

## FULL HOUSE: THE GROWTH OF THE INMATE POPULATION IN NSW

Key Issues With Parklea Correctional Centres Taken From The Report

<http://tiny.cc/8hyhz>

<p><b>PARKLEA CC</b></p> <ul style="list-style-type: none"> <li>• Second largest centre in NSW</li> <li>• Daily average inmate population of over 800 inmates.</li> <li>• Accommodates maximum-security inmates</li> <li>• Holds the second largest remand population → Approx 50% of inmates on remand.</li> <li>• Accommodates 9% of minimum-security work-release inmates.</li> <li>• Parklea CC has been privately operated by the GEO Group Australia Pty Ltd since 1 November 2009. – 20</li> </ul>	
Issues with Justice Health and Forensic Mental Health Network (JH&FMHN) and GEO staffing have lead to increasing delays in relation to the processing of inmates upon their return from court. It is not uncommon for inmates to have to wait three to four hours in a holding cell before being allowed to return to their cell.	12
There is not enough space for inmates to have visits at the same time.	12
As of July 2014, it “was operating at 51% over its design capacity”	21
Parklea CC was built in 1992, design capacity: 323 vs. current operational capacity (beds) 620	27
<b>Area 3</b> – at peak of inmate population in May 2014 → inmates participating in the Violent Offenders Therapeutic Program (VOTP) alongside ‘fresh custody’ remand inmates. Placing newly remand inmates (unconvicted) in units with violent offenders presents obvious security risks (standover and assaults, and risk to individuals psychological wellbeing) HENCE, direct contravention of Inspection Standards {standard 9.1}(which state that remand inmates should always be managed as a separate group from sentenced inmates, unless stated in writing that they have no objection.	39
Parklea CC originally designed with 20 segregation cells and currently contains 18 although operational capacity has nearly doubled its original design capacity.	40
203 inmates are classified and are waiting for vacancies at their centre of classification. Table shows list of centres	42
Each inmate/or group movement, requires escorting officer as the street was are not under surveillance, but human resources for escorting movements has not been commensurate with the population growth → inmates returning from court are often held in holding cells for up to 3 hours before returning to cells due to resourcing constraints for escorted movements.	42
Result of growth of special management cohorts of inmates, equity to access to work for different inmates has been provided however managing work placements has resulted in complex internal inmate movements and attendant security risks	42
Inmates who work have less ability to utilise the out of cells hours where lock in is early as 2.30-3.30pm. - Inmate at Parklea CC “for the privilege of working we feel like we lose our rights”.	48
The inspection team was advised that use of force incidents increased by	48

approx. 50% between 2011 and 2013 when the population over the same periods rose by nearly 11%.		
<b>Number of staff</b> – in 2001 there were 8.89 health staff to 100 inmates and in 2014 there were 7.91 health staff. [Staff increases have not been proportional to the increase in the custodial population]		50
<b>Availability of Health Infrastructure</b> - Parklea CC has satellite clinics that are found to be under-utilized for he reasons that staff feeling that they did not have adequate access to clinical files and other resources in the clinics and so were not able to work effectively.		51 5.20
Parklea CC – not enough holding cells and as a result time is lost in returning an inmate to their cell before the next inmate is escorted to their consultation. Inmates remain in the holding cells for long periods of time in Parklea CC reception area upon arrival at the centre. Reason for this can be attributed to a lack of GEO staff to act as rovers and return the inmate to their cell, but often it is because JH&FMHN staffs are not available to assess them.		51 5.21  56 5.46
It is Parklea CC policy that all incoming inmates – whether transits, court returns or fresh custodies must be assessed by a KH&FMHN staff member. This is a time consuming process as staff shifts start at 2pm, where vehicle delivers inmates to reception area at 3pm, staff are not able to attend until 4pm, including there could be a backlog of inmates. It is common for inmates to be sitting in holding cell for 3-4 hours before returned to cell sometimes as late as 10pm. Stressful process especially if inmate has to wake up and leave for court at 4am		56 5.48
<b>Access to Health Care</b> Lack of access to physical health care and mental health services was felt to be particularly acute in Parklea CC and this is consistent with the waitlist data obtained from JH&FMHN.		52 5.27
<b>Waitlist for custodial health services – June 2014</b> <i>By days (Jan-Jun 2014)</i>		- The inadequacy of chronic care services in response to the aging population was brought to the attention of the Inspector  53 5.28
Primary Health Nurse	49	
P/Visiting Medical Officer	43	
D&A Specialist	36	
Psychiatrist	60	
Mental Health Nurse	61	
Average waitlist for admission to The Forensic Hospital	Avg. 99 days	
Very high level of prescription medication in the prison population (approx. 500 prescriptions are distributed daily at Parklea CC not including opioid substitutes) and the logistical effort and protocols involved in preparing and distributing these medications place a heavy burden on available staff resources.		53 5.34
- the waiting times to see a nurse when an inmate had a minor ailment that needed treating. e.g. inmate with cold or headache, needs to fill a medical request form, once done it could take up to 2 weeks to be seen by a nurse.		54 5.35

CSNSW incurs approx. \$37,000 p/m for hospital escorts → this does not offer GEO any incentive to manage escorts more effectively	57 5.57
<b>Limited phone access</b>	61
Key concern for inmates; in Area 1 and 2 accommodation units – one phone was shared amongst 48 inmates. In April 2014, Parklea CC requested 12 additional phones – at time of inspection, this was not yet approved.	6.9 6.10
<b>Inadequate access to facilities</b>	61
Initiatives for more shade access were inconsistent in this centre.	6.13
Inmates only had access to the oval once every three weeks and were at times required to choose between oval access and ‘buy-ups’ (where inmates can spend money earned/given to them; an integral privilege)	62 6.14 6.15
Library access through mobile carts due to staff shortages and stock was not frequently changed.	62 6.16
Extremely limited program provision for remand inmates	62 6.35
Reduction in face-to-face hours inmates have with each other due to large percentage of time being spent on multi-disciplinary assessment processes	67 6.44
Very low completion rates of education courses	68 6.51