



ICS

ACT Inspector
of Correctional
Services

REPORT OF A REVIEW OF A CORRECTIONAL CENTRE

by the

ACT INSPECTOR OF CORRECTIONAL SERVICES

*Healthy Prison Review of
the Alexander Maconochie
Centre 2022*

SUMMARY REPORT





Rainbow Serpent (above and cover detail)
Marilyn Kelly-Parkinson of the Yuin Tribe (2018)

*'There are no bystanders –
the standard you walk past
is the standard you accept'*

– Lieutenant General David Morrison,
AO, Chief of Army (2014)

ABOUT THIS REPORT

This report may be cited as:

ACT Inspector of Correctional Services (2022), *Report of a healthy prison review of the Alexander Maconochie Centre*, Summary Report, Canberra

ACT Inspector of Correctional Services
GPO Box 158,
Canberra ACT 2601

T 1800 932 010

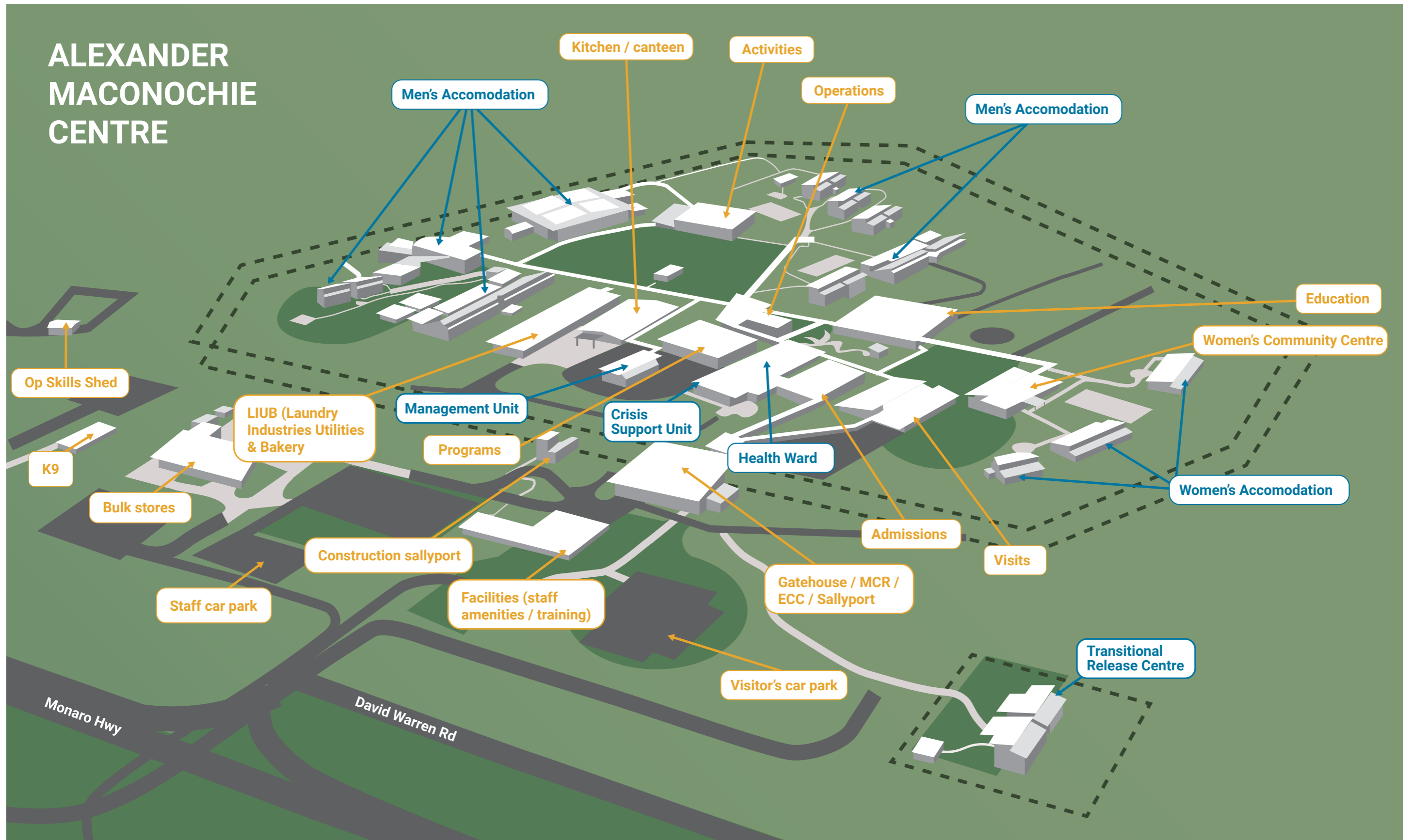
www.ics.act.gov.au

© ACT Government

ACT Inspector of Correctional Services

We acknowledge the traditional custodians of the ACT, the Ngunnawal people. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

Design and artwork: 2B.com.au



Healthy Prison Review of Alexander Maconochie Centre 2022

THE HEALTHY PRISON REVIEW TEAM:

Neil McAllister
ACT ICS Inspector

Rebecca Minty
ACT ICS Deputy Inspector

Pip Courtney-Bailey
ACT ICS Assistant Inspector

Alana Grimley
Research Assistant

Review Methodology

The review commenced in January 2022, with the draft being finalised in September 2022. A long review period was necessary given OICS had, over this period a staffing level of approximately 2 FTE. We note the cooperation of ACTCS and Justice Health through the review process. This cooperation included providing documents and data; and unobstructed access to all facilities, people and detainees. While this is required under the ICS Act it was always done in a timely way and in good spirit. ACTCS staff also supported any logistical requests associated with organising focus group discussions.

Gathering information from multiple sources aids in triangulating evidence when preparing the report: where possible, we seek to have multiple sources of information noting of course, that detainees and staff comments for example may be subjective perceptions based on their experiences but are valid and important in understanding the lived and worked reality in a prison environment.



AWARENESS RAISING



Sent out emails to staff and detainees, and put-up posters at the AMC to explain our role and the review.



Prepared a short video for detainees introducing ourselves and explaining the survey, a link was emailed to detainees who could view the video on PrisonPC.



DATA AND INFORMATION COLLECTION

Gathered a broad range of operational data and information from ACTCS under each of the **four pillars** of the 'healthy prison test'.

The four pillars are Safety, Dignity & Respect, Purposeful Activity, Rehabilitation & Preparation for Release.

Reviewed electronic files as relevant on the Custodial Information System.



SURVEYS

ACTCS staff (AMC & Court Transport Unit), Justice Health staff (AMC) and AMC detainees were invited to complete extensive online surveys over a period of some months. The long timeframe was intended to capture as many people as possible to provide a representative sample. Paper copies of the survey were available to those who did not have access to a computer or required assistance to fill out the survey.

Noting that not all respondents answered all questions, the response rates were:

Group	Number of people invited to respond	Number of respondents	People who responded %
ACTCS staff	354	171	48.3
Health staff	69	14	20.2
Detainees	381*	147	38.6

* The average daily number of detainees at the AMC during the survey period

- The ACTCS staff and detainee surveys asked substantially the same questions as the 2019 Healthy Prison Review Survey (with some minor changes based on an internal review), thus enabling comparison and benchmarking over time. It was the first time OICS administered a specific survey for health staff, as the 2019 staff survey was not tailored to their experience.
- OICS did not administer a visitor survey for this review as administration was not feasible with available resources. However, input from visitors was gathered through contributions from the community sector.

EXAMPLES OF HPR22 COMMUNICATIONS TO DETAINEES

HEALTHY PRISON REVIEW EXPERT REVIEW TEAM BIO

CARLY STANLEY
CEO & CO-FOUNDER
DEADLY CONNECTIONS

Carly is a proud Wiradjuri woman, born and raised in Gungahlin. Carly is an ongoing and active member of her Aboriginal community. Carly has strong cultural knowledge and skills to adequately respond to the needs of the Aboriginal community.

Carly has both lived and professional experience in a number of community services areas but has spent over 20 years working across the globe and over 10 years supporting justice involved people, families and communities.

KEENAN MUNDINE
DEPUTY CEO & CO-FOUNDER
DEADLY CONNECTIONS

Keenan is a proud Wiradjuri man with connections to the State of NSW and the Wiradjuri Nation of QLD. He is the youngest of nine boys, born & raised in Gungahlin.

Keenan faced his own difficulties in life and made some poor decisions in his adolescence, which resulted in his lengthy involvement with the justice system. Keenan found his passion in giving back to his community and working with people who have similar experiences to his.

Carly & Keenan will be joining the Healthy Prison Review team to look into:

- Care & treatment of Aboriginal & Torres Strait Islander detainees
- Culturally appropriate health services
- Sentence management
- Preparation for release & transition back into the community

If you see Carly & Keenan walking around the AMC, come and have a yarn or join a Yarning group.

Your voice is important!

HEALTHY PRISON REVIEW EXPERT REVIEW TEAM BIO

MATTHEW BOWDEN (nothay)
MATTHEW BOWDEN
CONSULTING

Matthew Bowden is helping with the Healthy Prison Review at AMC.

Matthew will be looking at what life at AMC is like for:

- Detainees with disability, and
- LGBTQIA+ detainees, lesbian, gay, bisexual, trans and gender diverse, intersex, queer, sexual and plus!

Matthew is a person with disability.

Matthew is a gay man.

Matthew has worked for 30 years in the disability and LGBTQIA+ communities.

Matthew is passionate about human rights.

Matthew looks forward to chatting with any detainees who would like to meet him.

Healthy Prison Review of the Alex Centre 2022

17 January 2022

In 2022, OICS is conducting their second Healthy Prison Review of the Alexander Maconochie Centre. The final report is due to be tabled by the end of the year and will appear on this page once tabled.

Detainee Introduction Video

This video provides detainees with an explanation about the Healthy Prison Review and the detainee survey. The survey will be available for all detainees at the Alexander Maconochie Centre to complete during January 2022.

OICS HPR22 video on PrisonPC



IN PERSON CONSULTATIONS

Focus group discussions all held at the AMC:

2 with male detainees	1 with detainees focusing on programs, work, education and reintegration	1 with male Aboriginal detainees
2 with women detainees	1 with male detainees in the Assisted Care Unit	1 with women Aboriginal detainees
		2 with AMC staff (one for CO1 and CO2s, another with CO3 and CO4s)

- Conducted 1:1 interviews with staff from ACTCS, Justice Health and Winnunga.
- Engaged in informal discussions with staff and detainees in person at the AMC and CTU and via email (the OICS email address is whitelisted so detainees can freely contact us).
- Invited submissions from community organisations and members of the public. We received 11 from community organisations and 2 from individuals.
- Gathered information through an online focus group consultation facilitated by the ACT Council of Social Service with members of the Justice Reform Group. It was attended by 23 people consisting of community organisations, academics and individuals.
- Observed an ACT Council of Social Service online discussion about disability in the AMC, along with our disability expert.
- Gathered input from other oversight entities, in particular the Corrections Official Visitors, the Human Rights Commission and the ACT Ombudsman through informal discussions.



EXPERT CONTRACTORS ENGAGED

Received specialist input from contractors, most of whom were able to attend the AMC for site visits

- Carly Stanley and Keenan Mundine from Deadly Connections Community and Justice Services to provide input on Aboriginal and Torres Strait Islander issues.
- Maureen Hanly, an independent contractor with a background in health in closed environments to provide input on primary and mental health services.
- Matthew Bowden, an independent contractor to provide input on disability and LGBTQIA+ issues.
- Dr John Paget, formerly inaugural NSW Inspector of Custodial Services to provide input on discipline and use of force.
- Kylie Faulkner, Queensland Ombudsman's Office, to provide input on programs and case management.
- Professor Lorana Bartels, the Australian National University, was engaged to chair focus group discussions with male detainees, female detainees and AMC staff members.



SITE OBSERVATIONS

- Conducted extensive site observations at the AMC, CTU and the TRC. At the AMC observed activities and services such as admission, visits, recreation and activities and male and female delegate's meetings.
- We have also drawn on the observations and findings in OICS' Critical Incident Reviews conducted since 2019.

Consolidated Recommendations

Recommendation 1:

That ACT Corrective Services re-design the use of the admissions area to ensure intake interviews with detainees can be done in privacy, and detainees are not able to observe officers' computer screens in the officer area.

Recommendation 2:

That drawing on experts in disability, ACT Corrective Services introduce a suite of induction materials that meet the needs of detainees with disability (e.g., an induction video, Easy Read induction packs) and are relatable for the diverse detainee population.

Recommendation 3:

That ACT Corrective Services engage an independent Aboriginal and Torres Strait Islander expert(s) to review the security rating system to ensure that it is free of any cultural bias that could result in Aboriginal and Torres Strait Islander detainees being over-classified.

Recommendation 4:

That ACT Corrective Services define what a 'cohort' is at the Alexander Maconochie Centre and develop a strategy to reduce the number of cohorts based on minimising rather than avoiding every possible risk, so that more detainees can mix (for programs, visits, recreation, etc.).

Recommendation 5:

That ACT Corrective Services amend relevant policies and procedures to ensure there is a caution on the use of prone position restraint and other high-risk positions, and that Use of Force training adequately reflects this.

Recommendation 6:

That ACT Corrective Services develop and notify a body scanner procedure which makes clear that detainees detected carrying an object are given every opportunity to surrender the object before a strip search is conducted.

Recommendation 7:

That ACT Corrective Services consult with key stakeholders to develop a strategy to prevent, track and respond to incidents of sexual coercion and violence in the Alexander Maconochie Centre.

Recommendation 8:

That the Blueprint for Change Oversight Committee or relevant part of the Justice and Community Safety Directorate consult with the Office of the Inspector of Correctional Services about the nature (and funding) of monitoring of the Committee's recommendations.

Recommendation 9:

That a dialogue be initiated between detainee representatives and senior operational staff, facilitated by an appropriately independent individual, to identify factors contributing to a decline in detainee–staff relationships and opportunities for improving it.

Recommendation 10:

That ACT Corrective Services increase the weekly detainee self-catering allowance to align at least with calculations derived from the Reserve Bank of Australia inflation calculator for the period of 2010 to 2020 and ensure that the allowance is adjusted annually in accordance with the Consumer Price Index.

Recommendation 11:

That ACT Corrective Services create a senior level Aboriginal identified head office position to lead and drive policy and operational approaches to reduce the disadvantages of Aboriginal and Torres Strait Islander detainees, and potentially, those people under community-based orders. This position should report directly to the ACT Corrective Services Commissioner.

Recommendation 12:

That ACT Corrective Services urgently expand women’s accommodation within the Women’s Community Centre precinct in order to provide more flexibility in accommodating the different cohorts of women (e.g., women on protection, segregation, separate confinement orders).

Recommendation 13:

That condoms, water-based lubricants and dental dams be made freely available in the units so detainees can access them without having to make a request to staff.

Recommendation 14:

That plans to refurbish and expand the Hume Health Centre that were suspended due to COVID-19 be resumed, or a new feasibility assessment for Health Centre expansion and refurbishment be conducted. In the interim, Justice Health (in consultation with ACT Corrective Services) must review the functionality of the Hume Health Centre as a matter of priority to determine if there is any way of improving patient access and capability in the short term. The use of the satellite clinics should also be reviewed to see if there is any way their use could be increased.

Recommendation 15:

That Justice Health ensure that when detainees self-refer to Justice Health during medication rounds, it is done in a manner that protects their privacy.

Recommendation 16:	That relevant policies and practices are changed to ensure that non-smokers are never compelled to share a cell with a smoker. This should not await the planned smoking ban at the Alexander Maconochie Centre.
Recommendation 17:	That Justice Health expand the use of telehealth for a greater range of specialist service consultations.
Recommendation 18:	That the ACT Government engage an independent third party to convene and chair an urgent senior level working group between Justice Health, Winnunga and ACT Corrective Services to address the working relationships between the three entities in relation to the provision of culturally appropriate health care in the Alexander Maconochie Centre.
Recommendation 19:	That ACT Corrective Services and Justice Health commission an independent joint review of the Crisis Support Unit (CSU) that addresses the purpose of the CSU; placement/admission criteria and the process for approval and review of placement and removal from the CSU; resource requirements (i.e., psychological and custodial staffing); custodial officer training requirements; and clinical/therapeutic interventions provided to detainees placed in the unit.
Recommendation 20:	That Justice Health review as a priority the way detainee medication is transported around the Alexander Maconochie Centre to provide a more secure method of transport.
Recommendation 21:	That ACTCS, as a priority, devise and implement a strategy to remove barriers for meaningful participation in distance tertiary education, with timeframes for implementation. The strategy should also include immediate or interim steps that are to be taken so detainees enrolled in education currently can access course requirements.
Recommendation 22:	That ACT Corrective Services increase the staffing profile of Activities to include two additional full-time dedicated Activities Officer positions and increase the hours of operation to be in line with other areas of the Alexander Maconochie Centre (e.g., 12-hour shifts, seven days per week).

Recommendation 23:	That ACT Corrective Services fund the expansion of the contracted health and recreation provider hours of operation to allow for programs and activities to be scheduled on weekends and afternoons.
Recommendation 24:	That ACT Corrective Services commit to and fund a multi-purpose industries building. This follows from a recommendation made in the Alexander Maconochie Centre Healthy Prison Review 2019 (Recommendation 65) to explore the feasibility and cost of providing a modest multi-purpose industries building, that was accepted by the ACT Government but not implemented.
Recommendation 25:	That ACT Corrective Services work with the Specialist Communities Team to refine a recruitment and retention strategy for that team, and fund reasonable costs associated with efforts to reach full team capacity.
Recommendation 26:	That if ACT Corrective Services cannot negotiate a cheaper cost-per-call rate with a telephone provider, the cost of calls is subsidised to a level broadly commensurate with the cost of landline calls in the community.
Recommendation 27:	That an independent audit of the Alexander Maconochie Centre's paper mail system is conducted to determine if mail services for detainees (e.g., timeliness, reliability, costs) are as close as equivalent to those in the community as possible for a custodial environment.
Recommendation 28:	That, as a matter of urgency, the ACT Government commit to increasing the size of the Alexander Maconochie Centre visits area to cater for realistic numbers of mainstream, protection and women detainees.
Recommendation 29:	That ACT Corrective Services report publicly on a quarterly basis on the current occupancy of the Transitional Release Centre and Transitional Release Program against capacity, starting January 2023.

Healthy Prison Review of Alexander Maconochie Centre 2022: Key Findings

KEY FINDINGS

1. LACK OF STRUCTURED DAY

Good Practice – Recreation and Activities

57% attend fitness sessions

Attendance in exercise and recreation sessions October 2021 to January 2022 was an average of **57% of the total possible detainee count**



Boredom

79% of detainees said they were **bored most of the time** because there aren't enough productive things to do

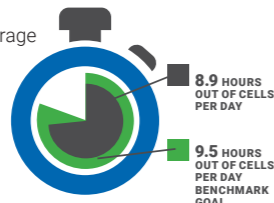
"I'm bored all day everyday"
Survey comment (detainee)

Lock-ins

In 2020–2021 detainees had on average

8.9 hours out of cells per day

The ACTCS benchmark is for **9.5 hours per day** out-of-cell time



Education

In the last 12 months **16%** of detainees were offered Vocational Education and Training courses



82% disagree that the education options at the AMC meet their needs

"There is no link between what they offer here and actual job opportunities in the community." Focus group (Deadly Connections, male detainee)

Employment

"I am able to do work at the AMC that will help me get a job when I get out"

80% of detainees **DISAGREE**
20% of detainees **AGREE**

"Detainees need jobs!!!" Survey comment (staff)

Reintegration and Transitional Release

Average occupancy of the Transitional Release Centre from January 2020 - Sept 2022 was **2.3 people**



"[people with long sentences are] not being accepted to TRC and then being released into the community with absolutely no attempt at reintegration"
Survey comment (detainee)

*noting that the TRC was closed from May 2021-April 2022

2. HEALTHCARE

Disability - Improvements noted

31% of detainees identified as having a **disability**

Improvements noted in the AMC meeting needs of detainees with disability, but there is plenty more to be done such as making induction more accessible

Health centre is not fit for purpose

84% reported it was 'difficult' to get **general** medical services

88% reported it was 'difficult' to get **specialist** medical services

"I was working in health last week and there were 17 appointments. Two detainees were seen that day."
Focus group (Staff)



External medical escorts

"There are so many hospital escorts and we don't have enough staff."

Focus group (staff)

Culturally appropriate healthcare

In 2020–2021 there were, on average, **100 Aboriginal and Torres Strait Islander detainees** at the AMC, but Winnunga Aboriginal Health Service only has capacity for **30**



Access to mental health support

"You only get to see mental health if you're in crisis and then you get sent to the CSU. No-one wants to go to CSU, it's disgusting..."

Focus group (woman detainee)



Smoking

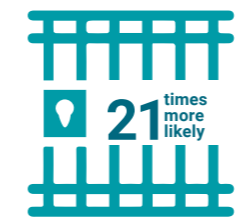
59% of detainees reported **smoking tobacco** compared to **14%** of the Australian population

84% of non-smokers reported having to share a cell with someone who smoked in the cell

3. ABORIGINAL AND TORRES STRAIT ISLANDER DETAINEES

Aboriginal and Torres Strait Islander people are overrepresented in the AMC

In 2020–2021 in the ACT, an **Indigenous person** was



to be imprisoned than a **non-Indigenous** person.

Use of Force incidents

In 2020–21, Aboriginal and Torres Strait Islander:

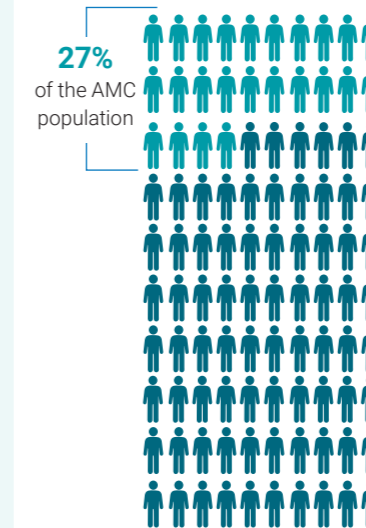
males accounted for **53%** | **females** accounted for **67%**

of Use of Force (UoF) incidents

Indigenous people were subject to **55%** of all UoF incidents but made up only **27%** of the detainee population

Security classifications

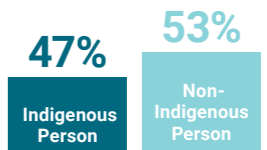
Aboriginal and Torres Strait Islander people represented



but **41%** of maximum security classifications

Segregation orders

In 2020–2021, Aboriginal and Torres Strait Islander detainees accounted for **47%** of all segregation orders but made up only **27%** of the detainee population.



Specific cultural needs of Aboriginal and Torres Strait Islander detainees are not being met

44% of Aboriginal people who responded to OICS' survey said:

their needs as an **Aboriginal person** were **NEVER** being met



4. WOMEN

Poorly planned move from SCC to WCC resulted in safety concerns for the women

"After 6:15pm when the doors to the cottages are locked, anything could happen. Women are not safe."

Focus group (woman detainee)

"Women get looked at as one small group and not a diverse group with diverse needs."

Focus group (woman detainee)

Women in a men's prison

"In the women's accommodation there is no separation of cohorts. There is no area for protection, there is nowhere for people to be who require observation, there is no distinction between minimum and maximum classification."

Focus group (woman detainee)

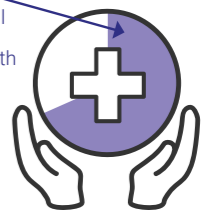
Lack of structured day and boredom

Women detainees regularly experience extended lock-ins, cancellation of programs, activities and appointments.

"There is a timetable full of activities, library, programs etc but they don't happen."
Survey comment (detainee)

Good practice – Gender-responsive health and wellbeing program

69% of possible total detainee count provided a health and wellbeing program



Women are provided a gender-responsive health and wellbeing program, and attendance February 2021 – January 2022 comprised an average of **69%** of possible total detainee count.

5. THE AMC IS A COMPLEX PRISON

The AMC operates with between 15-20 separately managed detainee cohorts

The AMC accommodates men & women, sentenced & remand, mainstream & protection minimum, medium and maximum-security classifications

ABS, Prisoners in Australia:

2009 remandees comprised **24%** of the ACT detainee population.
2019 **25%** of detainees were on protection.
2021 remandees comprised **34%** of the ACT detainee population **37%** of all detainees were on protection.

Risk avoidance vs risk reduction

"They need to stop separating all the different units and just have mainstream and protection. It doesn't make sense to separate mainstream units from mainstream units because it means we all just stay locked in and can't do anything all day."
Survey comment (male detainee)

SUMMARY REPORT

Healthy Prison Review of the Alexander Maconochie Centre 2022

This is the second Healthy Prison Review (HPR) of the Alexander Maconochie Centre (AMC) by the ACT Office of the Inspector of Correctional Services (OICS). A Healthy Prison Review is a whole-of-centre review focusing on all aspects of treatment and care of detainees, staff and visitors in a correctional environment.

OICS reviews are carried out against published criteria known as the [ACT Standards for Adult Correctional Services](#). The Standards provide an independent tool for the Inspector to examine whether correctional centres and services in the ACT meet the "healthy prison test". The "healthy prison test" was devised by the World Health Organization and has been adopted as the basis for prison standards in other jurisdictions, including the United Kingdom. The "healthy prison test" is based on four pillars:

- **Safety:** detainees, particularly the most vulnerable, are held safely. Staff and visitors feel safe.
- **Respect & dignity:** everyone, particularly the most vulnerable detainees, are treated with respect for their human dignity.
- **Purposeful activity:** detainees engage in activity that is likely to benefit them.
- **Rehabilitation and preparation for release:** detainees are supported to connect with their families and the community; supported to rehabilitate; and prepared for release back into the community.

The review commenced formally in January 2022¹, with the draft being finalised in September 2022. We note the support provided by ACT Corrective Services (ACTCS) and Justice Health through the review process. This support included providing documents and data; and unobstructed access to all facilities and people, including detainees (both of which is required under the ICS Act but was always done in a timely way in good spirit). ACTCS staff also supported any logistical requests associated with organising focus group discussions.

Challenges of the past three years

Since the Healthy Prison Review of the AMC 2019 (HPR19), it has been disappointing to find that overall, the situation for both detainees and staff at the AMC has deteriorated. It is our view that the apparent lack of a structured day and resulting boredom has played the most significant role in this decline.

The past three years have presented considerable challenges for ACTCS as well as for detainees and their families, not least the unprecedented challenges posed by the COVID-19 pandemic. COVID-19 has had widespread impacts on staffing at the AMC, with the centre regularly operating at well below optimal staffing levels. With correctional facilities considered high-risk environments, staff and contractors have been required to stay away from the centre for longer periods of time whilst isolating, compounding the impacts of reduced staffing even further. This has also meant many corrections staff have been required to do significant amounts of overtime to cover the shortfalls and consequently, OICS has heard reports of increased staff burnout and work-related stress.

¹ Preliminary in-office work started in late 2021.

COVID-19 has also meant the interruption of in-person visits for detainees and their loved ones, the earlier than anticipated discontinuation of education at the centre, the frequent cancellation of programs and activities, as well as many detainees being subjected to periods of solitary confinement² under health segregation orders. Detainees have also experienced an increase in the number and length of unscheduled lock-ins leading to considerable tension and frustration among detainees and staff.

Accommodation pressures at the centre have presented further challenges for AMC operations, with a number of large accommodation units being off-line at various times due to significant damage caused by hailstorms, detainee disturbances, vandalism and in-cell fires. This has resulted in overcrowding in other areas of the AMC, and difficulties with cohort management, and has further contributed to tensions between staff and detainees. OICS acknowledges that the majority of vandalism and property damage at the AMC has been caused by detainees and appreciates ACTCS' frustrations with managing this ongoing issue.

Many of the facilities at the AMC have not been upgraded or expanded in line with the growing detainee population. The Hume Health Centre and the Visits Centre, for example, were built with a design capacity of about 255 detainees in mind. Following the opening of the AMC, the detainee population rapidly increased, far exceeding design capacity and frequently sitting well above 400 detainees. This presents unique challenges for the efficient and effective running of the centre, and places considerable strain on services and infrastructure.

ACTCS has adopted a highly risk averse approach to managing the detainee population, with a large and somewhat illogical number of detainee cohorts (OICS understands there are anywhere between 15–20 different cohorts), who are managed separately and restricted from mixing in most areas of the centre. This cohorting of detainees creates centre-wide inefficiencies and impacts the ability to deliver a structured day of programs, activities, education and gainful employment for detainees. It also impacts the scheduling of visits, access to the health centre, the number of unscheduled lock-ins and increases the need for and number of detainee escorts by custodial staff within the centre.

Up until recently ACTCS has also been using the antiquated Custodial Information System (CIS) to record and store all operational data and detainee information. This system has limited functionality to store and retrieve data, meaning much of the AMC's operational data was being recorded on Excel spreadsheets and hardcopy logbooks and registers. CIS does not have the capability to integrate with other information management systems being used within the centre. This restricts information sharing between different teams and impacts the effective management of detainees throughout their time in custody.

It is pleasing to see that in July 2022, ACTCS began the transition to a new offender management system called CORIS which should address the inherent problems of the old CIS system and manual records keeping which were highlighted in HPR19. OICS has been briefed on CORIS and although it is to be expected that there will be initial teething problems and a period of adjustment for staff, we look forward to its complete rollout.

The Case Management area has recently undergone change that coincided with the introduction of CORIS. The Case Management Unit now use the Integrated Offender Management System (IOMS) which seeks to have one system for detainee case planning and case management from entry into custody through to release into the community.

OICS is supportive of the move to CORIS and IOMS and is hopeful that the potential to modernise and make more efficient the way information is handled, and detainees are case managed at the AMC, is realised.

² Solitary confinement is defined in the Nelson Mandela Rules as 'the confinement of prisoners for 22 hours or more a day without meaningful human contact' (rule 44). UN General Assembly, *United Nations Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules)*, 29 September 2015, UN Doc A/C.3/70/L.3.

Progress since HPR19

OICS would like to recognise the work undertaken by ACTCS since HPR19 to address a number of the operational and management challenges highlighted in the report. Although there is still a way to go, there has been considerable work done to update and develop a large number of policies and procedures to bring them in line with current AMC operations and requirements. It is pleasing to see that the *Corrections Management (Incentives and Earned Privileges) Policy 2022 (No 2)* and the *Corrections Management (Detainee Discipline) Policy 2022* have recently been notified and brought into effect. While it is too early to see the full impact of these new policies, OICS is hopeful that the implementation and consistent application of these policies will go a long way to address some of the key issues raised in this Healthy Prison Review of the AMC.

It is notable that considerable work has been done to address a significant proportion of the recommendations made in HPR19. ACTCS' most recent update on the status of HPR19 recommendations indicates that of the 71 recommendations that were agreed or agreed in-principle by the ACT Government, 46 recommendations are considered completed and closed, four are in progress and 11 are overdue. Given the limited capacity of our office to validate the implementation of recommendations, OICS largely accepts, in good faith, ACTCS' most recent update. However, there are six recommendations OICS contests as being completed and closed (see Appendix 1 for further details).

We would also like to acknowledge the extensive work of the independent Blueprint for Change Oversight Committee to address the working conditions for correctional staff across the AMC and the Court Transport Unit (CTU). The *Blueprint for Change* report made 15 recommendations around staff numbers, training and organisational reporting relationships. While OICS was not involved in the Blueprint for Change Oversight Committee we are supportive of the recommendations and hope to see the ACT Government commit to implementing these recommendations to bring about meaningful change.

The Key Themes of HPR22

Lack of a structured day and boredom

The apparent lack of a structured day at the AMC and resulting boredom presents an ongoing concern for OICS and is a matter that has been raised in a number of our reports including *The care and management of remandees at the Alexander Maconochie Centre* (OICS Remand Review), *Healthy Prison Review of the Alexander Maconochie Centre 2019* (HPR19) and the more recent *OICS critical incident review of a serious fire at the AMC on 12 May 2021*. Through interviews, focus group discussions and comments in our Healthy Prison Review 2022 (HPR22) surveys, both detainees and AMC staff consistently identified boredom as a key issue impacting detainees and the day-to-day functioning of the AMC.

With very little to do all day, many detainees have no routine or daily responsibilities and as a result lack motivation to participate in their own rehabilitation and preparation for release. There is little incentive for people to get out of bed and participate in daily activities, which OICS finds entirely unacceptable.

It is OICS' view that in the years since first raising this issue, the situation has only become worse. Detainees are critical of their time at the AMC being a lost opportunity for meaningful rehabilitation and preparation for release.

It is a matter of grave concern to OICS that there has been no education provided at the AMC since September 2021, and only very limited vocational training in this period (discussed on the next page). OICS has heard from many people that the schedule of courses and programs on offer have little relevance to their needs and interests, which is a major disincentive to participation.

While we appreciate the difficulty of providing education, programs, employment and activities to suit the diverse needs and interests of detainees, more could be done to expand the variety of available activities and ensure timetabling is prioritised. The effective use of a person's time in custody has significant impacts on future prospects, not least the role it plays in reducing recidivism.

Boredom = trouble

Results from the detainee survey show that 79% of respondents indicated that most of the time they are bored because there are not enough productive things to do. Regrettably, this is up from 64% in the HPR19 detainee survey.

Boredom can have considerable flow-on effects impacting both detainees and AMC staff. The lack of a structured day leaves detainees with a great deal of idle time and opportunities to engage in disruptive behaviours. Consequences of boredom may include:

- Increased incidence of conflict and violence amongst detainees;
- Increased demand for and introduction of contraband;
- Reduced motivation and perception of self-worth;
- Reduced rehabilitation and preparation for release;
- Poor physical and mental health outcomes;
- Negative impacts on detainee/staff interactions and relationships;
- Increased risk of critical incidents and significant disturbances;
- Increased risk of further criminal charges and jail time;
- Property damage and vandalism;
- Increased number of behavioural disciplines and time spent in separate confinement; and
- Increased smoking of tobacco.

The ineffectual provision of education, programs and interventions; minimal opportunities for gainful employment; and inadequate reintegration and preparation for release significantly contribute to the boredom experienced by detainees at the AMC. This is discussed in further detail below.

Education

It is of grave concern to OICS that at the time of writing this report, the AMC has been operating for over 12 months without an education provider and no recommencement date confirmed. The previous provider formally withdrew their services in early October 2021 although they had not been delivering services since August 2021 due to COVID-19. OICS was advised that there have been significant delays in commencing a new service provider and that the procurement process is still ongoing. The absence of education can have significant implications for detainees' rehabilitation and future employment prospects. This matter must be addressed as a matter of urgency. Undoubtedly there have been significant failures in procurement practices in replacing the education provider (evidenced by it being unfilled for more than 12 months), and as a result the ACT Government has let down detainees, and let down the ACT community who put trust in ACTCS to promote rehabilitation of detainees, and prepare them for release.

Furthermore, OICS is concerned about the obstacles faced by many of the detainees currently enrolled in tertiary university courses in accessing course material, conducting essential research for studies and participating in course requirements (e.g., tutorials etc.). This includes inability to access essential software required to complete assignments, inability to conduct online research for assignments due to lack of any access (including supervised) to the internet/research databases, and difficulties participating in online engagement with course teachers and others. OICS heard that these barriers are so significant that detainees are unable to complete units in the required timeframes and some feel that they have no other option than to discontinue their tertiary studies.

This is extremely disappointing as the detainees that OICS spoke to who were enrolled in tertiary education were passionate about the opportunities it provided for personal development; contribution to rehabilitation and preparation for release; and meaningful activity.

“As an incarcerated student, it is so much more than an education and improved career prospects. It is an identity, a cognitive behavioural tool, an opportunity for a family member to be proud of you and ultimately an instrument to a life beyond imprisonment.”

Quote from detainee submission

Programs and interventions

There has been a gross shortfall in programs delivered in the AMC over the past three years, partly due to programs being discontinued as a result of efficacy issues but also due to significantly reduced capacity resulting from COVID-19. Detainees are missing a hugely important key to rehabilitation, and it is exceptionally unfair that detainees are unable to show the Sentence Administration Board that they have addressed their offending behaviour if they are given very few opportunities to do so whilst in jail.

As a result of COVID-19 and the reduced delivery of programs, Program staff developed self-paced booklets for detainees to complete during lockdown. These related to self-help, future planning, keeping safe post release and addiction. Although preparation and completion may have given both staff and

some detainees something to do, in OICS' view the use of self-paced booklets would have had limited impact given the lack of motivation and low literacy rates amongst detainees. We also note that these booklets were not accredited in any way, providing little motivation to complete them.

AMC management have advised OICS that the suite of programs offered has been under review and that there will be a revised/new suite of programs coming into effect in the coming months, including the EQUIPS programs (which stands for Explore, Question, Understand, Investigate, Practice, Succeed) based on that used by Corrective Services NSW. OICS is cautiously optimistic that this review will lead to improvements in the quality and efficacy of programs delivered at the AMC and will continue to monitor this area.

Employment

OICS has reviewed the list of available job opportunities for both men and women detainees, and while on paper there appear to be a considerable number of available positions, and the proportion of people who are employed looks impressive, the reality is that the majority of these are menial positions such as sweepers and unit cleaners. These positions provide as little as a couple of hours per week of work and detainees in these jobs are rarely required to leave their accommodation areas.

There are few opportunities for meaningful employment particularly for those who are housed in cell block accommodation. Most detainees in the cell blocks do not have the option of a trusted work position outside the unit, with the exception of area delegates and the newly created Activities Coordinator positions. There are also many people who are unemployed, which impacts their ability to earn a reasonable income, perpetuates disadvantage, and further contributes to the lack of routine and motivation experienced by many detainees. Employment opportunities for people who are on remand are even further restricted by the uncertain circumstances of their incarceration.

Women detainees have fewer opportunities than men for meaningful employment as they are largely restricted to jobs within the Women's Community Centre (WCC) with the exception of the AMC bakery. There are six positions in the bakery available to women on two days per week, with the remainder of the week allocated to male detainees.

There are a small number of trusted job opportunities for detainees (mainly men) outside accommodation areas including the AMC kitchen, bakery, industries and the laundry which offer on average, approximately 12 hours per week. We understand that there are only about 10 jobs in the whole centre that offer up to 30 hours per week, being stores and grounds maintenance. These positions offer **male** detainees the opportunity to be involved in work that they find meaningful, earn a moderately higher income, and see them out of their accommodation areas for longer periods each day.

OICS has spoken with a number of detainees who occupy these positions and note the value that they place in their jobs. Having a reason to get up in the morning, get ready and show up to their job on time helps detainees establish routine and responsibility, gives their day a purpose and helps them prepare for daily life following their release. We have also heard that having a trusted job gives people the space to stay out of trouble and focus on their rehabilitation.

"Detainees need jobs!!!!!! A working jail where at least 90% of detainees are working should be a big focus."

Comments from staff survey

Transitional release and reintegration

Transitional release at the AMC is intended to support rehabilitation, prepare detainees for their return to the community, and improve prospects for employment following release. The centre's Transitional Release Program (TRP) is open to both sentenced men and women; however, the Transitional Release Centre (TRC), a 20-bed minimum-security facility outside the secure perimeter of the AMC, is only available to male detainees. Underutilisation of the TRP and TRC is an ongoing issue for ACTCS.

The TRC has been empty or close to empty for the majority of the last three years, only officially reopening on 13 April 2022 to two residents (both of whom were to work in AMC stores and not in the community). As of June 2022, the highest occupancy of the TRC has been five men, or 25% of intended capacity. OICS understands that this is close to what is currently considered the program capacity for reasons unclear to us. Although COVID-19 posed significant challenges, the squandering of this important reintegration facility cannot be attributed to COVID-19.

Women are significantly disadvantaged with access to the TRP and the TRC. Women are still not being considered for the TRC, and access to the TRP is extremely limited due to issues with eligibility criteria and security classification reviews. At the time of writing this report there was one woman³ participating in the TRP, and no other potentially eligible applicants being assessed.

In submissions made to OICS, male detainees detailed their frustrations with being unable to be approved for the TRP and underutilisation of the TRC. The current *Corrections Management (Transitional Release Program) Policy 2020* states that detainees must be within 12 months of their earliest release date (amongst other criterion) to be eligible for the TRC. This was a change from the previous policy that had more discretion in that detainees must be towards the end of their sentence. In 2020 the *Corrections Management (Transitional Release) Policy 2010* was revised, removing a provision allowing the general manager to consider applications from well-behaved detainees that fell outside of the current period of eligibility. The Transitional Release Policy was again being revised in the first half of 2022 but has not yet been notified.

Good practice – Recreation and Activities

It is positive to see that since HPR19 there have been significant improvements in the delivery of recreation services at the AMC and the increased utilisation of the multi-purpose recreation building. In 2021 Corporate Health Management (CHM) were contracted to provide health and wellness services to detainees, providing the opportunity for people to participate in structured exercise, recreation activities, nutrition sessions and wellbeing activities. CHM work closely with the AMC Activities Officer.

CHM are contracted to work onsite at the AMC Monday to Friday 9am-5pm, offering activities including gym and circuit training; nutrition education; cooking classes; music sessions; sporting competitions such as tennis, volleyball and football; individual consultations; physical rehabilitation; as well as providing trivia, board games and health information during lock-ins. Where resources and capacity have allowed, they have also facilitated walking groups for older detainees and those not interested in using or able to use weights or gym equipment. There is a weekly schedule of activities with each accommodation area allocated one session per week.

3 OICS notes the one woman participating in the TRP has since been released from custody and that there are currently no women engaged with the TRP.

CHM also have a dedicated staff member working closely with the women detainees providing a gender-responsive health and wellbeing program, tailored specifically to the needs and interests of the women. OICS has heard positive feedback about this program from both staff and detainees and it is positive to see that the program has been adapted to meet the needs of women.

It is, however, disappointing to see that since HPR19 the staffing profile of AMC Activities has not increased. Activities is reliant on the availability of custodial staff and while the AMC is fortunate to have a dedicated and proactive Activities Officer it is unsatisfactory that the entire function of AMC Activities is the sole responsibility of one officer. OICS has been advised that if the Activities Officer is on leave, it is commonplace that the post is left unfilled and all activities for that period are cancelled. We have heard from staff and detainees that Activities seem to be a “low priority” amongst custodial and operational staff and are among the first things to be cancelled if there are pressures impacting centre operations. ACTCS' response was that it was not a low priority but was not considered an essential post during times of staff shortage.

It is OICS' view that there needs to be greater emphasis placed on the importance of access to physical activity, sunshine, fresh air and open space and recognition of the benefits it provides not only to detainees but also staff. In addition to the obvious benefit of more detainees being out of their accommodation areas during the day and engaged in purposeful activities, the physical and mental health benefits of physical activity and team sports such as building self-confidence, building positive relationships and respect for others, motivation, perseverance, positive social interactions and personal enjoyment can only be seen as immensely positive.

Healthcare at the AMC

Delivery of health services

Justice Primary Health Services (Primary Health), Custodial Mental Health Services (CMH), Winnunga Aboriginal Health Services (Winnunga) and the AMC Specialist Communities Team provide health and wellbeing services to detainees at the AMC. Primary Health, CMH and Winnunga operate out of the Hume Health Centre within the AMC. The hours of health service and type of health services provided at the AMC are very good for a correctional centre of its size, however the efficient and effective running of the health centre is severely impacted by the lack of physical space available and the operational challenges of moving patients in and out of the centre in a timely way.

OICS has been told by both health and custodial staff that they believe the health centre is no longer fit for purpose. The health centre was designed based on the original plan of the AMC, a population of 255 detainees. Since the centre opened in 2009 the health centre has not had any enhancements during the centre's operation, other than the addition of a small demountable building used for Justice Health staff offices.

There appear to be challenges at the interface between Justice Health Services, Winnunga and ACTCS, causing tensions and frustrations which negatively impact the delivery of services to detainees. Detainees and custodial staff have told OICS that there needs to be better communication between the health services and detainees to keep people informed about their healthcare and to appropriately manage detainee expectations. Detainees often experience long wait times to be seen by health, for follow up appointments, test results or information about their medications. Detainees told us that it is not unusual to wait up to eight weeks to see a doctor and that many people experience unnecessary delays in accessing their prescribed medications.

Medical escorts and health observations

Detainees are often required to attend medical appointments in the community, escorted by custodial staff. This may be because they need to attend a specialist medical service or appointment that cannot be delivered in the AMC. However, the need for external medical appointments is made greater by the physical limitations of the health centre limiting services that can be provided in situ. A number of AMC staff expressed concerns about what they perceive to be an excessive number of medical escorts and the significant disruptions they cause to centre operations.

Custodial staff have also expressed their concerns about being left responsible for detainee health observations in the accommodation areas, particularly after-hours when there are no health staff onsite (noting that there is an on-call Medical Officer after-hours). Custodial staff are not medically trained and feel that the responsibility of monitoring someone for health reasons is perceived by some staff to be a huge burden.

Winnunga Aboriginal Health Service

The introduction of the Winnunga Nimmityjah Aboriginal Health Service (Winnunga) model as the primary health care provider at the AMC to provide culturally appropriate services to Aboriginal people in custody is positive and welcome. However, the current structures and systems around Winnunga's operation at the AMC appears to be limiting its effectiveness as a model of culturally safe and holistic healthcare.

Aboriginal and Torres Strait Islander detainees are advised at induction that Winnunga provides health services at the centre and that they can self-refer to the service should they chose to. Under their current resource funding Winnunga can provide health services to a maximum of 30 detainees. Currently, there are approximately 100 detainees at the AMC who identify as Aboriginal and/or Torres Strait Islander and approximately 25 of them are clients of Winnunga.

There appears to be an entrenched tension and animosity between Justice Health, ACTCS and Winnunga and whilst all agencies are aware that the Memorandum of Understanding between the three parties is not being implemented in the spirit that it was intended and there are operational, clinical governance, patient risk, safety and quality issues that need to be addressed, none of the agencies are taking the lead to make it work. This cannot continue as it is only a matter of time before there will be a critical incident involving an Aboriginal and Torres Strait Islander detainee because of the lack of systems and processes in place across the organisations.

Mental health and psychosocial disability

Custodial Mental Health (CMH) is responsible for the treatment and care of people with acute mental health conditions and detainees who are deemed at risk. There are strong processes in place for the assessment and management of detainees who are at risk of self-harm and suicide at the AMC. CMH has recently commenced Gold Card Clinics which is an initiative being used in many community mental health services for patients who have histories of self-harm behaviours and poor coping skills. A psychologist works with the patient to learn what their triggers are and to develop coping strategies. This is an excellent initiative and CMH must be congratulated for commencing this service.

There is, however, a chronic lack of support for detainees with mild to moderate mental health conditions and psychosocial disability. Despite AMC management and staff, ACT oversight bodies, and detainees being acutely aware of the severity of unmet need and the widespread impact of psychosocial disability on detainees, support is often only able to be provided to detainees when they experience mental health crisis. It is the ACTCS Specialist Communities Team that cover detainee mental health and wellbeing for sub-acute presentations, and this team has experienced significant difficulties attracting and retaining psychologists, consistent with shortages in the community.

There is reportedly an inconsistent approach to detainees accessing psychotropic medications with many detainees sharing with OICS that they have either been denied or experienced unacceptably long wait times to access anti-psychotic medication and anti-depressants prescribed to them in the community. This leads to increased vulnerability, experiences of mental health crisis and intensified challenging behaviours. Detainees report feeling punished rather than supported when they experience a mental health crisis as custodial staff will often respond to the behaviour and not the cause. OICS notes that custodial staff are not trained or qualified in the care and management of people with mental health conditions and acknowledges the difficult and unfair situation they are put in due to the lack of proper mental health supports at the AMC.

“If you don’t act on self-harm, you won’t get seen by mental health.”

Quote from detainee focus group discussion

Crisis Support Unit

The Crisis Support Unit (CSU) is intended to accommodate, support, and treat detainees for short periods of time, who are chronically unwell and at significant risk of harm should they remain in other AMC accommodation units. The CSU is an austere environment that fails to provide a therapeutic model of care and is likely to exacerbate and contribute to detainee psychosocial distress and trauma.

The physical environment of CSU is more likely to escalate and trigger challenging behaviour rather than provide a sensory environment conducive to recovery and de-escalation of challenging behaviours. The accommodation cells in the unit have no privacy from staff and little privacy from other detainees. The men’s showers are in one large room with shower cubicles and no door or curtain for privacy. The doors of shower rooms are left open so COs can have line of sight, but if staff or detainees walk past, persons showering could be in view. On inspection the unit was unclean and faeces were visible in the small, enclosed courtyard, the only space with ‘fresh’ air. The CSU has no outdoor space, and detainees have no access to or view of grass, trees, and other plants.

The CSU is staffed by custodial staff rather than medically-trained or specialist mental health or disability support personnel. Custodial staff who work in the CSU are not provided any additional specialist training for working with people at risk of self-harm or suicide apart from their initial officer training and annual suicide training.

OICS has been advised that on occasions detainees are placed in the CSU when they have returned from hospital for a physical health reason, have sustained an injury, or been assaulted and require closer monitoring. It is also used as an overflow area for the Management Unit and to accommodate problematic detainees who cannot be housed elsewhere in the centre. The placement of detainees in the CSU who are not at risk of self-harm is unacceptable as it introduces a duality of approaches (for example, detainees not considered to be ‘at risk’ may be allowed items that others are not allowed due to risk they could be used to self harm or attempt suicide) which increases the overall risk environment.

“You can’t get in to see anyone. You have to slash up to get in to see someone, and then you get sent to CSU. No-one wants to go to CSU.”

Quote from women detainee focus group discussion

Smoking at the AMC

Smoking at the AMC continues to be a concern to OICS. In the HPR22 detainee survey 59% of respondents identified that they were current tobacco smokers. While this is a slight decline from the 66% of detainees who identified as currently smoking in the HPR19 detainee survey, it is still significantly higher than that of the general Australian population which is reported at 14%.

During a staff focus group discussion, COs commented that on occasion it felt like smoking was encouraged (e.g., offering cigarettes on admission, or COs using a smoking break as a de-escalation technique when detainees are heightened) even for non-smokers.

Despite a recommendation in the HPR19 report, non-smoking detainees are frequently being made to share 9m² cells with smokers for 16 hours or so per day.

OICS is aware that there is a plan to implement a smoking ban at the AMC, to come into effect within the next 12 months and is supportive of this transition in principle. A smoke-free environment will not only improve health outcomes for detainees and staff who are current smokers, but also the significant number of non-smokers who are currently enduring the negative health impacts of second-hand smoke.

Good practice – Specialist Interventions Team and the Assisted Care Unit

The Specialist Interventions Team provide mental health support to detainees with mild to moderate diagnoses. It is positive that this program envisages a multi-disciplinary team including allied health professionals, a Disability Liaison Officer, and a psychologist(s). The multi-disciplinary nature of this team is important and having an Occupational Therapist (OT) enables the AMC to do functional assessments for cognitive and physical disability.

The AMC recently had an OT on staff in the Disability and Complex Care and Interventions Coordinator role. This was very beneficial with the AMC having internal capacity for functional assessments; however, this is not an OT identified position. The Disability Liaison Officer and Disability and Complex Care and Interventions Coordinator provide a hub-and-spoke model of support across the AMC, however, to be more effective and meet demand for their service they require more staff resources.

The Specialist Interventions Team delivers programs and supports to male detainees in the Assisted Care Unit (ACU) whose disability needs have been identified as requiring additional assistance. Detainees with disability spoke positively about the respect, empathy, care and support they receive from ACTCS staff in the ACU, in particular the Specialist Interventions Team. Interactions with staff were described as largely positive, fun, and upbeat.

It is, however, concerning to OICS that this team is grossly understaffed due to positions not being currently filled (at the time of discussions only four of 10 positions were filled). This team, and ACTCS more generally, is acutely aware of the challenges of attracting and retaining professionals in this team and are actively looking at a range of options to address this situation.

Aboriginal and Torres Strait Islander detainees

Not only are Aboriginal and Torres Strait Islander people grossly overrepresented in the AMC (an Aboriginal and/or Torres Strait Islander person in the ACT was 21 times more likely to be imprisoned than a non-Indigenous person in 2021), but their experience of incarceration is also in general, a harsher one. The data (see section 1.6 of the main report) demonstrates an overrepresentation in higher security classifications, uses of force, strip searches and as subjects of segregation orders. Furthermore, Aboriginal and Torres Strait Islander detainees are more likely to return to prison within two years of their release than non-Indigenous people.

OICS engaged Deadly Connections Community and Justice Services, an Aboriginal Community Controlled Organisation to review issues relating to the care and treatment of Aboriginal and Torres Strait Islander detainees. They reviewed background material, conducted yarning circles, walked around units, and spoke to staff.

It was clear to Deadly Connections during their yarning circles that Aboriginal and Torres Strait Islander detainees felt significant benefit from external cultural community connections and guidance and this should be an area of priority to extend cultural safety at the AMC. In Deadly Connection's assessment, Aboriginal and Torres Strait Islander detainees are not given adequate opportunities to engage in cultural activities, practices, and connections.

The yarning circle on the oval is rarely used and apart from the Aboriginal art room there are no cultural spaces for connection and yarning.

The art room provides an opportunity to decrease boredom and increase pro-social activity that is culturally responsive. There were a number of reports from Deadly Connections' yarning circle participants that they have had very limited opportunity to access the art room since COVID-19 and this restriction continued to prevent cultural expression through creative arts.

There is a general perception amongst the Aboriginal and Torres Strait Islander detainees that Deadly Connections spoke to that their cultural needs around illness and death are not being met. Not being able to see family, attend Sorry Business, or practice cultural responsibilities causes significant harm for Aboriginal and Torres Strait Islander people and compounds dislocation from community. Disconnection from culture/family also increases the difficulty in re-engaging with community upon release.

Deadly Connections made 25 recommendations for OICS to consider, all of which have merit. However, we think the way to address the many issues of concern in the Deadly Connections report, and our own work in this area, requires a fundamental change in the care and treatment of Aboriginal and Torres Strait Islander detainees in the AMC, and perhaps in Community Corrections.

In essence, there needs to be an Aboriginal voice in ACTCS' head office to contribute to the development of policies, operational procedures, and practices to ensure that 'distinct cultural rights of Aboriginal and Torres Strait Islander detainees, also protected in the *Human Rights Act 2004 (ACT)*, are met' (Standard 57). This senior role would also encompass liaison with ACT Aboriginal and Torres Strait Islander stakeholders and play a key part in increasing Aboriginal and Torres Strait Islander staff employment opportunities within ACTCS.

Deadly Connections heard from a number of Aboriginal and Torres Strait Islander detainees who believed that an Aboriginal and Torres Strait Islander staff member who has a direct reporting line to those in authority would benefit them in escalating needs around safety, culture, discrimination and harassment.

Women

Women's safety and accommodation

In June 2021 women detainees were relocated from the maximum-security Special Care Centre (SCC) at the northern end of the AMC, where they had been accommodated since 2017, back to the purpose-built Women's Community Centre (WCC) cottage accommodation. While in principle OICS supports this move, there appears to have been inadequate forethought and planning given to the move which contributed to ongoing and complex issues for both the women and AMC staff.

In various forums including focus group discussions, oversight meetings, delegates meetings and discussions with staff, OICS has heard concerns about complex interpersonal issues amongst some of the women resulting in increased conflict and violence within the cohort. Women reported that they feel unsafe and experience vulnerability given the available accommodation options for mix of sentenced and remand and different classification levels of women detainees.

There are limited accommodation options for women and despite the *Corrections Management (Placement and Shared cells) Policy 2020* explicitly excluding maximum-security detainees being housed in cottage accommodation, it is not possible for this to be enforced with current accommodation arrangements. Furthermore, there is currently nowhere for women who are assessed as needing protection, have complex needs or require observation for health reasons to be safely and appropriately accommodated within the WCC.

It has been expressed to OICS by both staff and detainees that there is an immediate need for an additional cell block style accommodation option to support the appropriate management of women detainees at the AMC.

"After 6:15pm when the doors to the cottages are locked, anything could happen. Women are not safe."

Quote from women's focus group discussion

Purposeful activity for women detainees

Similar to male detainees, the lack of a structured day remains a big issue for women in the AMC. Extended lock-ins and staff shortages contribute to cancellation of programs, activities and appointments, and impacts on access to health appointments, counselling, legal representation, Case Managers and support for those studying tertiary education.

The programs on offer are sparse with many of the sessions available conducted on a one-on-one basis, for example chaplaincy or Case Management client contact. Most sessions are reliant on staff availability including attendance at the activities building or library sessions and are often cancelled without explanation or replacement programs.

Since the women have moved back to the WCC, the Women's Health Service Trauma Counsellor is no longer attending the AMC to provide this service. This is extremely disappointing as this service was well-utilised by the women and provided a much-needed trauma-informed, gender-responsive counselling service for women in custody which is otherwise lacking in the AMC.

It has been acknowledged by AMC staff that the WCC has the facilities to deliver a full and engaging schedule of activities and programs for the women, but there are currently not enough staff to facilitate this. The WCC has always been staffed as a two-officer post and has remained that way despite what appears to be a clear need for more staff in the area. OICS has been told by staff that the post needs to be operating as a four-person post to ensure the effective management of cohorts and to support the facilitation of a schedule of activities, programs and education.

Just prior to finalising this report, OICS has been made aware that there are plans underway to restructure the women's weekly schedule, including regular morning meetings and a number of new programs and activities including a Therapeutic Community style Alcohol and Other Drug (AOD) program specifically for women. This is a welcome initiative and OICS is hopeful that this is the beginning of meaningful change for women at the AMC.

"There is a timetable full of activities, library, programs etc but they don't happen."

Quote from women detainee survey

The design of the AMC has reached its 'use by date'

The AMC cannot operate effectively as six, at times, overcrowded Minimum, Medium and Maximum-security prisons on one small footprint accommodating:

- Mainstream (sentenced) males;
- Mainstream (sentenced) females;
- Remand males;
- Remand females;
- Protection males; and
- Protection females.

No other prison in Australia has this combination of prisoner categories behind one fence. Further, the large number of various cohorts at the AMC that are separated into different accommodation areas adds to the complexities of the six cohorts (above) the AMC must manage as core business.

As in 2019, we again heard how the impact of so many cohorts is felt across the jail – for example, detainees unable to walk to other buildings unescorted in case they mix on walkways, detainees unable to mix in health centre waiting rooms thus slowing patient flow, avoidance of cohort mixing limiting ability to run programs and education at capacity, and reduced recreation time (e.g., on the oval) due to reluctance to allow cohorts to mix. Further, the visits schedule is divided so each unit gets two visit times allocated per week. We heard that in some cases, not all sessions are filled, whereas in other units some detainees miss out due to their times being fully booked.

There is a need to rethink the risk equation to one of risk reduction rather than risk avoidance. To be clear, there will always be the need for mainstream and protection cohorts, and others that simply can't mix due to non-associations.

It should be clear from this review, HPR19 and the 2018 Remand Review, that the ACT Government needs to rethink the delivery of adult custodial services in the ACT. While it may be a difficult “budget sell” to the community, serious consideration must be given to a significant expansion of the AMC (e.g., women’s area, gatehouse, visits centre, Hume Health Centre, suitable accommodation for protection detainees).

OICS would encourage the ACT Government to initiate a thorough review of the AMC infrastructure, including calling on experts from other jurisdictions to assist in the process.

The Way Forward

This review raises a number of significant concerns about the present situation at the AMC and concludes that overall, conditions have declined since our last Healthy Prison Review. Detainees are bored with little to do all day, and the impact is seen across many areas of the jail. The extended absence of an education provider, the inconsistent and improvised delivery of programs and interventions and the lack of meaningful employment for the majority of detainees has contributed considerably to this decline.

With that said, OICS is cautiously optimistic that with commitment to addressing the recommendations made in this review, and the realisation of key structural reforms that are currently underway (i.e., the upgrade of information management systems (CORIS and IOMS), the review and evaluation of programs and the implementation of key policies such as the incentive and earned privileges policy) positive and sustainable improvements for AMC detainees, staff and visitors can be achieved.

This review makes 29 recommendations across the short, medium and long-term, which we see as both achievable and having meaningful impact.

