



GOVERNMENT OF
WESTERN AUSTRALIA



OFFICE OF THE INSPECTOR
OF CUSTODIAL SERVICES

2023 INSPECTION OF BANDYUP
WOMEN'S PRISON

156

NOVEMBER 2024

*Independent oversight
that contributes to a more
accountable public sector*

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2023 Inspection of Bandyup Women's Prison

Office of the Inspector of Custodial Services
Level 5, Albert Facey House
469 Wellington Street
Perth WA 6000
Whadjuk Noongar Boodja

www.oics.wa.gov.au

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Inspector's Overview

Overarching strategy for women in prisons being linked to Bandyup's operational planning.

In October 2022 the Department of Justice approved a new framework document titled '*Better Futures - Empowering Women: Changing Lives*' (*Better Futures*) (DoJ, 2022). The introduction to *Better Futures* states the objective of the framework is '*... to support women in Western Australian prisons and build(s) on our commitment to provide gender specific, culturally appropriate and trauma informed services, to achieve better outcomes for women in custody and improve their opportunities for success on release*'.

The strategy expands this objective by outlining a '*... commitment towards a future where all women, regardless of their background or circumstances, are empowered to nurture their strengths and have agency over their future*'.

During the inspection we met with the Bandyup senior management team, led by an experienced Superintendent, who were committed to delivering on the objectives of *Better Futures*. This is supported by the Bandyup Business Plan for 2023-2025, which outlines several focus areas that are complimentary to the *Better Futures* objectives.

We have stated on many occasions the importance of having detailed operational or business plans that are linked to a broad organisational strategic plan. It was very positive, therefore, to see evidence of this in the connection between *Better Futures* and Bandyup's local operational plans. This allows staff across the prison to see the direction that has been set and focus their daily efforts towards meeting those objectives. Success and improvement will require continued support and resourcing and, most importantly, buy-in from all staff.

At a broader system level, we have been briefed by the Commissioner on his priority to develop a Corrective Services Strategic Plan for 2025-2030. This important initiative should provide an overarching framework that allows all prisons to develop strategically focussed local operational business plans along similar lines to what we saw at Bandyup.

Since our last inspection in 2021, there have been some major developments at Bandyup. The most noteworthy of which has been the opening of the Bindi Bindi mental health unit, and the successful implementation of Bandyup becoming the first smoke free prison in Western Australia.

Both initiatives have not been without their challenges, with initial success tempered by the realities of day-to-day operation. In Bindi Bindi the most significant challenges have been the recruitment and retention of specialist clinical staff and maintaining a cohort of specially trained custodial staff for daily operations. Also, despite initial enthusiasm for a smoke free prison among the women and staff, sustaining this through implementation proved challenging. Importantly, the lessons from this pilot have been used in the implementation of a smoke free environment across all women's prisons in early 2024.

The women's estate is facing similar system-wide problems that we regularly see in men's prisons. Record population growth over the past year, most notably in the number of Aboriginal women held on remand, and significant workforce challenges, particularly in recruiting and retaining specialist clinical staff and custodial staff. Our report details many of the impacts that these have had on services and supports for the women at Bandyup, with gaps in mental health services the most acute of these. Despite this, we have seen improvements in many aspects of health care delivery, supports for expectant mothers and those with newborn babies, and in transition and rehabilitation services.

Publication delayed by the Department's response

We sent a first draft of this report to the Department for comment on 5 September 2024. The response from the Department was originally due on 11 October 2024, but this was extended to 25 October 2024. We finally received a detailed response from the Department on 26 November 2024.

There is a Memorandum of Understanding between the Department and my Office which sets out agreed operating parameters, including timeframes for various processes such as responses to draft reports. It is not a legally binding document but establishes what we both agree are reasonable timeframes. The agreed timeframe for the Department to respond to draft reports is five weeks, but the Department had the draft report for nearly 12 weeks.

I had intended taking the unusual step of proceeding to publish this report without the Department's response, but we received their response just in time for it to be included in the final printed version.

Acknowledgments

We have three Independent Visitors who are community volunteers appointed by the Minister for Corrective Services. They attend Bandyup on a regular basis providing an opportunity for the women to raise issues and feedback that information to our office. I acknowledge the importance of their work and thank them for the contribution they have made to our ongoing monitoring of Bandyup.

We are grateful for the support and cooperation received throughout the review from the Superintendent and staff at Bandyup and from key personnel in the Department. The women who took the time to speak with us also deserve our acknowledgement and thanks.

Finally, I acknowledge and thank members of the inspection team for their expertise and hard work throughout the inspection. I acknowledge and thank Cliff Holdom for his work in planning this inspection and initial drafting of this report, and also Natalie Gibson for her work as principal editor of the final report.

Eamon Ryan

Inspector of Custodial Services

26 November 2024

Executive Summary

Creating a women-centred model of care

Bandyup had the benefit of a stable and experienced leadership team that were committed to the recently developed Department of Justice women's strategic framework, *Better Futures*. This recognition of women's distinct experiences and needs had led to the beginnings of local initiatives to embed a women-focussed, trauma-informed model of care. The prison's business plan, some new operational and security procedures, and a focus on building relevant community partnerships had commenced Bandyup's journey towards implementation. Challenges to continuing its commitment to change lay in meaningfully engaging all staff, matching resources with need, and being mindful of security practices that may not be consistent with trauma-informed care.

Health services achieving positive outcomes in a challenging environment

Health centre staff continued their practice of providing a good standard of care that worked to meet the specific needs of its women patients. While some service gaps were evident, a combination of on-site professionals and connections with external providers provided a good level of care. As was the case for other areas of service delivery, Bandyup faced several resourcing challenges. We found patient access to appropriate healthcare was frustrated by three main issues – uniformed staffing shortages, aged or absent infrastructure, and level of dental service.

With the opening of the Bindi Bindi mental health unit, we found an emerging focus on supporting women living with disabilities. Many of the improvements had come through leveraging from the resources provided for Bindi Bindi, and in particular the engagement of an occupational therapist for the unit.

Bandyup became a smoke-free prison in August 2022. While this important health and safety initiative had initial success from sound planning, several problems emerged after the trial became permanent in April 2023. A key lesson learned was the need to fully engage with, and properly resource prison health staff to lead and support what is essentially a health issue.

Bindi Bindi mental health unit: trauma-informed care that needs consistent support

The Bindi Bindi mental health unit (Bindi Bindi) opened at Bandyup in July 2021. It aimed to provide step-up and step-down support for women living with acute mental health needs. Its model of care aligned well with Bandyup's increasing focus on providing a trauma-informed model of care. Following from a positive initial opening and operating period, we found some risks to the operation of the unit had emerged. Recruiting and retaining appropriate health staff, and structured consistent clinical leadership were of main concern.

Many women at Bandyup did not meet the admission criteria for Bindi Bindi but still lived with some level of need for mental health support. We found these women faced more difficulty in securing the services they needed, with a focus on the specialist unit having priority. While the establishment of the unit has achieved positive outcomes, the work remains to ensure other women at Bandyup are not left at risk.

A trauma-informed focus had variable impact on service delivery

We found most staff were motivated to try and support prisoners during their time in custody, and for their services to be relevant for women specifically. However, many women expressed a decline in their positive experiences of services at Bandyup, particularly in relation to aspects of life that spoke to whether they felt treated respectfully and with decency. Areas of high concern for them were accommodation, food, and connection with family. We were also concerned about the impact of staffing shortages and infrastructure on aspects of services to support women's wellbeing.

Positively, women with babies or nearing birth at Bandyup generally felt well supported with a new role designated to support them more closely. Prisoner support officers, peer support, Aboriginal visitors service, chaplains and recreation were all services highly appreciated by the women. Each faced its own challenges in meeting the women's needs.

Rehabilitation and transition services supporting women to improve post-release success

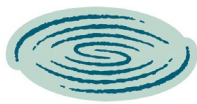
Bandyup provided some excellent rehabilitative services focussed on addressing the needs and interests of women accommodated there. A specially designed treatment program, a suite of relevant volunteer programs, education and skills courses, and transition services all contributed to working towards Bandyup's women-centred model of care.

Opportunities for improvements that could further meet Bandyup's business plan goals, enhance rehabilitation, and improve outcomes for women were also evident. These included increasing access to services, focussing on First Nations women needs, better managing staffing shortages, and addressing inequity in some practices compared to male prisons.

List of Recommendations

Recommendation	Page	DOJ Response
<p>Recommendation 1 Bandyup develop and implement a communications framework to ensure information and expectations are shared consistently and regularly across all operational areas and management/employee levels.</p>	4	Supported – Current Practice / Project
<p>Recommendation 2 Review Bandyup Women’s Prison infrastructure inclusive of the issues identified in Table 1 of OICS Report 131 and include them in the Long-Term Custodial Infrastructure Plan that is being developed.</p>	7	Supported – Current Practice / Project
<p>Recommendation 3 Bandyup develop and implement a strategy to improve engagement and in-reach with First Nations community providers to better support First Nations women.</p>	8	Supported in Principle
<p>Recommendation 4 Provide access at Bandyup to preventative and restorative dental services.</p>	13	Noted
<p>Recommendation 5 Continue to ensure the provision of on-site occupational therapy services at Bandyup, and the Department undertake an evaluation of the benefits of providing the service with a view to expanding access to other prisons.</p>	14	Supported in Principle
<p>Recommendation 6 All staff rostered to work in Bindi Bindi mental health unit must be provided with the specific training developed for workers in that unit.</p>	18	Supported in Principle
<p>Recommendation 7 Mental health, counselling, occupational therapy and other clinical staff in the Bindi Bindi Unit should be managed and operate as one multidisciplinary team with shared notes, care plans, and clinical governance.</p>	19	Supported
<p>Recommendation 8 Implement a coordinated clinical process involving the psychiatrist, mental health nurses, counsellors, and primary health staff to discuss and provide advice on the care of women in the general living units with complex mental health needs.</p>	21	Supported
<p>Recommendation 9 Replace the visits centre, video-link and official visits with a fit for purpose facility that will support the Department’s recognition of</p>	26	Supported in Principle

the importance of, and commitment to, women’s connection to family.		
Recommendation 10 The Department develop, incorporate, and action a commitment to improved use of and access to digital technology for prisoners and staff.	33	Supported – Current Practice / Project



BANDYUP WOMEN'S PRISON

FACT PAGE

ROLE OF FACILITY

Bandyup Women's Prison is a maximum-security prison for women prisoners. Originally, accommodating remand and sentenced prisoners, it now mainly accommodates sentenced women with only 15% on remand at the time of the inspection. It also provides some specialist statewide services including the medical centre, and the Bindi Bindi Mental Health Unit.

HISTORY

Bandyup Women's Prison opened in 1970, replacing the women's wing in the old Fremantle Prison. Its original capacity was for 68 prisoners, but additional accommodation was progressively added up to its present capacity in 2011. The population of women in prison escalated strongly in the following years, with over 400 held at Bandyup in late 2016. In December 2016, Melaleuca Women's Prison was opened, taking on the role of the receiving and remand prison for Perth. Bandyup's population reduced to a more manageable low 200s since then. After many years of concern about the incidence of mental illness among women in prison, A Wing in Unit 1 was converted into the Bindi Bindi Mental Health Unit which opened in 2021.

OFFICIAL CAPACITY

338

PRISONERS AT TIME OF INSPECTION

220



The prison is located on Wadjak Noongar land, 20 kilometres East of Perth.



INSPECTION DATE

8-14 September 2023



1 Creating a women-centred model of care

Bandyup had the benefit of a stable and experienced leadership team that were committed to the recently developed Department of Justice women's strategic framework, *Better Futures*. This recognition of women's distinct experiences and needs had led to the beginnings of local initiatives to embed a women-focussed, trauma-informed model of care. The prison's business plan, some new operational and security procedures, and a focus on building relevant community partnerships had commenced Bandyup's journey towards implementation. Challenges to continuing its commitment to change lay in meaningfully engaging all staff, matching resources with need, and being mindful of security practices that may not be consistent with trauma-informed care. The Department must also consider how it will integrate the well-researched *Better Futures* framework with the Department's current strategic planning and infrastructure projects.

1.1 Leadership was committed but some staff not convinced

A women-centred business plan provided sound foundations

Bandyup had begun work towards a more women-focussed approach to prison operations and service delivery. Local leadership had recently developed a new business plan (DoJ, 2023a) that reflected the Department of Justice's 2022 foundational framework document *Better Futures. Empowering women: changing lives* (DoJ, 2022). The framework recognised women's specific pathways into offending, which frequently involved victimisation, abuse, trauma, homelessness, poverty, substance misuse and violence. To address these complex issues, it offered a commitment to policies, practices and services that were gender-responsive, trauma-informed, and culturally sensitive.

The *Better Futures* framework states Bandyup's role in the Department's continuum of throughcare for women in metropolitan Perth, was as the main prison for sentenced women. It should be assessing, planning, and delivering the health, mental health, treatment, vocational, education and training needs of all women prisoners accommodated there.

Bandyup's plan was linked clearly into the framework. Its 2023-2025 business plan stated that the prison needed to be a place where women could feel safe and 'heal themselves through treatment, spiritual and vocational programs and be released back into the community as positive members of society'. To do this, it committed '[T]o treat everyone with respect and to foster the principles of managing women in custody using a holistic approach.'

The plan also set tangible outcomes that would indicate success in supporting the priorities of the Department's *Better Futures* vision. These included:

- To provide a culturally sensitive, trauma informed mental health unit for the Women's Estate (Bindi Bindi)
- Upgrade the Crisis Care Unit (CCU) environment
- Increase traineeships and support for Indigenous women
- Work positively with Child Protection Family Services (CPFS) to provide prisoners the opportunity to address the reunification process prior to release
- Actively seek suitable women prisoners to perform Section 95 external employment

The direct link between a system led framework and a local business plan is a positive development, and one that we often find missing during our inspection work.

Management promoted more trauma-informed practices

The appointment of an Assistant Superintendent Specialist Units (ASSU) position, to specifically manage Bindi Bindi mental health unit (Bindi Bindi), the Management Unit and Crisis Care Unit (CCU) had enhanced a stable and experienced management team. In the creation of the position, the Department and prison leaders demonstrated recognition of the important role of mental health support services to the trauma-informed care of women.

The planning and commissioning of Bindi Bindi was a significant development in Bandyup's move towards an overall more trauma-informed operating philosophy. Management had also initiated changes to some prison operations as further steps, as well as inviting participation in events and activities that acknowledged women's past experiences with trauma, and the importance of connection to family. These included:

- Changes to how staff managed inquiries within the units (discussed in more detail in the section below)
- Addressing women's behaviour by more extensive use of management plans (also discussed in more detail in the section below)
- Whole of family visits days
- Participation in the *16 Days in WA* anti-domestic violence campaign
- Therapy horse visits
- Delivery of Relationships WA *Leave Safe, Stay Safe Program* for women who were victim-survivors of family domestic violence.

However, support for an operational cultural shift was yet to be entrenched and embraced by all staff in their daily work.

Staff support of change was mixed

A trauma informed approach requires response to each person as an individual, considering their specific challenges and experiences with a focus on their rehabilitation. We found most staff welcomed management's vision of building a more women-centred, trauma-informed approach at Bandyup. But this was not universal, and some staff doubted that some of the changes in operational expectations were practical.

Changes to accommodation unit processes to manage prisoner inquiries was an example that had caused dissatisfaction for some staff. Previous practice had restricted women approaching staff with requests and inquiries to specific times during the day. To reflect a more responsive and supportive culture, and recognising many women spent most of the day within the unit, management made changes that required staff to be responsive at any time. Some staff were critical of the new requirement, reasoning this would mean spending more time in the units and take away from their ability to complete expected record-keeping and administrative tasks.

The way in which staff were expected to manage the challenging behaviours of some women was also changed. New procedures directed officers to work more closely with identified prisoners within

the unit environment to help regulate their behaviour, as an alternative to using restraints and placing them in the Management Unit. This was consistent with a more individualised and trauma-informed approach.

However, some staff saw this as additional work that undermined consistency and fairness in behaviour management. This was based on the belief that predictable consequences for poor behaviour better promoted security and safety for staff and prisoners, regardless of a prisoner's individual needs or ability to respond. But this failed to recognise the circumstances of many women who live with cognitive, mental health and psychological challenges which often meant they do not, or cannot, respond to consequences for behaviours in the same way as those without these challenges.

Morale and job satisfaction had declined

Results from our pre-inspection survey showed a notable decline in staff ratings of the quality of their working life, and an increase in the level of workplace stress. In addition, almost 60% of staff who completed the survey said that support from local management was 'poor', compared to 24% in 2020.

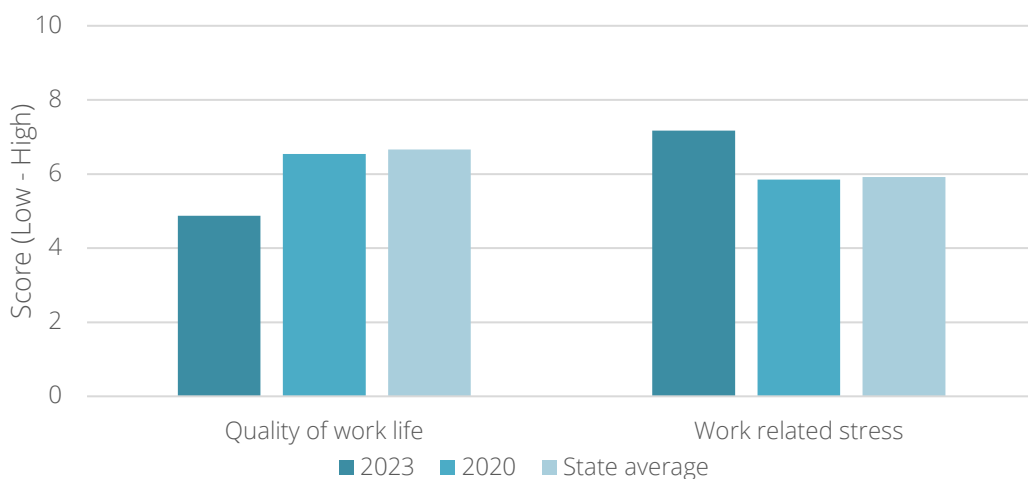


Figure 1: Bandyup staff survey reflections on work life.

Evidence indicated dissatisfaction came from several factors. Most evident was the Department and management's expectation that staff deliver more services to an increasing population with less resources. This was especially so in the context of uniformed officer shortages and the lack of constructive activities available to keep all women occupied. Staff responded they did not think their efforts were recognised or appreciated, including in the context of implementing the trauma-informed operational changes.

Some survey responses stated that concerns raised about changes were not considered by local management. Morale was also impacted by perceptions of favouritism in how staff issues were managed, with comments including examples of processes for offering promotional opportunities, bullying allegations, and perceived factionalism.

Results about effectiveness of communication from local management had also declined, with 57% of respondents rating it as poor compared to 28% in 2020. A basic communication framework was

found to be in place consisting of regular Senior Management Team (SMT) meetings and twice weekly Senior Officer (SO) briefings. But many staff said that communication between SOs and prison officers in units was not structured and consistent. Rostering made information sharing difficult, and work pressures limited communication opportunities during a shift.

The SMT did hold occasional all-staff meetings, but more of these were needed to reach more staff. This is especially the case if management want to continue developing a more women-centred operational environment. It will be essential to include staff in moving this forward, with the opportunity for two-way conversations about what may be impactful for the women, while practical for front-line staff. Successful and embedded change can only occur if everyone is involved.

Recommendation 1

Bandyup develop and implement a communications framework to ensure information and expectations are shared consistently and regularly across all operational areas and management/employee levels.

1.2 Available resources did not match model of care ambitions

Staff shortages impacted quality of services and care

The inability of the prison to fill all lines in its uniformed officer roster has had significant impact on service delivery at Bandyup. While the extent of staff shortages and the consequential impacts varied over time, documents provided in April 2023 showed the prison had 14.5 officer positions vacant out of 128 full time positions. Any daily unplanned absences – for personal leave, workers compensation or other entitlements – could only be covered within set overtime limits.

Once unfilled positions reached a certain number, Bandyup had to operate under an adaptive regime. This was an agreement with staff as to the priority in which positions would be filled across the prison, and which can be left vacant. When certain positions were not filled it usually meant those services were closed and not accessible to prisoners. At the most severe end, this could result in prisoners being locked in cells for extended periods during the day.

Liaison visits, Independent Visitor reports, prison records, staff interviews and discussions with prisoners and staff showed that adaptive regimes had been frequently implemented at Bandyup over the previous three years, although had reduced in the period immediately prior to our inspection. Management, staff, and prisoners spoke extensively about the impact of reduced services and time locked in cell. Reduced access was experienced to some extent across all services - employment, education, recreation, medical care, visits, and religious gatherings on weekends.

Many prisoners specifically provided information about the impact of lockdowns on their mental health and wellbeing. Staff also spoke about the management and safety implications of managing prisoners who were frustrated about lockdowns and lack of access to services, and who were experiencing mental health decline.

Unrealistic budget allocation risked the model's approach

Documents detailing Bandyup's budget allocation for the 2022-23 and 2023-2024 financial years were provided, showing reductions over both years. This was despite an increasing prisoner population, cost of living pressures and the new responsibility of Bindi Bindi. Management at that time believed the upcoming year (2023-24) would be unrealistic to manage. Despite the prison being invited to make a submission detailing required funds, there was no reflection of the submission in the final allocation. For 2023-24, the Department had imposed reductions to every prison's budget, which for Bandyup was 10%. By necessity, most of this had to be found in non-staff expense items.

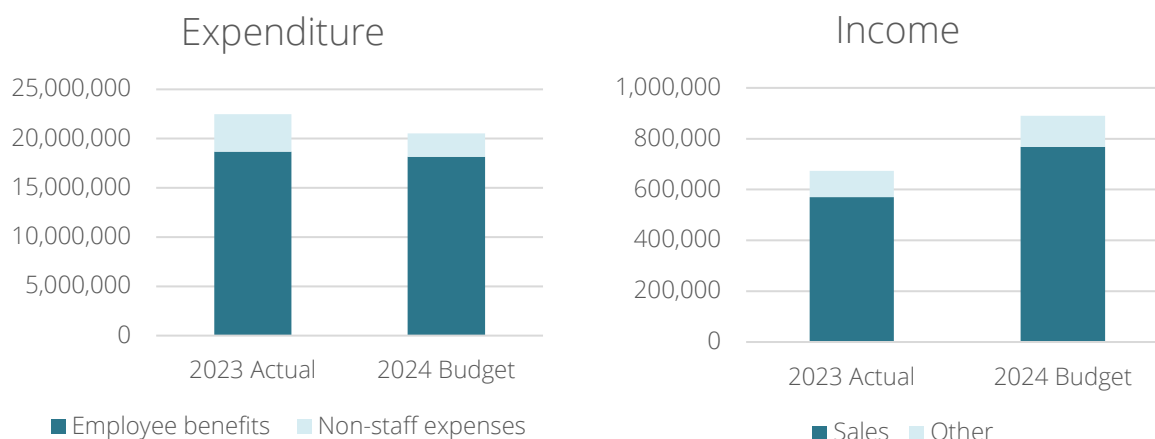


Figure 2: 2023-24 budget vs 2022-23 actual expenditure and income.

By example in the table below, the reduced allocated budget for these items presented as unrealistic in an operating prison environment with an increasing prisoner population. The prison's ability to reduce utilities and rates expenditure is limited, as they are fixed costs set by external bodies. To reduce the food budget to provide meals, even for the same number of prisoners, by over 57% was also unachievable without an unacceptable compromise to food quality and quantity for prisoners.

Table 1: Selected expenditure items from the 2023-24 Annual Budget.

Budget line item	2023 Actual	2024 Budget	% change
Food supplies	604,892	257,850	-57.4%
Electricity	189,925	107,343	-43.5%
Rates	215,083	89,452	-58.4%
Cost of sales (canteen supplies)	531,714	268,357	-49.5%

A budgeted predicted increase of 32% in income was also unrealistic (Figure 2). Documents showed this largely relied on greatly increased canteen sales. This was despite cutting allocated expenditure on items to stock the canteen by 49% (Table 2). This seemed non-sensical given the women were not being provided any extra money to spend through their prison gratuity. Such unrealistic pressure on spending left the prison with few resources to innovate and drive meaningful cultural change that would better meet its goal to improve women-focused care.

Inappropriate and substandard infrastructure remained a problem

Ageing and inadequate infrastructure has been a concern at Bandyup over many inspection reports (OICS, 2014) (OICS, 2017) (OICS, 2021). Our last inspection in 2020 documented a range of specific infrastructure deficiencies and provided a list, reproduced below, of areas that required consideration. This culminated in a recommendation for a comprehensive review of infrastructure, including the itemised issues, and the development of a medium-term improvement plan (OICS, 2021, p. 12).

Reception and visits:

- Reception sallyport is too small and lacks interview rooms, work-flow or storage
- External visits centre is poorly located, and in poor condition
- The social visits centre is too small to serve its purpose
- Official visits is in poor condition and of questionable safety

Health and support services:

- Medical centre is not compliant with health and hygiene standards
- The women's estate lacks a 24-hour residential infirmary
- A residential sub-acute mental health facility is needed
- Counselling, programs and prison support staff, Aboriginal Visitors, external facilitators and chaplains need more appropriate offices, interview rooms, and programs rooms
- Bandyup lacks a multi-faith spiritual centre

Administration and security:

- Administration is dispersed, partly in unsuitable demountable buildings
- Security team needs more suitable accommodation and an incident control facility
- Meeting rooms are needed in administration
- Staff training facility is of poor quality
- Outdated scanning equipment is in use & CCTV coverage is inadequate

Prisoner accommodation:

- Suitable accommodation for pregnant mothers is lacking
- Unit 1 has small crowded cells and is exposed to the elements
- Too many double-bunks are installed

Industries and training:

- A fit-for-purpose kitchen and training facility is needed
- Additional workshops are needed for skills training and cottage industries
- Additional training classrooms are needed
- Digital infrastructure for learning is too limited
- Horticultural nursery facilities need extension and modernising
- A supermarket facility is needed for self-care provisioning

The Department provided a progress report for this inspection and stated that it had completed this recommendation and approved it for closure. It said that:

‘A number of the issues identified (in Table 1) were incorporated into the Custodial Infrastructure Plan 2021-2023, including:

- Bandyup being identified as a high priority site for maintenance to be undertaken.
- Planning for the sub-acute mental health facility for females, which has subsequently been completed and is in operation.

Further items will be considered as the Prison Services Evaluation Project progresses.’

In contrast, our assessment during the inspection was that inadequate progress had been made. Since 2020, the only major works undertaken had been to create Bindi Bindi, improve CCTV coverage, and refurbish kitchen surfaces. In the 12 months since, some additional improvements have been made: works have commenced to expand storage space in reception; a stand-alone incident control centre is being created; and an expansion of production garden industries was underway. An internal funding request has also been submitted for the replacement of the visits centre and administration buildings into a co-located project, but an outcome is yet to be received.

All other itemised deficiencies therefore remained, several of which are discussed in the relevant service delivery sections elsewhere in this report.

The Department itself has recognised some problems by including the need to ‘improve the appropriateness of infrastructure for women’ in its *Better Futures* framework. It also states that one of six chosen priorities for the plan is to ‘deliver fit for purpose living environments and leading service edge delivery’ (DoJ, 2022) and that a key deliverable is to increase women centred custodial infrastructure.

The evidenced lack of investment is not supportive of its goals to be able to provide a more comprehensive women-focussed service. At Bandyup staff and service providers compete for space, visits for women to reconnect with children and family are poor, education centre space limits access, and accommodation becomes more crowded. To meet the goals of *Better Futures*, infrastructure deficiencies must be addressed.

More recently, we have been advised that the Department has commenced a review of the draft long term custodial infrastructure plan – which has been under development for many years. We have been informed that many of the issues identified through our inspections will be considered during this review. It is timely then to restate the essence of our 2021 recommendation to ensure these concerns can be considered.

Recommendation 2

Review Bandyup Women’s Prison infrastructure inclusive of the issues identified in Table 1 of OICS Report 131 and include them in the Long-Term Custodial Infrastructure Plan that is being developed.

1.3 Women were supported by some positive community connections

In *Better Futures*, the Department recognised the importance of engaging in partnerships with external agencies, communities, and families to better meet the needs of women prisoners, provide stronger community connections and improve rehabilitative opportunities (DoJ, 2022). Bandyup had started to work towards bringing this to life by participation in activities that were meaningful to the lives and experiences of the women at the prison.

The range of activities included:

- Recognising the experience of family violence amongst the women by participation in the annual Silent March as part of *16-Days in WA Campaign*
- Producing and donating goods to support external welfare agencies, as well as holding internal prison fundraisers
- Engaging with employment preparation and training agencies to support women nearing release
- Specialist agencies providing programs and addictions counselling
- Enabling prisoners to donate to the *Hooked-on-Books Project* supporting children's access to books
- Assisting eligible women secure post-release support through Outcare's *Tidda* program that helps obtain access to the National Disability Insurance Scheme (NDIS).

Bandyup had found it more difficult to maintain its program focussed on strengthening community ties specifically for First Nations women. At the time of inspection over 52% of women identified as First Nations, and providing specific support was recognised as crucial, both in *Better Futures* (DoJ, 2022) and the prison through its *Business Plan* (DoJ, 2023a). The prison had initiated a visiting Elder's program to provide regular contact with Indigenous Elders, leaders, and clinicians to provide culturally appropriate trauma-informed support. But it had struggled to maintain a consistent network and visits were not occurring regularly. To meet the objectives for supporting First Nations women in the Department's strategic plan, it is essential for Bandyup as the State's main women's prison to establish culturally appropriate programs that consistently provide ongoing connection to community.

To achieve this objective there needs to be a structured partnership in place with clear objectives and commitment by both parties to the project.

Recommendation 3

Bandyup develop and implement a formal strategy to improve engagement and in-reach with First Nations community providers to better support First Nations women.

1.4 Security functioned well but practices must support a trauma-informed approach

Security practices supporting the model of care

In implementing a women-centred model of care, prison security policies and procedures must recognise the high level of trauma that has been experienced by women. This particularly relates to having had high exposure to violence, and so the ways in which security and discipline are enforced in prison should be mindful of this.

Overall Bandyup worked to maintain a good balance of security, safety, and well-being. Safety had benefited from additional CCTV cameras in reception, the management unit and the CCU. This provided improved monitoring in operational areas where prisoners often experienced high levels of distress and for risk to be better monitored. Staff noted that similar upgrades would also be beneficial in accommodation units 1 and 2, where many prison incidents occurred. Another opportunity to enhance safety would have been to implement our previous recommendation for staff body-worn cameras (OICS, 2021). While no progress had been made at the time of our inspection, a June 2024 Department announcement that cameras were to be introduced in youth facilities was a positive initiative that will hopefully expand (Department of Corrective Services, 2024).

Over recent years, there had been changes to reduce the use of routine strip searching, which was consistent with more trauma-informed care. To support contraband detection, a Drug Detection Unit team regularly visited to help prevent drugs being smuggled into the prison. An itemizer machine was also placed in Bandyup's gatehouse, used for detecting illegal substances on clothing or other items using a swab. However, at the time of the inspection it was rarely used, as few staff had received training. In the 12 months since, 20 custodial staff had been trained in its use, and the staff training plan had incorporated more training still.

Also, the previously noted change in expectation in how staff managed some prisoner's behaviour was also a positive reflection of trauma-informed care. More reliance on communication and engagement through unit support plans rather than first resorting to confrontation and discipline recognised the challenges many women faced in regulating their behaviour. When charges did have to be brought against women for poor behaviour, an increase in prosecutor numbers meant that these were being heard more consistently and quickly.

Some procedures undermined broader philosophy goals

While some steps had been taken to provide a security approach more consistent with the new model of care, we found several examples where there was some tension:

- Restrictions on visiting hours and amenities continued beyond the COVID-19 pandemic, impacting the women's ability to maintain relationships or reconnect with family and children.
- Women reported, and incident reports showed, handcuffs were routinely used for escorts to the CCU, despite *Standing Order 11.3* stating this should only occur when necessary, based on each situation.

- Prosecution records showed some women who had significant cognitive disabilities were being charged with prison offences, including some who had been found unfit to enter a plea in a court. The alternative expectation of unit-based plans could sometimes be used.
- Workshops and education were denied access to items allowed in maximum-security male prisons. For example, the gardens party had been denied permission to bring in some machinery we confirmed was in use at Casuarina. It was allowed at the male prison but deemed too risky for Bandyup. Such rules should generally be the same at equivalent rated prisons, otherwise it risks allegations of discrimination.

Women's sense of safety had declined

Improving women's sense of safety should be a key objective of a trauma-informed model of care. Partly this can be achieved through a focus on developing mutually respectful relationships with an emphasis on relational security. The *Better Futures* framework recognises this (DoJ, 2022). During the inspection many officers acknowledged that talking with prisoners was the most effective way of managing them and doing their job well. But they felt frustrated because the chronic staff shortages prevented them from getting out into the prison. Prisoners reported that most staff were professional and mostly helpful, with 61% of respondents to our pre-inspection survey saying they got on well with Unit Officers.

We were concerned that fewer women said they felt mostly safe while at Bandyup compared to last inspection. This survey found only 61% responded they mostly felt safe, reduced from 71% in 2020. This was also below the state prisoner average of 72%. Staff in our survey believed prisoner to prisoner bullying had increased, with 72% saying bullying occurred often. This was up from 49% in the last inspection.

Some of the increased bullying was attributed to the prison becoming smoke-free. When cigarettes were banned on 31 October 2022, prison security staff said nicotine replacement products became highly sought after items for trading or standover. Supervision at the canteen was increased, but women reported to us it remained a significant problem.

Bandyup had an anti-bullying policy (*Standing Order 10.6*), and the Security Manager was the Anti-Bullying Coordinator. Prisoners involved in bullying were placed on an anti-bullying register which meant increased monitoring and cell searches. The list was reviewed monthly. Despite this, our survey indicated that women still felt unsafe. We believe this is an opportunity for greater local attention.



2 Health services achieving positive outcomes in a challenging environment

Health centre staff continued their practice of providing a good standard of care that worked to meet the specific needs of its women patients. While some service gaps were evident, a combination of on-site professionals and connections with external service providers generally provided a good level of care. As was the case for other areas of service delivery, Bandyup faced several resourcing challenges. We found patient access to appropriate healthcare was frustrated by three main issues – uniformed staffing shortages, aged or absent infrastructure, and level of dental service.

With the opening of the Bindi Bindi mental health unit, we found an emerging focus on supporting women living with disabilities. Many of the improvements had come through leveraging from the resources provided for Bindi Bindi, and in particular the engagement of an occupational therapist for the unit.

Bandyup became a smoke-free prison in October 2022. While this important health and safety initiative had initial success from sound planning, several problems emerged after the trial became permanent in April 2023. A key lesson learned was the need to fully engage with, and properly resource prison health staff to lead and support what is essentially a health issue.

2.1 Good primary health services enhanced by positive partnerships

The health centre provided a good service

In making safety, health and wellbeing one of six identified priority areas for development over the three years following its launch, the Department's *Better Futures* framework states it is committed to '[P]roviding targeted health care services that meet the physical, mental and welfare needs of women in a safe and supportive environment' (DoJ, 2022, p. 12). Achievement of this goal would be to ensure women have 'access to gender and culturally appropriate health care'.

This commitment required Bandyup to deliver health services targeted towards women, in a manner that was sensitive to their extensive experience of trauma. Our inspection found that the prison health service continued with its past focus on the needs of women in its care. The nursing staff and general practitioners were mindful of the experience and needs of the patient-prisoners they serviced. The team worked well to identify services that could support the women, and ways to deliver them. Women focussed areas of practice and support included specific assessments and care planning for women, contraceptive and gynaecological care, pre- and post-natal support, relevant immunisations, and substance misuse treatment.

Health staff also identified areas in which Bandyup could deliver a better women-focussed practice. These included dietary advice/weight management, disability support/NDIS coordination, and better integration of mental health and physical health needs. We encourage the centre to work towards addressing these.

Partnerships with external providers promoted women's health and wellbeing

Primary health care for women was supplemented by some supportive in-reach services:

- weekly physiotherapy sessions provided individual appointments and a monthly group for chronic pain management. The clinic assisted many women who experienced chronic pain and provided education on alternatives for managing pain without medication.
- podiatrist visits every six weeks, that particularly supported women with diabetes.
- once 12 patients were wait-listed, the contracted optometrist would attend.

The centre had been proactive in securing BreastScreen WA to visit Bandyup to provide education and scanning services. The screening bus had been to the prison twice for annual clinics since our last inspection. As a result, several women had been referred for further investigation, demonstrating the importance of the initiative.

Health services had also developed a positive working relationship with King Edward Memorial Hospital Women and New Born Drug and Alcohol Service antenatal service (WANDAS). This was a valued support for pre-and post-natal women. Before the COVID-19 pandemic, WANDAS provided in-reach care at Bandyup, providing safe and trusted support within the prison so women did not have to be handcuffed and transported out. At the time of inspection this service was due to resume.

Increasingly, other health services were being provided via telehealth which we were advised has turned out to be a trauma-informed option preferred by many women. This allowed women to access essential health services with privacy and dignity at Bandyup and incentivised women to engage. In the past, women would often decline to attend external appointments due to the need for long hours in transport vehicles, and the trauma or stigma of being handcuffed and/or shackled in public. Access via tele-health appears to have overcome much of this resistance.

2.2 Resource shortfalls challenged some women-focussed goals

Bandyup faced several resourcing challenges in working to deliver better women-focussed healthcare services. We found patient access to appropriate healthcare was often frustrated by three main issues – uniformed staffing shortages, aged or absent infrastructure, and availability of specific services, in particular dental.

In Chapter 1, we discussed uniformed staffing shortages being experienced at Bandyup and the impact on access to services. While the prison tried to prioritise health, appointment records showed at times there were frequent cancellations due to the redeployment of the centre's supervising officer. When shortages resulted in total prisoner lockdowns, staff would escort prisoners to appointments, when possible, but the process was slow and caused delays resulting in less appointments being completed. This was a waste of a limited resource and did not prioritise the health needs of the women patients.

Bandyup health centre infrastructure and its impact on services to women has been a concern since 2008 (OICS, 2008) (OICS, 2014) (OICS, 2017). At our last inspection in 2020 we noted that despite being the health hub for women across the state it lacked some important services and

infrastructure. This was to provide for those with acute health needs including the aged, infirm, terminally ill, high-risk pregnancy, post operative, and other high needs patients. This significant gap continued to exist at this inspection. In the male estate, these needs are primarily met by the infirmary at Casuarina Prison, with plans for more health infrastructure in an upcoming expansion. Bandyup, and the women's estate, has no equivalent facility with no evident plans for this to be addressed. This is a significant failure in the Department's commitment to recognising and addressing women's needs and in equitable access to services.

A 2018 Department commissioned audit of health infrastructure design compliance was conducted, which included Bandyup (Hume, 2019). As previously reported (OICS, 2021), it identified many deficiencies with the centre's basic design, fixtures, ventilation, age, and poor maintenance. Its overarching finding was that a new centre was essential to meet appropriate modern healthcare standards. To date, we have not been informed of any plans or actions to address the deficiencies in infrastructure for women's health. These concerns should be included in the review recommended in Recommendation 1.

We found no improvement since our last inspection in the access to dental health care for women. This was despite a recommendation to expand services available (OICS, 2021). The service provided by North Metropolitan Health Services only provided access to primary services such as pain, infection, trauma, and bleeding. Access to restorative or preventative care were rarely accessible, which impacted women's wellbeing and mental health, as well their physical health. While a dentist was allocated to attend two days a week, there was no relief cover and sessions were then cancelled. The waiting list for appointments was long, and health staff reported treating many women with serious oral infections and severe pain management for extended periods of time.

Ordinarily, we would provide argument and contemporary analysis to support a recommendation but given the lack of any improvement in access to dental services we are obliged to repeat the recommendation from last inspection.

Recommendation 4

Provide access at Bandyup to preventative and restorative dental services.

2.3 An emerging focus on the needs of women living with disabilities

People living with disability are overrepresented in the Australian prison system (Doyle, 2022) (AIHW, 2023). And most corrective services agencies do not have strong systems for identifying those people in their care and responding to their needs (Doyle, 2022). Our review work has examined the Department's systems for supporting people with hearing impairments (OICS, 2023) and a recently published report reviewed people in prison with intellectual disability (OICS 2024). Both highlight issues of concern, some of which the Department has started to address. As increased support services for women with disabilities is a key measure of success of its *Better Futures* framework (DoJ, 2022, p. 13), given the work already commenced by the Department, it is reasonable to expect even more improvement in the future.

At Bandyup we found that some women with disabilities had, through previous contact with the justice system as a young person, already been identified through its screening processes. Other women had been identified through their disclosure of being a client of the National Disability Insurance Scheme (NDIS) in the community. Recent system level improvements included the Department's introduction of a Functional Impairment Screening Tool (FIST) administered by health staff to screen for disability, and the presence of an on-site NDIS Justice Liaison Officer. Both had improved identifying and supporting women who may need additional assistance.

Once a woman living with disability had been identified, Bandyup did try to meet their specific needs. In many instances this was quite limited, as infrastructure for those with physical needs was scarce, especially in the absence of an infirmary or specially designed accommodation. The only wheelchair compliant cell was in Bindi Bindi, so access was limited to those who were assessed as appropriate to be placed there. Women told us that obtaining access to other aids for physical disability was a long and often difficult process.

Many of the improvements for women living with disability came through leveraging from the resources provided for Bindi Bindi. What was clear through our inspection work was the significant positive impact of an occupational therapist (OT) introduced into the unit. The OT identified several women facing release who had not previously had the support of the NDIS. It was also identified as an issue for some women not resident in Bindi Bindi. The OT worked with the NDIS Justice Liaison Officer to begin the process of connecting women to the NDIS. They also brought in the Tidda program, operated by Outcare, to establish a regular group program for these women. These initiatives resulted in concrete outcomes of women being released to significant support from NDIS.

The introduction of the OT saw meaningful and positive impacts. Unfortunately, the incumbent left the role and at the time of inspection had yet to be replaced. Evidence of the outcomes already achieved supported the importance of the role and so the vacancy left us concerned. We were therefore pleased to recently learn that a fulltime permanent OT was again located with the unit.

While the wider impact of an OT role had come about by circumstance rather than system design for women with disabilities, now the positive potential outcomes have been seen, the Department should review how it can embed, improve, and spread the integration of the role elsewhere.

Recommendation 5

Continue to ensure the provision of on-site occupational therapy services at Bandyup, and the Department undertake an evaluation of the benefits of providing the service with a view to expanding access to other prisons.

2.4 Going smoke-free: a necessary health policy delivered fragmentedly

Good planning bought early success

On 11 August 2022, it was announced that Bandyup would initiate a smoke-free trial on 31 October 2022. Our liaison work at the prison between the announcement and introduction, found that

initially the prison made genuine effort to engage with the women and staff about the trial and work through the early commencement stages.

The challenges of nicotine withdrawal were recognised through providing women with health assessments, a Passport to Health booklet, and information on support services. A prisoner smoking committee was formed, Quit champions appointed, ideas for support were gathered through surveys and a plan of substitute activities to occupy women while withdrawing was created. As both prisoners and staff were banned from smoking on premises, all identified smokers received four weeks of free Nicotine Replacement Therapy (NRT) patches and lozenges. Another eight weeks of NRT was made available through the canteen for purchase, allowing a total of 12 weeks' supply.

During our inspection new arrivals who identified as smokers on admission were provided with their first weeks' worth of free NRT in their initial visit to the canteen.

Poor follow-through led to problems

Smoking on site had ceased without much reported incident in the short term. As time went on several issues emerged, many of which occurred from failure to follow through on planning or resourcing:

- Some of the promised support activities failed to run due to short staffing and lockdowns.
- Promised counselling services were unable to meet additional demand in a timely way.
- Not enough places were available on First Nations appropriate program *Yarning it Up, Don't Smoke it Up* and it ran only once a month.
- Increased incidents of trafficking, standover and contraband relating to tobacco and NRT products were recorded, particularly impacting newly arrived prisoners.
- Prisoners smoking 'teabacco' made from NRT patches and tea leaves. Studies have shown that toxic substances transfer from patches to the tea causing health risks.
- Power points were used to light contraband products placing women at risk.
- Increased purchase of unhealthy food items from the canteen to replace cigarettes, creating different health risks.

A significant gap identified during the inspection was the lack of engagement, integration, and resourcing of prison health staff to support the initiative. Despite their expertise in addictions, we were told that neither the primary health or the Mental Health Alcohol and other Drug (MHAOD) service teams had been involved in the planning or provision of assistance to women with nicotine dependence as part of the smoke free policy.

Health centre staff were surprised during our inspection when prisoners were provided a letter stating that if after 12 weeks of nicotine replacement, they were still having difficulties to make an appointment with a GP who may prescribe further courses of patches. GPs told us they had not been consulted about this. Health staff also felt restricted in being able to treat and prescribe for withdrawal treatment using their clinical judgement, as they were limited to the NRT products the prison provided. And while best practice addictions treatment would partner counselling with medical interventions, prison Psychological Counselling Services (PHS) was not provided additional resources to provide this, and a long waitlist emerged. PHS did organise some group sessions when smoking first ceased but could not keep up with demand.

While the Department had intended to create three additional smoke free prisons by the end of Bandyup's six months trial in April 2023, that did not occur. During the inspection women were vocal about their frustration of feeling discriminated against and subject to inequitable treatment. Some expressed how the trial failed to grasp the level of support, comfort and coping smoking provided them. Aspects of this did not fit well with the trauma-informed focus the prison had adopted.

In January 2024, the Minister for Corrective Services announced that the initiative would expand, and on 28 March 2024 all metropolitan women's prisons and the Corrective Services Academy went smoke free. The Department has since informed us that the body responsible for implementing smoking cessation in the state's prisons has reviewed the trial at Bandyup to improve the roll out. We were pleased to learn that this body now included senior health service representatives, custodial leaders, and civilian staff.



SUGGESTION

The Department ensure it implements a 'lessons learned' process in expanding the smoking cessation project to the male prison estate.

3 Bindi Bindi Mental Health Unit: trauma-informed care that needs consistent support

The Bindi Bindi mental health unit (Bindi Bindi) opened at Bandyup in July 2021. It aimed to provide step-up and step-down support for women living with acute mental health needs. Its model of care aligned well with Bandyup's increasing focus on providing a trauma-informed model of care. Following from a positive initial opening and operating period, we found some risks to the operation of the unit had emerged. Recruiting and retaining appropriate health staff, and structured consistent clinical leadership were of main concern.

Many women at Bandyup did not meet the admission criteria for Bindi Bindi but still lived with some level of need for mental health support. We found these women faced more difficulty in securing the services they needed, with a focus on the specialist unit having priority. While the establishment of the unit has achieved positive outcomes, the work remains to ensure other women at Bandyup are not left at risk.

3.1 The emergence of a supportive environment for women

A new therapeutic space emerged from old infrastructure

Bindi Bindi opened in July 2021 following an extended period of research, planning and policy development. It filled a previously unmet role in addressing the needs of women in prison with higher intensity mental health support and treatment needs. It was established with a clear, purposeful model of care that 'offers women across the custodial estate an opportunity to stabilise and address mental illness and support reintegration into the community upon release or back into mainstream placement' (DoJ, 2021).



Photo 1: Bindi Bindi Unit shared internal open yard.

By providing a step-up and step-down option for women managing a serious mental health illness, Bindi Bindi also worked to fulfil a core aspect of the vision of the *Better Futures* strategic plan, to enable women to re-enter the community having improved their mental health. It was also a significant example of policy and philosophy in action, through its commitment to working in a trauma-informed way to supporting women accommodated there (DoJ, 2021). It provides a safe and supportive place for women too acutely unwell or distressed to cope in a mainstream environment and can reduce the need for placement in crisis care or management units.

The unit was created from an extensive refurbishment of the oldest accommodation at Bandyup in Unit 1. It consisted of a subacute area and a high dependency area (HDA). The subacute area allowed prisoners to receive holistic treatment in a stable, monitored, and supportive environment. It could accommodate 22 women in single cells, with access to a garden and courtyard, a consultation room, a large activity room for group work, therapy and meals, and a sensory cell for relaxation and emotional regulation. The separate HDA consisted of six ligature minimised single cells with cameras providing support and monitoring for women with the most acute needs. There was access to a small common room, a landscaped garden with seating and a bathroom.

Women were referred for placement from throughout the state and assessed against the criteria for admission set out in the model of care. Processes for assessment of readiness for discharge and reintegration back into mainstream environments were similarly provided.

Staffing groups shared a trauma-informed focus

A significant contributor to the initial success we observed in the operation of Bindi Bindi was the approach taken to staffing the unit. Having established a model of care, Commissioner's Operating Policy and Procedure (COPP) (DoJ, 2021b), and a Unit Plan defining the governance and operational expectations for the unit, all staff who came to work there had a clear understanding of how the unit was to work, and the collective team approach to supporting women.

Bindi Bindi was managed by the newly created Assistant Superintendent Special Units (ASSU), who led a staff of officers working alongside a multidisciplinary mental health team. Uniformed staff were initially chosen to work in the unit through an expression of interest (EOI) process and received some specific training for their placement. While the positions continued to be filled by EOI, the new staff had not received the same extra training. To maintain the integrity of the unit it is important that all staff should do so upon commencement.

Recommendation 6

All staff rostered to work in Bindi Bindi mental health unit must be provided with the specific training developed for workers in that unit.

Integrating a group of health professionals within the unit was also an important component. There were a few positions solely dedicated to Bindi Bindi - an enrolled mental health nurse, an OT, and a psychological health services (PHS) counsellor. Other roles divided their time between the unit, and providing services for women across Bandyup, or even across multiple prison sites. These included:

- Mental health clinical nurses (Bandyup-wide)
- Mental health clinical nurse specialist (multiple sites)
- Consultant psychiatrist (Bandyup two days per week only)
- Nurse unit manager (all WA prisons)
- Prison support officer (Bandyup-wide).

Co-locating staff within the unit together allowed for strong ongoing communication about each resident, providing better individual, consistent, holistic care and support. A weekly multidisciplinary team meeting also enhanced shared understandings of the women, mental health needs and the best approach to achieve the best outcomes. It also helped to embed a culture shift towards an overall trauma-informed care model.

3.2 Strong beginnings at risk

Clinical leadership structures created some problems

As a mental health unit supporting the highest needs women within the prison estate, Bindi Bindi should have strong clinical governance leadership to manage the balance of health and custodial outcomes. This is especially true (or the case) with a team of both health professionals and uniformed staff based in the unit. Without this there is a risk health needs and trauma-informed care can be routinely overridden.

We found that different staff members had separate management reporting lines, some clinically focussed and others custodial. This was further complicated by some managers being located onsite, some visited regularly, while others with statewide responsibilities were rarely present. That different roles also had different record keeping requirements meant notes were not always shared or visible between the different Bindi Bindi team members.

Staff told us this sometimes created a lack of cohesion about the management of women in the unit. Despite the unit operating frameworks, there had been conflict about diagnoses, admissions, and in some cases for certain disciplines to take on care of patients. We saw that some women were not receiving holistic wrap-around services from all the Bindi Bindi team due to some of these disagreements. While trying their best to manage the unit daily the ASSU was not a clinician and had no line management over those roles involved, so could not intervene.

This places at risk Bandyup meeting the objectives in creating Bindi Bindi and providing safe, recovery focussed, quality mental health care. The Department must clarify purpose, roles, responsibilities, and admission criteria. It also must develop shared specific processes for case management and record keeping. A single clinical leader onsite at Bindi Bindi that can make decisions based on holistic best practice mental health care should also be established.

Recommendation 7

Mental health, counselling, occupational therapy, and other clinical staff in the Bindi Bindi Unit should be managed and operate as one multidisciplinary team with shared notes, care plans, and clinical governance.

Staff recruitment and retention was difficult

Unfilled vacancies, unplanned leave and low staffing allocation had limited Bindi Bindi's ability to deliver services as set out in the model of care. For example, during the inspection we found no group programs were underway, and none had been provided in some time. We also did not see uniformed staff engaging women in activities as envisaged in the plan.

Evidence showed that maintaining staffing levels in the unit had been challenging. This placed the operational model for Bindi Bindi at risk. Staff reflected that this made it difficult to provide all the services outlined in the plans for the unit. At the time of the inspection we found:

- A high turnover in nursing staff, and since the unit opened there was often only one mental health nurse onsite for the whole prison
- The incumbent OT had recently left and recruitment had not been successful
- Uncertainty had been created by the dedicated PHS counsellor resigning
- The Aboriginal Mental Health worker position had been vacant for some period.

Since the inspection, a new OT and dedicated PHS staff member had been recruited, however vacancies remained in mental health nursing and Aboriginal Mental Health worker roles. Staff in the unit were committed to doing their best to meet the needs of the women within the resources available. But as a holistic model of care, it is essential that roles are filled to support the outcomes of the model of care for women to be met.

Services for women outside of Bindi Bindi were harder to access and less women-focussed

Some of the challenges being faced within Bindi Bindi were also being experienced more broadly at Bandyup, where we found women struggling to access mental health care. At the time of the inspection Bandyup's attending psychiatrist also serviced three other women's prisons and provided telehealth to all regional prisons in Western Australia. So, while onsite two days a week, much of this was dedicated to providing remote consultations. More recently we were told that the psychiatrist now attends only once a week, with telehealth services being planned to expand access. Consequently, for women at Bandyup it often took many weeks to secure an appointment.

At that time, this created a knock-on effect of greater demand for mental health nursing services. But as stated above, there were frequent vacancies in those positions as well. With women in Bindi Bindi being given priority for treatment, many women were left at risk for long periods without appropriate specialist mental health support. This included problems with the running of the opiate replacement program that is managed through a mental health nurse. While GPs have tried to take on more of this role it is not sustainable. This creates a high risk for Bandyup, and better access must be provided for women outside of Bindi Bindi.

Women did appreciate the work of the PHS staff trying to meet some of their mental health needs. As at all prisons, the team must give priority to managing prisoners being managed under the at-risk management process (ARMS), but unlike some other facilities they also try to make time to see other women for therapeutic counselling. We found current wait times for a woman to receive a PHS

assessment after referral was around four weeks – comparable to wait times if referred by a GP in the community. At the time of the inspection PHS had 103 women on its client list at Bandyup.

While Bindi Bindi had created a better model for more holistic care of women, the same processes had not been taken on for women needing support in the wider prison. Some of the clinical governance issues found within the specialist unit were also present between the health, mental health and PHS teams more broadly, leading to some women facing uncertainty around who was going to take on their care. A better coordinated and holistic model of wrap around services were needed to better meet the aims of a trauma-informed practice across the entire prison.

Recommendation 8

Implement a coordinated clinical process involving the psychiatrist, mental health nurses, counsellors, and primary health staff to discuss and provide advice on the care of women in the general living units with complex mental health needs.

While the environment for supporting women with acute mental health needs had improved through placement in Bindi Bindi, those who did not qualify or ended up in the Crisis Care Unit (CCU) at Bandyup were subject to untherapeutic conditions. Prisoners felt being taken to CCU when in crisis was like punishment and made them reluctant to seek help. This was the opposite of a model of trauma-informed care. The temperatures in these cells often fluctuated to extremes, there was no privacy for ablutions, they were often locked up alone and without contact for hours, and hand-cuffed when moved. Some work had been done to provide a communal lounge area and therapeutic garden for the women, but a single staffing allocation to the unit meant the women were rarely allowed out because of staffing ratio requirements.

4 A trauma-informed focus had variable impact on service delivery

We found most staff were motivated to try and support prisoners during their time in custody, and for their services to be relevant for women specifically. However, many women expressed a decline in their positive experiences of services at Bandyup, particularly in relation to aspects of life that spoke to whether they felt treated respectfully and with decency. Areas of high concern for them were accommodation, food, and connection with family. We were also concerned about the impact of staffing shortages and infrastructure on aspects of services to support women's wellbeing.

Positively, women with babies or nearing birth at Bandyup generally felt well supported with a new role designated to support them more closely. Prisoner support officers, peer support, Aboriginal visitors service, chaplains and recreation were all services highly appreciated by the women. Each faced its own challenges in meeting the women's needs.

4.1 Experience of some everyday services had significantly declined

Women surveyed for our inspection rated their quality of life at only 4.57 out 10. This was low against the state average of 5.17. As shown in the figure below, positive prisoner ratings of most services at Bandyup in our 2023 survey had significantly declined since 2020. During our inspection work women spoke to us most often about their experience of three services in particular – their accommodation and living conditions; food quality; and the circumstances in which they could connect with their families.

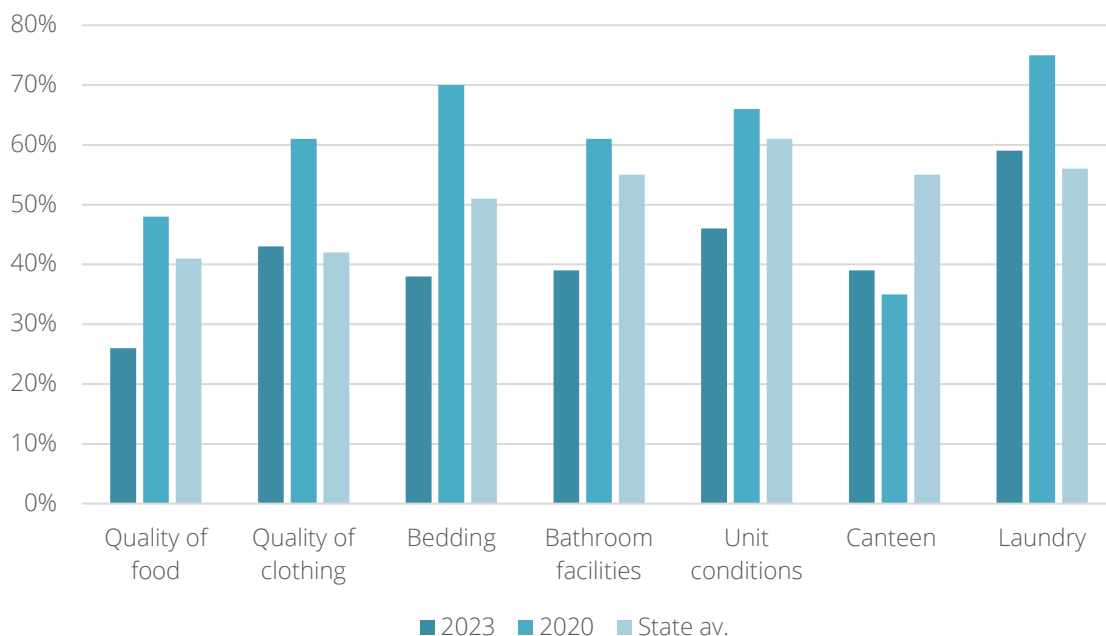
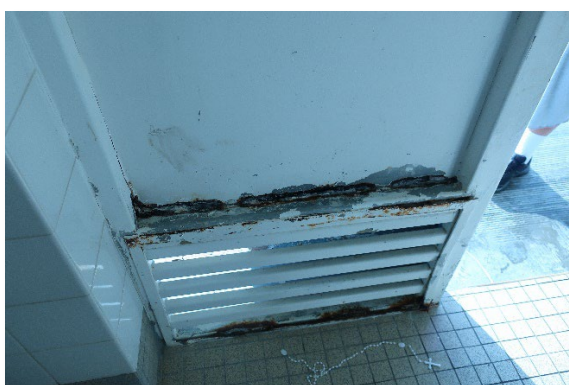


Figure 3: Comparison of positive prisoner survey responses of living conditions at Bandyup.

Mainstream accommodation conditions were increasingly difficult

The Department has acknowledged it is important prison facility design is appropriate for women. It should be non-threatening, provide accommodation that supports relationships and a positive sense of self, be environmentally calming, culturally appropriate, provide a sense of safety, and allow for an enhancement of family relationships (DoJ, 2022, p. 26).

Unfortunately, Bandyup's infrastructure fails to meet most of these objectives, having mostly been built following traditional male prison designs. Its accommodation was of diverse age and quality. The original block, Unit 1, was opened in 1970 as a copy of a unit in Bunbury Regional Prison. One side had been refurbished to create Bindi Bindi, however the other had minimal upgrades and been double bunked despite the cell size not meeting minimum Australian design standards (OICS, 2016). The ablutions were in poor condition, and we saw plumbing leaks, pooling water, and permanently stained grout. Women reported ants in beds and prison reports confirmed mice found in cells, and even on one occasion a snake. It was concerning that First Nations women were disproportionately accommodated in this unit at over 75% and under-represented in self-care style units.



Photos 2 - 5: Examples of the disrepair and degradation of infrastructure in Unit 1.

Unit 2 also followed a traditional male design of a central control pod with dayrooms and a central kitchen opening out to two accommodation wings, each with two-storied landings lined with cells. We found these to be better maintained, but they were often noisy and chaotic, mostly double bunked, and provided little privacy. Both Units 1 and 2 experienced significant issues with climate control, with extremes of heat and cold. This was evident as far back as our 2015 review of thermal conditions of prison cells (OICS, 2015) which also found poor ventilation and high humidity.

No evidence was provided that these issues had been addressed. Previous recommendations to mitigate climate control had been rejected by the Department as too expensive or presenting too much risk. So, nothing had changed. It is incumbent on the Department to find a solution – along the lines proposed in Recommendation 1 - that will allow women at Bandyup to live more decently and with less distress during times of weather extremes.

Dissatisfaction with food had increased with budget reduction

Women's perception of food quality had declined markedly with only 26% of surveyed women rating it as good, down from 48% in 2020. The kitchen itself was in better condition after a refurbishment following our 2020 report. An April 2023 food safety audit found generally good compliance with relevant standards and kitchen maintenance requirements. A significant change since our last inspection was the routine use of the cook-chill method of meal provision, where food was prepared one or more days before it is reheated and served. This could have been one source of the increased dissatisfaction.

The Department supported our 2020 recommendation that 'Bandyup should offer choice for all lunch and dinner meals, including a vegetarian option'. In an update for this inspection, it told us that: 'all women are provided with two meal options for lunch and dinner and have a choice between salad and bread roll or a hot meal'. However, women told us:



Evidence provided also showed that the budget allocated to provide prisoner meals had been cut by 60% (see Chapter 1). This was a significant amount given the increasing cost of food, and the increasing prisoner population. While additional funding can be sought from Government to cover increases in prisoner populations, the assumption at the start of the budget cycle remained for a 60% reduction in spending. This budget was also to cover unforeseen costs, such as those recently experienced when coolers broke down and temporary facilities had to be hired, and some meals had to be externally sourced to replace ruined stock. Prison budget reduction pressure should not impact on the supply of healthy and decent meals to prisoners.

Social visits arrangements undermined the women-focussed approach

Connection to families and support networks are vitally important for prisoners, and for women this is especially important as many were primary caregivers to children or others prior to imprisonment. Separation from family can also add to or re-traumatise women who have previously experienced family separations. Maintaining and enhancing these connections is a significant contributor to women being able to engage in treatment, successfully leave prison and increase the chances they will not return.

Access to social visits for women at Bandyup was poor. This was true for weekly social visits, child visits and special visits. A comparison of visit numbers at times when populations were similar, over June – August 2019 (pre-pandemic) to the time of our inspection in 2023, we found a 63% decline in social visits. Child visits were down by 61% and special visits by 85%.

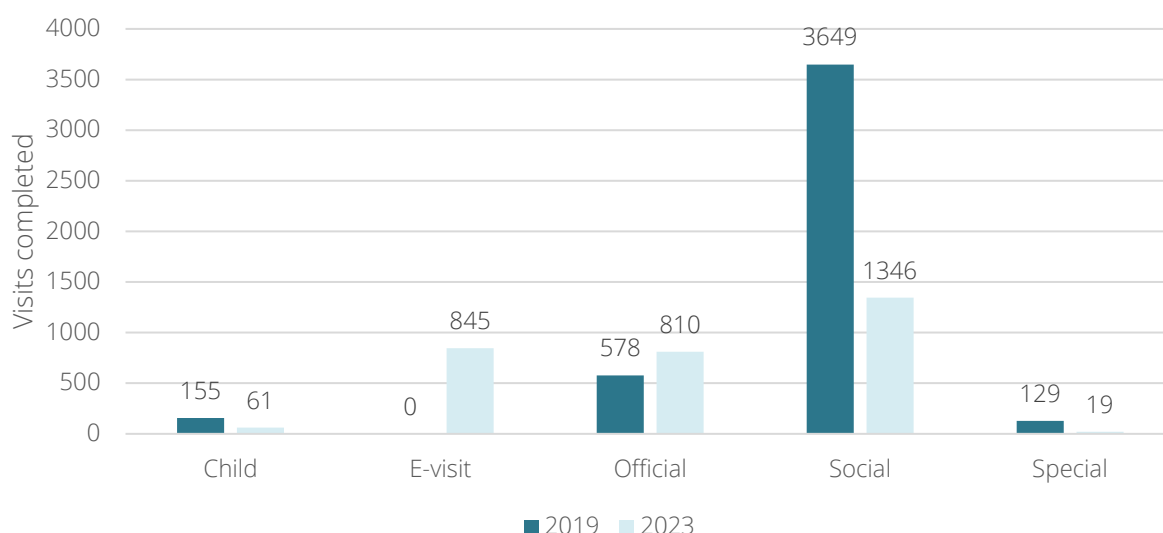


Figure 4: Comparison of visits by type, June, July & August in 2023 and 2019.

Three main reasons emerged why visits had reduced so significantly:

- The capacity of the already small visits centre had been reduced to only six tables to install e-visits booths during Covid.
- Prisoner entitlements had been cut to accommodate the reduced centre capacity. Remand prisoners had daily in-person visit rights reduced to weekly, with a second by video only.
- Short staffing sometimes resulted in visits being cancelled, particularly on weekends. Video visits could also be impacted on occasion.

The inadequate visits infrastructure at Bandyup has been the subject of comment and recommendation in every inspection report published since 2003. It was previously found to be 'the worst in the state' (OICS, 2011) and has been repeatedly acknowledged as unacceptable by the Department. Its capacity has decreased over the years, from 16 possible visits per session (when Bandyup's population was 113 women) now to only six (with a population of over 200) supplemented by five e-visit terminals.

Despite this, nothing had been done to improve services for women. And compared to visits in the male prison estate, the change to infrastructure that had reduced capacity had created inequality in women's access to visits. Women do not have the ability to have equal access to visits compared to men.



Photos 6 – 8: Bandyup's social visits centre is aged, small, and not suitable for mothers to connect with children.

When women could access social visits, they reported their experience of being able to properly connect with their visitors had been eroded. Many of the facilities for mothers to meaningfully play and interact with their children had been removed, and the toys we saw that were available were old. They also wanted to be able to provide snacks to normalise their visit experience, but these were not allowed. Pre-Covid, more active play space was available, a better range of activities provided, and women could take snacks for any of their visitors. Current arrangements do not reflect the philosophy and goals of its *Better Futures* strategy for women.

Recommendation 9

Replace the visits centre, video-link, and official visits with a fit for purpose facility that will support the Department's recognition of the importance of, and commitment to, women's connection to family.

It was also disappointing that Bandyup had failed to reinstate the child day stay visits facilities since Covid restrictions had ceased. The building used for child visits provided a safe and appropriate space away from the main prison for women to share time with children aged under five years.

Women could spend the day playing, cooking, and engaging with their children to ensure relationships continued and grew. Bandyup's new business plan for 2024-25 does include the re-establishment of child day stays, including provision for some maintenance work to the facility. It is essential that the facility reopens, and we hope these plans are actioned.

4.2 Strengthened on-site family services supported women's needs

One of six Departmental strategic priorities for women prisoners was to support reunification services for women with families as a way to reduce recidivism (DoJ, 2022). Bandyup has done some good work in providing services and supports to women to empower them to strengthen their relationships and skills.

A significant improvement has been achieved through the appointment of a dedicated resource in the Family Services Coordinator (FSC). This resulted from a recommendation in our 2020 report that a position was needed to manage services that focussed on motherhood and parenting. The FSC works with health staff, custodial staff, and the Family Links Officer (FLO) from the Department of Communities to assess, plan, support and manage women who have a baby under 12 months or are likely to give birth whilst in custody. Much of this relates to making decisions about whether women can reside with their babies at Bandyup, having a plan in place for this and provide support during their stay.

The framework now in place at Bandyup has provided a stable and safe environment for more women to keep their babies with them in custody. The daily professional support they receive through the FSC was a consideration for the Department of Communities in making custody decisions, and so has improved the opportunities for women to enhance their parenting and bond with their children.

The FSC carries most of the responsibility for organising services needed by mothers residing on site, along with daily management from the unit officers. At the time of the inspection some pre-Covid services had begun to visit again. A community Child Health Nurse had resumed visits and Centrecare were also attending to deliver parenting courses for mothers across the whole prison. We encourage Bandyup to continue to broaden the services available to all women to support them in maintaining their roles in their families and building their skills.

The three nursery houses on site at Bandyup can accommodate up to 12 mothers with babies aged under 12 months. All are child-safe and appropriately furnished and maintained. They try to provide a normalised home environment for mother and child. Pregnant women are usually accommodated in unit 6 from 25 weeks. While airconditioned and with private bathrooms, the donga-style rooms are double bunked and small, often making it difficult for women in later stages of pregnancy to comfortably move around.

4.3 Support services tried to focus on women's wellbeing

Bandyup had several services in place whose focus was to support the women's wellbeing. Each team consisted of committed individuals that recognised the unique specific needs of women, and desired to meet these in the best way possible. All were impacted by uniformed staffing shortages,



SUGGESTION

Assess and identify more appropriate accommodation options for women in late-stage pregnancy.

as movement restrictions, lockdowns, and lack of staff in certain rostered positions made connecting with women difficult.

Two Prison Support Officers (PSOs) were responsible for coordinating the prisoner peer support team. These were a group of selected women who were available to speak with women feeling emotionally or psychologically at-risk and refer issues if needed. All peer support prisoners should participate in the suicide prevention Gatekeeper training course, however at the time of the inspection none of the four team members at Bandyup had done so. We were subsequently informed that the Gatekeeper course has been under review and so an alternative course, Talking about Suicide, was being provided, which two of the team members had commenced. But with only four peer support team members across the prison's seven accommodation blocks, it was not possible to provide support to all women who needed it. It is important that enough team members be maintained and appropriately trained.

Bandyup prisoners also received support from an Aboriginal Visitors Scheme (AVS) visitor, who attended daily. She was highly valued by the women. The visitor would prioritise women from the regions, those who did not receive visits and those in crisis care and Bindi Bindi. By consciously targeting these women, she met an important need to help support the most vulnerable Aboriginal women at the prison.

Women valued access to recreation at Bandyup and many expressed it as essential to their mental as well as physical wellbeing. A team of three recreation officers covered shifts over seven days a week providing fitness classes, sports, arts, crafts, library, and passive group activities. But staff shortages frequently meant access to recreation was closed, as the officers were redeployed to cover vacant positions. When only one recreation officer was available only a reduced number of women could do activities. Records showed that cancelled activities were most common on weekends when women had little else to do. In December 2022 recreation was closed for 15 out of 31 days, and open on reduced numbers for another three. At the time of the inspection full day closures had continued at a lower rate, but partial closures were still common.

The Council of Churches of WA (CCWA) were contracted to provide an all-faith pastoral support services to women at Bandyup. The team engage directly with women or will assist to connect them with leaders of other faiths. The main barrier to those not part of the contracted team is the protracted security clearance process required for official visitors. Items needed by women to participate in faith practices could be sourced from the chaplains, along with faith-based reading materials. A Christian based service is held most Sundays; however, prisoners of other faiths were not regularly provided for. This was reflected in the prisoner survey, where only 31% of women said they could practice religion in Bandyup (down from 40% last inspection). This could also be linked to the regular cancellation of services due to staffing shortages – only four services had taken place between January and July 2023. Unlike many other prisons, Bandyup did not have a dedicated multi-faith chapel, having use of only a small room. Despite the efforts of chaplains, Bandyup was not doing well in meeting the faith needs of all its prisoners. A soon to be published review into faith services in prisons being undertaken by our Office, is likely to make recommendations regarding prisoners' access to faith services.

5 Rehabilitation and transition services supporting women to improve post-release success

Bandyup provided some excellent rehabilitative services focussed on addressing the needs and interests of women accommodated there. A specially designed treatment program, a suite of relevant voluntary programs, education and skills courses, and transition services all contributed to working towards Bandyup's women-centred model of care.

Opportunities for improvements that could further meet Bandyup's business plan goals, enhance rehabilitation, and improve outcomes for women were also evident. These included increasing access to services, focussing on First Nations women needs, better managing staffing shortages, and addressing inequity in some practices compared to male prisons.

5.1 Programs provided many women with hope

Treatment programs were preparing women well

Offender treatment programs are designed to teach new ways of thinking and behaving that may help people overcome the circumstances that lead to offending behaviour. Successful completion can be a significant part of a prisoner's journey to rehabilitation and enhance the chance of early release through parole.

Bandyup offered two main treatment programs. The Pathways addictions course was a generic program offered at many prisons. But positively a women-centred program, Choices, Changes and Consequences was also available, that incorporated addressing issues related to trauma, emotional dysregulation, addictions, and aggression. As a separate therapeutic addictions program prison, we also recognise the focussed role of Wandoo for women. This is consistent with the Department's women strategy, and we encourage more gender specific programs be sourced or developed.

Only a small proportion of women at Bandyup were participating in and completing programs. Between January 2022 and August 2023 only 17 women had completed Pathways over three courses, and 24 had completed CCC over three courses. This had largely met the assessed needs of women at Bandyup, however as discussed below, treatment assessments were behind so actual demand was not known.

We found there was a discriminatory lack of access to some programs. Several women had been assessed as needing programs that were not available to women but were in men's prisons. This particularly impacted women needing high propensity violence and sex offender treatment programs, and the lower intensity Think First. At the time of the inspection, we identified 26 assessed women whose rehabilitation needs would not be met.

Staff at Bandyup also identified that the specific needs of First Nations women and those living with disability were not properly met. Neither group, that was significantly represented in Bandyup's population, was targeted by any specific offender treatment programs. This was disappointing given the focus on meeting First Nations needs in the *Better Futures* strategic plan. In 2020 we had recommended revising, innovating, and extending treatment program delivery for women in custody

(OICS, 2021). We saw opportunities for remote delivery to regions by technology to increase access and meet participant number requirements, or to modularise programs to enable completion between sites, or on release in the community. The Department did not support this, so we have seen no actions to increase opportunity.

Women-centred volunteer programs offered positive support

Committed staff had worked to provide alternative voluntary programs specifically suitable for women at Bandyup. The Transitional Manager (TM), Employment Coordinator (EC), FSC, Assistant Superintendent Offender Services, and the Education Campus Manager (ECM) had sourced, developed, facilitated, and promoted an excellent range of programs specifically for women. Many of these had come from identifying needs that were not being met by the Department through existing structures. An example was the *Leave Safe, Stay Safe* program that supported domestic violence victims prepare for life away from their relationships.

More than nine voluntary programs were on offer at the time of our inspection. These addressed issues such as domestic violence, substance misuse, general life skills, work readiness, living with disability, and family/parenting skills. With a high demand for participation, those coordinating the programs often struggled to secure appropriate spaces to run sessions with Bandyup's limited infrastructure. Most spaces were meeting multiple purposes within the prison already, and programs were slotted in where and when they could. This sometimes resulted in a lack of consistency in delivery. As these programs were generally delivered by contracted providers, it was also frustrating for sessions to be cancelled at very short notice due to staffing shortages.

5.2 Employment, education and training options had significantly improved

More diverse employment and training options were available

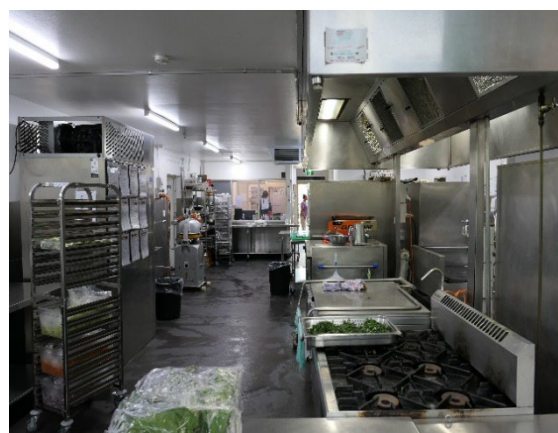
Bandyup continued to show leadership and innovation in developing employment and training options for women. At the last inspection, opportunities had been developed through the creation of a salon, special cleaning courses to meet needs during Covid, and in gardens. Prison industries had continued to expand roles within existing industries to give women more diverse and relevant work experiences. The main industries present were cleaning, canteen, gardens, kitchen, laundry, maintenance, reception, recreation, the salon, and textiles.

We found a renewed focus in trying to link training opportunities to available employment, and an increase in the number of traineeships offered. At the time of the inspection 12 women were enrolled in traineeships in textiles, laundry, and kitchen. A further five were due to start a new traineeship in Supply Chain Operations. Four women were also due to start in a new employment role, as 'earth mothers' as part of a sustainability program.

The *Better Futures* strategy stated a desire to provide a gender specific approach in addressing the overrepresentation of Aboriginal women in the WA prison system and create more opportunities for them. Employment at Bandyup has work to do in better meeting this goal. We found First Nations women were over-represented in unit worker roles that required less hours and opportunity for skill

development. Bandyup staff were aware of this and put effort into employing First Nations women in more diverse industries, with some success in increasing their numbers in the laundry and kitchen.

We also identified that First Nations women were not proportionally reflected in the numbers of women being paid at each gratuity level. Reflecting the higher numbers in unit work, a disproportionate number were paid at level 3, and were significantly under-represented at level 1. Only 14 First Nations women were paid at that level compared with 40 of other cultural backgrounds. Many reasons for the disparity in work and pay were provided, including generally shorter sentence lengths, a desire by some to remain in the unit to socialise, and others often had limited work experience. Bandyup must explore ways to overcome these issues to provide more equal opportunity to First Nations women to support better rehabilitation outcomes.



Photos 9 -12: A diverse range of employment and training opportunities were available.

A new education team with more courses led to better engagement

An almost completely new and substantively appointed team had commenced in education not long before our inspection. In a short space of time, they had developed a diverse, relevant, and engaging program for students. Women participating in classes were enthusiastic and positive about the courses and the support they were being given. Feedback gathered through the pre-inspection prisoner survey reinforced these views.

Throughout most of 2022 the education centre had experienced a frequent turnover of acting campus managers and staff. This had resulted in a deterioration of direction, consistency, and

diversity of courses on offer. With the appointment of a substantive manager and additional staff, the centre was working with renewed focus and a new education framework.

Bandyup management valued the role of education by ensuring that the centre rarely closed due to staff shortages or redeployments. At least one of the two rostered officers would be kept in the centre to ensure at least half its program would continue every day.

Women accommodated in Bindi Bindi also had opportunities to participate, with education staff attending the unit three times a week. When clinically stable, women would transition to attending classes at the education centre, which was an important step in their reintegration back to the wider prison.

We identified some challenges for the centre, that could further enhance service delivery if addressed. At the time of the inspection the Aboriginal Education Worker (AEW) was on a secondment and had not been replaced, but we were subsequently told that that a new AEW had been recruited and permanently appointed to the role.

The lack of student access to technology remains an impediment to both education and rehabilitation for prisoners. This is a gap for students not only in Bandyup, but in all prison education centres. It is not a new issue and was the subject of a recommendation in our 2020 Bandyup inspection report to improve access to in-cell technology enabling students to continue their studies after hours, as well as increasing access to more prisoners (OICS, 2021). The Department's progress update stated that the *Commissioners Operating Policy and Procedure (COPP) 3.2* was adequate to provide sufficient access to education and they considered the recommendation closed. COPP 3.2 specifies a limited number of courses in-cell devices apply to, and it does not substantially increase the ability to study or access to devices and does not address the need for women to be able to improve digital skills to prepare for release.



Photo 13: Technology is aged, software limited, and provides no ability to connect to study platforms.

Limited access to appropriately secured operating environments on computers within the education centre also create a significant teaching and resource burden. As students have extremely limited access to online learning platforms, staff must complete research tasks for students. This means a portion of time that could be spent teaching is taken up being a conduit to online access. Most other states in Australia have established secure online environments that allow prisoner students to have online access. The risk is minimal, yet in Western Australia there has been little planning to modernise the education system within prisons.

Staff at Bandyup's education centre recognised how fundamental to modern life increasing women's knowledge and confidence in digital skills was. A commitment to expanding digital literacy was part of the centres service level performance agreement with its managers. To reach this goal, there was a focus on integrating computer use as much as possible into all courses available and at least increase women's confidence.

Despite the efforts of staff on-site, we do not support the Department's view that *COPP 3.2* meets the intent and outcomes sought by our previous recommendation. There has been no meaningful increase in prisoner access to digital resources to enhance their rehabilitation and reintegration. With the passage of time and further advances in technology, it is even more essential that the Department finally move forward and integrate improved digital access into its future strategic planning.

Recommendation 10

The Department develop, incorporate, and action a commitment to improved use of and access to digital technology for prisoners and staff.

5.3 Transition services and employment coordinator: meeting needs by working together

The TM and EC both provided services aimed at supporting and empowering women to identify the key needs to help them succeed on release and link them to these services. Having single points of contact to coordinate the services meant women knew where to go for the help needed.

The TM provided direct support for women to address a range of practical pre-release needs, or to link them to contracted re-entry providers for additional services. The TM was the primary support for government services such as Centrelink, Medicare, driver's licences or fines, and birth certificates. Referrals to other contracted services could secure support for accommodation, NDIS applications, and addictions, or other voluntary programs.

Women could also request referral to the prison's main re-entry contractor, Re-set. This would not only provide them help in planning and preparing for their release, but also 12 months post-release support in the community. For many having a resource to turn to when facing challenging situations was significant in not reoffending or making negative choices.

The EC concentrated on assisting women with job application skills, career counselling, employment searches, and employment workshops and expos. A joint Transition Services and Career Expo was coordinated by the two staff in October 2022 that allowed over 30 external services and agencies to come into Bandyup and provide information and education targeted for women. It was positively received by the women as a valuable support tool and they hoped it could be a regular event.

Many women said that the most significant issue facing them upon release was finding secure accommodation. This was a gap that prison staff and contracted providers struggled to address. We spoke to a number of women who were only weeks from release and still had no safe place to stay and were anxious they would be forced to return to homes where they did not always feel safe. Others reflected how they could not begin to secure custody of their children again until they had a stable and safe place to live. The impacts on women were multiple and significant. This should form a significant consideration for the Department as new re-entry contracts are developed in 2024.

5.4 More gains achievable if barriers can be overcome

Assessments and case management remained dysfunctional

When assessments are delayed women can miss out on taking part in rehabilitative activities, especially treatment programs. The prison system has had a long-standing problem of a large backlog of overdue initial assessments and reviews, and Bandyup was affected by this. At the time of inspection 30 women were overdue for an initial assessment, and 12 (out of 99) women were overdue a review. At that time, assessment writers were uniformed officers, and they were frequently redeployed to cover vacant rostered roles. This had significantly contributed to the backlog. Since the inspection these positions have converted to non-uniformed roles, providing a greater constancy of service. Bandyup now has two fulltime permanent civilian Case Management writers. This seems to have had some positive impact on initial assessments, with 11 outstanding reviews at the time of writing.

Bandyup also had a significant backlog of women needing treatment assessments, which are an integral part of their individual management plan (IMP). These must be completed by appropriately trained psychologists and are usually complex and time-consuming to complete. The single treatment assessor at Bandyup had been temporarily transferred elsewhere to help with male prisoner backlogs, and so the wait times at Bandyup were not improving. The Department has been working through possible changes to the system to address the overall backlog, but as the risk of any change is potentially high, progress is slow and cautious. In the interim, women can proceed with their IMP following completion of other assessment reports without waiting for the separate treatment assessment to be complete. While this can reduce the number of initial assessments and IMPs listed as outstanding, it has the impact on not allowing women to be listed for a treatment program and often significantly reduces their opportunity to secure early release on parole.

Case management of women at Bandyup – which involves supporting them to follow their IMP as part of their time in prison - was also not functioning effectively. Documents showed 55% of women eligible for case management had not had any contact with their assigned case manager. This did not provide the supportive, individual approach that trauma-informed care requires. Management explained the system had ceased during Covid and not resumed due to staffing shortages and

redeployments. To truly work in a women-focussed way, reinstating and enhancing the case management system at Bandyup is important.

Staff shortages a threat to service access and support

The impact of staff shortages on services has been discussed in several places throughout this report. The positive outcomes being achieved in rehabilitation and transition services are also often undermined when uniformed staff are absent or redeployed.

Bandyup's daily regime allows for women to be unlocked at 7.05am each day. But unit records showed when units were short staffed, women could be unlocked much later with a flow-on impact to their ability to access services throughout the day. Women told us they sometimes would miss breakfast or showering so they could get to activities on time when unlocked late. Similarly, they could be released late after lunchtime lockdown, taking time out of classes, programs, health appointments and other important activities.

We examined August 2023 out of cell hours (OOCH) for prisoners at Bandyup and found women there had the least amount of Ooch of any women's prison in the state, and below average for all prisons. Women accessed an average of only 7.95 hours per day, where the Department's reported state average was 9.95 hours. Only

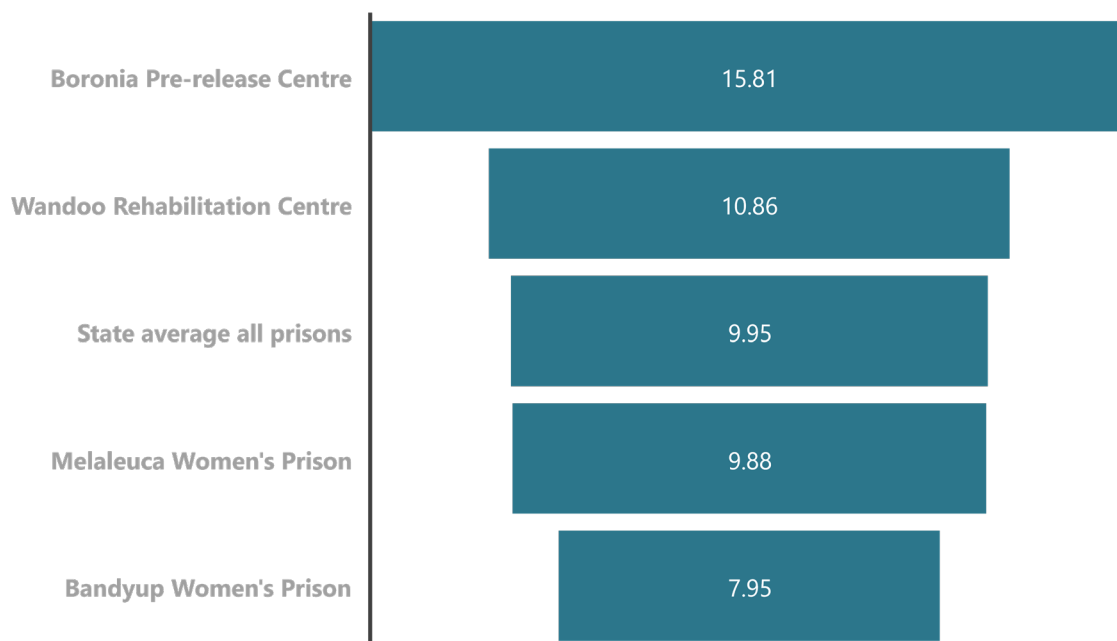


Figure 5: Department recorded average out of cell hours per day in August 2023

As a prison for sentenced women seeking support and services to meet their rehabilitation and wellbeing needs, it is essential the prison is adequately staffed to allow regular access to a productive daily regime. To have women locked down for such long periods was also not consistent with a trauma-informed model of care. Other prisons with staff shortages, such as Bunbury (OICS, 2023), have managed to keep prisoners unlocked and engaged, and Bandyup must look to emulate this to meet its operational goals.

Despite more constructive activities, demand still exceeded supply

Population pressures at Bandyup has widened a previously reported gap (OICS, 2021) between demand for, and access to, various services and the availability of supply. Demand for education courses, volunteer program places, recreation participation and access to transition services exceeded all available resources and had long wait lists. Limitations were caused by various issues, including a lack of appropriate infrastructure, vacant professional staff positions, and perceived security concerns restricting access to certain equipment and technology.

Prisoner surveys also reflected frustration with their ability to access services. Comments about the limited number of places available in all activities were frequent. There was also evidence that a lack of communication and integration between different service areas contributed to access difficulties. Different staffing groups reported signing prisoners up for activities, only to lose them to other scheduled obligations – in other words prisoners were often double booked. This wasted the valuable position available to participate in that activity, denying another person access to that limited place. Bandyup had previously operated on a constructive day timetable, where each women had a range of activities scheduled routinely for the week, ensuring a fair spread of participation and more certain attendance. This type of daily schedule could provide the base of a model for the prison to consider in improving access to services, without necessarily requiring more resources.

Gender inequity to external work opportunities should be addressed

Section 95 of the *Prisons Act 1981* provides for appropriately assessed prisoners to access services outside the prison to meet rehabilitation and wellbeing needs. This is operationalised in *COPP 8.7 – External Activities*. In most prisons, section 95 is frequently used to allow prisoners to access external employment, training opportunities and recreational activities. Participation is based on individualised risk assessments, and so is generally restricted to minimum-security rated prisoners.

Bandyup has never given the opportunity to minimum-security rated women held there to access the Section 95 programs. At the time of the inspection men with Section 95 status from other prisons were doing grounds and gardening work outside Bandyup's main fence but still on prison property. This was denying the opportunity for women to access those employment options, develop those skills, and demonstrate their progress towards rehabilitation and trustworthiness.

The prison has acknowledged this gap in its business plan. Goal 7 of the plan is to be proactive in seeking opportunities for Section 95 work for its prisoners. A perfect opportunity may exist right outside the gate.

Improve focus on the needs of First Nations women

First Nations women were over-represented at Bandyup compared to the community and made up 52% of the prison population. Data provided by the Department also showed they were more than twice as likely than women of other cultures to return to prison within two years of release. The Department has recognised this disadvantage by selecting gender and culture as one of six priority areas in its *Better Futures* strategic plan (DoJ, 2022). The plan states that to address the compounded trauma of First Nations women it must ensure services are culturally appropriate, empowering, and progressive.

There are aspects of the operating philosophy, processes, procedures, and services that acknowledge and recognise the need to specifically consider First Nation women's needs. Culture is acknowledged through artwork and murals, special events are usually celebrated, education delivers specifically designed courses, targeted health campaigns are run and there are some attempts to modify programs with First Nations content. Also, Bindi Bindi's operating plan specifically includes emphasis on culture.

But many women expressed to us that they often felt attempts at incorporating culture were tokenistic or occasional, and day-to-day decision making, and structures did not integrate cultural considerations. Issues around funerals access, family visits, language, removal from country, and the cancellation of NAIDOC events in 2023 were examples provided. Our findings about access to higher paying and more meaningful prison jobs and less favourable accommodation placements also speak to this. Very few First Nations staff worked at Bandyup which was a missed opportunity to provide culturally appropriate role models and support people for women, and few of the women on prisoner representative groups were indigenous.

We encourage Bandyup to put more work into building on the good foundations in its business plan to further enhance and integrate culture into its everyday operations. The plan spoke of respect, recognition and cultural sensitivity, and these must translate into expectations around how decisions are made, and the prison is run every day.

Appendix A Bibliography

- AIHW. (2023). *The health of people in Australia's prisons 2022*. Canberra: Australian Institute of Health and Welfare.
- Department of Corrective Services. (2024). *Commissioner's Broadcast - 04 June 2024 (email)*. Perth: Department of Justice.
- DoJ. (2021). *Bandyup Women's Prison Mental Health Unit model of care*. Perth: Department of Justice.
- DoJ. (2021b). *Commissioners Operating Policy and Procedure 4.13*. Perth: Department of Justice.
- DoJ. (2022). *Better Futures. Empowering women: changing lives*. Perth: Department of Justice.
- DoJ. (2023a). *Bandyup Women's Prison: 2023-2025 Business Plan*. Perth: Department of Justice.
- Doyle, C. e. (2022). *There's not just a gap, there's a chasm: the boundaries between Australian disability services and prisons*. Sydney: UNSW Canberra.
- Hume, K. (2019). *Justice Health Project: infrastructure audit of the health centre at Bandyup*. Perth: Hume Healthcare Architects.
- OICS. (2008). *Report of an Announced Inspection of Bandyup Women's Prison, Report No. 57*. Perth: Office of the Inspector of Custodial Services.
- OICS. (2011). *Report of an Announced Inspection of Bandyup Women's Prison, Report No. 73*. Perth: Office of the Inspector of Custodial Services.
- OICS. (2014). *Report of an Announced Inspection of Bandyup Women's Prison, Report No.93*. Perth: Office of the Inspector of Custodial Services.
- OICS. (2015). *Thermal conditions of prison cells*. Perth: Office of the Inspector of Custodial Services.
- OICS. (2016). *Western Australia's Prison Capacity*. Perth: Office of the Inspector of Custodial Services.
- OICS. (2017). *2017 Inspection of Bandyup Women's Prison*. Perth: Office of the Inspector of Custodial Services.
- OICS. (2017). *2017 Inspection of Bandyup Women's Prison, Report No.114*. Perth: Office of the Inspector of Custodial Services.
- OICS. (2021). *2020 Inspection of Bandyup Women's Prison, Report No. 131*. Perth: Office of the Inspector of Custodial Services.
- OICS. (2023). *153: Inspection of Bunbury Regional Prison*. Perth: Office of the Inspector of Custodial Services.
- OICS. (2023). *People in custody with a hearing impairment*. Perth: Office of the Inspector of Custodial Services.

Appendix B Acronyms

Term	Expansion of Abbreviation
ADAPT	Allied Drug and Alcohol Programs and Treatment
AEW	Aboriginal Education Worker
ARMS	At-risk Management System
ASC	Aboriginal Services Committee
ASOS	Assistant Superintendent Offender Services
AVP	Alternatives to Violence Program
AVS	Aboriginal Visitor Scheme
COPP	Commissioner's Operating Policy and Procedure
COVID-19	Coronavirus disease
DOJ	Department of Justice
EC	Education Coordinator
GP	General Practitioner
IMP	Individual Management Plan
MHN	Mental Health Nurse
MPU	Multi-Purpose Unit
OICS	Office of the Inspector of Custodial Services
PEP	Prisoner Employment Program
PHS	Psychological Health Services
PMDT	Protection Multi-Disciplinary Team
PRAG	Prisoner Risk Assessment Group
PSO	Prison Support Officer
SAMS	Support and Monitoring System
TM	Transitional Manager
VSO	Vocational Support Officer



Government of **Western Australia**
Department of **Justice**
Corrective **Services**

Response to OICS Draft Report:

**2023 Inspection of Bandyup Women's
Prison**

October 2024

Version 1.0

Response Overview

Introduction

On 8 May 2023, the Office of the Inspector of Custodial Services (OICS) announced the 2023 Inspection of Bandyup Women's Prison (Bandyup), with the on-site inspection taking place from 10 to 15 November 2023.

To assist with the inspection and inform the Inspection Report, the Department of Justice (the Department) provided a range of documentation as well as access to systems, custodial facilities, staff and prisoners.

On 5 September 2024, the Department received the draft Inspection Report for review and has provided comments and responses to all ten (10) recommendations.

Appendix A contains comments linked to sections in the draft report for the Inspector's consideration when finalising the report.

Department Comments

Bandyup's role as the primary custodial facility for women in the custodial estate has expanded over the years to deliver a wide range of specialist care and services to the women accommodated at the facility. That includes establishing the Bindi Bindi Unit for women with significant mental health issues, and a neo-natal unit for pregnant women and those with newborns.

These services are provided in addition to regular rehabilitative opportunities available, including criminogenic programs, education, employment, training, and transitional services.

Bandyup has a clear business plan aligned to the Department's women's strategic framework, *Better Futures*, designed to support women in Western Australian prisons. The model builds on a commitment to provide gender-specific, culturally appropriate and trauma-informed services, achieving better outcomes for women in custody and improving their opportunities for success on release.

This strategy outlines the Department's commitment towards empowering all women, regardless of their background or circumstances, to nurture their strengths and have control over their future. Reducing women's engagement with the justice system requires a united effort by government and non-government agencies, in partnership with families, communities and the women themselves.

As highlighted in the OICS Inspection Report, Bandyup has commenced building stronger community connections and bolstering external partnerships to drive local actions meaningful to the lives and experiences of the women at the facility.

As Bandyup strives to embed a women-focused, trauma-informed model of care and meet the high needs of prisoners, the Department acknowledges there are challenges, particularly in relation to staffing and ageing infrastructure.

To address these issues several initiatives are underway, including the development of a Strategic Plan for Corrective Services that will outline the division's priorities and take into consideration resourcing requirements and integration with the Department's long-term plans for custodial infrastructure and technology.

Following the completion of the Strategic Plan, the women's strategy will be reviewed to align with Department-wide initiatives for women to maximise their rehabilitation and improve their prospects after release.

Given the high proportion of First Nations prisoners, the revised strategy will incorporate principles to ensure Indigenous women are better supported in custody and have access to services that are culturally appropriate and promote a connection to culture.

The Department is committed to improving infrastructure across the custodial estate and has re-commenced work on the Department's Long-term Custodial Infrastructure Plan. The plan will address population pressures and develop infrastructure necessary to deliver services in line with prisoners' needs, while endeavouring to keep people on Country.

The Department's Long-term Custodial Technology Strategy seeks to improve prisoner digital literacy through controlled access to digital services and platforms. The current priority is to implement an Offender Digital Services Platform across the custodial estate that will replace the Prisoner Telephone System and provide opportunities for digital access to programs and education.

Corrective Services continues to closely monitor staffing and redeveloping a workforce planning framework which will help inform staffing requirements across all facilities.

Several recruitment strategies to increase custodial staffing across the State are underway. A recent restructure of the bulk-recruitment function for Prison Officers under the Corrective Services division has focused and coordinated efforts for recruitment and filling vacancies. The number of Entry Level Training Programs has increased to 16 schools for 2024, with a number of schools being delivered in regional locations.

Efforts are being made to improve the standard of primary and mental health care at Bandyup. An Occupational Therapist position has been established and embedded on site as a critical resource supporting the women. The Department has also established a new Mental Health, Alcohol and Other Drugs Nursing Coordinator position that will work closely with the multi-disciplinary team at Bandyup to ensure standards, policies, and best practice across the mental health domain are being attained through better collaboration with primary health and custodial staff.

Bandyup continues to offer rehabilitative opportunities including programs, education, employment and training. From October 2024, the prison plans to restart production gardens led by the Gardens Officer to support healthier eating options and employment opportunities for the women. A Lifeskills program planned for 2025 will replicate community living for self-care prisoners. The women will manage budgets for living expenses and be responsible for house duties, including the planning, purchase, and preparation of meals.

The Department is committed to addressing matters identified in the OICS Inspection Report and will work closely with Bandyup to enhance support and services for prisoners.

Response to Recommendations

1 Bandyup develop and implement a communications framework to ensure information and expectations are shared consistently and regularly across all operational areas and management/employee levels.

Level of Acceptance: Supported – Current Practice / Project
Responsible Division: Corrective Services
Responsible Directorate: Adult Women's Prisons

Response:

Bandyup has a Communication Plan that outlines formal and informal meetings and forums that are held regularly and provides staff with opportunities to have input on the operations of the facility and care of the women.

These include twice-weekly senior officer briefings, monthly town hall meetings for all staff to share ideas, expectations and recognise staff achievements; monthly staff morning teas to support the Barista employment program; and staff wellness events including staff breakfasts every Sunday, health and wellbeing days, staff BBQs etc.

It is recognised not all employees are able to access these opportunities due to staff shortages, work pressures and rotating rosters, therefore formal meetings such as the senior officers' briefings and town hall meetings are documented, and the minutes made available for viewing by all staff via the Bandyup intranet portal.

Bandyup recognises the importance of ensuring all staff have more opportunities to share their ideas and have input into the operations of the facility and will re-establish Unit meetings where staff can raise issues and concerns impacting the Unit's operations. Staff will also be reminded to access the portal for communications that are regularly uploaded.

2 Review Bandyup Women's Prison infrastructure inclusive of the issues identified in Table 1 of OICS Report 131 and include them in the Long-Term Custodial Infrastructure Plan that is being developed.

Level of Acceptance: Supported – Current Practice / Project
Responsible Division: Corporate Services
Responsible Directorate: Procurement, Infrastructure and Contracted Services

Response:

All infrastructure issues identified in OICS Report 131 are being considered as part of the Department's Long-Term Custodial Infrastructure Plan.

3 Bandyup develop and implement a strategy to improve engagement and in-reach with First Nations community providers to better support First Nations women.

Level of Acceptance: Supported in Principle
Responsible Division: Corrective Services
Responsible Directorate: Adult Women's Prisons

Response:

Plans are underway for a review of the women's strategy that is aligned to Department-wide initiatives for women and the Corrective Services strategic plan. The revised strategy will incorporate principles for ensuring First Nations women are better supported in custody and have access to services that are culturally appropriate and promote a connection to culture.

Consultation with stakeholders will occur to ensure issues and barriers impacting First Nations women are considered as part of the strategy's re-development, including the Aboriginal Services Committees at facilities that accommodate women and the Aboriginal Justice Transformation directorate. In addition, the strategy will be linked to current and future iterations of the Department's Innovate Reconciliation Action Plan.

In the interim Bandyup will continue to seek and encourage engagement with First Nations community providers to support the needs and cultural safety of women in custody, noting there is only a small network of appropriate services providers available and limited funding to procure these services. These will be explored through its Aboriginal Services Committee meetings and Prisoner Council meetings with Peer Support and the Aboriginal Visitors Scheme.

4 Provide access at Bandyup to preventative and restorative dental services.

Level of Acceptance: Noted
Responsible Division: Corrective Services
Responsible Directorate: Offender Services

Response:

The Department will continue to engage with the North Metropolitan Health Service (NMHS), Dental Health Services (DHS), in an effort to increase dental care service provision at Bandyup.

DHS service provision is impacted by the availability of dentists, with community standards for public dental having significant wait times. Dental treatment at Bandyup is triaged with the most acute cases attended to first.

5 Continue to ensure the provision of on-site occupational therapy services at Bandyup, and the Department undertake an evaluation of the benefits of providing the service with a view to expanding access to other prisons.

Level of Acceptance: Supported in Principle
Responsible Division: Corrective Services
Responsible Directorate: Offender Services

Response:

The Department currently has two established Occupational Therapist positions; one at Bandyup's Bindi Bindi mental health unit, and one at the Casuarina Prison's Mallee Rehabilitation Centre.

6 All staff rostered to work in Bindi Bindi mental health unit must be provided with the specific training developed for workers in that unit.

Level of Acceptance: Supported in Principle
Responsible Division: Corrective Services
Responsible Directorate: Adult Women's Prisons

Response:

Initial specialised training was provided to staff rostered to work in the Bindi Bindi mental health unit at the time of its establishment. This training was sourced from the Western Australian Association for Mental Health utilising specialised funds made available to Bandyup.

The Department will consider the feasibility of reintroducing this training, or similar, to all custodial staff at Bandyup. This is in recognition of the philosophy of the Bindi Bindi unit whereby prisoners are transferred from the unit into general living as their condition improves (step down) and should they destabilise and deteriorate, they are transferred back (step up) into the unit. Staff therefore must be able to work with these prisoners regardless of their location within Bandyup to ensure the best possible health outcomes and supports for these prisoners with mental illness.

This is in addition to training provided to custodial officers as part of the Entry Level Training Program and annual mandatory refresher training in managing prisoners with mental health issues.

7 Mental health, counselling, occupational therapy and other clinical staff in the Bindi Bindi Unit should be managed and operate as one multidisciplinary team with shared notes, care plans, and clinical governance.

Level of Acceptance: Supported
Responsible Division: Corrective Services
Responsible Directorate: Offender Services

Response:

The Department has established a Mental Health, Alcohol and Other Drugs Nursing Coordinator position that will work closely with clinical staff within the Bindi Bindi unit to ensure better cohesion and collaboration through shared notes, care plans, and clinical governance.

8 Implement a coordinated clinical process involving the psychiatrist, mental health nurses, counsellors, and primary health staff to discuss and provide advice on the care of women in the general living units with complex mental health needs.

Level of Acceptance: Supported
Responsible Division: Corrective Services
Responsible Directorate: Offender Services

Response:

The Department's revised healthcare model currently in development will aim to deliver a robust mental-health service on site. The implementation of the model will be subject to funding approval.

It should also be acknowledged that there are currently challenges in recruiting qualified health and mental health staff across the nation.

9 Replace the visits centre, video-link and official visits with a fit for purpose facility that will support the Department's recognition of the importance of, and commitment to, women's connection to family.

Level of Acceptance: Supported in Principle
Responsible Division: Corrective Services
Responsible Directorate: Adult Women's Prisons

Response:

An upgrade of the infrastructure for visits at Bandyup has been identified for inclusion in the Department's Long Term Custodial Infrastructure Plan.

In the interim, Bandyup has increased the capacity of the visits centre from six (6) to 10 visits at a time, which is supplemented by the e-visits capacity of five (5).

Bandyup ensures wider social events are organised throughout the year, including days for family visits and annual children's Christmas parties. In addition, livestreaming facilities have been installed to allow women who cannot attend funerals, memorials, or visit dangerously ill persons in the community the ability to participate in these events.

10 The Department develop, incorporate, and action a commitment to improved use of and access to digital technology for prisoners and staff.

Level of Acceptance: Supported – Current Practice / Project
Responsible Division: Corporate Services
Responsible Directorate: Knowledge, Information and Technology

Response:

The Department is working to improve prisoner digital literacy through access to digital services and platforms, though this will be dependent on funding outcomes.

These initiatives are captured under the Department's Long-Term Custodial Technology Strategy, with the current priority being to obtain funding for an Offender Digital Services Platform (ODSP) across the custodial estate.

The ODSP would enable the replacement of the end-of-life Prisoner Telephone System and provide digital access to programs and education.

Appendix D Inspection Details

Previous inspection		
8 – 15 September 2023		
Activity since previous inspection		
Liaison visits to Bandyup Women’s Prison	9 visits	
Independent Visitor visits	16 visits	
Surveys		
Prisoner survey	19-20 July 2023	127 responses (59%)
Staff survey (online)	14-24 July 2023	58 responses (32%)
Inspection team		
Inspector	Eamon Ryan	
Deputy Inspector	Jane Higgins	
A/Director Operations	Christine Wyatt	
Special Projects	Natalie Gibson	
Inspections and Research Officer	Jim Bryden	
Inspections and Research Officer	Cliff Holdom	
Inspections and Research Officer	Ben Shaw	
Inspections and Research Officer	Charles Staples	
Community Liaison Officer	Joseph Wallam	
Expert Consultant: CMO Mental Health Commission	Dr Sophie Davidson	
Research and Review Officer	Scott Young	
Social Work Student	Briony Bonnett	

Key dates	
Inspection announced	8 May 2023
Start of on-site inspection	8 September 2023
Completion of on-site inspection	15 September 2023
Presentation of preliminary findings	29 September 2023
Draft report sent to Department of Justice	5 September 2024
Draft response received from Department of Justice	26 November 2024
Declaration of prepared report	26 November 2024

*Inspection of prisons, court custody centres, prescribed lock-ups,
youth detention centres, and review of custodial services in Western Australia*



OFFICE OF THE INSPECTOR
OF CUSTODIAL SERVICES

Level 5, Albert Facey House
469 Wellington Street
Perth, Western Australia 6000
Whadjuk Noongar Boodja
Telephone: +61 8 6551 4200

www.oics.wa.gov.au