

EDUCATION AND HEALTH STANDING COMMITTEE

**INQUIRY INTO THE ADEQUACY AND APPROPRIATENESS OF
PREVENTION AND TREATMENT SERVICES FOR ALCOHOL AND
ILLCIT DRUG PROBLEMS IN WESTERN AUSTRALIA**

**TRANSCRIPT OF EVIDENCE TAKEN
AT PERTH
WEDNESDAY, 23 JUNE 2010**

SESSION THREE

Members

Dr J.M. Woollard (Chairman)
Mr P. Abetz (Deputy Chairman)
Ms L.L. Baker
Mr P.B. Watson
Mr I.C. Blayney

Hearing commenced at 11.04 am**TANG, MS JACQUELINE THERESE****Deputy Commissioner, Offender Management and Professional Development, Department of Corrective Services,
examined:****GLASSON, MR MARK****Director Offender Services, Department of Corrective Services,
examined:**

The CHAIRMAN: On behalf of the Education and Health Standing Committee, I would like to thank you for your interest and your appearance before us today. The purpose of this hearing is to assist the committee in gathering evidence for its inquiry into the adequacy and appropriateness of prevention and treatment services for alcohol and illicit drug problems in Western Australia. You have been provided with a copy of the committee's specific terms of reference. At this stage I would like to introduce myself, Janet Woollard, and Mr Peter Abetz and Ms Lisa Baker, who are committee members. Our principal research officer is Dr David Worth. Michael Burton, our research officer, may be joining us later, and we have Liam with us from Hansard.

This committee is a committee of the Legislative Assembly of the Parliament of Western Australia. This hearing is a formal procedure and therefore commands the same respect given to proceedings in the house. Even though we are not asking you to provide evidence on oath or affirmation, it is important that you understand that any deliberate misleading of the committee may be regarded as a contempt of Parliament. As a public hearing, Hansard will be making the transcript of the proceedings for the public record. If you refer to any document or documents during your evidence, it would assist Hansard if you could provide the full title for the record. Before we proceed to the questions we have for you today, I need to ask you a series of questions. Have you completed the "Details of Witness" form?

The Witnesses: Yes.

The CHAIRMAN: Do you understand the notes at the bottom of the form about giving evidence to a parliamentary inquiry?

The Witnesses: Yes.

The CHAIRMAN: Did you receive and read the information for witnesses briefing sheet provided with the details of witness form today?

The Witnesses: Yes.

The CHAIRMAN: Do you have any questions in relation to being a witness at today's hearing?

The Witnesses: No.

The CHAIRMAN: If we could ask you each, then, to make a presentation before we ask you questions, and during your presentation, are you happy if the committee interjects with questions or would you like to make a presentation and then have questions following your presentation?

Ms Tang: We had our submission that we put to the committee, and my understanding from Dr Worth was that you would draw questions from the submission, so only probably to say maybe our respective roles, so that you understand where we fit within the organisation. My division covers a number of services—health services, education programs, prison counselling services, as well as an

Aboriginal visitors scheme—in addition to sentence management, which is all the security rating and placements and Prisoners Review Board representation, as well as the training academy for the state. Mark's position as director manages specifically the rehabilitation programs and education. As far as the detail about what we have done, just as an opening comment, but ultimately 18 months ago I just returned to the department and Mark had just started. It was quite apparent that the department was at a very low ebb in relation to the delivery of programs, and we had very few people delivering programs. We had certainly lost our way. That is not the picture that we can present today, even subsequent to the submission that we gave last year. Mark will be in a position to talk about the number of programs and the type, and also the clinical governance of those programs, to give a better picture and to say that we are quite proud of where we have come from. That is not to say that we rest on our laurels.

The CHAIRMAN: Jackie, in relation to that, and I wonder, Mark, as you say, things have moved on in the past year, as one is talking about the number and types of programs that you have now. I wonder if in supplementary information you could provide us with a fuller update of what has happened in the 12 months and, within that supplementary information, we are interested in, I guess, a breakdown of the prisoners and the areas that you service where you are working outside the prisons and, for those areas, the number of people within those areas for each area. Say that we are looking at the prison at Broome, how many of those prisoners there are actually in a prison because of an alcohol-related event?

Ms Tang: That is a huge job.

The CHAIRMAN: I do not know that it is.

Mr P. ABETZ: It is just an estimate.

The CHAIRMAN: An estimate. I have had an opportunity to visit some prisons and have been told that the greater majority of the prisoners in some areas are there because of alcohol-related events. The reason why this is important is because we want to see the picture in terms of if this prison, and maybe if we look at Broome, has more prisoners there because of alcohol-related events, then what are the particular services? How much money, what services et cetera, are being used there when those prisoners are released? I know that it is not just in the prisoners, and that you are looking after people when they come out. We actually want to see what is being done in the different areas and where the shortfalls are, so that we would also like to have from you, if a business plan has been done for those areas, how many additional staff you believe should be employed either in prison or in the area—say it is the Kimberley area—to try to address the problems with alcohol so that we do not have the repeat offenders. I know that you do not have corrective service officers throughout the Kimberley, and yet I know that in some areas of the Kimberley the vast majority of community members from a particular community might be within the prison, and yet there is no corrective service officer in that area.

Ms Tang: Perhaps I can comment. When I say it is a huge job, it is if you are wanting to go through each individual. But what we do have, for a bit of clarity around how we assess and find out what our demand is, is that when a prisoner is received into the prison, if they are serving more than a six-month effective term, a comprehensive assessment is done across education programs, where their placement security rating is done, and then that is effectively implemented. The proposal is that that is addressed through the time that they are in prison. I do not know whether we have the demand graphs today, but we do have those available for the state in relation to the number of people who are assessed, the number who are waiting, the number who have refused treatment, and the outstanding demand that we are required to meet. We do not have the graphs today but we certainly have the numbers.

The CHAIRMAN: What do you mean by the outstanding demand?

Ms Tang: That is the demand where we know that somebody requires a program and is serving more than six months but has not access to a program, not through their own refusal but because we are not in a position to offer it. As I say, we have the statewide—I am not sure whether we can break it down to —

The CHAIRMAN: No, it is not found statewide, because statewide does not mean the resources are put in where resources are needed. So I would certainly like a fuller picture, because alcohol is a much more predominant reason why people are going into those prisons. I know you work very hard to get those resources, and I would like to congratulate your department, but I believe that more funding should go into your area to help you both employ additional staff and to give your staff training that you would like them to have to enable them to be more effective in their role. I believe we do need more detail.

Ms Tang: We will attempt to get that breakdown. We just do not have that breakdown today. The other comment I would make is that whilst we can be somewhat proud of what we have done within the custodial setting, we are just embarking on what we will do in the community about how we deliver programs. That is about a new service delivery model, whereby we are proposing to move people out of the prisons and to have the capacity and more efficiency to deliver programs to more people because they are in the community. So there has not been an emphasis on the community. That is clearly where we are moving to, and certainly where the Attorney has asked us to move closer.

The CHAIRMAN: And we would like to support you in that area.

Ms Tang: Yes. It is limited in relation to the demand for the community. At the moment that is somewhat limited. That is somewhat based on historical aspects where we have not delivered a service that people can rely on and therefore they have been reluctant to refer, so it is a bit chicken and the egg. But certainly we are in the throes of a strategy which will improve the community programs. Can I just comment specifically about if we could employ so many more people? Within the custodial setting we are somewhat constrained. Even if we were to employ a significant number of people, the ability within our limited infrastructure to have programs rooms and offices, and the ability to deliver, is somewhat constrained. We have reached the point where our current facilities are subject to a point of saturation. With the new building that has been approved, we will not only get units for prisoners to sleep in and live in, but with that will come the additional facilities for us to provide more programs.

[11.15 am]

The CHAIRMAN: But that is in the metropolitan area, is it not? You are talking about the infrastructure.

Ms Tang: Right across the state the infrastructure is a constraint for us within custodial settings. So the issue for us is that in some cases, in Broome, they actually go out of the prison if they are minimum security, and suitable for that, to do their programs. But we are really at a point where infrastructure is somewhat constraining.

The CHAIRMAN: Has a business plan been put to the government in terms of future needs for infrastructure?

Ms Tang: In relation to the new facilities for the new prisons that are proposed and the expansions across Acacia, Casuarina and Albany, the discussions that occurred within the department were not singly on just beds for prisoners, but what other facilities are required for recreation and for programs and for education. So, where those are in the process of being built and as they are built and we have space and we can use our staff, then we will be scheduling more programs to pick up some of the outstanding demand.

The CHAIRMAN: But have you not put to the government, I guess, a business plan for what you need now, so that the government is able then to say, "Okay, we've given you one, two and three and we've still got four to 15"?

Ms Tang: We have forward estimates in relation to our capital bids. We are currently participating in the 10-year capital plan now with Treasury and Finance. My division is very much involved because it is more than just programs; it is education and services for peer support staff and the Aboriginal visitors scheme. It is across the whole board. We are very much at the table with Treasury for what the 10-year plan is.

The CHAIRMAN: And that 10-year capital plan you expect to have completed by?

Ms Tang: I understand the first draft is required to Treasury and Finance possibly late July – early August.

The CHAIRMAN: We would like to ask you for a copy of that business plan.

Ms Tang: It is the capital investment plan.

The CHAIRMAN: The capital investment plan. When that is released, could you forward a copy of that business plan on to the committee?

Ms Tang: I do not know the status of it. It is not an area that I am responsible for, so I am somewhat reluctant to say that I am in a position to provide that. It is a process that we participate in with Treasury and Finance. I do not want to be seen to be an obstacle to the committee, but I am not clear that I can —

The CHAIRMAN: That is all right, if you are told that you are not able to provide it—obviously, check with your minister. We certainly do not want you to get in the soup!

Ms Tang: Yes. I do not really want a career-limiting move based on providing you with a strategic plan!

The CHAIRMAN: But if you can let us know, we will ask you for a copy. If, by response, you say that you have been informed by the minister that you are not able to make this available to the committee, then at a later date we can actually approach the minister and ask for a copy of that. Ideally, we are asking for it now. We would like a response from you as to whether you are able to provide that to the committee and an approximate date. If you are not going to be able to provide it to the committee, then we would like to know, I guess, why and who said you cannot provide it to the committee—if it is your minister, and then we can approach the minister directly for a copy of that. It might be that it has to go through cabinet approval first and we may have to wait several months for that, but our report is not going to be until much later this year, so it would be very useful to have a copy of that before we prepare our report.

Ms Tang: Yes. As I say, I do not wish to be an obstacle, but I am not in a position to comment as to whether that document is possible to provide.

The CHAIRMAN: That is fine.

Ms Tang: And I feel uncomfortable to say that we could.

Ms L.L. BAKER: We quite understand; that is fair. Jackie, I have got a couple of broad questions for you. Do either of you want to comment on what your interpretation is of the—you can either treat the co-morbidity issues of drugs and alcohol or you can just talk about alcohol, I do not mind either way. I would like to get on the record what your view is about how big a role that plays in, first of all, getting the people to come to you in the first place; like getting them in prison, any observations about that? But, secondly, the recidivism rate, because I believe there was work done several years ago by the department—I do not know if it was unpublished or not—about recidivism rates and mental health; and of course that is linked to the co-morbidity.

Ms Tang: Perhaps I will start and maybe Mark could follow up with some detail. Just in relation to the comment about additional staff for the community, I would probably make the point that whilst we have a role in delivering services in the community in relation to drugs and alcohol, the preference is that wherever services can be provided across the state—and I am very familiar with the Kimberley aspects of alcohol and the attempts to get a Kimberley strategy through the Drug and Alcohol Office—that they be provided as a mainstream service, and not because you are an offender but because you are a community member. And, on the basis of that, it diverts and prevents you from coming into contact with the justice system, which is certainly my preferred option, and no doubt that of the department. Whilst we have a role, I would hope that it is a secondary role and not that people have to enter the justice system to get a service or have to go to prison to get a service, and there is always a balance between putting in for significant funding for such a service; or alternatively supporting community agencies and the Drug and Alcohol Office to seek the funding for them to deliver that service, rather than us. But any funding that comes our way, we will gratefully accept.

The CHAIRMAN: The problem there is that sometimes one may say that the other person should be providing this, and that person says it should be this person. We need to know what is needed so that we can maybe lobby both—and lobby on behalf of both to make sure that the services are where the services should be.

Ms Tang: We have interagency meetings with the Alcohol and Drug Authority and we have a very good relationship with them working on what strategies they are attempting to do, what we are doing, in relation to COAG submissions, and there are discussions around what strategies are being taken in others. Whilst I accept that point of view, I also just wanted to put on the record that there is a very collegial relationship between the office and us. But Mark, I do not know whether you want to add anything.

Mr Glasson: If I could, I will just go back a bit to talk about what we know about drug and alcohol offenders in prison. We know that the drug use careers of offenders study that has been done identified that 60 per cent of offenders have had some sort of alcohol and drug use problem. We identified that in our submission. We also know that at any point in time, roughly 27 per cent of the prison population have an assessed need for drug and alcohol treatment. At the moment we have 1 300 —

The CHAIRMAN: Before you move on, how many of that 60 per cent would also have mental health problems?

Ms Tang: It is very hard. We are not in a position—this is one area we are moving into—to quantify that, and it is very anecdotal about the mental health. What we say as a determined figure is roughly around 25 per cent of our offenders are seeking pharmacological intervention, either for depression or for a psychotic behaviour. We underestimate it because we do not want to overestimate it when we do not have the statistics. But what we are saying is that until we can get more detailed information around how we assess, clearly there are more people suffering from mental health than those who are receiving that medical intervention for it.

The CHAIRMAN: Because the two often go together.

Ms Tang: Yes.

The CHAIRMAN: And I believe in the eastern states, the figures for the mental health problems are somewhere up in the high 70, 80 per cent.

Ms L.L. BAKER: In New South Wales it is 80 per cent.

Ms Tang: Yes. We have co-morbidity officers who actually work within our health services area who are very much around the balance between substance use and mental health, so that those things are not seen in isolation. That is one area that is under the health services directory that I manage, but it is not in Mark's. But with prison counselling, with the programs and with co-

morbidity officers, the treatment service is available for offenders in that respect. The figure that I quote is underestimating, but I cannot quote a more credible one because I do not have the stats to give to you.

Mr P. ABETZ: The reality is, from my experience in running a great rehabilitation group, is that people who have drug issues generally have mental health issues, which often are caused by the drugs. Some have gone to drugs because they have mental health issues. It is very interconnected.

Ms Tang: Yes.

Mr Glasson: We know that if a person completes a treatment program in prison, generally their recidivism will drop from 40 per cent to below 30 per cent, so we can demonstrate a treatment effect of 10 per cent across most program types. That figure is taken out of the COAG report on government services measure of two years after release. Our most recent data says that a person who completes a program will be 10 per cent less likely to recidivate within two years, so we think that we are on the right track in terms of the treatment provision that we are doing. We believe that we need to increase the quality of our programs.

[11.25 am]

The CHAIRMAN: Given that COAG data, how does WA fare in relation to the other states?

Mr Glasson: In terms of program completion, we cannot get it from other states. The work we have done has not been done elsewhere. When we completed the data, we went to other states because we wanted to compare how we were travelling, and it is not available, so we are a bit on our own. However, we do know that those figures are consistent with international research that says that program completion will give you an impact on recidivism. The figures are of people we have treated ourselves so we know our data is robust and the findings are consistent with international research. We believe that we are on the right track with our treatment paths. We have committed a lot of resource to improve the quality of our services over the past two years. We have established a clinical governance unit that is responsible for overseeing the quality of our delivery. It also oversees the development of new programs. We have introduced a new program that we mentioned in our submission, the Pathways program. There are 500 000 people worldwide who have been treated with that program. We are confident that it works. Our first investigation—early days—is that it is having two impacts: it has been adopted well within the prison system across all the cohorts and we are now testing it in the community and we are having a better retention rate. One of the problems we experience in community delivery is keeping people in the program. A lot of people are assessed for programs who never quite really get to the program. Our completion rate in prison is in the high 80 per cent mark in terms of what we complete. In some programs it is higher. In the community, the completion rate is around 50 per cent.

The CHAIRMAN: Did you say 25 per cent completion?

Mr Glasson: No.

The CHAIRMAN: Is it 80 per cent, sorry?

Mr Glasson: It would be high 80 per cent.

The CHAIRMAN: This was last year so we would like more recent figures. Last year you said 4 400 people did not receive the service. What was the main reason they did not receive that service?

Mr Glasson: The 4 400 number was based on the extrapolation of the 62 per cent figure. The journey of an offender is, once he is sentenced, within 28 days, a battery of tests is applied to them and assessments are undertaken. That identifies their treatment path. There are other tests that identify the security levels, educational needs—those sorts of things. The one I am particularly interested in is the treatment assessments. We look at the person's index offence—why they have come—and if it is a violent offence we do a violent treatment assessment on that person. If drugs

are uncovered as part of that process, we then do a drug and alcohol or addictions assessment. What we know is that 27 per cent of all those assessments result in a treatment requirement. As of May we had 1 348 people within the prison population, who had an assessed need for drug treatment. That works out at roughly 27 per cent of the prison population. The last time we did that test was in August last year. Twenty-seven per cent of the population on 6 August had a treatment requirement for addiction studies. That is an annual measure that we do, so we have not updated that. The figures now show 1 348 in demand; we are nearly at 5 000 or 4 800. We are around about that 25, 27 per cent mark.

Ms L.L. BAKER: WANADA, which does not run the prisons, estimates 62 per cent of your clients have drug and alcohol related issues. Are you in a position to make a comment about that?

Mr Glasson: That figure has come from the drug-using careers of offender research. Those people may well have a drug and alcohol issue but it might not be the presenting issue. Our assessment might pick up those people. They might be in there for an armed robbery. We would treat the armed robbery rather than —

Ms L.L. BAKER: Very interesting.

Ms Tang: That does not mean within the intervention to do with violence or sex offending that issues of substance abuse would not be a component of that. But it is not the major offence and it is not the major criminogenic response.

Ms L.L. BAKER: Got it.

Mr Glasson: As I said, if we picked up the addiction as part of the assessment, we would then do the checklist on them; we would not lose them as such.

Mr P. ABETZ: This inquiry is focused on treatment and prevention services for alcohol and illicit drugs. One of the things that puzzle me about the prison system is the number of prisoners who apparently are able to consume illicit drugs in the prison system. I have done a bit of reading around that. I was interested in the Swedish approach. Could that be something that can be considered here? Basically, a person is brought before the court if there is a drug-related issue—an armed hold-up to fuel a drug habit. They are given a suspended sentence but required to attend rehabilitation services, and they undergo very regular urine or blood tests or whatever. The minute there is an indication from those tests that they have consumed illicit drugs, they go to prison. It puts the incentive on them to stay out of prison and to rehabilitate themselves. The interesting observation was that unlike those who have not come before a court and entered that system, the ones who are brought in by court order have a higher success rate at the end than those who enter voluntarily. Is there such a system in our prisons whereby prisoners are tested regularly and if they are consuming illicit drugs in prison, are they being put into a separate section and their problem being addressed in an intensive kind of way? My view is that one of the objectives of anybody coming into the prison system is that by the time a person leaves prison, they have adopted a drug-free lifestyle. That does not seem to be happening very much from anecdotal evidence presented to me.

Ms Tang: Drug testing occurs frequently in prisons. It is not an area I am responsible for, but I will tell you as much as I know about it. At times we do random testing. In accordance with national standards we have to randomly test any number of prisoners to meet the statistical requirements. If it is apparent that someone is under the influence, we do targeted testing. We do not say, “Well you don’t meet the random list this week.” There is targeted testing as well. When prisoners are identified as drug using, they are charged and dealt with and punished for that under the Prisons Act. In fact, sometimes people who are on a drug program come up for drug testing and show positive, so the decision is made that the person is not ready, they are not appropriate for this program, so they may be removed. But it may be that they are reassessed down the track. Alternatively, if someone comes up for assessments for things such as home leave or a prison employment program and are found to have drugs, the likelihood of getting those is very low. But if

they are somewhat dated and have actually been assessed through the assessment process reviews and have identified as three positives, when they are reviewed for the individual management plan, a discussion is had with them on the basis, “Look, you didn’t identify when you came in, but you’re showing three tests.” A referral would then need to be done as to whether assessment is required.

As far as having a specialised area, there are areas within some prisons that run as drug-free. That is not because the rest of them do not run as drug-free, which some people choose to say. They are run with particular incentives because they have remained drug-free. They work within the complexities of a prison environment with incentives for good behaviour and also that pro social life because we want people to live the life of being drug-free so, as you say, when they move into the community they can manage their lifestyle and have control over that, so when they return there is less likelihood of them re-entering that environment.

The CHAIRMAN: We have asked you for details of the FTE needs in the community areas. In your submission you said that co-morbidity clinicians are employed at all adult prisons statewide. I assume that those co-morbidity clinicians deal with people who have alcohol or drug and mental health issues.

Ms Tang: They are nursing qualification positions; not treatment intervention.

[11.35 am]

The CHAIRMAN: Okay. When we get the number of prisoners for the different prisons, could we also get the number of co-morbidity clinicians for those areas and the nursing staff for those areas, because this is another area where you are working very hard to try and pick up on FTEs positions?

Ms Tang: We are now in a similar place to where we were with our programs 18 months ago, where a review was done and we had a pathway that we were implementing; and, as I say, we have progressed along that. Where we are with health services is that a review has just been completed by Dr Margaret Stephens. That was looking at the clinical services that we provide. It was not necessarily looking at the staffing levels.

The CHAIRMAN: Before you carry on with that, could you provide the committee with a copy of that review, please?

Ms Tang: That is currently under wraps, because we are working with the Attorney on that. So that is, again, one that I cannot just hand over to the committee

The CHAIRMAN: So you will need to check on that. That is fine.

Ms Tang: That was looking at the manner of our service delivery as far as the portfolios of chronic disease management and co-morbidity. So it was looking at the whole spectrum, not necessarily how many nurses were in Roebourne or Broome. Obviously we are looking at that in relation to increasing numbers and how we can configure a mixture of staffing within a facility to make sure that we have the best mix rather than just one professional level which may not be able to complement other levels within that service. We are right in the middle of that now. So it is a work in progress, those particular figures, as we work around that.

The CHAIRMAN: Because you are talking about the nursing staff that you have there, I think many people are disappointed that you cannot have, I believe, GPs coming in.

Ms Tang: Well, we actually have attracted quite a few in the last year.

The CHAIRMAN: But they are not covered by Medicare, are they?

Ms Tang: State prisoners are not covered by commonwealth Medicare, so we basically fund their service, and then they access services as required from the public system, which we take them to.

The CHAIRMAN: From the Department of Health?

Ms Tang: Yes.

The CHAIRMAN: How does that work with the Department of Health? Do they send people in on a regular basis?

Ms Tang: No. We provide the GPs, the psychiatrists and the nurses. Anything to do with their health service, we fund from the department. Where we need placement in Frankland, then that is done in negotiation with the Frankland Centre. Where we need outside or external services, either operations or respite care or other appointments, then they are done through an external appointment system like anyone else who is accessing the public system. So we line up, like everybody else, and take those appointments as they come. So clearly as a part of the review we want to have a much closer relationship in working with the health department, and I think that is also accepted by the department as well, because we do overlap. We are not a service in isolation of the state health system.

Ms L.L. BAKER: In relation to the Economic Review Committee statement about putting more investment into the non-government sector to deliver human services, I am assuming that you guys are looking at what you will do in relation to that. Have you made any projections about what services you might be putting money into over and above what you are doing already? You guys are a significant funder of NGOs in the state. You are doing a really good job by and large. I have only ever heard positive feedback about the way you manage the program. Mind you, I have been out of it for a while, as you know; it could have all gone to rack and ruin, but I doubt that! In the meantime, do you have any estimates about the types of services and maybe the amount of money that we are talking about?

Mr Glasson: What we have done is over the last 18 months there has been a renewed focus on using non-government service providers. This year we will complete 60 drug and alcohol treatment programs, and probably 80 per cent of those will be completed by the non-government sector. Eighteen months ago we had no delivery by the non-government sector. We have also introduced a new program—the medium intensity violence program—which for the first 18 months was exclusively delivered by the non-government sector. The position we want to get to with our new business model is that we have a set of targets in terms of delivery, and we have the capacity to deliver that ourselves, or to contract. We have not done any projections in terms of what the proportion would be, but at the moment it is about a quarter of our delivery. I think in some locations we would be looking for particularly targeted geographically specific programs. That currently happens in Broome. A lot of our addiction programs in Broome are delivered by the men's resource centre, which is just next door to the prison. So it is almost on a case-by-case basis. But in terms of our addiction programs, overwhelmingly they are delivered by the non-government sector, and I cannot see that that would change. The issue around some of the more complex programs, like our intensive programs—the intensive sex offender programs, the denier programs and the intensive violence programs—it is about capacity. Those things are generally run by forensic psychologists, and we do not have a lot of capacity in the community to deliver them. But what we are doing is we are engaging increasingly with community agencies to work with us. So when we deliver training with our Pathways program, for instance, we train equal numbers of the sector and our own people, and also when we bring people out to do our violence training. So we have a commitment to building the sector, recognising that we will not be able to meet the need internally.

Ms Tang: If I can just add to that, one of the issues around contracting to the non-government sector is questions in respect to whether in fact we are maintaining the same standards as we would expect from within the system. My own view is that we will never compromise under the same standards. Where we are alerted to the fact that there are issues either within the custodial setting or within the community, then we deal with those. With the clinical governance unit that we have now, we also have the value of that, which we have not had in past years, which can actually look at how programs are delivered and whether they are in line with the integrity of what we expect. What we need to ensure is that we are not just abdicating our responsibility in saying, "Well, they deliver it;

they deliver to their standard.” They are still delivering to people to whom we have that duty of care.

The CHAIRMAN: Would you also be able to tell the committee—the figure is often bandied about of, I think, about \$110 000 per year per prisoner. One, what is the current average cost per prisoner? Two, does the average cost per prisoner vary depending on the prison that the person is in? Three, does a program like Pathways 120 come into the average cost for those prisoners; and how many people would you have doing that program; and how much would a program like that cost?

Ms Tang: The costing I will leave to the head of corporate to define. I actually do not know off the top of my head how much it costs for a prisoner. You are quite right in the sense that what it costs to keep a prisoner in the special handling unit at Casuarina is not the same as what it costs for a female prisoner at the pre-release at Boronia. They are quite different institutions, providing different services, and therefore they will cost differently. I can gain that information for you on what is the cost per day. How that is calculated is that it includes all the costs. So the corporate overheads of running a particular prison are in those costs, as well as the services that we provide. So we can provide what the cost is for a day, but the actual breakdown—that is, the relationship of particular programs to the value of the prisoner—I do not know that I am in a position to give that out.

The CHAIRMAN: If we could get that breakdown from you, because again it goes back —

Ms Tang: I do not know how it is calculated. My only issue is to that detail. I could tell you the cost of the Pathways program, but how that is factored in as an aggregate cost —

Mr P. ABETZ: Is Pathways a drug and alcohol program?

Mr Glasson: Yes, it is an addiction program.

[11.45 am]

The CHAIRMAN: We would like to know which prisons, the cost per prison, and what programs they have. That is, is the average cost at prison A \$100 000, but prison A does not provide—what was it called?—Pathways 120, and what is the average cost at prison B? What services are provided at each prison and what do they cost? If we know the number of people with co-mobility problems, we are possibly able to recommend to the government that there be more funding allowed in the budget for the prisons that at the moment are not able to run the Pathways 120 program.

Ms Tang: Not every prison will run every program. It is just not efficient or appropriate to do it that way. An individual management plan takes a prisoner through a pathway in their sentence; for example, an armed robber might start at Casuarina and do the violent offender treatment program at Casuarina and then move to medium security and spend some time at Greenough or Albany where they do a substance abuse program. Then, as they proceed through the system to minimum security they have hopefully completed all their programs and do not in fact need to do a program while in minimum security. We actually want the programs completed earlier in the sentence. Prisoners are not living in a vacuum in prison and we still need to manage their behaviour. With respect, I do not know that it is going to tell you a lot about —

Mr P. ABETZ: Prisoners move around.

Ms Tang: Yes.

The CHAIRMAN: Prisoners move around, but do we want prisoners having to be moved from Broome, where they are near to family, to another prison because they need to be in a program offered at that prison, but they will have no family support?

Ms Tang: I fully appreciate your comment. That is why the expansion of programs across the state has meant that less people travel for program purposes. It is more likely that prisoners will be moved on the basis of their security rating, not on the basis of a program. At times, prisoners will happily move if they know that they can get into a program earlier. It is not really an issue for them.

But we cannot deliver every program in every prison. However, an armed robber in Broome prison will not stay in Broome prison because you are serving a —

The CHAIRMAN: A high-security sentence.

Ms Tang: Yes; so you have to go. We try to design our schedule of programs to meet the needs of each cohort of prisoners. The intensive violence program is generally pitched at medium or maximum-security prisoners, because it is generally that group of prisoners who need it. The other side to that is the objective scoring system. Prisoners who do more programs and respond positively to them will move down to medium and minimum security. That is why we pitch those programs there. We do not just say that we are going to run a program at Greenough. We look at where is the greatest need for that program and we schedule it in. We need to know if we have program rooms available in the prison. We need to know about staffing levels. At times we have capacity and space at Greenough, but we have to fly program staff into Greenough on a temporary basis so the prisoners do not have to move. It really is a logistical challenge in terms of prisoners moving and staffing availability and expertise to ensure that we meet requirements. I hesitate to say that we would be able to provide that information. We can give you our program schedule and locations for the next 12 months; that would give you some idea of the picture. That may be of help to you.

The CHAIRMAN: Because alcohol and mental health issues are a problem for people entering prison, we would like to see these programs rolling out all over the place.

Mr Glasson: They have been and you will find —

Ms L.L. BAKER: I would prefer to see them in the community before people committed the offences.

The CHAIRMAN: They need to be in both.

Mr Glasson: That would be our view, too. We run a drug and alcohol program of some description in every facility. What varies is the nature of the programs. In the northern prisons we run the program called Indigenous men managing anger and substance abuse. It is a medium-intensity program that reflects the population cohort in most of those locations. It is a shorter program for Indigenous men that targets anger and substance abuse issues. It combines the two things we know are issues confronting most of that population. In the metropolitan area you will find more of a Pathways program, which is a high-intensity program of 120 hours that targets the connections between addictions and criminality. It is a broader program. Again, it is high intensity and people are exposed to more of it. I can tell you it is not offered only at Hakea. And we provide other things at Hakea. Because it is primarily a remand prison, we tend not to run our longer programs there. People go to other places for those programs. We run substance abuse programs in every facility. It just depends what they are.

The CHAIRMAN: We have many more questions and I am hoping you will accept taking them on notice because Parliament sits in seven minutes. I will have to draw this hearing to a close, but will first asked Jacqui if she could possibly organise through the Attorney General's office a visit to Broome prison on 26 July. Also, we would like the superintendent in charge of the prison to attend a hearing when we are in Broome. Could you please get back to us if that is okay?

Ms Tang: Yes; I will speak to the commissioner and the Attorney on that basis.

The CHAIRMAN: Thank you. We will put some other questions to you on notice. If you do not mind, I would like to thank you both for your evidence before the committee today. A transcript of this hearing will be forwarded to you for correction of minor errors. Any such corrections must be made and the transcript returned within 10 days from the date of the letter attached to the transcript. If the transcript is not returned within this period it will be deemed to be correct. New material cannot be added via these corrections and the sense of your evidence cannot be altered. Should you wish to provide additional information or elaborate on particular points, please include a supplementary submission for the committee's consideration when you return your corrected

transcript of evidence. Thank you both once again. We would like, through this inquiry, to give you more support. We know that some great things have been done, particularly over the past two years, to help prisoners return to the community and not become repeat offenders. Hopefully, with our recommendations, we might see improvements in the community and improvements from your corrective services officers to try to stop the problem of alcohol and illicit drug consumption. Thank you for attending today.

The Witnesses: Thank you.

Hearing concluded at 11.53 am