

Inspector of
Custodial Services

Inspector of Custodial Services

Inspection of Shortland Correctional Centre
and Cessnock Correctional Centre

2023

Acknowledgement of Country

The Inspector of Custodial Services acknowledges the Traditional Custodians of the lands where we work and live. We celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW.

We pay our respects to Elders past, present and emerging and acknowledge the Aboriginal and Torres Strait Islander people that contributed to the development of this report.

We advise this resource may contain images, or names of deceased persons in photographs or historical content.

Inspector of Custodial Services

Published by the Inspector of Custodial Services

<https://www.inspectorcustodial.nsw.gov.au/>

First published: June 2024

ISBN/ISSN: 2207 0389

Copyright and disclaimer

© State of New South Wales through the Inspector of Custodial Services June 2024. This work may be freely reproduced for personal, educational and government purposes. Permission must be received from the department for all other uses.

The document has been prepared by the Inspector of Custodial Services for general information purposes. While every care has been taken in relation to its accuracy, no warranty is given or implied. Further, recipients should obtain their own independent advice before making any decisions that rely on this information.

For extended copyright permissions or to request the report in an alternative format such as Braille, audiotape, and large print contact custodialinspector@justice.nsw.gov.au.

Contents

Inspector's overview	1
Glossary of terms and acronyms	3
Executive summary.....	5
Recommendations	10
Cessnock Correctional Complex profile.....	16
Inspection process.....	19
1 Shortland Correctional Centre	21
1.1 Inmate profile	21
1.2 Custody.....	23
1.3 Inmate services and amenities	38
1.4 Health services.....	53
1.5 Rehabilitation	65
2 Cessnock Correctional Centre.....	71
2.1 Inmate profile	71
2.2 Custody.....	73
2.3 Inmate services and amenities	92
2.4 Health services.....	102
2.5 Rehabilitation	111

Inspector's overview

This was the second inspection of Cessnock Correctional Centre (Cessnock CC) and Shortland Correctional Centre (Shortland CC). In 2018, the then-Cessnock CC (i.e. what is today known as Area 1 of Cessnock CC and Area 3/4 of Shortland CC) was inspected as part of the inspection of health services in NSW correctional facilities.¹ Unlike that inspection, this inspection examined all aspects of the two correctional centres.

Since our last inspection of Shortland CC much has changed. Shortland CC has expanded and the new infrastructure is better than what we had observed previously. Cessnock CC has also expanded with the addition of a precinct of modern accommodation referred to as Area 2. It is in stark contrast to the quite appalling, original infrastructure known as Area 1.

We experienced a high level of cooperation from staff at both correctional centres during the inspections. Custodial and non-custodial staff were respectful and cooperative in facilitating our access to various parts of the centre, staff and inmates. All the staff we spoke to were willing to share their experiences working at the centre and feedback about the centre's operations.

There were many examples of good practice across Shortland CC. Many of its major issues, including frequent lockdowns and the lack of basic amenities for inmates in Area 3/4, could be resolved or mitigated by having more custodial staff available.

Cessnock CC's industries were providing purposeful, skilled and relevant employment and training. This does not mean they justify keeping inmates in substandard accommodation, especially when there is a group of sentenced inmates in the adjacent facility without access to work.

Given the unacceptably poor and unsafe condition of the Area 1 accommodation at Cessnock CC, it came as no surprise that Corrective Services NSW (CSNSW) announced the closure of one of the wings, 4 wing, in this area in January 2024.² I was pleased to receive this news, as the conditions in 4 wing were as bad as any I have seen in NSW. That this wing held unconvicted inmates and a relatively high number of Aboriginal people only added to my concern about the conditions. However, in my view, this decision does not go far enough. I am recommending the closure of all of Area 1 at Cessnock CC and the amalgamation of Cessnock CC with Shortland CC. The Area 1 infrastructure is not required today. There is no shortage of minimum security beds in NSW and few of the people in custody we met were from the local area.

I do not make this recommendation lightly and ultimately it is a matter for the NSW Government. We returned to Cessnock CC in May 2024. We found that the conditions in those parts of Area 1 which are still in use, in particular the accommodation in 1 and 2 wings, continued to fall short of CSNSW's objective to keep people in custody in humane living conditions consistent with its statutory obligations. I found it difficult to believe that CSNSW regularly reviews the living arrangements for inmates and ensures safe workplaces for staff.³ The conditions described in this report and illustrated by photographs demonstrate, beyond any doubt, that Area 1 is not fit for purpose and no realistic amount of refurbishment could rectify it.

This proposal would resolve other key issues identified in this report including by creating a pool of custodial staff available to be redeployed across Shortland CC to address staff shortages and excessive lockdowns. It would create employment opportunities for Shortland CC's inmate population in some of Cessnock CC's industries. It would also make patient access to the Cessnock CC health centre more efficient by no longer having to maintain separation of protection (SMAP) and mainstream inmates. It would also resolve a key concern identified in this report by eliminating the need to hold people on separation orders in inadequate conditions at Cessnock CC due to a regression of their classification.

1 Inspector of Custodial Services, *Health Services in NSW Correctional Facilities*, March 2021.

2 Letter from Acting Commissioner, CSNSW to Inspector of Custodial Services, 10 January 2024.

3 Letter from Acting Commissioner, CSNSW to Inspector of Custodial Services, 7 May 2024.

What Shortland CC and Cessnock CC have in common is that they are each divided into two populations of “haves” and “have nots”. They both have protection (SMAP) inmates living in modern, secure and dignified conditions with access to appropriate facilities and employment opportunities, while many other inmates live in conditions which do not meet basic standards of amenity and dignity. The difference at Shortland CC is less acute and can be remedied relatively easily. At Cessnock CC, the living conditions experienced by people accommodated in Area 1 are unsafe, undignified and unacceptable. The working conditions for staff also fall short of satisfactory in a 21st century correctional environment. The infrastructure is poorly designed, unsafe and dilapidated beyond repair. It should be closed.

Both correctional centres have much more to do to meet the educational and criminogenic needs of people in custody and the cultural needs of Aboriginal people. There are willing populations and purpose-built programs spaces waiting for programs to be delivered. The success of the 2023 National Close The Gap Day and NAIDOC celebrations marked positive first steps towards reconnecting Aboriginal people in custody with their cultures but there is a long way to go.

Fiona Rafter
Inspector of Custodial Services
June 2024

Glossary of terms and acronyms

Aboriginal	When used in this report, “Aboriginal” includes Aboriginal and Torres Strait Islander people
ACCHO	Aboriginal community-controlled health organisations
AVL	Audio visual link
BBV	Blood borne virus
Buy-ups	Discretionary purchases of grocery or activity items
CALD	Culturally and linguistically diverse
CAS Act	<i>Crimes (Administration of Sentences) Act 1999</i>
CAS Regulation	<i>Crimes (Administration of Sentences) Regulation 2014</i>
Cessnock CC	Cessnock Correctional Centre
CMEU	Cessnock Medical Escort Unit
COPP	Custodial Operations Policy and Procedures
COVID-19	Coronavirus disease caused by the SARS-CoV-2 virus
CRES	Corrections Research, Evaluation and Statistics
CSI	Corrective Services Industries
CSNSW	Corrective Services New South Wales
D&A	Drug and alcohol
EHS	Extreme High Security
EQUIPS	Explore, Question, Understand, Investigate, Practice, Succeed (a suite of criminogenic programs)
GP	General practitioner
HIPU	High intensity programs unit
IAT	Immediate action team
ICS	Inspector of Custodial Services
ICS Act	<i>Inspector of Custodial Services Act 2012</i>
ICS standards	Inspector of Custodial Services, <i>Inspection Standards for Adult Custodial Services in New South Wales</i>
IDC	Inmate development committee
Isolation	Where people with COVID-19 or the close contacts of people with COVID-19 are separated to prevent further transmission
JH&FMHN	Justice Health and Forensic Mental Health Network
LHD	Local health district
MIN	Master index number (a unique identifier assigned to every person in custody)
MHSU	Mental Health Screening Unit

MPU	Multi-purpose unit
MRRC	Metropolitan Reception and Remand Centre
MSA	Management service agreement
Normal discipline	“Mainstream” accommodation areas for inmates not requiring placement in a Special Management Area or protective custody
NUM	Nursing unit manager
OAT	Opioid agonist treatment
OIMS	Offender Integrated Management System
OS&P	Offender Services and Programs
Protective custody	Separation of an inmate from all others due to a risk to their personal safety which cannot be managed in normal discipline or SMAP
PRLC	Pre-Release Leave Committee
Quarantine	People entering custody were separated for an initial mandatory period to ensure they did not transmit COVID-19 to others (discontinued in adult correctional centres on 12 March 2023)
RAPO	Regional Aboriginal Programs Officer
RIT	Risk intervention team
ROAMS	Remote Off-site After Hours Medical Service
RUSH	Real Understanding of Self-Help (a criminogenic program)
SAPO	Services and Programs Officer
Shortland CC	Shortland Correctional Centre
SMAP	Special management area placement (“protection”)
SOG	Security Operations Group
SORC	Serious Offenders Review Council
SSIP	Short Sentence Intensive Program
STI	Sexually transmitted infection
VOIP	Voice over internet protocol (e.g. Skype)
VOTP	Violent Offenders Therapeutic Program

Executive summary

This inspection examined two of the three correctional centres on the Cessnock Correctional Complex: Cessnock Correctional Centre (Cessnock CC) and Shortland Correctional Centre (Shortland CC). The third, Hunter Correctional Centre, will be inspected in late 2024 along with its twin facility, Macquarie Correctional Centre, located in Wellington. It is the first time Cessnock CC and Shortland CC have been inspected in full, though the 2018 incarnation of Cessnock CC was inspected as part of the inspection of health services in NSW correctional facilities.⁴

Custody

The facilities which are Cessnock CC and Shortland CC today share overlapping histories, having both evolved from the original Cessnock Gaol which opened in 1974.

Today's Cessnock CC is comprised of "Area 1" and "Area 2". Area 1 is the original 1974 infrastructure. Due to its poor design and state of extensive disrepair, it is unfit for purpose and unsafe. This cannot be rectified with any realistic amount of repair and refurbishment. Area 2 opened in 2020 and represents a well-designed, modern custodial environment providing safe and dignified living conditions for people in custody, a safe working environment for staff, and purpose-built facilities to deliver programs and education. Located between the two areas are modern gatehouse, reception, visits and health facilities which also opened in 2020 as well as various industries employing inmate workers. There is also an Honour House on the complex, outside the secure perimeter of Cessnock CC.

Shortland CC is comprised of "Area 3/4" and "Area 5/6". Area 3/4 was originally an extension of Cessnock CC in 2011. When construction of Area 5/6 was completed in 2019, these two areas were merged to form Shortland CC. Each area has a health centre. The majority of the industries are located in Area 5/6.

The temporary closure of the remand wing at Cessnock CC was announced by Corrective Services NSW (CSNSW) in January 2024.⁵ This closure should be made permanent, along with the total closure of Area 1 which is in a similarly poor and unsafe state. CSNSW should develop and implement plans to reunify the two correctional centres by amalgamating Cessnock CC's industries, Area 2 and other modern facilities with Shortland CC. This would deliver a range of solutions to issues identified in this report. It would ensure safe and fit-for-purpose custodial environments for people in custody and staff. It would reduce lockdowns by redeploying custodial staff from Area 1 to Areas 3/4 and 5/6. It would create employment opportunities for the Area 3/4 population by retaining the Cessnock CC industries. It would increase efficiency of access to health services. It should also improve access to services such as education and psychology by improving staff to inmate ratios.

CSNSW advised that Area 1 remains an important part of Cessnock CC. It is difficult to reconcile this position with CSNSW's claim that it is committed to ensuring that people in custody are kept in humane living conditions, consistent with its statutory obligations.⁶

Many of the Aboriginal men in custody at Cessnock CC were not from the Hunter region. They had been transferred to Cessnock CC from facilities in their local areas. Many were from the Greater Sydney area and many were from north-western NSW having entered custody in Moree or Tamworth. In recommending the closure of Area 1, we hope that minimum security Aboriginal people in custody will have access to better conditions and services than those at Cessnock CC and be placed closer to their families and communities.

We observed examples of excellent professional practice by staff at both Shortland CC and Cessnock CC but we also observed numerous instances of low staff morale and unprofessional behaviour. We heard about bullying and professional misconduct at both facilities. We have referred some allegations to CSNSW Professional Standards and Investigations.

4 Inspector of Custodial Services, *Health Services in NSW Correctional Facilities*, March 2021.

5 Letter from Acting Commissioner, CSNSW to Inspector of Custodial Services, 10 January 2024.

6 Information provided by Corrective Services NSW, 7 May 2024.

Custodial staff shortages were impacting Shortland CC operations significantly. Lockdowns were commonplace and inequitably distributed across the centre, with working inmates generally allowed out of their cells at the expense of other inmates including more vulnerable inmates. Staff were often failing to complete screenings of newly received inmates within appropriate timeframes but an agreement with local police to not bring people to Shortland CC after 3.00pm was expected to improve this.

We found that time out-of-cell hours were insufficient at Shortland CC and for non-working inmates in Area 1 at Cessnock CC. In the case of Shortland CC, improving this will require standardising 12 hour shifts for custodial staff. At Cessnock CC, this should only require simple adjustments to the daily routine to bring it into line with other minimum security correctional centres.

During the 12 months from July 2021 to June 2022, Shortland CC had the highest per capita rate of prisoner-on-prisoner assaults across all NSW correctional centres. Although this rate was in decline around the time of the inspection following the transfer of certain inmates to other correctional centres, recent information suggests that it remains high. During a visit to Shortland CC on 22 May 2024, we heard from custodial staff that assaults still occur frequently and inmates are regularly escorted to the health centre to have injuries treated. Later that day, a serious incident occurred in which a prisoner was allegedly stabbed by another prisoner. Shortland CC should take steps to prevent violence by addressing high levels of illicit drug use and reducing frustration and boredom in Area 3/4. These would include reducing and more equitably distributing lockdowns, increasing time out cell each day, providing opportunities for inmates to work and ensuring access to basic amenities. Shortland CC should also review whether sufficient custodial staff are posted within accommodation areas and are actively engaging with people in custody to promote dynamic security.

Our reviews of uses of force at both correctional centres found that staff required further training in de-escalation and trauma-informed practices to more effectively and safely manage inmates under their control.

Both Shortland CC and Cessnock CC were found to be holding inmates on segregation, separation or protective custody orders in cells in general accommodation units due to their respective designated units reaching capacity. This practice has been discontinued in both correctional centres but requires ongoing monitoring by the CSNSW executive. In Shortland CC's case, this meant prisoners were regularly not being offered daily exercise, which is unlawful.⁷ In Cessnock CC's case, it meant prisoners were being held in substandard cells subject to extreme temperatures for 22 to 23 hours per day. Many of those prisoners were being held separately due to a regression of their classification. The need to do this would be avoided in an amalgamated facility with both minimum and maximum security areas.

At both correctional centres, we found that some staff adjudicating inmate discipline matters did not appear to understand their responsibilities correctly and required training in this procedure. CSNSW has commenced a review of the current inmate discipline process with regard to ensuring that staff are trained in and adhere to all parts of the procedure, the delegation of decision makers, and consideration of including a review mechanism.⁸ We welcome this review.

Impacts of the COVID-19 pandemic

The COVID-19 pandemic had impacted the operations of the two correctional centres in various ways. Staff sick leave and outbreaks within the inmate populations had resulted in lockdowns from time to time. Visits were operating under statewide restrictions which were gradually easing. The vending machines for visitors at Shortland CC remained empty despite that restriction having already been lifted. The suspension of extended visits for minimum security inmates remained in place. Participation in the Aboriginal cultural arts program at Shortland CC was limited to barely 10% of the Aboriginal population in 2022. The works release program at Cessnock CC was suspended. The delivery of routine health care was disrupted at both sites and many pre-pandemic health activities had only just resumed. The requirement for inmates entering custody to complete a mandatory

⁷ *Crimes (Administration of Sentences) Regulation 2014*, cl 53.

⁸ Information provided by Corrective Services NSW, 7 May 2024.

quarantine period was lifted by the Commissioner of CSNSW during the inspection. Custodial staff at Shortland CC generally welcomed this as the quarantine procedure required them to undertake tasks usually performed by inmates such as delivering meals. However, they also noted that this would mean a reduction in the number of officers working in H block, perhaps the busiest accommodation unit, where many remand inmates were located.

Inmate services and amenities

Both correctional centres were found to be issuing less than the prescribed allocations of clothing. This was particularly concerning at Cessnock CC where inmates were only provided one set of clothes at reception and were commonly seen wearing clothes worn out well beyond an acceptable condition. Many inmates complained that they had to wash their clothes in the shower each evening and wear them again while still wet as they did not have enough clothing to be able to send worn items to the laundry. The quality of linen and towels in Area 3/4 at Shortland CC was similarly poor.

Meal distribution procedures at both correctional centres required review. We heard that meal allocations at Shortland CC did not account for additional inmates arriving into an accommodation unit on the day, resulting in an undersupply, and that inmates' needs for special diets were often unmet. Trolleys carrying meals were seen left unattended during the day at Cessnock CC, potentially jeopardising food safety.

Access to exercise varied significantly across sections of both facilities, with inmates in Area 3/4 at Shortland CC and 4 wing at Cessnock CC rarely able to access an oval.

Visits were a frustrating experience for families at Shortland CC, with visit durations reduced to significantly less than an hour by sign-in and search procedures. We found a number of concerns with Shortland CC's handling of instances when visitors were suspected, but not confirmed, to be concealing contraband or had committed a minor breach of visit rules. Cessnock CC was facilitating some visits in an unsuitable demountable building. Both correctional centres required at least some inmates to wear overalls during visits despite being x-ray body scanned or strip searched. At Shortland CC, inmates were both body scanned and strip searched after attending a visit.

Tablets devices were widely recognised by staff as a positive innovation. However, the direction by the Prison Officers Vocational Branch (POVB) to its members to not handle tablets meant that there was no system of accountability for lost or damaged devices. This had contributed to a shortage of devices at both correctional centres. A Deputy Commissioner's decision to prohibit phone calls to family members via third party services removed the only affordable option for many inmates to keep in touch with their families.

This inspection occurred in the lead up to the 2023 NSW election. We were unable to find any prisoners who knew how to vote while in custody, let alone had done so. We were particularly concerned when we spoke to custodial staff who were also unaware whether or how prisoners could vote. We raised these concerns with the Commissioner, CSNSW prior to the 2023 "Voice" referendum but saw no evidence that the process was significantly improved for the referendum. A survey of inmates taken by CSNSW following the 2023 NSW election confirmed that there was a lack of knowledge, among both staff and people in custody, about how to facilitate enrolment and voting. Failing to facilitate prisoners' legal right to vote may constitute maladministration and we have made a recommendation in relation to facilitating access to voting. We are pleased that CSNSW has committed to working with the Australian Electoral Commission and NSW Electoral Commission to simplify enrolment processes and ensure access to voting at all correctional centres.⁹

Health services

The delivery of health services at both facilities was failing to meet contracted timeframes across a range of services, predominantly due to insufficient supply of services and inefficient patient access. We found general practitioner services at both facilities to be inadequate, each with only one in-person session per month on average, supplemented by telehealth services. Access to dental,

9 Information provided by Corrective Services NSW, 7 May 2024.

podiatry and chronic disease services were also not keeping pace with patient needs. Primary health nursing services were generally meeting priority 1 and 2 timeframes but lower priority patients were experiencing extended wait times. At Shortland CC, mental health services were an area of concern, with limited access to a psychiatrist and reports that patients often experienced mental health declines while waiting to be reviewed. We were pleased to find mental health and drug and alcohol services at Cessnock CC were relatively well-resourced.

Cessnock CC had a new health centre, located between Area 1 and Area 2. This replaced the existing health centre in 2020 after the inspection of health services in NSW correctional facilities in 2018 found it to no longer be fit for purpose.¹⁰ This modern building facilitates a vastly improved standard of health care for people in custody. It includes two clinical observation beds and four assessment/observation cells which were yet to be commissioned for use. This should be done as a matter of priority because the current practice of placing vulnerable patients in the multipurpose unit in Area 1 is not clinically appropriate.

Rehabilitation

Both correctional centres held substantial sex offender cohorts without access to criminogenic programs. Within these cohorts, many inmates expressed a willingness to undertake programs. We heard from various non-custodial staff that the majority of these cohorts were likely to complete their sentences without accessing treatment. CSNSW should review this situation and explore how it can facilitate access to programs for these cohorts.

The suspension of the Violent Offenders Therapeutic Program (VOTP) was contributing to high levels of frustration among those inmates who had been transferred to Shortland CC to undertake it. We are concerned that the decision to substitute the intensive VOTP program with EQUIPS Aggression in many inmates' case plans may not adequately address the treatment needs of inmates convicted of violent offences.

Both correctional centres need to do more to support their significant Aboriginal populations. Shortland CC, in particular, offered few programs to support connection to Aboriginal culture, while Cessnock CC has taken steps to introduce programs. Successful 2023 NAIDOC celebrations at both facilities marked a positive step towards recognising the importance of celebrating and promoting Aboriginal culture. Aboriginal people are significantly underrepresented in the workforces at both correctional centres and CSNSW should make a concerted effort to address this. This will include taking steps to promote a culturally safe workplace by building the understanding of staff about Aboriginal worldviews.

The industries at both correctional centres offer a range of employment opportunities for people in custody, many of which represent meaningful, skilled work. Works release was due to resume shortly at Cessnock CC after being suspended during the COVID-19 pandemic.

Although access to works release was unavailable, C3 classified inmates living in the Honour House could work in the facilities maintenance team, undertaking maintenance and repair work across the complex. These inmates were able to access a range of training opportunities related to this work and provided positive feedback to us about this. The CSI (Corrective Services Industries) Operations Manager noted that he would like to receive people into this team with enough time remaining on their sentences to be able to complete an apprenticeship but this was usually not the case.

The Honour House was barely above 50% of its capacity at the time of the inspection. This was not only a missed opportunity to offer apprenticeships in facilities maintenance but also to offer suitable inmates the chance to engage in semi-independent living where they are responsible for their own cooking and laundry before they return to life in the community. We would like to see Cessnock CC maximise opportunities for people to live in the Honour House and access works release. We understand that responsibility for the works release program has since been transferred to CSI and hope that this resolves the inherent tension between the works release program and demand for workers in the onsite industries.

¹⁰ Inspector of Custodial Services, *Health Services in NSW Correctional Facilities*, March 2021, 125.

We have made 91 recommendations to address issues identified at Shortland CC, Cessnock CC and the overall NSW correctional system. Key recommendations relate to:

- recruitment, training and rostering of staff;
- the standard of infrastructure, accommodation and basic amenities;
- contraband detection;
- support for people at risk of suicide or experiencing mental health concerns;
- daily routine and time out of cells;
- family visits;
- education and programs; and
- connection to Aboriginal culture.

We acknowledge that work has commenced at both correctional centres since the inspections to address these issues.

Recommendations

The Inspector recommends:

1. Corrective Services NSW installs privacy screens or curtains which do not create hanging points in shared cells.
2. Corrective Services NSW develops a local target and strategy to increase the recruitment of Aboriginal and Torres Strait Islander staff at Shortland Correctional Centre.
3. Corrective Services NSW ensures the Governor of Shortland Correctional Centre reviews communication and cooperation between staff groups and updates local strategies accordingly.
4. Corrective Services NSW ensures that lockdowns at Shortland CC are implemented equitably across the centre and that access to daily exercise is maintained for people held in I block.
5. Corrective Services NSW implements standard 12 hour shifts for custodial staff and increases time out of cell for all inmates at Shortland CC.
6. Corrective Services NSW ensures that Shortland Correctional Centre does not use H block as an overflow placement for people who should be placed in I block. If protective custody inmates cannot be accommodated in I block, they should be transferred to another correctional centre.
7. Corrective Services NSW reviews the decision to remove the Protection Limited Association placement option.
8. Corrective Services NSW creates additional dedicated intelligence positions at Shortland CC to manage tablet technology and associated intelligence gathering procedures.
9. Corrective Services NSW ensures that inmates at Shortland Correctional Centre are issued the correct quantity of clothing and towels in good condition, in accordance with the COPP.
10. Corrective Services NSW ensures that Shortland Correctional Centre ceases the routine practice of strip searching inmates following an x-ray body scan and requires that reasons for strip searches are recorded in OIMS.
11. Corrective Services NSW ensures the screening of inmates received at Shortland CC is consistently completed by custodial staff on arrival and by SAPOs within 36 hours.
12. Corrective Services NSW enhances its drug detection strategies by commencing targeted and random searches of staff to prevent the introduction of contraband to Shortland CC and all other correctional centres in NSW and by conducting regular, random urinalysis testing of people in custody.
13. Corrective Services NSW arranges further mandatory training for custodial staff in negotiation, de-escalation and trauma-informed practice and reviews the effectiveness of directing compliant inmates to kneel during use of force procedures.
14. Corrective Services NSW ensures Shortland Correctional Centre arranges for the protective custody cells in I block to be retrofitted with electrical access.
15. Corrective Services NSW ensures Shortland Correctional Centre undertakes regular graffiti management and removes graffiti which poses a safety or security risk immediately.
16. Corrective Services NSW ensures all officers with delegation to adjudicate inmate discipline matters receive training or refresher training and updates the COPP to require hearings to be conducted in a space which ensures discussions remain confidential from other inmates.
17. Corrective Services NSW ensures Shortland Correctional Centre staff use interpreting services in accordance with section 11.1 of the COPP.

18. Corrective Services NSW provides induction booklets which have been translated into relevant languages.
19. Corrective Services NSW ensures that Shortland CC provides each person in custody with access to basic amenities including a pillow, a toilet seat, a television, linen and towels of reasonable quality, haircuts, exercise and exercise equipment.
20. Corrective Services NSW ensures that Shortland CC facilitates regular oval access for people in G and H blocks and considers developing a recreation program.
21. Corrective Services NSW ensures CSI at Shortland CC reviews its procedures for providing a sufficient number of meals including appropriate “soft diet” meals.
22. Corrective Services NSW and Justice Health and Forensic Mental Health Network ensure Shortland Correctional Centre provides adequate resources and interventions to support people at risk of self-harm, suicide or mental health decline and ensure RIT reviews occur every 24 hours. If this requires budget enhancements, Corrective Services NSW and Justice Health and Forensic Mental Health Network should support such.
23. Corrective Services NSW ensures Shortland Correctional Centre fills custodial posts supervising the RIT observation cells to facilitate inmates’ daily access to exercise and sunlight.
24. Corrective Services NSW ensures Shortland Correctional Centre reviews its visits schedule to ensure that sufficient time is allowed for all procedures on the day to be completed without affecting the duration of visits.
25. Corrective Services NSW issues a consistent instruction to all correctional centres to allow the consumption of food and drinks during visits.
26. Corrective Services NSW delivers further training for staff in the interpretation of x-ray images including how to differentiate between contraband and non-contraband items and reviews whether the COPP should be updated to include procedural guidance to staff when an x-ray image is inconclusive.
27. Corrective Services NSW ensures Shortland Correctional Centre exercises discretion to offer non-contact visits to visitors when there is an unclear or unconfirmed suspicion that they have attempted to introduce contraband unless a clear reason exists not to do so.
28. Corrective Services NSW ensures Shortland Correctional Centre management exercises discretion, in line with the COPP, in assessing the seriousness and frequency of antisocial or non-compliant behaviour by visitors before seeking orders for ongoing restrictions.
29. Corrective Services NSW ensures Shortland Correctional Centre ceases the practice of referring to people in custody as “Inmate [surname]” and ensures that staff use the full name or an appropriate title followed by the surname, e.g. “Mr [surname]”.
30. Corrective Services NSW ensures Shortland Correctional Centre immediately discontinues strip searching of inmates when an x-ray body scan has been, or can be, performed per Deputy Commissioner’s Memorandum No: 2022/05.
31. Corrective Services NSW ensures Shortland Correctional Centre adjusts the AVL visit schedule to provide more equitable access across accommodation blocks. If this cannot be achieved, or demand cannot be met, then Shortland Correctional Centre should consider using tablets to facilitate video visits.
32. Corrective Services NSW negotiates an updated OTS contract which provides affordable phone calls to long distance, mobile and international numbers and/or makes arrangements for a VOIP application to be installed on inmate tablets and, in the meantime, approves engine numbers which have been verified through proof of identity.

33. Corrective Services NSW ensures Shortland Correctional Centre provides every person in custody with a tablet device by ensuring it provides a sufficient supply of devices, adequate wifi coverage, and a pair of earphones at no cost.
34. Corrective Services NSW ensures Shortland Correctional Centre implements an accountability system for allocating tablets to inmates, for example, by recording tablet serial numbers on their OIMS profile.
35. Corrective Services NSW prioritises the roll out of tablet chargers to people in custody, if in-cell charging is endorsed following the trial.
36. Corrective Services NSW ensures all eligible inmates are supported to access to electoral roll enrolment and voting.
37. Corrective Services NSW ensures Shortland Correctional Centre rosters regular custodial staff to the Area 3/4 and Area 5/6 health centres to assist in improving the efficiency and smooth operation of the health service delivery.
38. Corrective Services NSW and Justice Health and Forensic Mental Health Network review the Management Service Agreements at Shortland Correctional Centre with a view to maximising patient access to health services and communicates relevant operational details to custodial staff.
39. Justice Health & Forensic Mental Health Network seeks funding to establish a podiatry service at correctional centres in NSW.
40. Corrective Services ensures Shortland CC discontinues the practice of holding people with intellectual disabilities in observation cells and consults stakeholders including Statewide Disability Services and Justice Health & Forensic Mental Health Network about appropriate alternative placements.
41. Corrective Services NSW ensures that Shortland Correctional Centre reminds custodial staff of the requirement to check the mouths of patients before and after receiving an OAT.
42. Justice Health & Forensic Mental Health Network reviews the procedures for administering supervised medications in Shortland Correctional Centre Area 3/4 to try to improve the efficiency of patient attendance and to ensure patients' privacy.
43. Justice Health & Forensic Mental Health Network considers introducing delayed medication administration aids at Shortland Correctional Centre.
44. Justice Health & Forensic Mental Health Network reminds nursing staff of their obligations to prepare and dispense medication in line with its medication guidelines (including to sign medication charts only after administering medication to a patient, to avoid directly touching medications, to use a tablet cutter when breaking tablets, to sight a patient's identification before administering medication, and to administer pro re nata medication which they have prepared themselves).
45. Justice Health & Forensic Mental Health Network sources alternative medication administration transport trolleys which have lockable compartments for use at Shortland CC.
46. Justice Health & Forensic Mental Health Network reminds the nursing unit managers and nursing staff at Shortland Correctional Centre of their legal responsibilities with regard to the storage of pharmaceutical medications and reviews the ventilation in the Area 5/6 pharmacy room.
47. Corrective Services NSW and Justice Health & Forensic Mental Health Network ensure that cleaning is performed daily in the health centre and clinical observations cells at Shortland Correctional Centre.

48. Justice Health & Forensic Mental Health Network reminds its staff at Shortland Correctional Centre to refer to patients appropriately by using their full name or a title followed by their last name.
49. Corrective Services NSW prioritises the resolution of staffing issues at Shortland CC to enable the delivery of the VOTP and ensures that inmates required to complete the VOTP are not sent to Shortland CC unless delivery of VOTP has resumed.
50. Corrective Services NSW considers delivering sex offender programs at Shortland Correctional Centre.
51. Corrective Services NSW ensures Shortland CC appoints Aboriginal inmate delegates.
52. Corrective Services NSW ensures Shortland CC reviews the Aboriginal cultural arts program with a view to maximising participation.
53. Corrective Services NSW ensures Shortland CC provides training in cultural awareness, competence and safety to correctional officers.
54. Corrective Services NSW ensures Shortland CC provides opportunities for inmates in Area 3/4 to be employed in an industry.
55. Corrective Services NSW ceases the practice of holding inmates dismissed from work or refusing to work in exercise yards.
56. Corrective Services NSW ensures Shortland CC arranges for the modification of privacy screens around shared toilets at exercise yards throughout the centre to ensure sufficient privacy and dignity of users.
57. Corrective Services NSW reviews the provision of education services including resourcing and links to CSI.
58. Corrective Services NSW develops and implements a plan for the closure of the original custodial infrastructure (Area 1) at Cessnock Correctional Centre and the amalgamation of the remainder of Cessnock Correctional Centre with Shortland Correctional Centre.
59. Corrective Services NSW does not place inmates who have a disability or medical issue which limits their mobility at Cessnock Correctional Centre Area 1.
60. Corrective Services NSW immediately decommissions the holding cells in the old reception area and takes steps to ensure that inmates are not held in these cells, for example, by removing the gates or locks.
61. Corrective Services NSW ensures Cessnock Correctional Centre maximises the use of the Honour House.
62. Corrective Services NSW supplies new, longer beds for the Honour House.
63. Corrective Services NSW continues to provide Cessnock CC staff with regular opportunities to work at other correctional centres.
64. Corrective Services NSW ensures Cessnock Correctional Centre develops a local target and strategy to increase the recruitment of Aboriginal and Torres Strait Islander staff.
65. Corrective Services NSW ensures Cessnock Correctional Centre identifies a suitable, private location for screening of incoming inmates and retrain staff in how to perform the procedure.
66. Corrective Services NSW ensures Cessnock Correctional Centre provides custodial staff with refresher training in de-escalation and the requirements of the COPP.
67. Corrective Services NSW ensures Cessnock Correctional Centre only handcuffs inmates during internal movements if determined necessary following an individual risk assessment.

68. Corrective Services NSW ensures that Cessnock Correctional Centre's use of segregation and separation orders is consistent with legislation and policy and does not circumvent safeguards and review mechanisms.
69. Corrective Services NSW ensures Cessnock Correctional Centre displays contact information for the Corrective Services Support Line, NSW Ombudsman, Legal Aid Commission and Official Visitors on inmate tablet devices and on posters in all areas where separation, segregation and protective custody occur.
70. Corrective Services NSW ensures Cessnock Correctional Centre ensures people on separation orders always receive access to a television and tablet device and receive the statutory daily minimum access to exercise.
71. Corrective Services NSW ensures Cessnock Correctional Centre ceases to hold people in the confined area of the top landing of 4 wing under any circumstances.
72. Corrective Services NSW ensures the Governor of Cessnock Correctional Centre arranges training for delegated officers to perform inmate discipline functions in line with statutory and policy requirements and ceases the use of group punishment to manage inmate discipline.
73. Corrective Services NSW ensures Cessnock Correctional Centre provides all inmates with the minimum allocation of clothing prescribed by the COPP at reception and inmates are able to exchange articles of clothing which have become worn out.
74. Corrective Services NSW ensures all correctional centres can provide correct clothing allocations and centralises the budget for inmate clothing.
75. Corrective Services NSW ensures Cessnock Correctional Centre reviews food distribution procedures to ensure that meals are never left unattended.
76. Corrective Services NSW ensures Cessnock Correctional Centre reviews the daily routine and restrictions in each wing in Area 1 to bring them into line with other minimum security settings.
77. Corrective Services NSW ensures Cessnock Correctional Centre installs additional non-networked computers to ensure that all people in custody can access one for legal purposes when required.
78. Cessnock Correctional Centre collaborates with Shine for Kids to offer a service to all families who visit people in custody.
79. Corrective Services NSW installs an x-ray body scanner at Cessnock Correctional Centre to scan remand inmates attending visits and discontinues the practices of strip searches and overalls at visits.
80. Corrective Services NSW ensures Cessnock Correctional Centre reinstates extended visits, in recognition of the distance that most families travel to attend visits and the minimum-security status of sentenced inmates.
81. Corrective Services NSW decommissions the AVL suites and holding cell in the old reception building and Cessnock Correctional Centre uses the facilities in the new reception area for all inmates.
82. Corrective Services NSW ensures Cessnock Correctional Centre has a sufficient number of tablets for every person in custody to receive one, and implements an accountability system for allocating tablets to inmates, for example, by recording tablet serial numbers on their OIMS profile.
83. Justice Health & Forensic Mental Health Network and Corrective Services NSW commission the clinical observation beds and cells in the Cessnock Correctional Centre health centre.
84. Justice Health & Forensic Mental Health Network ensures people with a confirmed or suspected intellectual disability are referred to Statewide Disability Services.

85. Justice Health & Forensic Mental Health Network considers introducing delayed medication administration aids at Cessnock Correctional Centre.
86. Justice Health & Forensic Mental Health Network reminds nursing staff at Cessnock CC of the need to label delayed medication administration bags with patients' names and to sight a patient's identification card before administering medication.
87. Justice Health & Forensic Mental Health Network reminds health staff at Cessnock Correctional Centre of their legal responsibilities with regard to the storage of pharmaceutical medications.
88. Corrective Services NSW ensures Cessnock Correctional Centre utilises the Area 2 programs area by identifying programs which can be delivered and align with the needs of the Area 2 cohort.
89. Corrective Services NSW ensures Cessnock Correctional Centre continues to expand the availability of programs and activities which promote the connection of Aboriginal people in custody to their culture including access to the Yarning Circles.
90. Corrective Services NSW ensures there is an increase in education services being delivered at Cessnock Correctional Centre to meet the needs of the inmate population.
91. Corrective Services NSW conducts a review of reintegration planning at Cessnock Correctional Centre.
92. This report is made public immediately upon being tabled in NSW Parliament, in accordance with section 16(2) of the *Inspector of Custodial Services Act 2012*.

Cessnock Correctional Complex profile

Location

Cessnock Correctional Complex is located on the land of the Wonnarua people in Cessnock in the Hunter Valley, 151 kilometres north-west of Sydney.

History

Today, the complex is the site of three separate correctional centres: Cessnock; Shortland; and Hunter. In the photo below, Cessnock Correctional Centre (Cessnock CC) is in the top left corner, Shortland Correctional Centre (Shortland CC) is in the bottom left corner, and Hunter Correctional Centre (Hunter CC) is in the bottom right corner.

Aerial photograph of Cessnock Correctional Complex¹¹



The original facility, Cessnock CC (then Cessnock Gaol), opened in 1974. This infrastructure, with around 500 beds, is known today as Area 1. The centre expanded in 2011 when a new maximum security section with 256 beds was added. This section is known as Shortland CC Area 3/4. A programs unit with 80 beds (J block) and secure multi-purpose unit (I block) were later added to this area.

In 2018, Hunter CC opened as a separate correctional centre on the complex, providing 400 maximum security beds. It is a “rapid build prison” with dormitory style accommodation.¹²

In 2019, 330 new maximum security beds were opened adjacent to Area 3/4. This section, known as Area 5/6, was merged with Area 3/4 to form a separate correctional centre named Shortland CC, returning Cessnock CC to its original footprint.

In 2020, Cessnock CC again expanded with new infrastructure. Adding 240 new beds, this expansion also included a new gatehouse, reception, programs building, visits area and health centre. This section is known as Area 2.

11 Photo sourced from *Newcastle Herald* website, “Cessnock maximum-security jail expansion officially opens”, published 20 May 2019. Cessnock CC appears at the top-left, Shortland CC immediately below it, and Hunter CC at the bottom-right.

12 We inspected Hunter CC in January 2020. For information about that centre and/or its inspection, see Inspector of Custodial Services, *Inspection of Macquarie Correctional Centre and Hunter Correctional Centre*, November 2020.

Function

The majority of people held at Cessnock CC are sentenced, male inmates with minimum security classifications. There was a remand wing (4 wing) which held unconvicted male inmates with minimum and medium security classifications. Cessnock CC has a maximum state of 675 people in custody.

The secure part of the correctional centre is divided into two areas:

- Area 1 is the original part of the centre comprising four main accommodation buildings, holding normal discipline inmates. At the time of the inspection:
 - 1 and 2 wings accommodated sentenced inmates. They were generally either employed in an onsite industry or undertaking a Short Sentence Intensive Program (SSIP).
 - 3 wing was vacant and used for COVID-19 outbreak contingencies.
 - 4 wing held remand inmates with medium security (55 as at 30 November 2022) and minimum security (47 as at 30 November 2022) inmates.¹³
- Area 2, opened in 2020, is a Special Management Area comprising five accommodation buildings. A Special Management Area is a designated area within a correctional centre housing inmates who are vulnerable or at risk from other inmates in the normal discipline area.¹⁴ The inmates in Area 2 have been sentenced and the majority work at one of the onsite industries.

An Honour House is located outside the secure perimeter, accommodating up to 30 inmates at the lowest security classification. An Honour House provides a relatively independent and self-sufficient form of living for inmates preparing to return to the community. Honour House inmates may be eligible for work release. However, at the time of the inspection, work release had not resumed despite a statewide suspension during the COVID-19 pandemic having been lifted one year earlier.¹⁵

Shortland CC is the remand and reception centre for the Hunter region, receiving remand and sentenced inmates into custody directly from court cells as well as inmates who transfer from other correctional centres. It houses male, maximum and medium security inmates. It has a maximum state of 616 people in custody, held across two separate sections:

- Area 3/4 houses inmates in normal discipline. Some wings accommodate remand inmates, while others accommodate sentenced inmates. Sentenced inmates are placed at Shortland CC for one of two reasons: to undertake a high intensity criminogenic program; or due to particular gang affiliations.
- Area 5/6 is a Special Management Area for sentenced inmates who work in the onsite industries.

Occasionally, both correctional centres accommodate female inmates in transit between other correctional centres. Women are accommodated separately from men. There were no female inmates present during the inspection.

13 We received advice that 4 wing would temporarily close in early 2024 in a letter from Acting Commissioner, CSNSW to Inspector of Custodial Services, 10 January 2024.

14 Corrective Services NSW, *Custodial Operations Policy and Procedures*, 3.3 Special management area placement (version 1.4, 16 August 2023) 1.

15 Commissioner's Instruction 12/2022 on 16 March 2022 allowed the resumption of work release and off-complex work, following Commissioner's Instruction 17/2021 on 24 June 2021 which suspended all activities, employment and programs outside a correctional complex.

Previous inspection by the Inspector of Custodial Services

In 2018, the inspection of health services in NSW correctional facilities examined the then-Cessnock CC (i.e. what is today known as Area 1 of Cessnock CC and Area 3/4 of Shortland CC).

Inspection dates

Shortland Correctional Centre: 13 to 18 March 2023

Cessnock Correctional Centre: 18 to 22 March 2023

Inspection process

The office of the Inspector of Custodial Services (ICS) was established by the *Inspector of Custodial Services Act 2012* (the ICS Act) in October 2013. The mandate of the office is to provide independent scrutiny of the conditions, treatment and outcomes for people in custody, and to promote excellence in staff professional practice. The Inspector is required to inspect each adult custodial centre at least once every five years and report on each such inspection to the NSW Parliament with relevant advice and recommendations.¹⁶

Inspection provides independent information gathering and analysis concerning what is working well and which areas require improvement. The inspection of Shortland and Cessnock Correctional Centres focused on:

- custodial conditions, including safety and security;
- treatment, care and wellbeing of inmates, including privacy;
- rehabilitation of inmates, including programs, education, and preparation for release; and
- resources and systems, including the staffing and management of each correctional centre.

The inspection team consisted of the Inspector, two principal inspection and research officers, a senior inspection and research officer, an inspection and research officer, and two Aboriginal officers. A consultant with expertise in health services was engaged to assist the inspection team.

Prior to the inspection, liaison visits were conducted to each centre to inform our planning. We also received documents and data from each centre, the Corrections Research Evaluation and Statistics (CRES) branch of Corrective Services NSW (CSNSW), and the Justice Health and Forensic Mental Health Network (JH&FMHN).

During the inspection, we observed a range of processes and areas of each centre and held discussions with custodial and non-custodial staff, including union representatives, as well as a significant number of inmates from each section of the two centres, including delegates on the respective inmate development committees. We also requested additional documents and data following the inspection.

Inspections capture a snapshot in time, with understanding and observations limited by the amount of time spent on site. It should be noted that inspections of custodial facilities which occurred during the COVID-19 pandemic were sometimes impacted by ICS staff and correctional centre staff being unavailable at short notice due to illness, lockdowns due to COVID-19 outbreaks, and changes to routines and practices to prevent or mitigate the risk of COVID-19 transmission. Consequently, some interviews that would usually occur during the inspection took place at a later date, in some cases virtually. The length of time onsite and ability to observe all functions of a centre was also impacted, often at short notice. Information obtained onsite was complemented by additional data obtained post-inspection from Cessnock CC and Shortland CC, branches of CSNSW, and JH&FMHN. We also spoke to external agencies that provide services to Cessnock CC and Shortland CC.

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

The inspection considered sensitive information and methodologies. In accordance with section 15 of the ICS Act, information that could prejudice the security, discipline or good order of any custodial centre, identify or allow the identification of a person who is or was detained at a youth justice centre or in custody in a juvenile correctional centre, or identify or allow the identification of a custodial centre staff member, has been removed in the public interest.

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

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

1 Shortland Correctional Centre

1.1 Inmate profile

On 13 March 2023, Shortland CC held 560 inmates. It had an operational capacity of 611 inmates and a maximum (contingency) capacity of 870.

1.1.1 Legal status and charges

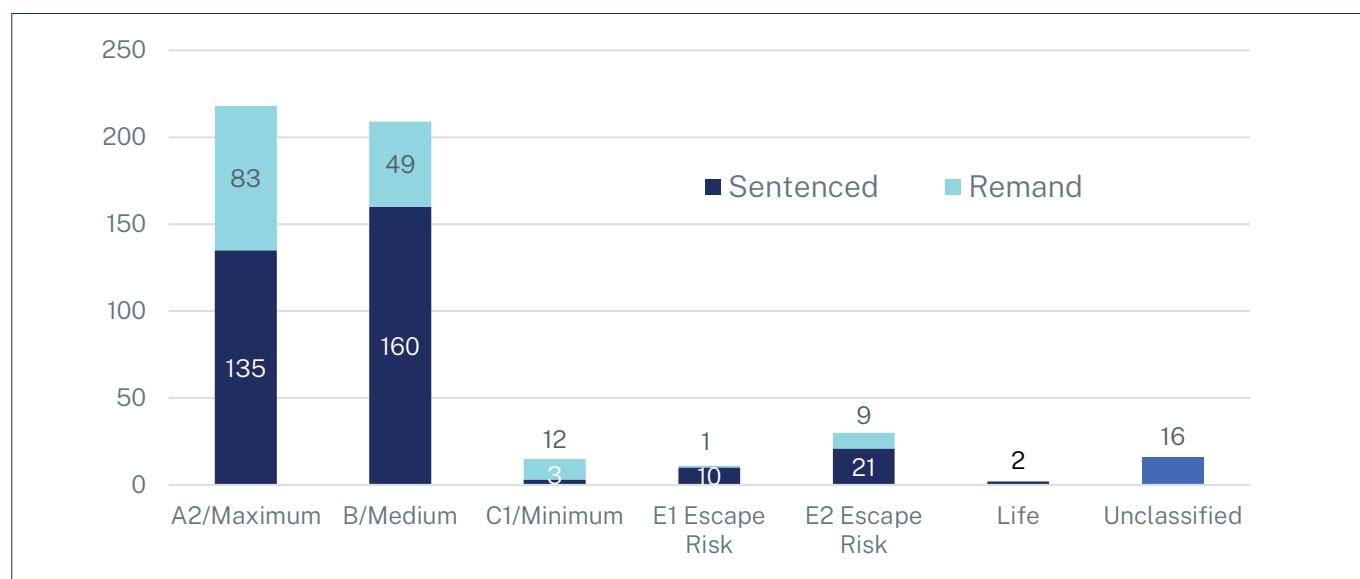
Most of the inmates held at Shortland CC on 30 November 2022 were sentenced (approximately 64%). However, a significant proportion were being held in custody on remand (approximately 30%). 6% of people in custody were appealing their sentence. The average time on remand was 333 days.

Sexual assault and related offences were the most serious charges for 155 inmates, followed by acts intended to cause injury (141 inmates), homicide and related offences (53 inmates), illicit drug offences (30 inmates), offences against justice procedures, government security and government operations (23 inmates) and unlawful entry with intent/burglary, break and enter (21 inmates).

1.1.2 Security classifications and designations

Most of the inmates had either a maximum security (A2) classification (43.5% or 218 inmates) or medium (B) security classification (41.7% or 209 inmates). There were 15 inmates with minimum (C1) security classifications (3%). There were two inmates with “Life” security classifications and one with an extreme high security (EHS) designation.¹⁷

Figure 1: Security classifications at Shortland CC on 30 November 2022¹⁸



Slightly more than half of the people held at Shortland CC were Special Management Area Placement (SMAP) inmates. On 30 November 2022, the SMAP population was 261 inmates, representing 52.1% of the total population. Many inmates were also managed by the Pre-Release Leave Committee (PRLC) (23.2% or 116 inmates).¹⁹ A significant number of people were being managed by the Serious Offenders Review Council (SORC) (18% or 90 inmates).

¹⁷ Inmate security classifications and risk designations are defined in the *Crimes (Administration of Sentences) Regulation 2014* cls 12, 14–15. The ‘Life’ security classification is for those inmates with ‘little or no prospect of release’: *Crimes (Administration of Sentences) Regulation 2014* cl 14A. This group must be confined at all times by a ‘secure physical barrier unless extraordinary circumstances exist’: *Crimes (Administration of Sentences) Regulation 2014* cl 20(1)(a1).

¹⁸ Information provided by Corrective Services NSW, 3 February 2023.

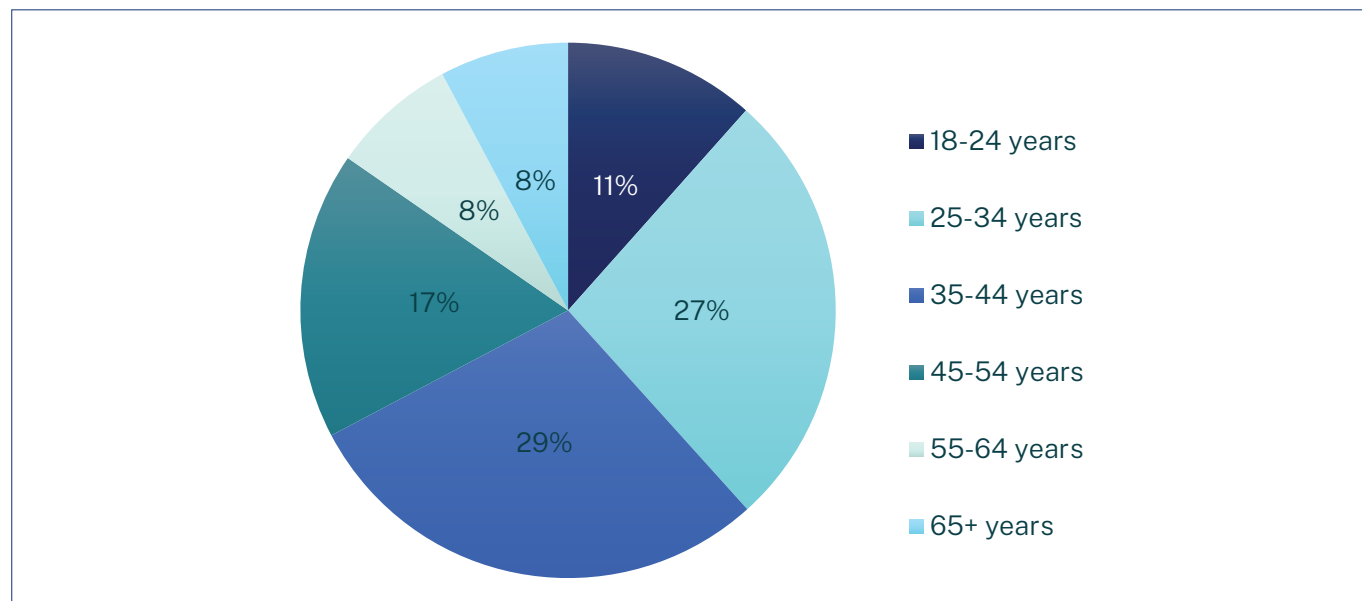
¹⁹ The Pre-Release Leave Committee is the division of the Serious Offenders Review Council that manages ‘public interest inmates’. A public interest inmate is defined in Corrective Services NSW, *Inmate Classification and Placement: Serious Offenders Review Council (SORC) and Subcommittee Managed Inmates* (version 2.0, 2 February 2021) 17–18.

1.1.3 Demographic information

On 30 November 2022, roughly 1 in 3 inmates at Shortland CC were Aboriginal or Torres Strait Islander men (34.7% or 174 inmates). The majority of people in custody were born in Australia (86% or 431 inmates), followed by New Zealand (2.2% or 11 inmates), England (2% or 10 inmates), Vietnam (0.8% or 4 inmates) and Samoa (0.6% or 3 inmates). Most inmates spoke English at home (93.2% or 467).

Most inmates identified their cultural background as Australian (82.2% or 412 inmates). The next largest cultural background identified was British (2.8% or 14 inmates), followed by Arab (2.6% or 13 inmates), New Zealand peoples (2.4% or 12 inmates), and Polynesian (2% or 10 inmates).²⁰

Figure 2: Shortland CC inmate ages on 30 November 2022²¹



²⁰ Information provided by Corrective Services NSW, 3 February 2023.

²¹ Information provided by Corrective Services NSW, 3 February 2023.

1.2 Custody

1.2.1 Physical environment

The entrance to Shortland Correctional Centre



Layout

Shortland CC is divided into two sections of roughly equal size, known as Area 3/4 and Area 5/6.²²

Area 3/4 consists of four accommodation blocks:

- **G** – normal discipline inmates who may be on remand, waiting to commence a high intensity program in J block, or classified to Shortland CC due to specific outlawed criminal network or gang affiliations
- **H** – normal discipline inmates, mostly on remand including those who have recently entered custody
- **I** – inmates in segregation and protective custody
- **J** – inmates participating in high intensity programs

Area 3/4 also includes a health centre, medical observation cells, Risk Intervention Team (RIT) cells, reception, programs and education rooms, an oval and a multi-faith space.

²² Areas 1 and 2 are sections of Cessnock CC. This naming system arises from the fact that Area 3/4 was originally an extension of Cessnock CC.

Area 5/6 consists of three accommodation blocks in a Special Management Area:

- **B**–sentenced, workers
- **C**–sentenced, workers
- **F**–remand

Area 5/6 also includes a health centre, a range of industries employing inmate labour, and programs and education rooms.

Living conditions

Shortland CC has the physical infrastructure of a modern, maximum security facility. Generally, it facilitates the safe and dignified management of people in maximum security custody. However, the majority of shared cells were designed without any privacy around the toilet. This design is common in many other maximum security correctional centres in NSW.

Inmate workers informed us they had produced a pilot of a curtain to cover cell windows in Area 5/6, meeting a need in that part of the centre. Something similar could be trialled to resolve the privacy issue around toilets in shared cells.

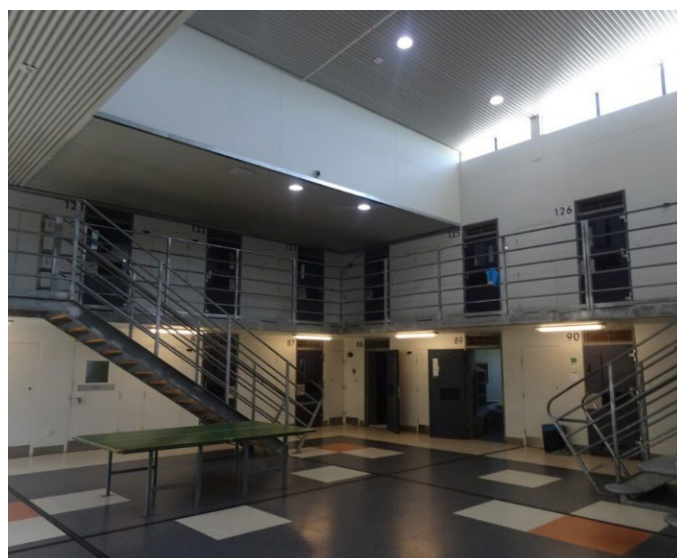
Shared cell in G block in Area 3/4



Shared cell in B block in Area 5/6



Pod in G block in Area 3/4



Pod in B block in Area 5/6



Recommendation 1: CSNSW installs privacy screens or curtains which do not create hanging points in shared cells.

1.2.2 Staffing

Profile

Table 1: Staff profile of Shortland Correctional Centre²³

Work area	Position	FTE
Custodial	Governor	1
	Manager of Security	1
	Functional Managers	7
	Senior Correctional Officers	25
	Correctional Officers	109
CSI	Manager of Industries	1
	Manager of Business Units	2
	Senior Overseers	5
	Overseers	17
	Admin clerk	1
OS&P (including HIPU)	Manager of Offender Services & Programs	2
	Services & Programs Team Leaders	3
	Services & Programs Officers	23
	Psychologist	6
CMU	Functional Manager	1
	Senior Case Management Officer	1
	Case Management Officer	5

²³ Information provided by Shortland Correctional Centre, 10 February 2023 and in meetings with staff during the inspection.

Administration	Business Manager	1
	Finance & Administration Manager	1
	Clerk Grade 3/4	2
	Clerk Grade 1/2	7
	General Scale Clerks	4
Education	Education Services Coordinator	1
	Assessment & Planning Officer	2
Classification	Senior Classification & Placement Officer	1
	Classification & Placement Officer	1
Operational Support Unit	Rosters Officer	3
Total:		233

3% of staff at Shortland CC identified as Aboriginal or Torres Strait Islander.²⁴ With 34.7% of the inmate population identifying as Aboriginal or Torres Strait Islander, this presents a major challenge to the centre's workforce in understanding and supporting the needs of Aboriginal and Torres Strait Islander inmates.²⁵ The opportunity to make Shortland CC a culturally safer workplace for Aboriginal staff by actively promoting understanding and respect for the worldviews of Aboriginal people is discussed below in section 1.5.2.

CSNSW has a target to increase the proportion of Aboriginal staff to 8% by 2030 and has indicated that it is working to develop strategies to encourage Aboriginal people to join its workforce.²⁶ We support this goal but believe that individual locations should have their own targets which reflect the proportion of Aboriginal people in the local population. Localised strategies will be necessary to achieve these targets.

Recommendation 2: CSNSW develops a local target and strategy to increase the recruitment of Aboriginal and Torres Strait Islander staff at Shortland Correctional Centre.

Throughout the inspection, custodial and non-custodial staff were respectful and cooperative in facilitating our access to various parts of the centre, staff and inmates. All the staff we spoke to were willing to share their experiences working at the centre and feedback about the centre's operations.

The interactions we observed between staff and inmates were professional and frequently reflected good levels of rapport. However, shortly after the inspection we received allegations of unprofessional conduct and threatening behaviour by staff towards inmates.

Morale

Staff morale was generally low during the inspection. We became aware of alleged bullying, harassment and discrimination between staff. Although we did not directly observe inappropriate staff conduct, we heard that this had resulted in high numbers of staff on long-term workers' compensation. Staff throughout the centre and across teams reported that staff absences required some staff to work regular overtime.

Staff throughout the centre and across teams reported feeling undervalued by their colleagues in other teams and, in some cases, centre management. Some staff did not feel sufficiently supported from a welfare perspective after incidents. There was an ongoing dispute between the Prison Officers Vocational Branch (POVB)²⁷ and CSNSW about the reallocation of duties since the deletion of the Assistant Superintendent rank in 2017.

²⁴ Information provided by Shortland Correctional Centre, 10 February 2023.

²⁵ Information provided by Corrective Services NSW, 3 February 2023.

²⁶ Information provided by Corrective Services NSW, 7 May 2024.

²⁷ The Prison Officers Vocational Branch is a branch of the Public Service Association of NSW, representing non-commissioned correctional officers employed by Corrective Services NSW.

We note that there was turnover in the senior management roles at Shortland CC in the early part of 2023. This had clearly had a destabilising effect. A new Governor had recently commenced at the time of the inspection.

It was apparent that there was generally a lack of cooperation and professional understanding between teams which were working very much in silos. The various arms of a correctional centre are actually quite interdependent but these links seemed underrecognised and undervalued by staff at Shortland CC. In broad terms, non-custodial staff rely on custodial staff to facilitate access and ensure personal security, while custodial staff benefit from inmates participating in programs, education, work, psychology and pre-release planning as these activities can focus inmates' energy in positive ways and reduce boredom, frustration and anxiousness. Some non-custodial staff reported that custodial staff do not sufficiently support their access to inmates, while some custodial staff felt that non-custodial staff do not appreciate the workload pressures and security considerations associated with facilitating that access.

One non-custodial team reported a positive working relationship with custodial staff, citing no access concerns, and reflected on their own appreciation and recognition of the priorities of custodial staff.

CSNSW has acknowledged the need to address this issue and implemented a new structure with the aim of increasing collaboration between teams. At the correctional centre level, non-custodial teams now report to the Governor, creating a single focal point for reporting lines. At Shortland CC, the new structure is supported by a new position, the Senior Services Integration Manager, and local strategies to improve cooperation have been implemented by the Governor.²⁸

Recommendation 3: CSNSW ensures the Governor of Shortland Correctional Centre reviews communication and cooperation between staff groups and updates local strategies accordingly.

Lockdowns due to staff shortages

The high rate of staff on long-term workers compensation leave and unplanned absences was causing daily challenges in filling custodial posts throughout Shortland CC, resulting in centre management regularly having to resort to partial lockdowns.²⁹ In the 12 months from December 2021 to November 2022, 196 lockdowns occurred. While this number is remarkably high, representing a lockdown occurring more frequently than every other day, we were advised that it was rare that the entire centre was locked down for a full day. Rather, we were told, one part of the centre may be locked down during the morning, and then another locked down in the afternoon, allowing all or most inmates some time out of their cells. We welcome this approach as it dilutes the impact on inmates.

However, we found the distribution of lockdowns was inequitable. We reviewed lockdown reports for the months of March and April 2023. During those two months, I block, which holds inmates in segregation and protective custody, was the most frequently locked down block with 12 full-day and four part-day lockdowns due to staff shortages. While these inmates may be perceived as those whose daily routines are least impacted, as they rarely leave their cells except to access a small exercise yard attached to the rear of their cells, this limited daily routine actually means that the impacts of lockdowns are felt most strongly by this group. They are among the most vulnerable to declines in psychological and physical health because they already have very limited access to exercise and recreational activity and no access to social interaction with peers. Locking down I block regularly is poor practice and may compromise the physical and mental health of people held there. It may also amount to a breach of the CAS Regulation.³⁰

F block was the next most impacted unit, experiencing eight full-day and four part-day lockdowns, followed by H, J and G blocks. B and C blocks, which hold working inmates, were not subjected to any lockdowns during this period in order to ensure the continued operation of Corrective Services

²⁸ Information provided by Corrective Services NSW, 7 May 2024.

²⁹ Information provided by Corrective Services NSW, 3 February 2023.

³⁰ The *Crimes (Administration of Sentences) Regulation 2014* clause 53 requires inmates to be allowed at least 2 hours each day for exercise in the open air. Subclause 3 qualifies that this "is subject to the practical limitations that may from time to time arise in connection with the administration of the correctional centre concerned". However, regularly imposing lockdowns on a specific accommodation unit, ahead of other units, does not represent a practical limitation that may arise "from time to time".

Industries (CSI) workshops.³¹

Psychologists noted to us their concern about deterioration in the mental health of inmates subjected to frequent lockdowns. The new Governor advised that he intended to adjust lockdown practices to a more equitable arrangement. Since the inspection, we have been advised lockdowns are no longer regularly occurring following the recruitment of new correctional officers.

Recommendation 4: CSNSW ensures that lockdowns at Shortland Correctional Centre are implemented equitably across the centre and that access to daily exercise is maintained for people held in I block.

Rostering

At the time of the inspection, the custodial staff roster operated on a cyclic schedule with some staff working eight hour shifts over a four week cycle and others working twelve hour shifts over a six week cycle. This hybrid system was introduced several years ago to provide equitable allocation of shifts, prevent staff being rostered for extended periods of consecutive days, provide predictability of wage costs, and to give staff greater notice of future rosters, allowing staff to plan meetings, training and leave. It was nominated by a local committee following consultation with staff and the POVB as the option which “best suited the needs of Shortland CC”.³²

However, we found that this hybrid roster system was not meeting many of Shortland CC’s needs. It was clearly inhibiting the consistent and strategic allocation of officers to custodial posts. The consequence of this, according to many staff who spoke to us, is that rostering could not take into account the specific attributes and skills required to perform a function effectively when assigning staff to posts. Officers with strong interpersonal skills and significant life experience are better suited to working with the most challenging inmates. People in custody also complained about the lack of consistency caused by the frequent rotation of officers working in accommodation wings. They reported frustration in dealing with staff who bring different expectations, have limited knowledge about issues in the wing, and have not built rapport with inmates. This has obvious implications for the level of dynamic security in the centre.

We also note below in section 1.4.2 that the lack of consistency of custodial personnel working in the health centres reportedly contributed to inefficiencies in inmate access to health services, exacerbating already long waiting periods for medical treatment. In section 1.3.3 below, we note that in the Area 3/4 audio visual link (AVL) post, where custodial staff had been assigned on a consistent basis, we observed examples of excellent practice and support for people in custody.

The mix of eight hour and 12 hour shifts was also a missed opportunity to maximise time out of cell at Shortland CC. Having only part of the workforce performing 12 hour shifts meant that Shortland CC’s daily routine was still based around eight hour shifts. Officers starting at 8am commenced their day by attending the morning parade and then proceeded to release inmates from their cells, working their way through the accommodation wings one by one. Depending on the day and their location, an inmate would be released at some time between 8.20am and 9.00am. A similar process occurred in the afternoon, with inmates being locked into their cells generally between 3.00pm and 3.40pm, before staff finish their shifts at 4.00pm. We observed a number of custodial officers completing their 12 hour shift long after inmates had been locked in their cells for the evening. NSW is the jurisdiction with the lowest average time out-of-cell hours in Australia, some 2.5 hours per day behind Victoria and ACT and 1.1 hours behind the national average.³³ In our view, this can only be improved through the implementation of standard 12 hour shifts.

Area 5/6 was trialling an extended day on Wednesdays, with the afternoon lock-in occurring between 5.30pm and 6.00pm. Feedback from inmates was mostly positive about this trial which was providing increased time out of cell and greater opportunity for inmates to speak with non-custodial staff, exercise and eat dinner at a normal time of day. The ICS has criticised the practice of giving people

31 Per verbal advice from senior staff during the inspection.

32 Information provided by Corrective Services NSW, 7 May 2024.

33 Productivity Commission, *Report on Government Services 2024*, part C, section 8: Corrective Services (29 January 2023).

their evening meal at 2.30pm in a number of inspection reports.³⁴ This trial was being facilitated through overtime and not through rostering officers who work 12 hour shifts. We would welcome an expansion of this trial to include additional days as well as Area 3/4. Locking adults into cells in the mid-afternoon, while common practice in maximum security correctional centres in NSW, is not supportive of good health and participation in rehabilitative activities.

Recommendation 5: CSNSW implements standard 12 hour shifts for custodial staff and increases time out of cell for all inmates at Shortland Correctional Centre.

H block and COVID-19 quarantine

Staff working in H block appeared particularly busy and somewhat stressed by our presence. H block accommodates remand inmates, including those new to custody, and sentenced inmates who are not engaged in work or programs. Remand inmates generally require higher levels of support as they adjust to being in custody, become familiar with the routine and operations, attempt to resolve issues with aspects of their lives in the community, and prepare for court.

H block has also been used to accommodate other inmates with special circumstances from time to time. During the inspection, 3 wing in H block was being used to manage inmates with a range of unique needs including two men in medical isolation, one man requiring a single occupancy cell for medical reasons, and several men requiring protection who could not be managed safely in a SMAP unit. These vulnerabilities meant that the inmates could not mix with each other and officers had to move these inmates in and out of their cells at different times throughout the day. This makes the management of people in H block significantly more complex and increases the workload of custodial staff.

At the commencement of the inspection, new reception inmates were still required to complete a seven day quarantine period to prevent the introduction and transmission of COVID-19 into correctional centres. At Shortland CC, these men were held in a wing in H block. During the inspection, CSNSW made the decision to discontinue the practice of quarantine with immediate effect.

We were told by staff that managing quarantining inmates had increased their workload due to additional duties such as delivering meals, a task usually performed by inmates. The officers working in H block were relieved that quarantine requirements had ended but noted that this would result in the reduction of staff working in H block to two correctional officers and one senior correctional officer, the latter with responsibility for G block as well.

Feedback from inmates in H block indicated that the limited staff presence makes access to support difficult. There was a daily schedule of 30 minutes per wing for making enquiries with staff. This arrangement reportedly exacerbated anxiety and frustration when people couldn't quickly obtain information or resolve an issue.

Limited interactions between staff and people in custody do not support dynamic security. Although the rate of incidents and assaults in the first half of 2023 was relatively low, it has historically been very high.³⁵ Unless staff are regularly interacting with and actively supervising inmates, they are unlikely to identify warning signs that an incident may be about to occur. The infrastructure design of G and H blocks makes dynamic security difficult, as inmates and staff are separated by two locked doors and a corridor, making conversation rare.

We returned to Shortland CC on 19 July 2023. At this time, we found that the wing in H block, previously used for quarantining new inmates, was being used as overflow accommodation for inmates on protective custody (non-association) and separation orders who would otherwise be held in I block. Cells in I block are purpose built with small day yards for exercise attached at the rear. This allows multiple inmates to exercise at the same time without physically interacting. Cells in H

³⁴ For example, *Inspection of John Morony Correctional Centre* and *Full House: the Growth of the Inmate Population in NSW*.

³⁵ According to information provided by Corrective Services NSW on 3 February 2023, there were 148 prisoner-on-prisoner assaults in the 12 months from December 2021 to November 2022 and five deaths in custody in the five years from 2018 to 2022, of which at least four appeared to be due to unnatural causes.

block do not have day yards attached to them, making them unsuitable for inmates in segregation or protective custody.

CSNSW acknowledges that, when I block is at capacity, protective custody inmates are managed “elsewhere in the centre on a short-term basis”.³⁶

We reviewed case notes for a man who was held in H block on a protective custody order for 12 consecutive days. The case notes indicated that he was only offered time out of his cell on two of these days, one of which was for just 20 minutes. This is not an acceptable practice.

In April 2024, this practice was discontinued and replaced by new approaches. Local management advised that when I block reaches capacity, reception cells will be used as overflow and efforts are made to vacate cells in I block by transferring inmates to other correctional centres or revoking segregation orders.³⁷ It appears, therefore, that the duration of segregation was being determined by the availability of segregation cells rather than whether the need to hold a person in segregation is ongoing. We will actively monitor this issue.

Additionally, one of the wings in H block had been designated as a Special Management Area. It was being used to place SMAP inmates with safety concerns related to other SMAP inmates in Area 5/6 as well as people being received into custody who were apprehensive about being placed into a wing with a larger population of SMAP inmates. There were 25 people held in this wing when we visited on 22 May 2024. This may indicate a need to reconsider the removal of the Protection Limited Association placement option.³⁸

Recommendation 6: CSNSW ensures that Shortland Correctional Centre does not use H block as an overflow placement for people who should be placed in I block. If protective custody inmates cannot be accommodated in I block, they should be transferred to another correctional centre.

Recommendation 7: CSNSW reviews the decision to remove the Protection Limited Association placement option.

Intelligence

Recommendation 8: CSNSW creates additional dedicated intelligence positions at Shortland Correctional Centre to manage tablet technology and associated intelligence gathering procedures.

1.2.3 Reception and induction

Shortland CC has capacity to receive up to 30 new inmates each day.³⁹ The reception room is well located, adjacent to the Area 3/4 health centre, and appropriately resourced. It has an x-ray body scanner, strip search stalls, holding cells, a storeroom with clothing and linen, and a locked valuables storeroom. The valuables room was secure. However, we noticed empty valuables bags with identity cards belonging to previous inmates inside. These cards should have been destroyed to maintain inmate privacy.

We spoke to reception staff and the inmate sweepers working in the reception storeroom and observed the linen and clothing packs. Clothing was being issued in lower quantities than those prescribed by policy.⁴⁰ Only three pairs of socks and underwear were being issued instead of seven of each. Only one towel was issued, when there should have been two, and the condition of the towels was poor. Linen was allocated by a colour coded system, where linen for Area 3/4 was green

³⁶ Information provided by Corrective Services NSW, 7 May 2024.

³⁷ Information provided by Corrective Services NSW during a visit to Shortland CC on 22 May 2024.

³⁸ Protection Limited Association was an alternative placement option for people requiring protection. It was removed in October 2020. People previously held under this arrangement then had to be managed within a Special Management Area or under a Protective Custody (Non-Association) direction.

³⁹ While the mandatory COVID-19 quarantine period was in place, Shortland CC would accept no more than 12 new inmates per day. Despite quarantine requirements being lifted during the inspection, there was not an immediate increase in the number of inmates being received. Information provided by Shortland CC shows that, during April 2023, between zero and 12 inmates were received each day.

⁴⁰ Corrective Services NSW, *Custodial Operations Policy and Procedures*, 1.5 Issuing correctional centre clothing and linen (version 1.3, 16 March 2021) 5.

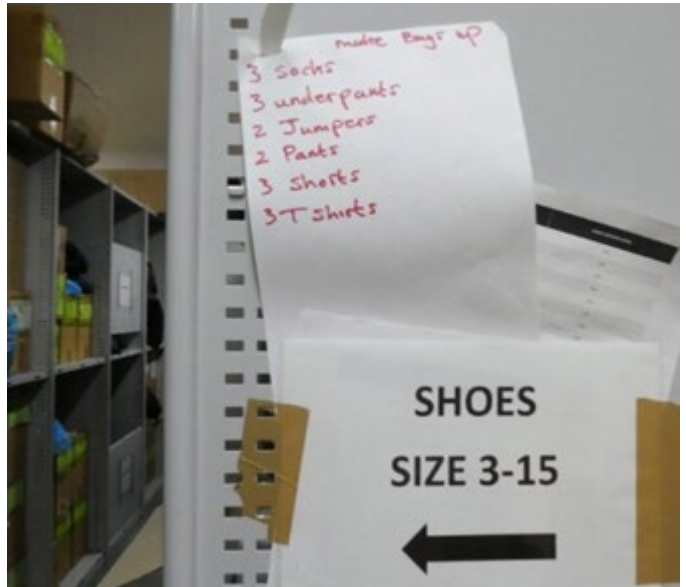
and linen for Area 5/6 was white. The white linen was generally in much better condition than the green. New inmates also received a pack containing a plate, cup, razor and hygiene items.

CSNSW claimed that the failure to issue minimum allocations of clothing and towels was the result of a shortage of stock caused by the COVID-19 pandemic and that this has been resolved.⁴¹ This is contrary to advice we received from local management at the time of the inspection. We do not accept that this is a reasonable excuse as clothing requirements should have been met through local production. Shortland CC had a textiles workshop and correctional centre clothing was being produced in the textiles workshop at the adjacent Cessnock CC.

X-ray body scanner at reception



Sign with incorrect clothing allocation



We observed a group of new inmates arriving from court cells. They were searched using the x-ray body scanner and then strip searched in the cubicles before they changed into their greens.

Routinely strip searching inmates after a body scan is unnecessary and inconsistent with policy. The COPP provides that a strip search should only be undertaken where 'body scanning is unavailable or impractical, or when the body scan indicates the presence of contraband'.⁴² A Deputy Commissioner's Memorandum on 12 December 2022 advised staff that 'When an inmate has been body scanned, a strip search is not to be undertaken unless the body scan indicates the presence of contraband or unauthorised items'.⁴³ Shortland CC must ensure that all inmate searches are necessary, appropriate and comply with CSNSW policy. Reasons for the decision to conduct a strip search should be recorded.

CSNSW has claimed that recording strip searches would place an administrative burden on staff.⁴⁴ We do not accept this is the case, if strip searches are being performed in line with aforementioned Deputy Commissioner's advice.

Recommendation 9: CSNSW ensures that inmates at Shortland Correctional Centre are issued the correct quantity of clothing and towels in good condition, in accordance with the COPP.

Recommendation 10: CSNSW ensures that Shortland Correctional Centre ceases the routine practice of strip searching inmates following an x-ray body scan and requires that reasons for strip searches are recorded in OIMS.

⁴¹ Information provided by Corrective Services NSW, 7 May 2024.

⁴² Corrective Services NSW, *Custodial Operations Policy and Procedures*, 17.1 Searching inmates (version 1.11, 16 December 2022) 4.

⁴³ Deputy Commissioner's Memorandum 2022/05, 12 December 2022.

⁴⁴ Information provided by Corrective Services NSW, 7 May 2024.

1.2.4 Screening

On arrival, inmates are required to undergo intake screening by health and custodial staff to ensure their safety and appropriate placement in the centre. This is particularly important for people entering custody from court cells and including those entering custody for the first time.

At the time of the inspection, there was a considerable backlog of screenings by custodial staff of newly received inmates. This commonly resulted in a person moving from reception to an accommodation block without being screened. This presents obvious security and safety risks as people have not been assessed by custodial staff for risk factors such as gang affiliations, threats of harm from others or thoughts of self-harm or suicide. We observed a custodial screening being undertaken in H block on the day after the person arrived at Shortland CC. This is an inappropriate practice as the discussion would have been audible to other people in custody, potentially placing the person at risk by sharing sensitive information or deterring the person from disclosing sensitive information.

The Governor has since advised us that the backlog has been resolved following an agreement with local police not to bring people to Shortland CC after 3.00pm. This means that people received into custody will arrive at a time when staff are available to conduct screenings.

After being screened by custodial and health staff on arrival, people received at the centre need to be screened by a services and programs officer (SAPO). This is to identify outstanding welfare needs including resolving urgent matters in the community relating to children, pets, properties, vehicles etc. Screening by SAPOs should be completed within 36 hours of a person arriving at the centre. This screening must be completed as a priority for duty of care reasons, though in some cases it may not be possible to do so within 36 hours, for example, if the person is detoxing or experiencing a mental health event. Another constraining factor is that SAPOs do not work on weekends. This is partly mitigated by the cessation of receiving people into custody after 3pm as people can no longer arrive at the centre on Friday evenings. A person arriving on Saturday morning, however, cannot be screened by a SAPO until Monday morning.

Table 2 below shows that rates of meeting the 36 hour timeframe have been inconsistent, with some months achieving more than 90%, and other months only exceeding 70%. Any ongoing obstacles to achieving consistently high compliance rates must be resolved as a priority given Shortland CC's role as a major remand and reception centre for the Hunter and Sydney metropolitan regions.

Table 2: SAPO screenings completed within 36 hours⁴⁵

Month	Percentage of received inmates screened within 36 hours
November 2022	79
December 2022	74
January 2023	92
February 2023	91
March 2023	93
April 2023	78

Recommendation 11: CSNSW ensures the screening of inmates received at Shortland Correctional Centre is consistently completed by custodial staff on arrival and by SAPOs within 36 hours.

⁴⁵ Information provided by Shortland Correctional Centre, 30 May 2023.

1.2.5 Safety, security and good order

Assaults

During the 12 months from July 2021 to June 2022, Shortland CC had the highest per capita rate of prisoner-on-prisoner assaults across all NSW correctional centres. In that period, there were 157 assaults (1 categorised as serious) at an average of 13 per month and a rate of 0.32 assaults per inmate. Across all NSW correctional centres, this rate was 0.18 assaults per inmate.⁴⁶

The frequency of these assaults declined significantly at the start of 2023. There were just five assaults in each of February and March 2023, and seven assaults in April 2023. We were advised that this had been achieved by transferring certain inmates and members of a particular organised crime network to other correctional centres.

There are opportunities to shape a custodial environment which may be less likely to see a return to the previous assault rates as the population continues to change over time with people coming into and out of the centre. We heard numerous times during the inspection that underlying factors contributing to violence included boredom and a general lack of opportunity for meaningful engagement (through programs, education, work and recreational activities) in some accommodation blocks. Frustration with the regular lockdowns, and frustration among those inmates who were transferred to Shortland CC to undertake the Violent Offender Therapeutic Program which was not operating, were also likely to have been contributing to the high rates of violence. These issues are discussed in other sections of this report and we encourage CSNSW to implement solutions to each of these as quickly as practicable.

Contraband drugs

The rate at which contraband drugs have been found at Shortland CC is high. In the 12 months to 30 November 2022, contraband drugs were found on 106 occasions, or approximately twice per week.⁴⁷ This compares unfavourably with similar correctional centres. For example, at South Coast Correctional Centre which has a slightly higher population, there were only 44 finds during a similar 12 month period.⁴⁸ While these figures may be influenced by other factors such as intelligence and the frequency of contraband searches, the rate at which contraband drugs have been introduced to Shortland CC is a concern. The presence of drugs is not only illegal but can have a range of consequences including erratic behaviour, the risk of overdose, standover, and assaults of people with unpaid drug debts. Failure to address drug addictions increases the likelihood of reoffending.

We were advised that no urine testing of inmates was being conducted at Shortland CC. This diminishes the potential knowledge about the types and locations of drugs available in the centre.

There are a number of ways that contraband may be introduced to a correctional centre, including by inmates, visitors or staff or concealed in packaged goods. Body scanners have been rolled out progressively in correctional centres since 2021 and since 24 March 2023, it has been mandatory for all personal visitors to correctional centres to undergo body scanning prior to entry (where the technology is available).⁴⁹ As discussed above, new reception inmates are searched upon admission to a correctional centre (see section 1.2.3). When entering the centre, staff walk through a metal detector and place their property through an x-ray scanner.

We heard that a number of staff were under suspicion of introducing drugs and were being monitored. However, catching staff in the act of introducing contraband is very difficult. Although legislation authorises correctional officers to conduct searches on other correctional officers,⁵⁰ this is

46 Document tabled by the Commissioner of Corrective Services NSW containing statistical data on assaults in correctional centres during the 2021/22 financial year, 24 October 2022.

47 Information provided by Corrective Services NSW, 3 February 2023.

48 Information provided by Corrective Services NSW, 22 December 2022.

49 Corrective Services NSW, *Custodial Operations Policy and Procedures*, 17.5 Body scanning (version 1.5, 24 March 2023) 13.

50 *Crimes (Administration of Sentences) Act 1999* section 253I (1, 2, 8). Legislation also allows for the testing of breath, hair and blood samples of correctional centre staff for the presence of alcohol or drugs: *Crimes (Administration of Sentences) Act 1999* section 236F and *Crimes (Administration of Sentences) Regulation 2014* sections 261-267.

prohibited by policy. The COPP does not allow pat searching or x-ray body scanning of staff, only the inspection of bags, containers, outer clothing and vehicles.⁵¹ Amending this policy to allow searching of officers, on a random and targeted basis would be in the interest of staff because it would dispel suspicions about innocent staff who undoubtedly are in the vast majority.⁵² We regularly hear that custodial staff welcomed the roll out of body worn cameras because they provide protection against vexatious complaints. Regular searching of staff would have a similar effect. The introduction of x-ray body scanning technology offers an opportunity for efficient and relatively non-invasive searches of staff to reduce the flow of contraband into correctional centres.

Searches of correctional centre staff are permitted in other jurisdictions. In the ACT, correctional centre staff may be required to submit to a scanning search on entry or exit to a centre and may be subject to checks by search dogs at any time.⁵³ Western Australian policy notes that “Staff searching is a routine function to maintain the good government, good order or security of the prison” and allows for a range of search methods including visual searches, electronic drug trace detection device searches, searches involving drug detection dogs and strip searches (with authorisation by the relevant Deputy Commissioner or the Director Integrity and Accountability).⁵⁴

We acknowledge that consultation with the POVB will be required.⁵⁵

Recommendation 12: CSNSW enhances its drug detection strategies by commencing targeted and random searches of staff to prevent the introduction of contraband to Shortland Correctional Centre and all other correctional centres in NSW and by conducting regular, random urinalysis testing of people in custody.

Use of force and chemical munitions

We reviewed a sample of incidents involving force being used on inmates by officers including two incidents involving the use of chemical aids. In doing so, we reviewed both the documented reporting of the incidents and footage from CCTV and body worn cameras. We found, in this sample, that officers generally used force in line with procedures and to the appropriate degree warranted by the situation. We were pleased to note that IAT officers consistently activated body worn cameras prior to the use of force.

The reviewed footage demonstrated a mixed range of abilities among staff in de-escalating situations. Several of the incidents we reviewed suggested that further training in negotiation, de-escalation and trauma-informed practice may have assisted staff to manage the situation with less resistance from the inmate or with a lower degree of force being required. In particular, the practice of directing inmates to kneel appeared to be problematic. In the footage we reviewed, this particular direction appeared to cause a sudden and dramatic escalation of the inmates’ distress. Inmates who were previously calm and compliant with officers’ instructions were suddenly highly agitated and resistant to this direction, suggesting that this direction may have triggered a trauma response in the inmate to “fight or flight”. The ongoing use of this direction, therefore, should be reviewed.

Camera footage also showed two instances of staff using inappropriate language when referring to inmates. In one instance, an officer used a derogatory term to refer to the inmate subject to the use of force while advising colleagues how they would proceed with the use of force. In the other, an officer used a derogatory term to refer to an inmate when advising other inmates that they had to wait in the exercise yard while a controlled move was undertaken inside. This language is not only unprofessional, it also risks escalating situations which are already potentially volatile.

Although all custodial staff are trained in the use of force during their primary training, it appears that de-escalation skills and trauma-informed practice are not part of this primary training. CSNSW advised that staff will be instructed to complete an online module of de-escalation training and

51 Corrective Services NSW, *Custodial Operations Policy and Procedures*, 17.3 Stop, detain and search visitors and staff (version 1.3, 12 March 2020) 5.

52 *Crimes (Administration of Sentences) Act 1999* section 253J also allows for the searching of a locker or room under the control of a staff member.

53 ACT Corrective Services, *Searching*, policy no. S4, (version 3, 28 February 2023) 17.

54 Corrective Services (Western Australia), *Commissioner’s Operating Policy and Procedure*, 11.2 Searching (version 5.0) 24.

55 Information provided by Corrective Services NSW, 7 May 2024.

that a course in trauma-informed practice is available to any staff member through the Brush Farm Academy.⁵⁶ As training in de-escalation and trauma-informed practice is crucial to the effective management of prisoners, we consider it should be mandatory for all custodial staff.

Recommendation 13: CSNSW arranges further mandatory training for custodial staff in negotiation, de-escalation and trauma-informed practice and reviews the effectiveness of directing compliant inmates to kneel during use of force procedures.

Segregated and protective custody

I block accommodates inmates in segregated and protective custody, with separate halves of the block for each. A segregated custody direction temporarily separates an inmate from the population to manage an associated threat to safety, security, or good order in a correctional centre.⁵⁷ A protective custody direction prevents an inmate associating with any other inmate when a threat to the inmate's personal safety exists and cannot be managed any other way.⁵⁸ This is distinct from a SMAP, which is commonly referred to as "protection", whereby an inmate is placed into a designated accommodation area with other at-risk inmates.

We received positive feedback from inmates about their management by I block staff and observed examples of good practice including providing access to exercise yards for several hours per day and flexibility in the timing of issuing tablets when specific needs arose.

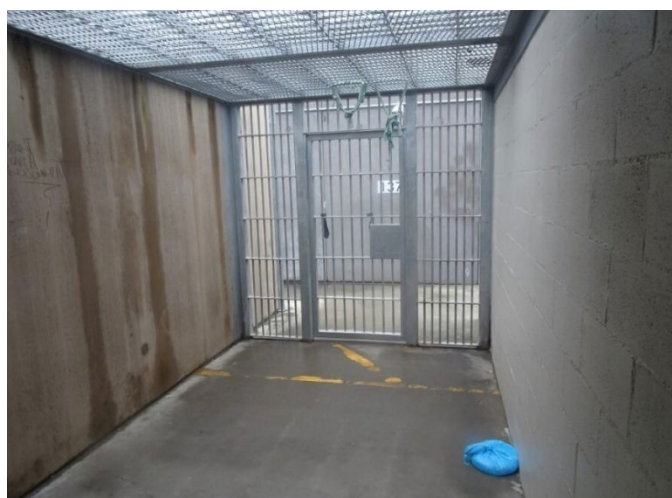
The cells in I block had no access to electricity. At least some of the cells had powerpoints but these were not connected to electricity. While this may be reasonable for inmates in segregated custody, it is not appropriate for inmates in protective custody, especially as they may spend extended periods in I block. Without electricity, inmates cannot operate their basic appliances including fans, kettles and sandwich toasters. The boredom and social isolation in protective custody are risk factors for deterioration in mental health which need to be mitigated by the daily routine and small degree of comfort afforded by access to basic electrical appliances.

We inspected a vacant cell in I block and found that the walls were covered in graffiti including inappropriate comments about a person in custody which presented a safety and security risk. We reported this to the Governor who advised that the I block cells would be repainted. However, when we visited Shortland CC on 22 May 2024, we found that this had not occurred. We also found numerous further comments of a similar nature in the graffiti in several other I block cells. The failure to remove information which puts the safety of people in custody at risk was very disappointing and is a failure of CSNSW to uphold its duty of care.

Cell in I block



Exercise yard at rear of cell in I block



⁵⁶ Information provided by Corrective Services NSW, 7 May 2024.

⁵⁷ Corrective Services NSW, *Custodial Operations Policy and Procedures*, 3.4 Segregation (version 1.4 20 November 2020).

⁵⁸ Corrective Services NSW, *Custodial Operations Policy and Procedures*, 3.2 Protective custody (version 1.5 16 September 2022).

Recommendation 14: CSNSW ensures Shortland Correctional Centre arranges for the protective custody cells in I block to be retrofitted with electrical access.

Recommendation 15: CSNSW ensures Shortland Correctional Centre undertakes regular graffiti management and removes graffiti which poses a safety or security risk immediately.

1.2.6 Inmate discipline management

We observed several adjudications of correctional centre charges handled separately by two Functional Managers. We found one of those Functional Managers to be very professional in his handling of the matters, having diligently made a range of inquiries into the matters, conducting the adjudication process clearly and fairly in a private area, and making decisions about penalties which appeared fair and well considered. However, in relation to a different adjudication, we observed that proceedings were conducted in the common area of a wing within earshot of other inmates, compromising the accused inmate's opportunity to provide an accurate account of the alleged incident. When one accused inmate chose to plead "not guilty", the Functional Manager appeared confused about how to proceed, apparently having already presumed the inmate's guilt.

CSNSW advised that it has commenced a comprehensive review of the inmate disciplinary process. This will include a review of the training administered to delegated officers adjudicating inmate disciplinary matters, the delegation of decision makers, and consideration of a review mechanism.⁵⁹

Recommendation 16: CSNSW ensures all officers with delegation to adjudicate inmate discipline matters receive training or refresher training and updates the COPP to require hearings to be conducted in a space which ensures discussions remain confidential from other inmates.

1.2.7 Management of people with limited English

We found that custodial staff in one accommodation block were not equipped to manage and support a man who could not speak English. The staff were either unwilling or unaware how to arrange access to an interpreter when they needed to communicate with him. Instead, we observed staff enter text into Google Translate and print the translations to show him. The staff indicated that this was their usual approach to communicating with this man. However, it was evident that the man did not understand this information. Staff also advised us that there was another inmate who supported him and shared a language with him, which turned out to be incorrect. Staff also indicated that several inmates including the man's cellmate had worked out a method of communicating with him through hand gestures. However, when we inquired with the man's cellmate, he admitted that he had no understanding at all about the man's well-being or needs.

At the time we were present, staff were trying to advise the man that he was scheduled for transfer to another centre the following day. When it was apparent that he did not understand this information, we insisted that a phone call to a telephone interpreting service be made to communicate this information. This was eventually arranged. We later saw him return to the accommodation block shortly after the afternoon lock-in clearly distressed. The officer escorting him acknowledged the man's distress but advised it was too late to address the man's concerns about the transfer. We learned later he had a medical episode that evening relating to this distress.

The failure of custodial staff to use interpreters has also been raised at another NSW correctional centre.⁶⁰

CSNSW confirmed that Google Translate has also been used in relation to a different person in custody at Shortland CC. The Governor has reminded staff to use interpreter services when required.⁶¹

⁵⁹ Information provided by Corrective Services NSW, 7 May 2024.

⁶⁰ Inspector of Custodial Services, *Inspection of Mary Wade Correctional Centre*, October 2020, 16-17.

⁶¹ Information provided by Corrective Services NSW, 7 May 2024.

Recommendation 17: CSNSW ensures Shortland Correctional Centre staff use interpreting services in accordance with section 11.1 of the COPP.

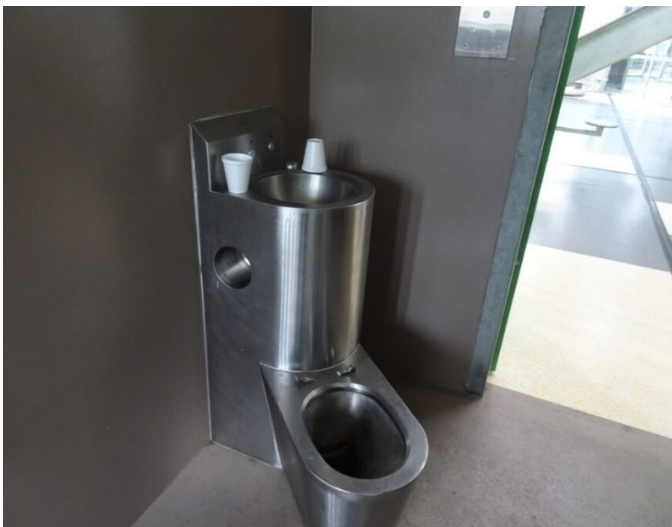
Recommendation 18: CSNSW provides induction booklets which have been translated into relevant languages.

1.3 Inmate services and amenities

1.3.1 Basic amenities

We heard that some people in G and H blocks were without basic amenities in their cells including pillows, toilet seats and televisions. We raised this with staff who confirmed it but believed it was not their responsibility to address it, claiming it was an issue between inmates caused by theft and standover. They suggested that more powerful inmates may have an extra pillow, or replace their own damaged television, by stealing from another inmate. This is not an acceptable excuse. Custodial staff have a duty of care to inmates. Addressing antisocial behaviour by inmates is a responsibility of custodial staff. It is a straightforward task to manage these items by quickly inspecting each cell once a day while inmates are called for head count. All people in custody at Shortland CC are required to pay a weekly \$3.50 fee for television rental and access to recreational items. It is not reasonable to charge people in custody for something they are not receiving.

A cell toilet without a toilet seat



Makeshift pillow using foam cut from a mattress



When we visited Shortland CC on 22 May 2024, we found that some of the people held in cells in the health centre did not have a pillow to sleep on. We saw that one man, who had only arrived at Shortland CC the previous day, had rolled his only towel and placed it inside his pillow case as a makeshift pillow. An officer advised that the supply of pillows had been exhausted and not replenished. It is unsatisfactory to fail to provide pillows to people in custody, especially those experiencing poor mental health or medical issues.

Linen and towels

We observed that linen and towels in Area 3/4 were generally in poor condition. This was not the case in Area 5/6. Laundry workers (who reside in Area 5/6) replace worn out linen and towels and recycle the old materials. This did not appear to be resulting in new linen being provided in Area 3/4.

Linen used in Area 3/4 with holes and tears



A worn-out towel seen in Area 3/4



Haircuts

Inmate delegates in Area 3/4 had one hair clipping device available per accommodation block, i.e. approximately 100 people. Waiting for access to haircuts unnecessarily exacerbates anxiousness for people wanting to look presentable at upcoming court appearances or family visits.

Meals

We heard several times from people in custody that the supply of meals is arranged according to the population size at the start of each day and does not cater for the arrival of new inmates. This means there is often a shortage of meals. We observed this occur at both lunch and dinner.

CSNSW has advised that all its custodial facilities maintain a stock of contingency meals.⁶² It did not appear that this stock was being supplied to units which had received additional inmates on a given day.

We also heard the provision of suitable soft meals to people who require them for medical reasons was a challenge, despite regular communication with kitchen staff. As John Hunter Hospital has a fracture clinic treating people with fractured jaws, it is not uncommon for inmates with fractured jaws to be transferred to Shortland CC.

Exercise and recreation

The wings in G and H blocks have small, concrete exercise yards with limited, basic exercise equipment. High levels of interest in exercise were evident, as we frequently saw groups of inmates performing bodyweight exercises in the yards.

The exercise yards attached to wings in B, C, F and J blocks are larger and more open. There was a reasonable supply of weight bags in each of these accommodation blocks, while very little in the way of weighted items appeared to be available in G and H blocks. We understand that all people in custody at Shortland CC pay a weekly fee of \$3.50 for access to television and recreation resources.

62 Information provided by Corrective Services NSW, 7 May 2024.

Exercise yard in G block in Area 3/4



Exercise yard in B block in Area 5/6



Makeshift weights seen in G block in Area 3/4



Weight bags seen in B block in Area 5/6



There is an oval in Area 3/4 which is rarely used and only for short periods, according to feedback from people in custody. We did not observe it in use while onsite for more than four days. When we enquired about the schedule of access to the oval, we were advised that there is no schedule because scheduling access creates a security risk by allowing people in custody to plan assaults or movement of contraband. This is not a reasonable excuse to not facilitate regular access to the oval, especially considering that very few inmates in G and H blocks have access to work or programs during the day. Custodial management could develop a roster which is neither predictable nor shared with inmates, but allows custodial staff to plan for the movement of groups of inmates onto the oval. Regular access to exercise is important and can support the good order of a correctional centre by alleviating boredom and stress, building rapport between staff and inmates, and strengthening prosocial relationships between inmates.

A jogging track in Area 3/4 has never been commissioned for use reportedly because its perimeter fencing does not meet the standards of maximum security infrastructure.

Given the lack of opportunity for meaningful engagement for people in F, G and H blocks, a regular recreation program facilitated by staff is required.

Oval in Area 3/4



Unused jogging track in Area 3/4



Recommendation 19: CSNSW ensures that Shortland Correctional Centre provides each person in custody with access to basic amenities including a pillow, a toilet seat, a television, linen and towels of reasonable quality, haircuts, exercise and exercise equipment.

Recommendation 20: CSNSW ensures that Shortland Correctional Centre facilitates regular oval access for people in G and H blocks and considers developing a recreation program.

Recommendation 21: CSNSW ensures CSI at Shortland Correctional Centre reviews its procedures for providing a sufficient number of meals including appropriate “soft diet” meals.

1.3.2 Support for people experiencing mental health concerns

As we observed during the inspection, Area 3/4 is not a suitable setting for people trying to manage challenges to their mental health. Frequent lockdowns, limited access to exercise, lack of meaningful engagement and boredom are all risk factors for mental health decline. These issues need to be resolved.

Management of people at risk of self-harm or suicide

During the three months from February to April 2023, there were 103 self-harm or suicide related incidents at Shortland CC. This represents a rate of more than one incident per day. Generally, when a person is identified to be at risk of self-harm or suicide, a RIT will form to manage the person for the duration of the period they are assessed to be at risk, providing advice on what conditions or restrictions are necessary to maintain the person’s safety. People managed by a RIT may be moved to a RIT observation cell at the Area 3/4 health centre or may remain in their cell under “green card” conditions, meaning they cannot be left alone in their cell.

Two people were being managed in RIT observation cells during the inspection. They provided positive feedback about their management by custodial and health staff and advised that all their needs were being met. They reported having sufficient access to phone calls, and exercise.

An officer advised us that the number of people managed under RIT conditions fluctuates highly and that, in the previous week, 16 people were managed under RIT conditions and the seven RIT observation cells were full every day.

When the RIT observation cells are full, or when custodial staff are removed from this post due to staff shortages, access to exercise is difficult to arrange. In these circumstances, at-risk inmates are escorted to the large holding cell used by people waiting to receive methadone where they can pace back and forth and access fresh air. This does not represent adequate access to exercise, especially for people experiencing mental health concerns. We were pleased to hear that, when capacity allows, custodial staff walk at-risk inmates to an unused tennis court where they can exercise in the fresh air

and sunshine. We welcomed this practice as genuine support to vulnerable people. It is critical that the RIT custodial posts are always adequately staffed to facilitate this because exercise and sunlight are key protective factors for people experiencing deteriorating mental health.⁶³

RIT observation cell



RIT office



Shortland CC offers insufficient interventions to assist people with chronic self-harming behaviours. The high rate of self-harm and suicide related incidents suggests that increased resources are required to assist people to prevent their mental health declining to the point that they need to be managed under RIT conditions. Custodial and health staff advised that, in some cases, they have observed mental health continue to deteriorate while people are managed under RIT conditions. Sometimes this culminates in the person being transferred to the Mental Health Screening Unit (MHSU) at the MRRC.

The self-harm/suicide incident reports we reviewed indicate there were a number of days during the three month period when the RIT was unable to review at-risk inmates due to staff shortages or the unavailability of RIT members. This may have contributed to some people remaining under RIT conditions longer than necessary, and therefore, occupying RIT observation cells longer than necessary. It may also have resulted in missed opportunities to identify diversionary or therapeutic interventions which might have assisted to manage or reduce the risk.

JH&FMHN has advised that CSNSW was unable to facilitate RIT reviews at Shortland CC on Saturdays and Sundays because SAPOs do not work weekends. JH&FMHN then advised the Governor that RIT reviews could be conducted on weekends by a nurse and one other CSNSW staff member.⁶⁴ While we welcome this attempt at problem solving, it is inconsistent with CSNSW policy. The COPP requires that a RIT must have three members who assess the at-risk person together: a RIT Coordinator (custodial officer of senior correctional officer rank or higher); a JH&FMHN staff member; and an OS&P team member. The COPP does, however, note that the Governor should designate another staff member to participate when an OS&P representative is unavailable including on weekends.⁶⁵

JH&FMHN also advised that it is conducting a statewide review of RIT processes to improve suicide risk assessment practices and safe care planning, particularly with respect to discharging a person from a RIT management plan.⁶⁶

⁶³ The COPP recognises access to natural light as beneficial to people trying to cope with the risk of self-harm or suicide. Corrective Services NSW, *Custodial Operations Policy and Procedures*, 3.7 Management of inmates at risk of self-harm or suicide (version 1.9, 11 March 2024) 15.

⁶⁴ Information provided by Justice Health and Forensic Mental Health Network, 9 April 2024.

⁶⁵ Corrective Services NSW, *Custodial Operations Policy and Procedures*, 3.7 Management of inmates at risk of self-harm or suicide (version 1.9, 11 March 2024) 20.

⁶⁶ Information provided by Justice Health and Forensic Mental Health Network, 9 April 2024.

CSNSW has advised that a dedicated RIT custodial position has been established and is filled every day. This position facilitates inmates' daily access to exercise and sunlight.⁶⁷ We will continue to monitor this issue.

Recommendation 22: CSNSW and JH&FMHN ensure Shortland Correctional Centre provides adequate resources and interventions to support people at risk of self-harm, suicide or mental health decline and ensure RIT reviews occur every 24 hours. If this requires budget enhancements, CSNSW and JH&FMN should support such.

Recommendation 23: CSNSW ensures Shortland Correctional Centre fills custodial posts supervising the RIT observation cells to facilitate inmates' daily access to exercise and sunlight.

1.3.3 Contact with family and legal representatives

In-person visits

We attended two in-person visit sessions on Saturday, 18 March 2023 and observed respectful, professional interactions between staff and visitors. We also spoke to families who provided positive feedback about their experiences dealing with staff.

However, multiple sources of delays resulted in visitors reaching the visits area late, in some cases significantly reducing the duration of the visit. Visitors had to sign-in at the entrance to the centre using biometric identification (fingerprint or retina) and then again at the visits room (using fingerprint or by providing photo ID). As the fingerprint technology did not consistently work, staff had to manually register some visitors. Those attending Shortland CC for the first time had to register a profile in the body scan system before being scanned.

The Security Operations Group (SOG) attended one of the sessions and searched all visitors with a drug detection dog, and 50% of visitors had to undergo an x-ray body scan of their person.⁶⁸

In-person visits were scheduled to last an hour, but some inmates attending the 10.30am session only spent 30 minutes with their visitors as they did not actually enter the visits room until 10.45am and were asked to exit at 11.15am. Staff did allow one family with children to remain in their visit for slightly longer while other visitors were signed out. Visitors attending the 12.30pm session entered incrementally from 12:35pm as SOG performed various searches of visitors' bags and vehicles. The final two visitors entered the visits area at 12:57pm. This significant reduction in visit duration, which appeared to occur routinely and through no fault of the visitors, is unsatisfactory. Many families visit from Sydney, driving four to six hours in a return trip, often with children, to attend a one hour visit that may be reduced to just 30 minutes. Shortland CC needs to address its scheduling of visits to ensure that its procedures do not impinge on the time that people in custody spend with their friends and families. We were pleased to observe an extended visit of approximately two hours. This was facilitated by prior arrangement for a visitor who had travelled a particularly long distance.

The vending machines in the visits area were empty despite a Commissioner's Instruction on 3 October 2022 allowing the consumption of food and drinks during visits at the discretion of the Governor after this was temporarily prohibited as a COVID-19 precaution.⁶⁹ Staff expected that this would remain the case as the access to the machines previously created excessive queuing and disrupted the visit experience. It is also likely that the consumption of food and drinks is seen by management as facilitating the exchange of contraband, as this is a widely held view among custodial staff generally.

CSNSW advised that the vending machines at Shortland CC previously resulted in "significant conflict and complaints from visitors including, but not limited to re-stocking delays, mechanical failures and delayed repairs". These issues would be mitigated by installing additional vending machines.⁷⁰

67 Information provided by Corrective Services NSW, 7 May 2024.

68 This has since been increased to 100% of visitors.

69 Commissioner's Instruction No: 40/2022, 3 October 2022 allows for local management discretion.

70 Information provided by Corrective Services NSW, 7 May 2024.

Removing access to food and drinks is not an appropriate measure to prevent the introduction of contraband. This should be managed through searches, supervision and the other detection methods available under custodial operations policy and procedures. Sharing food and drinks is one of few opportunities to make visits a more normal and relaxed experience for families and children, especially in the strict and confronting setting of a maximum security correctional centre. Allowing Governors to exercise discretion in relation to how families experience visits is inappropriate as it creates inconsistency and inequity between correctional centres.

The visits room with empty vending machines



A frequent complaint heard from people in custody was that their visitors had unreasonably been refused entry, and in some cases subjected to an ongoing restriction on visiting. In some instances, this related to a breach of visiting conditions which was considered minor by the person in custody. In other cases, this occurred due to a suspicion of concealed or secreted contraband following a x-ray body scan of the visitor. The people in custody complaining about these instances denied that their visitors had attempted to introduce contraband and reported that the x-ray images of their visitors did not clearly show contraband.

We reviewed a sample of paperwork relating to decisions to refuse entry to visitors and propose ongoing restrictions on them visiting. The Governor can refuse entry to a visitor, or restrict them to a non-contact visit, if they consider that the visit presents a threat to the security, safety or good order of the correctional centre or complex.⁷¹ The Governor, or their delegate (Functional Manager or Manager of Security), must explain to a visitor why their entry is being refused or visit is being terminated. A Governor cannot impose an ongoing prohibition or a non-contact restriction for longer than three months. Ongoing prohibitions can only be imposed by the Commissioner of CSNSW following a recommendation from the correctional centre via the Visits Review Unit.⁷²

In most but not all cases, the paperwork indicated that a Functional Manager was notified of the alleged breach of conditions or detection of suspected contraband. It is important that this is routinely done and documented as the refusal or termination of a visit must not be decided by staff without authority to do so. We heard from a senior staff member that this may have been occurring.

Many of the cases we reviewed related to the suspected detection of contraband in an x-ray image of the visitor's person. At the time of the inspection, there was a requirement for correctional centres to body scan 50% of visitors. This has since been increased to 100% of visitors.⁷³ The reports generally made vague reference to an "anomaly" in the image with no detail about what the anomaly was suspected to be, or why it was believed to be contraband. There are a number of non-contraband items which may be hidden or secreted on a visitor's person including tampons, sanitary pads,

71 *Crimes (Administration of Sentences) Regulation 2014*, clause 106.

72 *Corrective Services NSW, Custodial Operations Policy and Procedures*, 10.2 Visitor restrictions and prohibitions (version 1.1, 12 March 2020) 4.

73 *Corrective Services NSW, Custodial Operations Policy and Procedures*, 17.5 Body scanning (version 1.5, 24 March 2023) 13.

contraceptive devices and surgical pins. The possibility of an anomaly being a non-contraband item should be considered and assessed in the reports. In the majority of those cases, there was no triangulation of the suspicions (for example, an indication from a drug detection dog). We received mixed feedback from senior staff about the confidence and capability of visits staff to accurately identify contraband in x-ray images. One senior staff member suggested that visits staff require further training on this. The *Custodial Operations Policy and Procedures* (COPP) does not provide procedural guidance to staff in the event that an x-ray image is inconclusive. It presumes that, once a clear image is produced by the body scan technology, staff will be able to form a reasonable suspicion as to whether contraband is present on a visitor's person.⁷⁴

In the reviewed sample, there were no instances in which the visitor was offered a non-contact visit as an alternative to refusing the visit. The COPP allows a Governor to restrict a visitor to a non-contact form of visit on a single occasion or for a fixed term of up to three months.⁷⁵ Non-contact visits remove the possibility of contraband being introduced and should be offered, when available, unless there is clear evidence that the visitor's purpose for attending the correctional centre was to introduce contraband, or there is another clear reason not to do so. Visits are an important protective factor for the well-being of people in custody and support the maintenance of family relationships. Visitors should not be refused access to see their family and friends in custody if a secure, suitable option is available.

Some of the reviewed cases related to visitors allegedly verbally abusing staff. However, in one example, there is no record of the visitor saying anything that would amount to verbal abuse, only that she became angry and advised staff that she intended to make a complaint. In another, the inappropriate language was minor and brief. Both visitors received letters advising them that Shortland CC intended to seek an order for an ongoing restriction. The COPP states "Problematic behaviour on one visit should not necessarily result in a continuing restriction" and provides for the option to issue a warning letter to the visitor that no further action will be taken on this occasion.

Other cases related to an inmate and their visitor sharing a kiss, in breach of COVID-19 protocols which required masks to be worn at all times unless eating or drinking.⁷⁶ Although kissing is certainly a risk for COVID-19 transmission, it should be recognised that this is a very strict requirement that families and partners are expected to adhere to, and some empathy should be extended. A formal warning may have been a more appropriate response in the first instance.

The paperwork sample included copies of letters sent by Shortland CC to visitors advising them of an intention to seek an order to restrict them from visiting. The letters generally referred to the person in custody who received the visit as "Inmate [surname]". While the word "inmate" is not an inherently disrespectful term, using it in this way as a title or prefix is not a respectful way to refer to people in custody, especially when writing to their families and partners. People in custody should be referred to by their full name or by an appropriate title and their surname, e.g. "Mr [surname]".

Inmates attended visits wearing orange or white overalls. They advised us that after a visit they undergo both a strip search and an x-ray body scan. This was confirmed by staff. This is excessive. Each of these three measures provide significant mitigation of the risk of contraband being introduced and it is unnecessary to apply them all. Any one measure should be sufficient on its own. The COPP supports this view. It states "Where inmates are routinely body-scanned with low-dose X-ray body scanners after contact visits, they may be permitted by the Governor to wear standard correctional centre clothing during contact visits".⁷⁷ It also states "Wherever practicable, a body scan must be undertaken in preference to a strip search. A strip search is only necessary where body scanning is unavailable or impractical, or when the body scan indicates the presence of contraband".⁷⁸ A Deputy Commissioner's Memorandum on 12 December 2022 advised staff that "When an inmate has been body scanned, a strip search is not to be undertaken unless the body scan indicates the

74 Corrective Services NSW, *Custodial Operations Policy and Procedures*, 17.5 Body scanning (version 1.5, 24 March 2023) 13-15.

75 Corrective Services NSW, *Custodial Operations Policy and Procedures*, 10.2 Visitor restrictions and prohibitions (version 1.2, 16 August 2023) 4.

76 Commissioner's Instruction No: 40/2022, 3 October 2022, 2.

77 Corrective Services NSW, *Custodial Operations Policy and Procedures*, 10.1 Visits to inmates by family and friends (version 1.10, 24 May 2023) 11 – note: although this section of the COPP was updated after the inspection, the update was only to clarify existing policy.

78 Corrective Services NSW, *Custodial Operations Policy and Procedures*, 17.1 Searching inmates (version 1.11, 16 December 2022) 4.

presence of contraband or unauthorised items”.⁷⁹ Shortland CC began allowing inmates to attend visits in regular correctional centre clothing shortly after the inspection.⁸⁰ We support this decision.

We heard from a senior staff member that a previous Governor directed staff to conduct both strip searches and x-ray body scans because he lacked confidence in the ability of staff to detect contraband in x-ray images.

Non-contact visit booths



Overalls worn by inmates during visits



Recommendation 24: CSNSW ensures Shortland Correctional Centre reviews its visits schedule to ensure that sufficient time is allowed for all procedures on the day to be completed without affecting the duration of visits.

Recommendation 25: CSNSW issues a consistent instruction to all correctional centres to allow the consumption of food and drinks during visits.

Recommendation 26: CSNSW delivers further training for staff in the interpretation of x-ray images including how to differentiate between contraband and non-contraband items and reviews whether the COPP should be updated to include procedural guidance to staff when an x-ray image is inconclusive.

Recommendation 27: CSNSW ensures Shortland Correctional Centre exercises discretion to offer non-contact visits to visitors when there is an unclear or unconfirmed suspicion that they have attempted to introduce contraband unless a clear reason exists not to do so.

Recommendation 28: CSNSW ensures Shortland Correctional Centre management exercises discretion, in line with the COPP, in assessing the seriousness and frequency of antisocial or non-compliant behaviour by visitors before seeking orders for ongoing restrictions.

Recommendation 29: CSNSW ensures Shortland Correctional Centre ceases the practice of referring to people in custody as “Inmate [surname]” and ensures that staff use the full name or an appropriate title followed by the surname, e.g. “Mr [surname]”.

Recommendation 30: CSNSW ensures Shortland Correctional Centre immediately discontinues strip searching of inmates when an x-ray body scan has been, or can be, performed per Deputy Commissioner’s Memorandum No: 2022/05.

⁷⁹ Deputy Commissioner’s Memorandum No: 2022/05, 12 December 2022.

⁸⁰ Information provided by Corrective Services NSW, 7 May 2024.

Audio visual link (AVL) visits

The schedule of AVL visits was inequitable, providing far greater access for inmates in B and C blocks than those in F, G and H blocks. Each weekend, inmates in B and C blocks had nearly four times the opportunity to attend an AVL visit than inmates in G and H blocks. Each of these five accommodation blocks contained roughly the same number of inmates at around 100 per block, though numbers in B, C and F blocks were slightly higher than in G and H blocks.

On Saturdays, 36 inmates from each of B and C blocks could attend an AVL visit with a family member or friend. No other inmates could do so on Saturdays.

On Sundays, 36 inmates from each of B, C and F blocks could attend an AVL visit, while only a total of 36 inmates across both G and H blocks could do so. 27 inmates from J block (HIPU) and nine inmates from I block (segregation and protective custody) could access an AVL visit.

The capacity on Sundays was determined by the number of AVL suites accessible to each accommodation block. B, C and F blocks each have four AVL suites contained within them. People in G, H, I and J blocks share access to the four AVL suites in the central AVL area adjacent to reception. However, it is unclear why the Saturday sessions were only facilitated for B and C blocks.

Recommendation 31: CSNSW ensures Shortland Correctional Centre adjusts the AVL visit schedule to provide more equitable access across accommodation blocks. If this cannot be achieved, or demand cannot be met, then Shortland Correctional Centre should consider using tablets to facilitate video visits.

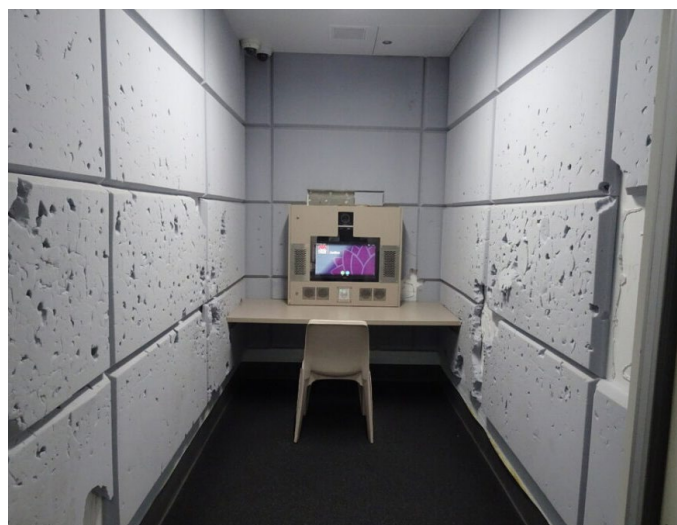
Audio visual link – court and legal representatives

Shortland CC holds a significant number of people on remand. It is the reception centre for the local region and it receives many people remanded in custody in Sydney either directly from the Surry Hills Court Cells or transferred from the large remand and reception centres in Sydney. It is therefore imperative that remand inmates have access to their legal representatives to prepare for bail hearings and court appearances.

People in custody can meet with their legal representatives and attend court via AVL. There were numerous positive aspects to the AVL service at Shortland CC. AVL suites are dispersed across several locations within the centre. This reduces crowding in waiting areas and helps to maintain the separation of normal discipline and SMAP inmates. We spoke to staff managing the AVL who demonstrated some commendable practices. They described excellent support to inmates following court appearances, offering welfare calls to family and calls to legal representatives if the inmate did not fully understand the proceedings. The COPP requires staff to conduct a welfare check following an inmate's attendance at court and record a case note⁸¹ because an unfavourable court outcome can be a risk factor for self-harm and suicide. We saw examples of detailed and meaningful cases notes and commend the staff for this.

81 Corrective Services NSW, *Custodial Operations Policy and Procedures*, 20.4 AVL for legal and court matters (version 1.4, 24 January 2023) 7-8.

An AVL suite for legal/professional appointments



An AVL suite for court appearances



Phone calls

Phone calls can be made from tablet devices and telephones mounted to walls throughout the centre, with call durations capped at 10 minutes and six minutes respectively. The cost of calls depends on whether the call is made to a local, long distance, international or mobile number.

Table 3: Cost of phone calls made via the Offender Telephone System⁸²

Call Type	Rate	Flagfall	Cost of a 6 min. call	Cost of a 10 min. call
Local	\$0.25 flat rate	N/A	\$0.25	\$0.25
Long distance	\$0.16 per minute	\$0.20	\$1.16	\$1.80
Australian mobile	\$0.23 per minute	\$0.24	\$1.65	\$2.60
1300 numbers	\$0.20 per minute	\$0.20	\$1.40	\$2.20
1800 numbers	\$0.20 per minute	\$0.20	\$1.40	\$2.20
International	\$0.36 to \$2.95 ⁸³	\$0.85	\$3.01 to \$18.55	\$4.45 to \$30.35
Common auto dial list ⁸⁴	free	free	free	free

These rates can be unaffordable to people in custody. Weekly wages for an inmate in full-time employment within a correctional centre range from \$17.82 to \$70.29 depending on the nature of the work and the inmate's skill and performance.⁸⁵ Unemployed inmates may be paid an unemployment wage of \$15/week.

CSNSW has advised that these call rates are generally cheaper than those in other jurisdictions in Australia.⁸⁶ CSNSW covers the cost of three local calls (\$0.75) per week for unsentenced inmates and one local call (\$0.25) per week for sentenced inmates as well as legal call costs for all inmates facing current criminal charges.⁸⁷

However, this system is outdated and does not reflect that people in Australia have predominantly shifted from landlines to mobile phones. Even when family members have landlines, it is a matter

⁸² Information provided by Corrective Services NSW, 19 July 2023.

⁸³ The rate depends on the country being called. The least expensive country to call is Canada at \$0.36 per minute. The most expensive countries at \$2.95 per minute include Afghanistan, most African countries, and several South Pacific countries.

⁸⁴ The common auto dial list is a list of agencies which can be called by people in custody at no cost. It includes the Corrective Services Support Line, the Justice Health Patient Inquiry Line, the NSW Ombudsman, Legal Aid NSW and Department of Communities and Justice Housing.

⁸⁵ Corrective Services Industries, *CSI Policy Manual*, 8.2 Inmate wages system (January 2020) 12.

⁸⁶ Email received from Corrective Services NSW, 23 August 2023.

⁸⁷ Corrective Services NSW, *Custodial Operations Policy and Procedures*, 8.2 Inmate telephones (version 1.11, 11 August 2023) 8.

of chance that they would live in the same local telephone area as their loved one in custody. The local telephone area for calls from the Cessnock Correctional Complex includes Sydney landline numbers but not numbers in Penrith, Windsor, Richmond, Campbelltown, the Blue Mountains or the Central Coast. It includes some but not all numbers in Newcastle and the lower Hunter region (those beginning with 49 but not those beginning with 40 and 41).⁸⁸ People in custody have no control over where in NSW they are held. Inmates on remand are transferred under a policy called Remand Bed Placement to wherever there is a vacant bed. For sentenced inmates, CSNSW decisions about placement consider a variety of factors including an inmate's program requirements, security classification or gang affiliation but are unlikely to include proximity to family.⁸⁹

To overcome the financial barrier to communication, family members of some people in custody have utilised third party call services known as "engine numbers" or voice over internet protocol (VOIP) services. Engine number services provide the caller with a local landline number to the service which, when called, automatically dials the family member's number and joins the two calls together in a three-way call with the engine service as a silent party. VOIP services, such as Skype, offer low-cost phone calls via the internet rather than the telephone network. For people in custody whose loved ones are overseas, VOIP services can be essential to maintaining contact.

During the inspection, we received numerous complaints from people in custody that Shortland CC was not approving requests for access to engine numbers belonging to family members. Shortland CC confirmed that it was not approving new requests until a procedure was developed to review each number as some engine number providers require the user to register with proof of identity and others do not. Registration with proof of identity is necessary to prevent people in custody making calls to unapproved recipients including people protected by Apprehended Violence Orders. VOIP numbers were being approved as they were explicitly permitted by the COPP.⁹⁰

However, on 17 May 2023, the Deputy Commissioner, Security and Custody issued a memorandum advising that all third party phone numbers including engine and VOIP numbers were to be deactivated from the Offender Telephone System and no new numbers were to be accepted. The memorandum advised that the reason for this decision was that third party call management services "are often used to bypass safeguards against inmates contacting people that they have not been authorised to contact e.g. where AVOs preventing contact are in place".⁹¹ The memorandum also recognised that in "many cases inmates have used third-party call management services legitimately, to save money on the cost of phone calls to family and friends".⁹²

CSNSW advised that VOIP remains available to people in custody.⁹³ However, this directly contradicts the Deputy Commissioner's 17 May 2023 memorandum and the current version of the COPP makes no reference to VOIP. A section pertaining to VOIP was removed on 11 August 2023.⁹⁴ Access to VOIP needs to be clarified in policy and internal communications. We strongly encourage CSNSW to permit access to all options which provide affordable phone contact with families except where a clear security risk cannot be managed.

Without an option to access affordable call rates, the financial burden of calls will fall on families who can deposit funds into inmate accounts. This should not be the responsibility of families. In some cases, including where family members live overseas, there is a real risk that people in custody will lose contact with their families.

Recommendation 32: CSNSW negotiates an updated OTS contract which provides affordable phone calls to long distance, mobile and international numbers and/or makes arrangements for a VOIP application to be installed on inmate tablets and, in the meantime, approves engine numbers which have been verified through proof of identity.

88 Information provided by Corrective Services NSW, 19 July 2023.

89 Verbal advice provide by centre management staff during pre-inspection liaison visit to Shortland Correctional Centre, 13 December 2022.

90 Corrective Services NSW, *Custodial Operations Policy and Procedures*, 8.2 Inmate Telephones (version 1.10, 17 June 2020) 11.

91 Corrective Services NSW, Deputy Commissioner's Memorandum - Security and Custody No. 2023/18, 17 May 2023.

92 Corrective Services NSW, Deputy Commissioner's Memorandum - Security and Custody No. 2023/18, 17 May 2023.

93 Information provided by Corrective Services NSW, 7 May 2024.

94 Corrective Services NSW, *Custodial Operations Policy and Procedures*, 8.2 Inmate Telephones (version 1.11, 11 August 2023).

Tablets and wifi

In most NSW correctional centres, people in custody are issued with electronic tablet devices for use in their cells each evening. The devices have been purpose-built for use in custody, are enclosed in a robust protective case and operate on a secure wireless network. This technology provides access to approved websites, communications from centre management, a range of correctional centre services, television, entertainment packages (at additional cost to the inmate) and phone calls to family in the privacy of one's cell. During the inspection, staff and inmates acknowledged the positive impacts of this technology, including the opportunity for contact with family during periods of lockdowns which have arisen due to staff shortages and COVID-19 outbreaks.

Unfortunately, we heard a number of times that the centre had an insufficient supply of tablets to provide one to every person in custody. As the collection of tablets each morning (for charging) and distribution each afternoon is managed by inmates and not staff, there is no system for ensuring any kind of equitable access. This likely means that vulnerable inmates regularly miss out.

The shortage of tablets is exacerbated as a consequence of the POVB instructing its members not to be involved in the collection or distribution of tablets. The POVB considers this task “new business” which is not represented in the role description of any custodial rank nor accounted for in the custodial staff profile.⁹⁵ Instead, inmates are responsible for collecting tablets each morning, connecting them to a charging station and then distributing the recharged tablets each afternoon. This means there is no official, enforceable system of allocating each tablet to a specific inmate. As a result, there is no accountability when tablets are damaged. Usually, when an inmate is found to have damaged property, they would be charged a compensation amount to cover the cost of repairs or replacement. This was not possible with tablets, reducing the incentive to avoid damage, whether deliberate or accidental, and Shortland CC had to wear the cost.

A tablet charging trolley



Tablets being charged inside a charging trolley



In Area 5/6, recharging tablets inside cells was being trialled. This allowed inmates to retain the same tablet over time. It would also assist with the implementation of an accountability system. Tablet functions can be disabled remotely by staff if there is a need to restrict access during the daytime.

For people residing in shared cells, it is not practical to make phone calls or watch television or films without earphones. However, earphones were relatively expensive when purchased through the activity buy-up at \$54.21. This may make them unaffordable to many people in Area 3/4 who do not

95 POVB Bulletin: Roles and Responsibilities, 17 March 2023.

have access to work. A pair of low-cost earphones should be provided free of charge when a tablet device is issued to a new inmate, as the functionality of the tablets largely depends on having a pair of earphones.

The wireless network on which the tablets run was inadequate to support the operation of the centre's tablets. We heard frequently from people in custody that their phone calls drop out regularly and movies often cannot stream, despite having been purchased at a cost. In some wings, we heard that certain cells received no signal at all, rendering the tablets useless to the people occupying those cells. Following the inspection, the Centre Business Manager confirmed that there were 18 cells in the centre known to not receive any signal. The Centre Business Manager advised us that there were plans to double the network bandwidth and install additional signal boosters throughout the centre.

Recommendation 33: CSNSW ensures Shortland Correctional Centre provides every person in custody with a tablet device by ensuring it provides a sufficient supply of devices, adequate wifi coverage, and a pair of earphones at no cost.

Recommendation 34: CSNSW ensures Shortland Correctional Centre implements an accountability system for allocating tablets to inmates, for example, by recording tablet serial numbers on their OIMS profile.

Recommendation 35: CSNSW prioritises the roll out of tablet chargers to people in custody, if in-cell charging is endorsed following the trial.

1.3.4 Voting in the NSW election

The inspection of Shortland CC took place less than two weeks before the 2023 NSW state election. Remand inmates and inmates serving sentences of less than 12 months are entitled to enrol to vote in NSW elections.⁹⁶ During the inspection, we were assured by senior staff that enrolment applications and ballot papers had been distributed to eligible inmates and that access to voting was facilitated for those inmates who wished to vote, in line with the COPP which states that "CSNSW will provide inmates with the opportunity to vote, if they are eligible".⁹⁷

However, we were unable to confirm with any inmates that they had actually voted in the election, so decided to make further inquiries following the inspection. Shortland CC was able to confirm that enrolment forms were photocopied and provided, along with envelopes, to inmates. There was some confusion whether these were provided to remand inmates only, or also to inmates serving sentences less than 12 months. Shortland CC advised us that only 12 completed enrolment forms were submitted by inmates and that these were mailed to the NSW Electoral Commission. While we do not know the number of inmates who were eligible to enrol and/or vote, this number would have been in excess of 100.⁹⁸

Shortland CC administration staff were unable to recall any ballot papers being received from the NSW Electoral Commission. It was suggested to us that this was due to the completed enrolment forms being received from inmates too close to the election date to allow time for processing and ballot papers to be mailed to the centre.

Following the inspection, we raised concerns with CSNSW that Shortland CC (and Cessnock CC and Mid North Coast Correctional Centre) had appeared to fail to facilitate access to voting in the state election. We also wrote to the Commissioner of CSNSW to ensure the voting process was rectified before the 2023 referendum.⁹⁹ On 21 August 2023, the Acting Commissioner of CSNSW provided a response advising that postal voting was facilitated for inmates at the three centres in question and that the results of a subsequent statewide survey of inmates "showed that inmates voted at Cessnock, Shortland and Mid North Coast Correctional Centres".¹⁰⁰ We requested a copy of the

96 *Electoral Act 2017*, section 30(4).

97 Corrective Services NSW, *Custodial Operations Policy and Procedures*, 20.3 Inmate voting rights (version 1.0, 16 December 2017) 4.

98 The remand population at Shortland CC was 155 on 30 November 2022 per data received from Corrective Services NSW on 3 February 2022. The remand population would include foreign nationals and interstate residents who were ineligible to vote.

99 Letter sent to Commissioner, CSNSW, 13 June 2023.

100 Letter received from Acting Commissioner, CSNSW, 21 August 2023.

survey results. The survey attracted 338 responses across NSW including 49 at Shortland CC and 14 at Cessnock CC. The results were not disaggregated by correctional centre. Across NSW, 89% of respondents reported that they did not vote and 59% reported that they were unaware of the election prior to it occurring. The overwhelming majority of reasons provided by respondents for not voting related to being unaware of the election, unaware of how to vote, or not having an opportunity to vote facilitated by their correctional centre.¹⁰¹

We have little confidence that CSNSW rectified the process before the 2023 referendum and we believe this could constitute maladministration.¹⁰²

Recommendation 36: CSNSW ensures all eligible inmates are supported to access electoral roll enrolment and voting.

¹⁰¹ "Report for survey of inmate voting" provided by CSNSW, 20 February 2024.

¹⁰² We inspected Bathurst Correctional Centre from 9 to 14 October 2023 and found little evidence of inmates participating in the referendum held on 14 October 2023.

1.4 Health services

There were two health centres at Shortland CC, managed separately by their own nursing unit managers (NUMs) and teams of staff. The larger health centre is located in Area 3/4 and provides services to the Area 3/4 population as well as inmates being received into the correctional centre and inmates being managed in RIT cells. The smaller health centre in Area 5/6 focuses on servicing that part of the population.

Health services at Shortland CC, provided either in person or via telehealth, included primary health, drug and alcohol (D&A), population health, oral health, mental health, Aboriginal health and allied health. There was, on average, one onsite general practitioner (GP) session per month, with the majority of GP consultations provided via telehealth from Sydney. Psychiatry services were delivered by telehealth. Patients who require specialist services were referred to outpatient services at Cessnock, Maitland and John Hunter Hospitals either in person or via telehealth. Emergency and inpatient care is provided at the same hospitals.

Two clinical nurse educators working across the Cessnock Correctional Complex were responsible for the orientation and training of health staff at all three correctional centres.

Nursing staff for the Area 3/4 health centre were on duty from 7.00am to 9.00pm. Four to five clinics were scheduled each day, from a range of specialities which included the primary health nurse, mental health nurse, population health, drug and alcohol, chronic care, Aboriginal health and psychiatry (telehealth) clinics.

Nursing staff for the Area 5/6 health centre were on duty from 7.00am to 9.00pm. Two to three clinics were scheduled each day.

Outside of these hours, custodial staff can access the JH&FMHN after-hours nurse manager for advice on patient care.

At the time of the inspection, the Area 3/4 health centre had a large number of new nursing staff, many of whom had only been registered for two years. This reportedly supported opportunities for change, improvements and new ideas. The Area 5/6 health centre had a more experienced team. To balance the experience of staff across the two health centres, the NUMs had adjusted the rostering of primary health nursing staff so they could work across both areas.

1.4.1 Health care operations

Reception and discharge

Area 3/4 health centre nursing staff conducted health screenings for new reception patients and patients transferred from other correctional centres. On the basis of these screening assessments, patients may be referred to specialist services or, if there are immediate concerns, nursing staff may contact the Remote Off-site After Hours Medical Service (ROAMS) on call GP.

We heard that Area 3/4 had more unplanned than planned discharges due to its high remand population. This presented challenges for achieving adequate discharge planning. Patients discharged at short notice reportedly often contact the health centre after their release from custody to advise health staff of their health provider in the community so that their medication charts can be forwarded. For some short notice discharges, a one-day supply of prescribed medications may be provided to the patient. Patients on an opiate replacement therapy released at short notice were being provided with a card noting the contact details for JH&FMHN D&A services.

Patients with a planned discharge would receive a copy of their discharge summary and a week's supply of their prescribed medication(s).

Patients with chronic diseases were being referred to the Integrated Care Service for ongoing support and assistance post-release including the arranging of further appointments.

Medical escorts

In our previous inspection of health services in NSW correctional facilities, published in March 2021, we reported that external scheduled and unscheduled medical escorts were frequently required to provide adequate secondary and tertiary level health care to inmates in NSW.¹⁰³ We suggested that a dedicated, regionalised but statewide, medical escorts unit would minimise the impact of scheduled and unscheduled medical appointments on correctional centre staffing.¹⁰⁴

Health staff advised us that the commencement of the Cessnock Medical Escort Unit (CMEU) has delivered a significant improvement to patients' access to external specialist outpatient services. The CMEU commenced in August 2022 using a similar model to the Metropolitan Medical Escort Unit, based on the Long Bay Correctional Complex. It consists of a team of custodial staff rostered each day to escort inmates from Cessnock Correctional Complex to scheduled medical appointments and hospital admissions at Cessnock, Maitland and John Hunter Hospitals. This reduces overtime and short staffing caused by custodial staff escorting patients to hospital.

In our report on our inspection of health services, we also suggested that increased use of telehealth may reduce the number of scheduled medical escorts for outpatient services.¹⁰⁵ We were pleased to note during this inspection that JH&FMHN, in conjunction with local health districts (LHDs), was facilitating access to specialist outpatient appointments remotely using telehealth. Staff considered that this had increased the number of patients attending medical appointments and significantly reduced the number of patients cancelling appointments. It allows patients who live within the LHD catchment to attend any outstanding appointments if they are released from custody, enhancing continuity of care.

These two initiatives have significantly reduced the need for patients to be transferred to Sydney to attend specialist medical appointments.

JH&FMHN, CSNSW and the LHDs are to be commended for implementing these initiatives.

1.4.2 Access to onsite health care

A management service agreement (MSA) between JH&FMHN and CSNSW for each health centre at Shortland CC outlines the health centre routine including hours of access to patients and times of medication administration. The MSAs are agreed by the Governor and the NUMs and reviewed at least annually or as required. If issues arise between JH&FMHN and CSNSW regarding operational aspects of health service delivery, the parties should refer to the MSA in finding a resolution.

Neither health centre had regular custodial staff rostered. This reportedly caused inconsistencies from day to day with regard to how patients moved into and out of the health centres. For example, different officers reportedly had different views about how many patients could be inside the health centres at one time despite the MSAs specifying that up to six patients could be present (not including in the clinical assessment cells). Operational issues or misunderstandings which impede patient access can have significant effects on the number of patients seen in a day and therefore on the length of waitlists.

Otherwise, we heard that there is good cooperation between custodial and health staff to facilitate access to patients. Health staff advised that if they need to interview or clinically assess a patient in their cell, they will not do this through the cell door hatches but will ask custodial staff to open the cell door, which was occurring.

Patients could request access to health services by placing a self-referral form in a locked box in their accommodation unit to be collected by nursing staff during medication administration. The evening shift nursing staff would review and triage the referrals and then book appointments or place the patients onto the relevant waitlist.

¹⁰³ Inspector of Custodial Services, *Health Services in NSW Correctional Facilities*, March 2021, 101-102.

¹⁰⁴ Inspector of Custodial Services, *Health Services in NSW Correctional Facilities*, March 2021, 106.

¹⁰⁵ Inspector of Custodial Services, *Health Services in NSW Correctional Facilities*, March 2021, 131-133.

The NUMs reported that the waitlists for primary health nursing priority 1 and 2 patients were managed well and that patients were generally being seen within the specified timeframes (within three and 14 days respectively). The timeframes for priority 3 (within 90 days) and priority 4 (within 12 months) wait lists were more challenging. This was explained as largely being due to issues with access to patients arising from inefficient patient movements and lockdowns.

According to information provided by health staff during the inspection, only around 60% of services in Area 3/4 were being provided at or close to the specified hours. GP, D&A nurse, physiotherapy and oral health services were not being delivered at the contracted levels. This is an enduring issue. We previously reported on GP hours during the period January 2017 to February 2019 when we found that the average monthly service was just 25 hours, well short of the contracted 64 hours.¹⁰⁶

In Area 5/6, just 40% of services were being provided at or close to the specified hours. GP, D&A doctor/nurse practitioner, D&A nurse, optometry, physiotherapy and oral health services were being delivered short of the contracted hours. This was in contrast to the information provided to us by JH&FMHN before the inspection that GP hours were met or exceeded.

We were told all of the speciality streams monitor the waiting times for services in the health centres and will allocate additional clinic sessions when required if resources permit. The Area 3/4 NUM advised that a “flying squad” of a GP, primary health nurse practitioner and dentist would attend Shortland CC for two days at the end of April 2023 to review patients and reduce waiting lists.

JH&FMHN has also advised that difficulty in recruiting a part-time GP, part-time nurse practitioner, dentist and physiotherapist has impacted the provision of speciality clinics. A physiotherapist has now been recruited to work across the correctional complex.¹⁰⁷

Recommendation 37: CSNSW ensures Shortland Correctional Centre rosters regular custodial staff to the Area 3/4 and Area 5/6 health centres to assist in improving the efficiency and smooth operation of the health service delivery.

Recommendation 38: CSNSW and JH&FMHN review the Management Service Agreements at Shortland Correctional Centre with a view to maximising patient access to health services and communicates relevant operational details to custodial staff.

1.4.3 Health services

General practitioners (GPs)

GP services at Shortland CC were being provided only intermittently, with an average of one onsite session per month and the majority of GP services delivered by telehealth. This arrangement is far from ideal. It required nursing staff to regularly consult GP services using ROAMS which is meant to be an after-hours service for emergent patient health issues and newly received patients, not for routine or ongoing GP health care. The high statewide demand for ROAMS reportedly caused its phone line to be busy frequently, requiring nursing staff to leave a message for the GP to contact the health centre. This process carries a risk that patient care may be missed or delayed by the inability to discuss a patient’s health needs with a doctor in a timely manner.

Health staff also reported that it created challenges with recharting patient medication. Nursing staff were required to email scanned copies of medication charts to a GP to be rewritten and returned to the health centre by email and then printed. and attached to paper medication charts. This arrangement, which carried significant risk of an error or omission occurring, has since been eliminated with the commencement of an electronic system for prescribing and administering medication, “e-Meds”.

¹⁰⁶ Inspector of Custodial Services, *Health Services in NSW Correctional Facilities*, March 2021, 116.

¹⁰⁷ Information provided by Justice Health and Forensic Mental Health Network, 9 April 2024.

Drug and alcohol (D&A) services

D&A services included regular in-person sessions with a D&A clinical nurse specialist and a D&A doctor (held weekly in Area 3/4 and fortnightly in Area 5/6), supplemented by telehealth consultations as required.

Patients who enter custody on a verified opioid agonist treatment (OAT) have their treatment maintained. The preferred therapy in NSW correctional centres is Buvidal, an injectable depot (long acting) form of Buprenorphine. Both health centres advised that there were long waiting times to initiate patients on the program due to high levels of demand. At the time of the inspection, there were 91 patients receiving Buvidal depot injections and 19 patients receiving methadone or buprenorphine orally.

Discharge planning for patients on an OAT was performed by the local D&A team with support from the D&A state coordination unit to link the patient with a provider in the community.

Chronic disease management

Chronic disease screening and plan development was not keeping pace with patient needs, having been impacted by COVID-19 pandemic management. To address this, a chronic disease nurse position was created with responsibility for the development and review of chronic disease plans for patients across the correctional centre complex. This position, which commenced in late 2022, was focused on asthma management and chronic disease plans for non-Aboriginal patients at Shortland CC. The Aboriginal chronic care program nurse was focusing on chronic disease plans for Aboriginal patients.

Oral health

Long waitlists for dental services developed during the COVID-19 pandemic due to the restrictions on certain dental clinical practices and regular correctional centre lockdowns. In response, JH&FMHN established the 'Tele-Smile' program during the pandemic. This service involves a remote dental nurse examining a patient via a camera placed in the patient's mouth and then triaging and escalating patients.

A dental suite in the Area 3/4 health centre facilitates dental services for patients at Shortland CC as well as patients from Hunter CC. These were occurring approximately once a month.

Waitlist data indicated that patients assessed as priority 3 (within a week) and lower were not being seen within the appropriate timeframes. This occasionally resulted in patients developing abscesses and requiring antibiotics and pain relief.

Podiatry

Patient access to podiatry was generally via the public health podiatry service provided by the local LHD. The wait time for these services was quite long, with priority given to more acute cases. JH&FMHN has a limited statewide podiatry service targeting patients with high-risk foot conditions such as those with diabetes. Health staff reported that, in practice, patients had not actually accessed podiatry services since the COVID-19 pandemic commenced.

Significant demand for podiatry within the Shortland CC population arises from the high numbers of Aboriginal and elderly patients and high rates of diabetes.¹⁰⁸

JH&FMHN advised that it is exploring podiatry needs across NSW, particularly at correctional centres in rural locations, but any service expansion would require new funding.¹⁰⁹

Recommendation 39: JH&FMHN seeks funding to establish a podiatry service at correctional centres in NSW.

108 NSW Ministry of Health, *Podiatry*, fact sheet (available at <https://www.health.nsw.gov.au/workforce/alliedhealth/Factsheets/podiatry.pdf>).

109 Information provided by Justice Health and Forensic Mental Health Network, 9 April 2024.

Health promotion

There were no formal health promotion programs provided on a routine basis at Shortland CC. Health promotion and health education provided to patients was predominantly undertaken on an individual basis by health staff.

The population health nurse would conduct one-to-one health promotion activities in regard to blood born viruses (BBVs) and sexually transmitted infection (STIs), which includes undertaking dried blood spot testing for Hepatitis C. The chronic care nurse undertook one-to-one health promotion regarding chronic disease management including asthma education and diabetes management. The health centres were promoting the winter influenza vaccination program.

Health promotion brochures were available in both health centres on a variety of subjects including STIs, BBVs, sleep hygiene, asthma and diabetes. Many were available in a range of commonly spoken languages and some were designed specifically for Aboriginal patients.

Clinic treatment room



Dental treatment room



1.4.4 Mental health services

Mental health services were not sufficient to meet patient demand, noting that this was particularly high in Area 3/4. On average, four patients were seen by the psychiatrist during each telehealth session which were occurring weekly in Area 3/4 and fortnightly in Area 5/6. This limited service was resulting in long wait times experienced by patients. We were advised that, in some cases, a patient's mental health would deteriorate while waiting to be reviewed by the psychiatrist and would require transfer to the Mental Health Screening Unit (MHSU) at the Metropolitan Remand and Reception Centre (MRRC) at Silverwater. Health staff also reported that transfers to the MHSU were often delayed by anywhere from days to months.

We also heard that some custodial staff were not suitable to work with mentally unwell patients, referring to them with terms such as "spinners" and holding the view that the behaviour of unwell patients represented deliberate efforts to be difficult and was not the result of mental illness.

Seven observation cells were available for patients at risk of self-harm or suicide and/or awaiting transfer to the MHSU. The delays in transferring patients to the MHSU reportedly placed significant pressure on the availability of these cells.

JH&FMHN reviews, on a monthly basis, statewide demand and resourcing for mental health services. JH&FMHN advised that Shortland CC receives a greater allocation of mental health nursing and psychiatry hours per 100 patients than other correctional centres.¹¹⁰

However, we were told of an example of a very unwell patient who had recently waited 10 weeks to access a bed in the MHSU. The patient was psychotic, refused medication and occasionally ate their own faeces. Each week, the mental health nurse attempted to escalate this patient for placement at the MHSU, only to be told there were higher priority patients. This delay was clinically unacceptable as the patient could not receive the appropriate level of care and treatment for his mental health presentation. Health staff reported that they found managing this patient to be distressing as they knew they could not provide an acceptable level of health care. JH&FMHN reviewed its referral data from 1 January 2023 onwards and found the longest wait for admission to the MHSU was 49 days (7 weeks).¹¹¹ It is unclear whether this is the same patient to whom the health staff were referring or whether there was another patient waiting for admission prior to 1 January 2023.

Discharge planning was being undertaken on all patients with a diagnosed mental illness. The mental health nurse in both health centres would refer patients to the NSW Health statewide 1800 mental health referral line which forwards the referral to the relevant LHD.

1.4.5 Impacts of the COVID-19 pandemic

Management of the COVID-19 pandemic on the Cessnock Correctional Complex was described by health staff as very difficult, at times being “horrific”, “dire” and “a nightmare”. During this period, the main focus for health service delivery was conducting daily clinical checks on patients in quarantine and isolation, transferring COVID-19 positive patients to the MRRC for isolation, administering vaccines and managing staff vacancies. This disrupted the delivery of routine health care delivery.

We were advised that pre-pandemic health activities had only just resumed, as non-urgent care including pathology, early detection program screening, other vaccinations and chronic care plans were again being performed.

1.4.6 Patient groups

Aboriginal people

Cessnock Correctional Complex has a relatively well-resourced Aboriginal health service and JH&FMHN should be commended on its efforts to establish and maintain this service. An Aboriginal health worker was recruited after a long period of vacancy to work across the complex and was assigned one day a week in each of Shortland CC’s health centres. This role meets with Aboriginal people received at Shortland CC with an identified health issue and also works with Aboriginal people who do not wish to engage with the health centres to build their trust in the health service. Additionally, an Aboriginal chronic care program nurse provides services to the three correctional centres on the complex as well as St Heliers Correctional Centre in Muswellbrook, with a focus on chronic disease management and education.

There were opportunities for improvement of the health service for Aboriginal people. No specific health promotion programs were being provided to Aboriginal people on a routine basis. Aboriginal community controlled health organisations (ACCHOs) were not providing regular in-reach services. Discharge planning did include referrals of Aboriginal patients to ACCHOs for ongoing health care.

We were pleased to hear that health staff had undertaken cultural competence training as part of their orientation and on an ongoing basis.

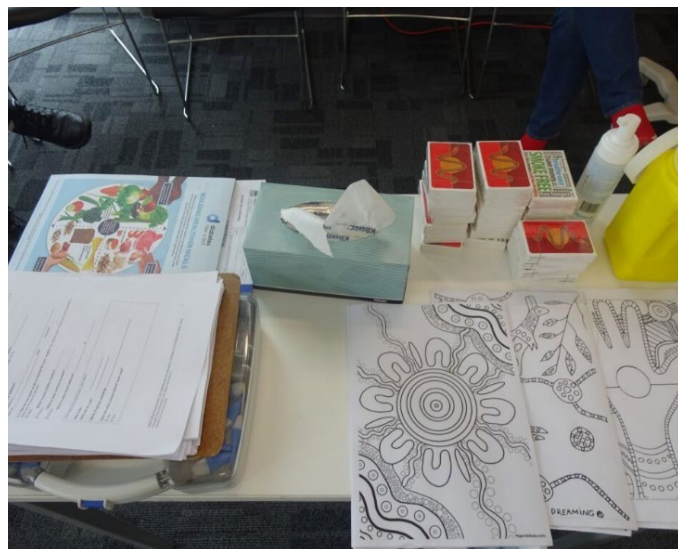
A National Close The Gap Day event was held during the inspection on 21 March 2023 with a total of 79 Aboriginal people attending across both areas. Non-Aboriginal people did not attend or participate. A broad range of JH&FMHN staff attended including the population health team, the suicide prevention team, the Aboriginal health worker, the Aboriginal chronic care program nurse, D&A nurses, the mental health nurse, the primary health nurses and the two NUMs. We were advised that local ACCHOs were invited but did not attend. Various health screening programs and health education/promotion initiatives were conducted including primary health checks, blood pressure

111 Information provided by Justice Health and Forensic Mental Health Network, 9 April 2024.

checks, weight checks, diabetes reviews, D&A education, and population health education on BBVs and STIs. The mental health nurse and suicide prevention team undertook activities which addressed coping strategies, managing feelings, and ways to improve mood and sleep. Aboriginal people in attendance had access to staff to discuss specific health concerns and arrange appointments. Attendees were also offered educational resources, drink bottles and playing cards.

As a result of the health screening activities, 17 patients were identified as having high blood pressure and/or high blood glucose levels. These patients were followed up in the primary health nurse clinic. 13 patients were identified as Hepatitis C positive through dry blood spot testing and were followed up by the population health team.

Closing The Gap resources



Hepatitis C testing



This is a good example of how health promotion activities can identify health issues which would otherwise be unknown. Area 5/6 health staff reported that, following the success of the National Close The Gap Day, they were eager to hold similar events more regularly.

Young patients (18-24 years)

No specific health services were being provided to address the needs of younger men at Shortland CC despite them making up 11% of the population.¹¹² The Area 3/4 NUM reported that younger men entering custody for the first time are referred to psychology and the SAPOs for assessment and support.

Older patients

The management of older patients is one of the greatest challenges for health staff at Shortland CC. Area 5/6 holds a significant number of older men, many of whom have complex health issues.

Older patients arriving at Shortland CC with chronic disease issues were being referred to the chronic disease nurse or Aboriginal nurse for integrated care support. A dedicated “older person’s” nurse assesses older patients and recommends management plans.

Patients from culturally and linguistically diverse (CALD) backgrounds

The health centres had a supply of cards with the words “I need to see a nurse” written in both English and other commonly spoken languages to be provided to patients with limited English. There was also a range of health information pamphlets available in various languages.

¹¹² Information provided by Corrective Services NSW, 3 February 2023.

Patients with a disability

An NDIS worker attended Shortland CC with a primary focus on patients with physical disabilities. JH&FMHN provided an occupational therapist and a physiotherapist who could assist with ambulation and musculoskeletal issues.

Resources to support patients with intellectual disabilities were limited. The CSNSW psychology team was largely responsible for the management of these patients. We heard that patients with more significant intellectual disabilities may be placed in a clinical observation cell until they can be transferred to another correctional centre. Health staff indicated that this accommodation was not appropriate for this use as the patient would be locked in their cell for extended periods of the day with little access to diversionary activities.

Recommendation 40: Corrective Services ensures Shortland Correctional Centre discontinues the practice of holding people with intellectual disabilities in observation cells and consults stakeholders including Statewide Disability Services and JH&FMHN about appropriate alternative placements.

1.4.7 Medication

Medication administration

There are three methods by which a patient at Shortland CC may receive medication:

- Supervised administration – applies to drugs which are restricted (Schedule 8 and 4D) or tradable in a custodial environment.
- Delayed administration – whereby the patient receives their medication every 24 hours.
- Self-medication – involves the patient receiving a month's supply of their medication to self-administer as directed, following a risk assessment.

We observed the supervised administration of insulin, OAT and other medications at the medication administration window at the Area 3/4 health centre. The nurses asked each patient for their identification card. Several patients attended without their identification cards. The nurses asked them for their name, date of birth and master index number (MIN) to confirm their identity before proceeding to administer the relevant medication. This is an incorrect procedure as it does not guarantee that the patient is really who they are claiming to be. The nurses should have asked the patient to return with their identification card. In hospital settings, even patients who have been admitted long-term must be identified with reference to their identification wristband prior to every administration of medication.

The nurses' decision not to ask the patient to collect their identification card from their accommodation unit was influenced by the need for patients receiving supervised medications to be escorted between their accommodation unit and the medication administration window by custodial staff. We heard that delays by custodial staff in escorting patients to the medication administration window frequently resulted in them arriving later than the scheduled time of 8.30am, with flow-on impacts on the health centre clinics which should commence at 9.00am. It is understandable but unsatisfactory that nursing staff did not feel they could insist on patients returning to their accommodation units to collect their identity cards.

Custodial staff did not check the mouths of patients receiving methadone. The COPP requires custodial staff to check the mouth before and after a patient receives methadone to mitigate the risk of it being diverted to others.¹¹³

The location of the medication administration window on a thoroughfare, in the presence of custodial staff and other patients, did not afford privacy to patients injecting insulin.

113 Corrective Services NSW, *Custodial Operations Policy and Procedures*, 6.4 Opioid substitution treatment (version 1.1, 12 March 2020) 6.

The vast majority of medication prepared by nursing staff at Shortland CC was delivered via delayed administration, estimated by health staff to be around 90% in Area 3/4 and 80% in Area 5/6. This means thousands of medications were being prepared weekly. The procedure, when performed at such frequency, requires a significant amount of the nursing staff's time. Nurses collect the medications from the pharmacy, prepare the appropriate quantities and place them into plastic bags which should be labelled with the patient's name and MIN. This manual procedure also carries a risk of errors being made, particularly when nurses are required to prepare multiple patients' medications.

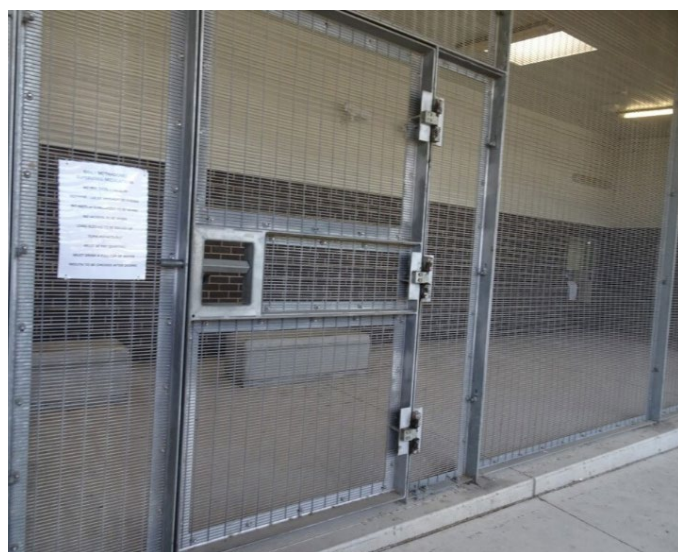
The health centres may benefit from the use of dose administration aids such as sachets or blister packs, prepared using an automated medication dispensing system. These are available at some NSW correctional centres. The risk of making errors when preparing multiple patients' medications is reduced when performed by machines instead of humans. This would also save nursing staff considerable time, provide patients with greater visibility of their medications (as sachet packs contain patient identification and medication information) and assist custodial staff to determine if a patient is meant to have a particular medication in their possession.

While observing the preparation of medication for delayed administration, we noted that medications were occasionally handled with bare hands by nursing staff, for example, when taking tablets from a bottle or cutting a tablet in half. Touching medication should be avoided whenever possible and if it must occur, gloves should be worn. This helps to ensure that medication remains uncontaminated and is required under NSW Health policy to prevent health staff experiencing allergies and sensitisation through occupational exposure.¹¹⁴ When a tablet needs to be cut in half, a tablet cutter should be used to avoid direct handling and to ensure a clean and accurate break.

We also noted that nursing staff were signing medication charts when they prepared the medication, not when they administered it to the patient. This is not the correct procedure. The medication chart will be inaccurate if a patient refuses or does not receive their medication. This can interfere with the monitoring of a patient's compliance with their prescribed medication. The introduction of e-Meds now allows nurses to electronically sign medication charts at the point of administering medications.

At the time of the inspection, almost 10% of patients in Area 3/4 and approximately 20% of patients in Area 5/6 receiving prescribed medication were on the self-medication program. This program is a good initiative as it encourages patients to be more involved in their medication management and assists them to prepare to manage their medication when they are released from custody.

Holding cell for medication administration



Sign displayed at medication administration



114 NSW Ministry of Health, *Medication Handling*, policy directive PD2022_032, 11 August 2022, 41.

Pro re nata (“as the circumstance arises”) medication is prescribed for a patient, not to receive on a regular basis, but when they require it. NSW Health policy requires it to be administered by the same person who prepared it.¹¹⁵ When we observed *pro re nata* medication being provided to a patient in Area 5/6, this was not the case.

JH&FMHN has advised that training was delivered to health staff at Shortland CC in July 2023 to promote awareness and compliance with its medication guidelines. JH&FMHN also advised that it provided formal communication to Shortland CC health staff in March 2024 on their obligations when preparing and dispensing medications including ensuring the privacy of patients and that the NUMs would monitor compliance.¹¹⁶

Recommendation 41: CSNSW ensures that Shortland Correctional Centre reminds custodial staff of the requirement to check the mouths of patients before and after receiving an OAT.

Recommendation 42: JH&FMHN reviews the procedures for administering supervised medications in Shortland Correctional Centre Area 3/4 to try to improve the efficiency of patient attendance and to ensure patients’ privacy.

Recommendation 43: JH&FMHN considers introducing delayed medication administration aids at Shortland Correctional Centre.

Recommendation 44: JH&FMHN reminds nursing staff of their obligations to prepare and dispense medication in line with its medication guidelines (including to sign medication charts only after administering medication to a patient, to avoid directly touching medications, to use a tablet cutter when breaking tablets, to sight a patient’s identification before administering medication, and to administer *pro re nata* medication which they have prepared themselves).

Medication security

The trolleys used in both health centres to deliver medications to the accommodation units did not have lockable compartments. When we observed medication being delivered during the inspection, the thoroughfares had not been cleared of inmates. The trolleys are not a suitable design for the secure movement of medication and confidential patient information around a correctional centre.

The security of the pharmacy rooms was also inadequate. Despite the signage on the pharmacy room door which says “door must be kept locked at all times”, this was observed not to occur consistently in both health centres. We were told that the doors to both pharmacy rooms are generally left unlocked. Medications in both pharmacy rooms were stored on open shelves, not in locked cabinets. This fails to comply with legal requirements for accountability and safety of medication storage¹¹⁷ and creates a serious risk of medication being lost, misplaced or stolen.

The Area 3/4 pharmacy room door was sometimes closed and sometimes open but never locked when we inspected. The Area 5/6 pharmacy room was fully open when we visited, irrespective of whether nursing staff were in the room or not. When this was raised with nursing staff, they noted that the pharmacy room was quite small and cramped and that when the door is closed, there were ventilation issues causing the room to feel “stuffy”.

JH&FMHN advised that, following the inspection, a lockable medication trolley and medication boxes were purchased and a communication was sent to all nursing staff in March 2024 on the secure storage of medications. JH&FMHN also advised that a review and reorganisation of the Area 5/6 pharmacy room had been completed resulting in reduced clutter and improved ventilation.¹¹⁸

Recommendation 45: JH&FMHN sources alternative medication administration transport trolleys which have lockable compartments for use at Shortland Correctional Centre.

¹¹⁵ NSW Ministry of Health, *Medication Handling*, policy directive PD2022_032, 11 August 2022, 97.

¹¹⁶ Information provided by Justice Health and Forensic Mental Health Network, 9 April 2024.

¹¹⁷ The *NSW Poisons and Therapeutic Goods Regulation 2008*, section 29 states “A dealer who has possession of any restricted substance must keep the substance - in a room or enclosure which does not have public access”.

¹¹⁸ Information provided by Justice Health and Forensic Mental Health Network, 9 April 2024.

Recommendation 46: JH&FMHN reminds the nursing unit managers and nursing staff at Shortland Correctional Centre of their legal responsibilities with regard to the storage of pharmaceutical medications and reviews the ventilation in the Area 5/6 pharmacy room.

1.4.8 Other issues

Cleanliness of Area 3/4 health centre

The NUM reported that the health centre was not cleaned regularly. The arrangement at the time of the inspection was to use inmate labour (sweepers) to clean patient and non-patient areas including ward cells and beds but this occurred intermittently as sweepers were not assigned regularly.

The NUM reported that she had raised the matter repeatedly with local CSNSW management but there had been no improvement to the cleaning arrangements. The issue had also been repeatedly raised and minuted at Shortland CC's work health and safety meeting.

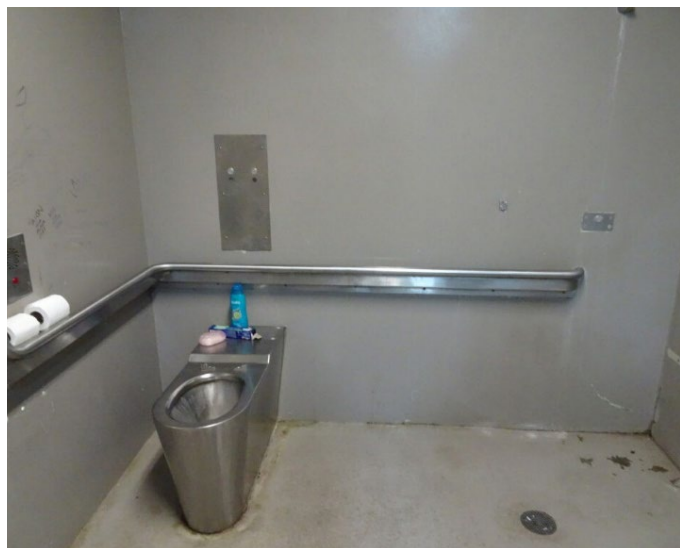
When the inspection was undertaken, patient and non-patient areas in the health centre were inspected and found to be quite dirty. By the amount of dirt and other mess on the floors, sinks and other surfaces, it was apparent that the health centre had not been cleaned recently. This is not an acceptable standard of cleanliness for a health centre. Environmental cleaning is an essential part of infection prevention and control. JH&FMHN is required to meet National Safety and Quality Health Service Standards to maintain its accreditation. The condition of the health centres we observed was unlikely to meet the standards.

JH&FMHN has reiterated its view that CSNSW is responsible for cleaning across the entire correctional centre including the health centre and clinical observation cells.¹¹⁹ While this may be true, it is unacceptable for the health centre to operate in such a state of uncleanliness. JH&FMHN at Shortland CC should have escalated this matter when it could not be resolved at the local level.

Detox cell



Bathroom in a health centre ward cell



We visited Shortland CC on 22 May 2024 and inspected the cleanliness of the health centre. We found the treatment rooms to be in reasonable condition. We also found that sinks, showers and toilets used by patients had been cleaned recently. However, the walls and ceilings in the RIT cells, clinical observation cells and detox cells were long overdue for cleaning and/or painting. As in I block (discussed in section 1.2.5), we observed several examples of graffiti which referred to specific people in custody and may place those people at risk of harm.

¹¹⁹ Information provided by Justice Health and Forensic Mental Health Network, 9 April 2024.

We observed that an inmate sweeper had been employed seven days per week to clean the health centre for the past two months. This had clearly made a positive impact on the condition of the health centre but the cells continued to require more thorough cleaning and painting.

In contrast, we found the Area 5/6 health centre to be in a very clean state.

RIT cell (taken May 2024)



CCTV camera in an observation cell (taken May 2024)



Recommendation 47: CSNSW and JH&FMHN ensure that cleaning is performed daily in the health centre and clinical observations cells at Shortland Correctional Centre and that cell walls and ceilings are cleaned and repainted regularly.

Reference to patients by their surname

We observed that health staff generally referred to patients by only their surname when discussing patients with each other or with a custodial staff member. When we later reviewed camera footage of an incident which occurred at Shortland CC, we observed a nurse directly addressing a patient by his surname while conducting a post-incident medical review. This is not a respectful and appropriate way to address patients. Patient should be afforded respect and dignity at all times and in all health care settings. If their first name is not known, then they should be referred to as “Mr [surname]”.

JH&FMHN has advised that a communication was sent to nursing staff in March 2024 regarding the JH&FMHN code of conduct and obligation to communicate professionally to and regarding patients.¹²⁰

Recommendation 48: JH&FMHN reminds its staff at Shortland Correctional Centre to refer to patients appropriately by using their full name or a title followed by their last name.

¹²⁰ Information provided by Justice Health and Forensic Mental Health Network, 9 April 2024.

1.5 Rehabilitation

1.5.1 Criminogenic and rehabilitative programs

Shortland CC was offering criminogenic programs to only a limited section of its population despite many sentenced inmates being eligible and willing to participate. At the time of the inspection, Shortland CC was offering the following programs:

- EQUIPS Addiction (regular and HIPU)
- EQUIPS Aggression (regular and HIPU)
- Remand DV – a voluntary program for remand inmates comprising six sessions, scheduled to run every eight weeks.

Sentenced inmates in Area 3/4 who are classified to Shortland CC to undertake a program rotate in cohorts through J Block where they undertake intensive-format programs in the High Intensity Program Unit (HIPU). Eligible, sentenced inmates in Area 5/6 attend programs in a regular format in regular program rooms.

The Violent Offenders Therapeutic Program (VOTP) was suspended some months prior to the inspection due to staffing issues. VOTP is a high intensity group treatment program for inmates with a history of violent behaviour. VOTP is undertaken by inmates in a modified therapeutic community setting and aims to change the thinking, attitudes and feelings that led to an inmate's violent offending.¹²¹ Aside from Shortland CC, it is only delivered at South Coast Correctional Centre and the Metropolitan Special Programs Centre on the Long Bay Correctional Complex. We found many inmates who had been transferred to Shortland CC to undertake the VOTP were not able to complete the program due to its suspension.

CSNSW advised us that the “VOTP will have appropriate staffing to deliver to the Shortland cohort”.¹²² However, on 22 May 2024, local CSNSW management advised that this had not occurred and the staff issues remained unresolved.

The Case Management Unit at Shortland CC was reviewing individual inmates and, in most cases, substituted VOTP with EQUIPS Aggression. Although this was an attempt at a pragmatic solution, as it allowed people to remain at Shortland CC and access a program as quickly as possible, this issue should have been escalated to the Programs team responsible for managing the waitlist for the VOTP. Completing EQUIPS Aggression may not satisfy the State Parole Authority that a violent offender has addressed their offending behaviour. These prisoners should have been prioritised to complete the VOTP in other locations, pending the resolution of the staffing issues which we understand remain outstanding.

Despite having a large sex offender cohort,¹²³ no sex offender programs were available at Shortland CC, having been discontinued several years ago. In our *Programs, Employment and Education Inspection* report, we found that only one correctional centre in NSW, the Metropolitan Special Programs Centre, offered sex offender programs.¹²⁴

We spoke to a number of people in custody at Shortland CC who reported that sex offender programs were included in their case plans and expressed a motivation to participate in them. The sentenced SMAP population at Shortland CC is generally quite stable, so it would appear to be a good opportunity to engage them in programs. However, CSNSW has advised that the delivery of sex offender programs is not part of the strategic direction for programs at Shortland CC.¹²⁵ If this is the case, we question why sex offenders requiring programs are placed at Shortland CC. We also found in the *Programs, Employment and Education Inspection* that 29 people participating in a sex offender

¹²¹ Corrective Services NSW, *Compendium of Offender Behaviour Change Programs in New South Wales* (February 2021) 75.

¹²² Information provided by Corrective Services NSW, 7 May 2024.

¹²³ On 30 November 2022, 155 inmates at Shortland CC had sexual assault and related offences as their most serious charge according to data provided by Corrective Services NSW on 3 February 2023.

¹²⁴ Inspector of Custodial Services, *Programs, Employment and Education Inspection*, 45.

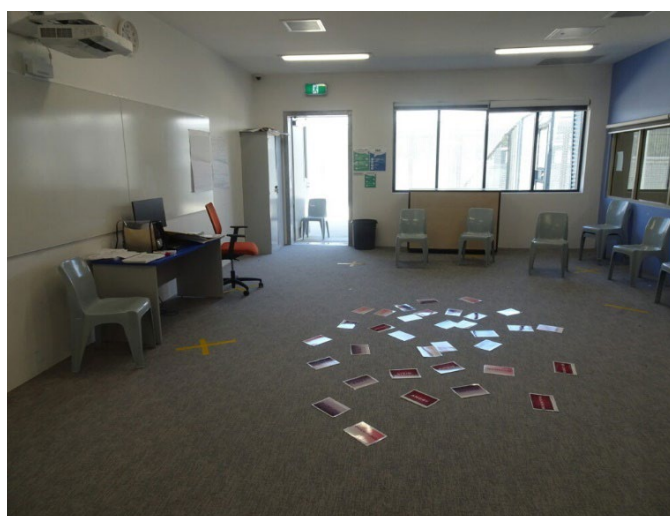
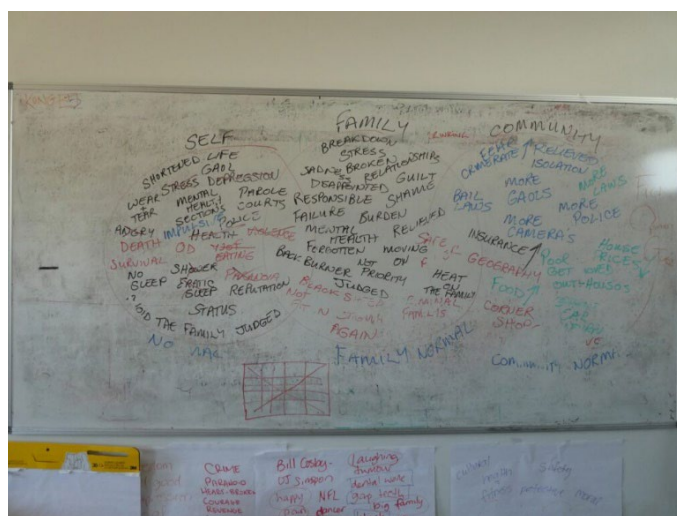
¹²⁵ Information provided by Corrective Services NSW, 7 May 2024.

program, and a further 28 people waiting to commence one, were already past their earliest possible release date.¹²⁶

We observed EQUIPS Aggression being delivered in Area 5/6 and EQUIPS Addictions (HIPU) being delivered in J Block. Both were skilfully facilitated, attracting strong buy-in from participants and fostering a supportive atmosphere.

10 people were participating in the Remand DV program when we enquired following the inspection. We welcomed the delivery of this program as meaningful engagement opportunities for remand inmates at Shortland CC were very much lacking. The Manager, OS&P advised that she was considering commencing Remand Addictions, a voluntary program for remand inmates comprising 20 rolling sessions. We support this too.

Whiteboard in a programs classroom in Area 3/4 Programs classroom in Area 5/6



Recommendation 49: CSNSW prioritises the resolution of staffing issues at Shortland Correctional Centre to enable the delivery of the VOTP and ensures that inmates required to complete the VOTP are not sent to Shortland CC unless delivery of VOTP has resumed.

Recommendation 50: CSNSW considers delivering sex offender programs at Shortland Correctional Centre.

1.5.2 Connection to Aboriginal culture

There were very few programs delivered at Shortland CC which support Aboriginal people in custody to connect with and learn about their cultures. This is disappointing as Shortland CC has a high number of Aboriginal people in custody, representing approximately one third of the population. On 30 November 2022, 174 people held at the facility were Aboriginal or Torres Strait Islander men.¹²⁷

An Aboriginal cultural arts program was run in 2022 by a cultural arts teacher from TAFE NSW. We welcomed this engagement of a specialist facilitator and cultural knowledge holder. Cultural knowledge holders play a key role in transmitting and maintaining cultural knowledge. The design of the Yarning Circle in the Area 3/4 programs area was developed through this course. 18 inmates attended over two classes as numbers were limited by COVID-19 restrictions. However, this number represents barely 10% of the Aboriginal population at Shortland CC. The majority of participants were drawn from B and C blocks – the same areas where workers reside. This seems a missed opportunity to offer meaningful engagement to Aboriginal people in other accommodation areas without access to work. Art is a culturally appropriate activity and form of expression which promotes connection and understanding of culture while also providing a therapeutic benefit. Opportunities to learn and participate should be maximised. We acknowledge that this program was managed by the education team which had very limited staff resources.

126 Inspector of Custodial Services, *Programs, Employment and Education Inspection*, 46.

127 Information provided by Corrective Services NSW, 3 February 2023.

Respect, relationships and reciprocity are the keys to health and well-being outcomes for Aboriginal people. Strengthening the understanding and respect among correctional centre staff of Aboriginal people's cultures and worldviews would enhance relations between these two groups and foster a greater emphasis on delivering programs to support Aboriginal people's connection to their culture and self-esteem. It may also support Shortland CC to increase the number of Aboriginal people it employs by fostering a culturally safer workplace.

A Yarning Circle in Area 5/6 was opened shortly after the inspection.

Yarning Circle in Area 3/4



We accepted an invitation to attend a NAIDOC celebration in Area 5/6. The celebration was very well attended by staff and Aboriginal inmates. It was very well organised and featured local Elders, local service providers, a smoking ceremony, traditional dancing and live music by Aboriginal inmates, and a barbecue. The atmosphere at the celebration, across staff and people in custody, was very welcoming and relaxed.

We were disappointed to hear that there was no Aboriginal inmate delegate in Area 3/4 at the time of the inspection. We were also disappointed to hear that the sole Aboriginal inmate delegate in Area 5/6 was unable to access people in other accommodation areas including people who are held in I block.¹²⁸ Aboriginal inmate delegates often play an important role in supporting Aboriginal people who are finding it difficult to maintain well-being. It is important that there are sufficient Aboriginal inmate delegates appointed to support the needs of Aboriginal people in custody and that they can access people when required.

We spoke with several Aboriginal men in I block (on segregated or protective custody orders) who reported to us that they had not seen the RAPO or a SAPO despite having been there for a number of weeks or months.

We received complaints from several Aboriginal men about racist staff. The men reported that the majority of staff were respectful to Aboriginal people in custody but some correctional officers were not.

Recommendation 51: CSNSW ensures Shortland Correctional Centre appoints Aboriginal inmate delegates.

Recommendation 52: CSNSW ensures Shortland Correctional Centre reviews the Aboriginal cultural arts program with a view to maximising participation.

Recommendation 53: CSNSW ensures Shortland Correctional Centre provides training in cultural awareness, competence and safety to correctional officers.

¹²⁸ Under policy, the Governor is to provide segregated inmates with access to an Aboriginal delegate. See Corrective Services NSW, *Custodial Operations Policy and Procedures*, 3.4 Segregation (version 1.5, 10 July 2023) 13.

1.5.3 Employment

Shortland CC was offering a range of modern industries employing approximately 220 inmates in Area 5/6. The industries were a bakery, printing workshop, textiles workshop, buy-up workshop, packaging workshop, laundry, foil meal tray recycling program, grounds maintenance and facilities maintenance.

We inspected each of the industries and observed inmates at work. We consistently received positive feedback from workers about how they are managed and supported by CSI staff. We noted the industries were equipped with modern technologies, producing quality outputs and teaching inmates skills which are relevant to gain future employment in the community. We also noted examples of innovation and problem solving. For example, the laundry was running a pilot producing curtains for cell windows and towels with holes to allow them to be hung to dry.

The bakery was supplying high quality products to correctional centres across NSW. The buy-up workshop supplied the three centres on the complex. The printing workshop supplied various items including business cards, greeting cards, journals and a book covering service to external customers.

The packaging workshop involved unskilled labour, taking various food ingredients and buy-up items from bulk packaging and placing them into smaller containers for distribution. However, this workshop generally employed older inmates who were unlikely to return to the workforce once they are released from custody. These workers reflected positively on their jobs. We commend Shortland CC for allocating people to appropriate forms of employment.

Dough prepared in the bakery



Chicken pies produced in the bakery



Buy-ups storage



Rations to be packaged



Laundry



Foil meal trays being recycled



There were no employment opportunities for people in Area 3/4 except for a handful of roles as sweepers (cleaners) and in grounds and facilities maintenance. This was largely due to the division of the population between normal discipline (Area 3/4) and SMAP (Area 5/6) inmates who cannot mix. All industries, except the buy-up workshop, are located in Area 5/6. However, workers in the buy-up workshop were escorted there from Area 5/6.

Given the extent of boredom reported by inmates in G and H blocks in Area 3/4, Shortland CC should consider opportunities to employ more inmates from those units. The Manager of Industries advised us that some industries including textiles and the foil meal try recycling program had potential to expand production and employ more workers. Expansion of these industries may allow normal discipline inmates to work in the buy-up workshop.

At the adjacent maximum security facility, Hunter CC, a barber service has been introduced. This has created new opportunities for people in custody to access employment and traineeships in an industry which directly supports their post-release employability.¹²⁹ Similar initiatives should be considered at Shortland CC.

Access to wages for inmates in G and H blocks may support the good order of the centre by incentivising positive behaviour.

¹²⁹ Information provided by CSNSW during a visit to Hunter CC on 22 May 2024.

Dismissal from work

Inmates dismissed from work were being excluded from work for up to 14 days. During this time, these inmates would spend their days locked outside in exercise yards. The exercise yards have access to drinking water, toilets and some shelter. However, people spending their days there had nothing to help them pass time, and may have spent their time there alone. An officer responded “they are not there to play games”. We have previously raised the issue of inmates being punished twice by placement in non-workers’ yards in addition to the loss of wages following dismissal or declining an offer of work.¹³⁰ We were disappointed to see this was still occurring at Shortland CC.

The toilets in some of the exercise yards have poorly designed privacy screens which allow a clear line of sight to people using the toilets, affording no privacy or dignity. This was also observed to be the case at a shared toilet at the J block exercise yard.

Recommendation 54: CSNSW ensures Shortland Correctional Centre provides opportunities for inmates in Area 3/4 to be employed in an industry.

Recommendation 55: CSNSW ceases the practice of holding inmates dismissed from work or refusing to work in exercise yards.

Recommendation 56: CSNSW ensures Shortland Correctional Centre arranges for the modification of privacy screens around shared toilets at exercise yards throughout the centre to ensure sufficient privacy and dignity of users.

1.5.4 Education

The education team at Shortland CC comprised three positions, one of which had been vacant for an extended period. This shortage created a backlog of Core Skills Assessments. CSNSW has advised that this vacancy has been filled.¹³¹

A basic literacy and numeracy course, Foundation Skills Program, was being offered at Shortland CC. At 31 May 2023, 51 inmates were eligible to undertake this program according to their case plan. 22 people were enrolled on this date and 10 had completed it in the previous week.

Shortland CC was trialling “reader pens”. These pens help people with literacy and reading difficulties by scanning the text and reading it aloud. They were to be tested by two inmates participating in Foundation Skills Program. A digital literacy course was also available.

Vocational training courses offered at Shortland CC included Certificate II traineeships in Warehousing and Logistics, Construction Pathways and Design Fundamentals. A bakery traineeship was cancelled because the training organisation could not provide a trainer.

Traineeships were only offered where they support Shortland CC’s industries. This limits the potential for people in custody to acquire skills which will set them up for employment after release, a key factor in reducing the likelihood of reoffending. The employment and training interests of people in custody go well beyond the range of industries available at Shortland CC. People in custody reported wanting to be able to study certificates in other fields including personal training.

One man reported that he was completing the Certificate II in Warehousing and Logistics despite it not providing any educational benefit to him because he had experience as a project manager in the mines. He reported that his motivation to participate in the course was that he believed it would reflect well when he is considered for parole.

There were plans for TAFE NSW to deliver a waste management course which would support Shortland CC’s recycling program. CSNSW advised that the opportunity to attain a Certificate III in High Volume Baking has been introduced since the inspection.¹³²

Recommendation 57: CSNSW reviews the provision of education services including resourcing and links to CSI.

¹³⁰ For example, *Inspection of Cooma Correctional Centre, Women on Remand, and Programs, Employment and Education Inspection*.

¹³¹ Information provided by Corrective Services NSW, 7 May 2024.

¹³² Information provided by Corrective Services NSW, 7 May 2024.

2 Cessnock Correctional Centre

2.1 Inmate profile

On 21 March 2023, Cessnock CC held 601 inmates.

2.1.1 Legal status and charges

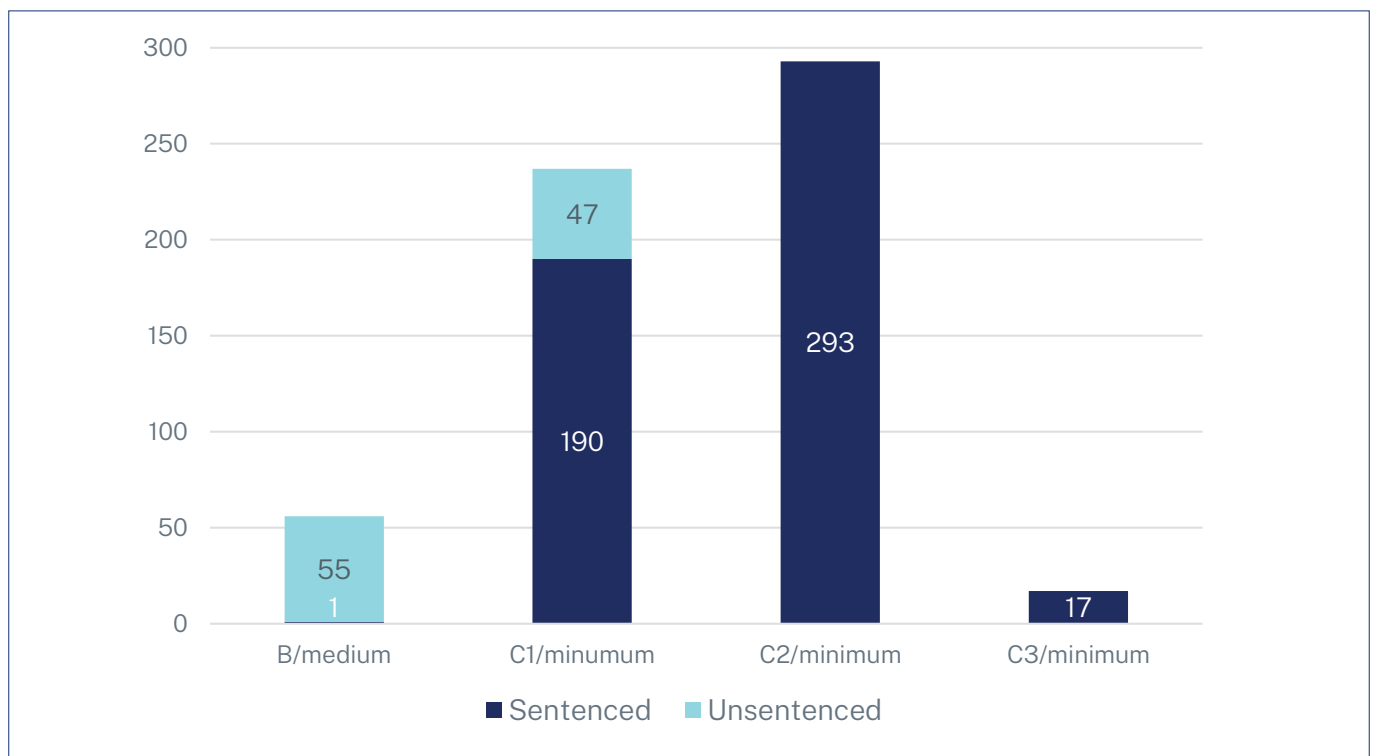
Of the 603 inmates held at Cessnock CC on 30 November 2022, most were sentenced (84.1% or 507 inmates). A significant proportion were being held in custody on remand (15.9% or 96 inmates). The average time on remand for Cessnock CC inmates was 212 days.

Sexual assault and related offences were the most serious offence or charge for 172 inmates, followed by acts intended to cause injury related offences (166 inmates), illicit drug offences (51 inmates), offences against justice procedures, government security and government operations (48 inmates), unlawful entry with intent/burglary, break and enter offences (35 inmates), theft and related offences (27 inmates).

2.1.2 Security classifications and designations

Most of the 547 inmates with a minimum-security classification were sentenced (91.4% or 500 inmates). Of the 56 inmates with medium security classification, 55 were on remand.¹³³

Figure 3: Security classifications at Cessnock CC on 30 November 2022¹³⁴



¹³³ Inmate security classifications and risk designations are defined in the *Crimes (Administration of Sentences) Regulation 2014* cls 12, 14–15.

¹³⁴ Information provided by Corrective Services NSW, 3 February 2023.

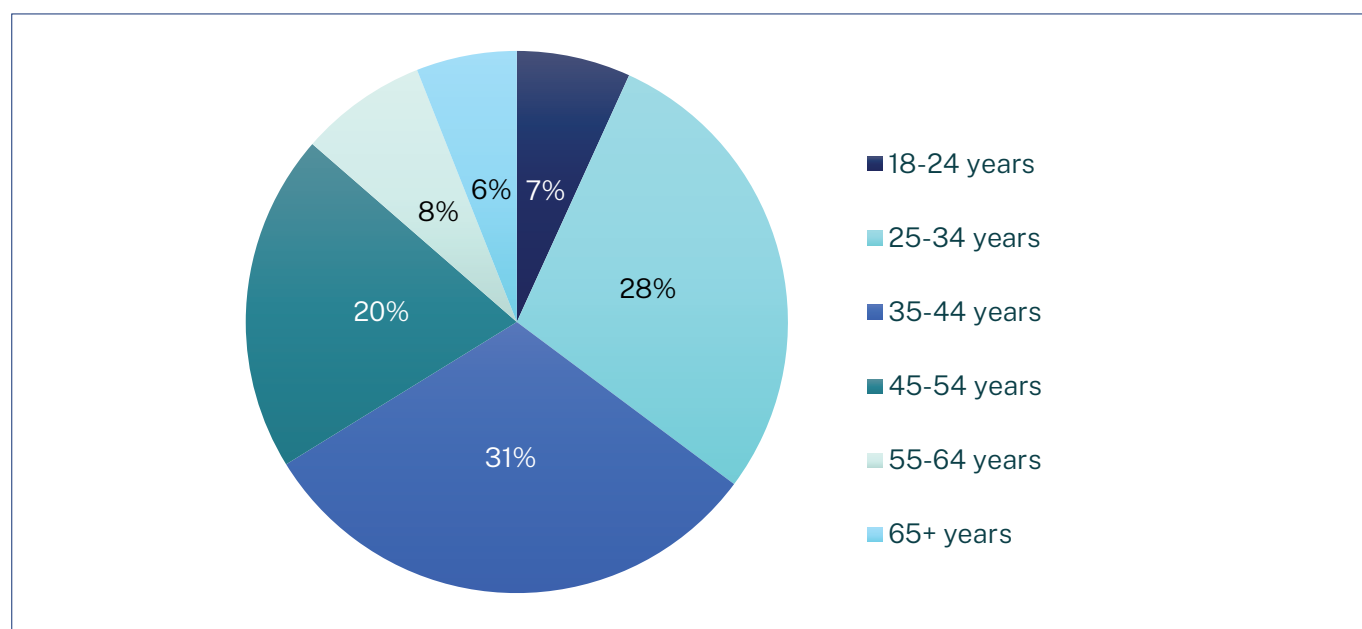
On 30 November 2022, the SMAP population was 221 inmates, representing 36.7% of the total population.¹³⁵ Many inmates were also managed by the Pre-Release Leave Committee (PRLC) (30.8% or 186 inmates).¹³⁶ A handful of people in custody were being managed by the Serious Offenders Review Council (SORC) (3.8% or 23 inmates). Cessnock CC held 32 inmates with Immigration Release Notifications.

2.1.3 Demographic information

On 30 November 2022, roughly 1 in 4 inmates at Cessnock CC were Aboriginal or Torres Strait Islander men (24.6% or 148 inmates). The majority of people in custody were born in Australia (77.8% or 469 inmates), followed by New Zealand (2% or 12 inmates), China (1.3% or 8 inmates), Iran (1.2% or 7 inmates) and England (1% or 6 inmates). Most inmates spoke English at home (88.2% or 532).

Most inmates identified their cultural background as Australian (74.1% or 447 inmates). The next largest cultural background identified was Arab (3.5% or 21 inmates), followed by Polynesian (3.3% or 20 inmates), New Zealand Peoples (2.7% or 16 inmates), and mainland South-East Asian (2.7% or 16 inmates).¹³⁷

Figure 4: Cessnock CC inmate ages on 30 November 2022¹³⁸



¹³⁵ A Special Management Area is a part of a correctional centre designated to hold inmates who would be at risk if not separated from other inmates.

¹³⁶ The Pre-Release Leave Committee is the division of the Serious Offenders Review Council that manages 'public interest inmates'. A public interest inmate is defined in Corrective Services NSW, *Inmate Classification and Placement: Serious Offenders Review Council (SORC) and Subcommittee Managed Inmates* (version 2.0, 2 February 2021) 17-18.

¹³⁷ Information provided by Corrective Services NSW, 3 February 2023.

¹³⁸ Information provided by Corrective Services NSW, 3 February 2023.

2.2 Custody

2.2.1 Physical environment

The entrance to Cessnock Correctional Centre



Layout

The original part of Cessnock Correctional Centre (Cessnock CC) is known as Area 1. At the time of the inspection, it included four accommodation wings, numbered 1 through 4, a multi-purpose centre (consisting of programs, education, psychology, sports hall and library), the former reception and health centre (currently the location of segregation cells and AVL suites), a multi-purpose accommodation unit, and another versatile accommodation unit known as L Block (which has been used in recent years to house COVID-positive inmates, female inmates in transit, and inmates who need to be temporarily separated from the population), a visits room, chapel, sports fields and tennis courts, and a new programs building which was nearly complete. L Block has since been sold and relocated to the Northern Territory.

The main accommodation wings (1 to 4) are three-storey, square structures built around a concrete quadrangle. Toilets are contained within cells but showers are communal. Each wing includes a small gym and shared kitchenette. 1 and 2 wings accommodated sentenced inmates. They were generally either employed in an onsite industry or undertaking a Short Sentence Intensive Program (SSIP). 3 wing was vacant and used for COVID-19 outbreak contingencies. Given the condition of these cells, unwell inmates should not have been placed in these cells, and this contingency plan should not have been approved. 4 wing held remand inmates classified as medium security (55 as at 30 November 2022) and minimum security (47 as at 30 November 2022).¹³⁹

The industries in Area 1 were modular building construction, demountable classroom refurbishment and powder coating.

The part of Cessnock CC which opened in 2020 is known as Area 2. It includes five two-storey accommodation wings, numbered 5 through 9, positioned around an open, grassed space suitable for exercise and activities. Area 2 also included a basketball court, Yarning Circle, vegetable gardens, aviary and a programs area with classrooms, a computer room and library.

The industries in Area 2 were the laundry, textiles workshop and food service.

¹³⁹ Information provided by Corrective Services NSW, 3 February 2023.

An Honour House, located on the complex but outside the secure perimeter of the correctional centre, is a less restrictive placement for approved minimum security inmates approaching the end of their sentences. Placement in the Honour House supports the transition to the community as inmates take on increased levels of self-sufficiency and personal responsibility, with self-catering, self-laundry, limited supervision and access to pre-release leave subject to approval.

Area 1 accommodation building (opened 1974)



Area 2 accommodation buildings (opened 2020)



Living conditions in Area 1

After inspecting the custodial infrastructure in Area 1, we concluded that the conditions for people in custody and working conditions for staff are unsafe. The cells and wings in Area 1, as a result of their design and their dilapidated condition, present an extensive list of safety concerns including:

- Multiple hanging points within cells including those housing remand inmates
- No fire detection technology inside cells
- Bunk beds frequently observed to be:
 - without ladders;
 - without safety rails;
 - unstable because they were not secured to the floor/wall; or
 - appearing structurally unsound.
- Water pooling across landings apparently due to leaking rainwater drainage
- Exposed electrical wiring
- Assaults and fights occurring regularly in the showers in 4 wing, which were located on the second level¹⁴⁰
- Insufficient evacuation routes in 2 wing due to the closure of a stairway¹⁴¹
- Blind spots creating safety issues for staff.

The living conditions in Area 1 lack a sufficient degree of dignity for people in custody. The infrastructure is poorly designed, dilapidated and in constant need of maintenance and repair. Cells are small and generally contain a bunk bed, toilet, sink and shelves or a bench. They are subject to

¹⁴⁰ Information provided by staff.

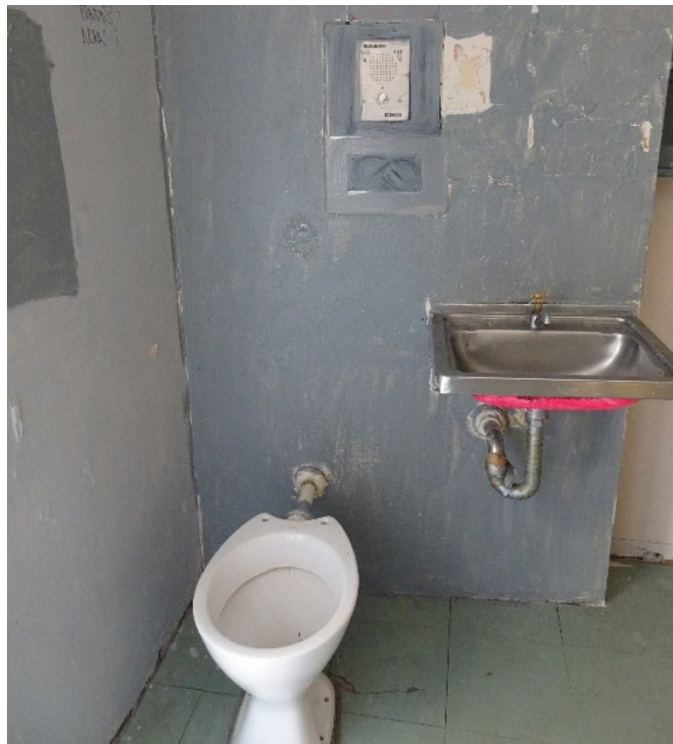
¹⁴¹ When we pointed out to centre management the risk associated with leaving only one stairway open to evacuate approximately 100 inmates in the event of an emergency, centre management undertook to review that decision.

temperature extremes as no air conditioning or fans are available and many cell windows can no longer open or close. We heard repeatedly that inmates resort to flooding their cells in summer to get some relief from the heat. We observed numerous cells with black mould growing on the ceiling and walls. The showers did not have privacy screens or doors and many were without showerheads.

Vacant cell with bunk bed missing ladder in 1 wing (taken May 2024)



Toilet, basin and call button in a cell in 1 wing



Showers in 1 wing



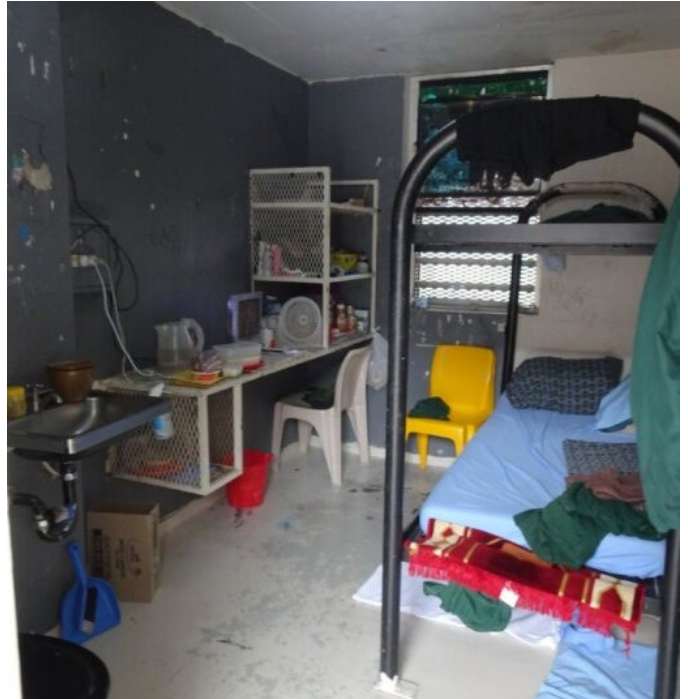
Vacant cell in 2 wing



Cell with broken bunk bed in 4 wing



Cell with bunk bed missing ladder in 4 wing



Showers in 4 wing

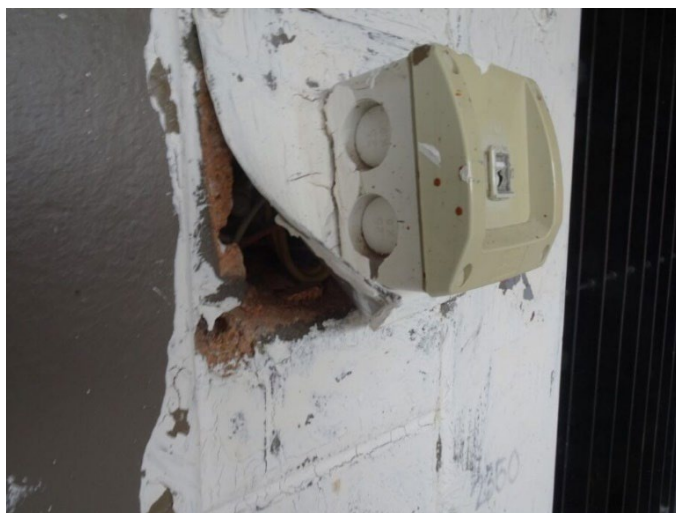


Bricks missing from a wall in 4 wing

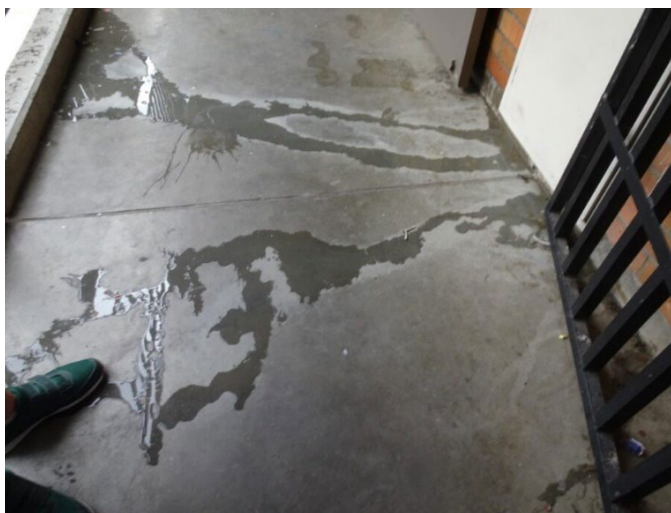


The maintenance work required to keep Area 1 operational is immense. Although Cessnock CC was working to address these needs, it appeared a losing battle. Across Area 1, 47 toilets were repaired in the first quarter of 2023, a rate of nearly four per week. We observed numerous toilets with broken or missing seats, despite claims from many inmates that they had requested a replacement some time ago.

Exposed electrical wiring in 4 wing



Water leaking from a wall onto landing in 4 wing



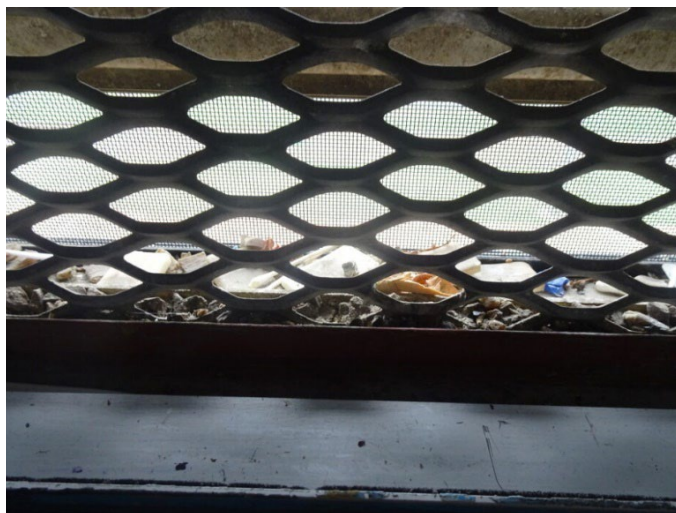
Mould on the ceiling of a cell in 1 wing



Mould on the ceiling of a cell in 4 wing



Rubbish in a cell window in 1 wing



Rubbish in a cell window in 4 wing



Broken cell toilet without seat in 4 wing



Storeroom in 4 wing with water leaks



A microwave for use by inmates in Area 1



Interior of a microwave for use by inmates in Area 1



The design of the accommodation buildings in Area 1 is neither suitable nor safe for people with leg injuries or amputations, or who otherwise have limited mobility. Both during this inspection and the pre-inspection visit in December 2022, we met people who relied on crutches or prostheses in 4 wing where they have to climb a flight of stairs to access the showers. Once there, they are highly vulnerable to falling or being assaulted. The Area 1 accommodation buildings did not include any cells or showers with modifications for people with disabilities.

The working conditions for staff in Area 1 were similarly poor. Officers' stations within each wing were cramped, dilapidated and lacking in basic workplace facilities.

4 wing staff room



Writing on a staff room wall in 4 wing



Given the unacceptably poor and unsafe condition of the Area 1 accommodation at Cessnock CC, it came as no surprise that CSNSW announced the closure of 4 wing in January 2024.¹⁴² The other parts of Area 1, including 1 and 2 wings, are in a similar state and need to be closed permanently.¹⁴³

The original reception area, no longer used for this purpose, has two holding cells previously used to hold inmates prior to or following an escort by truck, and to punish non-workers. We were told by staff that these cells are used occasionally to hold inmates waiting to attend an AVL appointment who cannot associate with inmates in the main holding cell. These cells are extremely isolated as they are not within the line of sight or earshot of staff, are not equipped with cell call intercoms, and are not covered by CCTV. These cells are neither safe nor fit for purpose and should be decommissioned.

Holding cell at the old reception



Toilet inside holding cell



During a visit to Cessnock CC on 22 May 2024, we found that the gates on these two holding cells had been welded shut. We welcomed this action which satisfies our recommendation.

Recommendation 58: CSNSW develops and implements a plan for the closure of the original custodial infrastructure (Area 1) at Cessnock Correctional Centre and the amalgamation of the remainder of Cessnock Correctional Centre with Shortland Correctional Centre.

Recommendation 59: CSNSW does not place inmates who have a disability or medical issue which limits their mobility at Cessnock Correctional Centre Area 1.

¹⁴² Letter from Acting Commissioner, CSNSW to Inspector of Custodial Services, 10 January 2024.

¹⁴³ Our observations during a visit in May 2024 confirmed that this continues to be the case.

Recommendation 60: CSNSW immediately decommissions the holding cells in the old reception area and takes steps to ensure that inmates are not held in these cells, for example, by removing the gates or locks.

Living conditions in Area 2

Area 2's modern, purpose-built infrastructure provides safe and dignified living conditions. It also provides staff with safe, comfortable working conditions. The cells are bright, clean, temperature-controlled and equipped with basic amenities including a mirror. Showers and toilets are shared but are easily accessible inside wings and each shower cubicle has a privacy door. Each wing includes a cell with accessible facilities for persons with a disability.

Interior of a wing in Area 2



Kitchenette in an Area 2 wing



Cell in Area 2



Showers in Area 2



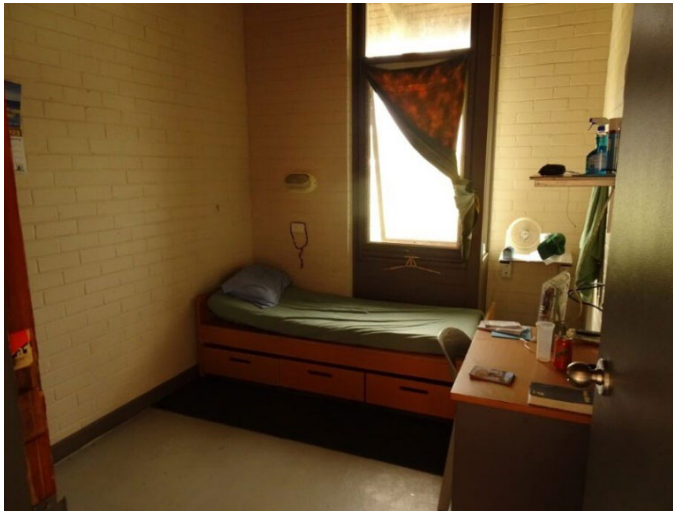
Living conditions in the Honour House

We observed the Honour House to be an appropriate environment for approved inmates preparing to reintegrate into the community. The accommodation and facilities, which included a full kitchen, laundry and gym, were in good condition. The bathrooms were recently renovated and roof repairs were underway. People residing in the Honour House reported positively on the self-catering opportunities and harmonious dynamics.

The only issue we observed in the Honour House was the length of the beds. At approximately 6 feet in length, with boards at the head and foot, the beds are too small for tall men. Some men had overcome this by placing a second mattress on the bed so that their feet could hang over the end of

the bed. However, these men reported that this makes the beds too soft and causes them to wake up with back pain.

Bedroom in the Honour House



Honour House kitchen



We were advised that many bedrooms were unoccupied at the time of the inspection. We would like to see this situation avoided so that the opportunities afforded by the Honour House are extended to as many suitable people as possible. The Governor advised that the Work Readiness team would shortly visit the centre to assess people in custody for suitability for placement in the Honour House and access to works release.

Recommendation 61: CSNSW ensures Cessnock Correctional Centre maximises the use of the Honour House.

Recommendation 62: CSNSW supplies new, longer beds for the Honour House.

2.2.2 Staffing

We found the majority of Cessnock CC's staff to be polite and happy to assist with facilitating the inspection. We are grateful to the many staff who shared their thoughts and experiences of the centre. We received positive feedback from people in custody about a range of custodial and non-custodial staff.

We observed several formal interactions between staff and people in custody including the screening of inmates arriving at the centre, a classification review, and the release of a person from custody. In each case, the staff were respectful and appropriate. We welcomed the practice of staff driving released inmates to the bus stop in town to assist their journeys home, rather than simply requiring them to walk out of the complex and through the residential streets of Cessnock.

We were concerned to hear multiple reports of staff engaging in bullying, directed towards both their colleagues and inmates. Some of these had already been referred to CSNSW Professional Standards and we referred some as well.

The Governor advised that he was working to address bullying within the workforce and to promote a positive, respectful workplace culture. Shortly after the inspection, the Governor arranged temporary assignments for a number of custodial staff at Hunter Correctional Centre as a development opportunity to learn from a different operating philosophy and culture. We welcomed this initiative and would encourage Cessnock CC to continue this as an ongoing strategy.

Profile

Table 4: Staff profile of Cessnock Correctional Centre¹⁴⁴

Work area	Position	FTE
Custodial	Governor	1
	Manager of Security	1
	Functional Managers	7
	Senior Correctional Officers	28
	Correctional Officers	104
CSI	Operations Manager	2
	Manager of Industries	1
	Manager of Business Units	4
	Senior Overseers	12
	Overseers	27
	Administration Clerk 3/4	1
OS&P	Manager of Offender Services & Programs	1
	Senior Services & Programs Officer	2
	Services & Programs Officer	15
	Senior Psychologist	0.5
	Psychologist	6
CMU	Senior Case Management Officer	2
	Case Management Officer	12
Administration	Business Manager	1
	Finance & Administration Manager	1
	Senior Finance Manager	1
	Clerk Grade 3/4	5
	Clerk Grade 1/2	4
	General Scale Clerks	4
Education	Education Services Coordinator	1
	Assessment & Planning Officer	2
Classification	Classification & Placement Co-ordinator	2
SentenceAdministration ¹⁴⁵	Clerk 7/8	1
	Clerk 5/6	1
	Clerk 3/4	2
Total:		251.5

Nine employees, representing 3.58% of the workforce at Cessnock CC, identified as Aboriginal or Torres Strait Islander.¹⁴⁶ The Aboriginal staff were spread across custodial, Community Corrections, CSI, OS&P and centre management roles. With 24.6% of the inmate population identifying as Aboriginal or Torres Strait Islander, this presents a major challenge to the centre in understanding

¹⁴⁴ Information provided by Cessnock Correctional Centre, 22 February 2023.

¹⁴⁵ Sentence administration staff are based on the Cessnock Correctional Complex and provide coverage of the Hunter region.

¹⁴⁶ Information provided by Cessnock Correctional Centre, 22 February 2023.

and supporting the needs of Aboriginal and Torres Strait Islander inmates. The opportunity to make Cessnock CC a culturally safer workplace for Aboriginal staff by actively promoting understanding and respect for the worldviews of Aboriginal people is discussed below in section 2.5.2

CSNSW has a target to increase the proportion of Aboriginal staff to 8% by 2030 and is working to develop strategies to encourage Aboriginal people to join its workforce.¹⁴⁷ We support this goal but believe that individual locations should have their own targets which reflect the proportion of Aboriginal people in the local population. Localised strategies will be necessary to achieve these targets.

Recommendation 63: CSNSW continues to provide Cessnock Correctional Centre staff with regular opportunities to work at other correctional centres.

Recommendation 64: CSNSW ensures Cessnock Correctional Centre develops a local target and strategy to increase the recruitment of Aboriginal and Torres Strait Islander staff.

2.2.3 Reception

Reception was located in a new building adjacent to the health centre. All people arriving or departing Cessnock CC are processed through this building. The old reception building, which is outdated and unfit for purpose, is no longer used for this purpose.

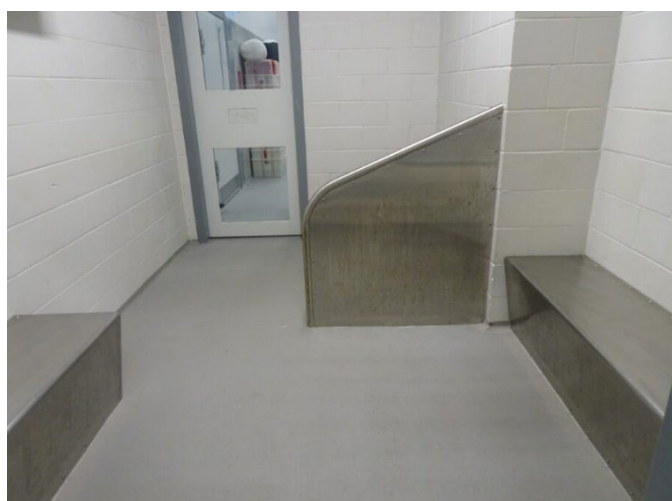
The reception area has a large open plan office, a property room and three holding cells with access from both the sally port and the reception area. Having three holding cells allows for the maintenance of separation of remand, normal discipline, and SMAP inmates. Opposite the holding cells are cubicles for searches. There is no x-ray body scanner, so inmates were strip searched before transferring out of Cessnock CC. Incoming inmates were not strip searched when we were present, as they had already been searched when departing their previous correctional centre.

We spoke to an inmate who was waiting to board a truck to another correctional centre. He indicated that he was concerned for his safety at the next location. We notified the Functional Manager on duty who arranged for officers to speak to the man about his safety concerns.

Stalls for strip searches or changing clothes



Reception holding cell



2.2.4 Screening

We observed a Senior Correctional Officer conducting the screening procedure with inmates arriving from another correctional centre. He was respectful and cordial in his interactions but did not perform the procedure appropriately. It was conducted in an open area where other staff were performing separate duties and in the line of sight (but not earshot) of other inmates waiting to be screened. This did not foster a safe environment for inmates to disclose sensitive information or concerns.

¹⁴⁷ Information provided by Corrective Services NSW, 7 May 2024.

During a visit to Cessnock CC on 22 May 2024, the Governor showed us an office where screening was now being conducted. We welcomed this as a suitable location which is consistent with the first part of our recommendation.

The screening questions were asked in a leading manner, for example, “you don’t have any thoughts of self-harm or suicide?”, “no mental illness?”, “you don’t need insulin?” etc. Framing the questions in this manner reduces the likelihood of the person disclosing information which is critical to their safe management within the correctional centre.

Recommendation 65: CSNSW ensures Cessnock Correctional Centre identifies a suitable, private location for screening of incoming inmates and retrains staff in how to perform the procedure.

2.2.5 Safety, security and good order

Use of force and chemical munitions

The frequency of force used by staff on people in custody at Cessnock CC was quite low, at just over two instances per month on average.¹⁴⁸ This is appropriate for a minimum security correctional centre.

In the 12 months from 1 May 2022 to 30 April 2023, there were four uses of force by staff on people in custody which were assessed as Tier 1. A use of force is assessed as Tier 1 if certain criteria are met. These include (but are not limited to):

- an inmate or staff member sustained an injury requiring external medical treatment;
- batons, firearms or chemical munitions were used; or
- the force may have been unreasonable or excessive.

The assessment of a use of force as Tier 1 does not imply that the use of force was problematic, only that it meets one or more of the prescribed criteria. This triggers a mandatory referral to the Use of Force Review Committee to conduct a review.

We reviewed the four uses of force which met the Tier 1 threshold. Two were assessed as such because they involved the restraint of an inmate for compulsory medical treatment, at the request of NSW Ambulance paramedics. The other two involved the use of chemical munitions. We did not identify any evidence that any of these uses of force were excessive.

However, one of the cases involving chemical munitions may have been avoidable. An inmate in segregation objected to being told that he would have to be handcuffed in order to be escorted to use a telephone, noting that this had not been required previously while he was at Cessnock CC. He asked to discuss this with a supervisor. A senior correctional officer arrived and informed the inmate that policy required all inmates on segregation to be handcuffed. This is incorrect. The relevant section of the COPP¹⁴⁹ makes no mention of handcuffs being required and there was no Local Operating Procedure at Cessnock CC mandating this. The use of handcuffs on minimum security inmates inside a correctional centre should be based on an individualised risk assessment. It should not be assumed that every person in segregation will need to be handcuffed during internal movements.

The senior correctional officer’s advice distressed the inmate. There is no information in the staff reports about the incident to indicate that the senior correctional officer attempted to calm or de-escalate the inmate. The inmate became increasingly distressed, banged his head against the cell walls, kicked the cell door, and made comments about self-harming. This required him to be reviewed by medical staff. As he refused directions to place his hands through the cell door port for handcuffing, staff followed the procedures for the use of chemical munitions to safely restrain him. This may have been avoidable if staff had conducted an individualised assessment of the need to use handcuffs on this man and/or the senior correctional officer had used de-escalation techniques in response to the man becoming distressed.

¹⁴⁸ Information received from Corrective Services NSW, 3 February 2023.

¹⁴⁹ Corrective Services NSW, *Custodial Operations Policy and Procedures*, 3.4 Segregation (version 1.4, 20 November 2020).

IAT posts were removed from Cessnock CC following the temporary closure of 4 wing on 28 January 2024. With this temporary closure, Cessnock CC became a centre exclusively holding sentenced, minimum security inmates (with the occasional exception of female inmates transitting through it). We welcome the removal of the IAT as an appropriate step towards managing people in a minimum security environment.

Recommendation 66: CSNSW ensures Cessnock Correctional Centre provides custodial staff with refresher training in de-escalation and the requirements of the COPP.

Recommendation 67: CSNSW ensures Cessnock Correctional Centre only handcuffs inmates during internal movements if determined necessary following an individual risk assessment.

Separation and segregation of inmates – orders

In certain circumstances, individual inmates need to be managed separately from other inmates. This can take three forms: separation; segregation; and protective custody. Each is authorised by a specific section of the *Crimes (Administration of Sentences) Act 1999* (the CAS Act). The Governor or Manager of Security of a correctional centre may make a direction that an inmate is to be held under any of these categories for up to 14 days. Extensions beyond 14 days may be approved by the General Manager, Statewide Operations. As these directions are not punishments for misbehaviour, they are not to result in an inmate being deprived of any rights or privileges (except, in the case of segregation, where a risk assessment may find that certain items of property cannot safely be kept in the inmate's cell).¹⁵⁰

Separation under section 78A of the CAS Act allows for an inmate or groups of inmates to be held separately from other inmates in the correctional centre for the purposes of the care, control or management of the inmate or group of inmates. The COPP¹⁵¹ outlines five specific grounds for this to occur:

- Gender – where, in special circumstances, an inmate is held in a centre which does not ordinarily hold inmates of their gender;
- Health – where there is a risk to the general population from infectious or contagious disease;
- Risk - from others but only pending re-classification or relocation;
- Affiliation with an outlaw motorcycle gang or organised crime network; or
- Any other reason, but only with the approval of the Assistant Commissioner, Custodial Corrections.

An inmate can appeal or complain about their separation by providing reasons, in writing, to the Custodial Director, Operations Support Services.¹⁵² However, it was not apparent that many inmates were aware of this right, and there is no requirement in the COPP to notify them. Moreover, many inmates have low literacy levels and would struggle to do this without assistance from others.

Segregation under section 10 of the CAS Act allows a Governor to place an inmate in segregated custody, either in isolation from other inmates, or with other like inmates only. This may occur when, in the opinion of the Governor, there is no other means to ensure:

- the personal safety of any other person;
- the security of a correctional centre; or
- good order and discipline within a correctional centre.¹⁵³

¹⁵⁰ Corrective Services NSW, *Custodial Operations Policy and Procedures*, 3.4 Segregation (version 1.4 20 November 2020) 7.

¹⁵¹ Corrective Services NSW, *Custodial Operations Policy and Procedures*, 3.1 Separation of inmates (version 1.3 30 October 2020) 4.

¹⁵² Corrective Services NSW, *Custodial Operations Policy and Procedures*, 3.1 Separation of inmates (version 1.3 30 October 2020) 6.

¹⁵³ Corrective Services NSW, *Custodial Operations Policy and Procedures*, 3.4 Segregation (version 1.4 20 November 2020) 5.

The segregation procedure includes a number of safeguards. An inmate can request to have their placement in segregated custody reviewed by the Serious Offenders Review Council (SORC) at any time after the first 14 days have elapsed. They must be informed of this right at the commencement of the segregation period. They must also be advised of their right to contact the NSW Ombudsman, ICAC and the Legal Aid Commission. The procedure also requires the Functional Manager or authorised officer to conduct a daily well-being check and record this in a case note. It also requires that Justice Health is notified of the inmate's segregation.¹⁵⁴

Protective custody is authorised by section 11 of the CAS Act and allows a Governor to hold an inmate in isolation if their personal safety is threatened by their association with other inmates. This may occur with or without the inmate requesting it but should only be used when no other method to manage the risk is available.¹⁵⁵ Justice Health must be notified whenever an inmate is placed in protective custody. When a protective custody direction has not been requested by the inmate, the inmate must be notified of their right to have it reviewed by SORC in the event it is extended beyond 14 days.¹⁵⁶

During the inspection, we observed a meeting of the Segregation, Protection and Separation Committee. We found it to be an effective mechanism, facilitating a multi-stakeholder review of the segregation, protection and separation orders in place at the time. It was attended by the Governor, Manager of Security, Functional Manager of the relevant accommodation areas, the head of the Case Management Unit, and the Classification and Placement team. Each case was discussed with relevant contextual details and the recommendations to the Governor to extend or revoke each order were well considered.

We noted a concern with a local practice of using separation orders under section 78A in instances where the criteria listed in the separation policy were not met and segregation orders would have been the appropriate option. We noted our concern that this practice removes access to the safeguards within the segregation procedure. The Governor later agreed that orders under section 78A were being overused and undertook to correct this.

Following the inspection, we reviewed a sample of segregation and separation orders and identified another concerning practice. Separation orders were commonly being revoked prior to reaching the milestones which would require escalation to the General Manager, Statewide Operations for approval of their extension. Instead of seeking the escalated approval, the orders were revoked and replaced by a new order which commenced immediately, with the person subject to the order remaining in a continuous period of separation. Avoidance of review mechanisms is unacceptable as it undermines the built-in safeguards to prevent prisoners being held in restrictive regimes for extended periods of time.

Separation and segregation of inmates – infrastructure

The infrastructure in Area 1 used to hold inmates on separation and segregation orders is inappropriate and not fit for purpose.

People on segregation orders are generally held in one of four segregation cells within the old reception building. These were offline during the inspection as they were receiving a long overdue coat of new paint. We observed the segregation cells again on 2 August 2023. One of the cells was offline. An officer advised us that this had been the case for several weeks because the toilet required a part which was difficult to source due to its age.

154 Corrective Services NSW, *Custodial Operations Policy and Procedures*, 3.4 Segregation (version 1.4 20 November 2020) 9.

155 Corrective Services NSW, *Custodial Operations Policy and Procedures*, 3.2 Protective custody (version 1.5 16 September 2022) 5.

156 Corrective Services NSW, *Custodial Operations Policy and Procedures*, 3.2 Protective custody (version 1.5 16 September 2022) 12.

The Multi-Purpose Unit (MPU) accommodates people in a variety of circumstances:

- Separation (section 78A order)
- Segregation (when the segregation unit is full or unavailable)
- Protective custody
- At risk of self-harm or suicide
- Medical observation

The MPU has 10 cells, each with a camera. The cells are basic but adequate. However, they are not suitable placements for people requiring medical observation or who are at risk of self-harm or suicide (see section 2.4). For others, the constant camera supervision is inappropriate. There are indoor and outdoor spaces available for daily exercise, as well as a kitchenette and small library of books.

We noted improvements in the operations of the MPU since a pre-inspection visit to Cessnock CC in December 2022. The officers' station in the MPU had a whiteboard which clearly listed which type of order authorised each inmate's placement in the MPU, the reason for that order, and the period for which it had been approved. Previously, staff working in the MPU were unable to advise us of this information when we enquired. Daily exercise was being facilitated for all people held in the MPU which was previously not the case when the MPU was at capacity. However, some inmates reported that this is sometimes only 30 to 40 minutes per day, though we were unable to verify this. The statutory minimum entitlement to daily exercise is two hours, "subject to the practical limitations that may from time to time arise in connection with the administration of the correctional centre concerned".¹⁵⁷

MPU unit cell



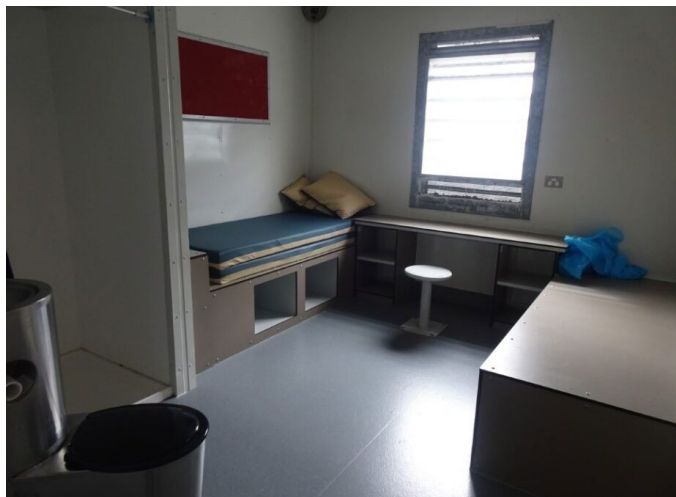
Toilet and television in an MPU cell



¹⁵⁷ Crimes (Administration of Sentences) Regulation 2014, cl 53 (1, 3).

L block is a demountable unit comprising 10 cells including two cells with cameras. We found L block to be a suitable piece of infrastructure in good condition, with spacious, air-conditioned cells receiving natural light. The phone was not fixed to the wall but could be moved from cell to cell, allowing inmates to make phone calls without having to be let out of their cell. We were advised by the Functional Manager that L block was generally the first officers' post to be removed when the centre is short of custodial staff. Regrettably, this meant that people held in L block could not exercise on those days. While we recognise that removing staff from L block affected only a small number of inmates, daily exercise is extremely important for people held in locations where they are isolated and therefore vulnerable to deterioration of their physical and mental health. L Block was sold to an external buyer and removed from Cessnock CC in August 2023.

Cell in L block



Kitchenette in L block



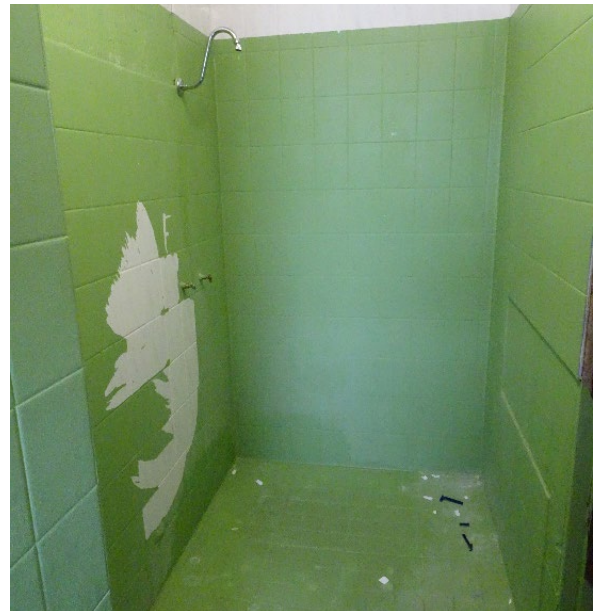
Cells in L block and on the top level of 4 wing were also used to accommodate people on separation orders, in the event that the MPU reached capacity, or to avoid unnecessarily placing someone under camera supervision. We welcomed the Functional Manager's view that people should not be kept under camera supervision when not required because it unnecessarily impinges on the dignity of people in custody. During the inspection, the MPU was at capacity and both L block and the top level of 4 wing were being used to accommodate people on separation orders. The placement of people under medical observation in the MPU rather than the observation cells in the health centre contributed to this situation.

On the top level of 4 wing, two cells were separated from the 4 wing population by gates across the corridors. During the inspection, each of these cells housed a person on a separation order. The use of these cells is inappropriate, as people are confined to the cramped and dilapidated cells for all but a couple of hours of the day. There is no space available for meaningful exercise, only walking up and down a small section of the corridor. The only telephone accessible to these people during the day was not working and was not accompanied by any information about how to contact the agencies which are accessible by free calls, including the Corrective Services Support Line, NSW Ombudsman and Legal Aid Commission. The showers were in a state of disrepair and uncleanliness, with shower heads missing and used razors and litter on the shower floors.

Part of the confined section of the top level of 4 wing



Shower within confined section



Separation, segregation and protective custody orders are, by their nature, highly isolating for the person who is the subject to them. It is critical that people are given access to a television and a tablet device to mitigate this isolation, unless there is a specific concern that they might damage or misuse them. Regrettably, we found that the two men placed separately on the top level of 4 wing did not have access to either of these devices. They described their periods of separation very difficult to manage without distraction or the capacity to make phone calls. If multiple people are held together in a location on section 78A orders, they should be permitted to spend time out of their cell together, unless there is a specific reason why this should not happen.

Following the inspection, the Governor agreed that people held on separation orders will have daily access to a tablet and television unless there is a specific reason why an individual inmate should not.

Many of the instances in which a person is separated from the population under section 78A of the CAS Act arose following the regression of their security classification. Trying to manage these people separately until they can be transferred to another correctional centre is clearly problematic. The proposal to close Area 1 and amalgamate Area 2 with Shortland CC would resolve this problem. A minimum security inmate within the amalgamated facility whose classification is regressed to medium or maximum could simply be relocated to one of the maximum security areas.

Recommendation 68: CSNSW ensures that Cessnock Correctional Centre's use of segregation and separation orders is consistent with legislation and policy and does not circumvent safeguards and review mechanisms.

Recommendation 69: CSNSW ensures Cessnock Correctional Centre displays contact information for the Corrective Services Support Line, NSW Ombudsman, Legal Aid Commission and Official Visitors on inmate tablet devices and on posters in all areas where separation, segregation and protective custody occur.

Recommendation 70: CSNSW ensures Cessnock Correctional Centre ensures people on separation orders always receive access to a television and tablet device and receive the statutory daily minimum access to exercise.

Recommendation 71: CSNSW ensures Cessnock Correctional Centre ceases to hold people in the confined area of the top landing of 4 wing under any circumstances.

Inmate discipline

Breaches of correctional centre discipline are managed through a system of correctional centre charges. Where misconduct by an inmate is not so serious that NSW Police Force pursues criminal charges, the inmate can be charged by the Governor or a delegated officer, generally a Functional Manager or Manager of Security. A full list of correctional centre offences can be found in schedule 2 to the *Crimes (Administration of Sentences) Regulation 2014*. After conducting an inquiry into the matter, the Governor or delegate will adjudicate the inmate's guilt, and if finding the inmate guilty, impose a penalty. Penalties may include a temporary withdrawal of "privileges", confinement to cells, cancellation of certain rights to receive inmate payments, or a reprimand and caution. Inmates found guilty of property damage may also be ordered to pay compensation. Section 163 of the *Crimes (Administration of Sentences) Regulation 2014* lists the "privileges" which may be withdrawn as a penalty. Examples include participation in visits, use of telephones, access to library facilities, and the ability to purchase items ("buy-ups").

As we did not have an opportunity to observe any inmate discipline processes during the inspection, we reviewed the paperwork for a sample of correctional centre charges laid against 13 inmates. In most cases, the charges appeared to be well-substantiated and the penalties imposed generally appeared reasonable. However, we identified several procedural errors and examples of incomplete paperwork.

When inmate discipline paperwork is incomplete, it can be unclear whether a fair procedure was followed to determine guilt or an appropriate penalty. In two examples, the inmate's plea was not recorded. In two other examples, no evidence was recorded to demonstrate that the inmate actually engaged in conduct which amounted to the offence. In another case, the inmate pleaded not guilty but was found guilty on the basis of the allegations alone, with no indication that any steps were taken to collect supporting evidence.

Completing all sections of the inmate discipline paperwork demonstrates that the officer has undertaken due diligence to ensure the inmate can participate meaningfully in the hearing and to understand relevant contextual information to the alleged incident. Prior to conducting an inquiry, the adjudicating officer is required to review the Offender Information Management System (OIMS) to check whether the accused inmate has an intellectual disability or cognitive impairment. If indicated in OIMS, the officer must contact Statewide Disability Services to arrange a support person. Prior to imposing a penalty, the adjudicating officer is required to consider a range of sources of information about the inmate including case notes, their recent behaviour and their work history. In one example, this section was not completed.

In four cases, inmates were charged with "fail to comply with correctional centre routine" in addition to another offence but without any explanation of why the "fail to comply with correctional centre routine" charge was included. For example, a man was charged with "fail to comply with correctional centre routine" and "damage/destroy property" after he tore up his bed sheet. There was no information about any conduct relating to the routine of the correctional centre. It appears that there has been a practice at Cessnock CC of simply adding this charge in addition to the offence which was actually reported. In each of the four cases where this occurred, the inmate was also found guilty on the "fail to comply with the correctional centre routine" charge and further penalised.

In two cases, an inmate received a penalty which included the withdrawal of their access to a tablet device despite this not being designated as a withdrawable privilege. In these cases, this may amount to an unlawful punishment. If the determined penalty is withdrawal of phone calls, this can be achieved by deactivating the phone call function in the inmate's tablet while other applications remain accessible.

We were also concerned to hear allegations from inmates in Area 2 about informal disciplinary measures applied by some staff including collective approaches to punishment. We heard claims that certain staff confiscate shared resources such as hair clippers following misbehaviour by an individual. We also heard that privileges such as access to meat purchases have been withdrawn from individual inmates without any charge being laid, any process to determine the inmate's guilt, or any record of this action being taken. We were unable to confirm any specific cases of this occurring but we heard a pattern of similar, separate complaints from inmates in Area 2, suggesting the claims were credible.

Recommendation 72: CSNSW ensures the Governor of Cessnock Correctional Centre arranges training for delegated officers to perform inmate discipline functions in line with statutory and policy requirements and ceases the use of group punishment to manage inmate discipline.

2.3 Inmate services and amenities

2.3.1 Basic amenities

Clothing

Insufficient clothing was a frequently received complaint from remand inmates in 4 wing. They reported that when they departed their previous correctional centre, they were required to surrender all their issued clothing except what they were wearing at the time. However, when they arrived at Cessnock CC, they were reportedly only issued one additional piece/pair of each basic article of clothing (i.e. one t-shirt, one pair of socks etc.). This meant they could not use the laundry service, as they would be left without a change of clothes while waiting for their laundry to return. Instead, they reportedly had to wash one set in the shower each day and attempt to dry it in their cell or wing while they wore their only other set.

Staff confirmed that the provision of clothing was an ongoing challenge. While they suggested that inmates should submit a request form for additional clothing, they also noted that reception staff are sometimes unresponsive to these requests. We observed that many people in 4 wing were wearing worn-out clothing which was long overdue for replacement. Previously, an inmate sweeper had stored a collection of clothing items left behind by former inmates to distribute to those in need of clothing but this collection had been exhausted.

We visited the reception storeroom and observed that inmates arriving at Cessnock CC were issued with one pair of underpants, one pair of socks, one pair of shorts, one t-shirt, one pair of tracksuit pants, one sloppy joe and one towel.

Clothing supplies at reception



Shoe supplies at reception



The COPP provides for minimum allocations of clothing to be provided to male and female inmates when they enter custody, detailed in Table 5, as well as a minimum issue of personal hygiene items which includes two towels.¹⁵⁸

¹⁵⁸ Corrective Services NSW, *Custodial Operations Policy and Procedures*, 1.5 Issuing Correctional Centre Clothing and Linen (version 1.3, 16 March 2021) 5,7.

Table 5: Initial clothing issue at reception: male inmates

Item	Quantity
T-shirt (short or long sleeve)	4
Fleecy tracksuit top/sloppy joe	2
Fleecy tracksuit pants	2 pairs
Shorts	2 pairs
Singlets	4
Underpants	7
Socks	7 pairs
Shoes	1 pair
Washbags	2

These minimum allocations of clothing are to be maintained throughout a person's period of custody. At the time of the inspection, the COPP stated that "correctional centre issued clothing and hygiene items must travel with the inmate on transfer to another correctional centre".¹⁵⁹ However, upon inspecting the property brought by inmates arriving at Cessnock CC, it was clear that this was not occurring.

When we raised this issue with the Governor, he acknowledged that the shortage of clothing is unacceptable but noted it is caused by the practice at many centres of removing clothing from inmates when they are transferred out. The Governor advised that Cessnock CC is unable to resolve the problem by issuing the full allocation of clothing because it had already overspent its clothing budget for the financial year. Budget constraints should not be an obstacle to ensuring every person in custody has an adequate allocation of basic clothing. Correctional centre clothing is not expensive to produce. It is produced inside correctional centres by inmate workers.

This is not a new or unique problem. It has been reported in previous inspection reports¹⁶⁰ and needs to be resolved urgently at a state level.

On 22 June 2023, the policy was updated to reflect the practice that actually occurs at many correctional centres. The COPP now states that "No gaol-issue clothing is to be transported with the inmate other than the clothing worn by the inmate"¹⁶¹ and "all gaol issue clothing and linen remains at the sending centre for re-issue or disposal".¹⁶² This approach may work but will require all correctional centres to issue the balance of prescribed clothing allocations to all arriving inmates.

Recommendation 73: CSNSW ensures Cessnock Correctional Centre provides all inmates with the minimum allocation of clothing prescribed by the COPP at reception and inmates are able to exchange articles of clothing which have become worn out.

Recommendation 74: CSNSW ensures all correctional centres can provide correct clothing allocations and centralises the budget for inmate clothing.

Televisions

At the time of the inspection, there was a significant shortage of televisions at Cessnock CC. This was a frequent complaint from people in Area 1 who were not employed, as they would spend approximately 17 hours locked in their cell every day.¹⁶³ We heard people in custody describe feelings

¹⁵⁹ Corrective Services NSW, *Custodial Operations Policy and Procedures*, 1.5 Issuing Correctional Centre Clothing and Linen (version 1.3, 16 March 2021) 7.

¹⁶⁰ For example, Inspector of Custodial Services, *Inspection of Goulburn Correctional Centre and the High Risk Management Correctional Centre 2021*, 36.

¹⁶¹ Corrective Services NSW, *Custodial Operations Policy and Procedures*, 4.5 Property on transfer (version 1.0, 22 June 2023) 4.

¹⁶² Corrective Services NSW, *Custodial Operations Policy and Procedures*, 1.5 Issuing Correctional Centre Clothing and Linen (version 1.4, 22 June 2023).

¹⁶³ See section 2.3.2 below for more detail.

of intense, prolonged boredom and concerns about the lack of distraction from their anxious thoughts. Research has found that access to televisions in cells can significantly improve the psychological wellbeing of Aboriginal and Torres Strait Islander prisoners and reduce rates of self-harm and suicide.¹⁶⁴ Access to a television also provides prisoners with a connection to the outside world and Aboriginal television programs can support connection to cultural identity.

During the inspection, 200 televisions were delivered to the centre, having been ordered several weeks earlier, no doubt in anticipation of the inspection. We were advised that 47 would be installed in cells in 4 wing. However, the wrong model of television was ordered. Security staff had to review whether the televisions were suitable.

Meals

Meals provided to inmates were made onsite by inmate workers or received frozen from Geoffrey Pearce Correctional Centre in Windsor and then rethermed by inmate workers at Cessnock CC before being distributed.

Both during this inspection and during a previous visit to Cessnock CC, we observed a trolley of meals left unattended, apparently waiting for the next person to push it to its destination. Although meals are sealed, this practice is clearly outside of safe food handling procedures as the meals are left vulnerable to tampering (with contraband or otherwise) and spoiling.

Trolley carrying meals



Recommendation 75: CSNSW ensures Cessnock Correctional Centre reviews food distribution procedures to ensure that meals are never left unattended.

2.3.2 Daily routine and activity

Time out of cells

Cessnock CC operates a complex daily routine, with different let-go and lock-in times across different sections of the centre and for different inmates in normal discipline, according to whether they attend work or a program. The inequity of infrastructure across the centre is mirrored by inequity in the daily routine. At one end of the spectrum, inmates in Area 2 spend approximately 12 hours out of their cells on weekdays from 6.00am to 6.00pm. At the other, unemployed inmates in Area 1 only spend around seven hours out of their cells. Non-workers in 2 wing are out from approximately 10.30am to 5.30pm, while remand inmates in 4 wing are out from approximately 8.30am to 3.30pm. Seven hours out of cells per day is inadequate and inappropriate in a minimum security correctional centre. It is unacceptable to penalise non-workers by reducing their time out of cells. Minimum security inmates serving a sentence are generally preparing to reintegrate into the

¹⁶⁴ Elizabeth Grant and Yvonne Jewkes, 'More important than guns or grog: the role of television for the health and wellbeing of Australian Aboriginal prisoners', *Current Issues in Criminal Justice* (2013), 25:2, 667-683.

community. To do this, they must be participating in a daily routine which comprises regular daytime hours and opportunities to engage in activities and social interactions.

Table 7 outlines the key aspects of the daily weekday routine. Table 8 outlines the same on weekends and public holidays. Times are correct as at the dates of the inspection and are approximate only. Each day, timing varies slightly as it is impacted by other events including the duration of the morning parade and time taken to finalise head counts.

Table 7: Daily routine: weekdays¹⁶⁵

Time	
6.00	Area 2 inmates and Area 1 workers let go from cells
8.00	Staff parade ("A watch") Inmates go to court, AVL, escorts
8.30 to 9.00	Remand inmates and Area 1 inmates attending programs let go from cells MPU and segregation units commence operations
10.30 to 11.00	Remaining inmates let go from cells
11.45	Head count followed by lunch
13.00	Workers finish (except food service) and return to wings
15.00	Programs finish, participants return to wings
15.30	Remand inmates locked in cells MPU and segregation units cease operations
16.00	Food service workers finish and return to wings
17.30	1 wing, 2 wing, Area 2 inmates locked in cells

Table 8: Daily routine: weekends and public holidays¹⁶⁶

Time	
8.30	All inmates let go from cells
9.00	Visits commence (may not operate on public holidays)
12.00	Head count followed by lunch
15.00	Visits cease
15.30	All inmates locked in cells

Recreational and social activities

Access to recreational and social opportunities varies greatly across sections of the centre. At one end of the spectrum, Area 2 is well designed and resourced to support people in custody to manage their mood and mental health and maintain their social skills. People in Area 2 can spend their afternoons in a large grassed area with a walking track, exercise equipment, plenty of seating and an aviary. We observed men in small groups walking or sitting together, while a larger group played a game of touch football. Some men found therapeutic benefits from watching the birds in the aviary. Inside each wing is a large, air-conditioned common room with a large television and kitchenette facilities. Area 2 also has vegetable gardens and a Yarning Circle, although these are located outside of the locked perimeter of the area, and some inmates complained that it is difficult to access these resources.

¹⁶⁵ Information provided by staff during inspection.

¹⁶⁶ Information provided by staff during inspection.

Area 2 exercise space



Aviary in Area 2



In Area 1, people in 1 and 2 wings had reasonable access to exercise but social activities were not well resourced. There were only a couple of picnic tables and a small kitchenette shared between more than 100 people in each wing. Sandwich presses/toasters purchased at other centres were not permitted in the accommodation units and were being confiscated on arrival. We saw a collection of these in the reception storeroom with a sign marked “confiscated items”. We understand that sandwich toasters are occasionally used in prisoner-on-prisoner assaults but this is very rare in minimum security populations. There is a large sports field and a gym which people in 1 and 2 wings could access daily. We understand that an OzTag competition between teams of prisoners was being planned and we welcome this initiative. There is also a large indoor sports hall which would be useful in bad weather but we heard from staff that this has not been used for sports in a long time.

Sports field and gym for 1 and 2 wings



Indoor sports hall used for organising buy-ups



Indoor barbecue area in 1 wing



Confiscated sandwich presses



Enhancing social interactions between people in custody would support their capacity to manage mood and mental health after a day at work or participating in a program, and assist to prepare them for return to the community. We heard from numerous people in custody that the combination of excessive restrictions, limited resources and poor physical infrastructure incentivises antisocial behaviour. We repeatedly heard that people were willing to verbally abuse an officer or assault another inmate with the expectation this would lead to them being transferred to another centre. The possible regression of their security classification was reportedly not a deterrent, as a medium or maximum security routine would not be particularly different, but the physical conditions of custody were likely to be better.

For remand inmates in 4 wing, the daily experience of custody at Cessnock CC is of boredom, frustration and monotony. With little available in the way of meaningful engagement or recreation, opportunities to live a purposeful day or distract themselves from their undignified living conditions are very limited. No work was available for remand inmates except for a small number of wing sweeper roles. During their time out of cell, approximately 8.30am to 3.30pm, people were generally confined to a concrete quadrangle and the corridors of each of the three floors of the wing. The gym is small and cramped, with space for only perhaps six people to exercise at once, from a population of over 100. Only one table tennis table was available. Following the visit, we were advised that another table tennis table would be brought in from the vacant 3 wing. There were no tables where people could sit and have a conversation or a game of cards. There is a nearby oval but access to this was only facilitated approximately once a week. When we enquired with senior staff why this was the case, we were told that some staff were reluctant to escort inmates to the oval as they still perceived them as maximum security inmates. Providing 4 wing inmates with regular access to exercise and recreation would help to reduce boredom and frustration. This would likely, in turn, create a more positive atmosphere and safer environment.

The atmosphere across 1, 2 and 4 wings was downcast, reflecting the state of the physical environment, with bored and frustrated inmates standing around with little to do. The atmosphere in these wings stood in contrast to that in Area 2 as well as that often found in other minimum security settings.

Gym in 4 wing



Sports field adjacent to 4 wing



Recommendation 76: CSNSW ensures Cessnock Correctional Centre reviews the daily routine and restrictions in each wing in Area 1 to bring them into line with other minimum security settings.

2.3.3 Access to computers for legal research

The COPP requires correctional centres to ensure that people in custody have access to non-networked computers to view legal material that has been supplied on an external storage device by a legal representative, an exempt body or a prosecutorial body.¹⁶⁷ However, only one such computer was available at Cessnock CC. It was located in Area 2, inaccessible to the entire Area 1 population including the remand population who were most likely to require access to it.

Recommendation 77: CSNSW ensures Cessnock Correctional Centre installs additional non-networked computers to ensure that all people in custody can access one for legal purposes when required.

2.3.4 Contact with family and legal representatives

Visits

Cessnock CC has two visits area. A demountable building located in Area 1 was being used for visits to remand inmates and inmates living in the Honour House. It was a dull and musty-smelling space with maximum-security style furniture and no playground or vending machines. Associating this space with an historical maximum security cohort in 4 wing, staff at Cessnock CC continued to refer to it as “maximum visits” or “maxo visits”. It is not an appropriate setting to facilitate interactions between minimum security prisoners and their friends and families, especially children.

¹⁶⁷ Corrective Services NSW, *Custodial Operations Policy and Procedures* 20.8, Inmate access to legal resources (version 1.2 4 November 2021) 1.

Demountable visits building



Inside the demountable visits building



In contrast, the new visits area, immediately behind the front gate, is a welcoming and colourful space, with a large playground and multiple, well-stocked vending machines.

We observed visits, including the processing of visitors entering the centre, across both areas on Saturday 18 March and Sunday 19 March as well as a tablet visit session on the Sunday. Interactions between staff and visitors were respectful, processing of visitors was efficient and feedback provided to us by visitors about their experience and the visits staff was positive.

Inside the new visits area



Outdoor space at the new visits area



Shine for Kids is a non-government organisation which supports children and young people affected by the criminal justice system. We observed the Shine for Kids program in the new visits area and noted its positive contribution to the experience of visiting families. Shine for Kids set up a children's play space which included drawing materials, blocks, puzzles and other toys.

At the time of the inspection, the older visits area was being used for visits to all inmates in Area 1 and the Honour House. Previously, it was only used for remand inmates in 4 wing but this had changed following an easing of COVID-19 related restrictions on visitor numbers. After discussing this with the Governor, he advised that this arrangement was being discontinued and all sentenced inmates would again have their visits in the new building. Shine for Kids was not providing its service to the families of remand inmates in the older visits area.

Remand inmates attending visits were routinely strip searched and required to wear overalls as contraband prevention measures. The COPP requires that B classified (medium security) inmates wear overalls during visits if they cannot be scanned by an x-ray body scanner. Body scanning is a much more desirable method because it offers greater dignity and time-efficiency than strip searching and changing into overalls.

Staff and inmates who had been at Cessnock CC prior to the COVID-19 pandemic spoke of a past practice of extended duration visits with barbecues. They reflected positively on the pro-social atmosphere at those visits and the more worthwhile experience for families who had travelled several hours from Sydney and other locations.

In-person visits were supplemented by virtual visits via tablet devices. These were preferred by some families as it saves them having to travel to Cessnock.

Recommendation 78: Cessnock Correctional Centre collaborates with Shine for Kids to offer a service to all families who visit people in custody.

Recommendation 79: CSNSW installs an x-ray body scanner at Cessnock Correctional Centre to scan remand inmates attending visits and discontinues the practices of strip searches and overalls at visits.

Recommendation 80: CSNSW ensures Cessnock Correctional Centre reinstates extended visits, in recognition of the distance that most families travel to attend visits and the minimum-security status of sentenced inmates.

Audio visual link (AVL) –court and legal representatives

The centre has three locations where inmates access AVL appointments with legal representatives or court appearances. Inmates in 4 wing, the multi-purpose unit and segregation unit use AVL suites in the old reception building. Inmates in 1 and 2 wings use AVL suites in the new reception building. Area 2 has its own AVL suite for use by that population.

Inmates waiting to attend AVL appointments in the old reception area wait in a holding cell which is unsuitable. It is in a highly isolated location, out of the line of sight and earshot of staff, though it is under camera supervision. It receives no natural light or fresh air and is sparsely furnished with uncomfortable benches. People waiting to appear in court may spend several hours in this isolated and uncomfortable cell.

AVL holding cell in the old reception building



The new reception area is a much more suitable location with modern holding cells and close access to staff.

Recommendation 81: CSNSW decommissions the AVL suites and holding cell in the old reception building and Cessnock Correctional Centre uses the facilities in the new reception area for all inmates.

Phone calls

We received several complaints from people in custody about the cost of making personal phone calls, particularly from people whose family live a long distance away or overseas. The nature of these complaints was very similar to those received at Shortland CC. See section 1.33 above for a discussion of this issue.

Tablets

We received a high number of complaints about access to tablets. As at Shortland CC, the access issues arose from an overall shortage in supply of tablets and the lack of accountability in the system of distributing tablets to people in custody, making it very difficult to identify a person responsible for damage to a tablet. See section 1.33 above for a full discussion of this issue.

CSNSW has advised that Cessnock CC currently has a surplus of tablets for the maximum population.¹⁶⁸ The maximum population decreased significantly with the closure 4 wing.

CSNSW has introduced a centralised tablet governance framework which covers distribution, reallocation, and breakages of tablets in correctional centres across NSW.¹⁶⁹ We will monitor how this is being implemented at each location.

We would like to acknowledge that the Functional Manager responsible for 4 wing had sourced inexpensive earphones and made these available to remand inmates for \$15. We commend this initiative as a good example of problem solving. However, a pair of low-cost earphones should be provided free of charge when a tablet device is issued to a new inmate, as the functionality of the tablets largely depends on having a pair of earphones.

Recommendation 82: CSNSW ensures Cessnock Correctional Centre maintains a sufficient number of tablets for every person in custody to receive one, and implements an accountability system for allocating tablets to inmates, for example, by recording tablet serial numbers on their OIMS profile.

2.3.5 Voting in the NSW election

Although we inspected Cessnock CC in the week leading up to the 2023 NSW election, we could find no evidence that access to voting had been facilitated for eligible inmates. Remand inmates and inmates serving sentences of less than 12 months are entitled to vote in NSW elections. If not already enrolled to vote when entering custody, prisoners are entitled to enrol. We spoke to a range of inmates on remand but none reported having received any information about access to enrolment or voting. The Functional Manager responsible for the remand wing advised that he had received no communication from CSNSW about facilitating access and was unaware of any steps taken towards this.

The COPP states that “CSNSW will provide inmates with the opportunity to vote, if they are eligible”¹⁷⁰ but it appears that this has not happened at Cessnock CC.

Following the inspection, we raised concerns with CSNSW that Cessnock CC had appeared to fail to facilitate access to voting in the state election. We have and continue to monitor access to voting in the 2023 referendum and future elections. See section 1.3.4 above for more information.

¹⁶⁸ Information provided by Corrective Services NSW, 7 May 2024.

¹⁶⁹ Information provided by Corrective Services NSW, 7 May 2024.

¹⁷⁰ Corrective Services NSW, *Custodial Operations Policy and Procedures*, 20.3 Inmate voting rights (version 1.0, 16 December 2017) 4.

2.4 Health services

The current health centre opened in May 2020, replacing the previous health centre which we found in 2018 to no longer be fit for purpose.¹⁷¹ We were pleased to inspect this new facility which is modern, bright, spacious and well-designed.

Health services at Cessnock CC included primary health, D&A, population health, oral health, mental health, Aboriginal health and allied health which were provided either in-person or via telehealth. There was, on average, one onsite GP session per month and intermittent telehealth clinics by a GP from Sydney. Psychiatry services were delivered by telehealth. Patients who require specialist services are referred to outpatient services at Cessnock, Maitland and John Hunter Hospitals either in person or via telehealth. Emergency and inpatient care is provided at the same hospitals.

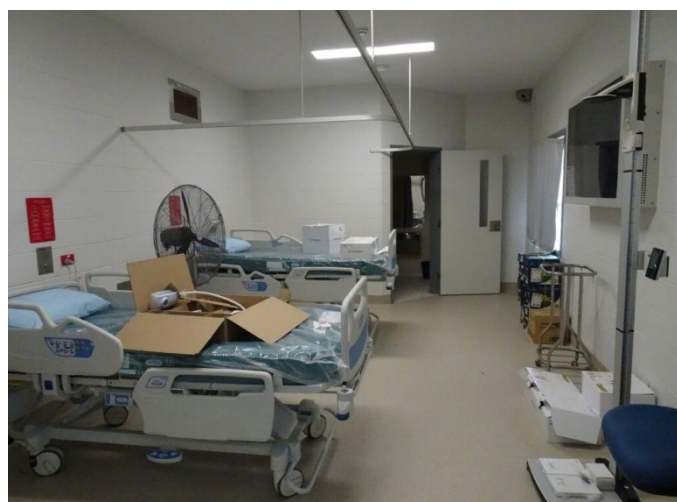
Two clinical nurse educators working across the Cessnock Correctional Complex were responsible for the orientation and training of health staff at all three correctional centres.

Nursing staff were on duty from 7.00am to 9.00pm. The health centre's operational hours were 7.00am to 11.30am and 1.00pm to 4.30 pm, providing eight hours of patient access each day. Outside these hours, custodial staff can access the JH&FMHN after-hours nurse manager for advice on patient care. Four to six clinics were scheduled each day from 8.30am. Regular clinics were held by the primary health nurse, population health, the D&A clinical nurse specialist, and the mental health nurse. These included the primary health nurse practitioner, mental health nurse practitioner, population health, D&A and chronic care. Other clinics were being held intermittently, according to demand and/or the availability of practitioners, including the GP, D&A doctor and oral health.

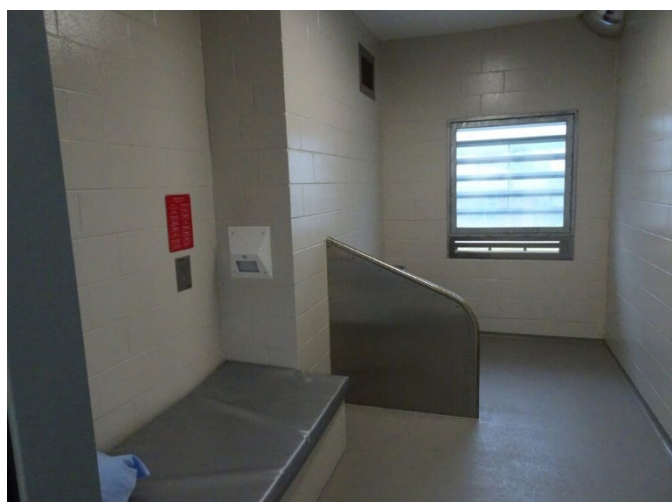
The health centre has two clinical observation beds which had not been commissioned for use. These beds would allow particular patients, for example, a post-operative patient recently released from hospital, to be managed in proximity to health staff.

The health centre also has four assessment/observation cells which were uncommissioned at the time of the inspection. These modern, bright cells are suitable for the management of patients at risk of self-harm or suicide in close proximity to health staff. Instead, vulnerable patients were managed in the MPU at another location within Cessnock CC. These cells are not clinically appropriate for nursing care or for managing at-risk patients as they are not readily accessible by health staff. During the inspection, the placement of patients requiring medical observation in the MPU had contributed to it being at full capacity, resulting in other inmates being placed elsewhere in the centre, generally in less suitable arrangements.

Unused clinical observation beds



Clinical observation cell – not commissioned



¹⁷¹ Inspector of Custodial Services, *Health Services in NSW Correctional Facilities*, March 2021, 125.

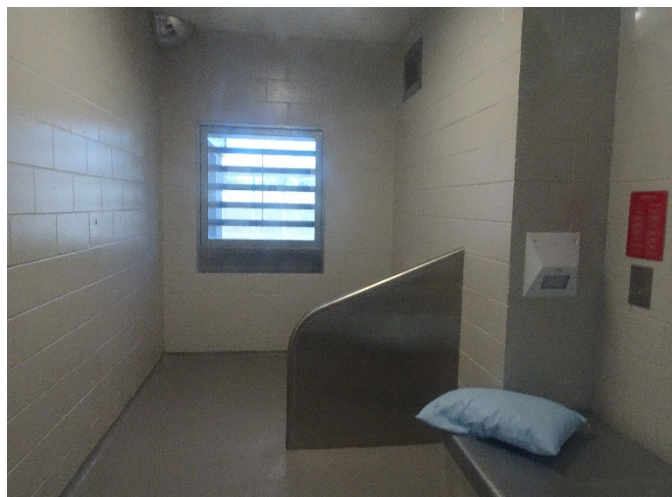
CSNSW advised that it commenced using these cells in February 2024.¹⁷² However, JH&FMHN clarified that they were only being used as holding cells. JH&FMHN also advised that it has been liaising with CSNSW to commission one cell for use as a clinical observation cell.¹⁷³

When we visited Cessnock CC on 22 May 2024, the Governor advised that one of the assessment/observation cells had been commissioned and was being used occasionally under specific purposes: to house patients under clinical observations when the MPU is at capacity; to house patients under clinical observations when specifically requested by health staff due to exceptional circumstances; and to accommodate female inmates transitting through Cessnock CC. The MPU, therefore, continued to be the default placement for people under clinical observation. The clinical observation beds continued to be covered by stored items.

Clinical observation beds (taken May 2024)



Clinical observation cell still unused (May 2024)



Recommendation 83: JH&FMHN and CSNSW commission the clinical observation beds and cells in the Cessnock Correctional Centre health centre.

2.4.1 Health care operations

Reception and discharge

People generally do not enter custody at Cessnock CC. Rather, the centre receives people after they have transferred from other correctional centres including Shortland CC. People arriving from Shortland CC do so during the daytime, allowing their transfer assessment to be undertaken on the same day. Cessnock CC also receives a number of people who stay overnight *en route* to another correctional facility or to police or court cells in order to attend court.

On arrival, patients were seen by nursing staff in a consultation room at the reception building, adjacent to the health centre. We heard that this is an efficient process, supported by a strong relationship between nursing and custodial staff. Any waitlists from the patient's previous location would be transferred to the local waitlist at this point.

Health staff reported that processes for discharge planning were effective. The majority of patients at Cessnock CC were sentenced inmates. This makes planning relatively easy as discharge dates are generally known in advance.

Patients on prescribed medication at the time of discharge were supplied with a seven day supply, prepared by the JH&FMHN pharmacy service.

Patients with chronic diseases were referred to the integrated care service for ongoing support and assistance post-release including the arranging of further appointments.

¹⁷² Information provided by Corrective Services NSW, 7 May 2024.

¹⁷³ Information provided by Justice Health and Forensic Mental Health Network, 9 April 2024.

Medical escorts

Health staff at Cessnock CC commented on the improvements in patient access to specialist services since the commencement of the CMEU and the introduction of telehealth for specialist appointments. These initiatives are outlined above at section 1.4.1.

2.4.2 Access to onsite health care

We heard that patient access to health services was generally well supported by custodial staff. The movement of patients into and out of the health centre is complicated by the requirement to maintain separation of normal discipline and SMAP inmates. This can constrain the number of patients seen during a clinic session. We were advised that only three to five patients would be seen during a morning session, when potentially six to ten patients might otherwise be seen. Otherwise, the consistent rostering of custodial staff in the health centre was reported to support its smooth operation. During lockdowns, patients could be accessed for scheduled clinics if arrangements were made with the Functional Managers. Health staff advised that if they needed to interview or clinically assess a patient in their cell, they will not do this through the cell door hatches but will ask custodial staff to open the cell door, which would occur.

A management service agreement (MSA) between JH&FMHN and CSNSW at Cessnock CC outlined the daily routine of the health centre including the hours of access to patients, times of medication administration and number of patients permitted in the health centre at one time. We heard that some correctional officers working in the health centre refused to allow the agreed number of patients into the health centre, requiring the NUM to escalate the dispute to the relevant Functional Manager. The MSA was a useful tool in this respect.

Health staff reported that the waitlists for primary health nursing priority 1 and 2 patients were managed well and patients were generally being seen within the specified timeframes (within three and 14 days respectively). The timeframes for priority three (within 90 days) and priority four (within 12 months) wait lists were more challenging. The major contributing factor was reported to be inefficient access to patients arising from the requirement to keep normal discipline and SMAP patients separated.

Patients could self-refer to the health centre by phone or by completing a form and placing it in a locked box in their accommodation wing for collection by nursing staff. The phone line was available as part of a trial whereby patients could make a free call to nursing staff to discuss an issue and book appointments. We heard that more than 30% of self-referrals by patients were being received by this phone service. We welcomed this initiative as it allowed patients to receive immediate advice or confirmation that their referral had been processed.

According to information provided by health staff during the inspection, only 50% of services were being provided at or close to the specified hours. GP, primary health nurse practitioner, D&A doctor/nurse practitioner, D&A nurse, physiotherapy and oral health were not being delivered to the contracted hours. This was in contrast to the information provided to us by JH&FMHN before the inspection that GP hours were met or exceeded. The limited number of patients able to access clinics each day was identified by health staff as a major contributing factor. JH&FMHN has also advised that difficulty in recruiting a part-time GP, part-time nurse practitioner, dentist and physiotherapist has impacted the provision of speciality clinics. A physiotherapist has now been recruited to work across the correctional complex.¹⁷⁴

We were told that all of the speciality streams monitor the waiting times for services in the health centres and will allocate additional clinic sessions when required if resources permit.

174 Information provided by Justice Health and Forensic Mental Health Network, 9 April 2024.

2.4.3 Health services

General Practitioners (GPs)

GP clinics were not being held regularly at Cessnock CC. There was, on average, one onsite GP session per month and telehealth clinics held intermittently by a GP from Sydney. This arrangement is far from ideal. It required nursing staff to regularly consult GP services using ROAMS which is meant to be an after-hours service for emergent patient health issues and newly received patients, not for routine or ongoing GP health care. The high statewide demand for ROAMS reportedly caused its phone line to be busy frequently, requiring nursing staff to leave a message for the GP to contact the health centre. This process carries a risk that patient care may be missed or delayed by the inability to discuss a patient's health needs with a doctor in a timely manner.

Health staff also reported that it created challenges with recharting patient medication. Nursing staff were required to email scanned copies of medication charts to a GP to be rewritten and returned to the health centre by email and then printed. and attached to paper medication charts. This arrangement, which carried significant risk of an error or omission occurring, has since been eliminated with the commencement of an electronic system for prescribing and administering medication, "e-Meds".

To assist with the demand for GP services at Cessnock, a primary health nurse practitioner was operating a weekly clinic.

Drug and alcohol (D&A) services

D&A services included regular in-person sessions with a D&A clinical nurse specialist and a monthly D&A doctor clinic, supplemented by telehealth consultations as required.

At the time of the inspection, there were 64 patients receiving buprenorphine depot injections (Buvidal), 20 patients receiving methadone and one receiving oral buprenorphine.

Discharge planning for patients on an OAT was performed by the local D&A team with support from the D&A state coordination unit to link the patient with a provider in the community.

Chronic disease management

Chronic disease screening and plan development was not keeping pace with patient needs, having been impacted by COVID-19 pandemic management. To address this, a chronic disease nurse position was created with responsibility for the development and review of chronic disease plans for patients across the correctional centre complex. This position, which commenced in late 2022, was focused on asthma management and chronic disease plans for non-Aboriginal patients at Cessnock CC. The Aboriginal chronic care program nurse was focusing on chronic disease plans for Aboriginal patients.

Oral health

An oral health clinic was being held at least monthly, occasionally more frequently.

Long waitlists for dental services developed during the COVID-19 pandemic due to the restrictions on certain dental clinical practices and regular correctional centre lockdowns. In response, JH&FMHN established the 'Tele-Smile' program during the pandemic. This service involves a remote dental nurse examining a patient via a camera placed in the patient's mouth and then triaging and escalating patients.

Waitlist data indicated that patients assessed as priority 3a (within a week) were generally being seen on time. Lower priority patients, however, generally were not.

Podiatry

Patient access to podiatry was generally via the public health podiatry service provided by the local LHD. The wait time for these services was quite long, with priority given to more acute cases. JH&FMN has a limited statewide podiatry service targeting patients with high-risk foot conditions such as those with diabetes.

Significant demand for podiatry within the Cessnock CC population arises from the high numbers of Aboriginal and elderly patients and high rates of diabetes.¹⁷⁵

JH&FMN advised that it is exploring podiatry needs across NSW, particularly at correctional centres in rural locations, but any service expansion would require new funding.¹⁷⁶ Recommendation 39 supports this service being funded.

Health promotion

There were no formal health promotion programs provided on a routine basis at Cessnock CC. Health promotion and health education provided to patients was predominantly undertaken on an individual basis by health staff.

The population health nurse would conduct one-to-one health promotion activities in regard to blood born viruses (BBVs) and sexually transmitted infection (STIs), which includes undertaking dried blood spot testing for Hepatitis C. The chronic care nurse undertook one-to-one health promotion regarding chronic disease management including asthma education and diabetes management. Health staff were promoting the winter influenza vaccination program including by attending IDC meetings.

Health promotion brochures were available in the health centre on a variety of subjects including STIs, BBVs, sleep hygiene, asthma and diabetes. Many were available in a range of commonly spoken languages and some were designed specifically for Aboriginal patients.

2.4.4 Mental health services

A relatively well-resourced mental health service was available at Cessnock CC. The mental health team consisted of a full-time mental health nurse, a psychiatrist operating a weekly in-person clinic and a mental health nurse practitioner who conducted the clinic when the psychiatrist was on leave or unavailable.

Discharge planning was being undertaken on all patients with a diagnosed mental illness. The MHN in both health centres would refer patients to the NSW Health statewide 1800 mental health referral line which forwards the referral to the relevant LHD.

2.4.5 Impacts of the COVID-19 pandemic

Management of the COVID-19 pandemic on the Cessnock Correctional Complex was described by health staff as “horrific” and “traumatic”. During this period, the main focus for health service delivery was conducting daily clinical checks on patients in quarantine and isolation, transferring COVID-19 positive patients to the MRRC for isolation, administering vaccines and managing staff vacancies. This disrupted the delivery of routine health care delivery.

We were advised that pre-pandemic health activities had only just resumed, as non-urgent care including pathology, early detection program screening, other vaccinations and chronic care plans were again being performed.

The early 2023 COVID-19 booster vaccination offered to the community was also being offered to the inmate population in NSW correctional centres, which health staff advised was not significantly

175 NSW Ministry of Health, *Podiatry*, fact sheet (available at <https://www.health.nsw.gov.au/workforce/alliedhealth/Factsheets/podiatry.pdf>).

176 Information provided by Justice Health and Forensic Mental Health Network, 9 April 2024.

taken up by the Cessnock CC patient population. This reflected community trends of “vaccine fatigue” or complacency despite the efforts of health staff to promote it.

2.4.6 Patient groups

Aboriginal people

Cessnock Correctional Centre Complex has a relatively well-resourced Aboriginal health service and JH&FMHN should be commended on its efforts to establish and maintain this service. An Aboriginal health worker was recruited after a long period of vacancy. This role works with health staff and Aboriginal people to ensure that patients’ trust in the health service is being built and particularly works with those Aboriginal people who do not wish to engage with the health centre to start building their trust. Additionally, an Aboriginal health nurse provides integrated care services to the three correctional centres on the complex as well as St Heliers Correctional Centre in Muswellbrook, with a focus on chronic disease management and education.

There were opportunities for improvement in the health service to Aboriginal people. No specific health promotion programs were being provided to Aboriginal people on a routine basis. Aboriginal community controlled health organisations (ACCHOs) were not providing regular in-reach services. The NSW Coroner has recommended, following the inquest into the death of a 57 year old Aboriginal man at Cessnock CC in 2019, that JH&FMHN should continue to explore and promote partnerships with ACCHOs to support the provision of culturally safe primary health care to Aboriginal people and, in this context, should explore options for developing funding models that enable partnerships of this kind to be developed and sustained in the long term.¹⁷⁷

National Close The Gap Day was celebrated at Cessnock CC on 21 March 2023. We were advised that 119 Aboriginal patients attended across three separate events across the centre, though the event which we attended had quite a modest turnout. Some non-Aboriginal patients also attended the celebrations. Aboriginal staff in attendance from JH&FMHN included the chronic care nurse and primary care nurse practitioner. CSNSW staff including SAPOs and the MOS were also in attendance. ACCHOs were reportedly invited but did not attend. Staff from the Uniting Church NDIS program attended.

A number of health screening and health promotion initiatives were undertaken including primary health checks, blood pressure checks, weight checks, diabetes reviews, D&A education and population health education in STIs and BBVs. A tombola quiz on health information was run with prizes including water bottles, beanies and playing cards.

A number of health issues in Aboriginal people were identified, particularly high blood pressure, and followed up in the primary health nurse clinic. Some of these patients had not attended the health centre prior to the National Close The Gap Day but became regular attendees to the health centre to access services. This is a good example of how health promotion activities can identify health issues in patients and build relationships between patients and health staff.

JH&FMHN staff undertook cultural awareness and cultural competency training as part of their orientation and on an ongoing basis to develop their skills and confidence as well as gain a greater understanding on how to engage with Aboriginal people in a culturally safe way.

Young patients (18-24 years)

There was nothing specifically provided from a health service perspective to address the needs of younger men at Cessnock CC who represent 7% of the population.¹⁷⁸

¹⁷⁷ Coroners Court of NSW, *Inquest into the Death of Kevin Francis Bugmy*, 6 July 2022, section 215, 51.

¹⁷⁸ Information provided by Corrective Services NSW, 3 February 2023.

Older patients

The management of older patients was reported as one of the greatest challenges for the health staff at Cessnock CC. Area 2 held a high number of older men, the majority of whom had health issues, many of them complex, according to health staff. There was a lengthy wait time to have older patients moved to the aged care unit at Long Bay Hospital Correctional Centre and the supported accommodation units at the Metropolitan Special Programs Centre.

Patients from CALD backgrounds

The health staff advised that CALD patients were treated no differently than other patients from a health care perspective. There was no acknowledgement by health staff of specific health needs that patients from CALD backgrounds may have. Health staff were aware how to access interpreters. Health information pamphlets had been developed by JH&FMHN in commonly spoken languages within the correctional system and were accessible to patients.

Patients with a disability

An NDIS worker attended Cessnock CC with a primary focus on patients with a physical disability. Health staff conceded that the knowledge of the NDIS system within the health team was less than satisfactory and that this may delay patient access to NDIS services, both while in custody and in discharge planning. We heard there was confusion between local JH&FMHN and CSNSW staff as to which agency was responsible for various aspects of NDIS support. At the 2023 National Close The Gap Day, two Uniting Care NDIS Workers attended. While onsite, they identified at least 12 men who were on the NDIS prior to custody which was unknown to local JH&FMHN and CSNSW staff. To address these gaps, the NUM arranged for the NDIS worker to provide training on the NDIS to health staff.

Health staff also noted there was inadequate support for patients with an intellectual disability. They advised that CSNSW psychology staff would take the lead in the coordination of care requirements.

JH&FMHN provided the following advice:¹⁷⁹

Justice Health NSW does not have an automated data source to monitor or report on the number or proportion of patients with a disability alert in their electronic medical record who are referred to CSNSW Statewide Disability Services...

Justice Health NSW developed Adult Custody NDIS Guidelines in September 2022 to provide direction to staff on their role and referral pathways for people in custody with disability. Implementation of the guidelines was coupled with roll-out of education to all primary care staff. Subsequent to the ICS inspection, the Justice Health NSW Manager Disability Strategy and Inclusion delivered education on the Guidelines and NDIS to Shortland and Cessnock CC nursing staff on 2 and 3 May 2023. 24 staff attended the sessions, with pre- and post-training surveys showing staff ratings of their knowledge of the NDIS system and their role were significantly improved - from 70% 'limited to very limited' knowledge before the session, to 80% 'good to very good' knowledge following the session.

Recommendation 84: JH&FMHN ensures people with a confirmed or suspected intellectual disability are referred to Statewide Disability Services.

179 Information provided by Justice Health and Forensic Mental Health Network, 9 April 2024.

2.4.7 Medication

Medication administration

There are three methods by which a patient at Cessnock CC may receive medication:

- Supervised administration – applies to drugs which are restricted (Schedule 8 and 4D) or tradable in a custodial environment.
- Delayed administration – whereby the patient receives their medication every 24 hours.
- Self-medication – involves the patient receiving a month's supply of their medication to self-administer as directed, following a risk assessment.

The majority of medication prepared by nursing staff at Cessnock CC was delivered via delayed administration, estimated by health staff to be around 70%. This means thousands of medications were being prepared weekly. The procedure, when performed at such frequency, requires a significant amount of the nursing staff's time. Nurses collect the medications from the pharmacy, prepare the appropriate quantities and place them into plastic bags which should be labelled with the patient's name and MIN. This manual procedure also carries a risk of errors being made, particularly when nurses are required to prepare multiple patients' medications.

The health centre may benefit from the use of dose administration aids, such as sachets or blister packs, prepared using an automated medication dispensing system. These are available at some NSW correctional centres. The risk of making errors when preparing multiple patients' medications is reduced when performed by machines instead of humans. This would also save nursing staff considerable time, provide patients with greater visibility of their medications (as sachet packs contain patient identification and medication information) and assist custodial staff to determine if a patient is meant to have a particular medication in their possession.

While observing the preparation of medication for delayed administration, we noted that nurses placed medication into plastic bags but did not record the patient's name or MIN on the bags. This is not the correct procedure and risks medication being mixed up. It also makes it difficult for custodial staff to know whether medication which is in a patient's possession or cell actually belongs to them. We also observed that nurses were placing unlabelled medication bags into plastic sleeves containing medication charts and that in several cases, the plastic sleeves were torn. If medications were to fall out of these sleeves and become lost, the nurses would not know who the intended recipient of lost medication was. These are unsafe practices which do not comply with NSW Government health policy which refers to the five "rights" of medication administration: right patient; right drug; right dose; right time; and right route.¹⁸⁰

We also observed medication administration in one of the accommodation blocks. Patients queued in an orderly fashion to receive their medications. The majority had brought their identification card. The nurses reminded those who did not of the requirement to present their identification card but proceeded to administer medications anyway. The nurses should have asked the patients to return with their identification. In hospital settings, even patients who have been admitted long-term must be identified by referring to their identification wristband prior to every administration of medication.

At the time of the inspection, approximately one third of patients receiving prescribed medication were on the self-medication program. This program is a good initiative which encourages patients to be more involved in their medication management and assists them to prepare to manage their medication when they are released from custody.

Recommendation 85: JH&FMHN considers introducing delayed medication administration aids at Cessnock Correctional Centre.

Recommendation 86: JH&FMHN reminds nursing staff at Cessnock Correctional Centre of the need to label delayed medication administration bags with patients' names and to sight a patient's identification card before administering medication.

180 NSW Ministry of Health, *Medication Handling*, policy directive PD2022_032, 11 August 2022, 96.

Medication security

The pharmacy room door was found to be closed but not locked on several occasions during the inspection despite a sign on the door reading, “door must be kept locked at all times”. Medications in the pharmacy room were stored on open shelves, not in locked cabinets. This fails to comply with legal requirements for accountability and safety of medication storage¹⁸¹ and creates a serious risk of medication being lost, misplaced or stolen including by patients with the possibility of patients fatally overdosing.

JH&FMHN advised that lockable medication boxes have been purchased and a communication was sent to all nursing staff in March 2024 on the secure storage of medications.¹⁸²

Recommendation 87: JH&FMHN reminds health staff at Cessnock Correctional Centre of their legal responsibilities with regard to the storage of pharmaceutical medications.

181 The NSW Poisons and Therapeutic Goods Regulation 2008, section 29 states “A dealer who has possession of any restricted substance must keep the substance –a) in a room or enclosure which does not have public access”.

182 Information provided by Justice Health and Forensic Mental Health Network, 9 April 2024.

2.5 Rehabilitation

2.5.1 Criminogenic and rehabilitative programs

Area 1

Cessnock CC is one of seven correctional centres in NSW which provides the Short Sentence Intensive Program (SSIP).¹⁸³ The SSIP is delivered to people with no more than five months to serve at the time of sentencing. Participants attend the SSIP for two hours per day and generally also attend work at one of the onsite industries in the same day. The expected overall program dosage ranges from 30 to 100 hours.

In the first quarter of 2023, the following program sessions were delivered within the SSIP.

January:

- CONNECT x 4
- NEXUS 3 x 4
- Aboriginal Cultural Strengthening x 1

February:

- NEXUS 3 x 3
- EQUIPS Aggression x 1
- EQUIPS Domestic and Family Violence x 1
- EQUIPS Addiction x 2

March:

- CONNECT x 2
- NEXUS 3 x 2
- Aboriginal Cultural Strengthening x 1

It is imperative that pre-release and Aboriginal cultural programs operate at full capacity to ensure that inmates serving short sentences have an opportunity to participate prior to their release from custody. During the inspection, 97 inmates at Cessnock CC were classified to the centre specifically to undertake the SSIP. Despite having capacity for 70 inmates, only 45 were participating at the time. The OS&P team had a budget to pay a SSIP wage to 40 inmates who would be focused on completing the SSIP without having to also attend work. However, they had not been able to negotiate the release of these inmates from their employment in industries. This raises concerns that some people serving short sentences will be released without having an opportunity to participate in a program.

We heard that people enrolled in the SSIP were not always well engaged with it due to competition with other activities in the daily schedule. As participants have to leave work during their shift to attend the SSIP, some simply choose to stay at work because they are already focused on their work and are not financially or otherwise incentivised to attend the SSIP. As some SSIP sessions run in the afternoon, they clash with oval and gym access time. Given this is the only opportunity in the day for people in custody to access exercise, it is a higher priority than SSIP attendance for many participants.

The inherent tension between allocating inmates' time for program attendance and working in industries should, particularly in the case of short-sentenced inmates, be resolved in favour of the

¹⁸³ Corrective Services NSW, 'About Offender Services and Programs', *Department of Communities and Justice* (web page, 11 May 2023) (<https://correctiveservices.dcj.nsw.gov.au/reducing-re-offending/initiatives-to-support-offenders/about-offender-services-and-programs.html>).

former. We were pleased to receive an update on 19 May 2023 that 63 inmates had commenced in the program, from a pool of 99 eligible inmates.

A new programs building, constructed with inmate labour, was nearing completion during the inspection. It eventually opened on 6 September 2023 and was anticipated to increase the capacity of the SSIP. We observed this building in May 2024 and found it to be a very good facility for the delivery of programs with modern teaching resources, air conditioning and artwork painted by people in custody. However, CSNSW has advised that the viability of the SSIP at Cessnock CC is under review.¹⁸⁴

SSIP building under construction during inspection



SSIP classroom (taken May 2024)



The Offender Services and Programs (OS&P) team was delivering remand programs regularly in 4 wing. A family and domestic violence program was running four times per week and an addictions program twice per week. As the programs were developed for people who have not been sentenced, participation was on a voluntary basis. We were advised that there were plans to commence delivery of an Aboriginal Cultural Strengthening program. Given the lack of access to meaningful engagement in 4 wing, we welcomed OS&P's focus on this population.

Area 2

The OS&P team did not deliver any criminogenic programs to inmates in Area 2. This is despite the Area 2 infrastructure being built with dedicated programs rooms. The failure to utilise these spaces represents not only a waste of funds but a missed opportunity to deliver criminogenic programs to willing participants. We spoke to numerous people in Area 2 who reported that their case plan requires them to undertake a program and/or they are willing to do so. Those people reported an understanding that they would have to transfer to a different correctional centre in order to access programs but many expressed a preference to remain at Cessnock CC where they felt safe and the living conditions were good.

The Case Management Unit advised us that it was rare that a person is transferred from Area 2 to another correctional centre to commence a program and more common for a person to be released at the end of their sentence without completing any criminogenic programs. This may also deprive people of the opportunity to access parole, and a period of supervision while they reintegrate into the community, through no fault of their own. Releasing people who have not had an opportunity to complete a program means they have not addressed their risk of reoffending. The previous suspension of program delivery during the COVID-19 pandemic may have contributed to this situation but it is no longer an acceptable situation.

¹⁸⁴ Information provided by Corrective Services NSW, 7 May 2024.

Area 2 programs precinct



Classroom with computers in Area 2



Since the inspection, CSNSW has commenced delivery of a range of criminogenic and pre-release programs in Area 2 including:

- Real Understanding of Self-Help (RUSH)
- Aboriginal Cultural Strengthening
- EQUIPS (Foundations and Addictions)
- Nexus
- Connect
- Enough is Enough¹⁸⁵

This response to our concerns is positive and consistent with our recommendation.

Recommendation 88: CSNSW ensures Cessnock Correctional Centre utilises the Area 2 programs area by identifying programs which can be delivered and align with the needs of the Area 2 cohort.

2.5.2 Connection to Aboriginal culture

Cessnock CC was working to gradually increase opportunities for Aboriginal people to learn about and practise their cultures. Cessnock CC consistently has a significant Aboriginal population. On 30 November 2022, there were 148 Aboriginal or Torres Strait Islander people in custody there.¹⁸⁶ The centre's management plan, in effect since November 2020, envisaged Cessnock CC as a focal point for Aboriginal programs. While little progress was made in the first two years, presumably due to the disruption of the COVID-19 pandemic, some progress has been evident more recently.

OS&P commenced delivering the Aboriginal Cultural Strengthening program shortly after the inspection occurred. We have received positive feedback from some participants who found the program engaging and beneficial. The Case Management Unit advised that it was adding this program to the case plans of suitable and interested inmates.

Later in 2023, the Buddbudda Dreaming program commenced at Cessnock CC following the successful delivery of a similar program at St Heliers Correctional Centre in Muswellbrook. This is a six week cultural strengthening program in which 10 participants learn about culture and learn to make and play didgeridoos and clap sticks. We have also received positive feedback about this program from participants.

¹⁸⁵ Information provided by Corrective Services NSW, 7 May 2024.

¹⁸⁶ Information provided by Corrective Services NSW, 3 February 2023.

CSNSW has advised that, since the inspection, Cessnock CC has also introduced Aboriginal art classes facilitated by Aboriginal mentors from the local community, a “Yarn Up” meeting with Turool Kore Aboriginal men’s group and the Yanagnga Wakali housing program. CSNSW also noted that funding is available to all correctional centres to implement cultural programs.¹⁸⁷

We accepted an invitation to attend NAIDOC celebrations at Cessnock CC. The celebrations were a positive expression of Aboriginal culture. Aboriginal inmates spoke about their Country and totems and performed dances. Many of the men did not know how to perform Aboriginal dances but learned from other Aboriginal men in order to perform at these events. Aboriginal men who were on-Country gave their permission to, and shared their traditional dances with, Aboriginal men who were off-Country. The celebrations included local Elders, local service providers, smoking ceremonies, music and barbecues. Feedback from the Aboriginal men who attended was very positive. They noted they were pleased to express their culture and appreciation for the interest of staff who attended and the relaxed atmosphere. The men noted they would have liked to have shared the celebration with their non-Aboriginal peers who were not permitted to attend.

National Close The Gap Day was celebrated during the inspection. We made similar observations about this day which featured traditional dancing, a relaxed atmosphere and dignity for Aboriginal men to express and share their culture. The health services aspect of the day is outlined above in section 2.4.6.

Cessnock CC has two Yarning Circles. One is located in the Area 1 industries area, making it inaccessible to non-workers and remand inmates unless prior arrangement has been made. The other is located in Area 2 with a gate separating it from the inmate area. This Yarning Circle was used during NAIDOC celebrations and by the NAIDOC planning committee. However, we heard that it is rarely used otherwise, due to access issues.

Yarning Circle in Area 1



Yarning Circle in Area 2



We were pleased to hear that the Aboriginal inmate delegates were able to access Aboriginal men held in the MPU to provide cultural support and that the Regional Aboriginal Programs Officer is notified every time an Aboriginal person is placed on a separation or segregated custody order. These cultural resources are important well-being safeguards.

These initiatives are a positive start in promoting and supporting the connection of Aboriginal people in custody to their cultures. We hope that Cessnock CC continues to build on these, as they are only the first steps towards what is required. Respect, relationships and reciprocity are the keys to health and well-being outcomes for Aboriginal people. We heard from non-custodial staff that self-esteem is a significant challenge for many Aboriginal people in custody and is a contributing factor in many cases of drug and violence related offending. Strengthening ties to culture is an important tool in addressing this. Strengthening the understanding and respect among correctional centre staff of Aboriginal people’s cultures and worldviews would enhance relations between these two groups. It

¹⁸⁷ Information provided by Corrective Services NSW, 7 May 2024.

may also support Cessnock CC to increase the number of Aboriginal people it employs by fostering a culturally safer workplace. However, the reality is that for most of the year, the opportunities for these things are few and far between.

Many of the Aboriginal men in custody at Cessnock CC were not from the local area. Many were from the Greater Sydney area and many were from northwestern NSW having entered custody in Moree or Tamworth. We have recommended the closure of Area 1 and we hope that this will mean that minimum security Aboriginal people in custody will have access to better conditions and services than those offered at Cessnock CC, and be placed closer to their families and communities.

Recommendation 89: CSNSW ensures Cessnock Correctional Centre continues to expand the availability of programs and activities which promote the connection of Aboriginal people in custody to their culture including access to the Yarning Circles.

2.5.3 Employment

A strength of Cessnock CC is that it provides a range of meaningful, skilled employment opportunities to both its normal discipline and SMAP populations. This work experience and skill development are critical in assisting people to reintegrate into the community after release and reduce rates of reoffending. We observed inmates closely engaged with their work and spoke with a range of inmates who provided positive feedback about their experiences being mentored by overseers and their opportunities to be trained in new skills. 40 people were engaged in traineeships at the time of the inspection.

Some CSI staff noted a tension between the highly skilled nature of some of the industries at Cessnock CC and large number of inmates serving short sentences. This may mean that some people in custody do not have sufficient time in custody to develop the skills and complete the traineeships which would assist them to find employment in the community.

The industries available to people in Area 1 were demountables construction, modular buildings assembly and powder coating. The industries available to people in Area 2 were food services, textiles production and laundry.

Demountables refurbishment

The demountables refurbishment contract with the NSW Department of Education is the longest standing contractual relationship held by Corrective Services Industries, existing since 1986. Employing around 90 inmates, this industry refurbishes demountable classrooms and can remove asbestos as required. The work includes stripping the classrooms, carpentry, metal fabrication, painting and assembly. A wide range of training courses were offered including 60 tonne crane operation, asbestos removal, forklift operation and painting and decorating. The centre was planning to offer access to a Certificate II in Construction Pathways later in 2023.

Modular buildings assembly

The assembly of modular buildings is a relatively new industry at Cessnock CC, commencing in early 2022. It employed 30 inmates who assembled modular components of housing for the NSW Government, completing one house per week, including 50 furnished homes delivered to the flood affected community of Forbes in Central Western NSW.¹⁸⁸ Inmates employed in this industry can attain a forklift certificate. The Certificate II in Construction Pathways will also be offered to workers in this industry. One person was undertaking a plumbing apprenticeship.

¹⁸⁸ As at July 2023, this industry was on hold as workers were temporarily reassigned to the demountables workshop to maximise output there.

Demountable classroom under refurbishment



Interior of a modular house



Powder coating

30 workers were performing powder coating of metal furnishings, such as cell beds, for correctional centres across NSW. We were advised that this highly automated process completes eight semi-trailer loads of product per week. Workers can complete certificates in powder coating, painting, forklift operation and warehousing.

Food services

The food services kitchen produces lunches for inmates at Cessnock, Hunter, Tamworth and St Heliers Correctional Centres as well as salads for these and several Sydney metropolitan correctional centres. It also produces the protein components for meals produced at Geoffrey Pearce Correctional Centre. Meals are received frozen from Geoffrey Pearce Correctional Centre and then rethermed in the kitchen before being distributed to each accommodation wing. This well-equipped facility employs up to 60 workers who obtain a certificate in food safety. They can undertake traineeships in kitchen operations or warehousing.

Retherm ovens and prepared lunches



Pasta salad prepared at Cessnock CC



Laundry

The laundry employed 15 workers responsible for laundering clothing, linen and towels for the Cessnock CC population. 76,000 articles were being laundered each month, as inmates were able to send their linen for laundering weekly and their clothing twice weekly. The laundry also handled linen from the other correctional centres in the Hunter region. Traineeships and certificates in laundry operations, warehousing and forklift operation were available to workers.

Sewing machine in the textiles workshop



Laundered clothing and linen



Textiles

The textiles workshop employed 30 workers who produced tracksuit pants, shorts and underwear for prisoners across NSW as well as shorts for children and young people in Youth Justice Centres. The workshop also fulfills contracts to external clients from time to time and had recently commenced production of operating theatre gowns for hospitals. Workers could access a Certificate III Applied Fashion Design and Technology as well as forklift and warehousing courses.

Other employment opportunities

A range of miscellaneous employment opportunities were also available at Cessnock CC including roles as wing sweepers, buy-up sweepers, hygiene sweepers, grounds maintenance, staff kitchen workers and barbers.

11 inmates had approval to perform work outside the correctional centre complex. In groups of three to seven, these inmates performed supervised grounds maintenance work up to four days a week at various local churches, a cemetery, a Girl Guides hall and the old Maitland Gaol site (now open to the public for tours and film screenings). We were shown letters from two churches thanking the Cessnock CC and commending the work performed by inmates. These inmates also maintained the complex's grounds.

Honour House inmates could work in the facilities maintenance team, undertaking maintenance and repair work across the complex.

As the Honour House was barely above 50% of its capacity, we are concerned that people in custody may not be achieving a C3 classification early enough to progress to the Honour House. The CSI Operations Manager noted that he would like to receive people into the facilities maintenance team with enough time remaining on their sentences to be able to complete an apprenticeship but this was usually not the case.

Resumption of the works release program was being planned following its statewide suspension during the COVID-19 pandemic. We understand that responsibility for the works release program has since been transferred to CSI. We hope that this change resolves the inherent tension between the works release program and demand for workers in the onsite industries. This should result in a substantial increase in the number of people achieving a C3 classification, residing in the Honour House, and participating in works release.

2.5.4 Education

A basic literacy and numeracy course, named Foundation Skills Program, ran in both Area 1 and Area 2 but participation rates fell well short of the number of people in custody we heard would benefit from it. In the first session of 2023, which ran from January to March, five people in each area (total 10) participated in it. In the subsequent session, which ran from March to May, four inmates in Area 1 and eight inmates in Area 2 participated.

In Area 2, we were approached by several people in custody who commented on the need for an expansion of basic literacy and numeracy education, estimating that 1 in 5 inmates at Cessnock CC rely on their peers for assistance with reading correspondence and completing forms. The case management unit advised that, in Area 1, many of the people serving short sentences were susceptible to reoffending. Low levels of literacy and numeracy are key barriers to employment and therefore risk factors for recidivism. Given the limited duration that this cohort spends in custody, additional resources should be considered to ensure that people can benefit from the Foundation Skills Program while in custody.

Other education courses delivered at Cessnock CC included:

- Foundation Skills Program in Digital Literacy (Area 2 only)
- Cultural Arts Program (5 days) delivered by Wirru Wirru TAFE
- TAFE short courses in cleaning and a range of trade-related skills (participants were recommended by CSI staff)
- Traineeships in the textiles, laundry and food services industries

The facilities maintenance team, comprised of inmates living in the Honour House, had access to a wide range of vocational training opportunities including in working at heights, operating cranes, operating forklifts, managing asbestos, testing and tagging, as well as fitness. Members of this team expressed their appreciation for having access to training in relevant skills. Two people in custody were undertaking apprenticeships at the time of the inspection.

We were advised that education staff would soon be facilitating a NAIDOC art competition. We strongly encourage art in correctional settings because it supports connection to culture and has therapeutic benefits. However, given the very limited capacity of the education team, it may be prudent to reassign responsibility for the art competition to other staff, for example, the activities officer. This may assist education staff to focus on delivering their core business of education which is one of the key drivers of reduced reoffending rates.¹⁸⁹

CSNSW has advised that the resourcing of education at Cessnock CC has not changed but the reduction in population due to the closure of 4 wing has allowed an increase in educational services to the current population.¹⁹⁰ CSNSW executive should monitor this situation.

Recommendation 90: CSNSW ensures there is an increase in education services being delivered at Cessnock Correctional Centre to meet the needs of the inmate population.

¹⁸⁹ Evann Ooi, "Vocational training in NSW prisons: exploring the relationship between traineeships and recidivism", *Crime and Justice Bulletin* (June 2021, No. 239); Lori Hall, "Correctional education and recidivism: toward a tool for reduction", *Journal of Correctional Education* (May 2015, vol. 6 no. 2) 4-29.

¹⁹⁰ Information provided by Corrective Services NSW, 7 May 2024.

2.5.5 Preparation for release

Cessnock CC had a high rate of releases due to its population largely consisting of minimum security inmates including many serving short sentences. We reviewed release statistics for the period 1 December 2021 to 30 November 2022.¹⁹¹ The number of people released each month was generally around 100. From a population of 560 (on 13 March 2023), this is a significant proportion, representing almost a 20% turnover of the population each month.

We are concerned that release planning is not as robust as it needs to be in a correctional centre serving this function. The proportion of people completing Nexus¹⁹² prior to release was sitting consistently around one third to one quarter. This falls far short of the NEXUS policy statement “Corrective Services NSW (CSNSW) is committed to engaging every inmate in their pre-release reintegration planning”.¹⁹³ Even taking into account that the statistics would include some remand inmates being granted bail, the number of people completing their sentence or reaching parole without completing the NEXUS reintegration planning is concerning. We heard concerns from several staff about significant gaps in reintegration planning.

During the inspection, a person was released from custody with nothing other than two nights hotel accommodation and a release certificate. This does not assist people to reintegrate into the community successfully and avoid reoffending or relapse.

A program to assist Aboriginal people to find work in the community, Time to Work Employment Services, was delivered by an external provider, Asuria, in partnership with Babana Aboriginal Men’s Group and Tribal Warrior Association.

Recommendation 91: CSNSW conducts a review of reintegration planning at Cessnock Correctional Centre.

¹⁹¹ Information provided by Corrective Services NSW, 3 February 2023.

¹⁹² NEXUS is a reintegration planning program delivered by SAPOs and case management officers.

¹⁹³ Corrective Services NSW, *Policy and Procedures for the Delivery of NEXUS*, (version 3.1, 3 February 2022) 3.

Inspector of Custodial Services

Level 3, 50 Phillip Street
Sydney NSW 2000

Office hours:
Monday to Friday
9.00am to 5.00pm

M: 0427 739 287

E: custodialinspector@justice.nsw.gov.au

W: <https://www.inspectorcustodial.nsw.gov.au/>