, communicate, and de-escalate prisoners with mental illness. Based on the prison officer's needs, a training package should be developed and delivered.	<p>Supported</p> <p>There are discussions underway to identify opportunities to deliver Connecting with People (CwP) training to TPS staff. The Department of Health can collaborate with the TPS to identify suitable and evidence-based training programs and to facilitate delivery of CwP subject to available resources.</p>
81. CPHS commences planning immediately to meet the need for additional dedicated mental health professionals to work in the prisons. Service levels should be modelled on existing and anticipated demand, taking into consideration the developing national standards.	<p>Supported in Principle</p> <p>The Department of Health notes the CPHS establishment review may also make recommendations to this extent. The service is committed to the formulation of a strategic plan which meets national standards. The Prisoner Mental Health Care Task Force, established on 18 September 2018, will urgently examine procedures relating to prisoner psychiatric care assessments and prisoner discharges. As part of this work, the Task Force will identify options aimed at ensuring prisoner health assessments and prisoner discharge processes are as rigorous as possible.</p>
82. CPHS includes in strategic planning for mental health services workforce development, professional development, and succession planning to ensure growth and stability of the workforce overtime.	<p>Supported in Principle</p> <p>See response to Recommendation 81.</p>

Recommendation	Response/Acceptance Level
83. CPHS considers formalising the mental health screening by using a dedicated and validated mental health screening form, and engaging qualified mental health nurses to conduct the mental health screening, separate to the general health screening assessment	<p>Supported in Principle</p> <p>See response to Recommendation 81.</p>
84. CPHS reviews the process and content of their approach to triaging prisoners with mental illness, in order to move towards a more systemic and formalised approach.	<p>Supported in Principle</p> <p>See response to Recommendation 81.</p>
85. TPS and CPHS together consider establishing a service agreement with the Forensic Mental Health Services for the provision of psychiatric services.	<p>Supported - Existing Initiative</p> <p>CPHS is currently within the same management structure as FMHS. The draft Memorandum of Understanding between TPS and CPHS also incorporates FMHS, though this is yet to be ratified.</p>
86. TPS and CPHS together give further consideration to the structure and role of mental health professionals. The development of a multidisciplinary team with clear roles in the assessment, treatment, and monitoring of prisoners with mental illnesses is required.	<p>Supported - Existing Initiative</p> <p>As outlined above, CPHS falls within the auspices of FMHS and it is part of an existing multidisciplinary team within that structure.</p>
<p>87. TPS and CPHS together undertake planning for a dedicated mental health unit within the prison to serve as a step down facility:</p> <ul style="list-style-type: none"> a. for prisoners returning from hospitalisation; and b. to assist in managing and providing treatment to prisoners who require dedicated mental health care but do not meet the requirements for involuntary hospitalization in a secure forensic mental health facility. 	<p>Supported in Principle</p> <p>See response to Recommendation 81.</p>
88. TPS and CPHS together develop a community integration program to identify and bridge prisoners with mental illnesses to appropriate community mental health services when preparing for their release	<p>Supported in Principle</p> <p>The Department of Health notes that CPHS will look into appropriate services and engage with the TPS.</p>

Recommendation	Response/Acceptance Level
<p>89. TPS, CPHS and Forensic Mental Health Services work together to model service demand to help identify the nature and extent of mental health services and capacity required now, over the short term and longer term, to meet the needs of prisoners with mental illnesses</p>	<p>Supported in Principle</p> <p>See response to Recommendation 81.</p>
<p>120. Facilitates an independent review of the Department of Health and Human Services state-wide community, and TPS, Alcohol and Drug models of care.</p>	<p>Supported in Principle</p> <p>The Department of Health has recently commissioned a review of the delivery of alcohol and drug services in Tasmania, as it is undertaking consultation of a draft 'Reform Agenda for Alcohol and Drug Services in Tasmania'.</p>
<p>121. Facilitates an independent appraisal of the pharmacotherapy program noting the need, the integrity of any program, and the appropriate policies and procedures that should underpin an agreed program.</p>	<p>Supported in Principle</p> <p>The ADS is currently undertaking an internal review of the TOPP. Recently released prisoners are identified as a priority access group under the TOPP. Given the high risk of overdose and death for recently released prisoners who are opioid dependent, it is important the care provided is assertive and well-coordinated. There is also a requirement for planned, timely and effective communication between CPHS and ADS to ensure a seamless clinical handover and manage this priority group safely and within each service's resources. Objectives of the TOPP Review include reviewing the current operation of the TOPP to identify barriers and gaps to its operation.</p>

