

**THE PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS MET IN
COMMITTEE ROOM 1, PARLIAMENT HOUSE ON 13 FEBRUARY 2003.**

PRISONS INFRASTRUCTURE REDEVELOPMENT PROGRAM, STAGE C.

RICHARD BINGHAM, SECRETARY, DEPARTMENT OF JUSTICE AND INDUSTRIAL RELATIONS, **PETER HOULT**, DEPUTY SECRETARY, DEPARTMENT OF JUSTICE, INDUSTRIAL RELATIONS, **JIM OVENS**, PROGRAM MANAGER, PRISONS INFRASTRUCTURE REDEVELOPMENT PROGRAM, DEPARTMENT OF JUSTICE AND INDUSTRIAL RELATIONS, **ROY CORDINER**, CONSULTANT TO PRISONS INFRASTRUCTURE REDEVELOPMENT PROGRAM, **KEITH HAMBURGER**, CONSULTANT TO PRISONS INFRASTRUCTURE REDEVELOPMENT PROGRAM AND **WENDY QUINN**, DEPUTY DIRECTOR, COMMUNITY SUPPORT, DEPARTMENT OF HEALTH AND HUMAN SERVICES WERE CALLED, MADE THE STATUTORY DECLARATION AND WERE EXAMINED.

CHAIR (Mr Harriss) - Ladies and gentlemen, we will now commence the more formal part of our hearing. First of all, an apology from Ms Hay. Second, thank you very much for the tour which we have had. I got the impression that members would appreciate at some future stage a visit to the internal parts of the prison.

Mrs NAPIER - I would like an opportunity to see the new Hobart Remand Centre so that we can get an idea of what the improved facilities are more likely to be, and also to see the secure units at the Royal Hobart Hospital so we can look at issues associated with the mental health unit.

CHAIR - That would be valuable.

Mr BINGHAM - We would be happy to organise that.

Mr Chairman, I have given you previously an overview of the Prison Infrastructure Redevelopment Program - PIRP - Stage C project which, so far as the Department of Justice and Industrial Relations is concerned, is a very major project and one that we attach great store to. Rather than go through all of that information and take up the committee's time again, I would like to table this paper which outlines what I said earlier so that it is on record. I am happy to make any comments or take any questions that members of the committee might have about what I said earlier, otherwise I would be happy to introduce Jim Ovens to present to you some issues in relation to the site planning that has gone on for PIRP Stage C.

Mr OVENS - This presentation is meant to detail to members some of the issues that have been raised by investigations that have been conducted concerning the site for the proposed project.

This presentation provides to the committee the current progress in the planning work for PIRP stage C. It has a number of project objectives: to minimise the impact on the operation of the facility, given that the project will have to be conducted while the existing prison is in operation; stakeholder involvement - Mr Bingham has already referred to the very wide-ranging stakeholder consultation which has been conducted and which is ongoing; to address statutory planning requirements - these are generally local government planning requirements and also involve other State instrumentalities; and to gain optimum use of the 65 hectare site. The site inventory report has been prepared with six components addressing the following traffic issues; historic cultural heritage - that is, European heritage; Aboriginal cultural heritage; flora and fauna; landscaping and visual issues; and contamination.

The site is bound by Grasstree Hill Road and by the suburb of Risdon Vale. The southern boundary has a church close to it and there is existing access off East Derwent Highway. The whole site tends to rise to a spur on the southern side and slopes downwards to the north and has the Grasstree Hill Rivulet running adjacent to the road.

Four access options were identified by the specialists viewing this. The first was an access way coming off the roundabout at the end of East Derwent Highway; the second was bringing an access way across the rivulet; the third was an access way coming from one of the entrances to Risdon Vale; and the fourth was utilising the existing access from the East Derwent Highway. The outcome of these investigations recommended that the existing access - that is, access option no. 4 - should be used as the option which best met both the needs of the proposed projects and the requirements of DIER with regard to traffic management around the site.

We will also be pursuing a second emergency access from the road leading to the church. This will not be a fully-developed road but will be an access way which will be available to the facilities in the event of fire or some other emergency need.

The physical planning constraints presented by the site include the following. Proximity to Risdon Vale is a significant one. As I mentioned earlier when we were visiting the adjacent site at Risdon Brook Dam, the Risdon Vale suburb was built following the construction of the prison and was built hard up against the eastern boundary of the site and very close to the existing prison. In fact, the existing prison hospital is very close to it. The need to retain this prison is a second significant planning constraint and the need to retain it is a consequence of the funding of PIRP. The \$63.5 million will not build us a complete infrastructure system for the site, we are designing the current project in concert with the retention of the main prison on the site.

The Grasstree Rivulet has some existing flora, in particular, and some fauna which have protection status, so it is important to take that into account in the zoning of the proposed development and not intrude on that habitat if possible. The East Derwent Highway to the west is a significant traffic artery for Hobart and in itself provided some development constraints. The steeply sloping ground of two southern parts of the campus were very significant planning constraints. They effectively precluded development in those zones, so the area remaining to us was an area like that which excludes the existing prison. Additionally, up to a 70-metre cleared buffer is recommended to surround the main prison and to form part of security regime for the future prison facilities.

The City of Clarence Planning Scheme zones the site as a 'special use zone' specifically designated for prison purposes. For those with a geological interest, the site is more or less bisected by Archaeozoic sandstone and siltstone and glassio-marine siltstone and sandstone.

The area following the river down is alluvial and there is a volcanic intrusion - Jurassic dolerite - slicing right through the site. The alluvial area here is significant because we commissioned the Tasmanian Aboriginal Land Council to undertake a survey for Aboriginal cultural heritage purposes and they found five artefacts. This was another factor in precluding development in that area. Nevertheless, all excavations undertaken in this part of the site will involve oversight, as is standard practice in any area which has the potential to contain Aboriginal relics and artefacts.

The principal service running through the site is a Hobart water main running from the dam up to a reservoir toward the south. The sewer supply runs up the access road; there's an electrical supply and some stormwater drainage lines. Apart from the Hobart water main, which runs through the site to the west, all of the other site services infrastructure is assessed by our engineers to be at the end of their design life. They have no residual value for retention in the new project.

Site contamination investigations were conducted. There was a rifle range that has some residual lead contamination which will have to be addressed. There is also a dump site which will require decontamination, as will an area to the rear of the Country Fire Service. Those are the principle areas to be decontaminated.

This is the site of the former Gellibrand House. The trees which were mentioned earlier as a potential screen between the proposed SMHU site and the lower prison are along the entrance road to that former house. The Grasstree Hill Road is a convict built road and there are remains of 1820s huts down in the alluvial flood plain on that part of the site.

Construction of the main prison commenced in 1958 and was completed in 1962.

I will call on Keith Hamburger to explain a conceptional layout of a contemporary correctional facility.

Mr HAMBURGER - The buffer zone should be no less than 70 metres. You'd like as much as you could possibly get so that it deters people from approaching the fence. They would be visible and you have an operational response area to deal with people who are intruding against the fence. All visitors are processed at a visitor-processing centre. There will be carparks for visitors and separate carparks for staff. Visitors would be registered there; they would leave their bags and other gear so that when they approach the gatehouse they're not carrying any unwarranted implements or items. The gatehouse is located on the secure perimeter zone which is typically three layers of security around the outside of the prison. The gatehouse has very sophisticated security detection equipment to look for drugs, metal and other things. Then people move to the non-prisoner access zone. That zone is used for service vehicles that will provide services to kitchens, stores and workshops; it is for professionals and other visitors to the prison who can access those central facilities from the non-prisoner zone side.

Prisoners will never go into that zone except when they come through the gate in an escort vehicle and are taken into that central facility. The central facility will contain a visits area, prisoner processing, kitchen, stores, operational support facilities - everything that you need to run the prison is on a secure central facility spine. Through the middle of that central facility is a secure membrane that is controlled by gates so that prisoners can access it from the accommodation zone for workshops or classrooms or other things they have to access, but they cannot get through that membrane into the non-prisoner zone. The other zones are the prisoner accommodation zones, where the prisoners from maximum security and medium protection security live.

CHAIR - Because we have three sites being developed here, will that same security principle be applied to each of the three different precincts?

Mr HAMBURGER - Yes, it is. You will notice that that particular model is certainly applied to the male prison. When you look at the female prison, you will notice that, because of the smaller footprint and the smaller number of people, the central facility non-prisoner zone has been compressed onto the perimeter into a multifunction building, but there will be non-prisoner access in that building. Those designs are still being worked out but those principles have been applied to both the male and the female prison and the SMHU will be looked at in a similar light.

Mr BEST - You have a couple of different colours on that slide for the prisoner accommodation zones; does that represent anything?

Mr HAMBURGER - It is indicating that there are different security classifications of prisoner within that zone. This is a multipurpose prison that has highest-security prisoners, some medium-security prisoners and others that may be classified at a lower level. They would be contained within different zones within that perimeter. What is not shown on the slide are some shared recreation zones, like the sports oval that different people will go to, but generally they are in segmented areas. We try to keep separate the different classifications of prisoner.

Mrs NAPIER - Given that we are going to have a women's and a men's prison, is there a trend anywhere to have a central point whilst accommodating women and men separately but within the same physical facility?

Mr HAMBURGER - There are a number of prisons around Australia where women are accommodated within the perimeter of a secure prison but in a segregated area within that prison. Certainly my advice to the planning team has been that that is not the best way to go correctionally for women. In my experience it is best to have them in a separate facility. Women are a minority group within a prison of that size and it does cause difficulties in trying to share facilities. The experience I have had has been that the management of a facility like that tend to concentrate more on the larger male population where there are more serious problems to deal with it. To put it bluntly, the women tend to get neglected. If you look at good correctional outcomes for women, the experience has been to build them their own facility.

Mrs NAPIER - So that is best practice?

Mr HAMBURGER - Yes.

Mr HALL - I briefly looked at the overview but I did not see in there any provision for youth detention. We have ongoing problems with the 17 and 18 year olds at Ashley, yet they are too young to be in an adult prison. Is there any provision in the whole project to have a separate facility for those people?

Mr HAMBURGER - There will be a subsequent presentation to this committee on the more detailed design, but as a general response you will find that the planners want to build the blocks in relatively small sizes. If you go to big, high-security prisons interstate you will find that a lot of the cell blocks have between 50 and 60 prisoners. The blocks in this facility will have much smaller numbers, around 25, which will allow segregation of different categories of prisoners within blocks. With regard to the young people you have described, there will be a lot of capacity for segregation in this design.

Mr BINGHAM - The way that those issues are managed at the present time is that there is an agreement between the prison service and the youth justice division within the Department of Health and Human Services whereby there is interchange. Graeme will be able to tell you that frequently we have accommodated 17 and 18-year-olds from Ashley, either because they have just been remanded in court and they are on their way back to Ashley or because there are some management issues that need to be addressed, so they come to us.

Mr BEST - Obviously design is very important for rehabilitation. Is there some general rule of thumb regarding space?

Mr HAMBURGER - That is a very important concept because claustrophobic environments are very difficult to manage both from a staff point of view and from a prisoner rehabilitation point of view. Good practice around Australia says that between the external building fabric and the internal security fence you should have at least 30 m, and there should be something like 20 m between building blocks. You will find that when the design comes back that there has been quite generous space allowed. Sports ovals are generally strategically positioned so that they provide an amenity of space. The other good thing about the site is that, whilst the slope is a bit problem, the prisoners wherever they are and staff in that facility are able to see the surrounding community, so there will be a feeling of openness. Typically it is called a campus design rather than an enclosed-building design.

Mrs NAPIER - Do things such as health, recreation, educational and training facilities fit within the central facilities?

Mr HAMBURGER - Most of those will come out of the central facility area and there will be some outdoor open recreational areas as well. There will be a programs building that will, depending on the final design, be adjacent to that central facility but linked to it by covered ways. All movement around the site, certainly in the high security and in some of the medium security areas, will be covered by meshed walkways to control movement. The facilities that you have described will be around that central facilities spine.

Mr BEST - What about the Bowen Fire Brigade?

Mr HAMBURGER - There will be an emergency access road outside the prison and one inside the fence. If there were a need for a fire brigade to go in they will go through the secure gate and inside around the internal secure fence and there are strategically placed fire hydrants for fire fighting.

Mr BINGHAM - The Bowen fire crew is currently located and accommodated in the Ron Barwick medium security facility and go out from there. We would certainly be wanting to continue those sorts of arrangements in the new facility and I think it is important that correctionally there is the opportunity for some of the inmates to do community reparation.

Mr BEST - What will happen with the existing building that they use and those other little buildings where you have different activities; will they remain?

Mr BINGHAM - Ron Barwick won't remain but there will be equivalent medium security accommodation provided by the new development.

Mrs NAPIER - Will you be looking at the conceptual design of the new secure mental health unit as well?

Mr OVENS - We will when we come back in the second stage submission.

Mrs NAPIER - I will raise this question now because obviously I have some concerns, although I have appreciated the opportunity to talk informally about the issue. For the record, is it best practice to have a secure mental health unit such as this that will not only deal with prisoners who have mental health related issues but also provide services for members of the general public who may require secure accommodation at some stage.

Ms QUINN - The best practice in the mental health area is to look at the needs of the individual clients or patients and, in line with the mental health legislation, to apply the least restrictive practices at all times. A person's legal status obviously needs to be catered for but shouldn't be the defining factor in deciding where somebody should receive care. That means that we would be looking at having a range of facilities and the secure mental health facility is an important one of those facilities. It should be available primarily for people who are in contact with and have orders under the criminal justice area but should also be available for people whose care requirements match that facility.

Mrs NAPIER - As you are aware, I have some concerns over the potential stigma that might be associated with members of the general public who have not necessarily come into contact with the justice system having to access and be held in a facility that is proximate to the prison and associated with it. Has there been an analysis done of this issue, the potential stigma there may be associated with mental health per se and the prison issue?

Mr BINGHAM - The issues associated with the location of the secure mental health unit have caused a lot of comment during the community consultation we have had. A view has certainly been put that it is preferable that secure mental health facilities should be located separately from the prison. But from a prison service point of view, there is also benefit in having proximity because there will be interchange between the two institutions, and that is easier if they are proximate. I think it is fair to say that there are arguments on both sides of this issue. The pragmatics and the practicalities of the way

that the PIRP project has been developed have meant that the secure mental health unit is being developed as part of the redevelopment of the Risdon site, but we are very cognisant of the need to ensure that the secure mental health unit has a separate identity, that to the maximum extent possible it is perceived as a separate facility from the prison. Having said that, the prison service certainly would see that there are big benefits in having a secure mental health unit to cater for some of the inmates who are currently being dealt with within the prison system proper and within the prison hospital. It has caused a lot of difficulty for those managing the prison hospital to have the broad range of clients that we are required to have at the present time within that hospital, simply because that is not an appropriate facility for those with mental health needs.

Mr HOULT - I agree with Richard. The discussion has been ongoing and it has been betwixt and between at times but there has been recognition that this is a Department of Health hospital; it is a therapeutic environment. It will have its own staff who have nothing to do with the Department of Justice, including its own security staff. There will not be correctional officers on the site. There will be strict protocols of any involvement of the prison service in transfers. It will be its own institution; we will not run the institution, nor will we secure it. There is a high degree of separation and that has been quite deliberately done in the agreement between the agencies.

Mrs NAPIER - What steps are going to be taken to ensure that this isn't referred to as the 'prison hospital'? We are dealing with perceptions here if we are talking about the potential for a stigma to arise. I can see advantages in co-location of such a facility, which is in effect what we are doing. We are saying, 'Maybe we can attract some staff if we've got a sufficiently large facility'. It always seems to be a problem in these areas. What strategies do you have right from the beginning to make sure that we don't allow the public to think that it is a prison hospital, because once they have that view they are not going to change? Most importantly, what about the mothers, fathers, parents, relatives or otherwise of people who would be best catered for in that facility but who have not gone there because it is involved with the justice system?

Mr BINGHAM - The Government considered the issues associated with prisoner health and decided that, as part of the stage C project, a health centre would be built within the Risdon redevelopment. This is separate and apart from the secure mental health unit. Inmate medical needs will be met from a separate health centre within the prison and that will be the equivalent of the current prison hospital. I think that will be thought of as the equivalent of the current prison hospital. The secure mental health unit, as we have said, will be a separate institution with its own identify. Access to it will branch off from the access to the main prison. It will be screened by landscaping and will have an identify and a separateness all of its own. There may well be other issues which we can discuss when we bring the detailed design concepts to the committee about ways of ensuring that that occurs and that the maximum possible separateness and identity is maintained.

Mr HOULT - In all the consultation we have had with the community, with all the interest groups, all the discussions about the secure mental health unit have been led by the Department of Health and Human Services, not the Department of Justice. We do not address those matters as the Department of Justice; we always do it jointly or led by the Department of Health. I think already there is a recognition that we are talking about 'a hospital' and a Department of Health facility, not a Department of Justice facility. In all our publicity we have been very careful to do that.

Mrs NAPIER - What kinds of clients are likely to be in this facility and in what numbers?

Ms QUINN - It is an important point that they will be clients and patients, not inmates and prisoners, when they are admitted to the secure mental health unit. Patients will be in a number of different categories. Firstly, there would be those who are not guilty by reason of insanity; secondly, there would be those who are inmates who have been transferred to the unit because they have an acute psychiatric illness. Until that illness is sufficiently controlled or managed they would be regarded as a patient, and when it is in hand they would be transferred back. There would also be a number of patients who would be on remand, who would have issues that require assessment. They may be people who are looking to go through the legal process with a query regarding pleas of not guilty by reason of insanity, or they may still be subject to assessment processes with the court system to decide whether a charge should be upheld or whether they should be referred to a different facility for treatment.

Mrs NAPIER - If an inmate has a mental illness, where are they currently held? Are they treated at the Royal Hobart Hospital secure unit?

Mr BINGHAM - Virtually all of them are held in the prison hospital at the present time.

Mrs NAPIER - Those people who are not guilty by reason of insanity, they would held within the prison hospital?

Ms QUINN - Yes.

Mrs NAPIER - How many people would we currently be holding on remand where they are being assessed? How do we deal with those people right now?

Ms QUINN - They would be in the prison hospital as well.

Mrs NAPIER - How many people do we anticipate would go to this unit as members of the public for no reason associated with the justice system?

Ms QUINN - Very small numbers. They're likely to be people known by magistrates or police to have infringed by assaulting family members or property offences, and the police or the court system are reasonably sure that there is an issue of mental illness and, at the moment, are reluctant to proceed with charging some of these people. They would prefer to refer them to appropriate treatment facilities. It is that group of people, if there is a capacity to refer someone to a mental health facility, that we're likely to pick up as referrals.

Mrs NAPIER - Is it right to keep pursuing these questions?

CHAIR - I think it is because we are talking about the concept of the project and this fits entirely within questions about the concept.

Mrs NAPIER - Is it likely that this facility will also be used for those who have severe problems arising from substance abuse? How many people do we imagine would be in that category, whether it is drug or alcohol?

Mr HOULT - Our advice from experts working in Australia and indications from the police is that we will see an increasing number of relatively young males who are psychotic because of amphetamine use particularly, and that was factored into the size of the secure mental health unit.

Mrs NAPIER - So that issue has been addressed?

Mr HOULT - Yes, it has. It was one that was carefully considered when we went back to the Government to ask for an increase in the size of the secure mental health unit from the original 20-bed to 35. We are certainly seeing a trend and if we follow Victoria and New South Wales in the next decade, drug use, particularly linked with alcohol and amphetamines, will lead to an increase, a small but significant increase, in people who require a secure mental health unit.

Mr HALL - Mr Hoults, I think you mentioned that in this secure unit there won't be any correctional service personnel; is that correct?

Mr HOULT - The intention is that the Department of Health and Human Services will run this as a secure hospital and that it will be managed, and security provided, by their personnel.

Mr HALL - But wouldn't you have people who, at times, would be quite violent et cetera? How are you going to manage those?

Mr HOULT - The Department of Health and Human Services currently deals with people in hospitals, such as the psychiatric intensive care unit at the Royal Hobart Hospital, who are extremely violent in a psychotic episode and they have the skill base to do that, far more in fact than the correctional services staff. I think that is fair to say without offending the prison director.

Mrs NAPIER - Could I ask Mr Barber, would you see this kind of facility as probably being a more appropriate facility to deal with each of those kinds of cases than the prison hospital system?

Mr BARBER - It will be a purpose built facility and certainly more able to provide contemporary treatments than the current facility. We did a very quick snapshot a few weeks ago on numbers and at the time I think there were 24 patients in the prison hospital of which about 11 would have moved on that day through to the new secure mental health unit. There are some medical patients who we will obviously retain in the new health centre. We are also using, unfortunately, that facility for some severe protection cases as well, which the facility is not designed or meant to be used for.

Mrs NAPIER - That will be dealt with differently in the new design.

Mr BARBER - It will be dealt with differently in the new prison design.

Mr HOULT - The other real benefit of the secure mental health unit in terms of the prison services is that we currently deal inappropriately with women prisoners. Women prisoners have the highest level of mental health problems of any kind of prisoner and it

is not a very good thing to take them to a hospital which is mixed with male prisoners of various categories. This will provide for much better facilities for women prisoners. We will be very pleased to see that because we know the mental health needs of the women prisoners have not been well addressed in terms of facilities.

Mrs NAPIER - So conceptually we have looked at the prison and the way that will be designed with differing accommodation units and so on, but within the mental health unit -

Mr HOULT - Yes, exactly the same will occur.

Mrs NAPIER - It is the same concept so there will still be groupings of prisoners but according to -

Mr HOULT - There will be intensive care facilities, longer-term stabilised-patient facilities and then facilities for persons who are about to be either reintroduced to the community because they are not inmates in the prison system or reintroduced to the prison system again. The concept has been exactly like that, to have zones which reflect the clinical needs of the patients and to build the units accordingly. There is an intensive care unit of -

Ms QUINN - Fifteen is the intensive care unit.

Mr HOULT - which has basically the same degree of intensive care that Royal Hobart is capable of delivering. Then a step-down there is a medium area with an area for longer-term patients who have stabilised and are on their way back into the community or back into the general prison population. It will have its own secure perimeter with its own security zone within that perimeter, a secure entrance and a secure office and professional consulting space. The concept of what you saw up there with the prisoners is in fact not that much different conceptually from the secure mental health unit.

Mrs NAPIER - If we deal with the issue of a client or the parents or friends of a client who have come to visit, what is the likelihood that they will find their person, who has not had an association with the justice system, is in there with a person who may have committed a very serious crime but has not been tried because they have been found insane?

Ms QUINN - What is the likelihood?

Mrs NAPIER - Yes.

Ms QUINN - That one is almost a hypothetical question at this point. It comes back to the issues that Peter was talking about, that with the modular design and the capacity to have smaller areas catering for individual and specific needs, the likelihood of that occurring is markedly reduced. I come back to what I was talking about earlier, that we would run that facility as a health and mental health facility with a focus on working through the particular needs of individual patients at different points in time and assessing them from that perspective, rather than assessing their legal status. Obviously there is a need to be mindful of legal status with regard to admittance to the unit, but then it becomes of an

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issue of how you provide the most appropriate care for that person when they are in there.

Mrs NAPIER - How big do you expect each of the units to be ?

Ms QUINN - I think they are around about five -

Mrs NAPIER - So they are quite small.

Ms QUINN - It gives us capacity to look at separating different groups of people in terms of whether there are substance abuse issues mixed in with mental illness, women, younger people, and people who are essentially very stabilised but needing to be in that environment for legal reasons for long periods of time. So their needs are markedly different.

Mrs NAPIER - It seems to me that that has more potential for stigma associated with mental health and the treatment of mental health issues than it might otherwise.

Ms QUINN - Those people would be in one of the areas that Peter was talking about that would be set up in a very different way from the acute short-term treatment.

Mr OVENS - With regard to the impact of the development on the site, when we come back to you, which is planned for April, we will be able to fill this out and give a more detailed response.

The new men's prison and the new women's prison are either side of the existing maximum security prison which is proposed to be converted to a low security prison. The new secure mental health unit has existing bushland screening it from the correctional facilities further down the hill.

You don't really get to see anything of the site when you are driving until you get to the entrance. The cut in the bank obscures all of the site, certainly any of the site which is being considered for redevelopment. From here on, the plantings which will be continued this year as a prisoner program will take over.

Mr CORDINER - It doesn't take a very high screen to screen the site completely from the road - probably about 4 or 5 m.

Mrs NAPIER - How tall is the new prison going to be?

Mr CORDINER - The highest level will probably be two storeys.

Mrs NAPIER - What is the current one - two storeys?

Mr CORDINER - On the towers you have four to five storeys.

Mrs NAPIER - Are we also going to put some trees up for the people at Risdon?

Mr OVENS - There will be a landscaped screen buffer.

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Mrs NAPIER - So you will look at landscaping for the Risdon people? The view they have is pretty gross.

Mr OVENS - We will come back with a response on that.

Mr HOULT - We'll certainly be looking at similar shielding at the other end of the site where the current church is so that we screen the SMHU on that area as well.

Mrs NAPIER - And you are going to find a really good name for the SMHU.

Mr HOULT - I am sure that that is under consideration at the moment.

Mr BEST - What is the proposed life for this new facility?

Mr OVENS - The existing prison was built half a century ago. It is reasonable to anticipate that this could have an operational life of another half a century, but of course that will have to be viewed with the balance of the correctional infrastructure required to complete the site further down the track.

Mr BEST - There is going to be some community consultation; when does that take place and what form will that take?

Mr OVENS - It has been taking place now for 18 months and it is ongoing.

Mr HOULT - The planning group has appointed an independent consultant who runs our community consultation. There is a dedicated newsletter and a dedicated web site and the consultant has run dozens of meetings, including doorknocking in Risdon Vale on all of the properties that abut. She has had conversations with them about venues et cetera which has led to discussions about pedestrian tracks around the perimeter and people cutting across to get a beer at the Willows Tavern and all sorts of interesting things like that. She has also run early morning and evening meetings with the custodial officers and so on, so there has been a lot of input. We are also consulting with ATSIC and the indigenous community, so we've been trying very hard on consultation.

Mr BINGHAM - And some very useful ideas have come out of it.

Mr HOULT - Excellent ideas.

Mrs NAPIER - Obviously there has been fairly extensive research and I know there has been community consultation about the decision to put the SMHU there. Is there a report that has been done on why we have decided to put it here and is this consistent with national best practice? Is there a report that has been done on that that the community could have?

Mr OVENS - There is a report that was provided by the master planners in looking at planning accommodation for the whole site, which recommended the location that's being proposed for the SMHU.

Mrs NAPIER - Would that deal with the issues of the advantages and disadvantages of locating it proximate to the prison and dealing with members of the public as much as people who are associated with the prison?

Mr OVENS - That report was a master planning report.

Mr HOULT - There have been a number of consultation programs run by Health involving New Zealand and particularly Victorian advisers but, to be honest, it is a compromise situation in the sense that some people said, 'In a good world, maybe you would have a completely different site somewhere else' -

Mrs NAPIER - I think you would.

Mr HOULT - Yes, but we have to be frank as well, this has a service element to the prison community. We had a site with good capacity to do it. In terms of finding another site we believe, and our advisers told us, we would face difficulties in siting the secure mental health unit elsewhere in terms of community perception, if we moved it far away from an urban area we would have difficulties in recruiting and retaining staff, we would have difficulties in having emergency service access when people had to be moved between facilities, and so in the end the advice was - and certainly Dr Chappell and others said - that there was no massively negative thing in the proposal we have. He was the New Zealand -

Ms QUINN - Director of Mental Health.

Mrs NAPIER - Is there a report or a briefing from people such as that?

Ms QUINN - I don't think there is a separate report but it was an issue that we discussed.

Mrs NAPIER - Would it be possible to provide the committee with some material that would look at that whole issue of the rationale. I accept it's a compromise but it would certainly help me from my point of view. It is a compromise and from that point of view we are interested as to what the pros and cons are and why you have made that decision.

I noticed in the consultation with the Aboriginal community - and quite rightly so - that there is going to be ongoing consultation about design, particularly looking at the kind of facilities and services that might be needed for Aboriginal prisoners. There is some reference to the buddy system. It seems to me that that may well have some potential not only to be applied to the Aboriginal population but more generally?

Mr BINGHAM - Yes, they are being looked at. One of the things that we have sought from the Aboriginal Liaison Officer who is currently employed within the prison service is some advice about what his community and the indigenous inmates that we have at the present time would want to see as part of the facility. We have also looked obviously at the Royal Commission into Aboriginal Deaths in Custody and all of those sorts of documents in terms of informing the design and the nature of the facility. So they are issues that are very much being taken into account in the detailed design process.

CHAIR - The next stage will be for the committee to have a presentation of a more detailed nature from your delegation, Mr Bingham. We appreciate that you took the initiative to provide us with this conceptual briefing so that we can understand where the project is heading. The further stages, as you have indicated, will be presented to us probably in April.

Mr BINGHAM - That's right, and between now and then we will organise for those committee members who would like to see whichever of the facilities we have.

Mr OVENS - Perhaps the committee secretary might like to communicate with me and tell me when it would be most convenient for committee members to visit the various facilities mentioned.

CHAIR - Thank you for your attendance.

THE WITNESSES WITHDREW.