



# 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*





*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**

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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.

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ACT Inspector of Correctional Services  
November 2022



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## Glossary

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
ACTCOSS	ACT Council of Social Service Inc.
ACTCS	ACT Corrective Services
ADON	Assistant Director of Nursing
ALO	Aboriginal and Torres Strait Islander Liaison Officer
AMC	Alexander Maconochie Centre
AOD	Alcohol and Other Drugs
AVL	Audio Visual Link
Buy-up	The process where detainees purchase goods from a list of approved items
Case Management	Retitled from Sentence Management during this review
CHM	Corporate Health Management
CIS	Original ACTCS offender database replaced by CORIS in 2022
CM Act	<i>Corrections Management Act 2007 (ACT)</i>
CMH	Custodial Mental Health
CO	Corrections Officer ("prison officer")
Cohorts	Groups of detainees that cannot mix together (e.g., rival gangs)
<b>CORIS</b>	ACTCS offender database introduced in 2022
Commissioner	Head of ACTCS
CPSU	Community and Public Sector Union
CSU	Crisis Support Unit
CTU	ACTCS Court Transport Unit
CTU Review	OICS <a href="#">Review of ACT Corrective Services Court Transport Unit 2020</a>
Custodial staff	Corrections Officer in direct supervision/control of detainees
CYP ACT	<i>Children and Young People Act 2008 (ACT)</i>
Deadly Connections	An Aboriginal Community-led not for profit organisation providing community and justice services
Detainees	Adult prisoners, inmates
Double-up or two-out	Cell designed for one person, converted by installing a double bunk

FTE	Full-Time Equivalent
Gatehouse	Staff/visitor entrance to the AMC
GM AMC	General Manager AMC
HHC	Hume Health Centre – AMC medical centre
HPR19	<a href="#">Healthy Prison Review of the Alexander Maconochie Centre 2019</a>
HPR22	Healthy Prison Review of the Alexander Maconochie Centre 2022 (this review)
HR Act	<i>Human Rights Act 2004 (ACT)</i>
HRC	ACT Human Rights Commission
ICS Act	<i>Inspector of Correctional Services Act 2017 (ACT)</i>
IEP	Incentive and Earned Privileges
Indigenous	Aboriginal and Torres Strait Island(er)
Inspector	ACT Inspector of Correctional Services
JACS	ACT Justice & Community Safety Directorate – responsible for ACTCS
Mainstream	Non- <i>protection</i> detainees
MHJADS	Mental Health, Justice Health and Alcohol and Drugs Service
MU	Management Unit
NAIDOC	National Aborigines and Islanders Day Observance Committee
NSW	New South Wales
NT	Northern Territory
OC spray	Oleoresin Capsicum spray (pepper spray)
OICS	Office of the Inspector of Correctional Services (ACT)
OMT	Opiate Maintenance Therapy
OV	Official Visitor – independent person to whom detainees can make complaints
PrisonPC	Computer system used by detainees at the AMC in their cells
Protection	Regime for detainees at risk of assault or intimidation by other detainees
Qld	Queensland
Remand/remandee	Unconvicted persons charged with criminal offences held in prison custody
Remand Review	<a href="#">The care and management of remandees at the Alexander Maconochie Centre 2018</a>
ROGS	Report on Government Services (Commonwealth Productivity Commission)
SA	South Australia

SAB	Sentence Administration Board (parole board)
Sally port	Secure vehicle entrance to the AMC
SCC	Special Care Centre
Sentence Management	Retitled to Case Management during this review
Shiv	Cutting/stabbing implement
Standards	OICS ACT Standards for Adult Correctional Services
Standover	Detainee-on-detainee threatening behaviour to gain something
Structured day	Timetable of activities such as work, education, programs and sport
Tas	Tasmania
TCH	The Canberra Hospital
TRC	Transitional Release Centre
TRP	Transitional Release Program
VET	Vocational Education and Training
Vic	Victoria
WA	Western Australia
WCC	Women's Community Centre
Winnunga	Winnunga Nimmityjah Aboriginal Health and Community Services

## 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.

<b>Recommendation 9:</b>	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.
<b>Recommendation 10:</b>	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.
<b>Recommendation 11:</b>	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.
<b>Recommendation 12:</b>	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).
<b>Recommendation 13:</b>	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.
<b>Recommendation 14:</b>	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.
<b>Recommendation 15:</b>	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.

<b>Recommendation 16:</b>	That relevant policies and practices are changed to <b>ensure</b> 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.
<b>Recommendation 17:</b>	That Justice Health expand the use of telehealth for a greater range of specialist service consultations.
<b>Recommendation 18:</b>	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.
<b>Recommendation 19:</b>	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.
<b>Recommendation 20:</b>	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.
<b>Recommendation 21:</b>	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.
<b>Recommendation 22:</b>	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).

<b>Recommendation 23:</b>	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.
<b>Recommendation 24:</b>	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.
<b>Recommendation 25:</b>	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.
<b>Recommendation 26:</b>	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.
<b>Recommendation 27:</b>	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.
<b>Recommendation 28:</b>	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.
<b>Recommendation 29:</b>	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

## 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

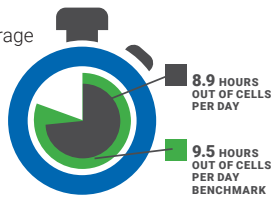
*"I'm bored all day everyday"*  
Survey comment (detainee)

### Lock-ins

In 2020–2021 detainees had on average

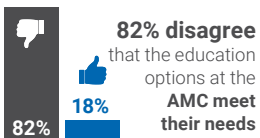
**8.9 hours out of cells per day**

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



*"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

(OICS detainee survey)

### Health centre is not fit for purpose

**84%** reported it was 'difficult'

to get **general** medical services

**88%** reported it was 'difficult'

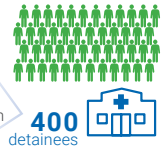
to get **specialist** medical services

*"I was working in health last week and there were 17 appointments. Two detainees were seen that day."*

Focus group (Staff)



The Hume Health Centre was designed to provide for approximately 250 detainees, but **must accommodate 400** detainees due to population growth



### 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**

Facilities only allow for **30** Aboriginal and Torres Strait Islander detainees

### 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)

**71%** reported it was 'difficult' to get psychological services when needed

### 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

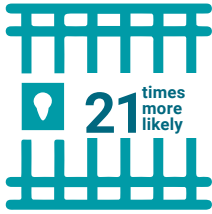




### 3. ABORIGINAL AND TORRES STRAIT ISLANDER DETAINEES

#### 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:



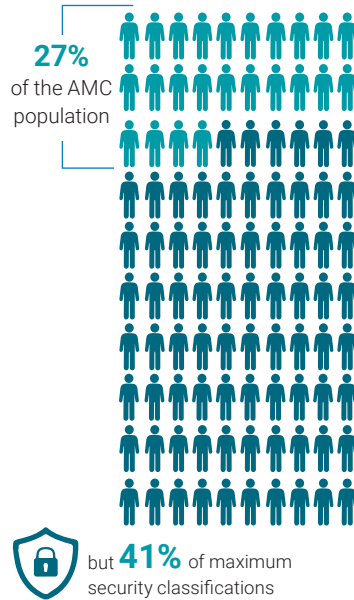
of Use of Force (UoF) incidents



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



#### 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

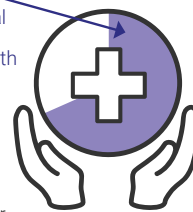
Women detainees regularly experience extended lock-ins, cancellation of programs, activities and appointments.

*"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



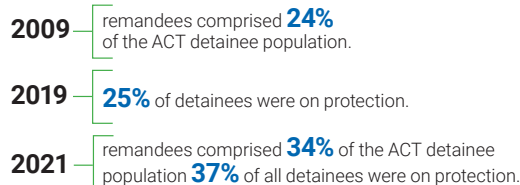
Women are provided a gender-responsive health and wellbeing program, and attendance February 2021 – January 2022 comprised an average of **69%** of possible total detainee count.

### 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:



#### 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)

## Key Findings

# 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 2022<sup>1</sup>, 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

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<sup>1</sup> Preliminary in-office work started in late 2021.

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.

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 confinement<sup>2</sup> 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

<sup>2</sup> 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.

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.

### **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 woman<sup>3</sup> 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.

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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 9m<sup>2</sup> 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

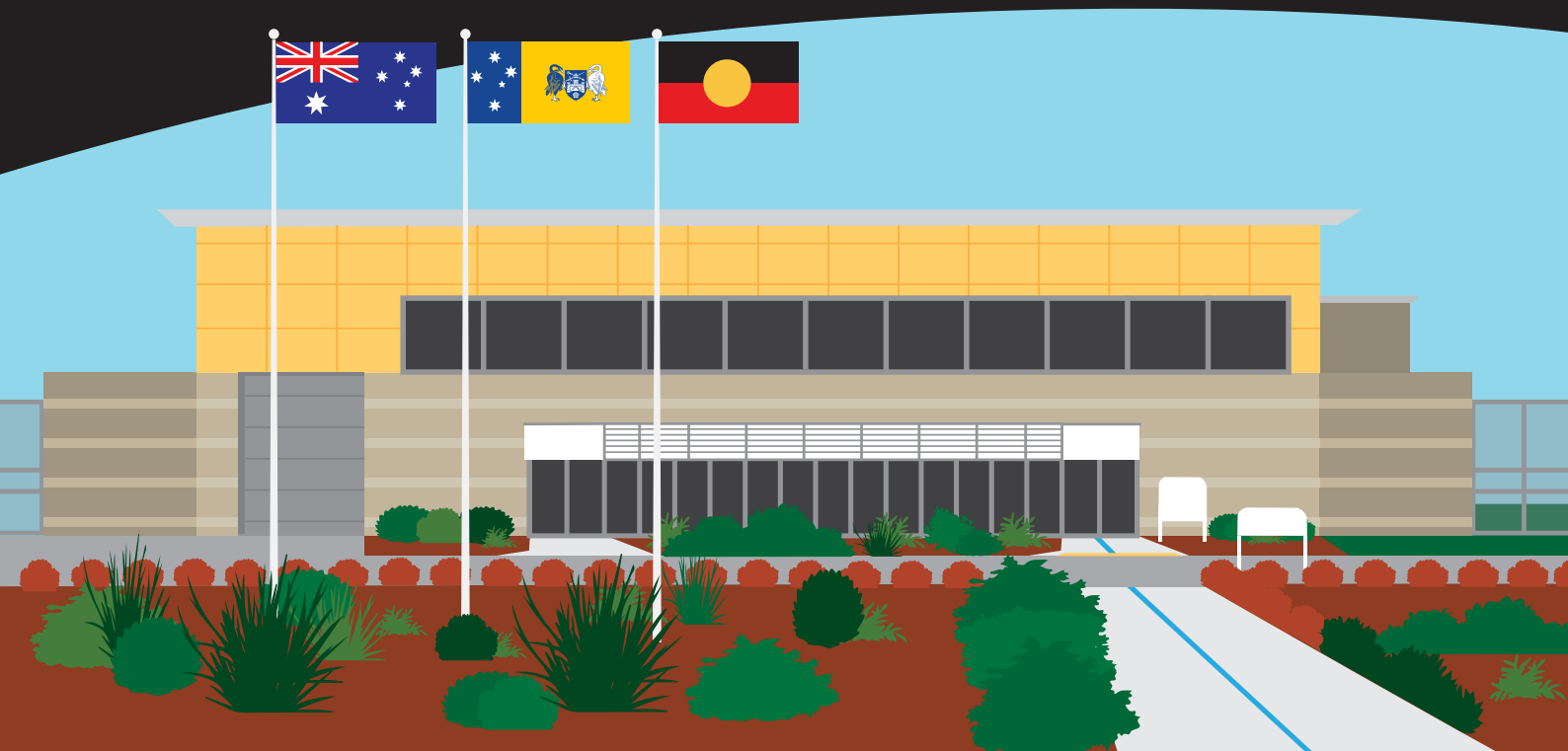
This review raises a number of significant concerns about the present situation at the AMC and concludes that overall, conditions have declined since our last Healthy Prison Review. Detainees are bored with little to do all day, and the impact is seen across many areas of the jail. The extended absence 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.

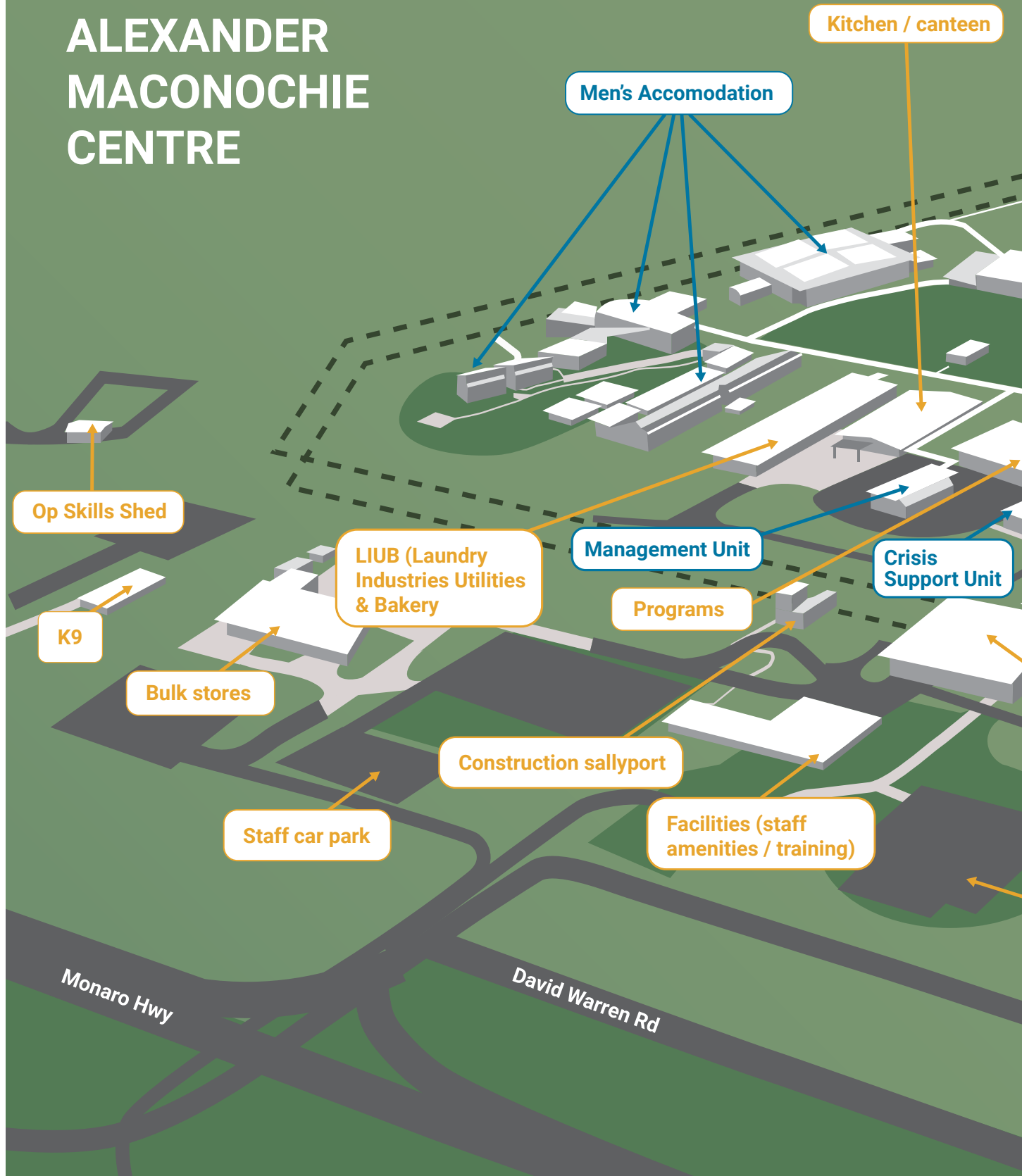
This review makes 29 recommendations across the short, medium and long-term, which we see as both achievable and having meaningful impact.

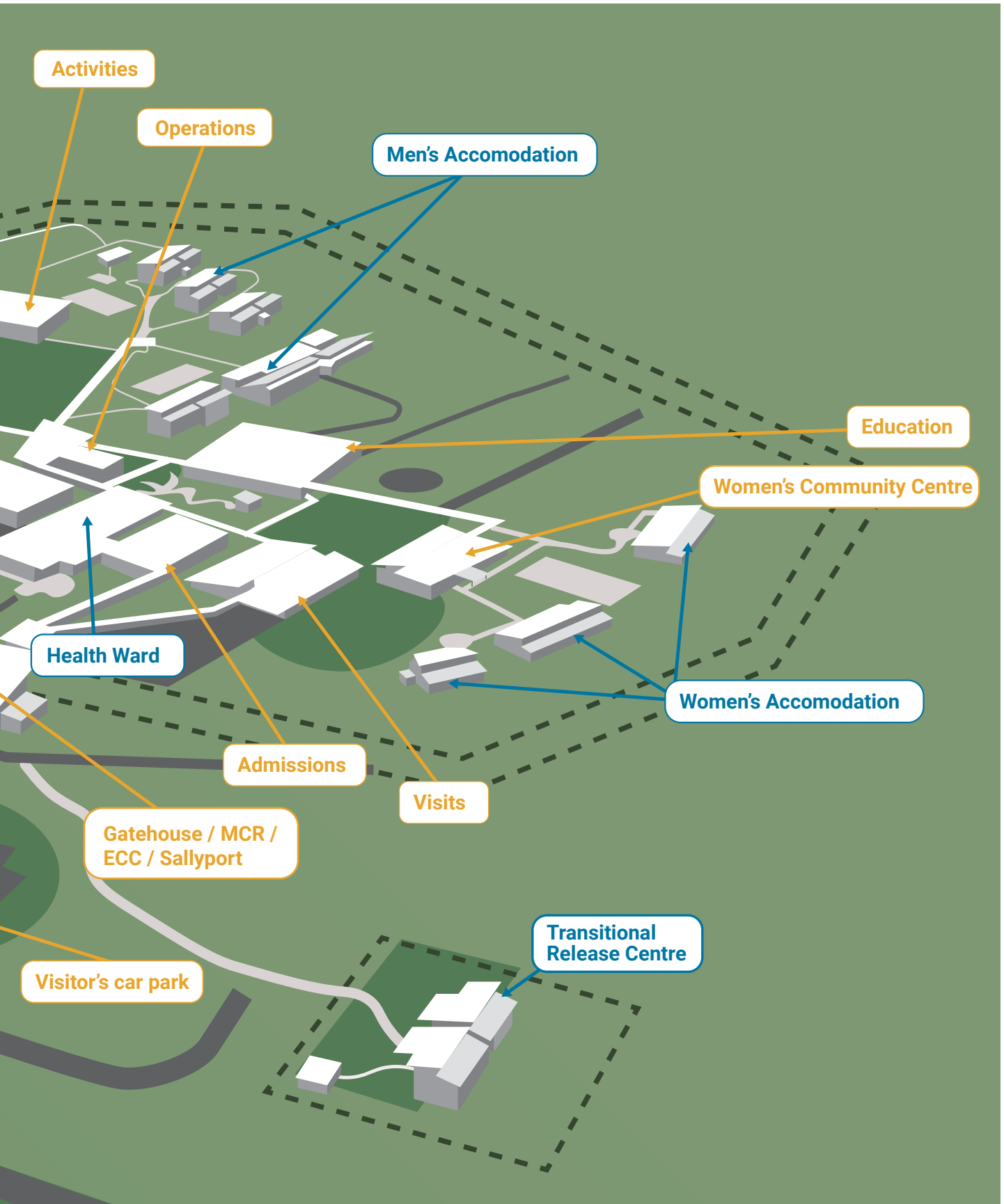


# CHAPTER 1: Introduction



# ALEXANDER MACONOCHIE CENTRE





## 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



**CARLY STANLEY**  
CEO & CO-FOUNDER  
DEADLY CONNECTIONS

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



**KEENAN MUNDINE**  
DIRTY CEO & CO-FOUNDER  
DEADLY CONNECTIONS

Keenan is a proud First Nations man with connections to the Sirip Nation of IDIY and the Wulka Wulka Nation of QLD. He is the youngest of three boys, born and raised on Gadigal land.

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 him.

**HEALTHY PRISON REVIEW 2022**

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 training group.

Your voice is important!

Carly Stanley & Keenan Mundine  
Deadly Connections



**MATTHEW BOWDEN** (he/him)  
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
- LGBTIQ+ detainees (ethnicity, gender, bisexual, trans and gender diverse, intersex, queer, asexual plus)

Matthew is a person with disability

Matthew is a gay man.

Matthew has worked for 20 years in the disability and LGBTIQ+ communities.

Matthew is passionate about human rights.

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

Matthew Bowden  
Independent contractor - Disability & LGBTIQ+

Healthy Prison Review of the Alexander Macochoche Centre 2022

17 January 2022



In 2022, OICS is conducting their second Healthy Prison Review of the Alexander Macochoche 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 Macochoche Centre to complete during January 2022.



OICS HPR22 video on PrisonPC

SHARE YOUR EXPERIENCE

If you see Matthew walking around the AMC, come and have a chat.

If you would like to speak with Matthew privately, please email us to make a time to meet or come and talk to us. We will do our best to reach you.

icg@act.gov.au

Your voice is important!



IN PERSON CONSULTATIONS

Focus group discussions all held at the AMC:

<ul style="list-style-type: none"> <li>2 with male detainees</li> <li>2 with women detainees</li> </ul>	<ul style="list-style-type: none"> <li>1 with detainees focusing on programs, work, education and reintegration</li> <li>1 with male detainees in the Assisted Care Unit</li> </ul>	<ul style="list-style-type: none"> <li>1 with male Aboriginal detainees</li> <li>1 with women Aboriginal detainees</li> <li>2 with AMC staff (one for CO1 and CO2s, another with CO3 and CO4s)</li> </ul>
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- 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 LGBTIQ+ 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.

## Chapter 1: Introduction

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 HPR is a whole-of-centre review focusing on all aspects of treatment and care of detainees, staff and visitors in a correctional environment. In the 2019 HPR of the AMC, we made 74 recommendations to the ACT Government. It is pleasing that this review makes only 29 recommendations, although we would prefer it if there was no need to make any recommendations arising from our whole-of-centre, thematic or critical incident reviews.

The review commenced formally in January 2022, 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.

ACTCS Commissioner, Ray Johnson APM, took a pro-active interest in the review which was helpful.

### 1.1 Authority for this review

#### 1.1.1 Legislation

The functions of OICS are set out in section 17 of [the \*Inspector of Correctional Services Act 2017\* \(ACT\)](#) (ICS Act). They are to:

- Examine and review correctional centres and services;
- Review critical incidents at correctional centres or in the provision of correctional services; and
- Report to the ACT Legislative Assembly on these reviews.

In addition, OICS has a role of preventive monitoring of adult corrections and youth justice, as part of the ACT's National Preventive Mechanism (NPM). The NPM is an entity established or designated by government to conduct regular preventive monitoring of places of detention, required under the UN Optional Protocol to the Convention Against Torture (OPCAT) to which Australia became a State Party in 2017.

Section 17 requires that the Inspector reviews correctional centres at least every three years. This is the second whole-of-centre review of the AMC conducted by OICS pursuant to the ICS Act. The inaugural review was tabled in the Legislative Assembly in December 2019.

#### 1.1.2 Background

OICS was established with the passage of the ICS Act. This was in response to a number of critical incidents that had occurred at the AMC since it opened in 2009, in particular the death of Mr Steven Freeman in May 2016. This prompted an independent inquiry ([Moss Review](#)) into his treatment and care. The ACT Government's response to the Moss Review included a commitment to establish an independent Inspector of Correctional Services.

The focus of OICS is oversight that promotes continual improvement and prevention of ill-treatment in the ACT's adult correctional centres and, from late 2019, the ACT's youth justice facility (Bimberi).

### 1.1.3 Review standards

OICS reviews are carried out against published criteria known as the (OICS) *ACT Standards for Adult Correctional Services*. The Standards provide an independent tool for OICS 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 four pillars of the healthy prison test forms the framework of the Standards:

- **Safety:** detainees, particularly the most vulnerable, are held safely. Staff and visitors feel safe.
- **Respect:** 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 family and the community; supported to rehabilitate; and prepared for release back into-the community.

Under each of these four pillars there are detailed standards, indicators (a non-exhaustive list of outcomes that may be indicative of that standard being met) and examples of evidence sources that OICS may use in assessing that standard.

The ACT Standards have been drafted with ACT Corrective Services’ (ACTCS) unique conditions in mind, namely a small jurisdiction, operating under human rights legislation, with one adult correctional facility that detains both remand and sentenced prisoners; women and men; low, medium and maximum-security classification; and protection/non-protection detainees. The Standards are based on international human rights standards and are informed by relevant ACT law and policy. This includes the *Human Rights Act 2004 (ACT)* (HRA Act), *Corrections Management Act 2007 (ACT)* (CM Act), the ACT Justice and Community Safety Directorate’s *Human Rights Principles for ACT Correctional Centres* as well as operating policies and procedures at the AMC, which are Notifiable Instruments under the CM Act.

### 1.1.4 Expert input

OICS engaged a number of subject matter experts to assist with this review, to provide multi-disciplinary expertise. The expert review team included:

**Carly Stanley – CEO and Co-Founder of Deadly Connections (the care and treatment of Aboriginal and Torres Strait Islander people in custody)** – Carly is a proud Wiradjuri woman born and raised on Gadigal land and has both lived and professional experience in a number of community service areas, including over 20 years working across government and non-government sectors supporting justice-involved people, families and communities.

**Keenan Mundine – Deputy CEO and Co-Founder of Deadly Connections (the care and treatment of Aboriginal and Torres Strait Islander people in custody)** – Keenan is a proud First Nations man with connections to the Biripi Nation of NSW and the Wakka Wakka Nation of QLD. Keenan faced his own difficulties in life which resulted in his lengthy involvement with the justice system. Keenan has found his passion in giving back to his community and working with people who have similar experiences to him.

**Maureen Hanley (primary health and mental health)** – Maureen has worked in the health industry for almost 40 years, predominantly in justice health and mental health in New South Wales and Victoria. Maureen is dedicated to improving the health status of people who are socially disadvantaged, Indigenous Australians and those who come in contact with the criminal justice system.

**Matthew Bowden (LGBTIQA+ and disability)** – Matthew’s background is in human rights, disability, LGBTIQA+, sexual and reproductive health, and not-for-profit management consultancy. Matthew has lived experience as a gay man living with disability.

**Dr John Paget (use of force, management and separation)** – Dr Paget has had a lengthy career in Custodial Services, including as the Assistant Commissioner for Correctional Services NSW, the inaugural NSW Inspector of Custodial Services and the Director of the Alexander Maconochie Centre Project.

OICS would also like to acknowledge the significant contribution of all the detained people and staff at the AMC who generously and openly shared their views and experiences with us throughout the review process. OICS recognises and respects the value of lived experience and the importance of involving those people whose lives are impacted by our work.

### 1.1.5 Limitations of this review

Due to OICS’ limited resources (less than 3 Full-Time Equivalent (FTE), with contractors engaged from a modest operational budget), OICS did not examine in-depth in this review:

- Staffing issues that were covered by the *ACT Corrective Services Blueprint for Change* final report, which was released in March 2022 and contains 15 recommendations;
- The experiences and accommodation of protection detainees;
- Detainee security classification processes;
- The experiences of culturally and linguistically diverse detainees;
- An in-depth consideration of programs and interventions; and
- Religion and faith.

We note, however, that staff and detainee survey questions addressed these issues. There were topics that were considered in greater depth in this review compared to HPR19 including disability, the experiences of LGBTIQA+ detainees, and health services.

### 1.1.6 Data in this review

OICS notes that data and information used in this review comes from a number of sources (Australian Bureau of Statistics [ABS], Report on Government Services [ROGS], OICS surveys, ACTCS, etc.). Not all of the data and information aligns chronologically (e.g., ABS reports in calendar years whereas ROGS reports in financial years). This means that there may be some discrepancies between different sources even on some basic matters such as detainee numbers. OICS understands that new data and information can emerge during the lengthy course of a HPR but at some stage we have to set end dates or we would be constantly redrafting reports.



## 1.2 Imprisonment in the ACT

In 2021, the ACT recorded an imprisonment rate of 113.2 people per 100,000 adult population (Australia: 214.4).<sup>4</sup> The NT recorded the highest rate of 970.6 per 100,000 people.

The national rate declined from 221.4 in 2018 while the ACT rate also declined from 151.0 in 2018.<sup>5</sup>

Concerning specific groups in the ACT, rates in 2020 were:<sup>6</sup>

- Males: 217.3 [Australia: 403.8]
- Females: 12.2 [Australia: 32.2]
- All non-Indigenous: 82.9 [Australia: 152.6]
- All Indigenous: 1739.4 [Australia: 2412.4]

*The ACT's imprisonment rate is declining but Aboriginal and Torres Strait Islander people continue to be grossly over-represented in the ACT prison population.*

However, in 2021 the ACT had the highest crude ratio of Indigenous to non-Indigenous imprisonment. In the ACT, an Indigenous person was 21 times more likely to be imprisoned than a non-Indigenous person. This was followed by WA, where an Indigenous person was 19 times more likely to be imprisoned. Tasmania recorded the lowest crude ratio at 6.6 while the national ratio was 15.8.<sup>7</sup>

In 2021, sentenced detainees in the ACT had a mean sentence of 5.3 years (up from 4.9 years in 2018) with a median of 2.5 years (3 years in 2018). Longer sentences result in more bed demand at the AMC. Nationally, the figures were 5.4 years and 3.5 years respectively.<sup>8</sup>

Indigenous detainees in the ACT had shorter sentences (mean 3.8 years and median 2 years) than non-Indigenous detainees (mean 5.8 years and median 2.9 years).<sup>9</sup>

*Average prison sentences appear to be getting longer in the ACT.*

In HPR19 we reported that 25.9% of ACT detainees were serving a sentence of under 1 year (Australia: 15.6%). In 2021, the ACT recorded 20.6% under 1 year (Australia: 13.5%). The NT recorded the highest at 36.8%.<sup>10</sup>

### 1.2.1 Return to prison

The ROGS reports on prisoners released from prison who then returned with a new sentence within two years. This is used as a Justice Sector indicator, not as a measure of corrective services' performance. Return to prison should not be confused with "recidivism", which is a complex issue where '...some offenders will not fail, never returning to corrections for a new offence. Among those who do, time to failure will vary; some may reoffend quickly following release and others more slowly.'<sup>11</sup> This counting method results in statements such as 'x% of prisoners have been in prison before.' In this context, the ROGS return to prison data set is a "snapshot" in time rather than a history of a person's imprisonment (e.g., a person may have been imprisoned several times for similar or different offences over a number of years/decades).

*The ACT's return to prison rate is below the national average and most other jurisdictions.*

4 Australian Bureau of Statistics [ABS] (2021), *Prisoners in Australia 2021*, Table 19.

5 Ibid Table 17.

6 Ibid.

7 Ibid.

8 Ibid Table 26.

9 Ibid.

10 Ibid Table 27.

11 Fitzgerald, R., Cherney, A. & Heybroek, L. (2016), 'Recidivism among prisoners: Who comes back?', *Trends & Issues in Crime and Criminal Justice*, No. 530, Canberra: Australian Institute of Criminology.

With that distinction in mind, ACT data shows a relatively good outcome compared to NSW, Vic, Qld, Tas and the NT, all of which had higher rates than the ACT in 2020–21. The ACT recorded a return rate of 38.5% (Australia: 45.2%). The ACT Indigenous rate of return to prison was 44% compared to the national rate of 56.8%. Only SA had a lower Indigenous rate of return to prison (43.1%) than the ACT.<sup>12</sup>

The ACT non-Indigenous rate was 36.3% compared to the national rate of 39%.<sup>13</sup>

### 1.2.2 Remand numbers remain high

Remandees are people who have been charged with offences but who have not been convicted on those charges.<sup>14</sup> They may have been remanded in custody with bail refused or may be eligible for bail but unable to meet bail conditions imposed by a court (e.g., a suitable place to live).

In 2009, remandees comprised 25.4% of the ACT detainee population and 21.8% of the national prison population. By 2021, the proportion of remandees had grown to 34% and 35.3% respectively.<sup>15</sup>

In 2021, ACT remandees spent a mean of 3.5 months in prison (median 1.9 months) compared to the national figures of 6 months (mean) and 3.4 months (median).

#### Detainee conviction status as at 30 June 2021

Conviction status	Remand	Under Sentence	Total
Indigenous males	36	54	90
Non-Indigenous males	84	182	266
<b>All males</b>	<b>120</b>	<b>236</b>	<b>356</b>
Indigenous females	4	7	11
Non-Indigenous females	4	6	10
<b>All females</b>	<b>8</b>	<b>13</b>	<b>21</b>
<b>All detainees</b>	<b>128 (34%)</b>	<b>249</b>	<b>377</b>

Source: ACTCS

### 1.3 About the Alexander Maconochie Centre (AMC)

Opened in 2009, the AMC is the only adult (18 years and over) correctional centre in the ACT. It accommodates unconvicted (remand) and convicted men and women, including a significant number of detainees with protection status. Within the AMC perimeter there are accommodation areas that range from high-security cell blocks to low-security cottages. The women detainees are all accommodated in cottages in the Women's Community Centre (WCC) regardless of individual security classifications, although one of the cottages is configured with five cells rather than having the shared bathroom as is the case in the other cottages.

<sup>12</sup> Productivity Commission (2022), *Report on Government Services (ROGS) 2022*, Table CA.4.

<sup>13</sup> Ibid.

<sup>14</sup> Remandees may include a small number of people who have been convicted but are yet to be sentenced. Remand data does not include people who are sentenced but also remanded on other matters i.e., outstanding charges.

<sup>15</sup> ABS (no 4) Table 15.

## 1.4 The AMC in 2022

When the AMC opened in 2009, the number of general use beds (excluding the TRC) was 255.<sup>16</sup>

While other units were added later (2015–2016), there were no expansions of the original service facilities (gatehouse, visits centre, kitchen, bulk stores, HHC, etc.)

At the time of this review, the AMC had a design capacity of 472 beds, based on one detainee per built cell/room, plus some cells/rooms that were purpose-built to accommodate two people. It should be noted that 48 beds (TRC, CSU, MU, HHC) are *not* available for general use (special units), which means that there are 424 beds to cater for the general detainee population (i.e., OICS considers that 424 detainees is the maximum design capacity).<sup>17</sup>

In response to the draft report ACTCS advised that:

The AMC Additional Facilities Project was the 2014–16 project undertaken to increase the capacity of the AMC due to a dramatic rise in detainee numbers. This involved the construction of two new buildings which were purpose built to facilitate rehabilitation and separation. The first building (SCC) opened in September 2015 adding 30 beds however it was immediately double bunked increasing SCC to 57 beds. The second building (AU) opened in February 2016 with 112 beds.

Numerous minor works alteration and addition projects have occurred since the opening of the AMC, usually to address immediate accommodation pressures. In total, 124 cells have been double bunked since the AMC opened. 72 of these cells were double bunked between 2010 and 2015, 27 of these cells were double bunked in SCC in 2015, and the remaining 25 cells were double bunked between 2015 and 2019.

6 Health Ward beds have been repropoed into consult and treatment spaces for Winnunga and other Justice and Allied health use between 2015 and 2019. 5 beds were added to TRC in 2020.

The AMC has a current Total Capacity of 565 beds. This figure includes the following Special Purpose Beds:

- TRC (20)
- Management (14)
- CSU (10)

Withdrawing these 34 beds from the Total Capacity gives us a current Operational Capacity<sup>18</sup> of 531 beds.

Regardless of how ACTCS defines 'Operational Capacity' (Footnote 18), accommodating two detainees in a 9m<sup>2</sup> cell, designed for one person, should not be considered as acceptable practice in the ACT.

<sup>16</sup> Excluding special units that provide short term accommodation – MU (14 beds) and HHC (4 beds).

<sup>17</sup> ACTCS Monthly Occupancy Report to OICS.

<sup>18</sup> ACTCS advised that: 'Operational Capacity refers to the total number of beds in a facility which are available for daily use to accommodate detainees. The term arises from the need to distinguish between Design Capacity and changes to bed numbers (increases and decreases) in response to operational needs (such as double-bunking of cells). It excludes beds used for special purposes such as health, crisis support and disciplinary segregation beds. Operational Capacity is cross-jurisdictional Corrections concept.'

At various times between 2020 and 2022 there have been a number of large accommodation units offline due to property damage which have had significant impacts on the number of available beds within the AMC. This has led to an increase in double-bunking, leaving many units across the centre operating well over capacity. It can make living conditions particularly cramped and challenging for detainees – even if an additional bed is placed over the existing bed to make a “bunk bed” style, there is not the additional space for another person to sit at a desk, store property etc. It is concerning to OICS that in the review period, the Management Unit—which at the time was being used as a COVID-19 isolation unit—forced detainees on multiple occasions to share a one-person cell for the duration of their COVID-19 isolation.

It should also be noted that, contrary to s44(2) of the CM Act, the AMC does not currently provide separate accommodation for remandees.<sup>19</sup> This issue was covered at length in the OICS Remand Review *The care and management of remandees at the Alexander Maconochie Centre 2018* (Remand Review).

## 1.5 Detainee numbers at the AMC

The average daily detainee population at the AMC in 2020–21 was 411 comprising 383 males and 28 females. This compares with:

### Average daily number of all detainees 2017–18 to 2020–21

Year	Males	Females	Total	% females
2020–21	383	28*	411	6.8
2019–20	412*	32*	444	7.2
2018–19	444*	40*	484	8.3
2017–18	436*	38*	474	8.0

Source: ROGS, 2019, 2020, 2021, 2022, Table 8A.4.

\* Over capacity

NB: Women accounted for 7.7% of the national prison population in 2020–21.<sup>20</sup>

### Average daily number of Aboriginal and Torres Strait Islander detainees 2017–18 to 2020–21

Year	Indigenous	Non-Indigenous	Total*	% Indigenous
2020–21	100	308	408	24.4
2019–20	107	337	444	24.1
2018–19	110	374	484	22.7
2017–18	103	371	474	27.8

Source: ROGS, 2019, 2020, 2021, 2022, Table 8A.4.

\* ROGS notes: ‘Excludes prisoners/offenders whose Indigenous status is unknown’.

19 Section 44(2) states ‘The director-general must also ensure that convicted detainees are accommodated separately from non-convicted detainees.’

20 ROGS (no 12) Table 8A.4.

ROGS does not provide a breakup of Aboriginal and Torres Strait Islander prisoners by gender, however ACTCS records show that as of 30 June 2021 there were 101 Indigenous detainees comprising 90 males (25.2% of all males) and 11 females (52% of all females).

Aboriginal and Torres Strait Islander people accounted for 29.9% of the national prison population in 2020–21. The ACT recorded a higher rate of Aboriginal and Torres Strait Islander imprisonment (24.4%) than Vic (10.5%), Tas (22.5%) and SA (24%), and only just below NSW (26.6%).<sup>21</sup>

## 1.6 Demographics and data related to Aboriginal and Torres Strait Islander detainees

### Aboriginal and Torres Strait Islander detainees by conviction status as at 1 July 2021

Detainees	Remand	Convicted	Total	% Remand
Women	4	7	11	36
Men	36	54	90	40
<b>Total</b>	<b>40</b>	<b>61</b>	<b>101</b>	<b>40</b>

Source: ACTCS

### Receptions and discharges

In 2020–21, Aboriginal and Torres Strait Islander receptions and discharges comprised:

Aboriginal and Torres Strait Islander Males	
Receptions	Discharges
142	163
Aboriginal and Torres Strait Islander Females	
Receptions	Discharges
46	52

Source: ACTCS

For reasons that could not be explored in this review (bail, short sentences, etc.), Aboriginal and Torres Strait Islander discharges in 2020–21 exceeded receptions for both males and females. This was also true for male and female non-Indigenous detainees. ACTCS should consider how this “churn” impacts on their accommodation arrangements and delivery of services.

21 ROGS (no 12) Table 8A.4.

### Protection status

As at 1 July 2021, Aboriginal and Torres Strait Islander detainees (n=101) comprised 27% of the AMC detainee population (n=377) and 25.3% (n=36) of the detainees with a protection status (n=124). There was one woman (non-Indigenous) on protection.

### Security ratings

As at 1 July 2021, Aboriginal and Torres Strait Islander detainees (n=101) comprised 27% of the AMC detainee population (n=377). See section 2.1.4 for discussion on over-representation of Indigenous detainees on higher security ratings.

### Use of Force incidents

In 2020–21, Aboriginal and Torres Strait *males* accounted for 23% of the male detainee cohort and 53% of Use of Force (UoF) incidents. Aboriginal and Torres Strait *females* accounted for 49% of the female detainee cohort and 67% of UoF incidents.

#### Finding 1:

That in 2020–2021, Aboriginal and Torres Strait Islander detainees were over-represented in the detainee cohort who were involved in use of force incidents.

### Strip searching

In 2020–21, ACTCS conducted 4077 strip searches (3716 males & 361 females):

- 30% of strip searches conducted were of Aboriginal and Torres Strait Islander males (23% of the total male detainee population).
- 58% of strip searches conducted were of Aboriginal and Torres Strait Islander females (50% of the total female detainee population).

Note: Very late in the review process ACTCS provided OICS with data for 2022 which shows a marked reduction in the number of strip searches, which is a welcome development. However, incorporating this data would have been out of timeframe alignment with various other data cited in the report (see section 2.3.5 of this report). ACTCS might consider reporting this data in the ACT Government Response to HPR22.

#### Finding 2:

That in 2020–2021, Aboriginal and Torres Strait Islander detainees were over-represented in the detainee cohort who were strip searched.

## Segregation Orders

The CM Act provides for four types of segregation orders including:

### *s90 Segregation—safety and security*

- (1) The director-general may direct that a detainee be segregated from other detainees if the director-general believes, on reasonable grounds, that the segregation is necessary or prudent to protect—
- the safety of anyone else at a correctional centre; or
  - security or good order at a correctional centre.

In 2020–21 there were 75 s90 segregation orders made (73 males and 2 females).<sup>22</sup> Aboriginal and Torres Strait Islander detainees accounted for 35 orders (33 males and 2 females) or 47% of all orders<sup>23</sup>, noting again that Indigenous detainees comprised about 27% of the AMC detainee population.

### Finding 3:

That in 2020–2021, Aboriginal and Torres Strait Islander detainees were over-represented in the detainee cohort who received safety and security segregation orders under section 90 of the CM Act.

## Return to prison

The ACT Indigenous rate of return to prison was 44% compared to the national rate of 57%. Only SA had a lower Indigenous rate of return to prison (43%) than the ACT.<sup>24</sup> The ACT non-Indigenous rate was 36% compared to the national rate of 39%.<sup>25</sup>

## HPR22 detainee survey

28% of respondents (n=116) identified as being an Aboriginal and/or Torres Strait Islander person.

72% of respondents (n=32) reported being discriminated against by staff because of being an Aboriginal and/or Torres Strait Islander person.

55% of respondents (n=33) reported being discriminated against by other detainees because of being an Aboriginal and/or Torres Strait Islander person.

44% of respondents (n=54) reported that their needs as an Aboriginal and/or Torres Strait Islander person were never being met at AMC.

22 ACTCS.

23 An individual may have received more than one order.

24 ROGS (no 12) Table CA.4. See section 1.3 in Chapter 1 for more information about return to prison rates.

25 Ibid.

OICS notes that the detainee survey contained 114 questions with four (above) being specific to Aboriginal and Torres Strait Islander detainees. Although we are able to, it was beyond the scope of this review to provide the data on Aboriginal and Torres Strait Islander detainees' answers to the other 110 questions. We would welcome collaboration with an academic or appropriate community entity that would be interested in conducting a detailed analysis of the data.

### **Aboriginal and Torres Strait Islander staff**

There are ten Aboriginal and Torres Strait Islander identified positions across ACTCS, with two being vacant at the time of writing. ACTCS advise that there are 28 ACTCS staff that identify as being Aboriginal and Torres Strait Islander (this includes staff working at head office and in Community Corrections). In both the 2019 and 2022 staff surveys 5% of respondents (n=110 and n=131 respectively) self-identified as Aboriginal and/or Torres Strait Islander people. In 2022, this would equate to an Indigenous staff to Indigenous detainee ratio of about 1:6.

Given that Aboriginal and Torres Strait Islander people comprise about 2% of the ACT population<sup>26</sup>, the Indigenous staff numbers identified in OICS survey (5%) are noteworthy but are not reflective of the Indigenous detainee population (about 27%).

Noting that Australian jurisdictions have struggled to recruit Aboriginal and Torres Strait Islander custodial staff for many years<sup>27</sup>, ACTCS is encouraged to continue its focus on improving recruitment and retention of Aboriginal and Torres Strait Islander people and not accepting the current situation as the status quo.

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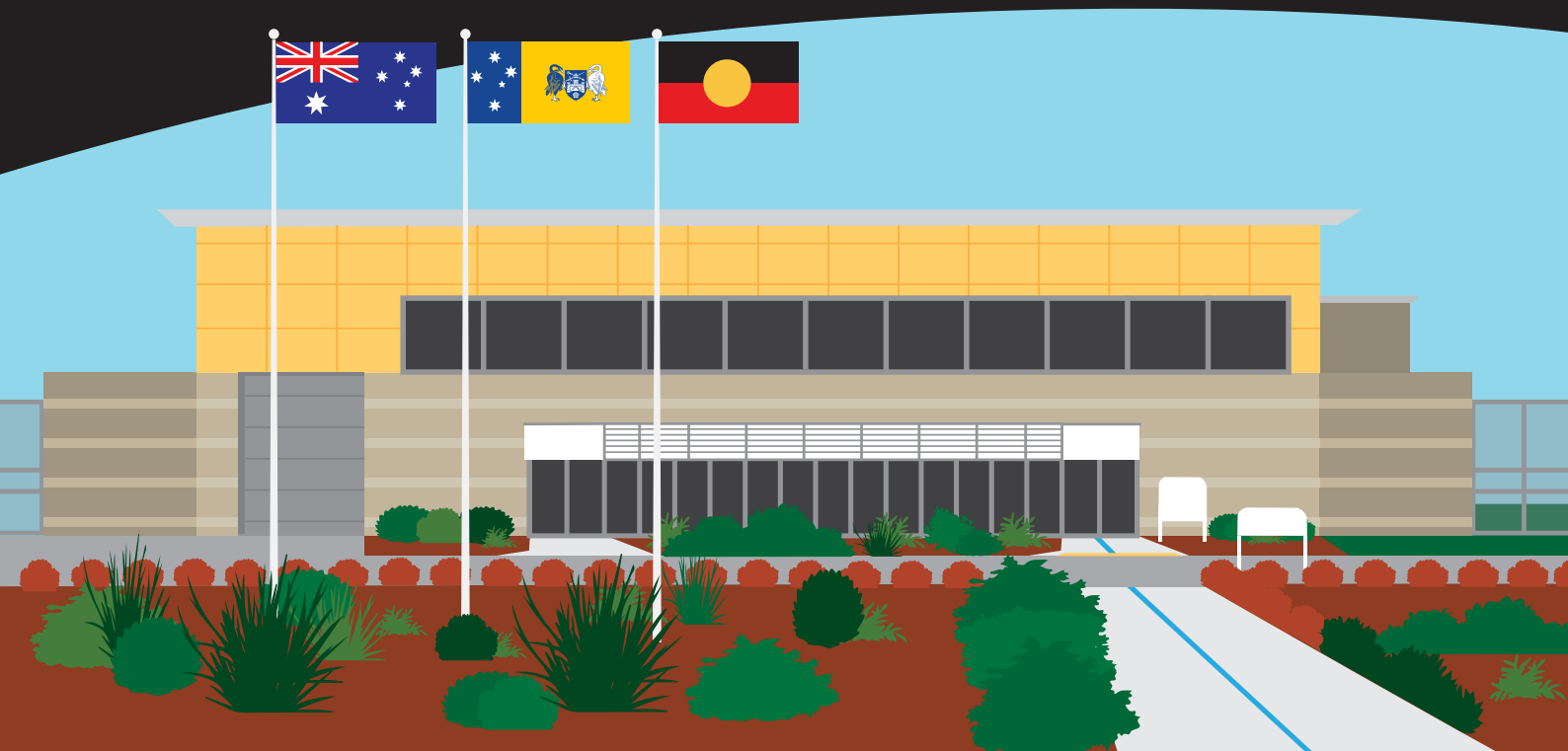
<sup>26</sup> ABS (2021), Estimates of Aboriginal and Torres Strait Islander Australians.

<sup>27</sup> In the early 1990s Queensland Corrective Services Commission embarked on a major Indigenous recruitment program which included dropping the base education entry level from Year 12 to Year 10. It had little success.



# CHAPTER 2: PILLAR 1

## Safety



## Chapter 2: PILLAR 1 Safety

### 2.1 Early days in custody

#### STANDARD 1

Detainees are transported in safe and humane conditions, are treated with respect, and due attention is paid to their individual needs.

Detainee survey	HPR19	HPR22
'Agree' or 'strongly agree' that custodial officers at the court were respectful	72% (n=169)	61% (n=145)
'Agree' or 'strongly agree' that transport officers were respectful	76% (n=174)	65% (n=146)
'Agree' or 'strongly agree' that court cells were clean	18% (n=175)	48% (n=145)
'Agree' or 'strongly agree' that transport vehicles were clean	37% (n=174)	28% (n=145)

#### COMMENTS ON SURVEY RESULTS

The *Healthy Prison Review of the Alexander Maconochie Centre 2022* (HPR22) survey recorded that a significantly smaller proportion of detainees perceived that CTU staff treated them with respect compared to HPR19.

The much-improved responses to the "clean court cells" question probably reflects that HPR19 was conducted prior to the opening of the new Court Cells complex in 2020.

The responses to the "clean vehicles" question probably reflects the aging CTU vehicle fleet, with new vehicles ordered but most not yet operational.

#### 2.1.1 Detainee transport and court cells complex

The CTU is based at the cells situated beneath the court precinct on London Circuit, Canberra City. It operates 23 cells and five transport vehicles in various configurations. Children and young people may also be held at the CTU whilst awaiting a court appearance, however there is an increasing number of young people attending court via Audio Visual Link (AVL) for procedural or less significant matters to avoid the need to be transported and wait in cells, particularly since the COVID-19 pandemic. The cells are only used during court sitting days and are not used to hold people overnight. The CTU reports to the Assistant Commissioner Custodial Operations who is also the AMC General Manager.

Photo 1: Court holding cell at the CTU



Source: OICS 2020

The physical environment of the CTU has significantly improved since HPR19 due to the opening of the new ACT court precinct. Furthermore, OICS was pleased to note that the majority of the 22 recommendations made in OICS' major review of CTU *ACT Corrective Services Court Transport Unit 2020* (CTU Review), 20 of which had been **agreed** in full and two with caveats, had been completed or were in progress (e.g., purchase of new vehicles). However, we have concerns about vehicle cleanliness (as noted below). A significant raft of new, CTU-specific policies and procedures have been put in place.

Since the CTU Review, Oleoresin Capsicum (OC) spray has been introduced at CTU. Staff are issued with OC spray canisters at the start of each shift from the Armory and carry it on their person. No concerns were brought to OICS' attention about its use at CTU.

In July 2021 when a secure escort vehicle (on a hospital escort from the AMC, not from CTU) was rammed by a member of the public leading to the escape of the detainee, ACTCS had limited vehicle tracking capability. We recommended in OICS' Critical Incident Review *Escape of a detainee from a secure escort on 9 July 2021* 'That ACT Corrective Services enhance the tracking facility of all Operations vehicles in the AMC and CTU fleets to ensure that they can be accurately located at all times.' This recommendation was accepted. When we visited CTU it was pleasing to see new tracking software being introduced (the same as used by ACT Ambulance and ACT Fire and Rescue). This should enhance staff safety during escorts.

According to the detainee survey only 28% of detainees reported the CTU vehicles as being clean. This was a decline from 37% of detainees reporting vehicles were clean in HPR19. In the CTU Review, Recommendation 7 was that ACTCS establish a sustainable process to outsource the cleaning of the CTU vehicles to ensure cleaning vehicles is not the responsibility of CTU officers on a regular basis. The ACT Government **agreed** to this recommendation, noting:

Arrangements have been established for a CTU vehicle to be delivered to the ACTCS Transitional Release Centre [TRC] every Friday to be deep cleaned over the weekend. The CTU vehicles will be rotated through on a weekly basis. The effectiveness of this process will be assessed after three months and if this does not address the issue adequately a more formal commercial arrangement will be sought. Arrangement to be reviewed by 31 March 2021.

These arrangements ceased during the COVID-19 pandemic for a significant period in 2021 and early 2022 when the TRC was empty. We were informed that staff currently disinfect for COVID-19 purposes but do not, and in OICS' view should not be required to, deep clean vehicles.

#### Finding 4:

That Recommendation 5 of the *Office of the Inspector of Correctional Services Review of ACT Corrective Services Court Transport Unit 2020* that sustainable arrangements be put in place for Court Transport Unit vehicle cleaning, which was agreed to by government, has not yet been implemented and is an ongoing concern.

OICS noted some minor matters that need to be attended to which included cracks in the walls of cells dedicated for use by children and young people, and the need to add privacy frosting across the bottom windows of the cell doors to ensure privacy when using the toilet. On inspection of the CTU, OICS was informed that these cells are not being used until both these matters have been resolved by the court's building maintenance supplier.

### 2.1.2 Reception and admission

#### STANDARD 4

Detainees are safe and treated with respect on arrival and in the initial period in detention. Risks are identified and detainees are supported according to individual needs.

#### STANDARD 5

Appropriate initial checks of physical and mental health, and identifiable needs arising from a disability are carried out upon admission and follow up assessments and other necessary steps are taken.

#### The admissions process

The admissions process commences when a detainee is received at the CTU where induction forms and transport risk assessments are carried out. A more detailed induction is conducted once a detainee arrives at the AMC.

We found induction forms to be good information gathering tools if comprehensively and accurately completed. Required information gathered by ACTCS includes:

- Welfare needs, such as child and pet care arrangements;
- At-risk information, including risks from and to others and risk to self;
- General demographic information, including language and foreign national status;
- Any violence restraining orders in place;
- Drug and/or alcohol use; and
- Previous offending history.

In a Critical Incident Review, *Death in Custody at the Alexander Maconochie Centre on 1 February 2022*, OICS noted the CTU induction forms were poorly filled out, with factual errors relating to the detainee's physical appearance and previous incarceration history. Although these inaccuracies were not (in our opinion) a contributing factor in the death of the detainee, it highlighted the need for quality control of intake forms.

Justice Health conducts a comprehensive primary health assessment by a Primary Health Nurse and mental health assessment by a Mental Health Nurse after detainees arrive at the AMC. These assessments use different screening forms but are conducted concurrently (i.e., two nurses sitting with the detainee). We consider these intake forms to be comprehensive. Health matters that need to be communicated by Justice Health to custodial staff (e.g., signs or symptoms to watch out for), are done via a *COVID/Influenza Primary Health Notification Form* and the *Custodial Mental Health Notification Form*. The objective of this approach is to protect the health and safety of detainees in a way that protects patient confidentiality to the extent possible. For example, a condition or diagnosis would not be included on the form.

However, there is limited information gathered and compiled at present on disability during admissions. This is discussed further under section 3.5.5.

Despite the processes in place, 62% of detainees surveyed in 2022 reported that health issues they perceived to be urgent were not identified during admission. This view is consistent with submissions received from detainees as well as during detainee focus group discussions. Further consideration of this issue would be necessary to determine the causal factors leading to this response by detainees (e.g., whether it is that intake questions are not enabling issues to be brought to the attention of Justice Health, whether detainees don't disclose issues on intake, or if the issues are disclosed by detainees but not followed up). However, this was beyond the scope of this review.

*"I came in with a head injury and wasn't seen by a doctor until weeks later."*

Quote from detainees focus group discussion

In detainee discussions with Deadly Connections there was a significant focus from Aboriginal and Torres Strait Islander detainees on unmet welfare needs. Detainees spoke of the need to follow up on welfare requests they had lodged with COs, as it was reportedly rare that COs would take action based on initial contact alone.

Detainee survey	HPR19	HPR22
Reported that on arrival at the AMC their urgent health matters were <b>not</b> dealt with, including getting the prescription medications they require	57% (n=166)	62% (n=145)

### The admissions centre

Officers in the admissions centre interview new detainees from their desk in the general admissions area, which is an open-plan space. These interviews involve questions about sensitive information such as an individual’s past offending, their current situation, their emotional state, their welfare needs, gang associations and so on. This information is not only private but can also compromise the detainee’s safety should it be overheard and disseminated, which is a real possibility given the considerable movement of staff and detainees in this area. OICS noted that one room in the admissions centre has been converted to an AVL room (under increasing demand for AVL during the COVID-19 pandemic), and another is used for health induction.

In the main admissions room, there is a telephone against one wall where detainees can make their admissions call. There is no screen or booth to protect privacy of calls.

We drew attention to the risks to privacy in HPR19 noting that ‘a possible improvement is to redesign the internal space in admissions to afford detainees more privacy in initial interviews, and in using the phone’ but did not make any recommendations.

#### Finding 5:

That the current use of the admissions area does not ensure appropriate detainee privacy for their initial interview with staff, or for their admissions phone call.

#### 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.

### 2.1.3 Induction

#### STANDARD 7

Detainee induction is timely, accessible, appropriately targeted, and carried out in a respectful manner.

Detainees surveyed reported that during the admissions process they did not feel that they were well-informed about their rights and responsibilities (66%, n=145) and felt that they were not given enough information about routines and daily life at the AMC (71%, n=145).

OICS observed that detainees are given a written information pack on admission, as well as having information communicated by an Induction Officer (a non-custodial role) or Corrections Officer (CO) on duty. The *AMC Induction Handbook*, *Welfare Induction Form*, *Induction Checklist*, *Induction Checklist Form* and *Risk Assessment Form* are not disability inclusive. A review of these documents identified areas for improvement to make the documents more inclusive and relevant for detainees with disability. This is discussed in greater detail in section 3.5.5 of this report.

Detainees overwhelmingly told OICS that they learned about the AMC and routine from other detainees, including the detainee peer support officer when new inductees had access to one.

Deadly Connections note that there was consensus amongst Aboriginal and Torres Strait Islander detainees that the induction process was either non-existent or highly inadequate, with many referring to immediate and damaging disconnection from family and community, with reports of no phone calls for up to a week from admission and family members leaving contact numbers and that not being provided to detainees. There were reports of a lack of streamlined processes with assessments, with participants perceiving that officers and staff undertook assessments “when they feel like it” rather than promptly to address immediate needs and structure.

### Peer support

The Peer Mentor Program was first implemented in 2016 in the Assisted Care Unit (ACU) before being rolled out across the AMC. Peer Mentors undertake training by staff from the Specialist Communities Team, and it is considered a trusted position within AMC (which for example, enables detainees to move outside their unit). Peer Mentors can assist new detainees with accessing information and explaining processes and systems as well as building safety and pro-social connections between people in custody. They can also help detainees with disability with day-to-day living, psychosocial support and provision of [reasonable adjustments](#).

The Peer Mentor Program is highly valued by detainees. However, there have been limitations in the program due to COVID-19 including Peer Mentors' ability to access detainees held in COVID-19 isolation on admission.

Aboriginal and Torres Strait Islander detainees reported consistently to Deadly Connections that they had not been assigned a Peer Mentor, which they believed would have significantly assisted in navigating AMC processes and structures.

#### Finding 6:

That while the Peer Mentor Program at the AMC represents good practice and is highly regarded by many detainees, it appears Aboriginal and Torres Strait Islander detainees are having trouble accessing it.

#### Finding 7:

That the formal induction process was not effective in familiarising detainees with rights, responsibilities and daily life at the AMC, and COVID-19 has made this situation worse due to isolation requirements on admission.

### Finding 8:

That formal induction processes are largely inaccessible for detainees with limited literacy, acquired brain injury or cognitive impairment.

### Finding 9:

That there was very little effective peer support delivered to new inductees undergoing COVID-19 isolation when the Management Unit was used for COVID-19 isolation.

### 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.

*“It is really stressful. There is no induction once you arrive in WCC and the officers are not focused on getting it done.”*

*“The induction pack that you are meant to receive when you arrive at AMC isn’t always given out and people don’t know that they are meant to get one. You rely on other women telling you about what you need to do etc.”*

Comments from women detainees about induction

## 2.1.4 Accommodation assessments

### STANDARD 8

Detainees are placed in the least restrictive accommodation environment possible in the circumstances taking into account security risk assessment, as well as individual detainee needs. Placement is regularly reviewed.

### Detainee security classification and accommodation placement

Each detainee in the AMC has a security classification (rating), which is ‘based upon risks posed to security, good order and the safety of the detainee, staff, other detainees, visitors to the centre and the public.’<sup>28</sup> A detainee is to receive their classification within 14 days of their admission to the AMC.<sup>29</sup> In addition to a classification decision, a decision is also made about which unit to place the detainee in at the AMC, and security classification is a factor in this decision. Security classification and accommodation placement is complicated and involves input from a range of AMC staff including CTU staff, admissions centre officers, primary and mental health care staff,

<sup>28</sup> Corrections Management (AMC Detainee Classification) Policy 2022.

<sup>29</sup> Ibid.



COs, supervisors and area managers. It was not possible in the scope of this review to assess whether security classification decisions take into account the factors set out in the *Corrections Management (Detainee Classification) Policy 2022* because it would involve analysing detainees' individual case files in depth.

Deadly Connections' assessment was:

Deadly Connections considers that the *Corrections Management (Detainee Classification) Policy 2020* is unclear for people in custody, is likely subject to unconscious bias against Aboriginal people in custody and compounds disadvantage based on overrepresentation in all levels of the justice system. The numeric scoring system generated from the application of the classification checklist to determine a person's classification category is reasonably anticipated by Deadly Connections to contribute to higher security classification of Aboriginal people in custody than other cohorts, based on the data and research supporting the overrepresentation of Aboriginal and Torres Strait Islander peoples being charged for an offence, on average longer sentence length for comparable offences, and a higher comparative likelihood of custodial sentences being ordered.<sup>30</sup>

The security ratings at AMC as at July 2021 indicate support for likely cultural bias in the policy and its application, given that despite Aboriginal and Torres Strait Islander peoples represented 27.5% of the AMC population, they were 41% of all maximum security and only 15% of minimum security persons. This unnecessarily contributes to Aboriginal people in custody not being afforded optimal opportunity for rehabilitation and reintegration through access to TRC, classification-limited programs and services and pre-release normalisation processes.

Deadly Connections also notes that there is discretionary adjustment available to the General Manager AMC to raise or lower a classification at any time under the policy and that this should be utilised in appropriate circumstances to account for the likely cultural bias experienced by Aboriginal people in custody in the interim whilst a comprehensive policy review and amendment occurs.<sup>31</sup>

In HPR19, OICS made a finding and recommendation (see table below) regarding the over-classification of Aboriginal and Torres Strait Islander detainees, to which the ACT Government agreed.

HPR19 Finding	HPR19 Recommendation	ACT Government Response
<p><b>Finding 28</b> That Aboriginal and Torres Strait Islander detainees are over-represented in the Medium and Maximum security ratings of AMC detainees and significantly under-represented in the Minimum classification group.</p>	<p><b>Recommendation 37</b> That ACTCS engage an independent Indigenous expert 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.</p>	<p><b>Agreed</b> The over-representation of Aboriginal and Torres Strait Islander detainees is a significant concern for ACTCS and it is imperative that they are not unduly impeded in progressing through the classification system and therefore afforded the optimal opportunity for reintegration. An independent review will be undertaken.</p>

<sup>30</sup> OICS notes that history of offending is a static factor that cannot be addressed by a detainee once in custody.

<sup>31</sup> At the time Deadly Connections provided their report, the *Corrections Management (Detainee Classification) Policy 2020* was the current policy. OICS notes that on 27 June 2022 the updated *Corrections Management (Detainee Classification) Policy 2022* was notified.

Regardless of ACTCS' 'significant concern' noted by the ACT Government in 2019, nothing much had changed by July 2021:

	Minimum Classification	Medium Classification	Maximum Classification
<b>Indigenous detainees (% of detainee population)</b>			
22% (01/07/19)	8%	24%	24%
27% (30/06/21)	15%	28%	41%
<b>Non-Indigenous detainees (% of detainee population)</b>			
78% (01/07/19)	92%	76%	76%
73% (30/06/21)	85%	72%	59%

Source: ACTCS

On 12 August 2022, the ACTCS Commissioner was advised by staff that action on Recommendation 37 had been 'finalised'. OICS **disagrees** that the recommendation has been 'finalised' and notes advice provided to the Commissioner which included:

*'International research was also conducted, with specific reference to the **Canadian tool** used in classification.'*

Dr Ivan Zinger, Correctional Investigator of Canada, advised OICS:

We have written, and continue to write, on [Correctional Service Canada] CSC's actuarial tools used to assess risk of federally Indigenous incarcerated persons and to assign security classifications. We have advocated for the last 15 years that those tools are invalid and unreliable. The highest court in Canada, the Supreme Court of Canada (SCC), has ruled that we were correct, yet the CSC continues to use those tools.

It is not enough for CSC to test if existing tools developed on Caucasian samples are predictive on Indigenous samples. Tools must be designed from the ground up using 100% samples of Indigenous persons to cut it. CSC finally has partnered with a university to develop such tools.

My suggestion is that Canada does not yet have best practices in place to inspire other jurisdictions. CSC has yet to respond to a SCC judgment and demonstrate that it uses actuarial tools that do not systematically discriminate against Indigenous people and perpetuate bias and racism.

Finally OICS notes that the ACT Government **agreed** that 'An independent review will be undertaken' but this did not occur.

Unfortunately, we must again make a finding and recommendation about this issue.

**Finding 10:**

That Aboriginal and Torres Strait Islander detainees are over-represented in the Maximum security rating group of AMC detainees and under-represented in the Minimum rating group.

**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.

**Remandees**

As noted in the [Remand Review](#), remandees are not accommodated separately to sentenced detainees, contrary to the CM Act and ACT and international human rights law. This current arrangement means that it is not possible for a person who is at the AMC on remand to be treated in accordance with their rights as an unconvicted (innocent) person. Further, the particular needs of remandees for access to legal representation is not given any priority status, nor do remandees receive additional visits or longer phone calls.<sup>32</sup> Negative aspects of incarceration at the AMC are particularly important for remandees who are innocent in law and are not in prison as punishment.

During detainee focus group discussions, both men and women shared their concerns about remandees and sentenced detainees being accommodated together and the impact it has on the dynamics within the cohort. Interestingly several long-term sentenced detainees shared their frustrations about being accommodated with remandees. They told OICS that many longer-term sentenced detainees have become settled in their environment and know their routines and ways of living day-to-day in prison. They feel that living with remandees can be disruptive to this stability, leading to increases in conflict, violence, contraband introduction and general anxiety in the unit.

Population increases at the AMC, the need for COVID-19 isolation on induction as well as accommodation units for those testing positive to COVID-19, and other actions (e.g., riots, fires, detainee damage to cells) have put significant pressure on accommodation placements and reduced options available to accommodation managers. However, we reiterate the recommendation from our Critical Incident Review [Assault of a detainee at the Alexander Maconochie Centre on 1 January 2019](#) that even in this constrained environment, accommodation placement decisions be appropriately documented. This ensures that staff turn their minds to risk and risk reduction measures in making placement decisions and ensures transparency around whether the factors listed in the Shared Cell Policy<sup>33</sup> were considered when placing detainees in a shared cell.

<sup>32</sup> For example case calls with lawyers.

<sup>33</sup> [Corrections Management \(Placement and Shared Cell\) Policy 2022](#).

## Protection

Detainees concerned for their safety can be placed on protection. The need for protection may arise from the nature of the offence a detainee is charged or convicted of (in particular, sex offences and offences against children), or it could be due to threats or alerts (e.g., due to a debt or gang-related conflict).

Protection detainees are accommodated in several different units in the AMC, and concerningly, some of these units also accommodate mainstream detainees. Units that only accommodate male protection detainees are Remand Unit 1 (RU1) and Accommodation Unit North (AUN), noting that AUN is a wing of a building that also has three wings of mainstream detainees. The men's units that accommodate both protection and mainstream detainees include Sentence Cottages 1 and 4, Remand Cottage and Special Care Centre North.<sup>34</sup> Women who are on protection are accommodated in Women's Remand Cottage 2 in cells.

Mixing of mainstream and protection detainees in the same unit is an unsatisfactory arrangement for protection detainees and the staff who have a duty of care to keep protections safe from mainstream detainees, including from verbal abuse and threats.

Survey data indicates that, protection detainees generally feel slightly less safe than mainstream detainees, although recognise the efforts of staff to keep them safe more strongly than mainstream detainees. In response to the survey question 'I feel safe at the AMC', 22% of protection detainees answered 'rarely or never' compared to 31% of mainstream detainees. Forty-two percent of protection detainees agreed or strongly agreed with the statement that 'strong efforts are made by staff to ensure the safety and security of all people in the AMC' compared to 30% of mainstream detainees.

Protection detainees still had a marginally higher perception that they would be assaulted by another detainee in AMC (59% of protection detainees reported they were very likely or likely to be assaulted compared to 51% of mainstream detainees). Despite being on protection, only 10% of protection detainees reported that they had 'never' been bullied or threatened by other detainees, compared to 49% of mainstream detainees.

HPR19 identified issues with the protection system: that rather than mitigating risk it avoided risk all together. As a result, approximately 25% of detainees were on protection. The policy at the time dictated that protection status was to be reviewed every 28 days, but this was not happening, and some detainees didn't even know why they were on protection. There was also a category of "strict protection", undefined in policy, that the AMC had begun to phase out at the time of this review.

In 2020, a new policy was introduced that governs protection: the *Corrections Management (Placement and Shared Cell) Policy 2020*. This policy reduces the mandated frequency of reviews of protection status to no less than once every six months. Detainees can apply to have their protection status revoked.<sup>35</sup> The proportion of detainees on protection has increased since 2019 (25% to 37%) for reasons unclear to us. This should be a matter of concern to ACTCS – what has changed to bring about this increase?

OICS has heard anecdotally from detainees that they feel people are encouraged to be placed on protection, that protection detainees have better access to facilities (e.g., tennis courts/gyms) and that staff see them as better behaved and low maintenance. In terms of better access to facilities, this may be due to the issue with the sentenced cottages discussed below.

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<sup>34</sup> OICS did not have resources during this review to get a clear understanding of how protection detainees are accommodated at the centre.

<sup>35</sup> For example, if a detainee who posed a threat to them has been released.

At present the arrangements for women on protection are entirely unsatisfactory. In the WCC (the women's area of the jail) there are three cottages, with one of them (called WR2) configured with five cells inside, rather than the communal cooking/washroom facilities in the other cottages. WR2 is used for placing women who are on protection, however, it is also used at various times for separate confinement for discipline or segregation (e.g., health segregation for COVID-19 isolation, or segregation for safety and security). This means that in some cases, women on protection can only be released from their cell when the others in WR2 are locked in. There is a need for more accommodation options for women – for example, a cell block. This could be accommodated in the women's area as there is space, and it could be achieved fairly quickly for example, through a prefabricated unit dropped in.

### Finding 11:

That there appears to be an inordinately large proportion of protection detainees in the AMC population which places a significant strain on the operations of the centre (e.g., visits, health services, internal escorts, oval and gym access).

### Cohorts

The large number of cohorts at the AMC that are separated into different accommodation areas and generally not allowed to mix remains an issue in 2022. On various occasions since 2018, OICS has been advised of different numbers of cohorts (e.g., 15 or 20 or...) depending on who you ask at a particular time. Previously there was separation of some groups such as Outlaw Motor-Cycle Gangs (OMCGs) into cohorts, but we understand that there is no longer the strict cohorting based on gang affiliation. It currently appears as though separation occurs based on placement in unit (i.e., units generally do not mix with each other), although on top of that is the separation of the main categories of detainees: men and women, protection and mainstream.

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 units to mix. Further, the visits schedule is divided so each unit gets two visit slots per week. We heard that in some cases, not all slots are filled, whereas in other units some detainees miss out due to their slots 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. Canberra is a small community. Yet, in some ways the AMC has become multiple jails within one, which is inefficient, ineffective and contrary to detainee rehabilitation and preparation for release. Reprisals between detainees can and do happen even when the detainees in question are in different units as perpetrators can get other detainees to act on their behalf.

Further, the original "campus style" design of the AMC has been significantly altered with a plethora of chain-link fences and gates to keep cohorts apart. In 2019 a senior CO told us that one fence was erected after a detainee on a walkway was punched by a detainee who ran off the oval.

The CO thought this was a gross over reaction to a relatively minor incident.<sup>36</sup> Staff told OICS that the internal chain-link fences were not fit to separate detainees, as they can be jumped fairly easily should a detainee wish to.

Furthermore, we understand that there has been an issue with interpretation of operational practice in relation to how close detainees may come to fences with operational policy/procedure specifying a distance (e.g., 5m), but no clarification on whether that relates to the external perimeter fences or if it also includes internal fences (which would seem to us to be incredibly restrictive and unworkable given the plethora of internal fences that have been put up since the jail was built). The impact of a strict interpretation of this fence rule by some COs is that several units of the jail have very little outdoor space to use for fresh air and exercise.

An incremental approach to relaxation of cohorting could be adopted, for example, starting with visits and oval time. Visits are a time that detainees tend to be on their best behaviour<sup>37</sup>, and in our view, it is unnecessarily rigid to have visit times unit by unit. Some relaxation of visits so that different cohorts could visit simultaneously would be of benefit, ensuring that protection and mainstream are still kept separate, and measures are in place to preserve equality of opportunity to access visits. If detainees breach rules, they should be subject to discipline to disincentivise poor behaviour. Some relaxation around the mixing of cohorts may also have a positive impact for Aboriginal and Torres Strait Islander detainees who rarely have an opportunity to mix and support each other, including family members, if they are in different units.

One example brought to OICS' attention by both detainees and staff is the separation of the protection and mainstream sentenced cottages which has been done in a way that creates inequity in access to outdoor space and outdoor recreation facilities (protection cottages have access to tennis courts and far more open space, whereas mainstream cottages have very little open space to use). Furthermore, due to the way the policy on approaching fences (discussed above) has been interpreted, mainstream cottage detainees have even less space as they are unable to come within five metres of the fences. It would be far more logical to locate the two protection cottages adjacent to each other so fences could be removed and there would be more equitable access to open space.

**Photo 2: Witches hats indicating exclusion zone in front of Sentenced Units**



Source: OICS 2022

<sup>36</sup> The officer's comments were not verified by OICS.

<sup>37</sup> Incidents during visits can result in suspension of contact visits for periods of time.

*“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.”*

Comment from detainee survey on cohorts

### Finding 12:

That the current fencing of the sentenced cottage area is illogical and creates inequity in access to open space.

### Finding 13:

That issues with cohorts identified in the *Healthy Prison Review of the Alexander Maconochie Centre 2019* persist and continue to cause inefficiencies across the jail including limiting detainee access to basic facilities and services.

### 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.).

## 2.2 Behaviour management

### 2.2.1 Encourage positive behaviours through incentives

#### STANDARD 9

The correctional centre regime encourages detainees to make positive choices and engage in positive behaviours.

In the HPR22 detainee survey, 87% of respondents reported they 'disagree' or 'strongly disagree' that 'There are incentives/rewards for detainees to behave in a positive way.' At the time this review commenced the AMC did not have a detainee incentives program.

During focus group discussions both men and women detainees indicated strong support for an Incentive and Earned Privileges (IEP) program at the AMC. Detainees felt that with a lack of genuine incentives there was little to discourage poor behaviour and even less to encourage positive behaviour. It was also noted that the lack of an IEP policy and the existing *Corrections Management (Detainee Classification Policy) 2022* has significant impacts on a person's ability to progress through their sentence, and work towards accessing the Transitional Release Program (TRP) and Transitional Release Centre (TRC).

Staff also commented on the need for an IEP policy, with a key point being a need for consistency in approach—that is, consistently rewarding positive behaviour as well as consistently using the discipline system as a consequence for poor behaviour. Staff at the CO1 and CO2 level spoke of the importance of having the CO3s and CO4s supporting their decisions around detainee discipline. Some staff at a CO1 and CO2 level spoke about frustrations of charging detainees for non-compliant behaviour only to have the discipline charge not supported by more senior managers. Some staff stated they would no longer challenge certain behaviours or charge detainees for this reason.

On 22 April 2022, ACTCS notified the *Corrections Management (Incentives and Earned Privileges) Policy 2022* with a date of effect of 1 September 2022. The stated purpose of the policy is ‘to encourag[e] detainees in pro-social behaviour and engagement through the regime and rehabilitative interventions offered in ACT correctional centres.’

While the policy *looks* to be sound and comprehensive, it will be some time before its success can be measured and evaluated. It would be helpful if ACTCS could develop some Key Performance Indicators (KPIs) to measure the performance of the IEP over time. OICS will continue to monitor this topic.

### 2.2.2 Adjudication and consequences for breach of rules

#### STANDARD 10

Any correctional centre disciplinary breaches and the consequences for breach are created under law or regulation and are clearly communicated to all detainees.

#### STANDARD 11

The system for determining whether breaches of correctional centre rules have occurred is fair, transparent, consistent, expeditious and accountable.

#### STANDARD 12

The consequences for detainees diverging from correctional centre rules, where proved, are always: established in law or regulation, appropriate, fair, consistent, and expeditious and are not cruel, inhuman or degrading.



Survey	HPR19	HPR22
<b>Detainees</b>		
Reported that they were not informed about their rights and responsibilities on arrival at the AMC	64% (n=170)	66% (n=145)
Reported that they did not understand their legal entitlements as a detainee	70% (n=175)	74% (n=125)
Reported that the disciplinary process was unfair (excludes detainees not subject to disciplinary process)	74% (n=90)	47% (n=73)
Reported that the penalty they received was unreasonable (excludes not guilty outcomes)	72% (n=87)	49% (n=73)
Agreed or strongly agreed that Segregation/Separate Confinement is used as a last resort at the AMC	41% (n=177)	38% (n=123)
<b>Staff</b>		
Reported that the AMC is 'poor' in prosecuting disciplinary charges on detainees	65% (n=104)	60% (n=91)

#### COMMENTS ON SURVEY RESULTS

There was a very significant improvement in responses by detainees to the two questions about the disciplinary process.

While not dismissing detainees' understandings of what constitutes procedural fairness, it is important to be alert to research that reports detainees' assessments of procedural fairness are influenced by whether they are satisfied with the outcome (good or bad for them).<sup>38</sup>

#### The disciplinary process under the CM Act

In HPR19 we noted the existing detainee disciplinary policy and practices were deficient. These concerns have been addressed, in part, by the revocation of the 2012 detainee disciplinary policy and its replacement with the *Corrections Management (Detainee Discipline) Policy 2022*. Yet HPR22 detainee and staff surveys, extracted above, show that while there have been positive changes in perception, some of the negative issues associated with the detainee disciplinary processes which were identified by OICS in HPR19 remain. COs told OICS in this review that they felt in some cases disciplinary processes were not applied uniformly or fairly, a concern that detainees also voiced. Further, more junior staff felt that if they sought to discipline detainees over certain matters, or discipline certain detainees, senior operational managers would not support their charge which left them feeling unsupported and allowed unacceptable behaviour to continue.

38 Jenness, V. & Calavita, K. (2018) "It Depends on the Outcome": Prisoners, Grievances, and Perceptions of Justice.' *Law & Society Review*, Vol. 52, No. 1.

The congruence of staff and detainee views on disciplinary processes is to be expected. HM Prison and Probation Service 2019 *Analytical Summary Prisoners and staff perceptions of procedural justice in English and Welsh Prisons*, concludes 'Prisoner and staff views were related to each other. Staff members' positive procedural justice perceptions were associated with prisoners having more positive procedural justice perceptions.'<sup>39</sup>

Input from an external Adjudicator appointed under Chapter 10 of the CM Act to independently adjudicate when detainees challenged breaches was that:

the written procedures in place to guide staff in dealing with alleged disciplinary breaches under the Act are neither ideal nor user-friendly, and that as a result of this, little use is made of the disciplinary breach procedures in the Act and this has the compounding effects that the staff of the AMC may either lack confidence in those procedures, or are not familiar with the procedures, or both.

Further, the Adjudicator commented:

the current levels of written guidance, staff training and governance of the system for dealing with disciplinary breaches appears not to make full use of the potential benefits that such a system should offer.

Overall, survey responses and other input from staff, detainees and the Adjudicator suggest there is scope to:

- Better understand the basis of the lack of staff faith in the fair prosecution of disciplinary breaches; and
- Emphasise in staff training the strong association between detainees' perceptions of procedural justice in prison and their self-reported compliance with prison rules.<sup>40</sup>

In short, it is in the interests of AMC staff to ensure detainees have a positive perception of procedural justice in the operation of detainee disciplinary processes. This is also supported by the 2022 staff survey which asked whether staff felt adequately trained in the disciplinary process, to which only 26% responded 'yes'.

This begs a wider question of the extent to which the AMC has achieved the right balance between the application of the formal disciplinary process and the use of staff discretion. The Victorian Ombudsman, in its July 2021 report, *Investigation into good practice when conducting prison disciplinary hearings*<sup>41</sup> drew attention to the importance of the sensible and reasonable application of discretion to divert some detainees from formal disciplinary processes.<sup>42</sup> To that, this report would add that where discretion is applied, it must be applied consistently (noting the point made by staff about inconsistent application of discipline identified above).

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39 Howard, F. F. & Wakeling, H. (2019), *Analytical Summary: Prisoners and staff perceptions of procedural justice in English and Welsh prisons*, Her Majesty's Prison and Probation Service, 1, 7.

40 Barkworth, J. & Murphy, K. (2021) 'Procedural justice, posturing and defiant action: Exploring prisoner reactions to prison authority', *Justice Quarterly*, Vol. 38, No. 3.

41 Victorian Ombudsman (2021), *Investigation into good practice when conducting prison disciplinary hearings*, 17, 27, 74.

42 See also Lieblich, A. (2000) 'Prison officers, policing and the use of discretion', *Theoretical Criminology*, Vol. 4, No. 3.

In 2020–21 there were 503 disciplinary penalties imposed on AMC detainees. Unfortunately, ACTCS did not provide a data breakdown by gender or Indigenous/non-Indigenous status.<sup>43</sup> This means that it is not possible to comment on specific outcomes (e.g., the number of Aboriginal and Torres Strait Islander detainees who received penalties compared to non-Indigenous detainees).

#### Finding 14:

That whilst survey results indicate some improvements since 2019 in detainees' perception of fairness of disciplinary processes and appropriateness of penalty, there is a need for more consistent application of discipline, as well as senior operational managers supporting, guiding and mentoring more junior staff in application of disciplinary processes.

#### Finding 15:

That the data collected by ACT Corrective Services on disciplinary penalties imposed on detainees under the *Corrections Management Act 2007* is woefully inadequate and does not meet any reasonable tests for transparency or accountability for the ACT as a human rights jurisdiction.

### 2.2.3 Use of force, weapons and restraints

#### STANDARD 13

Force is only used on detainees as a last resort, in accordance with the law, used in the least restrictive manner possible, and with appropriate safeguards in place.

#### STANDARD 14

Instruments of restraint are only used when no lesser form of control would be effective to address the risks posed by unrestricted movement, and the use of restraints is proportionate in the circumstances.

#### STANDARD 15

Weapons are only used as a last resort when no lesser form of control would be effective to address the risks posed in the circumstances. The use of weapons is legitimate, necessary, proportionate, and subject to rigorous governance.

<sup>43</sup> ACTCS advised "...due to the manual nature of the task to check each record individually in CIS/JOIST" (ACTCS comment on draft Healthy Prison Review 2022, provided 28 October 2022).

### Use of Force incidents – 01/07/20 – 30/06/21

Detainee groups	Individuals
Indigenous males	34
Non-Indigenous males	31
<b>All males</b>	<b>64</b>
Indigenous females	8
Non-Indigenous females	4
<b>All females</b>	<b>12</b>
<b>All detainees</b>	<b>76</b>

Source: ACTCS

The data in the table was provided by ACTCS from UoF reports. There is no database on UoF incidents that OICS or other oversight bodies can inspect other than an incident register in the form of Excel spreadsheets, which are not coded and as such, are very cumbersome to interrogate. This is an unsatisfactory situation that ACTCS must address with the introduction of the new CORIS detainee information system in 2022.

#### Finding 16:

That the new CORIS detainee information system presents an excellent opportunity to improve transparency and address the current sub-standard Use of Force data collection and record keeping.

The circumstances in which UoF *is* permitted is detailed in s138 of the CM Act. Section 138(1)(e) permits force to be used to prevent unlawful damage, destruction or interference with property. These provisions are broader than those included in the *Mandela Rules* which do not specify searching, but they are nevertheless reasonable.

### Good practice – ACTCS avoiding use of force through rapport and de-escalation

The OICS Critical Incident Review *Hostage taking situation at the Alexander Maconochie Centre on 27 March 2021* documents how the personal rapport between a senior CO and a detainee resolved a hostage incident which had the potential to involve serious harm to the detainee victim, and the use of force including chemical agents. This is to be commended. OICS assessed that the incident was not reasonably foreseeable and was appropriately managed by ACT Corrective Services.

Staff survey	HPR19	HPR22
Felt adequately trained in the use of restraints	51% (n=74)	77% (n=91)
Felt adequately trained in the Use of Force	22% (n=72)	51% (n=92)
Felt adequately trained the use of chemical agents	11% (n=71)	59% (n=91)

The training needs are clear. The custodial setting is a high-risk, stressful environment for both staff and detainees. The risks faced by both are reflected in ROGS data on prisoner-on-prisoner and prisoner-on-staff assault rates.<sup>44</sup> While the rate of assaults on officers are low, officer attitudes are shaped less by the actual number of assaults than by the perception of the threats against them.<sup>45</sup> We heard from staff through consultation for this review that they can be subjected to threats from detainees sometimes on a daily basis. A related issue was staff perception that some managers would not support COs seeking to discipline a detainee for making threats, which in turn meant that unacceptable behaviour from detainees was allowed and not challenged.

*"[A] systematic discipline system would cause [far] less of these [use of force] incidents to ever happen..."*

*"Poor [morale] and high stress of officers causes the high staff turnover. The reasons for this are abuse and threats from detainees, over worked areas and overall lack of control in a dangerous environment."*

Comment from staff

Institutional climate and the relationships between staff and detainees are influenced to a high degree by staff confidence in their own knowledge and skills and in their co-workers and systems in place to support them manage these threats and risks.

44 ROGS (no 12) Table 8A.18.

45 NSW Inspector of Custodial Services (2014), *The Invisibility of Correctional Officer Work*, Report No. 1, 14; see also Bond, L. (2010), *The health, wellbeing and work satisfaction of New South Wales' correctional officers: A pilot study of randomly selected correctional officers in one NSW prison*, Sydney: UNSW.

### Use of Force policies and procedures

Section 3 of the *Corrections Management (Use of Force and Restraint) Policy 2022* lists the following definitions:

- **Restraint.** The use of mechanical instrument to restrict a person's movement where the person is at immediate risk of self-harm or causing harm to anyone else.
- **Use of force.** A physical effort in order to compel a person to comply with a direction, or in order to prevent immediate risk of self-harm, harm to others, or to the security and good order of a correctional centre. May include the application of restraint.

The reference to risk in the *Use of Force and Restraint Policy 2022* definition is consistent with that provided in the *Guiding Principles for Corrections in Australia 2018*, p.37: 'Use of force – A physical risk management approach in relation to the control of the prisoner.'<sup>46</sup>

Paragraph 11.2 of the *Use of Force and Restraint Policy 2022* advises that:

The use of handcuffs and escort chains under this policy must only occur to secure a detainee following an incident or where their application is otherwise necessary and proportionate to the circumstances.

The *Use of Force and Restraint Policy 2022* and the *Corrections Management (Use of Force and Restraint) Operating Procedure 2022* do not include a caution on prone position restraint and other high-risk positions. There is a (difficult to locate) Annex to the Policy entitled 'Medical warnings on the use of force and restraint' which does not include any background information on positional asphyxia and risk factors, and does not adequately and prominently caution staff about risks associated with prone restraint. This needs to be addressed.

#### 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.

### Video/CCTV recording

The *Use of Force and Restraint Policy 2022* and *Use of Force and Restraint Operating Procedure 2022* require video recording of UoF incidents. Two OICS Critical Incident reviews since HPR19 raised concerns about how incidents were being recorded on camera.

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<sup>46</sup> [Corrective Services Administrators' Council \(2018\), \*Guiding Principles for Corrections in Australia\*.](#)

OICS Report	Relevant comments (extract)	Findings / recommendations made by OICS	Government response
<p><i>Use of force to conduct a strip search at the Alexander Maconochie Centre on 11 January 2021</i></p>	<p>The briefing prior to the commencement of the use of force is required by the <i>Use of Force and Restraint Policy</i> to be captured on handheld camera. This did not occur. This means there is no firsthand record of what staff were told about Detainee A's medical conditions, the use of force techniques to employ and other relevant considerations.</p> <p>This is unfortunate, particularly given the descriptions of the briefings in the officer reports lacked detail. In this incident, the date and time was not included on the footage from the handheld camera, contrary to the <i>Corrections Management (Hand Held Video Cameras) Operating Procedure 2020</i>. Contrary to the <i>Use of Force and Restraint Policy</i>, the CCTV footage of Detainee A's cell and surrounding area in the period prior to the commencement of the use of force was not preserved.</p> <p>This would have provided evidence of efforts to de-escalate the situation. Footage from cameras capturing the area outside Detainee A's cell would have also assisted in understanding who was present.</p>	<p><b>Finding 20:</b> That all relevant CCTV and handheld camera footage relating to the Use of Force was either not captured or preserved contrary to the <i>Corrections Management (Use of Force and Restraint) Policy 2020</i>.</p> <p><b>Finding 21:</b> That contrary to the <i>Corrections Management (Use of Force and Restraint) Policy 2020</i>, the preliminary briefing by the Officer-in-Charge was not recorded on a handheld video camera.</p> <p><b>Recommendation 8:</b> That staff are trained in the correct use of handheld video cameras to comply with relevant policy and procedure, for example, through recruit, refresher, or scenario training.</p>	<p><b>Agreed</b></p> <p>ACTCS already provides training in video camera use and associated policies during the Custodial Recruit Training course for new staff. Refresher training in the use of video cameras and relevance to policy will be covered within the implementation of the new Searching Policy.</p>

OICS Report	Relevant comments (extract)	Findings / recommendations made by OICS	Government response
<a href="#">A serious fire at the Alexander Maconochie Centre on 12 May 2022</a>	<p>Handheld cameras were used to record footage of officers engaging with detainees and when relocating detainees to other units at the conclusion of the incident.</p> <p>Handheld recordings are required under the <i>Corrections Management Use of Force and Restraint Policy 2020</i> for all planned uses of force. This footage added important evidence (corroborating officer reports) about the dynamics of the incident, particularly that there were several detainees that appeared to dominate the others and engaging aggressively with COs.</p> <p>The footage generally did not comply with the protocol outlined in the <i>Use of Force and Restraint Policy 2020</i> in that it did not record details of the situation (time, locations), there was no recording of briefings by the Officer in Charge, and the footage was choppy (stopping and starting with no verbal explanation of why the recording had been interrupted and time commenced etc.).</p>	Not Applicable	Not Applicable

This ongoing issue of COs incorrectly video recording incidents at the AMC is nonsensical and needs to be fixed through staff training as a matter of urgency. Good practices around video recording usage and storage are a safeguard for both ACTCS and COs and detainees as recordings can provide clarity, dispel unfounded allegations of inappropriate conduct and provide learning opportunities for staff in incident review and as a visual aid in CO recruit training.<sup>47</sup>

Section 6.2 of the *Use of Force and Restraint Operating Procedure 2022* directs staff involved in a UoF incident to complete a *Use of Force Report*. It does not explicitly direct that staff are not to view video/CCTV footage before completing their reports,<sup>48</sup> although s6.9 does direct that UoF footage will only be viewed by Night Seniors, Area Managers or other superiors on a “need to know” basis.

This is a commendable intention but is too vague to have any real utility.

47 The AMC does not have police-type body cameras for staff.

48 [Corrective Services NSW](#) (2022), '13.7 Use of Force', *Custodial Operations Policy and Procedures* (COPP), s5.5.



**Finding 17:**

That the policy and practice around handheld recording of incidents is not of an acceptable standard.

**Training in Use of Force**

The *Use of Force and Restraint Policy 2022* requires the Deputy Commissioner Custodial Operations (old title) to ensure that all custodial staff receive adequate training in UoF, de-escalation techniques, and reducing the risk of a medical emergency; and maintain a list of all custodial officers with current training in use of force. However, as noted above, the HPR22 staff survey reported that only 51% of staff felt that they were adequately trained in UoF.

ACTCS advised that training in handling the sorts of incidents which could give rise to UoF has been completed and training is recorded in COs' files. OICS did not have the capacity to verify this information during HPR22.

**Reporting Use of Force**

After a UoF incident, certain reports must be completed by certain officers (as specified in the *Use of Force and Restraint Policy 2022*). The Compliance Team Leader is also required by this policy to complete the *Use of Force Register* (a requirement consistent with s142 of the CM Act).

HPR19 noted:

The AMC records a summary of use of force incidents in an Excel spreadsheet rather than in a database, which makes interrogation of the data very difficult. For example, it is not possible to search for all incidents in a particular unit or search multiple variables. Nor is there any description of the nature of the force used such as "handcuffs applied", "flexi-cuffs applied", "taken to ground". In 2018, some monthly reports list the use of force incidents as 'Minor' or 'Major', with no explanation as to the difference, while others do not.

The paucity of information also impedes OICS from knowing whether ACTCS is complying with Section 142 of the CM Act.

The Inspector has not received a Section 142(3) 'record' since OICS commenced operation in April 2018.

This situation is unchanged in 2022. OICS has also not received any s142(3) 'record' since HPR19.

It is essential that the new CORIS database will enable data to be captured with sufficient information on the incident, and interrogated. This is important for ACTCS own internal use of force review processes and learning as well as appropriate transparency for oversight agencies.

Section 17.3 of the *Use of Force and Restraint Policy 2022* notes:

For the purposes of reporting on the use of force, the circumstances include the lead-up to the incident.

This is an important provision.

Section 17.5 of the *Use of Force and Restraint Policy 2022* requires officers' reports to be completed independently. This requirement is not repeated in s6 (Reporting) of the *Use of Force and Restraint Operating Procedure 2022* but should be.

This is an important provision which, in WA attracted the attention of the Western Australian Corruption and Crime Commission.<sup>49</sup> Similarly, the NSW ICAC 2019 *Investigation into the conduct of NSW Corrective Services Officers at Lithgow Correctional Centre* exposed unlawful UoF, a cover-up of the use of force incident, the fabrication of evidence and collusion. ICAC found that the former general manager/governor of Lithgow Correctional Centre and five Corrective Services NSW officers engaged in serious corrupt conduct in relation to the use of excessive force on an inmate and the associated cover-up of the incident.<sup>50</sup>

The integrity of COs' reports has also been an issue in ACTCS. The OICS Critical Incident Review *A serious fire at the Alexander Maconochie Centre on 12 May 2021* noted:

In CI 01/21 we drew attention to the fact that two of the Use of Force incident reports completed by CO1s were nearly identical, contrary to policy which requires that reports be completed individually and independently of any other staff member. In this incident, two COs submitted identical incident report content. Officers submitting their own, personal account of an incident is an important integrity measure, and it is concerning that this Critical Incident review reveals another occasion of duplication of reports.

### Chemical agents

All Australian jurisdictions permit the use of chemical agents in adult corrections and do so for sound reasons, although the use of chemical agents in adult prisons is not without its critics.<sup>51</sup> However, arguments opposing the use of chemical agents ignore the limited options available to prison staff for incident management and the potential for physical intervention to result in injuries (e.g., bruises, cuts and abrasions, and soft tissue damage).<sup>52</sup> The latter is reflected in ROGS data on prisoner on staff assault rates.<sup>53</sup>

OICS' Critical Incident Review *A serious fire at the Alexander Maconochie Centre on 12 May 2021* documents an incident during which detainees acted aggressively towards COs and lit fires, causing an estimated \$3.7 million in damage. For the first time in the AMC's history, MK4 OC gel spray (OC "pepper" spray) was used on two detainees who were attempting to hinder firefighting efforts. The staff who deployed the OC spray had been trained in its use, and appropriate decontamination steps were followed. However, at the time of the incident, there was no policy or procedure in place to govern the use of the agent. This has now been addressed by ACTCS with the notification of *Corrections Management (Use of Chemical Agents) Policy 2021* and associated Operating Procedures.

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49 See for example [WA Corruption and Crime Commission](#) (2017), *Report into inadequate use of force reporting at Eastern Goldfields Regional Prison on 27 March 2017 and Bunbury Regional Prison on 14 November 2016*.

50 NSW Independent Commission Against Corruption (2019), *Investigation into the conduct of NSW Corrective Services officers at Lithgow Correctional Centre*.

51 [Castan Centre for Human Rights Law](#) (2020), *Use of force in detention & other closed environments*, Monash University.

52 Ngwenya, B. (2012), *Causes and effects of physical injuries to Prison Officers employed in a high risk and high needs offender management environment in Western Australia*, Perth: Edith Cowan University.

53 ROGS (no 12) Table 8A.18.

Data from ACTCS indicates that in a nine-month period from May 2021 to January 2022, OC spray was used on three occasions, impacting 10 individuals. Two of the three incidents were 'crowd control' incidents. In OICS' view, this does not appear to be an overly excessive frequency of use, however the caveat is that OICS did not review each incident or view CCTV footage and is therefore unable to assess whether each occasion of use was appropriate and proportionate.

In Deadly Connections' consultation with Aboriginal and Torres Strait Islander detainees, they noted concerns about insufficient warning prior to use of OC spray, which OICS is not able to verify. OICS spoke to an Official Visitor who had followed up complaints from detainees about use of OC spray who had viewed CCTV and deemed it to be proportionate. A number of staff believed that simply having OC spray available had been a useful deterrent to encourage compliance with directions among detainees and they had not needed to use it.

### *Training in the use of chemical agents*

ACTCS advises that training in the use of OC spray is conducted and recorded in a CO's files. However, there did not appear to be a mandatory schedule of refresher training currently in place.

The *Corrections Management (Use of Chemical Agents – AMC) Operating Procedure 2021* notes at s1.2 that the Armoury Officer must reference the register of staff with current training. At present there is no Armoury Officer.

The *Use of Chemical Agents Policy 2021* (s10.1) notes that an 'Officer must utilise PPE consistent with their training when **deploying chemical agents** (emphasis added).' However, the *Use of Chemical Agents – AMC Operating Procedure 2021* (s1.4) requires that 'If officers are **to respond to an area affected by chemical agents** appropriate PPE **must be considered** prior to entry (emphasis added).' According to s2.4, 'The OIC [Officer in Charge] must consider weather (*sic*) PPE is appropriate for officers' use, and ensure all officers issued with chemical agents are trained.'

While the procedure implies discretion, the policy limits discretion. These are somewhat confusing (PPE requirement) directions for officers deploying chemical agents and other officers entering an area where chemical agents have been used.

The policy/procedure needs to be amended to clarify PPE use.

### **Justice Health Services involvement in a Use of Force**

There are sound processes in place which guide the involvement of health staff when UoF, restraint and/or weapons/munitions are used. If chemical agents are used on a detainee, nursing staff will assess the patient after they have been de-contaminated. Nursing staff take a set of clinical observations, observe for any signs of breathing difficulties and document their findings in the health record. Likewise, when a detainee is subject to UoF, nursing staff review the patient afterwards for any injuries.

If there is a planned use of munitions (e.g., OC spray) custodial staff will contact health staff and inquire if a detainee may have any health issues that would contravene the use of munitions on them (e.g., asthma). The nursing staff provide this information to the custodial staff. This is an appropriate sharing of information between nursing and custodial staff as providing patient health information assists in maintaining their safety.

## 2.2.4 Segregation and separate confinement

### STANDARD 16

Placement of detainees in separate confinement and segregation must only be undertaken on limited grounds strictly proscribed by law, based on a demonstrated need, and carried out in the least restrictive way and for the shortest possible time.

### STANDARD 17

Where detainees are subject to segregation or separate confinement, they are treated with respect and dignity, and have meaningful opportunities to leave the unit and/or earn privileges.

Detainee survey	HPR19	HPR22
'Disagree' or 'strongly disagree' that segregation/separate confinement is used as a last resort at the AMC	59% (n=177)	62% (n=125)

### Segregation

Segregation is separation of a detainee from other detainees for reasons not including discipline. The CM Act provides for four types of segregation orders being:

- Safety and security
- Protective custody
- Health
- Investigative

#### *s90 Segregation—safety and security*

- (1) The director-general may direct that a detainee be segregated from other detainees if the director-general believes, on reasonable grounds, that the segregation is necessary or prudent to protect—
- (a) the safety of anyone else at a correctional centre; or
  - (b) security or good order at a correctional centre.

In 2020–21 there were 75 section 90 segregation orders made (73 males and 2 females).

#### *s91 Segregation—protective custody*

- (1) The director-general may direct that a detainee be segregated from other detainees if the director-general believes, on reasonable grounds, that the segregation is necessary or prudent to protect the safety of the detainee.

In 2020–21 there were two section 91 segregation orders made, comprising one non-Indigenous male and one Aboriginal and Torres Strait Islander male.

**s92 Segregation—health**

- (1) The director-general may direct that a detainee be segregated from other detainees if the director-general believes, on reasonable grounds, that the segregation is necessary or prudent—
  - (a) to assess the detainee’s physical or mental health; or
  - (b) to protect anyone (including the detainee) from harm because of the detainee’s physical or mental health; or
  - (c) to prevent the spread of disease.

In 2020–21 there were 174 s92 segregation orders made, comprising 167 males and seven females. We note that commencing 6 September 2021, the AMC began segregating detainees for COVID-19 testing and/or quarantine after returning positive tests. At of 11 May 2022, 439 segregations had been made. It is worth noting that some detainees may have been segregated more than once.

**s160 Director-general directions—investigative segregation**

- (1) Subject to section 161, the director-general may direct that a detainee be segregated from other detainees for the purposes of this part.

**s161 Grounds for investigative segregation**

- (1) This section applies to a direction for investigative segregation.
- (2) The direction may be given only if the person giving the direction believes, on reasonable grounds, that segregation of the detainee is necessary or prudent for the purposes of this part.
- (3) Without limiting subsection (2), the direction may be given if the person giving the direction believes, on reasonable grounds, that the opportunity for the detainee to associate with anyone else creates, or is likely to create, a risk of—
  - (a) harm, or threatened harm, to the detainee or anyone else; or
  - (b) the perverting, or attempted perverting, of an investigation, under this part; or
  - (c) undermining security or good order at a correctional centre.

In 2020–21 there were 34 s160 segregation orders made, comprising 33 males and one female.

**Separate confinement**

Separate confinement is separating detainees from others for punishment and is done under s184 of the CM Act. It is defined in the relevant policy as ‘the placement of a detainee in a cell, away from other detainees, as an administrative penalty for a disciplinary breach.’ In 2020–21 there were 503 separate confinement orders.

The *Corrections Management (Segregation) Operating Procedure 2019* requires that Justice Health be advised immediately of any segregation and conduct a health screening and if a doctor or registered nurse is not available to complete the screen within two hours, the detainee must be placed on 30 minute observations, or according to any current observational routine of less than 30 minutes until the assessment is completed.

There is a similar arrangement for separate confinement in that Justice Health must be advised of the confinement and conduct a health screening, however there is an inconsistency between operational procedures and legislation. *The Corrections Management (Separate Confinement) Operating Procedure 2022* implies that either a doctor or registered nurse can complete the screening however, s187(1)(a) of the CM Act refers to a doctor only (not a registered nurse).

### Finding 18:

That there is an inconsistency between s187(1)(a) of the CM Act and the *Corrections Management (Separate Confinement) Operating Procedure 2022* concerning medical screening of detainees by a doctor.

### Management Unit

Detainees placed on segregation orders (see preceding section) may be accommodated in the high-security Management Unit (MU).

The MU is a freestanding single storey unit at the AMC with 14 cells designed to accommodate one detainee each (i.e., the design capacity of the unit is 14). The unit is rectangular in shape with seven cells on each side of a "dayroom" and a fully enclosed officer station with windows on three sides looking out into the dayroom. Each cell has a door to a small outdoor yard (about 2.5m wide x 3.5m long), fully bricked with a mesh roof. There is no exercise equipment in the yards and no rain protection from the mesh metal roof. Each cell is fitted with a CCTV camera in the corner of the cell and in the outdoor space that can be viewed on a screen in the unit's officer station (the COs on duty can view cameras on a TV monitor in the officer station).

MU cells have a shower and toilet in a corner closest to the door. A bench with a basic mattress is along one side of the wall and a TV behind a polycarbonate case fixed to the top wall. There is no desk or chair or place to store belongings or other items. When the MU was being used for COVID-19 isolation purposes, induction packs were available in the cells containing information about the AMC for new arrivals.

In OICS' Critical Incident Review *Death in custody at the Alexander Maconochie Centre on 1 February 2022*, OICS noted:

In tragic circumstances, a male detainee aged in his 20s (Detainee A) was found deceased in a cell in the Alexander Maconochie Centre (AMC) Management Unit (MU) at about 7pm on 1 February 2022. The MU at the time was being utilized as a COVID-19 isolation unit for all new receptions to the AMC. Subject to any findings of the ACT Coroner, it appears that the detainee used a bed sheet to hang himself from a horizontal bar on the rear door of the cell which provides access to a small outdoor bricked courtyard. The detainee had been admitted into custody at the AMC at about 3:30pm on 31 January 2022, approximately 27 hours before his death. There is evidence that Detainee A was thoroughly assessed by mental health professionals on his admission to AMC who did not identify any indicators that Detainee A was at risk of self-harm or experiencing suicidal ideations. Detainee A identified a design flaw in the construction of the rear cell door which allowed him to slide a sheet under a horizontal rail and create a hanging point. Most regrettably, this risk had been identified and reported by AMC Facilities Management staff in 2015 but had not been addressed by the then AMC General Manager. There was also another unaddressed design fault with the rear cell doors that had been identified in 2020 which although not related to the death of Detainee A, raised serious concerns about the safety of the doors and ligature points.

As a result of this incident OICS recommended:

That immediate action be taken to ensure the rear cell doors in the Alexander Maconochie Centre Management Unit do not present any foreseeable risks of ligature points and are in accordance with relevant cell safety standards consistent with the use of the unit.<sup>54</sup>

The operation of the MU was not examined in-depth during this review (e.g., audits of orders) due to time and resource constraints.

### The role of Justice Health Services

There are processes in place from a health perspective to manage a detainee in confinement and segregation. There is one policy which defines the requirements for three types of segregation and the role of health is different with regards to each type:

- Health segregation – refers to COVID-19 pandemic and/or communicable disease outbreak management;
- Segregation – refers to the safety of a detainee and the safety of others and is associated with the management of risk of harm to self or others; and
- Separate confinement – refers to the confinement of a detainee in a cell, away from other detainees, as an administrative penalty for disciplinary purposes.

For a detainee on separate confinement for security and/or punishment reasons nursing staff are required to review the person at a minimum of once a day. If the person has a known severe mental illness, they would also be reviewed by Custodial Mental Health (CMH). It was highlighted during the review that detainees with mild to moderate mental illness, such as anxiety and depression or poor impulse control, are not reviewed by CMH as they do not meet the criteria for access. The ACTCS Specialist Interventions Team may be able to offer some support, but this is limited by staffing numbers (see section 5.1.2 of this report) and at the time of writing there was only one psychologist on that team. Given the high proportion of detainees who experience mild to moderate mental ill-health this presents a significant gap in the service.

## 2.3 Security

### STANDARD 18

Detainees are managed within a structured and transparent system that provides for graduated levels of restriction and security according to the risks posed by the individual detainee.

### STANDARD 19

The physical environment is one where risks to security are identified and mitigated.

<sup>54</sup> At the time writing of this report the ACT Government had not responded to the recommendations of the death in custody review, noting this matter is before the ACT Coroner.

**STANDARD 20**

There are effective procedural security measures with continual monitoring of operational performance to ensure risks to security are identified early, treatment strategies are implemented and detainees' safety and freedom of movement are optimised consistent with the need for security and good order.

**STANDARD 23**

Effective systems are in place to detect and confiscate weapons, illicit substances and other contraband introduced, manufactured, carried or secreted by detainees, visitors, staff or others.

**STANDARD 24**

All searching is lawful and proportionate, and carried out in a manner that is respectful of the inherent dignity of the person being searched.

**STANDARD 25**

Searches of detainee cells and their property are carried out in a professional and accountable way and appropriately recorded.

**2.3.1 Physical security of the AMC**

The AMC is regarded as a "high security" facility although the perimeter of the AMC is not as formidable as some high security prisons in other jurisdictions (e.g., Barwon Prison (Vic), Arthur Gorrie Correctional Centre (Qld), Goulburn Correctional Centre (NSW)).

Security incidents occur at all prisons on a daily basis, including contraband finds (see following section), arson, drug trafficking, assaults on staff and prisoners, and so on. As there is no accepted definition of a security incident, this review has focussed on incidents that had the potential to cause significant harm to the "good order" of a correctional centre.

OICS has reported on some security incidents since HPR19 was published but the type of incidents we may review is limited under s17(2) of the ICS Act:

A critical incident refers to any event in a correctional centre or in the provision of correctional services that involves any of the following:

- (a) the death of a person;
- (b) a person's life being endangered;
- (c) an escape from custody;
- (d) a person being taken hostage;
- (e) a riot that results in significant disruption to a centre or service;
- (f) a fire that results in significant property damage;



- (g) an assault or use of force that results in a person being admitted to a hospital;
- (h) any other incident identified as a critical incident by a relevant Minister or relevant director general.

Significant security incidents reviewed by OICS since HPR19 were:

- *Riot and serious fires at the Alexander Maconochie Centre on 10 November 2020*
- *Serious fire at the Alexander Maconochie Centre on 14 November 2020*
- *Hostage taking incident at the Alexander Maconochie Centre on 27 March 2021*
- *A serious fire at the Alexander Maconochie Centre on 12 May 2021*
- *Escape of a detainee from a secure escort on 9 July 2021*

Significant security incidents reviewed internally by ACTCS since HPR19 included an external breach of the perimeter fence, detainees using a bed sheet rope to let themselves out of a cottage and a male detainee who absconded from a unit by jumping an internal fence to meet a female detainee who had accessed a rear area of the (then) women's accommodation unit.

In addition to the OICS and ACTCS reviews, there were other security incidents at the AMC in 2021–22:

### Security incidents 2021–22

Date	Incident
26/06/21	During a search of [deleted] pod, the external fence appeared to be held together with cable ties. Staff were also able to remove metal slats that were not secured.
26/07/21	CCTV observed 2 unknown people approach the rear of [deleted] fence. Security staff then did a search of the area and located a package that contained electronic devices and illicit substances.
06/09/21	Staff were alerted to a possible introduction at the rear of [deleted]. Staff retrieved a package from in between the fences. Package contained multiple illicit substances.
05/10/21	While being escorted, detainee has run from the officer and jumped the internal fence of [deleted]. Detainee was attempting to retrieve two packages in the sterile area...security staff retrieved the packages which contained a high amount of contraband.
12/10/21	Person seen running near external fence and throws a package over. Package wrapped in grey tape was located near [deleted].
19/11/21	Gate not secured which resulted in detainee gaining access onto [deleted] unit roof.
22/11/21	Unknown person walking around external fence line, a package is thrown over the fence and unknown person starts walking back towards highway. Package was located by officers and given to security.
26/12/21	An unknown male approaches the external fence and threw an item over. Detainee [deleted] jumps the fence to retrieve the package and throws it to detainee [deleted], the pair then run into [deleted].
02/02/22	Unknown person was seen at the perimeter fence throwing an item into [deleted]. The canine unit attended where the person was last seen and identified the rego number on the vehicle used.

Date	Incident
06/03/22	An unknown person approaches the perimeter fence and throws an item over the fence. A detainee wearing a mask to hide his face ran out and collected the package and went straight back to [deleted].
11/03/22	An unknown person was seen approaching the perimeter fence and threw a package into the compound. Officers began a search for the item and found a package containing multiple buprenorphine strips.
22/03/22	Officer noticed some external damage to the cottage, the metal strip edge had been removed off the corrugated cladding, CO2 and security was notified.
10/04/22	CCTV witnessed a drone flying low over the perimeter fence near [deleted], visuals were lost and nothing was located.
27/05/22	Horticulture worker [deleted] found a package near the shipping container in the [deleted] area...the package was thrown over the fence by an unknown person and contained the following: 2 x smart phones, 2 x charges, 2 x headphones, 2 x sim cards.

Source: ACTCS Incidents Register

As mentioned earlier, the design of the AMC perimeter fencing is not as robust as other Australian prisons which may explain why a number of the (above) incidents occurred.

The *AMC Functional Brief 2005* noted that:

The objective of the secure perimeter is to:

- Deter – provide an obvious barrier which entails some clear risk to intended passage through or out of the Centre;
- Detect – provide some method of reliably detecting a departing prisoner or of detecting another person attempting to enter the Centre unlawfully; and
- Delay – provide some method of delaying a departing prisoner or of delaying another person attempting to enter the prison unlawfully until such time as a response group arrives. A minimum of four minutes delay is required.

A “see through” mesh fence with razor tape and electronic detection, rather than a masonry wall, is preferred as the perimeter fence.

Research on the elimination of symbols of incarceration and on the normalisation and humanisation of the correctional environment has shown that this contributes to a variety of positive results. **For this reason, razor wire, while integrated into the security package, is to be minimised** (emphasis added).

Razor tape/wire was never installed at the AMC although it is commonly used in other Australian prisons. It has a significant deterrent effect against potential escapes or entry by “intruders” but is visually unattractive.

A further problem with the AMC perimeter fence is that it is easily accessible from public areas such as the Monaro Highway. The *AMC Functional Brief 2005* noted, 'A pursuit road, with circling nodes, outside and adjacent to the secure perimeter will be provided to enable 24 hour patrolling of the perimeter.' As far as OICS is aware, there never has been '24 hour patrolling of the perimeter' at the AMC.<sup>55</sup> Furthermore, lighting and CCTV coverage of the grassy area outside the perimeter limits the ability of the skeleton night staff to effectively monitor potential intruders approaching from a distance at night.

### A man has allegedly tried to smuggle drugs and a chisel into Canberra's jail before running from police...

About 11:15pm on Sunday, police claim they saw a person wearing black pants and a black hoodie walking across the grounds of the Alexander Maconochie Centre. When the man saw police, he allegedly ran in the direction of the Monaro Highway to avoid authorities. There was allegedly a "short foot pursuit" before the man was taken to the ACT watch house.

Source: Olivia Ireland, *Canberra Times*, 01/11/22

#### Finding 19:

That there are original AMC physical security design flaws, particularly regarding the perimeter fence and male cottages, that are difficult to address without spending large sums of money.

### 2.3.2 Contraband

Contraband is a generic term for a 'prohibited thing' under s81 of the CM Act.

#### Selected contraband finds, AMC 2018 and 2021<sup>56</sup>

Item	Finds 2018	Rate* 2018	Finds 2021	Rate** 2021
<b>Drug-related</b>				
Alcohol (brews)	11	2.3	45	11.4
Illicit & non-prescribed drugs	55	11.5	47	11.9
Other drug/suspected drug	45	9.4	90	22.8
Drug paraphernalia	145	30.2	45	11.4

55 OICS notes that some high/maximum-security prisons in Australia have 24-hour armed security patrols on external perimeter ring roads. However, this is an expensive use of staff resources and should not be ventured into without a thorough cost/benefit risk assessment.

56 The items are some of the various types of contraband found at the AMC. They were selected for this table for reason of their relevance to safety and security.

Item	Finds 2018	Rate* 2018	Finds 2021	Rate** 2021
<b>Total</b>	<b>256</b>	<b>53.3</b>	<b>227</b>	<b>57.5</b>
<b>Weapons &amp; tools</b>				
Shivs	32	6.7	31	7.8
Other weapon	31	6.5	30	7.6
Tools	19	4	0	0
<b>Total</b>	<b>82</b>	<b>17.1</b>	<b>61</b>	<b>15.4</b>
<b>Mobile phone-related</b>				
Phones	49	10.2	31	7.8
Phone chargers	38	7.9	27	6.8
SIM or SD card	36	7.5	19	4.8
<b>Total</b>	<b>123</b>	<b>26.6</b>	<b>77</b>	<b>19.5</b>

Source: ACTCS

\* finds per 100 detainees – approximately 480 average daily number of detainees

\*\* finds per 100 detainees – approximately 395 average daily number of detainees

The data shows improvements in the finds of weapons and mobile phone related contraband but a significant increase in drug related items, in particular for brews which increased from 2.3/100 detainees in 2018 to 11.4/100 in 2021. Further, the rate for other drug/suspected drug finds more than doubled from 9.4 in 2018 to 22.8 in 2021.

While generally having high alcohol content, brews require containers for fermentation. Ingredients, particularly yeast, are smelly and not easily hidden in an accommodation unit. We noted in OICS' Critical Incident Review *A serious fire at the Alexander Maconochie Centre on 12 May 2021*, that a significant factor contributing to this incident was that some detainees appeared to be drunk on "homebrew". It was of concern to OICS that no detainees were tested after the disturbance to determine if they had indeed consumed alcohol, and suspected homebrew was not tested to confirm it was alcoholic.

In other prisons the making of brews is often an indicator that more "convenient" drugs (e.g., pills) are in short supply.

Mobile phones in the AMC remain a significant problem and are no doubt used to arrange contraband deliveries/drops. Corrective Services NSW has been trialling [mobile phone jammers](#) at various prisons since 2015. OICS is unaware as to whether ACTCS has considered this technology for the AMC.

### 2.3.3 Searching of accommodation

Searches of cells may be conducted randomly (based on a confidential search matrix) or on suspicion that contraband may be secreted in the cell/cottage. While searches are necessary, they are an intrusion into the "home" of detainees and must be done in the least restrictive way possible that meets the legitimate need of detecting contraband, and conducted in a professional manner.

The HPR22 detainee survey asked, 'Staff conduct cell searches with respect for my property'. Respondents (n=139) reported:

- 14% All of the time
- 35% Most of the time
- 31% Rarely
- 20% Never

Typical complaints made about cell searches by detainees are:

- Staff leave property strewn on the floor (etc.);
- Property is damaged;
- Alleged unapproved property is confiscated (e.g., excess prison linen, food stuffs); and
- Perceptions they are "targeted by staff" for no apparent reason (comments from Deadly Connections were that Aboriginal and Torres Strait Islander detainees reported searching being inconsistently performed, often more than once a week).

Interestingly, the HPR22 staff survey revealed that 26% (n=92) of COs did not feel that they were adequately trained in searching procedures. Several staff at a CO1 and CO2 level commented to OICS that officers on the units need more guidance, mentoring and support from senior officers.

### 2.3.4 Non-invasive searching of people

#### STANDARD 26

Searching of visitors and their property are carried out in a professional and accountable way and are appropriately recorded.

#### STANDARD 27

Searching, screening and testing of staff is done in a manner that is respectful of staff privacy, and in accordance with clear guidelines.

According to the CM Act, every person entering a correctional centre is subject to person and property searching (s111). Other than detainees, searches of people are limited to 'a scanning search, frisk search or ordinary search.' However, UoF to conduct such searches on non-detainees is prohibited (s126). People who are not detainees cannot be strip searched. A person who refuses to be searched may be refused entry to a correctional centre (s148).

Staff survey	HPR19	HPR22
'Agree' or 'strongly agree' that it is reasonable for staff to be subjected to occasional searches when arriving for work	97% (n=115)	95% (n=153)
Responded that they have been subjected to a PAD (sniffer dog search)	32% (n=115)	50% (n=153)

Staff survey	HPR19 (n=113)	HPR22 (n=153)
<b>The most recent time you were subjected to any kind of search was in the last:</b>		
3 months	74%	22%
6 months	4%	23%
12 months	4%	16%
More than 12 months	5%	14%
Have not been subjected to a search	13%	25%

Note: These searches are in addition to normal scanning searches conducted on all people entering a correctional centre.

It is somewhat disturbing that 14% of staff respondents to the survey had not been searched in the last 12 months and 25% of respondents had never been searched (HPR22).

In Deadly Connections' focus group sessions with both male and female Aboriginal and Torres Strait Islander detainees, they reported that 'they are frequently subject to forceful, disproportionate and degrading searches.'

### 2.3.5 Strip searching

#### STANDARD 28

Strip searching of detainees is only carried out on reasonable grounds, carried out in the least restrictive manner, and is respectful of detainee dignity.

Detainee survey	HPR19	HPR22
Strip searches are carried out with due sensitivity and respect 'most of the time' or 'all of the time'	54% (n=177)	70% (n=140)

In the HPR22 detainee survey, a significantly higher proportion of detainees reported that strip searches are most often carried out with due sensitivity and respect as compared to results from HPR19. This is a significantly improved outcome in a relatively short time.

Section 110 of the CM Act provides that:

- (2) The director-general must keep a register containing the following details in relation to each search:
  - (a) the name of the detainee searched;
  - (b) the reason for the search;
  - (c) when the search was conducted;
  - (d) the name of each person present at any time during the search;
  - (e) details of anything seized during the search;
  - (f) anything else prescribed by regulation.

There are only **two** grounds for conducting a strip search at the AMC.

Under s113B of the CM Act, a strip search may be conducted if the director-general ‘suspects on reasonable grounds that the detainee has a seizeable item concealed on the detainee.’

Section 113C of the CM Act provides that a strip search may be conducted on a detainee where it is prudent. There are four criteria that must all be satisfied to be able to use this power. In summary:

1. the detainee has recently not been under the control or immediate supervision of a corrections officer for a period; and
2. during the period, may have had an opportunity to obtain a seizeable item; and
3. a scanning search is either unavailable or if available is unlikely to detect more than a limited range of items or would have to be carried out using force that would make it ineffectual; and
4. a frisk or ordinary search must be unlikely to detect more than a limited range of seizeable items.

For reasons that don’t make any sense, OICS was advised that ‘ACTCS does not specifically record whether searches were conducted under subsection 113B or 113C of the Act.’ This is an important distinction because a strip search under s113C must be justified (four criteria above) while a strip search conducted under s113B does not require any factual conditions to be satisfied, but instead relies on the CO forming a view on ‘reasonable grounds’ (which is a partly subjective test). The s113B power is one that could be easily abused unless properly monitored by ACTCS and oversight bodies (OICS, Ombudsman, HRC) – see also *Strip search register* below.

ACTCS’ recorded reasons for searches include on admission; escorts to/from court/The Canberra Hospital (TCH)/other; entry to crisis support and management units; and targeted searches (e.g., on suspicion and in conjunction with cell/area searches). None of these reasons have any meanings under the CM Act.

It appears that it is not possible for ACTCS to specify which sections of the CM Act (113B or 113C) were the reason for the 4077 strip searches conducted in 2020–21.

ACTCS advised OICS that:

ACTCS has been advised that the current approach to a descriptive statement was essential for supporting court cases as it provided evidence of the custodial officer’s decision-making process. In addition, CMA section 110(2)(b) does not require the reason to be literally recorded as specifying 113(b) or 113(c) as long as the description of the reason that the officer requesting the search indicated the officer either held suspicions and/or felt the search to be prudent.

Whether this legal advice is sound or not has no relevance to the simple task of recording searches as conducted under s113B or s113C, regardless of what ‘descriptive statement’ or ‘description of the reason’ might be in free text somewhere.

### Finding 20:

That ACT Corrective Services is not recording whether strip searches were conducted under s113B or s113C of the *Corrections Management Act 2007*.

### Strip searches, 2020–21

Persons	Total	Strip searched	% searched
Indigenous males	305	1105	362
Non-Indigenous males	1089	2591	238
Unknown males	22	20	91
<b>All males</b>	<b>1416</b>	<b>3716</b>	<b>262</b>
Indigenous females	98	209	213
Non-Indigenous females	135	151	112
Unknown females	4	1	25
<b>All females</b>	<b>237</b>	<b>361</b>	<b>151</b>
<b>All detainees</b>	<b>1653</b>	<b>4077</b>	<b>247</b>

Source: ACTCS

### Strip search critical incident

On 11 January 2021 an Indigenous woman detainee was subjected to a UoF by COs who were attempting to strip search her. After a physical struggle lasting several minutes, the detainee agreed to accompany officers to a bathroom in the unit where a closed-door strip search was conducted by two female officers.

OICS' Critical Incident Review *Use of force to conduct a strip search at the Alexander Maconochie Centre on 11 January 2021* found that, while the decision to conduct a strip search was lawful under the CM Act, there had been no consideration of human rights in making the decision to attempt to forcibly remove her clothes, contrary to the *Human Rights Act 2004* which requires human rights to be considered in all decision making by a public authority.

The review made nine recommendations, including that human rights be explicitly considered before conducting planned forced strip searches and that ACTCS expedite the acquisition of body scanning technology that would obviate the need for strip searches in most cases.

The ACT Government **agreed** to all nine recommendations.

### Strip search register

The HPR19 review recommended 'That ACTCS maintain a consolidated strip search register as required under section 110 of the *Corrections Management Act 2007*.' Section 110(4) states 'The register must be available for inspection under chapter 7 (Access to and inspection of correctional centres).'



The ACT Government agreed to this recommendation, noting 'A centralised register will be established in the short term until this function is established in the CORIS Offender Management System.'

OICS notes that the 'centralised register' could not be inspected at the AMC but had to be requested (with notice) from ACTCS head office. This was unsatisfactory and was non-compliant with s110(4).

### Finding 21:

That s110(4) of the CM Act requires that a strip search register must be available for inspection at the AMC.

### Body scanners

As part of the response to the above Critical Incident Review, the ACT Government stated:

The procurement process for a body scanner is already underway and is being prioritised by ACTCS. The ACT Government has also committed to the provision of a second body scanner for the AMC. Both body scanners will be installed in 2022.

OICS understands that the body scanners will be similar to those in use at airports that show objects but not body parts (e.g., genitalia, breasts). While a negative scan *must* remove the need for a strip search, the detection of an object should be subject to a process (like at airports) where the subject is asked to remove the object and be rescanned and/or be given a frisk or wand search. Only then should a strip search be considered as the last resort.

### Photo 3: Body scanner in the AMC Visits Centre



Source: OICS 2022

### 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.

## 2.4 Safety

### 2.4.1 Detainee safety

Detainee survey	HPR19	HPR22
Reported feeling safe 'most of the time' or 'all of the time'	67% (n=178)	70% (n=138)
Thought it was 'likely' or 'very likely' that they would be assaulted by another detainee	60% (n=178)	53% (n=141)
Reported being bullied by another detainee	51% (n=178)	65% (n=138)
Reported being assaulted by another detainee	52% (n=179)	51% (n=138)
Reported being sexually harassed or sexually assaulted by another detainee	19% (n=180)	25% (n=138)
Reported being stood over for their medication by other detainees	29% (n=180)	17% (n=138)

#### COMMENTS ON SURVEY RESULTS

There was a significant reduction in "medication standovers" from 29% in HPR19 to 17% in HPR22.

**Detainee-on-detainee assaults (rate per 100 detainees)**

Year	Serious assault	Assault
2011–12	1.55	15.84
2012–13	2.63	3.76
2013–14	2.41	5.43
2014–15	3.21	12.56
2015–16	0.75	16.92
2016–17	3.59	15.72
2017–18	2.32	16.02
2018–19	3.31	9.09
2019–20	1.80	13.07
2020–21	1.22	11.8
<b>Mean</b>	<b>2.27</b>	<b>12.02</b>

Source: Rates data, ROGS 2022, Table 8A.18. ROGS notes that the data is not comparable across jurisdictions. Raw data, ACTCS.

It should be noted that the data captures assaults that came to the attention of ACTCS (e.g., detainee with a visible assault-type injury or incident witnessed by staff, viewed on CCTV, etc.). As detainees are reluctant to self-report assaults for fear of retribution or being labelled a “dog” (informant) it is likely that the data understates the true extent of detainee-on-detainee assaults.

Focus group discussions noted that detainees felt they needed to be self-reliant to ensure their own safety. A female detainee stated, “we are left to create our own survival strategies,” and women in particular reported supporting each other through difficult times which also meant that this left little capacity for them to support themselves when they are trying to support everyone else which they report is not their role.

**Cultural safety for Aboriginal and Torres Strait Islander detainees**

In determining ‘safety’, Deadly Connections notes that it includes cultural safety, as well as more universal understandings of the concept. For Aboriginal and Torres Strait Islander peoples, this concept of safety is centrally connected to wellbeing. In the focus group discussions they held for this review, Aboriginal and Torres Strait Islander detainees consistently reported that they did not feel that their cultural safety needs were currently being met. This is consistent with the HPR22 survey data which indicates that close to 50% of Aboriginal and Torres Strait Islander participants felt that their needs as an Indigenous person were rarely or never met at the AMC. Cultural needs are discussed further below in section 3.5.1.

Aboriginal and Torres Strait Islander detainees reported in focus groups that physical safety was a slightly lesser concern, with most expressing that they were able to adequately protect themselves most of the time. This appeared to be slightly lower for first-time people in custody. There was a clear perception amongst Aboriginal and Torres Strait Islander detainees that staff did not make strong efforts to ensure their safety and security, that this was largely an aspect of prison life that people themselves needed to navigate.

### Sexual coercion and violence

In the HPR19 and HPR22 detainee surveys we asked '(have you been) sexually harassed or sexually assaulted by other detainees?'

Responses	HPR19 (n=180)	HPR22 (n=138)
Never	81% (146)	75% (104)
Rarely	9% (17)	11% (15)
Sometimes	6% (11)	9% (12)
Often	3% (6)	5% (7)

Noting the limitation in asking a sensitive question like this via a survey, the data from the HPR19 and HPR22 detainee surveys shows that 18% (2019) and 25% (2022) of detainees stated that they had been sexually harassed or sexually assaulted by other detainees.

ACTCS has a duty of care to keep detainees safe, including from sexual coercion and violence. We are not aware of any ACTCS strategy or policy document on this subject, though do note that sexual assault in jail is considered very briefly in some policies (e.g., the [Corrections Management \(Evidence Management\) Operating Procedure 2021](#), the [Corrections Management \(Incident Reporting, Notifications and Debriefs\) Policy 2020](#), and the [Placement and Shared Cell Policy 2020](#)).

We heard several anecdotal reports of sexual coercion and violence in the AMC. We have been told that sexual coercion and violence happens but is rarely reported. OICS is aware of one case of a detainee reporting abuse to staff and the detainee being promptly moved out of the unit. In that case, staff facilitated contact with the police, and a relevant community service agency connected with that detainee. A senior staff member told us that they (the staff member) were attentive to and responsive to detainees informally raising issues of safety but reporting generally depends on dynamic security and detainee – staff trust and rapport, which may be necessary for detainees to report fears or abuse.

OICS heard from women detainees allegations of sexual violence and harassment within the women's cohort. Some women reported feeling harassed and unsafe and that their concerns have not been taken seriously when reported to AMC staff. Many women who come to prison have a history of trauma and victimisation from experiences of sexual abuse both as a child and as an adult. The prison environment which is designed and built with a culture of power and control can exacerbate trauma for women.<sup>57</sup> Furthermore, women in the AMC are essentially existing in a male prison (making up approximately 5–8% of the total number of detainees). It is of great importance that ACTCS adopt a trauma-informed approach in the management and treatment of women in the AMC to ensure their safety, and to prevent further victimisation or re-traumatisation whilst in custody.

<sup>57</sup> Stathopoulos, M. with Quadara, A., Fileborn, B. & Clark, H. (2012), *Addressing women's victimisation histories in custodial settings*, ACSSA Issues No. 13, Melbourne: Australian Centre for the Study of Sexual Assault, Australian Institute of Family Studies.

Understanding the prevalence of sexual coercion and violence in correctional settings is an extremely difficult task nationwide, and the ACT is no different. Canada is undertaking the first national prevalence study into sexual coercion and violence in Canadian federal corrections to better understand the scope of the issue and risk factors for sexual victimisation. This is after the Correctional Investigator of Canada brought the issue to the fore in their 2019–20 Annual Report.<sup>58</sup> This Annual Report notes:

At present, there is no way to accurately and systematically identify the number of incidents of sexual coercion and violence involving incarcerated persons, and there is no credible data or research that indicates the scope of the problem of sexual victimization in Canadian penitentiaries. Without proper reporting mechanisms, record keeping, and research, CSC [Correctional Services of Canada] runs the risk of using this absence of evidence as evidence of the absence of a problem. Turning a blind eye to this issue or looking the other way when it happens only serves to reinforce a culture of silence and indifference.

Corrective Services Canada has recently (2022) released a *Commissioner's Directive on Sexual Coercion and Violence* that seeks to 'establish and maintain a zero tolerance strategy to prevent, identify, respond to, investigate, and monitor incidents of sexual assault, or allegations of sexual assault towards offenders in federal custody.'<sup>59</sup>

There has recently been a significant body of work in the ACT in relation to sexual violence. In 2021 the ACT Government established the Sexual Assault Prevention and Response Program, led by an independent Steering Committee. The Steering Committee was tasked with setting key priorities for future work and action by government to develop effective, systemic, evidence-based responses to sexual violence in the ACT. The *final report* of this committee was released in December 2021, and made 22 recommendations, however, there is no reference to sexual violence in custodial settings. This process was a missed opportunity to consider the issue of sexual violence in the AMC.

### Finding 22:

That it is likely that sexual coercion and violence occurs in the AMC, however, its scope and impact are unknown.

### Finding 23:

That the ACT Government's initiatives on Sexual Assault Prevention and Response appear to be completely silent to the issue of sexual coercion and violence in custody.

### 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.

58 Office of the Correctional Investigator of Canada (2020), *2019–2020 Annual Report of the Correctional Investigator of Canada*.

59 Correctional Service Canada (2022), *Sexual Coercion and Violence*, Commissioner's Directive 574.

## 2.4.2 Staff safety

Staff survey	HPR19	HPR22
Reported feeling safe 'most of the time' or 'all of the time'	75% (n=113)	74% (n=171)
Thought it was 'likely' or 'very likely' that they would be assaulted by a detainee	62% (n=115)	55% (n=166)
Are there enough staff in their workplace to ensure staff safety (answered 'no')	60% (n=108)	81% (n=165)
Expressed some fear about experiencing a serious injury at work	85% (n=114)	93% (n=166)
Reported being seriously injured at work, including being on stress leave	32% (n=115)	27% (n=165)
Reported being told by a doctor that they are at risk of developing a serious stress-related illness	34% (n=115)	39% (n=166)

### COMMENTS ON SURVEY RESULTS

There was a significant increase in the proportion of staff that felt there were not enough staff in their workplace to ensure their safety – from 60% in HPR19 to 81% in HPR22. This may be due to the impact of COVID-19 on staffing numbers.

### Detainee-on-officer assaults (rate per 100 detainees)

Year	Serious assault*	Assault*
2011–12	0	0.77
2012–13	0	0
2013–14	0	0.60
2014–15	0	0.88
2015–16	0	0
2016–17	0	1.80
2017–18	0	1.05
2018–19	0	0.41
2019–20	0	2.25
2020–21	0.24	1.46

Source: Rates data, ROGS 2022, Table 8A.18. Raw data, ACTCS

\* These are ROGS definitions which may not reflect the personal opinions of staff i.e. what constitutes a 'serious assault'?

The data on detainee-on-officer assaults is likely to be far more accurate than detainee-on-detainee assaults given that one would expect officers to report any assault on them.

#### **Finding 24:**

That although available data suggests that officers are at a relatively low risk of being assaulted by detainees, the staff survey revealed that 55% of staff thought it was likely or very likely that they would be assaulted by a detainee.

## **2.5 Leadership and management of safety, resources and systems**

### **2.5.1 Strategic and performance planning and evaluation**

#### **STANDARD 30**

Each correctional centre has a strategic management plan in place, which is reviewed and revised as required.

#### **STANDARD 31**

Correctional centres regularly review and evaluate their own performance against their plans.

### **2.5.2 AMC maintenance issues**

Having opened in 2009, the AMC is aging, and like most prisons, has been subject to “wear and tear” that is well beyond other community or commercial centres (e.g., severe and repetitive arson and vandalism).

In the HPR22 detainee survey 80% of respondents (n=127) were reported to ‘disagree’ or ‘strongly disagree’ that ‘Equipment and services are well maintained in the AMC’ compared to 69% (n=179) in the HPR19 survey. This is disturbing data.

HPR19 noted:

- Finding 14: That the resources available to undertake routine maintenance at the AMC are inadequate and that appropriately skilled and screened detainees could be better utilised to assist maintenance staff with routine tasks around the AMC.
- Recommendation 22: That ACTCS develop an asset management plan for the AMC to ensure that there is timely and budgeted replacement or refurbishment of major plant and equipment at the AMC.
- Recommendation 23: That ACTCS develop a facility maintenance plan for the AMC to ensure that there is timely and budgeted attention given to maintaining the AMC’s physical infrastructure.
- ACTCS consider Recommendations 22 and 23 as ‘completed and closed’, something OICS contests (see Appendix 1).

Based on observations, input from surveys, and discussions with Facilities Management staff, OICS is of the view that asset management of the AMC is totally inadequate at a systems level. There is no indication that funding for asset management and facilities maintenance has considered the deleterious impact on asset condition of overcrowding and the lack of purposeful detainee activity, which has given rise to increased vandalism (estimated to make up about one-third of maintenance work conducted). The maintenance team are only able to respond to about half of the reactive maintenance job requests they receive, and very few preventive maintenance jobs. In a general sense, there are significant WHS, Industrial Relations and operational risks arising from poor asset conditions and systems unserviceability.

None of these shortcomings are intended to reflect poorly on the Facilities Management Team who are, frankly, overworked due to poor resourcing by ACTCS.

In response to a draft of this report ACTCS advised:

Both staff and budget have been increased for Facilities. Re: staffing, there are now:

- 3 x GS08 Facilities Officers we appointed to full-time permanent roles to assist with general maintenance and contractor management.
- 1 x BT11 HVACR (Heating, Ventilation, Air-Conditioning and Refrigeration). Recruitment process is underway.
- 1 x GS010 Electrician position was created and is expected to be will be (sic) advertised in the next fortnight [November 2022?].
- 1 x GS010 Plumber position was created and is scheduled to be advertised after the Electrician role is filled.

#### **Finding 25:**

That the AMC Facilities Management Team are under-resourced to provide effective and timely attention to the needs of an aging, overcrowded prison.

### **2.5.3 Justice Health Service Strategic and Performance Planning**

Since HPR19 there have been some developments regarding strategic and performance planning for Justice Health which remain a work in progress. A Model of Care for Justice Health is being developed which is intended to be a public document that will provide visibility to detainees and their families, other health service providers and stakeholders about the health services provided to detainees at the AMC. However, in early 2022 this work was suspended to allow the development of a Justice Health Strategy and Business Plan. Both pieces of work are expected to be completed by the end of 2022.

In 2022 KPMG have undertaken an external audit of Justice Health Services and a report on the audit is expected to be released in the second half of 2022. The audit included a GAP analysis to better inform the strategic planning process.

Regarding the interface with Winnunga and the provision of health care to Aboriginal and Torres Strait Islander people in the AMC, Justice Health is considering developing an Aboriginal Reconciliation Strategy which would connect with the Justice Health Strategy. The Strategy will have a set of monitoring indicators which will inform the development of the Justice Health Performance Plan.



An ACT Health system-wide development in 2022 is the implementation of Canberra Health Service's electronic health record. It is important to ensure the data required to be collected for the KPIs will be able to be easily sourced from the new e-health record, as gathering data for KPIs has been difficult, requiring secondary methods of data collection.

#### 2.5.4 Staff planning

The Inspector decided that the HPR22 review would not duplicate the extensive work undertaken by the independent [Blueprint for Change](#) Oversight Committee:

The Blueprint for Change Oversight Committee was established early in 2021 to review and provide a Blueprint for Change that addressed ACT Corrective Services (ACTCS) correctional officers' working conditions across both the Alexander Maconochie Centre and the Court Transport Unit sites. The Committee was given a wide remit covering engagement and leadership, strategy and training and operational service delivery. From the initial stages, the Committee was focused on ensuring that change was implemented on an ongoing basis where improvements were identified that could be immediately actioned. Successes in this approach included improvements in training provision, the staffing roster and engagement with staff and stakeholders in policy development, review and implementation.<sup>60</sup>

The 2022 *Blueprint for Change* report made 15 recommendations around staff numbers, training and organisational reporting relationships. OICS was not involved in the Blueprint for Change Oversight Committee. While OICS is supportive of the recommendations (all accepted by the ACT Government) we note Recommendation 5:

Review the structure of custodial operations to simplify, integrate and re-align accountability of operational and strategic functions. This includes:

- establishing a single Business lead of Custodial Services that reports directly to the Commissioner
- have the Director CTU report to the new Business lead of Custodial Services
- increase administrative support to the Business lead of Custodial Services and custodial Senior Directors
- re-align the operational management structure with defined roles, responsibilities (and associated delegations) and proportionate numbers of senior staff that appropriately empowers CO2s CO3s and CO4s to manage the operational environment and enables Senior Directors to support the Business lead in strategic functions.

OICS is concerned that the proposed ACTCS organisational structure (Appendix A of the *Blueprint for Change* report) has some position titles/responsibilities that are not entirely clear or sensible. For example the 'Director Custodial Executive Support' has functions that are corporate in nature (e.g., legal support, Ministerial support) while others appear to be operational functions (e.g., visits administration, prisoner communications, armoury/equipment management). Similarly, the Senior Directors (AMC) functions include 'Ministerial communications.'

60 Justice and Community Safety Directorate [JACS] (2022), *A new future for custodial services: ACT Corrective Services Blueprint for Change*, Canberra: ACT Government.

Lastly, OICS was surprised to read a proposal of the Blueprint Committee:

To monitor the organisation's progress, the Committee suggests it reconvenes six months following the Government's agreement to recommendations and again six months after that meeting. This would enable the Committee to review progress, provide advice and ensure the objectives remain as the focus underpinning actions undertaken. **Further activity should then be monitored by the Office of the Inspector of Correctional Services** (emphasis added).

OICS was not consulted about this 'further activity' nor our ability or resources to monitor any 'further activity.' Furthermore, such an undertaking is arguably inconsistent with OICS' functions under s18 of the ICS Act.

#### 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.

### 2.5.5 Emergency management

#### STANDARD 32

Effective emergency management and incident response plans are in place, including evacuation plans.

#### ACTCS Emergency Management

OICS had an opportunity to review the AMC's performance in emergency management and incident response as part of the Critical Incident Review *Riot and serious fires at the Alexander Maconochie Centre on 10 November 2020*. The incident commenced when detainees refused to move to their cells for the evening lock-in. Twenty-seven detainees were involved, and the accommodation unit sustained significant damage, in part due to fires that were lit during the incident. The review identified issues with the *ACTCS Emergency Management Framework* and related policies and procedures as well as concern with a lack of staff training and exercises on dealing with serious incidents and poor access to staff equipment.

From this review OICS made 13 recommendations to the ACT Government, 11 of which were relevant to emergency management and incident response. Of those 11, six were agreed and the other five were agreed in principle. The Government response to this report noted that the *ACTCS Emergency Management Framework* would be updated and ACTCS was working with the ACT Emergency Services Agency on this project.

ACTCS set itself the deadline of 31 December 2021 for updating and notifying the *Corrections Management (Emergency Management) Policy 2019*. This has not been done as of September 2022.

ACTCS also set itself the deadline of 30 September 2021 for updating and notifying the *Corrections Management (Code Red (Fire)) Operating Procedure 2020* and the *Corrections Management Code Grey – Detainee Disturbance or Riot) Procedure 2014 (No 1)*. These have not been done as of September 2022.

**Finding 26:**

That ACT Corrective Services is significantly overdue in meeting its own deadline for updating the *Corrections Management (Emergency Management) Policy 2019* and relevant procedures, in response to recommendations from a Critical Incident Review.

**Justice Health Emergency Management**

Justice Health does not have its own specific Emergency Management Plan, instead they sit within the AMC and Canberra Health Services' (CHS) Emergency Management Plans. Health staff are required to undertake mandatory training in fire drills and cardiopulmonary resuscitation (CPR) as well as disaster management.

In the past two and a half years there has been joint work undertaken between Justice Health and ACTCS at the AMC regarding disaster management due to the 2020 bush fires and the COVID-19 pandemic. Planning has been undertaken to consider how vulnerable detainees are managed during emergencies, including asthma management during bushfires; what medications are considered essential to be administered when there are significant staff shortages during a pandemic; how to plan for the evacuation of the AMC if required; and how business can be maintained in a short or long-term emergency.

In the past 12 months Justice Health and ACTCS have commenced undertaking joint scenario training which both agencies have reportedly found useful. Training scenarios have included the management of a patient with a major bleed and major incident responses.

Custodial staff are required to maintain annual reaccreditation in CPR and assist in the resuscitation of a patient during an incident. The HHC has a number of emergency bags which are checked and securely tagged each week and/or after use during an incident. In OICS' Critical Incident Review *Death in custody at the Alexander Maconochie Centre on 1 February 2022*, OICS noted in relation to the attempted resuscitation of the detainee:

The attempted resuscitation of Detainee A was undertaken very well by custodial staff and PH [Primary Health] nurses. It appeared coordinated and all the staff appeared confident in the management of the resuscitation requirements. The PH nurses documented their management of the incident thoroughly in the detainee's health record.

**2.5.6 Incident reporting and response****STANDARD 33**

Any incidents that occur are appropriately internally recorded, analysed and any lessons learnt are identified. Relevant staff are involved in this process and outcomes are disseminated.

**ACT Corrective Services**

Reporting of Critical Incidents to OICS has been timely and informative. OICS appreciates that the Commissioner provides phone advice on some other incidents that might attract media attention.

For non-Critical Incidents, ACTCS may conduct internal reviews. OICS has been provided copies of at least two of these reviews and has found them to be high quality and objective pieces of work. Regrettably, they are not in the public domain.

### Justice Health Services

Justice Health and the CHS use Riskman as their incident reporting and management system. Health staff are trained in the use of Riskman as part of their orientation. OICS was advised that staff were reasonably proactive at reporting incidents and near misses; however, they would encourage staff to report incidents of occupational violence more frequently.

Justice Health reported to OICS that, at times, detainees direct verbal aggression and threats towards health staff, particularly nursing staff at the AMC. The incidents commonly occur when a patient is of the view their health needs are not being met (e.g., a patient is in pain and is requesting opiate-based pain medication that is not prescribed and/or when there have been changes to a patient's medication order and they have not been advised prior to the change).

Senior clinical health staff suggested that some of the incidents could be prevented from occurring (e.g., by advising detainees of proposed medication changes and explaining to them the rationale for the change). It was also advised that not all health staff have confidence and skill at dealing with aggressive or escalating situations with detainees and would benefit from developing skills in communication and de-escalation techniques. CHS provide a one-day Occupational Violence Training Program which was due to be provided to Justice Health staff in September 2021. Unfortunately, due to the COVID-19 pandemic the training had to be postponed.

*"Medications get stopped or change without consultation – It feels like they play games with you."*

*"They chop and change your meds and then you get punished for acting up when you're off your regular meds."*

#### Comments from detainees about medication

#### Finding 27:

That some Justice Health staff feel ill-equipped in communicating with challenging detainees and de-escalation techniques.

#### Finding 28:

That there is currently no agreed position on a zero-tolerance approach to aggression and threats of violence towards health and custodial staff at the AMC.

## 2.5.7 Record keeping

### STANDARD 34

The correctional centre keeps up-to-date, well-organised, secure and permanent records of key information.

In HPR19 we wrote:

In the Remand Review, OICS found (Finding 39) that ‘a considerable body of work needs to be done to bring detainee hard files to an acceptable state.’ The ACT Government accepted the finding, noting that ‘ACTCS is committed to ensuring files are managed properly and are comprehensive. ACTCS is actively pursuing options for improvements in record keeping...’. The response gave 30 December 2019 as the implementation date. Given that action is apparently underway, OICS did not revisit the issue.

The problems we observed in the 2018 Remand Review were a combination of poorly kept paper files regarding each detainee and an antiquated electronic database (CIS) that stored some digital information and some uploaded pdf documents. Other data of statistical significance (e.g., lock-ins, incidents) was recorded on poorly constructed Excel spreadsheets.

In July 2022, ACTCS began transition to the CORIS offender management system which should address the inherent problems of the old CIS system and manual records keeping. OICS has been briefed on CORIS and looks forward to its complete rollout. However, it is to be expected that there will be initial teething problems and a period of adjustment for staff. OICS will alert ACTCS if we identify any issues of concern.

Further, as noted elsewhere in this report, it is essential that CORIS be utilised to capture certain data required under the CM Act (e.g., strip searches and reasons for them, UoF). We understand that CORIS is not yet configured to capture all the required data, but it should be possible to do so. We look forward to that happening as a priority.

In response to the draft report ACTCS advised:

The CORIS Incident module is fully functional and able to capture all information relating to incidents including uses of force. Similarly with strip searches. Staff are using the module.

Not all reports are as yet developed, however key reports, including strip searches and UoF are under planning or development.

### Justice Health Services

Health information is predominantly recorded on the electronic health (e-health) record which is a system used within the Mental Health, Justice Health and Alcohol and Drugs Service (MHJHADS). Requests for health information by a third party are managed by the relevant department within MHJHADS. When a patient is due for release/discharge, a discharge summary is prepared and provided to them. If they agree, a copy of their discharge can also be sent to a community health service provider.

## 2.5.8 Staff training

### STANDARD 38

Staff are appropriately qualified, skilled and experienced for functions to be performed effectively, have appropriate management, mentoring and supervision, and behave with integrity.

### STANDARD 39

The learning and development needs of staff are regularly assessed and addressed so that all staff are fully equipped to perform their duties.

We note that the issue of staff training was considered extensively in the *Blueprint for Change* report and therefore we have not considered this issue in any depth. However, we include survey data for comparison purposes.

#### All staff:

Staff survey	HPR19	HPR22
Felt adequately trained in a 'loss of control' situation	11% (n=109)	21% (n=147)
Felt adequately trained in CPR/first aid	85% (n=108)	79% (n=146)
Felt adequately trained in staff self-care, such as dealing with stress	24% (n=109)	29% (n=147)
Felt adequately trained in detainee case management	29% (n=99)	21% (n=148)
Felt adequately trained in the management of detainees with mental health issues	30% (n=105)	27% (n=148)
Felt adequately trained in the management of detainees with drug issues	30% (n=107)	21% (n=148)
Felt adequately trained in occupational health and safety	45% (n=109)	43% (n=148)
Felt adequately trained in awareness of particular detainee needs	48% (n=107)	57% (n=148)
Felt adequately trained in emergency response (fires, natural disasters, etc.)	48% (n=108)	56% (n=147)
Felt adequately trained in suicide prevention	49% (n=107)	38% (n=148)

### COMMENTS ON SURVEY RESULTS

There were mixed results from HPR19 to HPR22, with significant improvements (e.g., loss of control) offset by concerning decline in detainee-focussed matters (e.g., suicide prevention, drug issues).

**Custodial staff only:**

Custodial staff survey	HPR19	HPR22
Felt adequately trained in the use of chemical agents	11% (n=71)	59% (n=91)
Felt adequately trained in the use of force	22% (n=72)	51% (n=92)
Felt adequately trained in the detainee disciplinary process	30% (n=73)	26% (n=92)
Felt adequately trained in the use of batons and shields	Not asked	41% (n=92)
Felt adequately trained in the use of restraints	51% (n=74)	77% (n=91)
Felt adequately trained in searching procedures	64% (n=73)	72% (n=92)

**COMMENTS ON SURVEY RESULTS**

There were significant improvements in operational training outcomes but, disturbingly, the poor HPR19 result for training in detainee disciplinary process was worse in HPR22.

**2.5.9 Staff grievances and complaints****STANDARD 40**

Staff are supported, and have avenues to raise and address grievances that affect them in a timely and effective way.

We note that the issue of staff grievances and complaints was also considered extensively in the *Blueprint for Change* report and was therefore not considered in depth in this review. However, we include survey data for comparison purposes.

In the HPR22 staff survey, 50 staff reported putting in a grievance or complaint about a work-related matter. Of those:

- 12% reported that the complaint was dealt with **completely fairly**
- 35% reported that the complaint was dealt with **partially fairly**
- 53% reported that the complaint was dealt with **not at all fairly**

While the 'not at all fairly' cohort (53%) seems a high proportion, it is a significant improvement over the 78% 'not at all fairly' response in HPR19.

**COMMENTS ON SURVEY RESULTS**

In 2022, 30% of respondents 'thought it would be useless' to make a complaint, down a small margin from 35% in 2019.

Overall, the data is encouraging but indicates that about one in three staff do not have confidence in the complaints process.

## 2.5.10 Staff support and welfare

We note that the issue of staff support and welfare was considered extensively in the *Blueprint for Change* report and therefore we have not considered this issue in any depth. However, we include survey data for comparison purposes.

### Employee Assistance Program (EAP)

Reason	HPR19 (n=109)*	HPR22 (n=97)*
Never had to use EAP	64%	44%
Concerned about the confidentiality of EAP services	29%	24%
Concerned about negative consequences from management for using EAP	29%	13%
Concerned about co-workers judging for using EAP	16%	11%
Concerned about losing job because use of EAP	20%	9%
I don't think that EAP provides a useful service for corrections staff	Not asked	25%
Other	14%	16%

\* Staff may have given more than one reason.

### COMMENTS ON SURVEY RESULTS

There was a significant improvement in confidence that accessing EAP will not have negative "management" outcomes.

### Staff wellbeing

Matter (staff want)*	HPR19 (n=85)	HPR22 (n=136)
Staff stress management training	83%	73%
Training in how to deal with PTSD or trauma	80%	73%
Training in personal nutrition and exercise	67%	56%
Confidential links to counsellors or therapists	64%	59%
Online/digital resources related to health and wellbeing	54%	52%
Anonymous hotline for reporting matters of concern that I become aware of	69%	58%
Other	10%	15%

\* % of staff who responded. Staff may have given more than one answer.



### 2.5.11 Policies and procedures

#### STANDARD 41

The correctional centre has clear, comprehensive, internally consistent and up to date policies and procedures on all relevant areas. Policies and procedures are Notifiable Instruments and are available on the ACT Legislation Register.

#### STANDARD 42

Operational practices reflect policies and procedures.

In HPR19, OICS made four recommendations about ACTCS policies and procedures. These are listed below with ACT Government responses.<sup>61</sup>

**HPR19 Recommendation 27:** That ACTCS publicly commit to an updated timeframe for bringing policies and procedures to a standard the community should expect for a custodial environment.

#### Agreed

ACTCS has committed to having all current policies reviewed by the end of June 2020 and notified by the end of 2020. All associated procedures will also be completed by the end of 2020.

The *Corrections Management (Policy Framework) Policy 2020* introduced subsequent to HPR19 specifies that all ACTCS policies will be reviewed at least once every three years. Under this policy, every ACTCS policy document is given a specific review date.

OICS notes that ACTCS has notified a significant number of policies and procedures since HPR19 was tabled (published). However, a sample<sup>62</sup> from the ACT Legislation Register shows many operationally important policies and procedures are very dated:

- *Corrections Management (Administration of Warrants) Operating Procedure 2010*
- *Corrections Management (Admissions) Procedure 2014 (No 1)*
- *Corrections Management (Bomb Threat) Procedure 2014 (No 1)*
- *Corrections Management (Code Black – Death) Procedure 2014 (No 1)*
- *Corrections Management (Code Blue – Staff Member Assaulted) Procedure 2014 (No 1)*
- *Corrections Management (Code Brown – Hostage) Procedure 2014 (No 1)*
- *Corrections Management (Code Green – Escape or Attempted Escape) Procedure 2014 (No 1)*
- *Corrections Management (Code Grey – Detainee Disturbance or Riot) Procedure 2014 (No 1)*
- *Corrections Management (Code Pink – Medical Emergency) Procedure 2014 (No 1)*
- *Corrections Management (Code Purple – Detainees Fighting / Detainee Assaulted) Procedure 2014 (No 1)*

61 Rattenbury, S. (2020), *Government Response to the Report of a Review of a Correctional Centre by the ACT Inspector of Correctional Services – Healthy Prison Review of the Alexander Maconochie Centre 2019*, Canberra: The Legislative Assembly for the Australian Capital Territory.

62 We did not look at every policy/procedure on a very long list but noted some that pre-date 2019.

- *Corrections Management (Code White – Breach of External Perimeter) Procedure 2014 (No 1)*
- *Corrections Management (Code Yellow – Hazardous Spill or Gas Leak) Procedure 2014 (No 1)*
- *Corrections Management (Escape or Attempted Escape from Escort) Procedure 2011*
- *Corrections Management (General Operating) Policy 2010*
- *Corrections Management (Functions, Court Transport Unit) Policy 2008*

ACTCS acknowledged that they are not meeting their own policy on frequency of policy review, advising OICS that there is a backlog of older policies that have not been reviewed due to the 'requirement for new and high priority policy updates' and that 'the policy team remains focused on addressing the most urgent and important policy work while including some older work in each review tranche.'

**HPR19 Recommendation 28:** That ACTCS consult with the oversight entities when developing and updating policies and procedures.

**Agreed**

ACTCS has an established process to consult with the Human Rights Commission on policies as appropriate. Further consultation with other oversight bodies will occur as needed.

OICS (as an oversight entity) notes it is not involved in "vetting" draft policies and procedures due to potential conflicts of interest if, for example, we find deficiencies during Critical Incident Reviews – [see here](#). The ACT Human Rights Commission (HRC) has its own arrangements with ACTCS for commenting on draft policies/procedures that does not involve OICS.

**HPR19 Recommendation 29:** That ACTCS notify all current and future policies and procedures, including those that are restricted, on the ACT Legislation Register as individual notifiable instruments.

**Agreed**

All current policies and procedures including those that are restricted are notified and included on the ACT Legislation Register.

OICS notes that the [Corrections Management Policies and Operating Procedures 2017 \(No 2\)](#) is essentially a list of fully redacted policies and procedures that are not individually identifiable on the ACT Legislation Register, including:

- Access to the Control Room and Movement Control Policy
- Firearms Policy
- Gate Policy
- Internal Communications Policy
- Passive Alert Detector Dog Policy
- Prisoner Mail Policy
- Training Aids (Drugs) Policy

While it is worth considering whether these policies/procedures should be fully or partially redacted, this is a different issue to listing them separately on the register so the public can see that they exist and are in force.

**HPR19 Recommendation 30:** That ACTCS review all restricted policies and procedures with the aim of making as many as possible fully unrestricted or unrestricted with necessary redactions of material that would be likely to disclose information that may endanger public safety or undermine justice, security or good order at a correctional centre.

#### Agreed

ACTCS only restricts policies where there is a significant risk. The current policy review will consider all previously restricted policies and procedures. A number of previously restricted documents have already been published as unrestricted during the policy review project.

OICS notes that it would be beyond our resources to verify whether ACTCS has fully implemented Recommendation 30. However, *Policies and Operating Procedures 2017* still has some puzzling, redacted procedures such as:

- Accident and Injury Reporting Procedure
- Fine Defaulters Procedure
- Prisoner Classification Procedure
- Prisoner Funds Management Procedure
- Prisoner Mail Procedure
- Prisoner Property Procedure
- Storage of Drug (Training Aids) Procedure
- Transitional Release Procedure

In the CTU Review OICS noted:

The *Corrections Management (Functions, Court Transport Unit) Policy 2008* is woefully out of date. It is unacceptable to still have in force a policy that has not been revised for almost 12 years. This policy even refers to the Belconnen Remand Centre which has not been operational since the AMC opened in 2009 and is not a declared correctional centre under the CM Act. It also references 'the carriage of firearms' despite firearms not being available to ACTCS staff. In addition to being out of date, the *Functions, Court Transport Unit Policy* provides extremely limited information. A two-page document is inadequate to cover the duties of the CTU and how they should be carried out.

This policy was still in force in 2022.

We also noted that:

The *Corrections Management (Receiving Prisoners from Watch-House, Court Transport Unit) Operating Procedure 2008* has also not been revised for almost 12 years. It contains very outdated language such as 'Quamby', which was a youth detention centre that closed in 2008.

This policy was also still in force in 2022.

In response to the draft report ACTCS advised:

The Instrument has not yet been revoked because there are still a few policies that have not been reviewed, however the majority of the list has been reviewed and replaced.

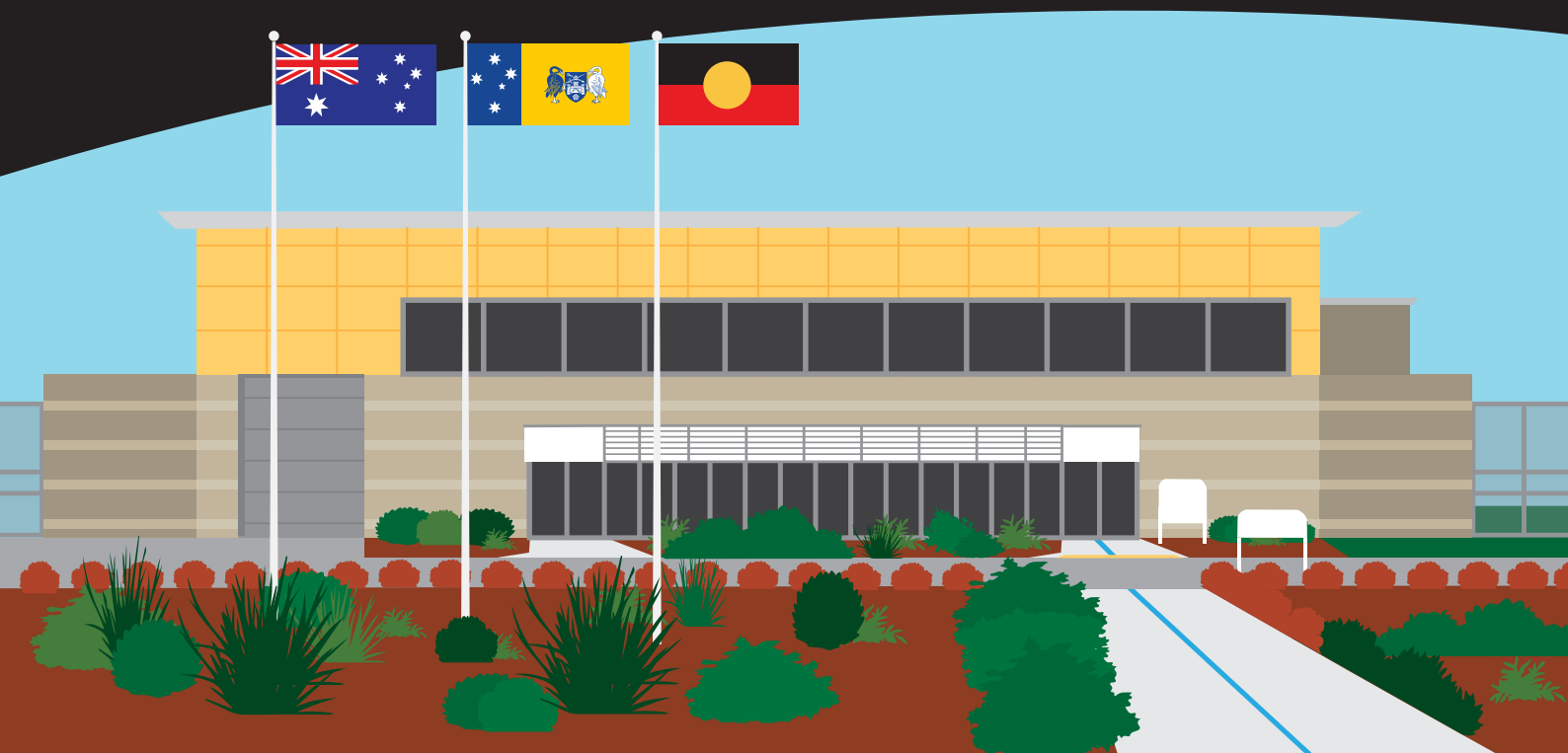
### **Justice Health Services**

CHS has a suite of corporate policies which are relevant to Justice Health. In addition, Justice Health can develop their own policies with input from subject matter experts. OICS was advised there is a backlog of Justice Health policies awaiting approval, and it was noted the policy development and approval process was cumbersome.

At the time of this review, CHS (including Justice Health) was undergoing accreditation under the Australian Commission on Safety and Quality in Health Care, National Safety and Quality Health Service Standards. A preliminary assessment was conducted in March 2022 and one of the recommendations related to Justice Health lacking local policies.

# CHAPTER 3: PILLAR 2

## Respect and Dignity



## Chapter 3: PILLAR 2 Respect and Dignity

### 3.1 Respect and dignity of individuals

#### Staff and detainees treat each other with respect and dignity

Staff survey	HPR19	HPR22
Believed that staff and detainees get on 'generally well'	52% (n=115)	29% (n=154)
Believed that they have dealt very effectively with a detainee's problem 'most of the time'	49% (n=110)	42% (n=140)
Reported that working with detainees all day is a strain on them 'most of the time'	51% (n=111)	15% (n=140)

Detainee survey	HPR19	HPR22
'Agree' or 'strongly agree' that staff treat them fairly and with respect	Not asked*	69% (n=135)
'Agree' or 'strongly agree' that most staff are interested in their needs	Not asked*	32% (n=135)

\* Similar questions in HPR19 & HPR22 surveys but different answer options – not directly comparable

Both staff and detainees told OICS that there are examples of staff and detainees treating each other with respect and dignity. Staff told us that they believed that their skills in dynamic security and building rapport with detainees through positive interactions was their best resource to ensure the security of the centre and the safety of both staff and detainees. This sentiment was supported by detainees telling OICS that "most of them are okay" there are definitely "good ones" (staff members).

However, our overall assessment is that the detainee – staff dynamic has slipped towards more of an "us versus them" culture since HPR19. This is based on feedback gathered through detainee and staff surveys, detainee and staff focus group discussions, direct observations of dynamics, as well as review of case notes and records. Only 29% of staff reported that staff and detainees get on 'generally well', which is concerning. The survey result that 69% of detainees either agreed or strongly agreed with the statement that 'most staff treat me fairly and with respect' is pleasing to see but in OICS' view, it is not consistent with general sentiments heard through the seven focus group discussions and many informal conversations OICS held through the course of this review. It should be noted, however, that when discussing how staff treated them detainees almost always gave a nuanced assessment (e.g. "there are some good staff but..." etc.).

### 3.1.1 Detainee perspectives

Detainees spoke of some officers deliberately inciting responses from them and subsequently using this as justification for further restrictive treatment. This sentiment was also noted by Aboriginal and Torres Strait Islander detainees in their discussions with Deadly Connections. Others said that things that are meant to be protective factors, to help them with their rehabilitation and preparation for release, are used as punishment (e.g., the removal of phone calls, visits and email).

#### DETAINEE COMMENT FROM SURVEY

"The prison guards also have an us vs them mentality, instead of a protection mentality, it seems as if they thrive on the punishment side of things not the rehab side. I understand its a tough job and they deal with a lot of disrespectful idiots but this is the job they signed up for and the change starts with them not the prisoners, they're are the ones with the power. This is a general statement of course and i have met some really good guards that go above and beyond but im afraid they have been the minority of my experience. I have a life threatening condition and have seeked help multiple times and heard nothing back, i've lodged complaints officially etc but still just left scared that im not going to receive help in time. I was denied bail due to the magistrate saying AMC have a duty of care to uphold to get me the help i need. I remain in custody with no way of getting what i need and no way of seeking my own help on the outside, multiple government organisations are pointing the finger at each other yet i still sit here with a life threatening condition, i dont want to die in prison for something that is still in the stage of being fixed, if i wait any longer i can fall into the next stages.

We also heard concerns from detainees that some officers write up case notes if a person is involved in an incident but that they do not write up case notes for positive behaviours or achievements. Case notes are used to prepare pre-release reports for the Sentence Administration Board (SAB) and are significant when applying for parole. In the past year OICS has observed many positive case notes in CIS, mostly short ones (for example, "Detainee X was cooperative today") and few detailed ones (for example "Detainee X assisted de-escalating a situation with Detainee Y today by doing XYZ..."). However, OICS did not assess this in detail (e.g., if all COs write them, whether they were fair and equitable etc.). The simple example of writing up a case note on detainee behaviour (whether it be positive or negative) exemplifies the power imbalance in a custodial environment, and why basic principles of integrity and fairness are integral to the role of a CO.

In Deadly Connections' focus group discussions there were multiple reports of poor attitude and a lack of respect by officers towards Aboriginal and Torres Strait Islander detainees, and that this behaviour by senior officers appeared to influence the culture of all officers. Multiple Aboriginal and Torres Strait Islander detainees expressed that the staff and systems at the AMC contribute to it being experienced as a "racist jail" for First Nations people.

### 3.1.2 Staff perspectives

The *Blueprint for Change* report focused on custodial staff and improving their workplace. We note the Oversight Committee did not have detainees directly represented (although had Official Visitors and the Human Rights Commissioner) or consult with detainees. Related to staff/detainee dynamics, the *Blueprint for Change* report noted:

- [I]nadequate staffing numbers contributes to several issues, including poor staff wellbeing (due to high overtime levels), lack of access to training opportunities, reduced safety on site and increased detainee tension (due to increased lock-ins).<sup>63</sup>
- A constant topic of feedback received from staff was their collective perception of being undervalued and a consistent lack of respect or concern for their wellbeing.<sup>64</sup>
- There is a significant concern amongst staff that the detainee profile has changed over time, resulting in a more volatile and higher risk environment and that the facility no longer meets the more contemporary demands of operational practice.<sup>65</sup>
- A key area of concern is the increasing accommodation pressures with the facility regularly operating at full capacity with limited options for detainee movement when required. This pressure has been further exacerbated by accommodation areas being non-operational following damage caused by extreme weather events or critical incidents in recent years. More recently, quarantining requirements to manage COVID-19 risk has also repurposed facilities and further strained accommodation capacity.<sup>66</sup>
- Introduction of contraband is also a perpetual issue that compromises the safety of staff and detainees alike.<sup>67</sup>
- Staff described maintenance of the facility as a priority issue, identifying overgrown greenery blocking camera visibility and a need to upgrade door jambs and internal walkways to increase safety of movement.<sup>68</sup>
- [S]moking in the AMC was highlighted to be a major cause of risk. Whilst the introduction of a smoking ban in the facility would need to be well planned, the frequency of detainee-lit fires, and the significant cost and disruption caused, is evidence of the clear benefits of removing lighters from the facility. Staff also identified tobacco itself as a cause of significant issues including being used as a form of currency which results in violence and standover tactics between detainees and as an aid to deescalating antisocial behaviour.<sup>69</sup>

A matter of great concern to OICS is testimony from COs of the pervasive verbal threats and abuse they receive on a daily basis from certain detainees. Staff shared with OICS that they are subjected to threats of physical and sexual violence, derogatory comments and anti-social behaviour, aimed at both them and their family members,<sup>70</sup> and are concerned about the normalisation of this behaviour at the AMC. Some staff noted that they did not report this with their managers or issue disciplines against detainees as they felt they would not be supported (that is, disciplines against detainees would not be followed through). This is workplace violence and poses a real and

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63 JACS (no 60) 19.

64 Ibid 22.

65 Ibid 27.

66 Ibid.

67 Ibid 28.

68 Ibid.

69 Ibid 29.

70 This is significant in the relatively small Canberra community where staff and offenders' families could live in the same suburb, have children attending the same schools, etc.



significant threat to the health, wellbeing and safety of staff. This kind of behaviour is completely unacceptable and something that nobody should have to endure at their place of employment. This is a matter that should be taken very seriously by ACTCS.

### 3.1.3 Common themes

A persistent theme that came from both staff and detainees during focus group discussions is the lack of consistency in the way detainees are treated and the way in which policies, procedures, and disciplines are imposed. Some detainees reported feeling like they don't know where they stand or what is expected of them. Other detainees have said that they feel targeted by some staff and receive harsher treatment for behaviours that others would get away with, or that there is blatant favouritism shown to certain detainees. Staff who work in the units with detainees shared their frustrations about the inconsistent application of policies and procedures which significantly impacts on their daily interactions with detainees. Some staff expressed the sentiment that inconsistency is derived from more senior operational management who variably let certain matters slide or let certain detainees get away with things. This sets standards for more junior staff.

Custodial staff and detainees talked about how persistent, deep-seated detainee boredom from a lack of daily structure and meaningful activities contributed to or created tension between staff and detainees. Lock-ins (often caused by low staffing levels) were seen as contributing further to the tension between detainees and staff—from detainee perspectives, lock-ins created boredom and frustration, and from CO perspectives, they were often due to staff shortages which caused stress.

### 3.1.4 Ways forward

OICS will not make recommendations in this review about improving staff conditions and culture, noting that the *Blueprint for Change* report made 15 recommendations in this area.

However, these HPR standards concern staff and detainees treating *each other* with respect and dignity. OICS believes that listening to detainee perspectives and involving them in measures to address detainee – staff culture is important.

In relation to culture change in closed environments, it has been noted that:

[m]any commentators suggest that internal culture change efforts are more effective when carried out through a participatory process, involving multiple stakeholders (staff at different levels as well as persons deprived of their liberty and members of the community). This can better inform the process and serve to garner support for reforms among these different stakeholders (if they feel that their input is being properly taken into account).<sup>71</sup>

For this reason, we recommend deliberate engagement with detainees to identify steps to improve detainee – staff relationships and culture. We do not prescribe the forum or method for doing this. We note that there is already a delegates system in place whereby representatives from each unit meet monthly with operational management to raise issues of concern and share ideas, though note this has a different role.

71 Stevens, J. (2014), 'Changing Cultures in Closed Environments: What Works?', *Law in Context*, Vol. 31, 228-260.

### Finding 29:

That overall, the Office of the Inspector of Correctional Services assesses that there is a decline in staff and detainees treating each other with respect and dignity since the 2019 Healthy Prison Review.

### 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.

## 3.2 Management and staff respecting and supporting each other

### Management listens to and supports staff in the workplace

OICS engaged with custodial staff throughout the review to hear their views and experiences of working at the AMC. It is apparent from our interactions with staff that there is a disconnect between various levels of AMC operational staffing which has flow-on effects through to interactions with detainees.

The CO1s and CO2s acknowledged that they work well together and support each other. CO1s and CO2s have reported not feeling well supported by their managers, that they are not supported to make decisions based on policies and procedures and that they are not supported to enforce disciplines when necessary. CO1s and CO2s felt this undermines their authority with detainees, and that they are often being “hung out to dry”. There is a general consensus among the officers we spoke with that when detainees misbehave, many in management do not want the hassle and give in to their demands. They feel that this creates a pattern of behaviour and detainees learn to play the system making it extremely difficult for officers working with detainees to enforce rules and expectations.

*“We are not supported to search and clear cells or remove excess property, management just says it’s not worth the fight.”*

*“When everyone has each other’s back, then it works.”*

Quotes from staff focus group discussion

CO3s and CO4s also reported feeling unsupported by their superiors and that there needs to be a better line of communication between senior custodial officers and AMC executives. They also reported being weighed down with paperwork which impacts on their time and capacity to engage with the CO1s and CO2s effectively.

Some staff told OICS that at an organisational level, ACTCS do not care about their staff. We heard reports of officers being on extended leave due to work related stress or injury and not being contacted by management to check in and see how they are doing, and that senior COs do not receive any training on identifying and supporting people who are struggling. Staff felt that Human Resources, who operate out of ACTCS head office, are far removed from the reality of working

as a custodial officer and they do not understand the environment. OICS suggests that it would be helpful if all head office staff could spend a day or so doing a “walk and talk” with staff and detainees in units.<sup>72</sup>

Senior officers reported not having had any training in the past five years and that they often feel apprehensive about approaching and seeking clarification from senior management about certain things. They spoke of feeling disrespected, for example being told to “stay in your lane” and “stand down” when raising concerns with certain senior managers. The CO3s and CO4s reported working well together and supporting each other which was fundamental to their job satisfaction.

From the staff survey, it is disappointing to see that only 64% (n=140) of staff felt that were treated with dignity and respect by their managers and that only 35% (n=142) reported receiving constructive feedback from their supervisor about their work performance. However, it is difficult to make inferences from the results of the survey relating to staff culture as the data is not disaggregated by rank or custodial/non-custodial staff classification.

### Management processes

Staff survey	HPR19	HPR22
Believe that it is usually clear who has delegated authority to make decisions	49% (n=111)	38% (n=141)
Have found it hard to keep up with all the changes that have occurred at the AMC in recent times	76% (n=108)	82% (n=141)
Do not believe that management make changes to the way they do things when it is needed	78% (n=110)	72% (n=141)

### Management relations

Staff survey	HPR19	HPR22
Believe that management treats them with respect and dignity	77% (n=108)	64% (n=140)
Feel that they are trusted to accomplish their work objectives	71% (n=112)	52% (n=142)
Feel comfortable to go to their supervisor with suggestions or concerns about operational matters	71% (n=111)	68% (n=138)
Know exactly what their supervisor expects of them	69% (n=111)	70% (n=141)
Reported that their supervisor asks their opinion when a work-related problem arises	63% (n=111)	56% (n=142)
Reported receiving constructive feedback from their supervisor about their work performance	56% (n=110)	35% (n=141)
Do not believe that their hard work will lead to recognition of them as a good performer	55% (n=110)	58% (n=142)

These matters were dealt with extensively in the *Blueprint for Change* report, and therefore OICS will not make findings or recommendations in relation to staff – management relations.

<sup>72</sup> The Inspector notes his experience with the Qld Corrective Services Commission in the 1990s when all head office managers (policy, operations, audit, HR, media, etc.) routinely visited correctional centres to see and hear the business end of the system.

### 3.3 Daily life

#### 3.3.1 Living conditions

##### **STANDARD 43**

Where detainees are accommodated in cells, these cells have sufficient space and comforts to meet detainees' daily needs, afford them adequate privacy, fresh air and natural light.

##### **STANDARD 44**

The correctional centre built environment is the least intrusive on detainee liberty as possible in the circumstances; meets all relevant health, safety and environmental standards; considers special needs of detainees; and is conducive to rehabilitation.

##### **STANDARD 45**

Every effort is made to ensure that cells, accommodation units and places of detention overall, do not exceed design capacity ("overcrowding"). However, if overcrowding occurs detainees are not disadvantaged in their rights and privileges.

##### **STANDARD 46**

Detainees have access to clean toilets and ablution facilities and may access them, in privacy from other detainees, staff and security cameras and as far as possible, at a time of their choosing. Correctional centre environments comply with good public health practices with respect to environmental health and personal hygiene.

When the AMC opened in 2009 it was envisaged that remand and sentenced detainees (male and female) would have separate accommodation units, hence names were given to units such as 'Sentenced Cottage 1'. In around 2016 new units were opened without the 'Sentenced' or 'Remand' descriptors (e.g., Accommodation Unit East, South etc.).

As noted in our Remand Review 2018, separating remand and sentenced detainees occurred for a very brief time, if ever. In 2022, remand and sentenced detainees could be accommodated in any of the units (see below).

The current accommodation units are:

- Remand Unit (RU) 1
- Remand Unit (RU) 2
- Remand Cottage (RC)
- Accommodation Unit (AU) East
- Accommodation Unit (AU) North
- Accommodation Unit (AU) South

- Accommodation Unit (AU) West
- Special Care Centre (SCC) East Wing
- Special Care Centre (SCC) North Wing
- Special Care Centre (SCC) West Wing
- Sentenced Cells A Unit 1 (SU1)
- Sentenced Cells B Unit 2 (SU2)
- Sentenced Cottage (SC) 1
- Sentenced Cottage (SC) 2
- Sentenced Cottage (SC) 3
- Sentenced Cottage (SC) 4
- Womens Remand Cottage (WRC) 1
- Womens Remand Cottage (WRC) 2
- Womens Sentenced Cottage (WSC) 1
- Womens Community Centre (WCC) – where all the women’s units are located

In our opinion ACTCS needs to rename all the units with simple descriptors (e.g., Unit 1), or another naming system (many other prisons in Australia use botanical names for units, e.g., Boronia, Wattle, Acacia etc.). A more straightforward naming system would allow new staff to gain a quicker understanding of where units are in the AMC, which is of use when, for example, responding to Code call incidents [there are 6 units starting with ‘sentenced’, 4 with ‘accommodation’, 3 with ‘remand’, 3 with ‘special’ and 4 with ‘womens’].

Confusion over unit names in radio calls was highlighted in our Critical Incident Review *Escape of a detainee from a secure escort on 9 July 2021*. In that case a ‘Code Blue’<sup>73</sup> from escort officers was misheard in the Master Control Room, who (mistakenly) called for staff to respond in the Women’s Community Centre (WCC). The Master Control Room then referred staff to the Special Care Centre (SCC), and back to the WCC. We noted that ‘these responses generated a great deal of sometimes unnecessary and ill-disciplined radio traffic within AMC which made it difficult for the officer in charge to oversight/monitor the escape incident.’

Each unit should be clearly named/numbered and direction signs placed on main walkways (e.g., Units 4–8).

Cell block accommodation at the AMC typically comprises cells that measure approximately 9m<sup>2</sup> including the bunk, toilet, shower, desk, chair and shelving. As noted in HPR19, these cells have been ‘double bunked’ (a bunk bed added) to accommodate two detainees, and therefore there is insufficient desk space, storage space and a lack of privacy, including given that detainees must send/receive emails on a shared PrisonPC. The exercise yards in the cell blocks are small and surrounded on all sides with either walls /windows to the unit or a metal cage. OICS frequently observed detainees pacing back and forth in these small outside areas. Detainees that cannot or do not access the few opportunities for gym/oval would therefore get very little natural light and no open space.

73 Corrections Management (Code Blue – Staff Member Assaulted) Procedure 2014 (No 1).

**Photo 4: Caged exercise yard in Sentenced Unit**



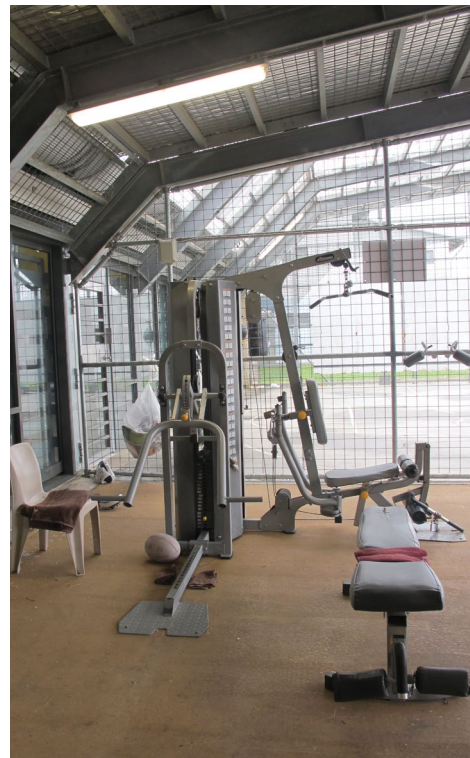
Source: OICS 2022

We have commented in section 2.2.4 about concerns we have raised regarding the MU, and similarly in section 3.7.1 about the Crisis Support Unit.

The AMC remains overcrowded despite a decrease in average daily state from 484 detainees in 2018–19 to 411 in 2020–21, noting a high point of 507 on 20 June 2018. A contributing factor is accommodation pressures resulting from units being offline due to damage (from detainee disturbances, in-cell fires, hail damage etc). As noted above, cells which are designed for one occupant are routinely double bunked. This is not an ideal situation for anyone, particularly in a high stress correctional environment where detainees have very little privacy in all aspects of their day-to-day life and not many opportunities for time alone.

Both cell block and cottage accommodation at the AMC are in various states of repair. A number of the cell blocks have recently undergone extensive remediation and restoration works, including following significant damage caused by disturbances involving detainees. This has been reported on in greater detail in OICS’ Critical Incident Reviews [A serious fire at the Alexander Maconochie Centre on 12 May 2021](#) and [A riot and serious fire at the Alexander Maconochie Centre on 10 November 2020](#).

**Photo 5: Gym in Sentenced Unit**



Source: OICS 2022

OICS is aware that detainees are responsible for much of the property damage and vandalism that occurs at the AMC and acknowledges the frustrations of AMC staff and ACTCS in relation to this. However, boredom and lack of a structured day is, in our view, a major contributing factor to conflict, aggression and destructive detainee behaviour. The AMC's Facilities Management Team are inundated with maintenance requests for immediate, reactionary works, of which they only have capacity to get through approximately half of each year.

The Facilities Management Team have limited access to capital funding which prevents adequate investment in preventive facilities maintenance and upgrade works. It has been raised with OICS that without considerable investment from the ACT Government the AMC is looking at a 10-year reduction in the life of the prison.<sup>74</sup>

**Photo 6: Double bunked cell in Sentenced Unit**



Source: OICS 2022

Hygiene and cleanliness in accommodation areas appears to be an ongoing issue. OICS has observed internal common areas, including kitchens, where birds frequently come inside and become trapped. There is a build-up of bird faeces on walls, windows and in some areas on cooking facilities creating a highly unhygienic and unhealthy situation. We have also been made aware of ovens and other kitchen appliances that are unusable due to years of built-up grease and grime. While it is reasonable to expect that those who live in and use the equipment in the accommodation areas maintain a level of cleanliness and hygiene, the current approach is clearly not working, the outcome is unacceptable, and the AMC must find better ways to ensure basic hygiene standards are met.

<sup>74</sup> OICS has no expertise in this area and is simply reporting views expressed to us.

During delegates meetings OICS observed detainees requesting access to cleaning products and equipment, carpet cleaners and paint to undertake remedial painting in their cells. This is a positive expression of detainee desire to improve their living conditions and contribute to maintaining AMC facilities which should be supported by AMC staff. It is our understanding that there are currently only two carpet cleaning machines in the whole centre, which can be used by detainees.

Availability of refrigeration space remains an ongoing issue at the AMC. In many accommodation areas, particularly cell blocks where detainees do not have access to self-catering (cottage buy-up), there is one domestic sized fridge/freezer to cater for the entire unit. This can mean that in some areas, more than 30 detainees are sharing one fridge/freezer. Despite some areas not having access to cottage buy-up, all detainees are able to purchase additional food items from the canteen and grocery buy-ups, meaning that the majority of detainees require access to refrigeration to ensure food safety can be maintained. OICS saw fridges that were unclean and overloaded, with a clear need for additional fridge space.

**Photo 7: Bird faeces on cooking facilities**



Source: OICS 2022

**Photo 8: Refrigerator in AU cell block**



Source: OICS 2022



### 3.3.2 Detainee buy-ups

#### STANDARD 50

Detainees can access for purchase a reasonably wide-range of products which are comparable in price to such items as they are available in the local community.

All detainees have access to three regular buy-ups: the weekly canteen buy up, the weekly grocery buy up, and the monthly activities buy up. Detainees living in cottage accommodation also access the cottage buy-up and are required to self-cater for all their lunches and dinners. Cottage buy-up (self-catering) is discussed below in section 3.3.3.

The grocery and activities buy-ups are provided by Corrective Services NSW, which require detainees to fill out a paper form and submit it on the allocated day. There is a five-day turn-around from when forms are submitted to when items are delivered to detainees. While the automated system through Corrective Services NSW appears to provide an easy and efficient services for ACTCS, detainees have raised a number of concerns about buy-ups with OICS.

A major concern for detainees is the quality and variety of items available on the grocery buy-up list. While there appears to be a large variety of items, the majority of items are highly processed meat and canned foods, soft drinks and confectionary. There are more than 100 confectionary items on the buy-ups but no fresh fruit, vegetable or meat options. Many detainees supplement their diet with food items purchased from buy-ups, however many find it difficult to do so in a way that provides adequate nutrition and sustenance.

The weekly canteen buy-up is available for detainees to purchase tobacco and a limited number of grocery items such as bacon, sausages, cheese and bread. Eggs are available for purchase on the canteen buy-up and were the third most commonly bought item after Tally Ho Papers and White Ox tobacco. While we appreciate that it is difficult to cater to the preferences of everyone, there appears to be a strong desire from detainees to improve the quality and variety of items on buy-up.

We also heard about persistent issues with variety of food available, with items detainees have ordered being out of stock due to supply-chain issues. It is hoped that a recent appointment of a new supplier that has more flexibility in sourcing supply through sub-contractors will address this issue.

Photo 9: Kitchen in Sentenced Unit



Source: OICS 2022

*“You can’t buy enough healthy food to stay healthy. The majority of options are highly processed foods and confectionary.”*

*“When you put in orders, there is often stock out and you don’t get the item. There is no refund or replacement, you just miss out. This is not teaching us to budget, it’s teaching us to go without.”*

Comments from detainee focus group

Detainee survey	HPR19	HPR22
Described the <b>quality</b> of the food available on buy ups as ‘fair’ or ‘poor’	79% (n=176)	87% (n=127)
Described the <b>variety</b> of food available on buy ups as ‘fair’ or ‘poor’	84% (n=174)	89% (n=128)

The paper-based system used to order from the various buy-ups is problematic, with both men and women detainees reporting that they have experienced forms going missing, money being taken from accounts and items not turning up in orders. The need for multiple forms also creates confusion, and it requires people to remember what the various buy-ups are and when they are due. An electronic form to be accessed via PrisonPC could provide a more efficient alternative to the current paper-based system and would provide detainees with a record of their purchases.

**Finding 30:**

That concerns identified about the quality and variety of food on buy-ups identified in 2019 persist in 2022.

**Finding 31:**

That there are inefficiencies associated with the paper-based buy-up ordering system including forms getting lost.

**3.3.3 Food and drink****STANDARD 52**

Detainees have access to nutritious food and drink in sufficient quantity to avoid hunger and thirst. Where meals are served, this is done at times consistent with the cultural norms of Australia e.g., not before 5pm.

Detainee survey	HPR19	HPR22
Described the <b>quality</b> of food served from the central kitchen as 'fair' or 'poor'	88% (n=172)	77% (n=128)
Described the <b>variety</b> of food served from the central kitchen as 'fair' or 'poor'	86% (n=165)	78% (n=128)
Described the freshness of fruit and vegetable as 'fair' or 'poor'	60% (n=177)	55% (n=126)
Reported that food choices 'usually' take account of special needs	54% (n=143)	37% (n=126)
Reported that the amount of food served from the kitchen was 'insufficient'	68% (n=157)	67% (n=127)

**Food**

Men and women housed in cottage accommodation have access to cottage buy-up for lunches and dinners and are provided with breakfast from the AMC kitchen, which consists of cereal, a piece of fruit, 500ml milk and two slices of bread. Self-catering is discussed below. Male detainees who are accommodated in the cell block units are provided meals from the AMC kitchen and are able to supplement their diet with items from buy-ups at their own expense.

In 2020 the AMC undertook a review of their seasonal menus, which included input from a qualified nutritionist with the view to improve the nutritional composition of meals provided, increase the availability of low allergen meals and streamline the diets on offer.

Results from the 2022 detainee survey show that 77% of detainees felt that the quality of food served from the kitchen was 'fair' or 'poor' and 78% said that the variety of food from the kitchen was 'fair' or 'poor'. A further 55% said that the fruit and vegetables provided 'rarely or never tasted fresh' and 67% of detainees reported that the amount of food served from the kitchen was 'insufficient'. This is consistent with comments OICS heard from detainees during focus group discussions.

*“Men buy meals off each other because there is not enough food.”*

*“People get hungry, especially when you’re on segro. You are not allowed extra food and buy ups when you’re on segro.”*

#### Comments from detainee focus group discussions

Detainees highlighted that the size of the kitchen meals has significantly reduced since the seasonal menu review, and that the size of bread rolls at lunchtime have more than halved. This was a recommendation that came out of the menu review aimed at reducing the sodium content of detainee diets. Similarly, the serving size of meat/protein portions has reduced, and the bread packs have been reduced to two slices per day. Detainees also complained that the variety of vegetable and salad options is poor.

While OICS supports the review of the seasonal menu to improve the nutritional value of detainee meals, the review has not taken into consideration the diverse daily energy requirements of people at the AMC. For example, the daily energy requirements of a 30-year-old man who engages in a high level of physical activity is markedly different from an older person who is sedentary. Many detainees spend significant time working out on fixed weight machines and would have higher energy needs than average. For those who do not have financial support from family and friends in the community or are unemployed or have a low paying AMC job, purchasing additional food from buy-ups is not an option. Unfortunately, this creates a divide between those detainees with funds and those who do not. Many detainees complained of going hungry, that the size of the meals is inadequate and that they struggle to maintain a healthy diet whilst in custody.

*“Block meal containers are split into portions. We get frozen peas, carrot and corn nearly every day and the meal sizes are different every time.”*

#### Quote from detainee focus group discussion

#### Finding 32:

That the quantity and variety of food provided is not meeting the reasonable needs of many detainees.

#### Self-catering

In HPR19 OICS reported:

[Th]e cottages and WCC are self-catered so detainees are allocated \$50 that they can use to order food for the week, an amount that had not changed since at least 2011. In practice, detainees tend to pool their funds and agree on what to purchase for the week. Some men commented that \$50 per week for food is inadequate for an adult male, particularly given the high price of meat.

OICS recommended (Recommendation 31):

That ACTCS review the \$50 per week per detainee self-catering allowance, noting that the allowance has not been increased in at least nine years, and in future, ensure that the allowance is adjusted annually in accordance with the Consumer Price Index [CPI].

In 2020 the ACT Government [agreed](#) to the recommendation stating that 'ACTCS will review the amount and will apply the CPI annually.'<sup>75</sup> For reasons that are unclear to OICS, ACTCS increased the weekly allowance to \$55 per detainee rather than applying the Reserve Bank of Australia (RBA) inflation calculator which would have resulted in an amount of \$60.41 in 2020, noting this was two years ago:

## Inflation Calculator

This tool calculates the change in cost of purchasing a representative 'basket of goods and services' over a period of time. For example, it may show that items costing \$10 in 1970 cost \$26.93 in 1980 and \$58.71 in 1990.

Calendar Year	Financial Year	Quarterly
A basket of goods and services valued at \$ <input type="text" value="50"/> in calendar year <input type="text" value="2010"/> , would in calendar year <input type="text" value="2020"/> cost \$ <input type="text" value="60.41"/>		
<input type="button" value="Reset"/> <input type="button" value="Calculate"/>		
Total change in cost is <b>20.8 per cent</b> , over <b>10 years</b> , at an average annual inflation rate of <b>1.9 per cent</b> .		

RBA: accessed 29/08/22

This \$5.41 per week saving by ACTCS was for detainee **food**, not sports equipment or "luxuries".

OICS has been made aware that within weeks of ACTCS increasing the cottage buy-up allowance to \$55 per person, a significant increase was applied to a number of popular items on the cottage buy-up list. Some of the most significant increases included diced beef increasing from \$7.10 per kg to \$14.50 per kg (105% increase), sausages from \$4.95 per kg to \$10.90 per kg (120% increase), sliced ham from \$5.15 per kg to \$12.50 per kg (143% increase) and capsicums from \$3.90 per kg to \$6.37 per kg (63% increase). The butcher charges the AMC to pre-package meat which results in further mark ups passed on to detainees. Although an annual CPI increase to cottage buy-up allowance may not be a perfect means to ensure buying power is consistent with the cost of goods available for purchase it would at least ensure annual increases. We note that during this review ACTCS increased the buy-up to \$65 per week, which is welcome.

75 [Rattenbury](#) (no 61).

Photo 10: Communal kitchen area in WCC



Source: OICS 2022

Photo 11: Women's weekly meal plan



Source: OICS 2022

It is common practice that in each cottage there are one or two people per pod responsible for the planning of meals and purchasing of food each week. Cottage buy-up must be ordered three weeks in advance which can cause issues, as often items become unavailable in that time, or there are long wait times to receive some items. Furthermore, when new detainees are placed in a cottage, they cannot be part of collective buy-up for three weeks, and although they are provided AMC kitchen meals, it is not an ideal start to what is effectively an imposed 'share-house style' living. Further, detainees have told OICS that there have been times when they have gone six weeks without meat in their buy-ups or other times when they have received the same order three times in a row.

**Finding 33:**

That despite a recommendation from the Healthy Prison Review 2019 aimed at ensuring cottage buy up allowances keep pace with the rising cost of goods on the buy up list that was accepted by the ACT Government, ACT Corrective Services have failed to put a simple system in place to address this issue in an ongoing way.

**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.

**3.4 Consultation and complaint handling****STANDARD 53**

There are mechanisms in place for consulting with detainees about matters which affect them.

**STANDARD 54**

Grievance processes are user-friendly for detainees with low-levels of literacy, or for detainees with a disability that impacts on their ability to make a complaint.

**3.4.1 Detainee Request Forms**

In HPR19 we discussed the inadequacy of the paper-based detainee request form (colloquially known as a “bluey”) as an avenue for detainees to make a request or complaint. Both detainees and staff have also shared concerns about the efficiency, reliability and confidentiality of this system. We heard from some detainees that they don’t trust that blueys are appropriately passed on to the relevant person/service to be actioned and that it is not uncommon to submit a bluey and never hear anything back. It is totally unacceptable that the bluey system be used for detainees to complain about decisions or treatment from COs as it lacks confidentiality, accountability and creates risks of reprisals. Whilst detainees can use PrisonPC to submit a complaint, there must be other avenues for lodging complaints internally that afford privacy as not all detainees have access to a PC. Avenues for external complaint (eg Official Visitors, Ombudsman, Human Rights Commission etc) are discussed further below.

It is pleasing to see that since our last review there are now alternative mechanisms for detainees to make internal complaints especially should they wish to remain anonymous. The *Corrections Management (Detainee Requests & Complaints) Policy 2019* and *Corrections Management (Detainee Requests & Complaints) Operating Procedure 2019* have been implemented, discussed further below.

### 3.4.2 Detainee delegates

Each accommodation area has a detainee delegate, which is a trusted paid position for detainees. Delegates can self-nominate or be nominated for the position by their peers or AMC staff and are employed for a 12-month term.

There are two delegate positions available to women detainees.

There are also a number of designated Aboriginal and Torres Strait Islander detainee delegate positions across the centre. According to Deadly Connections feedback, the delegate system was viewed by a majority of Aboriginal and Torres Strait Islander people in custody as being ineffective and poorly structured. In its current form the delegate system does not appear to provide a mechanism or safeguard for the actioning of issues for Aboriginal and Torres Strait Islander peoples.

During discussions with detainees, we heard mixed feedback about the effectiveness of the delegates system as a means for constructive engagement between detainees and the AMC. While some detainees felt that the monthly delegates meeting provided a useful forum for detainees to raise issues with AMC management and work towards desired outcomes, others felt the delegates meeting were a waste of time.<sup>76</sup> Others also raised concerns about the selection process of detainee delegates, particularly that COs have input into who is selected, leading to some detainees feeling that delegates were not necessarily representative of their accommodation group.

In HPR19 we made the following recommendation (Recommendation 32):

That ACTCS develop, jointly with current detainee delegates, a Terms of Reference for delegates meetings to clearly articulate the objectives and expectations for that forum, with an emphasis on constructive engagement.

OICS is aware that a Terms of Reference has been developed for the delegates meetings but from our observations there is still work to be done to ensure the forum realizes its potential. We have been made aware of administrative issues that detract from getting the most out of the forum, including minutes and agenda items not always being circulated in a timely way. As detainees are all separated in different units, unless they are employed in the same area at the AMC (eg., bakery, stores etc.) together or have other chances to meet, there is no opportunity for delegates to caucus and identify core priorities and matters that are within the scope of the meeting (as opposed to other matters that can be followed up via other avenues). Providing such opportunities may improve the efficiency of the forum. We reiterate a proposal from HPR19 that the function of minute-taking become the responsibility of a suitably skilled detainee and that consideration be given to the possibility of delegates meeting out of session to discuss and identify issues of common concern and proposals to address the issues.

#### Finding 34:

That the detainee delegates forum is an excellent opportunity for detainee – staff engagement, consultation and problem solving but it is yet to realise its potential.

<sup>76</sup> During a HPR19 meeting with detainee delegates there was a unanimous view that the then General Manager used meetings to pass on decisions that had already been made rather than engaging in any form of consultation.



### 3.4.3 Internal complaints

Detainees can make internal complaints via several different channels including the detainee request form (discussed above), verbal complaints directly to AMC staff, the anonymous complaints form on PrisonPC or via email directly to the AMC Executive Support Team for actioning. The *Detainee Requests and Complaints Policy 2019* sets out the complaints process including timeframes for recording and responding to detainee complaints. The policy requires that detainees receive a written notification acknowledging receipt of their complaint within two business days and a response to their complaint within 20 business days.

OICS reviewed a register of internal complaints received during 2021. Complaints during this period were broadly categorised as Buy-Up, Employment, Finance, Food, Health, ICT Systems, Intel, Location, Maintenance, Other, Other Detainee, Programs, Property, Security Processes, Staff, and Visits.

There appears to be a significant lack confidence in the complaints processes at the AMC amongst detainees. Results from our detainee survey showed that 48% of respondents have put in an internal complaint and that 77% of those people felt that their complaint was 'not at all' dealt with fairly and a further 19% said they felt their complaint was only 'partially' dealt with fairly. Of the 52% of detainees who had not made an internal complaint, 47% said that they had not done so because they thought it would be useless and a further 27% said that they did not feel safe making a complaint at the AMC.

In focus group discussions held by Deadly Connections with both male and female Aboriginal and Torres Strait Islander people in custody, reported that '[o]fficers often dismiss complaints and do not take their complaints seriously, resulting in hesitancy to lodge complaints.' Others described complaints as futile as officers will just claim that there is no footage or evidence, even if there were cameras in the area.

Detainee feedback appears to indicate that the current system for internal complaints is not consistently working in a timely, confidential and procedurally fair manner. The apparent lack of trust in this process could go some way to explaining the considerable number of detainee complaints directed to external oversight bodies.

Detainee survey	HPR19	HPR22
Reported that they had put in an internal grievance or complaint	49% (n=170)	48% (n=126)
Said that their grievance or complaint was 'not at all' dealt with fairly	64% (n=83)	77% (n=86)

### 3.4.4 External complaints

A variety of external bodies are able to hear and respond to complaints. The HRC takes complaints from detainees about alleged unlawful discrimination, and about the provision of health services in the AMC. The Official Visitors (OVs) attend the AMC regularly to talk to detainees, take complaints and raise matters with AMC operational management to try to resolve issues. The ACT Ombudsman can take complaints about maladministration. These entities and OICS meet regularly to avoid overlap and duplication in function.

The results of the detainee survey show that awareness of the external oversight bodies (HRC, OVs & Ombudsman) has improved since HPR19.

Detainee survey	HPR19	HPR22
Did not know about the prison Official Visitors scheme	52% (n=179)	38% (n=123)
Did not know how to contact an Official Visitor	55% (n=179)	36% (n=121)
Did not know what the ACT Ombudsman does at the AMC	60% (n=179)	48% (n=123)
Did not know how to contact the Ombudsman	49% (n=177)	32% (n=122)
Did not know what the ACT Human Rights Commission does at the AMC	61% (n=176)	52% (n=123)
Did not know how to contact the Human Rights Commission	49% (n=178)	36% (n=123)

### 3.5 Equity and diversity

#### STANDARD 55

ACT Correctional Centres and services take active steps to prevent and address discrimination including on the grounds of status as an Aboriginal or Torres Strait Islander person, race, sex, religion, ethnicity, nationality, cultural and linguistically diverse background, gender identity, sexuality, intersex status, disability, health condition, age, political conviction, irrelevant criminal record and other grounds in the *Discrimination Act 1991 (ACT)* and relevant Commonwealth discrimination laws. ACT Correctional Centres and services take active steps to prevent unlawful vilification.

### 3.5.1 Aboriginal and Torres Strait Islander detainees

In section 1.6 of this report, we have broken down data on key aspects of incarceration (reception and discharges, protection status, security rating, use of force, strip searching, segregation orders, return to prison, staff members) as it relates to Aboriginal and Torres Strait Islander detainees. This demonstrates that in addition to Aboriginal and Torres Strait Islander detainees being grossly overrepresented in the AMC (an Indigenous person was 21 times more likely to be imprisoned than a non-Indigenous person in 2021), their experience of incarceration in the AMC is in general, a harsher one. We say this because the data demonstrates an overrepresentation in higher security ratings, 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 release (44%) compared to the non-Indigenous rate of 36%.<sup>77</sup>

This review benefited from expert input on matters relating to Aboriginal and Torres Strait Islander people in detention, from Deadly Connections. The Deadly Connections report provided to OICS is comprehensive and it would not do it justice to summarise it here. For that reason, the full report can be accessed on the OICS website [www.ics.act.gov.au](http://www.ics.act.gov.au) under the HPR22 [report tab](#).

#### Aboriginal and Torres Strait Islander Services Unit (ATSISU)

The ATSISU consists of a team of Aboriginal and Torres Strait Islander staff that specialise in coordinating welfare/liason support and cultural programs/services for Aboriginal and Torres Strait Islander detainees.

According to an information sheet for detainees prepared by the unit, detainees can expect the following from Aboriginal Liaison Officers (ALOs):

- On arrival an Aboriginal Liaison Officer (ALO) will conduct an assessment to determine any immediate welfare concerns such as care for children, property, and other family matters
- Regular face to face check ins from an ALO throughout time in custody and referrals to culturally specific programs and services
- Support to access Elder’s Visitation and 1:1 Healing programs
- Support to access counselling, health, and mental health services
- Provision of cultural art programs, yarning circles, Family and Elder engagements, and other cultural initiatives
- Provision of cultural input into sentence and release planning
- Support at parole hearings and other formal engagements with sentence management officers, community corrections officers, throughcare officers and custodial officers
- Assistance with documentation, such as referrals to support services and programs available in custody and community on release
- Support to enrol in education and secure AMC employment roles
- Assistance with community and family contacts
- Any other matter considered significant to the welfare of Aboriginal and Torres Strait Islander detainees

77 ROGS (no 12) Table CA.4.

Photo 12: ATSIISU Art room



Source: OICS 2022

This is a wide and varied role, with a staffing level of approximately 4 FTE. It is pleasing to see that the ATSIISU now has an identified position of female ALO, a recommendation we made in HPR19 that was accepted.

Deadly Connections assessed the ALO concept as a positive one and viewed the Position Description for the role as appropriate. However, their consultations with Aboriginal and Torres Strait Islander detainees revealed that many were unaware of the scope of the role of ALOs. Deadly Connections noted that a significant number of the role requirements in the Position Description were perceived by Aboriginal and Torres Strait Islander detainees as not being met, which 'contributes to a fundamental inability of the AMC to support their cultural needs.' Some detainees raised with Deadly Connections that either they "don't even know the ALOs" or if they are aware of the ALOs, have minimal trust or rapport with them. The information sheet for detainees explaining the role of the ALO is a good start, but more clearly needs to be done.

The ATSIISU noted their significant workloads and heavy administrative component. In HPR19 we recommended that the ACT Government fund the creation of a new administration officer position in the (then called) Indigenous Services Unit at a level comparable to other such positions in ACTCS. This was one of two recommendations (of the 76 made in that review) that was not accepted by government, with the response '[t]here is sufficient administrative capacity at the AMC for the Indigenous Services Unit to access appropriate administrative support.' Our assessment is that the need for further capacity of the unit remains, given the number of Indigenous detainees and their often complex situations, including intergenerational trauma.

However, Deadly Connections' suggestion of introducing Key Performance Indicators for the role of ALO may be beneficial. By having ALOs report against duties in their position description, it may help identify where most of their time is going.<sup>78</sup> In turn, this may assist in focusing the team's limited resources in accordance with the role requirements in the Position Description. It may also assist the unit in making a case for further administrative support, as well as identify any training and development needs for ALOs.

### Finding 35:

That many Aboriginal and Torres Strait Islander Detainees are unclear about the role of Aboriginal Liaison Officers.

### Finding 36:

That development and recording of Key Performance Indicators for Aboriginal Liaison Officers may assist in prioritising key functions and identifying resourcing and training needs for the Aboriginal and Torres Strait Islander Services Unit.

### STANDARD 57

The distinct cultural rights of Aboriginal and Torres Strait Islander detainees, also protected in the *Human Rights Act 2004* (ACT), are met.

### Connection to community

It was clear to Deadly Connections during their focus group sessions 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. Some of this is due to COVID-19 limiting activities and external program providers and visitors. ACTCS noted that during all the COVID-19 lockdown periods, along with AMC Chaplaincy, the ATSIU remained the only non-uniform business unit working on the ground in the AMC performing its own function as well as supporting other business units such as Sentence Management and Throughcare with their work in the centre as they were compelled to work from home.

However, in HPR19 we noted limitations on programs that pre-dated COVID, for example, ACCOs noting difficulties they faced about getting access to the AMC.<sup>79</sup>

<sup>78</sup> This could be a simple check list.

<sup>79</sup> HPR19, 94.

Visits from community Elders were appreciated by Aboriginal and Torres Strait Islander detainees. Male and female Aboriginal and Torres Strait Islander detainees told Deadly Connections that they particularly appreciated visits from a female Elder who had been visiting for some years, however these visits were voluntary which meant that they did not occur on a planned or regular basis. Some detainees spoke of times they had requested a visit from an Elder but it had not happened. We note that there have been significant limitations on visitors due to COVID-19.

**Photo 13: Yarning Circle in the middle of the oval behind locked gate**



Source: OICS 2022

that COVID-19 was blamed for lack of access; however, they thought that AMC staff used this as an excuse as allowing access would have created too much work. Art is somewhat accessible through the art packs provided to women upon induction/reception but this is not adequate to meet their cultural needs.

OICS acknowledges the high quality artwork produced by detainees (some of which is entered into the NAIDOC Week Community Art Exhibition) and the work of the Aboriginal and Torres Strait Islander Services Unit in facilitating art and the exhibition.

There is a general perception amongst the Aboriginal and Torres Strait Islander people in custody 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. Currently, only 59% of ACTCS staff have completed the mandatory Aboriginal and Torres Strait Islander Cultural Awareness Training, which is also a compulsory part of the 12-week initial training for new recruits. ACTCS noted that ‘the low number likely reflects staff turnover’, which is a puzzling situation given most new staff are engaged as new recruits.

Female detainees reported that the women’s yarning circle has been positive and allowed them to “draw strength from one another.” However, they also reported that it is not enough to deal with the pressure and problems they experience at the AMC which cause significant stress.

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. However, Aboriginal and Torres Strait Islander people in custody face multiple barriers in gaining access to this space. There were a number of reports from Deadly Connection’s 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. Aboriginal and Torres Strait Islander people in custody explained

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 a senior 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 in ACTCS.

It was noted to Deadly Connections that a number of Aboriginal and Torres Strait Islander people in custody believed that an Aboriginal and/or 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.

### 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.

## 3.5.2 Women

### STANDARD 56

The specific needs of female detainees are met.

In this part of the report, we have not referenced the detainee survey data for women as the sample was too small (n=7 or 11) to give statistically valid results, noting the high turnover of women in the AMC (bail, short sentences, etc.)

In June 2021 women detainees were relocated from the maximum-security SCC at the northern end of the prison, where they had been accommodated since 2017, back to the purpose build WCC cottage accommodation. While in principle, OICS supports this move, there appears to have been a significant lack of forethought and planning beyond the logistics of the operation which has resulted in ongoing and complex issues for both the women and AMC staff.

Reports suggest that the move from the SCC to the WCC itself went smoothly, with little disruption to the general operation of the centre. However, AMC staff shared their concerns with OICS suggesting that the move was rushed due to accommodation pressures within the centre and the fact that it coincided with the second wave of COVID-19 in the ACT caused further issues.

In the three and a half years that women were accommodated in the SCC, the WCC was used to house male detainees on strict protection. The women reported to OICS that on arrival to the WCC they found "male bodily fluid" on the walls and carpets in the cottages which they were required to clean. Complaints were raised with AMC management through the OVs about this situation, which went unaddressed for an unacceptable amount of time. There were also a number

of maintenance issues outstanding, leaving one cottage offline for an extended period of time, creating significant difficulties with appropriate placement of women and constant overcrowding in the other cottages. This resulted in women sleeping on the floor in the living area at times. On one visit to the WCC in 2021 OICS observed that one cottage had barely warm “hot” water (we felt it), which the women said had been reported several days earlier.

### **Safety**

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 mix of sentenced and remand detainees, and different classification levels of women detainees. There are limited accommodation options for women. Despite the *Placement and Shared Cell 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.

When the women are locked in their cottages (“pods”) OICS have been advised that staff will not open the door to the cottages after lock-in unless there are three officers present. They reported feeling vulnerable if an emergency situation was to occur. The WCC is frequently staffed with only two officers during the day and the night shift at the AMC operates on skeleton staffing.

*“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**

The WCC is comprised of three cottages. Two of the cottages are designed to accommodate the general women’s population, housing 10 people each (WR1 & WS1). They have shared bathrooms and communal living spaces. The third cottage (WR2) is intended to be used for the management of complex/high needs individuals and is made up of five individual secure cells and a communal living area. This area has been used for the management of COVID-19, management of detainees on segregation for disciplinary reasons and for those who require protection. There appears to be a lot of confusion around what the unit is used for and why people are being sent there.

There is a chain-link fence and gate separating the two main cottages which (due to the issues amongst the women) has been locked since the women arrived. This has implications for movement around the complex as detainees are required to be locked in their pods whenever another detainee is moving between the two yards to access programs, education, health and so on, or whenever medication is being administered. The cottages are only unlocked in the mornings after medication rounds have been completed, meaning that unlock is occurring after 10am some mornings.

The WCC currently provides inadequate and appropriate accommodation options for women who are assessed as needing protection, have complex needs or require observation for health reasons. As noted in the section above relating to protection, women on protection are placed in the WR2 cottage in a cell.



**Finding 37:**

That the women's area of the AMC does not have suitable protection accommodation options and women on protection may have limited access to open space and programs and activities.

Women who require health observations or have been assessed as at risk of suicide or self-harm are moved to the Crisis Support Unit (CSU). The CSU is a highly sterile, inhospitable environment with two cells dedicated to women, and eight cells used to accommodate men. The CSU is intended to be used as an observation area where people who are considered at risk can be continuously monitored and are easily accessible to health staff. However, the reality is that the CSU is used for numerous purposes, including housing people returning from hospital who require observation, serving as an overflow area for the MU, COVID-19 isolation and on occasion as accommodation for problematic detainees who are not able to be placed elsewhere in the centre.

The CSU is an entirely inappropriate environment for women, particularly those who are experiencing mental health crises. Women have told OICS that they will often not seek support when they are experiencing a mental health crisis as they don't want to be moved to the CSU. They have told us that the environment is not conducive to getting well and that they find it traumatising, particularly being around men who can see and interact with them.

*"No-one wants to go to CSU, it is disgusting, there are men down there who deliberately masturbate in front of you and traumatise you."*

Quote from women's focus group discussion

**Finding 38:**

That women continue to be managed as one small group within the larger men's prison context rather than as a diverse group with diverse needs.

During focus group discussions the women disclosed significant periods of being locked in due to the management of others and perceived staffing and facility limitations. Regimes of locking some cottages down so that others can be unlocked have meant that women are often locked in for extended periods which further disadvantages them in terms of access to open space, recreation opportunities, education, employment, and programs.

It has been expressed to OICS by both staff and detainees that there is an immediate need for a cell block style accommodation option to help alleviate some of the problems discussed above. This would also allow for WR2 to be used for its intended purpose as a high needs cottage.

### Finding 39:

That current accommodation options in the Women's Community Centre do not provide sufficient flexibility to manage the variety of separation needs amongst the women.

### 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).

## Incentives and Earned Privileges

On 28 April 2022 the new *Corrections Management (Incentives and Earned Privileges) Policy 2022 (No 2)* was notified along with several associated policies. This policy came into force on 1 September 2022 and is now active. Prior to this, there had been no notified IEP policy. According to the IEP Policy, Incentives and Earned Privileges is a hierarchical scheme which encourages pro-social behaviour through the provision of different levels of access to privileges. This policy is discussed in greater detail in section 2.2.1 of this report.

Unsurprisingly, and similar to complaints heard from the men in the AMC, women detainees feel that currently there is a lack of incentive for good behaviour and no real disincentive for poor behaviour. Disciplinary breaches and punishment are perceived by the women as ad hoc and at the discretion of the individual staff member at the time of an incident. The women have expressed a collective want for a stronger and more consistent disciplinary approach, to strengthen incentives and encourage better behaviour. They feel that this would lead to a more harmonious and safer living environment for all.

## Recreation

The WCC is surrounded by open green space, has a fully fenced tennis court, volleyball court and an outdoor gym; however, due to the management of the various cohorts and staffing issues, these areas are underutilised. Under the guise of equity, rather than managing a timetable of recreational activities, these areas are off-limits to the entire group except as noted below.

Women have access to a program of exercise, wellbeing and nutrition sessions facilitated by the Corporate Health Management (CHM) team. These sessions take place in either the activities building or using the facilities at the WCC. Due to staffing shortages and operational pressures within the Centre, these sessions are often cancelled which is disappointing for both the women and program facilitator and also disrupts routine and motivation.

OICS understands that the program for the women originally started as exercise sessions only and has adapted over time to include cooking and nutrition sessions, art and craft sessions, yoga, and take-home games and activities during lock-ins. The expansion of this program has seen a significant increase in the women's participation and positive flow on effects such as increased sense of self-worth, respect for others and improvements in behaviour.

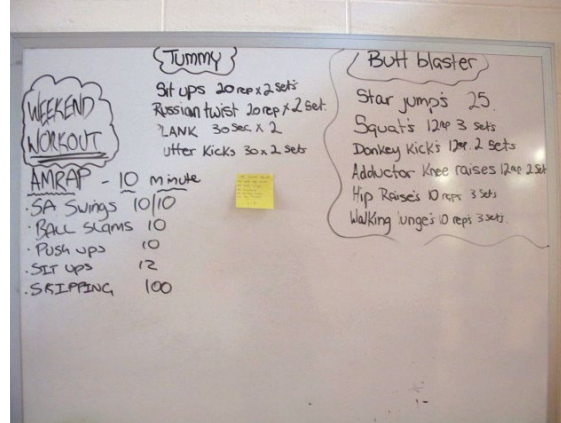
As discussed in more detail in section 4.2.5 of this report, the significant and positive impact of the programs offered by CHM and their committed staff should not be underestimated.

Photo 14: Women's exercise room WCC



Source: OICS 2022

Photo 15: Women's exercise plan



Source: OICS 2022

### Finding 40:

That women would benefit from an expansion of contracted recreation hours provided by Corporate Health Management beyond the current 15 hours per week

#### Meaningful Activity, Programs, Education and Employment

Lack of a structured day and resulting boredom remains a big issue for women in the AMC. Extended lock-ins and staff shortages contribute to cancellation of programs, activities and appointments. This also impacts on access to health appointments, counselling, legal representation, sentence management officers and support for those studying tertiary education. It has been acknowledged by AMC staff that there are the facilities in the WCC to deliver a full and engaging schedule of activities and programs for the women, but there are currently not enough staff to facilitate this.

Responses to our detainee survey show that the women are bored most of the time because there are not enough productive things to do and all survey respondents said that the programs on offer did not meet their needs as an individual.

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

*"The programs they do run for women are repetitive and not all that useful."*

*Quote from detainee survey*

The offerings are sparse and many of the sessions of interest are only open to a small number of people at a time (such as chaplaincy or sentence management client contact). Most sessions are reliant on staff availability including attendance at the activities building or library sessions. We are aware that programs often run for one or two sessions and are then cancelled with no explanation or replacement programs made available. AMC management has advised OICS that the suite of programs 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.

Many women OICS spoke to were critical of the programs available to them at the AMC, stating that they felt the programs did not help address their offending behaviour. Some also had a low awareness of the programs available.

While the women detainees provided some positive feedback about the health and wellness programs provided by CHM, accessing the activities building for these sessions requires women to traverse the main prison, exposing themselves to verbal comments and abuse from male detainees. As discussed in our previous reports, this is a significant deterrent to women participating in activities and programs particularly as many of the women carry significant trauma and have experienced verbal and physical abuse by men. This is particularly concerning for those women whose perpetrators are in custody at the AMC.

Unlike the male detainees, women do not have access to a Therapeutic Community residential Alcohol and Other Drugs (AOD) program. It is also our understanding that other AOD programs that were being delivered in the AMC by community organisations have not been running for some time due to COVID-19 and contractual issues.

Just prior to finalising this report, OICS has been advised that ACTCS, in partnership with Karralika, have commenced an AOD program for women detainees, similar to the Therapeutic Community model delivered to male detainees. This is a positive and welcomed initiative.

AIHW data indicates that in Australia, approximately two-thirds of people in custody reported using illicit drugs in the 12 months prior to their incarceration; this number is even higher for women at 74%. Around 50% of people in custody also reported that their alcohol and/or drug use directly contributed to their offending.<sup>80</sup> While the relationship between drug and alcohol use and offending behaviour is complex, there is clearly a significant need for robust, evidence-based drug and alcohol programs for people in prison, particularly women.

Due to COVID-19 and limited staffing capacity, the Women's Health Service Trauma Counsellor had not been attending the AMC to deliver services to women detainees for some time. This was disappointing as this service was well utilised by the women and provided a much-needed trauma counselling service for women in custody which is otherwise lacking in the AMC. However, it was excellent to hear this service was resumed in August 2022.

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80 Australian Institute of Health and Welfare [AIHW] (2019), *The Health of Australia's Prisoners 2018*, Cat. No. PHE 246.

At the time of writing this report, there has been no education provider at the AMC for 15 months and no confirmed recommencement date. Education is discussed in more detail in section 4.2.1. This extended lack of education for both men and women is inexcusable and of serious concern to OICS. Education, including vocational education, whilst in prison has a positive impact against reoffending and future imprisonment.<sup>81</sup> The absence of education can have significant negative implications for detainees' rehabilitation and future employment prospects and this matter needs to be addressed as a matter of urgency.

*"There is no education, counselling or AOD programs. We are bored and we feel like we have been sent here to rot."*

Quote from women's focus group discussion

### Rehabilitation and preparation for release

It is disappointing to see that since HPR19 not a lot has changed with regards to women's rehabilitation and preparation for release. Women are still significantly disadvantaged with regards to access to the TRP and the TRC as noted further below.

Most of the women OICS has spoken to identified that they did have a Case Management Officer (CMO) however, they don't see them regularly or aren't able to contact them when they need them. This was further supported during a focus group discussion with the women who said that their CMOs change all the time and that they often don't know who they are. The women told OICS that their CMOs don't come down to the WCC regularly and the women perceive the engagement to be ad hoc.

### Staff

Custodial staff at the AMC operate on a rotating roster and are posted to different areas of the prison on any given shift. This creates issues with the management of the women as there is little consistency, which impacts whether requests, complaints (etc.) are followed up. Women have reported that they feel they are seen as demanding and difficult, and many officers do not like working with them. OICS has been told by COs that the women are "harder work" and "more needy". Women detainees also reported their perception that some COs don't take their concerns and needs seriously and often "play favourites" with certain detainees. The women reported that it was difficult to build trust and rapport with some staff members and that some regularly failed to engage with them, provide support or even speak to them.

For a short period, a permanent CO2 was rostered to the WCC for the purpose of establishing stability amongst staff and to resolve some of the issues amongst the women. It was reported to OICS that this had some success; however, it was a short-lived commitment that did not remain in place long enough to establish lasting change.

81 Ellison, M., Szifris, K., Horan, R. & Fox, C. (2017), 'A Rapid Evidence Assessment of the effectiveness of prison education in reducing recidivism and increasing employment', Probation Journal, Vol. 64, No. 2, 108-128.

The custodial staffing of the WCC presents significant operational challenges for the running of the women's area. Whilst ACTCS informed us that WCC has been a three officer post for around 12 months, it was acknowledged that there was a period during COVID staff shortages where WCC was managed by two officers, and staff and others confirmed this was common (for example, when there were staff shortages a WCC officer will be redirected elsewhere). Staff OICS spoke to and opined that the post should be operating as a four-person post to ensure the management of cohorts and support the facilitation of a schedule of activities, programs and education. Low staffing levels in WCC results in programs and activities often being cancelled, meaning the women have little to do. This creates boredom and increases incidences of conflict and violence which go unnoticed because staff cannot be everywhere.

It is positive to see that the Specialist Communities Team (SCT) have increased their presence in the WCC with a commitment to provide oversight and support for women, including providing group and pair mediation. In early 2022, the SCT ran a number of focus groups with key staff, official visitors, detainee representatives (including peer mentors and delegates) to try and sort out some of the interpersonal issues. By all reports these sessions were seen as useful; however, due to the lack of accommodation options for women and staffing challenges, little could be done to make meaningful changes. These focus groups were discontinued, and the situation remains the same, albeit with varying intensity.

In HPR19 OICS made the following recommendation:

**Recommendation 36.** That ACTCS seek an independent assessment on the staffing profile and capacity required for the Women's Care Team to meet the objective of a gender responsive correctional environment, with sufficient meaningful activity, and develop a plan to reach the minimum acceptable level within 1 year.

**Agreed in Principle:** The Women's Care Team is not an established team, but rather a multidisciplinary group that meets regularly to cater to the needs of female detainees. This group is able to access all resources / services at the AMC. ACTCS employs a Women and Children Services Coordinator who is also able to draw on all resources across the AMC including two female Sentence Management Officers who are responsible for the sentence management needs of the females, female program facilitators, and the female Induction Coordinator. ACTCS recognises the need to meet the objective of a gender responsive correctional environment and further addresses this through the Women Offenders Framework, establishment of an internal Women's Steering Committee and a broader external Women's Reference Group.

The Women Offender Framework, anticipated to be completed by the end of 2020, will be used to inform future resourcing to support women offenders more broadly, while short term options will be considered by the Women's Reference Group.

Since HPR19 Women and Children's Coordinator remains the only permanent position dedicated to the care and management of women detainees. This has meant that the role of the Women and Children's Coordinator has largely been focused on providing practical assistance, welfare and crisis support to the women, with little capacity to dedicate to the core functions of the position.

During this review a position was created to provide support to the Women and Children's Coordinator. This position is intended to alleviate some of the pressures in this space by taking on many of the practical tasks such as escorts, bookings, welfare calls etc. and allow for the Women and Children's Coordinator to focus on other aspects of the role which have been neglected, in particular policy and program development. The *Corrections Management (Women and Children Program) Policy 2015* has not been updated since 2015 and there are currently no procedures or guidelines around how the AMC can work with organisations such as *Shine 4 Kids* to deliver meaningful programs which support and promote family visitations and relationships.

The role of the Women and Children's Coordinator was intended to work with male detainees and their children also; however, due to the under resourcing of the Women's Care Team this has never been achieved. OICS is hopeful that the new support role will be ongoing and provide some much-needed support to the Women and Children's Coordinator.

#### Finding 41:

That the AMC continues to fall short of achieving the objective of a gender responsive correctional environment for women. It is our view that the situation for women in the AMC has deteriorated further since our last review.

### 3.5.3 Young detainees

In the 2020 *Healthy Centre Review of Bimberi Youth Justice Centre* OICS noted:

During this review there was one young detainee who was likely to receive a sentence that meant he would have to serve some time in an adult prison. OICS was pleased to note that appropriate practices appear to be in place regarding Bimberi's planning for young people who will need to be transferred to the AMC due to their age and length of their sentence. As a courtesy, Bimberi notifies the PACYPC [ACT Public Advocate and Children and Young People Commissioner] when they are considering transferring a young detainee to the AMC so that they can be involved in the decision. This is an important safeguard, and OICS were pleased to note early engagement between Bimberi and the PACYPC. OICS is of the view that consultation with the PACYPC should also be a requirement under the CYP Act [*Children and Young People Act 2008*].

The 2022 detainee survey asked whether AMC detainees had ever been incarcerated in a juvenile detention centre anywhere. Of the 117 respondents, 40 (34%) answered 'yes'. A supplementary question asked whether the detention centre was Bimberi, to which 14 respondents answered 'yes'.

The survey results do not mean that people came to the AMC directly from a juvenile detention centre but only that they had experienced juvenile detention at some time. However, OICS is aware of a few individuals who have transitioned, or will have to transition, from Bimberi to the AMC due to their age and offence history.<sup>82</sup> Given the very traumatic histories of many young detainees, it is imperative that the AMC, Bimberi and the PACYPC continue to work closely together (as noted above) when decisions are being made about transfers from Bimberi to the AMC.

82 See sections 95, 111 and 112 of the *Children and Young People Act 2008* (ACT).

Being a young detainee in an adult prison—particularly if it is a young person’s first time in an adult facility—may bring with it great vulnerability to standovers, coercion, intimidation, violence and sexual violence. For this reason, some prisons in other jurisdictions have a specific unit for young offenders. This is clearly not an option in the AMC due to the size of the facility and the number of detainee cohorts. There is no policy or procedure specifically dedicated to managing young detainees. Furthermore, the *Placement and Shared Cell Policy 2020* does not list age (nor whether it’s a detainee’s first time in custody) as a required consideration by the Area Manager when approving accommodation placements. Maturity and vulnerability also need to be considered.

#### **Finding 42:**

That there are no protective mechanisms incorporated into ACT Corrective Services policy or practice for young people entering custody that may be particularly vulnerable due to age and maturity.

### **3.5.4 LGBTIQ+ detainees**

#### **STANDARD 59**

The specific needs of trans and intersex detainees are met.

In the HPR22 detainee survey 16 people (n=129) identified as ‘LGBTIQ+’.

Despite the AMC being a prison for all adult detainees, trans, gender diverse and non-binary detainees reside in accommodation and receive services in male or female spaces that may not match their gender identity.

There is currently no LGBTIQ+ policy framework to guide AMC management and staff on inclusive service delivery for LGBTIQ+ detainees. A review of the AMC Induction Handbook, Welfare Induction Form, Induction Checklist, Induction Checklist Form and Risk Assessment Form also identified that these documents are not inclusive and relevant for LGBTIQ+ detainees.

Some AMC staff reported not being well equipped to support LGBTIQ+ detainees and indicated that they would like to receive LGBTIQ+ awareness training, including what the terms intersex and asexual meant and how this knowledge is relevant when working with intersex or asexual detainees.

Concerning external support, there does not appear to be any arrangements in place for detainees to contact LGBTIQ+ support services (email, freecall).

#### **Finding 43:**

That there is a lack of policy and practice at AMC for the support of LGBTIQ+ detainees.



### 3.5.5 Detainees with disability

#### STANDARD 58

The specific needs of detainees with a disability are met.

Detainee survey	HPR19	HPR22
Identified as having a disability	30% (n=165)	31% (n=116)
Reported that their needs as a person with a disability are 'rarely' or 'never' met	72% (n=71)	72% (n=54)
Reported being discriminated against by other detainees 'sometimes' or 'most of the time'	28% (n=71)	37% (n=52)
Reported being discriminated against by staff 'sometimes' or 'most of the time'	39% (n=72)	39% (n=57)

The ACT has positive and well-regarded frameworks and policy commitments to address the needs of AMC detainees with a disability in the *Disability Justice Strategy 2019–2029* and ACTCS *Disability Action and Inclusion Plan 2021–2023*.

The creation of disability-specific positions such as the Executive Champion for Disability, Disability Liaison Officer and the Disability and Complex Care and Interventions Coordinator have had a markedly positive impact on disability-inclusive service delivery and culture since HPR19.

#### Finding 44:

That ACT Corrective Services have made significant improvements in policy and practice in making the AMC more disability inclusive since 2019, though there is much more to do.

The establishment of the ACU and the “hub and spoke” disability-inclusive therapeutic support model of outreach across AMC units is welcomed. However, reported resistance from parts of AMC management to implement disability reforms, a lack of resources, difficulties with recruiting and challenges retaining skilled staff are hampering progress. Disability and reasonable adjustments are not universally understood, and disability support needs are not adequately provided across the AMC. Some of the less complicated things that could be done quickly such as Easy Read<sup>83</sup> induction material and detainee induction videos have not yet been completed but it is hoped that work in this area will soon come to fruition.

This review also revealed a disconnect between what Canberra Health Services say is provided to AMC detainees with disability compared to what is reported by detainees, ACTCS, external support agencies, and oversight bodies.

83 'Easy Read' is a style of presenting text in an accessible, easy to understand format (including for example, short sentences, and images to represent text). It can make it easier for people with learning disabilities and other conditions affecting how they process information to understand.

### Identifying people with disability

Identifying detainees with a disability, and capturing, collating and analysing data on disability at the AMC requires improvement so that appropriate supports, reasonable adjustments, and release planning can be identified and provided. Currently, identification of disability may occur through the induction process (through detainees self-reporting disability, or staff observations), whilst they are in custody through self-report or observation, or through a report provided by Justice Health Services.

Numerous indicators are being missed during admission to the AMC such as the detainee's income source (Disability Support Pension); whether they are or have been a National Disability Insurance Scheme (NDIS) participant; the existence of a Psychiatric Treatment Order, Community Care Order, ACT guardianship, or financial management order (current or prior); and whether the detainee was deemed to be unfit to plead under s311 of the *Crimes Act 1900* (ACT).

Providing opportunities for detainees to disclose disability is key to providing an inclusive environment and appropriate supports. Detainees may not identify as being a person with disability or feel safe and comfortable disclosing that they have difficulties reading. Many detainees will not have received a functional assessment and diagnosis of disability/ learning difficulty but may have significant learning support needs.

We note that improving methods for identifying disability will place further demand on existing support providers and create additional demand in new areas. However, putting in place required supports upon entry to custody is a measure that, if implemented properly, will reduce trauma and violence, and improve rehabilitation prospects for convicted detainees.

The development of a disability-inclusive culture and enhanced understanding of disability at the AMC would be greatly enhanced by employment of people with disability in management and staff roles. Under the Disability Action & Inclusion Plan 2021–2023 ACTCS committed to review current recruitment and employment strategies to identify and consider barriers for people with disability, to become more inclusive and to attract and retain staff with disability. However, senior AMC staff have told the review team that they haven't seen evidence of such a review and that disability is not recorded in recruitment processes and onboarding documents.

### Induction

This section includes comments on a number of specific forms and processes used when people are admitted into custody.

- The *AMC Induction Checklist* covers speech, hearing, and sight support needs but does not cover other functional support needs (e.g., mobility, supported decision-making, receptive language skills etc.). The checklist asks whether someone from a culturally and linguistically diverse background requires an interpreter but there is no mention of whether an Auslan or other sign language interpreter is required. The checklist could be improved for detainees with disability by asking whether a guardian or financial manager is appointed as a substitute decision maker. The AMC may find it useful to consider the recent work of Bimberi Youth Justice Centre in developing a disability screening tool to assist in identifying disability on admission.<sup>84</sup>

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84 See [Office of the Inspector of Correctional Services \*Healthy Centre Review of Bimberi Youth Justice Centre 2020\*, 77.](#)

- The *AMC Induction Form (admissions)* could be improved for detainees with disability by asking whether they are an NDIS participant, whether they perform a carer role for a person with disability or older person, and whether they require decision-making support or have a guardian or financial manager appointed.
- While the *AMC Induction Handbook* is provided in Plain English, an Easy Read version would make it accessible to more detainees with disability. It would be beneficial to describe to detainees with disability the process of how disability related aids and equipment are provided (e.g., hearing aids, mobility aids and assistive technology, canes, orthotics, incontinence aids etc.).
- The *AMC Welfare Induction Form* could be improved by including carer responsibilities a detainee has to a person with disability or an elderly person. Financial obligations should include payments to NDIS plan providers (e.g., disability support workers) to cover detainees with disability who are self-managing their NDIS plans.
- The *AMC Shared Cell Risk Assessment (admissions) Form* is weighted towards recording potential risks the detainee might pose to others rather than risks that might exist for them. Disability hate and bias crimes, as well as violence, abuse and exploitation of detainees with disability is endemic so recording disability as a potential risk factor needing consideration would be beneficial for those detainees with disability.

### The Assisted Care Unit

The Assisted Care Unit (ACU) provides a more positive model of support for male detainees whose disability needs have been identified as requiring additional assistance and the unit has capacity to accommodate them. Detainees with disability spoke positively about the respect, empathy, care and support they receive from ACTCS staff in the ACU, particularly from the Specialist Communities Team. Interactions with staff were described as largely positive, fun, and upbeat. There is however a greater need for this assistance than the unit has capacity to provide.

Women detainees with disability do not have access to the ACU, or an equivalent unit, resulting in gender-based discrimination and significant levels of unmet need for women with disability. This may result in women with disability being compelled to have their disability support needs met by peers and corrections staff who lack the qualifications and skills in providing specialist disability support.

The AMC does not have enough qualified personnel to conduct functional assessments and diagnose disability at the level of need. There is at least a six month wait for external functional assessments to diagnose disability. ACTCS commented that a wait of this period “is not related to being a detainee – this is community standard” and OICS is aware of shortages of suitability qualified professionals and the difficulty AMC face in attracting and retaining personnel. However, it can be argued that the ACT should be aspiring to a standard higher than one equivalent to the community given the high prevalence of disability in prison, and the complexity and chronic nature of many conditions and interrelation with offending behaviours.<sup>85</sup>

85 It has been argued that in relation to healthcare in prison that “given the extreme health problems evident in prisons worldwide, the legal obligations of the State to safeguard the lives and well-being of people it holds in custody and the implications of poor prison health on overall public health ... [that] standard of prison health care only equivalent to that in the community would in some cases fall short of human rights obligations and public health needs”. Lines, R. (2006), ‘From equivalence of standards to equivalence of objectives: The entitlement of prisoners to health care standards higher than those outside persons’, *International Journal of Prisoner Health*, Vol. 2, No. 4, 269.

The AMC recently has an Occupational Therapist (OT) on staff in the Disability and Complex Care and Interventions Coordinator role, providing the AMC with internal capacity for functional assessments which has proved a significant asset. The Disability Liaison Officer (DLO) 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 services they require more staff resources.

Detainees with disability in the ACU spoke highly of group activities like cook-ups, where they would engage positively with each other and staff. They said this provided them with opportunities to develop much needed independent living skills. They said that they valued learning to cook and clean from each other and from staff. They said the positive social atmosphere brought detainees out of their cells. They reported that the cook-ups had been stopped and they weren't sure why but hoped they would be brought back.

#### Finding 45:

That the Assisted Care Unit represents good practice for supporting male detainees with disability or a condition requiring additional assistance. However, there is a need for additional resources in the Specialist Interventions Team to meet demand. Women are not able to access such specialist support within their own unit creating a situation of discrimination.

#### Accessibility

There are access barriers for detainees with disability throughout the AMC. The kitchens are inaccessible, and a detainee using a wheelchair would have to rely on peers or staff to do everything for them and would not be able to participate in cook-ups. Bathrooms are not fitted with grab rails because of hanging point risk assessments. As there are no appropriate discrete disposal provisions for incontinence products, detainees must place used items in the general waste bins which creates conflict with peers. The need for universal design and an accessible environment is becoming more pressing with an ageing population and increasing intake of older detainees. In HPR19 we recommended 'that ACTCS develop a policy approach that articulates and responds to the needs of older detainees.' This was accepted but was rolled into the general policy on additional needs in the [Corrections Management \(Support for Detainees and Offenders with Additional Needs\) Policy 2022](#).

Detainees with disability encounter barriers to accessing crucial information as it is often provided in inaccessible written formats. A detainee may not know how, or be given the opportunity, to ask for reasonable adjustments and support in order to access written information. During admission and induction detainees are often highly stressed and coping with alcohol and other drug withdrawals making it hard to access and retain information.

Fires are a reasonably common occurrence at AMC, although they are mostly minor incidents that are quickly contained, there have been three significant fires since 2020 all of which OICS have conducted Critical Incident Reviews into. OICS note that there is some placement of Visual Alarm Devices across the AMC, but it is important that coverage is appropriate to meet duty of care requirements in relation to deaf and hard of hearing detainees in the event of fire.

It is positive that the AMC have engaged Scope (a community-based disability service provider) to run Plain English and Easy Read training for staff. This is a useful step towards the goal of increasing the accessibility of the AMC's resources and information. The ability for staff to seek feedback on accessible materials from more experienced colleagues and from Scope consultants is also very positive and indicates a shift towards disability-inclusive practice.

**Finding 46:**

That the measures used to train staff on preparing materials in Plain English and Easy Read formats represents good practice.

**Challenging behaviour**

OICS heard through conversations with detainees, AMC staff and a submission received from a disability advocacy and support organisation,<sup>86</sup> that some staff members take a punitive approach to challenging behaviour. Whilst it is clearly necessary to have a disciplinary system, it is important that the complex causes of challenging behaviour be understood, particularly by front line staff. It is often caused by detainee needs not being met, be they environmental, biological, psychological, or social. Challenging behaviour does not appear to be widely understood by AMC staff as a communication function, nor viewed through the lens of positive behaviour support (including in reinforcing and modelling positive behaviours).

Staff are not adequately trained in understanding and adequately responding to the behaviour of detainees with acquired brain injury, intellectual and developmental disability, and complex trauma. As a result, detainees rarely receive adequate supports and may instead be punished, segregated, and isolated for difficulties which arise from a lack of appropriate support with communication and adaptive behaviours. Trauma-informed supports are generally not provided.

Prisons, by their very nature, are environments which can exacerbate challenging behaviour. However, within the context of the AMC, positive behaviour plans can be developed and implemented despite inherent constraints.

**National Disability Insurance Scheme**

Whether a detainee has an NDIS plan is often not picked up during admissions. If a detainee discloses that they have an NDIS plan or My Aged Care package, there is nowhere for it to be recorded and relayed to others. The relatively new roles of Disability Liaison Officer (DLO) based in AMC, and the National Disability Insurance Agency (NDIA) Justice Liaison, have provided some impetus to addressing these deficiencies through identification of cases and advocacy and inter Agency communication, there remain problems for detainees with disability accessing the NDIS for the first time. Problems additionally occur for those with existing plans having a change of circumstance or change in their disability acknowledged and supported.

The transition to the AMC results in detainees experiencing a drastically reduced level of disability support compared to what they are accustomed to in the community. This leads to distress, exacerbates disability, and causes an increase in challenging behaviour.

Furthermore, receiving an aged care assessment while incarcerated is problematic (see section 3.6.5) and creates a barrier for detainees with disability accessing parole and aged care supports on release. Parole boards want to see evidence of disability or aged care supports being lined up or in place prior to granting parole. However, the NDIA do not implement NDIS planning processes until a release date has been set. Canberra Health Services do not provide aged care assessments to people who are incarcerated.

86 HPR22 submission – Advocacy for Inclusion and People with Disabilities ACT.

### Finding 47:

That the new role of Disability Liaison Officer role had an impact on improving supports and advocating for detainees with a disability in the Alexander Maconochie Centre.

## 3.6 Health, wellbeing and social care

### Overview

Justice Primary Health Services, Custodial Mental Health Services and Winnunga Aboriginal Health Services all operate out of the Hume Health Centre (HHC) within the AMC. The ability to run the HHC efficiently and effectively is severely limited by the lack of physical space available and operational challenges, such as moving detainees through the centre in a timely way. OICS was told by both health and custodial staff that they believe the HHC is no longer fit for purpose. This is discussed further in section 3.6.2 of this report.

OICS observed challenges arising from the siloing of health services, the interface between Justice Health Services and ACTCS, and the interface between Justice Health Services and Winnunga. This causes tensions and frustrations which negatively impact the delivery of services to detainees.

Detainees and custodial staff told OICS that there needs to be better communication between the detainees and health services. Detainees often experience long wait times to be seen by health, for follow-up appointments, and for test results or information about their medications. According to custodial staff, this causes stress and tension for detainees.

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 on site. Custodial staff are not medically trained and feel that the responsibility of observing someone for health reasons is a huge burden.

Detainee survey	HPR19	HPR22
Reported that it was 'difficult' to get <b>general medical services</b> when needed	82% (n=179)	84% (n=130)
Reported able to get <b>over-the-counter medication</b> when needed 'most of the time'.	20% (n=170)	24% (n=129)
Reported that <b>medication</b> was 'never' or 'rarely' provided in a timely way	58% (n=167)	45% (n=130)
Reported that it was 'difficult' to get <b>specialist medical services</b> when needed	86% (n=173)	88% (n=129)
Reported that it was 'difficult' to get <b>psychological services</b> when needed	72% (n=166)	71% (n=129)
Reported that it was 'difficult' to get <b>dental services</b> when needed	87% (n=167)	66% (n=128)
'Disagree' or 'strongly disagree' that on arrival at the AMC their <b>urgent health matters</b> were dealt with	57% (n=166)	62% (n=145)

### 3.6.1 Staffing

#### STANDARD 68

The correctional centre is staffed with sufficient number and range of health professionals, with appropriate qualifications to ensure detainees standard of health care is equivalent to that of the general community.

#### Staffing

There are two distinct health teams within Justice Health providing services at AMC: primary health and custodial mental health. There is an Operations Director within MHJHADS who is responsible for the oversight of primary health and CMH service provision at the AMC and Bimberi Youth Justice Centre. In primary health, in addition to the Assistant Director of Nursing and Clinical Nurse Manager, there are 40 FTE clinical staff including a Clinical Nurse Consultant, registered nurses at levels 1–3, and enrolled nurses. CMH is led by a Team Manager and is funded for 14 clinical staff including registered nurses at levels 2–3 and allied health clinicians (psychologists and social workers) at levels 1–3. There are five administrative positions which work across primary health and CMH.

#### Hours of operation

The type of health services and hours of service provided at the AMC are very good for a correctional centre of its size. However, centre design and the lack of consistent systems and processes to facilitate efficient movement of detainees through the HHC impact on the provision of a community equivalent health service.

The hours of operation for primary health services are 6.30am to 8.30pm, seven days a week. A General Practitioner (GP) remains on call for custodial staff to consult with after hours. Health staff can have direct access to detainees (for medication rounds, health appointments etc.) from 7am to 11.30am and 1.00pm to 5.45pm in winter and 6.45pm in the summer. These hours of access are very good compared to other jurisdictions with similar detainee cohort profiles.

#### Recruitment and Retention

Prior to the COVID-19 pandemic, recruiting nursing staff was not too difficult and agency staff were used if there were vacancies. However, since the pandemic, recruiting nursing staff and sourcing agency staff has become increasingly difficult. During the pandemic the AMC has been assisted by the CHS Vaccination Centres with patient COVID-19 vaccinations and (during the recent outbreak) COVID-19 swabbing and COVID-19 checks of patients.

GPs are employed either as Staff Specialists or as Visiting Medical Officers (VMOs). The level of medical staffing has been consistent at 3–4 FTE throughout 2022. There have been challenges in recruiting medical staff into GP roles, which has resulted in a number of vacancies at the present time and the use of locum Medical Officers which has impacted continuity of care.

The requirements to 'onboard' staff with CHS can take up to four months from the time of advertising to commencement of staff. Due to the delay in commencement, successful candidates often choose employment elsewhere.

### **Staff Orientation, Induction and Ongoing Training**

A Nurse Educator within the staffing establishment at the AMC is responsible for the orientation and induction of nursing staff and the organisation of ongoing professional development. GPs are orientated by the Educator and the Clinical Director. All staff are required to be trained in patient information systems, the incident reporting system, and policies and procedures. In addition, staff are provided with a number of supernumery shifts to be orientated to their clinical responsibilities. Health staff are also required to participate in online training and annual mandatory training provided by CHS.

### **Privacy and confidentiality**

#### **STANDARD 69**

Detainees access health services, programs and care in a manner that respects privacy, confidentiality and the principle of informed consent. No-one is subjected to medical or scientific experimentation or treatment without his or her free consent.

There are systems in place which allow a patient to choose whether they want to undertake a health treatment. If they choose not to, this is documented in their health record.

At the time of writing (September 2022) the e-health record used in MHJHADS is about to be replaced with a CHS wide Digital Health Record (DHR). It is hoped this new DHR will improve information flow between Justice Health staff and TCH. It will allow Justice Health to access information from TCH when a detainee has been an inpatient, in the outpatient's department, or in the emergency department. The DHR will also have electronic prescribing, improved capacity to monitor complex and chronic conditions and to review data on health care delivery. It will replace several existing legacy systems with a single system enabling staff to deliver more effective care.

Detainees are not always provided with privacy and confidentiality in the delivery of health services. OICS was advised that detainees are being seen by a GP in a consultation room where another GP is present at another desk undertaking administrative work. This is not in keeping with a professional standard of health service delivery. The patient has the right to have a confidential GP consultation without the presence of another GP who is not required to be there for the purpose of the consultation.

Detainees are also required to line up at dosing windows to receive medications and speak with nurses about requesting access to health services. This does not afford them with privacy and confidentiality and is discussed further below.

### **Health promotion and education programs**

#### **STANDARD 70**

Correctional centres have in place an evidence based health promotion and education program responsive to detainees needs and typical health profile.



**STANDARD 71**

Detainees have access to preventive health programs and products on an equivalent basis to those available in the ACT community.

Detainees can receive education on preventative health measures for health issues such as Blood Borne Viruses (BBVs) and STIs, as well as gender specific health conditions on a one-on-one basis at their request. Detainees are offered screening for BBVs and STIs as clinically indicated, and the results provided to them. If a patient requires treatment for a BBV or STI they are referred to the GP for follow up. Some detainees are provided one-one-one AOD education through CHS Alcohol and Drug Service, however no formal education programs are conducted by Justice Health staff.

Detainees can only get condoms and water-based lubricant by requesting them from a nurse or doctor. They are available in all GP rooms but not in the accommodation units and other areas of the AMC. Plastic condom dispensers have previously been installed around the AMC but were reportedly removed following an occupational health and safety risk assessment. The AMC does not provide dental dams to detainees. To practice safer oral sex detainees have told OICS that they have to make do by cutting open latex gloves.

Research indicates that condom provision is one of the most effective harm reduction interventions to control STIs, including HIV/AIDS and viral hepatitis, in prisons.<sup>87</sup> Evaluation of the long-term effects of condom provision in prisons in Australia has shown that availability of condoms does not increase the prevalence of sex among prisoners but leads to decreases in the prevalence of STIs.<sup>88</sup> ACTCS and Justice Health should ensure that condoms, water-based lubricants and dental dams are freely available in units so that detainees do not need to make health appointments or ask a CO to access them.

**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.

**3.6.2 Primary healthcare****STANDARD 62**

Conditions in detention promote the health and wellbeing of detainees. The health care service evaluates, promotes, protects and improves physical and mental health of detainees, paying particular attention to detainees with special health care needs or with health issues that hamper their rehabilitation. The standard of health care is equivalent to that available to other people in the ACT in the public health system.

87 Moazen, B., Mauti, J., Meireles, P., Černíková, T., Neuhann, F., Jahn, A. & Stöver, H. (2021), 'Principles of condom provision programs in prisons from the standpoint of European prison health experts: A qualitative study', *Harm Reduction Journal*, Vol. 18, No. 14.

88 Butler, T., Richters, J., Yap, L. & Donovan, B. (2013), 'Condoms for prisoners: No evidence that they increase sex in prison, but they increase safe sex', *Sexually Transmitted Infections*, Vol. 89, No. 5, 377-379.

### Primary Health Teams

The primary health team is led by an ADON and a Clinical Director, who is a GP. There is also a Clinical Nurse Manager who reports to the ADON position. The majority of the workforce consists of nursing and medical staff. Allied health services are predominantly sourced from The Canberra Hospital (TCH).

The Nursing team is divided into three teams – primary health, which covers reception assessments, emergency response, primary health nurse clinics and medication administration; complex care, which covers chronic and complex care management, pregnant women, women’s health, BBV and STI management, and AOD withdrawal management; and the opiate substitution program, which covers methadone and Buprenorphine commencement and management. Each of the specialty streams has a clinical lead position and a number of nursing staff.

GP services are led by the Clinical Director and are made up of Visiting Medical Officers (VMOs) and locum medical officers. All VMOs are Opiate Maintenance Therapy (OMT) prescribers or undertake the training when working at the AMC. There is currently one female VMO, who is a locum at the AMC.

### Physical environment

It is important to note that the HHC was designed to deal with a total detainee population of no more than 255<sup>89</sup> **and has never been expanded** other than the addition of a small demountable building used for Justice Health staff offices.

As is evident from the table below, the HHC has been operating beyond its design capacity as detainee numbers reach higher levels.

#### Average daily number of all detainees 2017–18 to 2020–21

Year	Total
2020–21	411
2019–20	444
2018–19	484
2017–18	474

In addition to the HHC, there are satellite clinics containing one consultation room located in the WCC, the SCC and AUs. There are no satellite clinics in the remand or sentenced accommodation.

In 2018, Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga) commenced providing health services at the AMC which required a consultation and treatment room in the HHC to be allocated for their services. This has resulted in two health service providers working in a facility built for one provider.

<sup>89</sup> See section 1.5 of this report.

For Justice Health there are two GP consultation rooms, two mental health consultation rooms, a treatment room and a dental suite. Winnunga is allocated one converted ward in the HHC which is used by the GP and have recently been allocated a small second room used for storage. The Winnunga nursing staff are located in a room in the Education Building. Currently there is insufficient space within the HHC and satellite clinics to provide the level and type of health services required at the AMC.

COs frequently expressed there are too many external medical appointments, especially for allied health services such as optometry, physiotherapy and podiatry which could be provided as an in-reach service. These external escorts take staff away from their rostered duties for long periods of time. However, there is currently insufficient space within the health centre to provide these services on site.

OICS was advised that the HHC was meant to be expanded and refurbished several years ago and an additional three consultation rooms were to have been built. At the commencement of the COVID-19 pandemic the plan for the expansion was suspended and there has been no discussion as to whether the expansion will proceed. It is noted that there has been work completed to make the existing space more fit-for-purpose, but this does not address the need for additional space.

#### Finding 48:

That the physical spaces available for health services at AMC are not adequate to cater for the number of detainees typically accommodated at the centre.

#### 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.

#### Wait times

There are four categories of waiting times for patient appointments/access to health services.

- Category 1 – immediately, but at least within 24 hours;
- Category 2 – within 3 days;
- Category 2a – this is a specified review period of a patient by a clinician/specialty;
- Category 3 – within 3 weeks; and
- Category 4 – the most suitable time and ideally within one month.

OICS was advised Category 1 and 2 detainees were almost always seen within the specified timeframes. However, Category 3 and 4 patients are regularly not seen within the timeframes.

Detainees have expressed their frustrations regarding wait times to access health services at the AMC. Results from our HPR22 detainee survey show that 84% of detainees felt that it was difficult to access general medical services when they needed and 88% felt that it was difficult to access specialist medical services when they needed. This view was further supported during detainee focus group discussions, where detainees told us that it is not uncommon to wait weeks to see a doctor and that people are frequently going without their prescribed medications for extended periods of time. Furthermore, 71% of detainees said that it was difficult to access psychological services when they needed.

### Patient flow

Nine activities are permitted to be conducted within the health centre at one time, which means in principle at least nine patients are permitted in the health centre at once. Attempts have been made between Justice Health and ACTCS to formalise the arrangement for the maximum number of detainees permitted in the health centre, however consensus has never been reached.

One CO is rostered to the health centre each day, which limits the efficient and effective flow of detainees through the health centre. OICS was informed that in an effort to increase the efficiency of the health centre, Justice Health has previously requested that an additional custodial officer be rostered in the area, but this was not supported by ACTCS.

Justice Health data for August to October 2021 shows the number of appointments booked, attended and cancelled each month. OICS have heard from both AMC and Justice Health staff that the number of detainees booked into the HHC each day is considerably different from the number who are actually able to attend their appointment. Appointments are cancelled for various reasons such as staff shortages, competing appointments, triaging and rescheduling issues etc.

Month	Appointments booked	Appointments attended	Appointments cancelled
August 2021	62	40	22
September 2021	101	72	29
October 2021	87	41	46

Source: [ACT Blueprint for Change report](#)

The AMC is made up of a significant number of sub-groups of detainees – remand, sentenced, women, protection, mainstream, as well as all security classification levels. The scheduling of these sub-groups of detainees to the HHC is challenging as their movements have to consider their security rating, the risk presented to themselves and others, as well as who else is able to be in the health centre at the same time. These operational and security requirements impact on the efficient flow of detainees to the health centre.

*“I was working in health last week and there were 17 appointments. Two detainees were seen that day.”*

Quote from custodial staff focus group discussion

### Process for requesting to see medical staff

Detainees are able to self-refer to health services by completing a self-referral form. The form is either completed by the patient or completed by nursing staff when they are administering medication in the accommodation units. In principle, the nursing staff are to discuss the self-referral with the patient and return the referral form to the Team Leaders who assess and triage the referral.

A medication administration session was observed during the review which included observing nursing staff discussing self-referral forms with the detainees. The discussion occurs via the medication window which is quite small and, in some units, located within the officer's station. As noted above, the patient is afforded little to no privacy to discuss their health issue as custodial staff are present in the officer's station and other detainees are standing in close proximity. Whilst there are benefits to discussing self-referrals with nursing staff, the lack of privacy is not ideal and does not comply with accreditation standards and the Australian Charter of Healthcare Rights. It may also create a sense of mistrust between detainees and health staff or a lack of safety.

JHS noted that an Aboriginal Liaison Officer from Canberra Health Services is on site 2–3 days per week to support communication between Aboriginal detainees and JHS to reduce stigma and enhance active engagement with healthcare. However, Deadly Connections reported Aboriginal detainees' perceptions that Justice Health staff "question" them when they go to staff for help, and if the issue is not visible, the perception of many Aboriginal detainees is that "it doesn't exist" to Justice Health.

Detainees have also raised concerns about the referral and triaging process with OICS. During focus group discussions detainees told us that the medication window during medication rounds is their primary way to access health services. Some detainees felt that they were not treated with respect during these interactions. Further, they felt that the Enrolled Nurses carrying out this function were not suitably qualified to be triaging people based on a very short interaction in front of other detainees and staff.

#### Finding 49:

That a commonly utilised means for detainees to request access to health services by asking nurses during medication rounds, lacks privacy and confidentiality.

#### 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.

### Special diets and nutrition

Special diets are available to detainees if clinically indicated. Justice Health has worked with AMC kitchen staff in the development of the special diet meals. There has been a recent review of the seasonal menu aimed to reduce the requirement of a number of special diets by streamlining the menu to include options that were suitable for people with diabetes, coeliac disease, allergies and intolerances, and those who are vegetarian, or require culturally appropriate meals etc.

Weight gain may be an issue for some of the detainee population, especially for those on mental health medications which have a tendency to cause weight gain. While the food prepared for detainees is reviewed by a dietitian, the buy-up/canteen list contains many unhealthy options which are regularly purchased by detainees. In addition, many detainees do not engage in exercise or other movement activities (in some cases due to minimal opportunities to engage in regular exercise) which further exacerbates weight gain.

### Smoking of tobacco

The current situation regarding smoking remains substantially unchanged from that which we reported in HPR19:

Smoking by detainees and staff is permitted at the AMC. Staff have designated outdoor smoking areas. According to the recently notified Smoking Policy,<sup>90</sup> detainees may only smoke in designated areas in AMC (not in cells or communal areas in cell blocks and cottages). However, OICS observed that this policy is not adhered to in practice. Detainees are permitted to smoke outdoors and in accommodation units, including cells. As noted in section 4.3.1, detainees take steps to cover up smoke alarms in cells. It is unclear how this “smoking regime” came about given that the [AMC Functional Brief \(2005\)](#) noted:

*Smoking will be permitted in outdoor areas e.g., green spaces and yards. Smoking will not be permitted in cells and cottage rooms or in enclosed common areas. The objectives are to foster a healthy lifestyle, to protect staff and other prisoners and to avoid litigation.*

Smoking at the AMC continues to be a concern to OICS. In the HPR22 detainee survey, 59% of respondents (n=128) identified that they were current smokers. While this is a slight decrease from the 66% of detainees who identified as currently smoking tobacco 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.

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. In HPR19 we commented, ‘Concerning health and hygiene, OICS was struck by the pervasive smell of stale cigarette smoke in all units, including areas where meals are prepared and/or consumed.’

Smoking in prisons in other Australian jurisdictions is banned with the exception of WA which currently allows prisoners to smoke in specified areas.<sup>91</sup>

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90 *Corrections Management (Smoking) Policy 2019*, NI2019–487.

91 ‘Despite smoking being restricted to designated outdoor areas, smoking inside cells and units is considered a common occurrence. Most staff and prisoners feel exposed to second-hand smoke daily, and staff told us they feel unsupported by various levels of management when seeking to enforce restrictions.’ – Office of the Inspector of Custodial Services (2021), *Smoking in Western Australian Prisons*, Perth: WA Government.

### Total smoking bans introduced in other jurisdictions

Jurisdiction	Year smoking ban implemented
Northern Territory	2013
Queensland	2014
New South Wales	2015
Tasmania	2015
Victoria	2015
South Australia	2020

In HPR19 we recommended ‘that relevant policies and practices are changed to ensure that non-smokers are never compelled to share a cell with a smoker’ (Recommendation 51). This was agreed in principle by the ACT Government, with the comment that:

[S]moking is not permitted in cells. However, it is acknowledged that this does continue. Smoking / non-smoking will be one of the factors considered when a cell sharing risk assessment is completed.

The *Placement and Shared Cell Policy 2020* was introduced after HPR19 and states ‘ACTCS will take reasonable steps to prevent a non-smoking detainee from sharing a cell with a detainee who smokes.’ However, it is concerning that 84% of non-smoking detainees who responded to our survey indicated that they had been made to share a cell with a smoker, given that we know smoking in cells is common practice.<sup>92</sup> Furthermore, staff have told OICS that a significant proportion of the issues that they encounter each day are directly related to smoking and tobacco and that they believe there will be many benefits if the AMC were to become smoke-free. OICS notes that (allowed) cigarette lighters are used by detainees to light fires in cells and elsewhere.

Given that 70% of detainees who smoked (who responded to the survey) said that they would give up smoking or were unsure whether they would quit if they had access to free support such as nicotine replacement therapy and counselling, there is a strong case for improving the knowledge and availability of smoking cessation programs and supports at the AMC. OICS has heard from detainees who have attempted to quit smoking while at the AMC, that there needs to be a greater variety of nicotine replacement options as the nicotine patches that are available are not suitable for many people and can cause unpleasant side effects such as skin irritation, dizziness and headaches. There are also reports from other jurisdictions of prisoners rolling up patches to make faux cigarettes. Furthermore, holistic planning for a smoking ban must consider alternate strategies for detainee de-escalation and stress release (e.g., time out of cells, exercise and activity programs) as well as the likely attempted introduction of cigarettes as contraband.

Detainee survey	HPR19	HPR22
Reported that they would prefer to live in a non-smoking unit	31% (n=178)	38% (n=128)
Non-smoker made to share cell with a smoker	Not asked	84% (n=61)

92 Double-bunked detainees can spend around 16 hours per day locked in poorly ventilated 9m<sup>2</sup> cells.

### 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.

As of 2022 there has been no change to smoking practices at the AMC. It should be noted that smoking is banned at the court cells which are also managed by ACTCS.

#### Infection control and prevention

The Complex Care Team is responsible for public health matters and the management of outbreaks at the centre. The team work closely with the CHS Public Health Unit and ACTCS AMC staff when managing an outbreak such as influenza, gastroenteritis, etc. Winter influenza vaccination campaigns are conducted each year for the detainee population and other vaccinations are provided to detainees as clinically required. The implementation of the COVID-19 vaccination program at the AMC was assisted by the CHS COVID-19 vaccination in-reach team.

BBV and STI management is undertaken by the Complex Care Team in consultation with the GPs. The Complex Care Team undertake the initial assessment of detainees for diagnosis and assessment for treatment for a BBV or STI and then refer the detainees to the GPs, who are specialist drug (S100) prescribers. For a small number of detainees who have complex issues associated with their BBV (e.g., liver cancer, cirrhosis) they are referred to Specialist Hepatitis Services at TCH.

#### COVID-19 Justice Health Services response

In the ACT, the issue of COVID-19 positive detainees emerged in October 2021 when cases of the Omicron variant of COVID-19 started to emerge in the ACT, around 18 months later than for Victoria and NSW. Quarantine and isolation commenced at the AMC in October 2021. The MU was determined to be the most appropriate location for the COVID-19 Unit due to the individual airflow from each of the cells (that is, no shared air circulation between cells) and the attached open area to each cell. Justice Health advised they were not consulted by ACTCS with regards to identifying the MU to become a COVID-19 isolation unit.

Initially, all newly received detainees were given a Polymerase Chain Reaction (PCR) test. If found to be COVID-19 negative, they were placed in quarantine in the COVID-19 Unit for 5 days. They subsequently had a repeat PCR test and if COVID-19 negative, were released from the Unit. All COVID-19 positive new detainees, those identified as close contacts, or those who refused PCRs were isolated for 14 days. At the time of writing (June 2022) the isolation requirements for COVID-19 positive detainees remains at 14 days. However, the initial quarantine period for PCR negative detainees, at the time of the review, had reduced to two days.

Until May 2022, the AMC had not had any community transmission of COVID-19 within the detainee population. There was an outbreak in May 2022, which involved a number of units, and the maximum number of positive cases was 150, requiring a minimum of daily COVID-19 checks by Justice Health. Since this time there have been a number of other outbreaks within the centre.



At the time of the first outbreak, it was decided that Primary Health, Mental Health and Winnunga should undertake the daily COVID-19 patient checks. Primary Health, who was the lead team in the management of the outbreak, contacted Winnunga and invited them to participate. However, they did not, resulting in Justice Health monitoring all of the Winnunga patients who were COVID-19 positive in isolation and those in quarantine.

COVID-19 pandemic management has impacted the provision of routine health care at the AMC. The focus on COVID-19 management, as well as custodial and nursing staff vacancies has resulted in a decreased ability to undertake certain aspects of routine health care. Priority has been given to monitoring detainees either in isolation or quarantine and detainees with higher priority health needs. This has resulted in less urgent work, such as chronic disease screening and pathology, not occurring and lower triaged detainees having to wait longer to access services.

It was reported that staff are somewhat fatigued due to COVID-19 pandemic management requirements. Health staff reported that the detainees are also somewhat fatigued and frustrated by COVID-19 pandemic management, especially regarding visits.

### 3.6.3 Dental care

#### STANDARD 64

Detainees are provided with dental treatment and care to the standard equivalent to others in the ACT in the public health system.

Dental services at the AMC are provided by the Oral Health Unit, CHS. At the time of HPR19, there were significant issues with dental services at the AMC, which included excessively long wait times for appointments. Large numbers of complaints were made to the Human Rights Commission (HRC) Health Services Commissioner regarding dental services and the dental waitlist schedules at the AMC not linking with the community public dental program.

A recommendation from HPR19 was that the HRC undertake a review of Dental Health Services at the AMC and recommend improvements. A number of improvement strategies and initiatives have been implemented which, in the view of the HRC, have improved the standard of dental services at the HHC, resulting in a significant reduction in the number of complaints to the HRC relating to dental services. Comparing results from the HPR19 and HPR22 detainee surveys show a significant improvement in detainees' views on dental care:

Detainee survey	HPR19	HPR22
Reported that it was 'difficult' to get <b>dental services</b> when needed	87% (n=167)	66% (n=128)

Improvements included the allocation of additional dental services to the AMC by CHS; improved rotation of dentists; linked AMC and community public dental waitlist to ensure that detainees waiting for dental care at the AMC can have it undertaken in the community following their release; and increased dental nurse services to better triage and schedule patient appointments.

### 3.6.4 Other health services

#### STANDARD 65

Where detainees require urgent, emergency or specialised health services they can access required services in a timely way.

#### Access to Emergency Services

The AMC has a GP on-call 24 hours a day who is able to provide clinical advice to nursing staff when they are on duty and advise custodial staff on the management of a patient after hours. Custodial staff have expressed frustration to OICS about the service provided by the on-call doctor. We have been told that the on-call doctor will “never” attend the centre and custodial staff are told to call an ambulance for any issues that arise after hours (OICS did not independently verify the frequency of on-call doctor attendance after hours). A hospital transfer results in a minimum of two custodial staff required to escort the detainee to TCH in the ambulance, which may leave the centre (which runs on skeleton staff during the night shift) critically understaffed.

In relation to afterhours attendance at the AMC by the on-call Medical Officer, JHS noted “acute physical presentations are infrequent and mainly relate to chest pain or severe abdominal pain. ACTCS staff may be advised to call an ambulance for ED transfer if the doctor decides that his or her attendance at AMC will delay assessment of a client in severe pain who is likely to require urgent additional tests that are not available on-site.”

*“Night hospital escorts are happening more and more. Some detainees are just playing the system, they know if they complain of chest pains they will get sent to the hospital.”*

Quote from staff focus group discussion

#### Specialist Health Services

Detainees are referred to external specialist appointments as clinically indicated. Specialist Outpatient Services are accessed via TCH and CHS. Medical imaging is also provided offsite at TCH.

A dedicated medical appointments nurse position has been created to streamline the appointment schedule process. OICS was advised that approximately 60% of their time is spent rescheduling cancelled appointments due to a lack of escorting custodial staff. This results in long wait times for detainees for external appointments and the need to monitor detainees for any signs of deterioration whilst waiting for appointments.

A number of the external appointments are for allied health services such as podiatry, optometry or physiotherapy, as well as other specialist services such as women’s health and diabetes education services. While these appointments could occur on site the lack of consultation rooms in the HHC precludes this from occurring.

Telehealth was being used quite successfully during the pandemic to access specialist outpatient clinics at TCH. OICS was advised that a decision was made by AMC management to convert the telehealth room into an additional holding cell (there are presently two existing holding cells in the

health centre). Justice Health staff felt the loss of this room would result in further pressure to provide services within the existing rooms. Justice Health suggested that had ACTCS consulted with them regarding the conversion of the telehealth room into a holding cell, it would have been explained that the use of telehealth would reduce the number of external appointments requiring custodial staff escorts.

There is a need for ACTCS and Justice Health to meet and agree upon short, medium and longer term solutions to improve and make more efficient the provision of specialist health services. Until the health centre is expanded it is difficult to add additional on-site services such as podiatry, optometry and physiotherapy. Other jurisdictions, where there is limited space within health centres, make use of dedicated rooms for other service provision. For example, chronic disease screening clinics or metabolic monitoring clinics are undertaken in dental rooms on the days the dentist is not on-site. Whilst this is not ideal, it frees space in other consultation rooms for additional services to be provided on site.

Other jurisdictions have successfully introduced mobile x-ray and ultrasound services within correctional centres, which has resulted in a reduction of external transfers for medical imaging. The technology has improved in recent years resulting in significantly better quality imaging from mobile equipment.

In relation to telehealth, other jurisdictions have introduced telehealth specialist appointments for a significant number of specialties which has resulted in a marked decrease in the number of detainees attending in-person, external appointments.

#### Recommendation 17:

That Justice Health expand the use of telehealth for a greater range of specialist service consultations.

#### External medical escorts

There are processes in place for the transport of pregnant detainees and detainees who require special transport due to health issues or disability. Pregnant detainees are transported to court or medical appointments by a sedan car. If a patient has significant additional requirements, ACT Ambulance Service, Patient Transport Services are used to transport the patient to an external medical appointment.

Detainees who are required to be transported to court or a medical appointment and are on medication, are brought via the health centre and provided their medication prior to leaving the AMC. If a patient requires medication during the escort, health staff prepare the medication and provide it to custodial staff to issue to the patient at the required time.

Special transport arrangements are made for diabetic patients, especially those who are prescribed insulin. A diabetic kit is prepared and provided to the officers which contains the patient's insulin, other prescribed medications, a blood glucose machine to monitor their blood glucose levels and a food pack.

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

Quote from custodial staff focus group discussion

### 3.6.5 Special health needs

#### STANDARD 72

The needs of detainees with disabilities or chronic conditions who require equipment for activities of daily living are met.

#### STANDARD 73

Primary and mental health care is delivered in a way that is sensitive to detainee needs, including detainees with particular injuries or illnesses, and the specific needs of Aboriginal and Torres Strait Islander people, women, LGBTIQ detainees, detainees from culturally and linguistically diverse backgrounds, young detainees, elderly detainees, and other groups.

#### STANDARD 75

Appropriate pre and post-natal care is provided to mothers, and their newborns.

#### STANDARD 76

Detainees receiving palliative care are treated with dignity and respect, and to maximise their level of comfort.

#### People with disability and older patients

The Justice Health Complex Care Team coordinate the requirements for detainees with a disability and older detainees who have physical or cognitive issues requiring intervention. Primary Health is not involved in any aspect of NDIS requirements for patients. The Specialist Intervention Team within ACTCS coordinate NDIS requirements from a physical health perspective, as discussed elsewhere in this report. CMH are involved in NDIS requirements for mental health patients under their care. The Complex Care Team are responsible for coordinating any patient requirements for prosthetic or other aids to assist them with mobility or activities of daily living.

There is no specific accommodation unit for older people in custody and the health centre no longer has clinical observation beds (wards) for the purpose of placing an older patient should they require a higher level of observation and support from health staff.

Aged Care Assessment Teams (ACAT) are responsible for assessing an older person regarding their care and support service requirements via the Commonwealth My Aged Care program. However, they will not attend the AMC to assess older patients as part of their discharge planning. It is understood that the ACAT's position is that the AMC is too unnatural and institutionalised to adequately assess a person's functioning for their care and support requirements in the community. This becomes difficult when Justice Health is undertaking discharge planning for an older patient and is trying to determine where they should live on release. It also delays access to care and support services they may require and potentially impedes their access to parole.

**Finding 50:**

That detainees face barriers in accessing aged care assessments whilst in custody, which creates an obstacle for them receiving required supports immediately upon release.

Consideration needs to be given to service planning requirements for older people in custody. OICS was advised by Justice Health that a project has commenced looking at older persons care within the AMC.

Detainees from a linguistically diverse background can be provided health information in other languages and staff can access Interpreter Services via telephone.

There are no specific programs and/or focus of health services which address the specific health requirements of younger patients (i.e., those 18 to 25 years of age) and health promotion targeting the specific needs of this age group would be of benefit.

**Women**

Women's health requirements are managed by the Complex Care Team in conjunction with the GPs. At the time of writing the majority of the GPs at the AMC are male. This presents a major barrier to women accessing required and gender appropriate health services when they need them.

The Women's Health Service has recently resumed delivering trauma counselling sessions at the AMC for women detainees after a significant gap. This service provides a much-needed trauma-informed, gender appropriate service for women. The Women's Health Service was also interested in providing in-reach services to the women. However, the lack of space within the health centre and the demand for the one consultation room in the WCC makes scheduling this service difficult.

As part of the overall review of health centre functioning and scheduling of health services, the provision of in-reach women's health services should also be included. A concerted effort should be made to provide more female GP services to the women.

**Pre- and post-natal care**

The care of pregnant detainees is managed by the Complex Care Team. Pre-natal reviews are conducted by the GP as well as midwives and obstetricians and all required scans are done at TCH. A series of birth directives have been developed by Justice Health in consultation with midwifery services which provide guidance on how pregnant women are to be managed by ACTCS in their accommodation units dependent on their stage of pregnancy.

Women deliver their babies at TCH and have access to a lactation consultant should they wish to breastfeed their child. In this instance a woman will either express milk for their baby or, if approved, the baby can visit the mother (which has been done in the past utilising a private self-contained unit in the visits building) to breastfeed.

The original design brief for the AMC noted the 'larger female cottages will also be used to accommodate a mother and her child if necessary (this will necessitate child height design consideration e.g., door knob heights, bench heights, child proof locks).<sup>93</sup> However, we understand that no mothers have had children living with them at AMC and we do not know whether any women have requested to have children living with them.<sup>94</sup>

Since the women moved back to the WCC in 2021, there has been a nursery room set up to accommodate visits for women and their babies if assessed as suitable. Despite being advised that there has been an increase in the number of pregnant women coming into custody we understand that this visitation program is yet to commence .

Currently, there is no written policy or procedure for how the AMC works with Justice Health and Child and Youth Protection Services for the care and management of pregnant women and their newborn babies. OICS has heard from the Women and Children's Coordinator that this is a priority undertaking.

During a yarning circle with Deadly Connections the women participants raised serious concerns about there being no procedures in place to support pregnant women and that there is no mother and baby unit at the AMC.

### **Palliative care**

The Complex Care Team manage and coordinate all palliative care and end of life requirements for detainees at the AMC. They work closely with the CHS Palliative Care Team and the GP in the management of a person with a terminal illness. The length of time a person stays at the AMC at the end of life considers their support and palliation requirements. When it is considered that a patient should no longer remain at the AMC, they are transferred to a Palliative Care Unit within the ACT.

A patient has the right to request not to be resuscitated if they have a condition that is terminal, and this is respected by Justice Health and documented in their health record. This is communicated to ACTCS by Justice Health. However, custodial staff are directed to commence resuscitation on all detainees if they are the first responders to a patient who may not be breathing and have no pulse.

## **3.6.6 Health services for Aboriginal and Torres Strait Islander detainees**

### **STANDARD 74**

Physical and mental health services are responsive to the needs of Aboriginal and Torres Strait Islander detainees. A holistic definition of health is adopted when working with Aboriginal and Torres Strait Islander detainees. This means health status includes attention to physical, spiritual, cultural, emotional and social well-being.

93 ACT Department of Justice & Community Safety (2005), *ACT Correctional Centre: Alexander Maconochie Centre Functional Brief*.

94 There does not appear to be provision in the CM Act concerning mothers and children living in custody unlike Queensland where there are provisions under the *Corrective Services Act 2006* (Qld), commencing at s29.

### Background to Winnunga providing health services at the AMC

A decision was made by the ACT Government following the *Independent Inquiry into the Treatment in Custody of Steven Freeman* (the Moss Review) to commence the provision of health services to Aboriginal and Torres Strait Islander people by Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga). It was agreed Winnunga would be an autonomous health service and Aboriginal and Torres Strait Islander detainees are able to choose if they wish to access their health services at the AMC from Justice Health or Winnunga. The service commenced in 2018.

### Scope of Winnunga's role at the AMC

Winnunga provides GP services and nursing staff provide primary health services and medication administration. There are also staff within the social services team who provide support services to Aboriginal and Torres Strait Islander detainees and assist them in maintaining links to their family and a psychologist who provides group and individual programs to detainees.

Detainees are to be advised at induction that Winnunga provides services at the AMC should they choose to use them as a service provider. Winnunga requires detainees to self-refer to their service and they are then assessed for their suitability to be provided services by nursing staff and the GP. If they are considered suitable, Winnunga makes a request to have the patient's care transferred from Justice Health. The transfer of care is supposed to occur within 72 hours of the request. Detainees are not considered suitable to be managed by Winnunga if they are on the Methadone Program or if they have a moderate to severe mental illness.

Winnunga made the decision from the commencement of services that they would provide primary health care to all women should they chose. Initially there were only a few women in custody, however the number has increased significantly and Winnunga advised that they may not be able to continue to provide services to all of the women at the AMC within their current capacity. Winnunga advised that under their current resource funding they could provide health services to a maximum of 30 detainees. As non-Indigenous men and women in custody have access to Winnunga this places further strain on wait times when Aboriginal and Torres Strait Islander people in custody should have priority or exclusive access.

Four nursing staff provide a morning and afternoon shift seven days a week and the hours of service provision are from 6.30am to 8.30pm. There are two GP sessions per week, on a Monday and Friday afternoon and a GP is on call to nursing staff during business hours and to custodial staff after hours.

The nursing staff are not located in the health centre due to lack of space, and instead are located in a room in the education building. This is not a satisfactory arrangement for the service and to facilitate a team approach to health care. Participants in yarning circles run by Deadly Connections reported that Winnunga has only one consulting room available and two staff members, leaving very limited time with detainees to build trust and rapport. The physical consulting room that Winnunga operates from was said to not be culturally responsive. Aboriginal and Torres Strait Islander detainees also reported that Winnunga accepts non-Aboriginal or Torres Strait Islander people as staff members, which may be a practical necessity depending on staffing levels but may limit the cultural safety that is able to be afforded by Winnunga.

Winnunga uses the e-health record that is used for their community patients at the AMC. Justice Health and Winnunga do not have access to each other's e-health records and communicate patient information by way of an ISBAR<sup>95</sup> handover/discharge summary.

Justice Health maintains the responsibility for health-related emergency responses to all detainees at the AMC, including Winnunga patients. Justice Health undertakes reception assessments on all new detainees, manages all detainees on the Methadone Program and anyone initiating onto Buvidal, and CMH resumes the responsibility of a Winnunga patient if they require mental health services for serious mental illness.

### Provision of services

Currently, there are approximately 100 detainees at the AMC who identify as Aboriginal and/or Torres Strait Islander<sup>96</sup> and approximately 25<sup>97</sup> of them are patients/clients of Winnunga. There are no other Aboriginal and Torres Strait Islander health services provided at the AMC, which means approximately 75 Aboriginal and Torres Strait Islander detainees are not being provided access to a service specifically tailored to be culturally appropriate for Aboriginal and Torres Strait Islander people. In focus group discussions with Deadly Connections, Aboriginal and Torres Strait Islander detainees expressed the view that the healthcare provided by Justice Health did not appear to be trauma informed or aware and many Aboriginal detainees did not feel safe or comfortable accessing care from Justice Health. It was noted that audits of trauma-aware practices and cultural safety should be conducted by an independent community-controlled organisation, who can support the ongoing improvements to healthcare at the AMC for Aboriginal and Torres Strait Islander detainees.

In terms of culturally appropriate care, the Winnunga model is positive, but the current system and model of care heavily limit its effectiveness. Discussions with Aboriginal and Torres Strait Islander detainees indicated that there are significant wait times to be accepted into Winnunga. However, Winnunga staff reported very short waiting times. Information from people in custody and Winnunga was highly inconsistent. Both staff of Winnunga and people in custody advised that Justice Health had to refer the patient and transfer records to Winnunga, which appears to cause significant delays. JHS advised "Custodial Health provides Winnunga access to the full Electronic Clinical Record at the time of referral. Once the person is accepted by Winnunga, a medical discharge summary is provided by a GP within 7 days."

Detainees who spoke to Deadly Connections reported that the waitlist for Winnunga is generally around six months, and is subject to referral from Justice Health, which compounds the lengthy wait time. One man reported that he asked to be put on the Winnunga waitlist 13 months ago and was only accepted two months ago. The women stated that they believe there are around 30 people on the waitlist for Winnunga and a minimum of three month wait.

Aboriginal and Torres Strait Islander detainees also spoke about not being given access to traditional healers or other holistic medical services upon request (it is unclear if requests were made to Justice Health or Winnunga). This was said to contribute to a belief that the healthcare provided at the AMC is not culturally appropriate for Aboriginal and Torres Strait Islander peoples and does not promote healing and wellbeing.

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95 A standardised tool for clinical handover, standing for Introduction, Situation, Background Assessment, Recommendation.

96 ACTCS occupancy report for June 2022.

97 Numbers vary due to admissions and discharges of detainees from the AMC.



### Communication and clinical governance

Whilst the concept of having an on-site Aboriginal and Torres Strait Islander health service at a correctional centre providing a seven-day service is a significant achievement that must be acknowledged and congratulated, there is some concern regarding the communication processes at all levels of the organisations between ACTCS, Justice Health and Winnunga as well as some concern for clinical governance arrangements associated with clinical risk and patient safety.

A Memorandum of Understanding (MOU) was developed between CHS, ACTCS and Winnunga and signed by the three agencies in 2018. The MOU defines the expectation of the three parties regarding Winnunga's provision of health services at the AMC as well as three schedules which describe level of service, information sharing and medication management. The MOU describes the type and frequency of meetings between the agencies, the frequency that the MOU is to be reviewed and clinical governance arrangements regarding medication management. OICS has been advised that the meetings initially commenced but after a perceived tension between the parties, the meetings stopped occurring.

Winnunga advised they did not want to be part of a MOU for the services at the AMC as they usually do not have MOUs with other service providers. They advised they have a contract with ACT Health and within the contract are a series of KPIs for their provision of health care at the AMC, which they report on each month. Winnunga advised that they stopped their involvement in meetings associated with the MOU because they believed they were unproductive, and they advised they experienced significant resistance from the other agencies to assist them in their provision of services at the AMC. Winnunga also stated at some of the meetings, they experienced racist behaviour from some of the attendees.

We were advised by numerous senior staff within Justice Health that they have little to no communication with Winnunga. When emails or other forms of communication are sent to them it is common for responses to not be provided. There is a monthly operational meeting which is meant to be attended by Justice Health, ACTCS and Winnunga to discuss health service operations at the Centre. OICS was advised that Winnunga staff do not attend the meetings.

The two-service model of health care at the AMC can create issues when one provider may provide a service and/or medication and the other does not. This has at times caused detainees, both Aboriginal and Torres Strait Islander and non-Indigenous, to raise complaints stating they are being discriminated against for not receiving the same treatment.

From a patient safety and quality of health care perspective, OICS has concerns about the inability of each of the organisations to access each other's health record. Without having all of the information about a patient, there is a risk that a patient may be provided incorrect care. Examples of this could be not sharing information about allergies and using a medication in a medical emergency that a patient is allergic to. During the COVID-19 outbreak, Winnunga patients were being reviewed by Justice Health staff without having access to the patient's Winnunga health record. There was a risk that a patient may have had a health complaint which Justice Health was not aware of which placed them at higher risk of complications of COVID-19. This could have resulted in a poor patient outcome.

There appears to be an entrenched tension and animosity between Justice Health/ACTCS and Winnunga. Whilst all agencies are aware the MOU is not being implemented in the spirit that it was intended and there are operational, clinical governance and 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 or Torres Strait Islander patient because of the lack of systems and processes in place across the organisations.

#### Finding 51:

That poor relationship between ACTCS and Justice Health with Winnunga and the lack of systems and processes in place across the organisations, present a significant ongoing risk of a critical incident involving an Aboriginal and/or Torres Strait Islander patient.

#### 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.

### 3.7 Mental health and psychosocial disability

#### STANDARD 79

Correctional centres make appropriate and adequate provision to meet mental health care needs of detainees.

#### STANDARD 80

There is a comprehensive mental health policy in place that includes strategies to prevent suicide and self-harm, including specific and specialised support to those at risk.

There is a chronic lack of support for detainees with psychosocial disability particularly for those with a mild to moderate diagnoses. 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 only provided to detainees when they experience a crisis mental health incident (i.e., self-harm and suicide attempt).

*“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

There is very limited capacity to provide any preventative and non-crisis support to detainees experiencing depression and anxiety and those deemed to have a mild to moderate diagnosis. Detainees with psychosocial disability are compelled to rely on the support of peers, even in crisis situations.

OICS also regularly heard anecdotal reports from detainees about inconsistent access to psychotropic medications with many detainees reporting to 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. COs also reported observing escalating behaviour by recently admitted detainees who were unable to access their medications in a timely way. 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. JHS response on access to medication was:

“...medications with a clear prescribing history documented by a community, inpatient, or interstate health service are typically prescribed by a JHS Medical Officer on admission. The circumstances where a medication may not be continued are where there is no recent prescribing history, where the medication is considered a high-risk medication in the AMC, or where the medication has been prescribed “off-label “in the community. Where a medication is not generally available in the AMC as it is deemed high-risk or a security concern, safer alternative treatments are provided”.

OICS was not able to explore this issue in further depth but notes that there is an ongoing issue that may encompass both reasonable and timely access to certain medication *and* effective communication between JHS and detainees about why medication can't be provided or reasons for delays.

*“Medication gets stopped or changed without consultation. It feels like they play games with you.”*

Quote from male detainee focus group discussion

Detainees raised with OICS that there is no mental health support for people when going to court for legal proceedings, even for people who are the victim in a hearing. This can be a very distressing time and people are left to manage on their own or rely on the support of their peers. It is not difficult to comprehend that even for people who do not usually experience mental ill health, that the experience of being in custody and its associated stressors, can cause episodic mental health crisis.

Admissions to the AMC during the COVID-19 pandemic have seen detainees subjected to extended periods of solitary confinement<sup>98</sup> in the MU, on the basis of health segregation. The MU was repurposed as a COVID-19 quarantine unit with detainees isolated 24 hours per day.

98 The generally accepted definition in international law is ‘confinement of prisoners for 22 hours or more a day without meaningful human contact’.

This isolation and segregation places additional stresses on detainees who were adjusting to incarceration, a time already known to trigger trauma, anxiety, and psychosocial distress. The period of solitary confinement also presents challenges and risks for adequately supporting detainees experiencing alcohol and drug withdrawal.

In HPR19, OICS raised concerns about the inadequacy of the staffing level of clinical psychologists at the centre providing general services to detainees with a mild to moderate mental health diagnosis. At the time, there was one clinical psychologist for the whole AMC detainee population. OICS made the following recommendation:

**Recommendation 57:** That ACTCS take immediate steps to obtain an independent appraisal by an appropriately experienced expert to ascertain the appropriate FTE of general practice psychologists for the AMC and develop a plan to reach the minimum acceptable staffing level within 1 year.

The ACT Government agreed in principle with this recommendation noting that ACTCS would work with Justice Health Services and the Office for Mental Health and Wellbeing in relation to this recommendation, and that analysis would involve assessing resources required to provide mental health services more broadly (i.e. not solely focussed on general practice psychologists), in recognition of the multi-disciplinary approach to mental health service provision within the AMC and across the community.

However, OICS has reservations about this approach because it does not seem to accept that clinical psychologists need to be on duty at the AMC on a daily basis to support detainees with urgent and ongoing mental health issues.

In 2022 the ACT Auditor General published an extensive report on the *Management of Detainee Mental Health Services in the Alexander Maconochie Centre* which made 19 recommendations covering strategic planning, record keeping, staff training, governance, and other operational and clinical matters relating to the delivery of mental health services at the AMC. Of these, 10 recommendations were agreed, 8 agreed in principle and 1 was not agreed to. As a result, OICS will not be making any further recommendations on this matter, rather note that we request the ACT Government to address the Auditor-General's recommendations as a matter of priority.

### 3.7.1 Custodial Mental Health

The CMH service is part of the Forensic Mental Health Service (FMHS) and is responsible for the treatment and care of people with severe mental health conditions and detainees who are deemed at risk. The CMH workforce is made up of mental health nurses, psychologists, social workers and occupational therapists. There is also a 0.6 FTE consultant psychiatrist and a full-time psychiatric registrar.

There are two CMH teams at the AMC, one responsible for case management of clients, metabolic monitoring, NDIS applications and discharge planning, and the other responsible for at-risk assessment and management and crisis intervention services for detainees with acute presentations and/or exacerbations of their mental illness.

#### **Process to access Custodial Mental Health**

The CMH Service have a triage system which determines wait times for access to mental health services. When CMH are assessing a person for risk of self-harm/suicide they also place a triage category on the patient which determines their follow-up prioritisation.

There are processes in place for the assessment and management of detainees who are at risk of self-harm and suicide at the AMC. All detainees identified as being at risk of self-harm or suicide are triaged by a CMH Mental Health Nurse (MHN) within two hours (during business hours within a seven-day service). If a patient is identified as being at risk of self-harm or suicide out of business hours, custodial staff place the person on 15-minute observations until they are seen to the next morning by CMH and triaged.

When the patient is assessed by a MHN they are given a Suicide 'S' rating and are placed on an Interim Risk Management Plan. At the daily High Risk Assessment Team (HRAT) meeting—which is attended by MHNs, custodial staff, psychologists and other staff—each patient on a Risk Management Plan is discussed to determine their ongoing placement, intervention and management requirements. A patient descends their risk rating status in a staged manner, and they cannot descend the risk rating if there is not consensus within the HRAT.

Depending on their risk rating and management requirements they may be placed in the CSU or remain in their accommodation unit.

CMH has commenced a Brief Intervention Clinic based on the 'Gold Card' Clinics developed by 'Project Air', an initiative being used in many community mental health services for patients who have histories of self-harm behaviours and poor coping skills. A patient who is involved with HRAT at AMC is offered four sessions with a CMH clinician within 7 days. The clinician works with the patient to identify their triggers, how to deal with them, and assists in developing strategies for when they are considering thoughts of self-harm. This is an excellent initiative and CMH is to be congratulated for commencing this service.

### 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. OICS is of the view that the CSU is not fit-for-purpose and entirely inappropriate for women due to lack of privacy from male detainees.

The CSU is an austere environment that is likely to escalate and trigger challenging behaviour rather than provide a sensory environment conducive to recovery and de-escalation of challenging behaviours. There is no visual privacy from staff and very little privacy from other detainees. Other detainees can also hear noise from other cells even if they cannot see into the cell – this was an issue contributing to the trauma associated with a UoF to conduct a strip search on a female Aboriginal detainee, as reported in OICS' Critical Incident Review *Use of force to conduct a strip search at the Alexander Maconochie Centre on 11 January 2021*.

Photo 16: Crisis Support Unit entry



Source: OICS 2022

**Photo 17: Men's shower in the CSU**



Source: OICS 2022

behaviours 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 increases the risk of staff being non-complaint with management procedures and/or other detainees providing at-risk detainees with items that they may use to self-harm or attempt suicide.

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.

Regular visits from health staff from a nearby location is inadequate for the level of psychosocial health support the detainees require. Corrections staff are not equipped to provide disability and positive behaviour supports, implement therapeutic interventions, or adequately monitor detainee health status.

The CSU accommodates detainees of all genders and in doing so poses a risk of harm to women and gender diverse detainees. Detainees could witness or be targeted with sexually explicit, sexually aggressive, and other behaviour likely to cause offence, distress, and trauma.

The CSU is viewed by a majority of the consulted Aboriginal and Torres Strait Islander detainees to be highly unsuitable due to the austere conditions and the mixing of men and women detainees. There is a strong reluctance from Aboriginal and Torres Strait Islander detainees to access the CSU, even when experiencing significant mental health issues. Aboriginal and Torres Strait Islander detainees described the CSU as "not the right place to put a woman who is unwell" and it was noted that some women will not report experiencing a mental health crisis as they do not want to be taken to the CSU.

Further, the men's showers consist of three showers without any significant visual block between them and showering occurs in view of corrections or other staff, and potentially other detainees. 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.

OICS' assessment is that it fails to provide a therapeutic model of care and is likely to contribute to and exacerbate psychosocial distress and trauma. Some detainees are staying in the CSU for prolonged periods which points to its failure as a short-term crisis support centre.

OICS was 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, been assaulted etc. and require closer monitoring. It is also used as an overflow area for the MU and to accommodate detainees displaying persistent challenging

**Finding 52:**

That the Crisis Support Unit is not fit for its intended purpose.

**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.

**3.8 Substance use and treatment****STANDARD 81**

Correctional centre systems have a comprehensive and integrated drug strategy that seeks to prevent the supply of drugs into the correctional centre, reduce the demand for drugs and minimise the harm arising from drug use in correctional centres through education, treatment, and enforcement.

**STANDARD 82**

Systems to test detainees for the presence of illicit substances are used in ways that comply with relevant standards to ensure the integrity of the testing procedures and the results.

There is a strong link between complex trauma and addiction. People with addictions require trauma-informed care. Supporting and treating detainee trauma is key to their wellbeing, recovery, and rehabilitation.

Detainees are not well supported while detoxing on admission to the AMC. Although the watchhouse has medically qualified staff, detainees with opioid addictions are not given OMT so can detox in an unstable way. AOD programs are a specialty service within Primary Health. Specialist nursing staff, led by a team leader and GPs who are also OMT prescribers are responsible for withdrawal assessment and management as well as commencing detainees onto OMT once at the AMC.

The AMC does not offer the full range of opioid withdrawal pharmacotherapy treatments and detainees are often not able to continue treatments that have been deemed appropriate, safe, and successful for them in the community. Over the past few years, the AMC has moved away from offering Methadone as the preferred OMT and has moved towards prescribing monthly injectable Buvidal (buprenorphine) to support opioid withdrawal.

A monthly injectable is easier for staff, has reduced risks of overdosing, diversion and stand over associated with oral medications and involves less detainee – doctor/nurse contact compared to daily liquid methadone doses. A disadvantage of opting for a monthly treatment is that it removes the opportunity for daily health monitoring and a one-to-one check in with detainees. Further, maintaining options where feasible is important as Buprenorphine may not be the best option for all detainees needing OMT.

Winnunga also offers AOD services to the Aboriginal and Torres Strait Islander detainees they provide services to at the AMC. However, detainees who are on methadone in the AMC, or were on methadone in the community, are not permitted to be patients of Winnunga. Given the small number of Winnunga patients at the AMC, there are a significant number of Aboriginal and Torres Strait Islander detainees who are not patients of Winnunga and are not offered culturally appropriate AOD services. Furthermore, the six-month live-in Solaris Therapeutic Community delivered by community organisation Karralika has barriers for accessibility for Aboriginal and Torres Strait Islander detainees. For people to utilise this program, they must have a minimum-security classification; however, Aboriginal and Torres Strait Islander people in custody are on medium or maximum-security classifications. It would be of benefit for culturally appropriate AOD services to be made available to Aboriginal and Torres Strait Islander detainees who are not patients of Winnunga.

It is pleasing to report an expansion of AOD programs at the AMC since our last review. At HPR19 the only AOD program available at AMC was the Solaris Therapeutic Community. A new six-week brief intervention suite has been piloted as well as the EQUIPS program which is used in NSW, and both remandees and sentenced detainees are eligible. Although this approach aims to be trauma-informed and disability inclusive, it is important to note that detainees with psychosocial disability require effective parallel mental health supports for mild to moderate mental ill-health for their engagement with the AOD Program to be successful. The lack of timely and effective mental health pathways for mild to moderate mental ill-health at the AMC creates barriers for detainees to effectively participate in AOD programs.

Over the past two years, the management of COVID-19 has restricted external providers such as Directions, Narcotics Anonymous Australia and Alcoholics Anonymous from providing support to detainees with addiction. For many people, this has broken a link to, and continuity of, therapeutic support between the AMC and the community.

In HPR19 we recommended:

**Recommendation 60**

*That ACTCS and Justice Health examine the feasibility of making Naloxone available for administration after-hours in case of a drug overdose (including a trial of nasal Naloxone if feasible), supported by appropriate training in administration of the drug.*

Naloxone is a drug that can temporarily reverse opioid overdose and has limited negative side effects but could be lifesaving in case of a drug overdose if an ambulance does not arrive in time. It is pleasing to see that ACTCS have taken steps to implement this recommendation, with Naloxone now available in all accommodation area first aid kits. It is also pleasing to see that ACTCS have engaged with the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) to commence the delivery of Naloxone training with AMC staff. As highlighted in a submission received from ATODA, this initiative demonstrates the important role that specialist AOD services play in identifying opportunities for improved management of AOD issues and harms. We hope to see this initiative continue and become part of the standard staff training package.



### 3.9 Medicines optimisation/pharmacy

#### STANDARD 83

Correctional facilities have in place safe facilities and procedures for the distribution of medication to detainees that reduces risk of incorrect dispensing and diversion.

Nursing staff attend the accommodation areas in the morning and afternoon to administer medications. The nursing staff take a laptop with them, so they are able to record medication administration in real time. Supervised medication is taken by detainees in front of the staff and medication which is not supervised is taken away by the patients. Some detainees are permitted to have one week's supply of their medication following a risk assessment as part of the self-medication program.

OICS observed the afternoon medication rounds across a number of accommodation areas. On most occasions the detainees attended with their ID card and when they did not the nursing staff asked them to go and retrieve it. The patient was identified and the name on the medication sachet or imprest pack<sup>99</sup> was checked against the patient's ID card. Detainees who were on supervised medication were observed by the nursing staff taking their medication.

Nursing staff were also receiving and discussing patient self-referral forms with the detainees during medication administration. This distraction could increase the risk of a medication errors occurring due to nursing staff not completely concentrating on medication administration. There is also very little privacy afforded to the detainee to discuss their health concerns with the nursing staff as corrections staff and fellow detainees are in close proximity, as discussed previously in this report.

Photo 18: Medication window Sentenced Unit



Source: OICS 2022

99 'An "imprest system" means the method by which medicines are supplied from the pharmacy department of a hospital, or by an authorised seller of poisons, to a licensed health service or the wards, theatres, departments or clinics thereof, either in containers of the original manufacturer, or repacked containers in order to establish and maintain a stock of medicines at a pre-determined level for use in such places.' – SA Health (n.d.), *Licence to Sell, Supply, Possess or Administer an S4 or S8 Drug*, Adelaide: Government of South Australia.

During focus group discussions and through the detainee survey, two main issues regarding medication were raised. Although some detainees are able to self-administer medication via Webster packs, many detainees told OICS that it is common practice for medication that is meant to be taken in the evening be dispensed during the afternoon medication rounds (ie, they are not able to self-administer). This means some detainees who are prescribed medication to help them sleep or medication which contains sedatives are taking them at around 3:30pm and finding themselves having to sleep early and waking up in the middle of the night as the medication wears off.

The most pressing concern for many detainees is what they perceive to be an abrupt discontinuation of medications that have been prescribed and have been deemed safe and effective for them in the community when they enter custody. JHS note that medications are restricted in their use where the risks associated with their use in a custodial setting outweigh the clinical benefits when there are safer, alternative treatments available. Yet many detainees perceive there to be an unduly restrictive approach to the range of medications that can be accessed in the AMC. Detainees are finding themselves unmedicated and struggling and feel there is little support or communication from Justice Health about when or if they will be recommenced on their medication. This has significant physical, emotional, and behavioural side effects and detainees feel that they are punished for exhibiting challenging behaviours when they are not appropriately medicated. As noted above, OICS was not able to explore this issue in further depth but notes that there is an ongoing issue that may encompass both reasonable and timely access to certain medication *and* effective communication between JHS and detainees about why medication can't be provided or reasons for delays.

Custodial staff also raised concerns about delays in detainees accessing prescribed medications after admission to the AMC, noting that this can exacerbate an already difficult time particularly when the medication relates to mental health conditions.

There can often be valid reasons for delayed access to medications (e.g., difficulties contacting a detainee's community health provider) but if delays persist, communication and alternative options for medication must be provided. There are a range of medications that Justice Health are not able to provide in the AMC. Nonetheless, good communication with detainees is essential to ensure their health needs are still met.

*"People who are on medication for their mental health in the community experience long waits to get their medication when they come into the AMC."*

*"People come in on anti-depressants which they have been on for a long time, you don't get them when you come in. There is an abrupt end to your medication which can cause a lot of problems. You can wait 4-6 weeks before you get assessed."*

*"If you ask for your medication, the doctors just think you're drug seeking."*

Comment from focus group discussion

The medication is being transported around the AMC on a trolley with a number of tool kit style boxes which contain the medication. None of the medication boxes have locks on them and the trolley is not secure. Some medication was also being transported at the bottom of the trolley in a non-secure tray. Whilst the nursing staff were escorted around the jail by a CO, there is a significant risk that medication could be lost or taken because the medication is not secure. Justice Health has a responsibility to ensure medication is kept secure within the facility at all times and that includes when it is being transported around the facility.

**Finding 53:**

That the way detainee medication is transported around the AMC poses an unacceptable security risk.

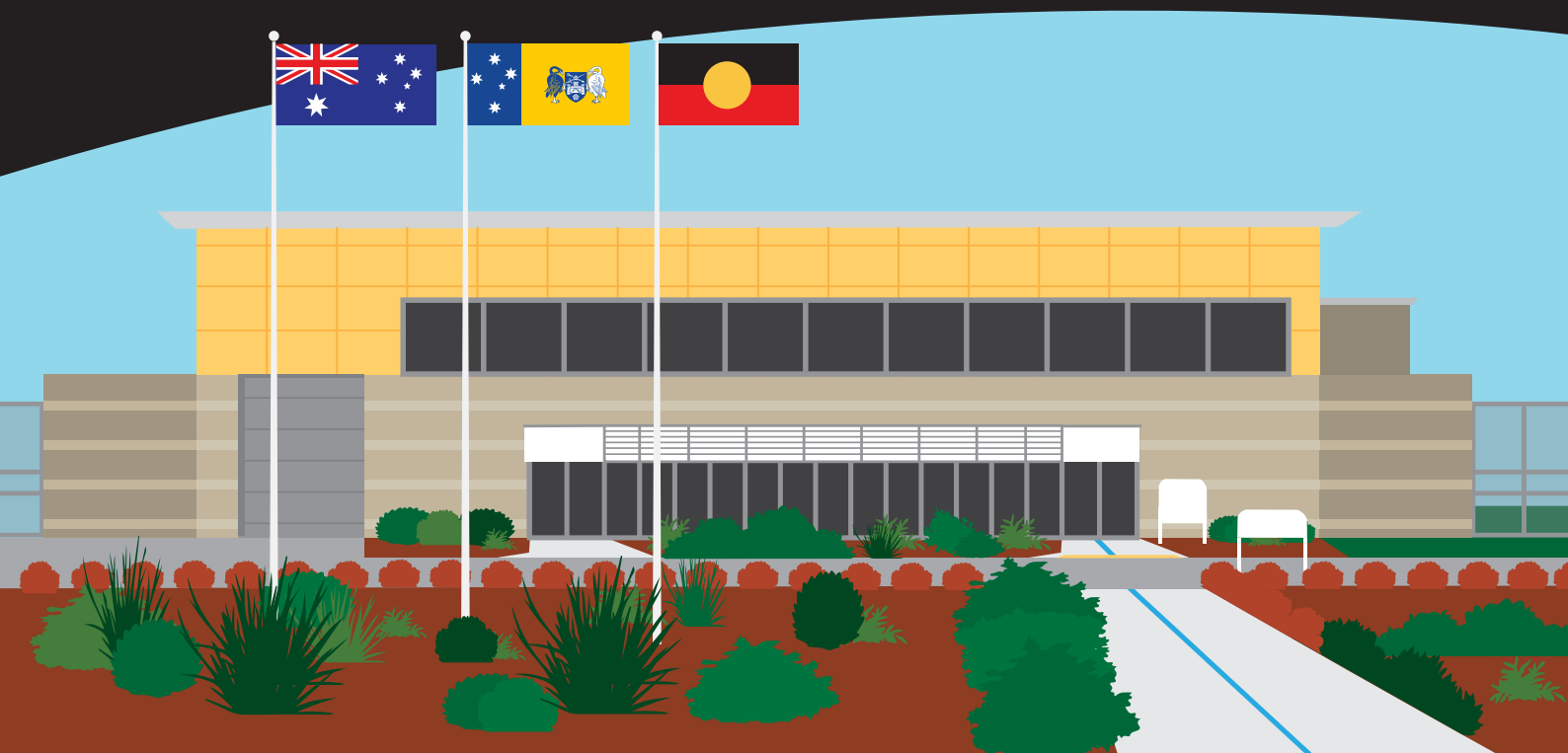
**Recommendation 20:**

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.



# CHAPTER 4: PILLAR 3

## Purposeful Activity



## Chapter 4: PILLAR 3 Purposeful Activity

### 4.1 Time out of cells

#### STANDARD 87

The hours out of cells facilitates access to work, programs, services, recreation, and overall rehabilitation.

The *Corrections Management (Regime Planning) Policy 2020* provides that:

- 4.1. Correctional centres will establish a core day operating procedure which allows all detainees, who are not subject to specific regimes due to poor behaviour, disciplinary action, or the provisions of part 9.2 of the *Corrections Management Act 2007* (ACT), the opportunity for a minimum of:
  - a. 9.5 hours time out of cell in closed conditions; and
  - b. 11 hours time out of cell in open conditions.<sup>100</sup>

However, as we reported in HPR19, ACTCS has again yet to achieve its benchmark of nine and a half hours per day out-of-cell time for secure custody detainees.

#### Out-of-cell hours (secure custody prisoners) 2020–21

Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
2020–21	8.0	9.6	8.5	9.6	8.1	7.8	8.9	8.8	8.7

Source: ROGS 2022, Table 8A.13

The standard time out of cells at the AMC comprises the hours between the morning unlock time and the evening lockdown time, excluding a lunchtime lock-in of one hour. This should result in at least nine and a half hours out of cells. However, the so-called lunchtime lock-in may commence 30 minutes before lunch and extend well after lunch. Similarly, the evening lock-in commences early to ensure all detainees are locked in before the day shift finishes. Furthermore, unscheduled lock-ins occur for a number of reasons, which means that detainees spend more time in cells than they should in normal circumstances.

In HPR19, OICS recommended (Recommendation 62) 'That ACTCS record cohort lock-ins and include this data in its reporting on out-of-cell hours for the annual Report on Government Services (ROGS).' It was pleasing to see that this data is now included in the lock-ins reporting. In a sample six-month period (July-December 2021) there were 26,963 unscheduled lock-in hours (calculated by multiplying the number of detainees affected by number of hours). Reasons for the lock-ins were:

<sup>100</sup> OICS assumes this to mean minimum-security cottage accommodation and the Transitional Release Centre as opposed to medium/maximum-security cell units.

Reason	Lock-ins (%)
Incident	15.5
Limited staffing	18.7
Regime/cohort management	11.2
Staff meeting	7.6
Staff training	4.9
Maintenance	6.2
Search operation	4.4
Infectious disease control	31.5
Total	100

Source: ACTCS

It would be reasonable to assume that COVID-19 impacted on staffing (infected and close contacts) and infectious disease control. 'Limited staffing' peaked in December 2021 (2,405 hours) while 'Infectious disease control' peaked in September 2021 (4,807 hours). COVID-19 may also have been a factor in other lock-ins, and as such, OICS is reluctant to draw any conclusions about unscheduled lock-ins while COVID-19 remains active in the wider community.

## 4.2 Education and activities

### 4.2.1 Education

#### STANDARD 89

All detainees are informed about and able to access further education and vocational and continuing training relevant to their needs and interests, and encouraged to participate in them.

Detainee survey	HPR19	HPR22
'Agree' or 'strongly agree' that they are aware of the education options available to them at the AMC	56% (n=174)	41% (n=123)
'Agree' or 'strongly agree' that the education options at the AMC meet their needs	23% (n=171)	18% (n=124)
'Agree' or 'strongly agree' that they feel a sense of achievement by participating in AMC education programs	43% (n=170)	34% (n=122)

The data paints a disturbing picture of the abject failure of ACTCS to provide meaningful education opportunities to detainees.

HPR19 recommended (Recommendation 63):

That ACTCS commission an independent education and training needs survey of detainees and draw on the results of that survey to better inform the structure, content and resourcing of the education and training program at the AMC, including ensuring it meets the needs of female detainees. The review should also engage with the ACT business community to identify education and training pathways relevant to employment in Canberra.

In 2020, ACTCS engaged [Diosma Consultancy Pty Ltd](#) to address Recommendation 63. While OICS has reviewed the Diosma report it does not seem to us that it provided much concrete advice that was relevant to addressing the issues that we raised in 2019.

In 2022, the detainee survey revealed that about 49% of respondents had not completed Year 12, including 9% who had completed Year 8 or less. At the other end of the scale, 20% had completed an apprenticeship or TAFE course and 20% had completed a university course. We note that this self-reported information may not be accurate, but it is the only data available on this topic.

The AMC, like many other adult prisons, does not provide traditional primary/secondary school education courses on the fair reasoning that the prison environment (classrooms, time out of cells, internet access, etc.) cannot replicate, or make up for, 10 or 12 years of school education for detainees who are often on remand or serving short sentences.

Adult prisons in Australia tend to focus on providing TAFE-standard Vocational Education and Training (VET) opportunities for detainees to assist them in gaining meaningful employment on their release. This could include basic Certificate I courses to more advanced Certificate IV and diploma courses and white card qualifications.<sup>101</sup>

When HPR19 was conducted VET courses were being provided at the AMC by [Foresite Training](#). However, Foresite's services apparently ceased in August 2021. ACTCS advised OICS that:

Detainees' access to educational programs to acquire skills to support their transition to the community and employment outcomes is of significant importance. Foresite, the previous services provider, formally withdrew their services in early October 2021, although they had not been able to deliver their services since August 2021 due to the COVID-19 lockdown in the ACT. I note Foresite's contract had expired on 30 June 2021 and while a new Deed of Variation to extend them until 31 December 2021 had been prepared, this had not yet been signed by Foresite. The procurement process had commenced by that time to seek a new provider and the extension was intended to cover the period before a new successful tenderer was identified.

The early departure left sometime between that and the completion of the new tender process, which was advertised to market on 5 November 2021 after developing a 'fit for purpose' statement of requirements. Since receipt of the tender submissions on 15 December 2021, ACTCS has been undertaking the tender evaluation process to ensure value for money and risk implications have been considered for the Territory. A preferred tenderer for the provision of education services at AMC has been identified through this process as they were assessed as being the best of those that tendered. Although the preferred tenderer formally responded to the questions raised by the Territory as part of

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101 White card is the common name for the 'Prepare to Work Safely in the Construction Industry CPCCWHS1001' training course. Holding a valid White Card means that you have completed official, certified general construction induction training with a registered organisation within Australia: <https://edway.edu.au/what-is-a-white-card-and-who-needs-one/>.



the tender process, their initial submission did not provide sufficient detail for the panel to adequately assess value for money as required by ACT Government procurement processes. As part of due diligence, the Panel has requested the preferred tenderer supply additional information to support this assessment. The Panel is yet to receive all of the additional information from the preferred tenderer.

Pending the evaluating panel's final assessment, it is anticipated that the Territory will be in a position to formally engage the tenderer in the near future. This is on the provision the tenderer agrees to the terms/conditions of the contractual agreement.

In the interim, education provider Quality Training in Construction (QTiC) has been delivering units in Certificate II Construction. The following courses have been delivered to date:

- August 2021 (QTiC funded through a government grant, 7 female participants)
- January 2022 (ACTCS funded, 40 male participants)
- July 2022 (QTiC funded through a government grant, 20 male participants).

It is lamentable that in the last 12 months only 67 detainees out of a daily population of some 400 were offered VET courses and these were at the low-end Certificate II level. We are aware that there has been a short construction course running periodically over the past 12 months. However, we are also aware that this course has been discontinued at various times before being fully completed by some detainees.

Whilst COVID-19 did lead to the previous education provider effectively discontinuing services early, re-tendering the contract was already on the horizon. Some gap in service provision was, perhaps, inevitable in these circumstances. However, a gap of more than a year and counting for the provision of something that is considered a human right is of grave concern.<sup>102</sup> OICS understands that ACTCS works within an ACT Government procurement framework and thus directs the critique to the ACT Government more generally.

#### DETAINEE VIEWS ON EDUCATION AND TRAINING

*"Each unit only gets 30mins/week at education. If there is no CO on the desk at education, sessions get cancelled."*

*"Certificate II is the highest level of qualification you can get at AMC. It often takes people 2 years to complete their cert II because of delays and cancellations."*

*"There is no meaningful education. Self-paced learning was available during lockdowns – but if you can't read you can't do it."*

*"For a short time, they had an education tutor which was a paid position for a detainee. But they got rid of it."*

<sup>102</sup> The Human Rights Act 2004 (ACT) includes the right to access further education and vocational and continuing training without discrimination.

#### **DETAINEE VIEWS ON EDUCATION AND TRAINING *continued***

*"Construction course got cancelled. People doing university can't access their course work and resources. Vocational training and pathways to employment – It is near impossible for most people to access, many people struggle with basic literacy, HECS debts are a real disincentive for people. Education and employment help people form their identity. It is fundamental to reducing recidivism."*

*"Education and programs non-existent. University is poorly structured and hard to access course work and readings. It would be good to have CIT or TAFE in here for education. We have been told CIT are not comfortable to come into AMC. I applied for a scholarship and won it but AMC couldn't support it."*

*"There is currently no education. When Forsite finished up there was no communication and no response to queries."*

#### **Finding 54:**

That having no education in the AMC for more than a year and counting represents a failure by the ACT Government, leaving detainees with almost no opportunity to prepare for meaningful employment on release. This is likely to be reflected in reoffending and inevitable returns to prison.

### **4.2.2 Remote tertiary education**

#### **DETAINEE VIEWS ON REMOTE TERTIARY EDUCATION**

*"So many issues with accessing uni course work, causing extra time and money to complete. Uni contacts count in your 5 email contacts, but you can't guarantee your lecturers get your emails."*

*"Can't get access to uni videos etc. Your engagement is restricted by access to uni software. People use mobile phones to access uni course work. You have to break the law to better yourself."*

*"What would work? Let students whitelist their uni website/student portal. The policy says that it does allow students access but it doesn't."*

*"There needs to be so many people involved to get stuff done. We are always late to start the semester, late to submit assignments."*

Of significant concern to OICS are the obstacles faced by many of the approximately 12 detainees who were enrolled in distance university courses at the time of writing (October 2022). This includes inability to access essential software required to complete assignments (such as SPSS statistical analysis software which is a basic requirement for some courses), inability to conduct online research for assignments due to lack of any access (including supervised) to the internet and research databases, and difficulties participating in required online engagement (e.g., tutorials etc.). OICS heard that these barriers are so significant that detainees are unable to complete units in the required timeframes and some have no other option than to discontinue their tertiary studies.

The detainees that OICS spoke to who were enrolled in tertiary education were passionate about the opportunities it provided for personal development, contribution to their own rehabilitation and preparation for release as well as 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*

OICS raised this matter with ACTCS in March 2022 and was advised that ACTCS was:

Currently working with prisoner PC and several universities to have University portals whitelisted for detainees to access directly through their Prisoner PC. Currently being trialled with Curtin university successful and work with other Universities is continuing (need their assistance to implement) to include. This will allow detainees to submit assignments directly, access tutorial and literature directly.<sup>103</sup>

In September 2022, the Minister for Corrections advised the Legislative Assembly that:

A Senior Education Officer at the AMC provides support to detainees undertaking distance tertiary studies as required. Detainees also continue to have access to the library, which is stocked with educational and legal resources. The library staff member can also print required materials for detainee studies, when necessary.

OICS understands that to the extent that such support is provided, it is not addressing the significant obstacles to participation faced by detainees studying tertiary courses. In October 2022 detainees reported that the problems outlined above persisted.

These detainees advised that the Curtin university link that was set up has the majority of useful links disabled, and that students cannot upload their work; download lecture videos; access links; or access the Curtin library, databases or unit reading lists. They felt that if these areas of the student portal were enabled, Curtin students at the AMC would be mostly self-sufficient, only requiring support from AMC education staff for enrolment and the occasional invigilation of exams. They could also not access essential software (SPSS).

103 Email from ACTCS senior manager to OICS, 23 March 2022.

OICS cannot understand how interim solutions have not been put in place pending longer-term system improvements. One such temporary fix could be access to course materials/software/links on a laptop, with use supervised by a CO or ACTCS staff member. OICS understands that supervised access to course materials is permitted in jails in at least one other jurisdiction.

#### **Finding 55:**

That detainees that are enrolled in distance tertiary education courses face significant obstacles in meeting basic course requirements. These obstacles include inability to access required course material, research databases, and essential software, and the inability to participate in online learning/assessment in a timely way.

#### **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.

### **4.2.3 Library**

#### **STANDARD 91**

Sufficient and appropriate resources are available for detainee education and training at suitable times for them to be used, including access to a library of recreational, educational, cultural and information resources.

The AMC has a small but well-resourced library which provides a valuable service to detainees. The AMC is fortunate to have a dedicated and passionate librarian who seeks to ensure detainees have access to the materials and resources they require including books, magazines, newspapers and DVDs. Detainees are able to email the librarian with requests which are delivered to them in their accommodation units if they are unable to attend the library.

The AMC library is disability-inclusive and an important resource for detainees with disability. It has books available in audio and graphic format, large print, Easy Read, and Plain English. The library also has magnifying devices for vision impaired detainees. The librarian has arranged for a number of electronic learning resources to be added to PrisonPC such as Fantastic Phonics and Turning Pages to assist detainees developing basic literacy skills if they are willing and able to do self-paced work on PrisonPC.

There is a weekly timetable for detainees to access the library based on accommodation area. This time in the library is highly valued by many detainees and is also an opportunity for those studying university courses to seek assistance accessing their course materials. Detainees' access to the library is reliant on the Education post being filled by custodial staff, in the absence of an education provider at the centre. Due to the impacts of COVID-19 on staffing, this post is often left unfilled and library sessions are cancelled or cut short.

#### 4.2.4 Meaningful activities

##### STANDARD 88

Detainees have reasonable access to a range of sports, recreation and cultural activities suited to their interests, preferences, and special needs and conducive to the full development of their human personality.

The lack of a structured day at the AMC and the consequential boredom experienced by detainees is an ongoing concern for OICS and has been raised in a number of our reviews including the [Remand Review](#), [Healthy Prison Review 2019](#) and more recently in our Critical Incident Review [A serious fire at the Alexander Maconochie Centre on 12 May 2021](#). It is also one of the main issues raised by detainees through our HPR22 detainee surveys and focus group discussions and echoed by many custodial and non-custodial ACTCS staff. Results from the 2022 detainee survey show that 79% (n=124) of respondents indicated that most of the time they are bored because there are not enough productive things to do. This is up 15% from 64% in 2019.<sup>104</sup>

Detainees are critical of their time at the AMC being a lost opportunity for meaningful rehabilitation and preparation for release. OICS has heard from many people that the schedule of education courses (when they were running) and programs on offer have little relevance to their needs and interests, which is a major disincentive to participation.

While OICS notes that ACTCS cannot compel anyone to participate in activities, education and employment, results from detainee surveys and focus group discussions indicate a strong desire from detainees to be engaged in meaningful activities during their time at the AMC.

Boredom has considerable flow-on effects impacting both detainees and AMC staff. The apparent lack of a structured day leaves detainees with a great deal of idle time and opportunities to engage in disruptive behaviours. Consequences of boredom 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 incidence and significant disturbances;
- Property damage and vandalism;
- Increased number of behavioural disciplines and time spent in separate confinement;
- Increased risk of further criminal charges and jail time; and
- Increased smoking of tobacco.

<sup>104</sup> COVID-19 restrictions may have contributed to this increase (lockdowns, staff absences, etc.).

During our focus group discussions participants were asked to raise their number one concern about being a detainee at the AMC. The resounding response from all groups was related to boredom and a demand for more productive things to do with their time.

#### COMMENTS FROM DETAINEES

*"We need more productive things to do, learning a trade, skills and work."*

*"There are a lot of people in here who don't have their year 10 certificate. They could be doing that in here."*

*"Boredom causes violence and fighting amongst detainees."*

*"While the staff are reasonably respectful the jail is run terribly. There is nothing to do- no work, no educational training, no hobbies to partake in. There is no routine, things run different from day to day as rules are made up by various staff members on the floor which can lead to conflict and other incidents."*

*"We need to be establishing routine and good habits while we are in here to help us when we get out."*

*"We look for drugs to pass the time. Takes time, gives you something to do, to organise how to get it. If we had more to do, we'd be less likely to do drugs."*

It is OICS' view that in the years since first raising the issue of a lack of structured day in the AMC, the situation has become worse. 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 (e.g., computer skills) and ensure timetabling is prioritised. The effective use of a person's time in custody has significant impacts on future prospects, particularly regarding reducing recidivism.

As noted above, detainees are locked in their units/cottages over lunch for an hour and often longer. In other jurisdictions, staffing arrangements are such that staff can have staggered breaks over lunch so staff still get adequate opportunity for a break but the whole centre is not locked in. OICS heard how lunch lock-ins significantly impact the whole jail. For example, detainees on work crews have to return to their units, all programs and services cease, and there are no visits.

#### Finding 56:

That the AMC's lunch lock-ins often go for longer than the one hour allocated, and this approach impacts on the efficient running of the jail.

#### 4.2.5 Sport and recreation

In HPR19 we made a recommendation to include a female recreation officer, that was accepted and implemented. It is positive to see that since HPR19 there has been significant work done to increase the utilisation of the multi-purpose recreation centre and improve the health and wellness programs offered to detainees. A detainee spoke of using drugs to alleviate boredom and that the gym was their "only escape". In 2020, CHM were contracted to provide health and wellness services to detainees, providing the opportunity for people to participate in structured exercise,

nutrition sessions, and recreation and wellbeing activities. CHM work closely with the AMC Activities Officer and by all accounts are doing an excellent job of delivering their programs given the constraints of working in a highly risk-averse correctional environment.

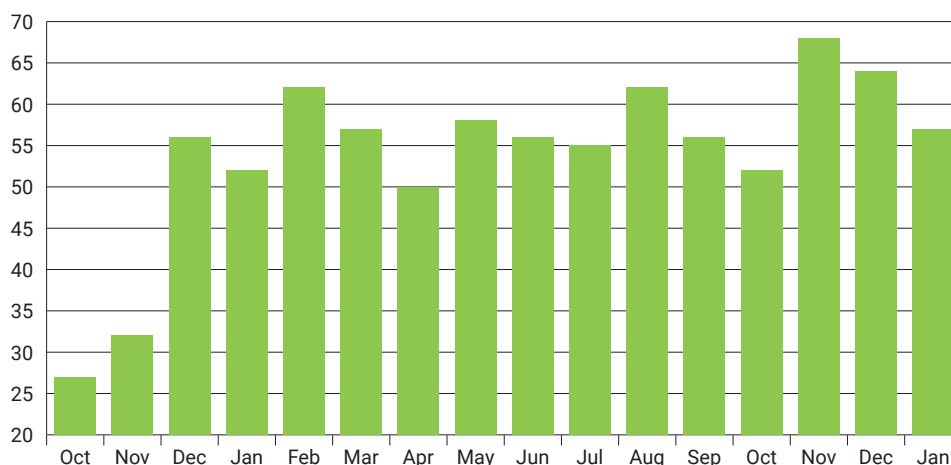
CHM are contracted to work on site at the AMC from Monday to Friday between 9am and 5pm, offering activities including gym and circuit training; nutrition education; cooking classes; music sessions; sporting competitions such as tennis, volleyball and football; individual consultations; and physical 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.

CHM, in coordination with the AMC Activities Officer, have recently commenced a pilot program offering detainees access to functional fitness sessions including the use of free weights. This program is offered Monday through Friday for one hour each morning. This program appears to be very popular amongst detainees with each session running at maximum capacity. It is positive to see that this program has introduced the mixing of cohorts for activities and recreation, something we understand is not often supported at the AMC.

Detainees must submit an application to participate in the fitness program and sign an integration agreement if accepted. Detainees who are housed in cottage accommodation, typically seen as lower security and lower risk, have easier access to the program. However, detainees accommodated in cell blocks must hold a trusted work position to gain access. It should be noted that there are very few trusted work positions available to those people in the cell blocks. If the pilot proves successful, it is our understanding that this program will become part of the Incentives and Earned Privileges scheme.

Despite the challenges of delivering CHM programs, not least during an ongoing global pandemic, data from CHM's January 2022 monthly report shows encouraging trends of engagement with their program.

#### Total attendance per month for Physical Activity and Recreation as percentage of total possible detainee numbers (Oct 2020–Jan 2022)



Source: Corporate Health Management 2022

Unfortunately, due to limited time and resources, women do not currently have the opportunity to participate in this pilot program. CHM have a dedicated staff member working closely with the women detainees to provide a gender-responsive health and wellbeing program, tailored specifically to the needs and interests of the women. As a result of the dedication and perseverance of this staff member, they have been able to build a trusted relationship with the women and participation in the program has grown notably over the past 12 months. This program is discussed in greater detail in section 4.2.5 of this report.

Another positive outcome of the work of CHM is the creation of the Activities Coordinator position, an employment position for detainees. There is one Activities Coordinator position in each accommodation unit and this person is responsible for attracting interest in various activities and sporting competitions and being the point of contact for communications with CHM.

OICS has heard from staff and detainees that activities seem to be a low priority to custodial and operational staff and they are among the first things to be cancelled if there are pressures impacting centre operations such as staff absences. This causes disappointment and frustration for detainees, as well as CHM staff who are invested in delivering their program to detainees. The HPR22 detainee survey revealed that only 25% of respondents (n=123) reported that they could exercise outdoors 'most of the time'.<sup>105</sup>

OICS had concerns that there was only one Activities Officer who worked Monday to Friday, 9am to 5pm. This meant that on weekends and when this officer was on leave, if the post was not filled by another staff member (which was common), activities across the jail could not run.

It is hoped that with more appropriate staffing levels for the Activity Officer role (and if there can be more support for mixing detainee cohorts as discussed below), CHM may be able to extend their program to late afternoons and weekends to ensure those who participate in education and employment don't miss out on exercise and activities.

It is OICS' view that there needs to be greater emphasis placed on the importance of access to physical activity, fresh air and open space, and recognition of the benefits it provides not only detainees but also staff. In addition to the obvious benefit of more detainees being out of their accommodation areas during the day and regularly 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.

#### **Finding 57:**

That the health and recreation programs play a vital role in health and wellbeing and capacity exists for further expansion if funded.

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<sup>105</sup> OICS notes that in 2021 and 2022 outdoor exercise activities may well have been affected by COVID-19 lockdowns and COVID-related staff shortages.



**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.

**Photo 19: Multi-purpose Recreation Centre**

Source: OICS 2022

Currently only one detainee cohort can access the recreation centre at a time, meaning that there are multiple areas which are underutilised, including the ovals. We are aware that there are at least 15 different accommodation areas which are physically separated and managed separately despite the fact that the only key groups to separate are protection and mainstream, and men and women (noting that the AMC does not separate remandees and sentenced detainees). This impacts not only access to activities but other areas of the centre

including education, programs, health appointments, visits and employment. This cohorting of the prison population also unnecessarily disrupts other areas of operations, including the increased need for escorts and management of detainee movement around the centre.

Access to the oval is reliant on accommodation unit COs, and it is at their discretion if the oval session occurs. This causes significant tension between detainees and staff particularly when oval sessions are continually cancelled. Oval time also causes issues amongst detainees as it is often the case that those who do not attend the oval sessions are locked in their cells due to staffing ratio requirements. This impacts on detainees' time out of their cells to make phone calls, use kitchen equipment to prepare meals, do their personal washing, etc.

**4.2.6 Gainful employment****STANDARD 95**

To the maximum extent possible, detainees can access a range of productive employment including in the day-to-day operations of the centre, which provides them with the opportunity to acquire skills that will be useful upon release and are in demand in the employment market.

Detainee survey	HPR19	HPR22
'Agree' or 'strongly agree' that they are able to do paid work at the AMC that they find meaningful	49% (n=169)	53% (n=121)
'Agree' or 'strongly agree' that the work they can do at the AMC will help them get a job when they get out	Not asked	20% (n=123)
'Agree' or 'strongly agree' that they get enough money from work or unemployment benefits in the jail to meet their needs in the AMC	13% (n=172)*	20% (n=122)

\* Different answer options in 2019 and 2022 surveys. The 13% response in 2019 was for 'usually' or 'always'.

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

Comments from staff survey

*“As it stands, less than 15 inmates are ... [gaining qualifications, employable skill and employment history] by upskilling their qualifications through university degrees. Every other service provided in the prison for a detainee is not sufficient to get you a job within that industry. An example is working with the maintenance employment crew in the AMC. Yes, you will gain employable skill in construction but you will not have met the legal requirement (asbestos awareness, general induction white card etc.) to work in construction within the Australian Capital Territory and consequently you can not gain the opportunity of employment with that skill.”*

Quote from detainee submission

ROGS data on prison employment for 2020–21 shows that 86.7% (about 350) of ACT detainees were employed.<sup>106</sup> However, 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. It would be instructive if ACTCS could convert detainee job numbers (86.7% or 350 employed) to FTE numbers.

106 ROGS (no 12) Table 8A.12.

There are few opportunities for meaningful employment in the AMC, particularly for those who are housed in cell block accommodation. 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 roles. There are also many people who are unemployed and receive the unemployment benefit, which impacts their ability to earn a reasonable income (unemployment rate of pay is 30% of what the highest level of employment receives, see table below). This perpetuates disadvantage and further contributes to the lack of routine and motivation exhibited by many detainees. Employment opportunities for people who are on remand are even further restricted by the uncertain circumstances of their incarceration.

#### Detainee remuneration rates

Unemployment	Level 1	Level 2	Level 3
Per hour = \$0.51	Per hour = \$0.85	Per hour = \$1.20	Per hour = \$1.71
Per 6 hr day = \$3.06	Per 6 hr day = \$5.10	Per 6 hr day = \$7.20	Per 6 hr day = \$10.26

Source: Annex A – Remuneration Rates, *Corrections Management (Detainee Trust Fund Management) Policy 2019 (No 2)*

There are a small number of trusted job opportunities for detainees outside their accommodation areas including in the AMC kitchen, bakery, and laundry, as well as in the recycling area and grounds maintenance. We have been advised that these positions provide an average of approximately 12 hours of work per week and that there are only about 10 jobs that offer 30 hours per week (bulk stores facility and grounds maintenance). These positions offer detainees the opportunity to be involved in work that they find meaningful, earn a moderately higher income (though as the table above illustrates it is still the very low rate of around \$10 a day), and leave 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 and what employment offers them. Having a reason to get up in the morning, get ready, and get to their jobs on time helps establish routine and responsibility, gives their day a purpose and helps prepare them for daily life following their release. We have also heard from detainees that having a trusted job gives them the space to stay out of trouble and focus on their rehabilitation. As the table above illustrates, the payment rate for all levels of work at the AMC does not allow detainees to save significant amounts of money, money that could potentially be put towards living costs upon release. The rate of pay has also not changed since 2019.

Many detainees at the AMC have no routine or daily responsibilities and as a result lack motivation to participate in their own rehabilitation and preparation for release. Custodial staff have shared their frustration that some detainees refuse to get out of bed for muster each morning and are often only just getting up before lunchtime lock-in. With nothing to do all day, there is little incentive for people to get out of bed, which is incredibly regretful.

*“If you’re in the blocks you can only get a job in the unit like mopping the floors. There are lots of false jobs.”*

Quote from detainee focus group

Women detainees have even fewer opportunities for meaning employment as they are largely restricted to jobs within the WCC, except for the AMC bakery where there are six positions available to women, two days per week.

Deadly Connections reported a strong belief amongst Aboriginal and Torres Strait Islander detainees that the AMC is a “backwards jail” where there are no employment opportunities that are transferable or are of assistance with securing employment after release. Detainees expressed motivation and commitment to engage in employment pathways however had no opportunity to do so, which is disempowering and contributes to recidivism rates.

OICS has been advised that there is considerable opportunity to employ detainees to support the Facilities Management Team (FMT) in maintenance roles around the centre given greater planning and support. There is currently a detainee painting crew, building maintenance team, welding workshop crew and electrician’s assistant, which is pleasing to see. However, due to operational constraints such as timing of morning unlock as well as lunch and evening lock-ins, and requirements for detainees to be escorted around the centre, it is difficult to make the most of these positions which can be detrimental to the FMT’s productivity in some cases. With appropriate planning, commitment, and adequate resourcing, the FMT presents an opportunity to create a number of jobs for detainees where they would not only gain practical skills and experience but also contribute to the ongoing maintenance and upkeep of the centre.

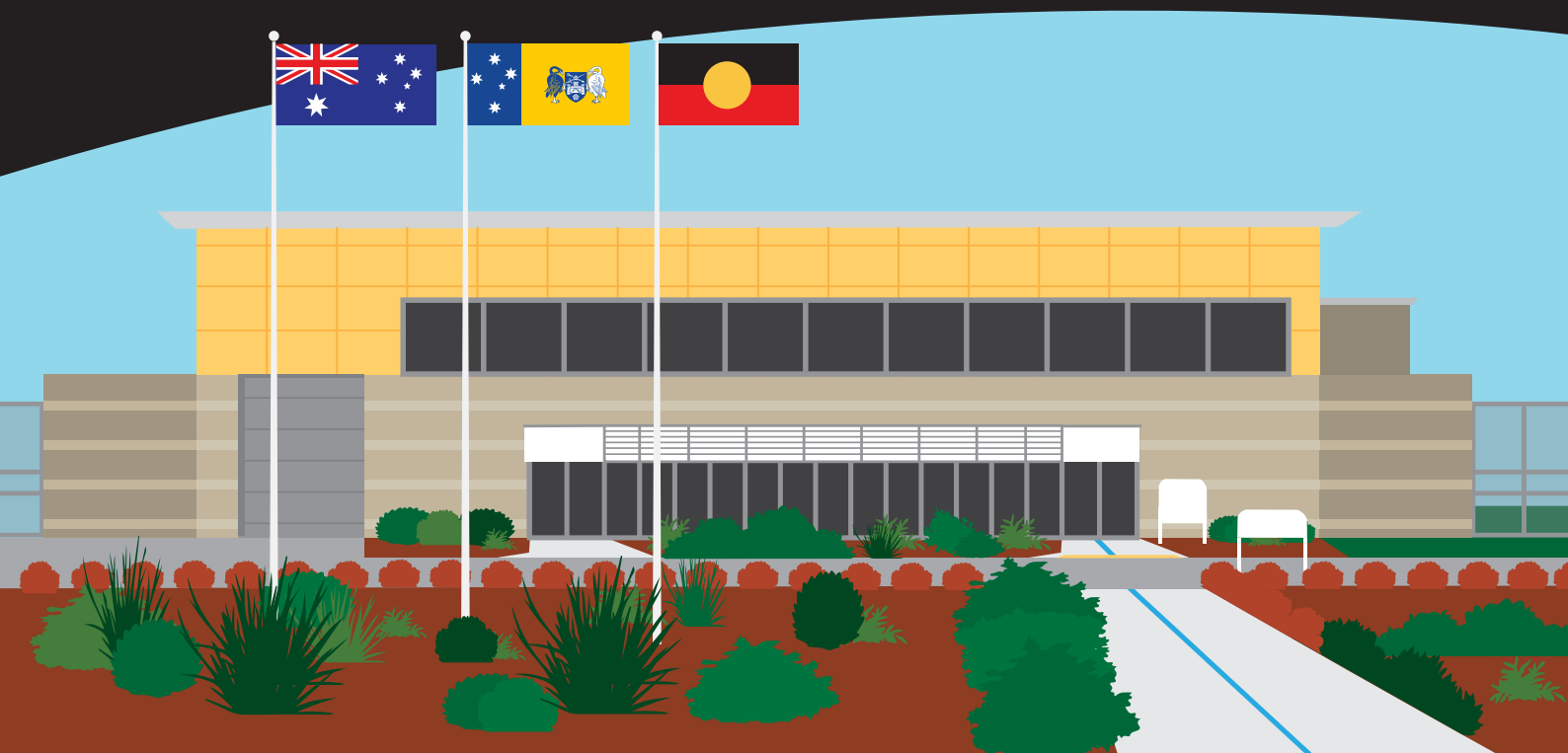
Finally, in HPR19 OICS noted that the absence of commercial industries at the AMC was due to the fact that the concept for the centre was entirely focused on education and programs for detainees (rehabilitation). As a result, there was no provision made on the relatively small site for commercial prison industries that are common in other jurisdictions. Recommendation 65 of HPR19 was that ACTCS explore the feasibility of providing a modest multi-purpose industries building in the AMC which ‘could accommodate the metal shop but be of a flexible design to allow for other transient projects. We would not envisage a need for high value capital equipment, but rather the sort of basic tools and equipment that might be found in a simple workshop...’. This infrastructure would provide possibilities for jobs and vocational education. The ACT Government agreed to this recommendation, and we were informed that a business case for funding a multi-purpose industries building was put forward but not approved. On this basis ACTCS considered this recommendation to be complete. Given the importance of this issue we have again made this a subject of a recommendation.

#### **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.

# CHAPTER 5: PILLAR 4

## Rehabilitation and Preparation for Release



# Chapter 5: PILLAR 4 Rehabilitation and Preparation for Release

## 5.1 Rehabilitation

### 5.1.1 Assessment and case management

#### STANDARD 92

Case management plans are prepared for sentenced detainees soon after admission to a correctional centre.

Feedback from detainees and staff indicates there have been persistent and ongoing concerns with the case management system. However, a new model of case management has been introduced and it is hoped this will improve performance.

Detainees frequently reported that they had participated in very little or no case planning, and some detainees told OICS and Deadly Connections that they did not know who their Case Manager was. Data from the survey indicates some knowledge:

Detainee survey	HPR22
Reported that they have a Sentence Management Officer*	74% (n=90)
Reported that they do not have a Sentence Management Officer	9% (n=11)
Reported that they did not know if they have a Sentence Management Officer	17% (n=21)

\* Staff have now returned to the title of Case Managers (at HPR19 their titles had just changed to Sentence Management Officers – SMOs). Case Managers deal with both remand and sentenced detainees.

This has concerning flow-on effects, including detainees not knowing who to go to when seeking assistance around induction issues, their sentence, requirements or options around programs, and release planning. Feedback from Aboriginal and Torres Strait Islander detainees via Deadly Connections was:

*[f]rom the point of induction, Aboriginal people in custody felt that the processes and information delivery were severely lacking, leading to very high levels of uncertainty, immediate dislocation from family and community in excess of what would be reasonably anticipated, sharp decline in wellbeing, and an inability to access necessary medications.*

Case Managers noted significant restrictions accessing detainees due to COVID-19 lock-ins. The unit was also at times grossly understaffed: at one point in 2022 the Case Management Team Leader position was not filled and there were only four full time Case Managers. One Case Manager OICS spoke to had a case load of 81 detainees. It is noted that at the time of the review (August 2022) there were eight filled positions and one unfilled position which should reduce caseloads.

Another comment was the significant time Case Managers spent carrying out welfare functions – one Case Manager estimated that 80% of their time was spent assisting with welfare (family issues, etc.). This means very little time to devote to case management functions such as linking detainees with relevant programs and interventions and ensuring detainees are aware of and prepared for parole hearings. Other jurisdictions have “welfare officers”, under various titles, to assist detainees dealing with personal matters in the community.

The case management area had recently undergone changes that coincided with the introduction of the Integrated Offender Management System (IOMS) which seeks to have one system for case planning and case management of offenders from entry into custody through to release into the community.

OICS viewed the Case Management Team’s Best Practice Guidelines that outline the minimum amount of contact a Case Manager should have with a detainee for each different detainee category (including remand, newly sentenced: first six weeks, newly sentenced: first six months, seven months to six months pre-release, etc.), noting that the paramount consideration is the detainee’s level of need. OICS understands that as the team transitions to online recording on CORIS it will be possible to identify whether detainees are being visited in line with the Best Practice Guidelines. Recording and measuring will be important to identify whether these targets are being met, whether there are any gaps and whether the team’s resourcing is appropriate.

Within five days from arrival into custody a Case Manager must complete detainee inductions. Three of the eight Case Managers are allocated to remandees, focusing on commonly needed supports such as access to legal representation and dealing with their needs in the community (e.g., pets or housing arrangements – welfare functions). Remandees have a Remand Management Plan completed if they have been in custody for four weeks. This covers reintegration plans and needs in custody. Five Case Managers focus on sentenced detainees, and within six weeks of a sentence being handed down they must have completed an assessment on their level of risk of reoffending (Level of Service Inventory-Revised) or other assessments (e.g., Static-99R for sex offenders). Seven months prior to a detainee’s earliest release date the Case Manager will assist with parole applications. Six months prior to release, the detainee’s case will move to the Reintegration Unit, a unit that has staff in the community as well as two based in the AMC (one of whom focuses on female detainees with an understanding of family and domestic violence issues). This unit looks at reintegration needs including accommodation, supports, daily living and develops a reintegration plan for each detainee.

OICS viewed a detainee case plan generated from CORIS. This is a huge development as at HPR19 case plans were not part of the AMC detainee information management system.

OICS noted that there was a significant reduction in overdue case management plans: in January 2022, 84% were overdue (i.e., had not been developed within six weeks of a detainee being sentenced), and by June 2022 this had reduced to 54% (even dropping to 34% in a prior month).

#### **Finding 58:**

That it is positive to note that the Best Practice Guidelines for the new case management system identifies clear targets/KPIs which should provide some accountability going forward in measuring case management performance.

Detainee survey	HPR19**	HPR22***
Sentenced detainees reported that they had a Case Manager*	67% (n=123)	74% (n=122)
Reported that they can 'always' access their Case Manager when needed	9% (n=106)	1% (n=122)

\* Referred to as Case Workers in the HPR19 survey and Sentence Management Officers in the HPR22 survey.

\*\* Sentenced detainees only.

\*\*\* All detainees.

Note: Since HPR19, OICS has become aware that Case Managers devote a considerable amount of time to remandees although much of that time involves welfare issues rather than preparation for release. For that reason, OICS widened the data set to include remandees, noting that the 2019 and 2022 data sets are not directly comparable.

## 5.1.2 Interventions/programs

### STANDARD 93

Based on an individual risk and needs assessment, detainees are provided access to a range of evidence-based programs (for sentenced detainees) and transitional/pre-release programs that match detainee needs.

Detainee survey	HPR19	HPR22
'Disagree' or 'strongly disagree' that they are aware of the range of programs available to them at the AMC	57% (n=177)	62% (n=125)
'Disagree' or 'strongly disagree' that they have access to programs that meet their needs	76% (n=174)	83% (n=124)
'Disagree' or 'strongly disagree' that programs help them to address their offending behaviour	66% (n=151)	72% (n=124)
'Disagree' or 'strongly disagree' that programs help them to prepare for release	71% (n=170)	80% (n=120)
'Disagree' or 'strongly disagree' that they feel a sense of achievement by participating in programs	59% (n=169)	63% (n=121)

At the time of writing (October 2022), ACTCS had a Compendium of Programs available on their website. However, we note this is not current; it is a 2020 version whereas the 2021 version is available on the ACTCS intranet. OICS does not have faith that this provides an accurate picture of programs that are actually available to detainees, as we heard of programs that do not run, or are cancelled on the day. A Case Manager noted that there was a Violence Intervention Program listed in the Compendium of Programs for over two years, but it never ran, and it has finally been removed.

Furthermore, there has been a gross shortfall in programs delivered in the AMC over the past three years; partly due to many programs being discontinued as a result of efficacy issues but also due to significantly reduced capacity during the COVID-19 pandemic. Deadly Connections noted that program integrity was also reported to be low, as detainees have noted completing the Pathways program "multiple times". Despite requesting new programs, nothing new has been introduced to further develop skills. The limited programmatic offering was also suggested by Aboriginal and Torres Strait Islander detainees to contribute to the unstructured days and lack of purposeful activity at the AMC, which detainees said lead to boredom, restlessness, and increased drug use.



It is also concerning that there are no ongoing parenting programs available to women generally at the AMC, and no culturally-responsive parenting support and connection programs to specifically assist Aboriginal and Torres Strait Islander mothers.

Some of the reduced delivery of programs can be attributed to the COVID-19 pandemic. This limited the availability of staff to deliver programs due to staff absences and room space limitations due to COVID-19 distancing requirements. Program staff developed self-paced booklets for detainees to complete during lockdown. These related to self-help, future planning, keeping safe post release and AOD. We were informed that 300 were completed in a six-month period. 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 low literacy rates amongst detainees—across Australia, almost two in three prison entrants have an education level of Year 8 or below.<sup>107</sup> One detainee commented on the survey that with self-paced books, “there was no support so they were completely useless.” Another commented that “self-paced learning was available during lockdowns – but if you can't read you can't do it.”

Deadly Connections reported that multiple Aboriginal and Torres Strait Islander people in custody expressed a belief that there is an insufficient separation between officer and non-officer roles in the AMC, with a perceived majority of Case Managers and other roles being ex-officers. This was said to contribute to an absence of trust and rapport and therefore a strong reluctance by Aboriginal and Torres Strait Islander people in custody to engage in programs and activities facilitated by non-officers. It is important for AMC staff to be aware of this perception as it is relevant to developing rapport and trust with detainees. When provided with a draft of this report for fact-checking, ACTCS noted that this “[m]ay have been correct at the time, but current staffing in the team of 10, there are only 2 staff who were previously officers”.

The ACT community is being let down by the corrections system as detainees are missing a hugely important key to rehabilitation. It is not fair for detainees to have to prove to the SAB that they have addressed their offending behaviour if they are given very few opportunities to do so whilst in prison.

In discussions with the Programs Team, OICS heard about significant changes introduced to programs including:

- A suite of brief interventions relating to Cognitive Behavioural Therapy has been developed in 2020 and rolled out in 2021. These are available to remand and sentenced detainees and men and women. The previous nine-month self-change program was removed, due to “limited evidence of effectiveness”.
- EQUIPS suite of criminogenic programs (for sentenced detainees only) is being rolled out in 2022. EQUIPS (Explore, Question, Understand, Investigate, Practice, Succeed) is utilised by Corrective Services in NSW. EQUIPS includes a foundation program (general offending), plus three offence-specific programs addressing aggression, domestic abuse and addiction, depending on the needs of the participating offender. Each of the four program modules is 20 sessions of two hours in length.

OICS is cautiously optimistic that if current plans come to fruition there will be an improvement in the range and frequency of programs on offer. Indeed, the ACT Government's goal of reducing recidivism in the ACT by 25% by 2025 will have a much stronger chance of success if significant, rapid improvements are seen in the successful delivery of programs and interventions in the AMC.

107 AIHW (no 80).

### Finding 59:

That there has been a gross deficiency in the availability of programs at the AMC, particularly since 2020, that can only partly be attributed to COVID-19 limitations.

#### Specialist Communities Team

The AMC has a support and interventions team that provide support to detainees with mild to moderate mental ill-health. It is positive that these positions envisage a multi-disciplinary team including allied health professionals (e.g., an occupational therapist), a disability liaison position, and a psychologist(s). The multi-disciplinary nature of this team is important, and having an occupational therapist enables the AMC to do functional assessments for cognitive and physical disability. The psychologist component is crucial given detainees rely on this team for support and interventions relating to mild to moderate mental health conditions. This is because CMH only provides health services for acute mental health conditions or episodes. It was deeply concerning to OICS that this team was grossly understaffed due to unfilled positions (at the time of discussions only four of 10 positions were filled). This team and ACTCS more generally are acutely aware of the challenges of attracting and retaining professionals in this team and were actively looking at a range of options to address this situation.

Because of low staffing, OICS found that in the interventions space, the work is largely reactive, responding to immediate need rather than providing preventive, general health and wellbeing interventions.

Aboriginal and Torres Strait Islander detainees reported to Deadly Connections that counselling was either not available or required significant and unreasonable wait times, further contributing to feelings of hopelessness and defeat.

### Finding 60:

That the Specialist Communities Team is grossly understaffed due to inability to fill positions. This results in a reactive approach and significant unaddressed need for detainees with mild to moderate mental health conditions.

### 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.

It is pleasing to note that in the AOD space, a six-week brief intervention suite has been piloted. This would add to the EQUIPS suite and Solaris Therapeutic Community, run by Karralika. At the time of writing, there remains significant unmet demand for AOD detox support and treatment, which the brief intervention suite is hoped to address (see further information on alcohol and drug services in the health section above).

## 5.2 Preparation for release

### 5.2.1 Contact with the outside world

#### STANDARD 97

Detainees are encouraged, and as far as practicable, adequate opportunities must be provided, for detainees to be able to remain in contact with family members, friends, associates, community leaders and others by telephone calls, mail, email and visits.

Detainee survey	HPR19	HPR22
Reported that <b>in-person visits</b> are 'very important' to maintaining relationships with family and friends	91% (n=172)	93% (n=117)
Reported that <b>video visits</b> are 'very important' to maintaining relationships with family and friends	Not asked*	71% (n=116)
Reported that <b>postal mail</b> is 'very important' to maintaining relationships with family and friends	65% (n=169)	66% (n=114)
Reported that <b>email</b> is 'very important' to maintaining relationships with family and friends	91% (n=171)	94% (n=119)
Reported that <b>phone contact</b> is 'very important' to maintaining relationships with family and friends	89% (n=174)	93% (n=120)

\* Not available in 2019.

#### Access to telephones and establishing telephone accounts

Detainees can make phone calls at their own expense using the telephone located in the common area in their accommodation unit. Each person can identify five personal contacts to be added to their telephone account which usually occurs within the first few days of arriving at the AMC. Detainees are also able to add professional contacts to their phone account such as a legal representative, which does not count towards the five personal contacts. Contacts added to a detainee's phone account must go through a vetting process whereby the person is contacted to give consent to being added to the detainee's phone list. While this process is necessary, we have heard from detainees that it can take some time to have the phone list set up which causes distress and frustration.

Phone calls are a highly valued way for detainees to stay in contact with their family and friends. In our 2022 detainee survey, 93% of respondents said that access to phone calls to maintain relationships with family and friends was very important to them. However, as discussed in HPR19 the cost of phone calls, being \$5 for 10 minutes, remains prohibitive for many. Of those surveyed 39% said that they often did not have enough money from work or unemployment benefits to make phone calls (see the table at 4.2.6 above that sets out rates of pay – e.g., detainee on the highest rate of pay doing a full days work could afford two phone calls with no change for buy-ups etc.). These phone call costs far exceed those in the community where it is even possible now to make free calls to mobile phones from Telstra phone boxes.

One welcome initiative that ACTCS is to be congratulated for is the introduction of \$20 credit per week to detainees' phone accounts when the AMC went into lockdown during the COVID-19 pandemic. Detainees who OICS spoke to were greatly appreciative of this, during what was a difficult time for them with no in-person visits.

## Good practice

ACT Corrective Services provided detainees with additional weekly phone credit during the COVID-19 lockdown when visits were cancelled.

There is very little privacy for detainees when making phone calls, as telephones are located in communal areas where others walking past can hear what is being said by the person on the phone. Access to the phone is also an issue that has been raised, as there is one phone per accommodation area meaning up to 30 people can be competing for time to contact their family and friends.

*“The cost of phone calls is so high, there is no privacy to make phone calls and there are not enough phones.”*

Quote from detainee focus group

### Finding 61:

That the cost of telephone calls is prohibitively high and limits the ability of many detainees to maintain contact with family and the community.

### 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.

## Access to email and establishing email accounts

### STANDARD 101

Detainees have reasonable access to email and other technology where possible.

Detainees have access to an email account whereby they can send and receive emails from approved contacts. Detainees can add up to five contacts to their email account which goes through a similar vetting process as phone contacts. There is no limit to the number of emails detainees can send or receive. However, emails are screened by ACTCS for any potentially problematic content with certain words triggering the account to be locked down.

Detainees highly value access to emails – 94% of detainees who responded to our survey indicated that email is a very important means for them to maintain their relationships with family and friends. Not all detainees have regular access to emails as we understand there is a chronic shortage of computers across the jail, largely due to vandalism or parts being taken from one computer to service another. Furthermore, detainees in the MU and CSU do not have access to

computers. Some detainees have access to a computer in the cells and others can access email via computers located in the communal areas of their unit/cottage. Given the dysfunction of the postal mail system at the AMC (discussed below), access to email is vitally important for many detainees to maintain their relationships with their loved ones.

### Ordinary mail

#### STANDARD 100

As far as practicable, detainees are able to send and receive as much mail as they wish.

OICS is concerned that the mail system at the AMC is not functional. We heard from multiple sources (detainees as well as others with a professional connection to the jail) that mail (including professional mail) either did not arrive at intended recipients, arrived months late, or was at times returned for no clear reason. Detainees spoke of personal mail they sent not being received or being returned months later. Detainee ingoing and outgoing mail that is not considered 'protected' can be searched by AMC staff for contraband (e.g., drugs which can easily be concealed) which is reasonable. However, it should not cause significant disruption or delay to mail delivery.

An audit of the mail system was beyond the scope of this review, but access to mail is specified under the CM Act (s48). Email should not be considered a substitute, especially given that not all detainees have access to email.

#### 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.

## 5.2.2 AMC visits centre and visits program

#### STANDARD 103

Detainees receive the maximum opportunity for visits as is operationally viable, and access to visits is afforded on a non-discriminatory basis.

#### STANDARD 104

Conditions for visits are the least restrictive possible in the circumstances.

#### STANDARD 105

The visits area is clean, safe and comfortable, meets diverse needs, provides appropriate facilities (including for children of various ages), and is as far as possible pleasant for visits to take place i.e. the visits area should not resemble a prison environment.

### STANDARD 106

Visitors are always treated with respect and dignity, and are never subjected to humiliating or degrading treatment.

Detainee survey	HPR19	HPR22
Reported that in-person visits were 'very important' to maintaining relationships with family and friends	91% (n=172)	93% (n=117)
Reported that they were not happy with the visits program at the AMC	55% (n=163)	66% (n=115)
Reported that the visits area is 'not at all well' set up for family visits	14% (n=170)	29% (n=118)
Reported that AMC staff treat visitors 'not at all well'	25% (n=169)	31% (n=118)
Reported that the visits area is 'not at all well' set up for video visits	Not asked*	35% (n=117)

\* Not available in 2019.

### COMMENTS ON SURVEY RESULTS

OICS notes that COVID-19 had a significant impact on visits at the AMC, including periods of no in-person visits and bans on touching visitors, including parents being unable to hold or kiss their children, etc. RATs were also introduced at the jail for all visitors, causing long wait times. These factors may be reflected in detainees' responses in the 2022 survey compared to 2019 – see further discussion below.

### AMC visits centre

It is important to note that the AMC visits centre was designed to deal with a detainee population of no more than 255<sup>108</sup> and has never been expanded. The centre is incapable of meeting detainees' visit expectations when detainee numbers reach high levels:

#### Average daily number of all detainees 2017–18 to 2020–21

Year	Total
2020–21	411
2019–20	444
2018–19	484
2017–18	474

Source: ROGS, 2019, 2020, 2021, 2022, Table 8A.4.

108 See section 1.5 of this report.

The visits centre is space-limited to 20 detainees per session. In simple terms, the AMC's original design capacity (255) gave a ratio of 13 detainees per session (255/20). With currently about 400 detainees, the ratio becomes 20 detainees per session (400/20).

This means that the AMC has a very complex visits program:

The below schedule allocates visit times by a detainee's accommodation area rather than classification, and aims to ensure fair and equitable access to visit opportunities for all detainees at the AMC.

	Wednesday	Thursday	Friday	Saturday	Sunday
8:30				Sentenced Cottage 1 & 4	Accommodation Unit East
10:00	SCCW	AU South	Sentenced Unit 1	Remand Unit	WCC (Women's)
11:30	LUNCH LOCK IN				
13:15	SCCN / CSU	Accommodation Unit East	SCCE New Receptions (Received within 7 days) No visitor nomination form first 5 days	SCCN / CSU	AU South & AU West
14:45	Remand Cottage	Accommodation Unit West	Remand Unit 2	SCCW	Sentenced Unit 1
16:15	Sentenced Unit 2	Accommodation Unit North	WCC (Women's)	Sentenced Unit 2	Sentenced Cottage 2 & 3
17:45		Sentenced Cottage 1 & 4	Sentenced Cottage 2 & 3	Accommodation Unit North	Remand Cottage SCCE New Receptions

OICS notes that there are no family visits on Mondays (professional visits only) or Tuesdays (professional visits and placeholder for staff training if it occurs) and no visit slots on some days (four white boxes on table) or during the lunch lock-in. These restrictions result in 23 unused visit slots per week, which is difficult to understand given the importance of visits to detainees and their families and friends. They could be used as extra visit slots for the large units (see below).

As to detainees having ‘fair and equitable access to visit opportunities’, the math doesn’t quite make sense. For example:

- Sentenced Cottage 1 has 20 beds<sup>109</sup> with two visit sessions per week;
- Remand Unit 2 has 40 beds with two visit sessions per week;
- Accommodation Unit (AU) East has 28 beds with two visit sessions per week; and
- Special Care Centre (SCC) East has 19 beds with two visit sessions per week.

In essence, a detainee has a better chance of getting a visit slot if they live in a small unit like Sentenced Cottage 1 (20) than a large unit like Remand Unit 2 (40) because there are fewer other detainees in their unit “bidding” for the slots.

We accept that the AMC tries to make the visits program work with detainees who cannot attend visits at the same time (males, females and protection detainees). We note, for example, that HPR19 data recorded 25% of detainees were on protection, which had increased to 37% when this review was conducted. This increase in protections reduces the number of mainstream visits slots because they can’t use the visits centre at the same time as protection detainees.

### Finding 62:

That the AMC visits centre is too small and is no longer fit for purpose.

### 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.

Photo 20: AMC Visits Centre



Source: OICS 2022

109 Beds means the original design capacity. There could be more or less detainees in a unit than the “beds” capacity.



### Impact of COVID-19 on visits

COVID-19 has seen significant disruptions and adjustments made to the visits program at the AMC over the past couple of years. At various times, in-person visits have ceased or become non-contact visits to manage the introduction and spread of COVID-19 within the centre. While this was considered necessary to ensure the health, wellbeing and safety of AMC staff and detainees, it has also caused significant distress and upset amongst detainees as in-person visits with their families and loved ones are highly valued and crucial to maintaining relationships. Some detainees reported not seeing their families for over 12 months and others expressed their dejection at not being able to touch or hug their families and friends during a visit, especially young children who do not understand the reasoning behind it.

The introduction of video visits went some way to ease the disruption to in-person visits and ensure detainees were able to maintain contact with family and friends. ACTCS did well to implement this change quickly under challenging circumstances. However, OICS heard from detainees that while they appreciate the option of a video visit, it is by no means a suitable substitute for in-person visits. We have heard that there are often limited spots available, and that it is difficult to secure a visit. We also heard that the set up for video visits, which occur in the visits centre in close proximity to other detainees having their visits, makes it difficult to hear and that they have no privacy to speak with their loved ones.

Due to COVID-19, visitors have been required to undertake a RAT prior to entering the AMC. This has meant that visitors are required to arrive at the AMC up to one hour before the start of their visit to ensure they are tested and through screening in time. OICS received a submission from a family member of a detainee who shared their frustration and concern about the current visits process. Visitors who arrive even a few minutes late have been turned away, leaving their family member waiting for them, wondering what has happened. For many people, the timing of visits and the requirement to arrive an hour early means they may spend a significant portion of their day attending the AMC to visit their loved one, only to be turned away.

Detainees have shared their frustration at staff terminating (or threatening to terminate) their visits because they have touched their visitors during the visit or hugged them for too long. Others have raised their concerns about the way their visitors are treated by some AMC staff, reporting that they feel intimidated, disrespected, and antagonised. Detainees have reported that staff have said they prefer when there are no contact visits as they see it as easier and practical for reducing the introduction of contraband.

*“Family relationships are very fragile when you come to prison. Being in jail fucks your relationships and AMC doesn’t support you to maintain your relationships.”*

Quote from detainee focus group discussion

Visitors and detainees have shared with OICS their frustrations at having their visit times cut short due to processes for visitors entering the centre, and the five to 10 minutes at the end of their visit which are used for COVID-19 cleaning. Booking visits appears to be a point of frustration for many people. Currently a detainee's visitor is required to make a booking by calling a telephone number, leaving details of their requested booking 72 hours before the visit time, which is then confirmed by ACTCS via text message or phone call for those without a mobile phone. People report finding this process clunky and confusing and that visit requests are often not completed, meaning they miss out. This issue was raised during a delegates meeting observed by OICS, and senior management agreed to look into changing the visits booking process to make it easier for both detainees and their visitors.

### 5.2.3 Parole hearings

In HPR19 we were concerned that detainees were often not given adequate notice of, or time to prepare for, hearings. We made a recommendation that ACTCS update and make publicly available the policy and procedures around parole (Recommendation 72) and that ACTCS institute quality control to ensure that detainees are provided with their pre-release reports at least a week prior to their hearing (Recommendation 73). The ACT Government accepted both of these recommendations but both were overdue at the time of writing (October 2022). The practices around parole and preparation for release were also highlighted in a [2020 report by the ACT Ombudsman](#).

OICS heard that detainee preparedness for parole hearings is variable, and in some cases seems to relate to whether Case Managers thoroughly and diligently prepared and followed things up (their case load may also be a relevant consideration in this regard). The SAB noted the limited availability of programs during the review period, which may impact a detainee's suitability for release.

Whilst there is no data to indicate what proportion of detainees were unable to be released due to an inability to complete suitable programs, it is inevitable that the lack of programs has a flow-on impact. Detainees are not able to access measures that in theory, contribute to their rehabilitation and reduce the risk of them reoffending. This is a lost opportunity and may also cost ACT taxpayers for prolonged stays in custody.

### 5.2.4 Transitional release

#### Throughcare and Reintegration

The Reintegration Team are to be commended for the introduction of their data collection and reporting practices. OICS viewed their monthly reports, which contain data on uptake of Throughcare; referrals to community providers; TRC occupancy and TRP participation; and Case Managers' caseloads and timeliness against KPIs. An important indicator not recorded in these reports that should be collected is the number of detainees who enter gainful employment whilst in the TRC, TRP or immediately post release.

Unfortunately, the picture that this data paints is not a positive one – particularly in relation to community referrals (24 Throughcare referrals to community providers were made *in total* in the four months comprising March – June) and TRC occupancy and TRP participation (discussed below).

The case study below, provided to OICS by a detainee paints a concerning picture, but one that is broadly consistent with accounts from other detainees OICS spoke to.

The main Throughcare referral pathways made by ACTCS were to community organisations such as:

- Yeddung Murra;
- Catholic Care;
- Toora; and
- Everyman Australia.

Deadly Connections noted that the support to prepare Aboriginal and Torres Strait Islander detainees for release and transition back into the community was consistently referred to as “very poor”, had “no planning” and comprised “absolutely nothing”. This extended to the perception of support provided by the Indigenous Support Officers and specialist units. One man told Deadly Connections that he feels like Aboriginal and Torres Strait Islander people in custody at the AMC are “set up to fail” upon release into the community due to poor pre-release planning and post-release support. Deadly Connections notes that the post-release needs of Aboriginal and Torres Strait Islander persons in custody should be addressed as a priority at reception into prison, and that the focus of imprisonment is preparing for release into the community. In turn, holistic care with Aboriginal and Torres Strait Islander people in custody and their families should prepare a person to be released into an environment which provides accommodation, employment, health services, and reintegration into family and community. Referrals to Aboriginal Community-Controlled organisations for Throughcare should be done early and are an important part of reducing recidivism.

Yeddung Murra is an Aboriginal Corporation and received 12 of the 24 referrals in the four months since commencement of data capture in monthly reports (March – June 2022).

### Transitional Release Centre and Program

The TRC is a 20-bed facility that has been close to empty for the majority of the past three years. For some time, one of the four ‘pods’ of five beds has been used as staff office space, reducing the number of beds available for use by detainees to 15. The TRC was closed entirely in May 2021 and reopened on 13 April 2022 to two residents (both of whom were to work in AMC stores and not the community):

#### Transitional Release Centre occupancy

1 <sup>st</sup> of:	Beds	Occupants
May 2022	20	2
Jun 2022	20	4
Jul 2022	20	5

Source: ACTCS Occupancy Reports

As of the end of June 2022, the highest occupancy has been five, 25% of the intended 20-bed capacity, or if you take the other 15 bed figure, 33% of capacity. OICS understands that this is close to what is currently considered the program capacity of the TRC for reasons unclear to us.

Although the COVID-19 pandemic has posed significant challenges and risks in relation to introducing an infectious disease into a high-risk setting, the squandering of this important reintegration facility cannot be attributed to COVID-19.

The current TRP policy (dated 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 which had more discretion, stating 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 suitable detainees that fell outside of the period of eligibility. OICS is aware, for example, of a detainee who met eligibility criteria for all aspects of the TRC except for time to earliest release date. This detainee has been partaking in tertiary study in jail and needed access to work experience placement to complete studies but was not able to access 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 woman participating in the TRP, and no other potentially eligible applicants were being assessed.

The *Corrections Management (Transitional Release Program) Policy 2020* has been under review for almost the entire review period (January – October 2022), and the revised policy has not been notified.

#### Photo 21: Bedroom in the Transitional Release Centre



Source: OICS 2022

**Finding 63:**

That the *Corrections Management (Transitional Release Program) Policy 2020* and practices are failing, letting down detainees and the ACT community.

OICS has formed the view that quarterly public reporting of TRC occupancy by ACTCS will provide further transparency for the ACT community around *one* KPI about how well the AMC is performing in supporting detainees in their transition to the community. It is hoped that it will assist in building momentum to return the TRC to functioning as close to capacity as possible after a long hiatus.

**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.

# CASE STUDY: MR X

*Note: this case study was provided to OICS by a detainee as part of his submission to HPR22. It contains his description of the experiences of "Mr X", a fellow detainee. Some information has been redacted to protect Mr X's privacy.*

"Mr X was released into the community today without so much as 30 minutes worth of reintegration, counselling or experience dealing with the pressure and challenges of entering back into the community.

Mr X was currently remanded to the AMC [redacted] at the age of 18 [redacted].

Mr X has spent his entire adult life within the AMC during his 9.5 year incarceration and can be confidently described and meets all criteria as an "institutionalised" detainee.

Mr X has known nothing else for his entire adult life than to settle arguments and disagreements with violence as what is common practice for incarcerated males within the AMC, he knows only his routine in prison, he relies completely on the system for his medical needs, his behavioural needs and his work ethic (15 hrs per week for part of his incarceration)

Mr X has had no experience what so ever in social settings outside of the AMC even such things others might take for granted such as a busy shopping centre or supermarket with large amounts of customers shopping. He has had no experience with intimate relationships or any family bonding other than the 45 minutes at visits once a month that he was entitled to. He has absolutely no experience or understanding of new technology including QR codes, internet access on mobile phones, Covid safe practices in the community.

He has had no experience or support to help him deal with his own emotions and anxiety about being released to the community, nor has been offered any body or organisation that can help with this prior to his release today. Mr X who I have known closely for over 2 years now,

in my opinion the past 3 weeks has experienced tremendous anxiety about all of the above mentioned issues and I have witnessed him rapidly decline mentally and physically losing over 9 kilos due to as he described uncontrollable fear and stress about what the outside will be like. He has spoken to myself in great lengths about his feelings of dread about finally being released particularly his inexperience in the work force due to no training or courses available to him to help with his employability during his time at the AMC.

Mr X has spoken to me about the fact that he has absolutely no savings, does not hold a driving licence or has been even able to sit the road ready course during his 9.5 years in the AMC, he was concerned that he had never written a CV or applied for a job, that he does not know how to set up a bank account or apply for a loan.

Mr X, [redacted] does not have any parole as of today and has been released in to the community today, One would have to ask how this could possibly be in the best interest of the community?, in the best interest of Mr X? And finally if the AMC has, if at all provided any support or reintegration for Mr X to safely re-join society or even begun to try and prepare him for what will be the most challenging transition of his life outside of his initial transition into custody.

This is unfortunately, not by any means an isolated case study, this is happening every day and nobody seems willing or able to break this cycle which can be said is drastically contributing to the AMC'S shocking recidivism rates which in the last report were the highest in the country described as the "Revolving Door".

What is currently happening can only be described as a complete failure on the detainees, the community and the correctional centre as whole."

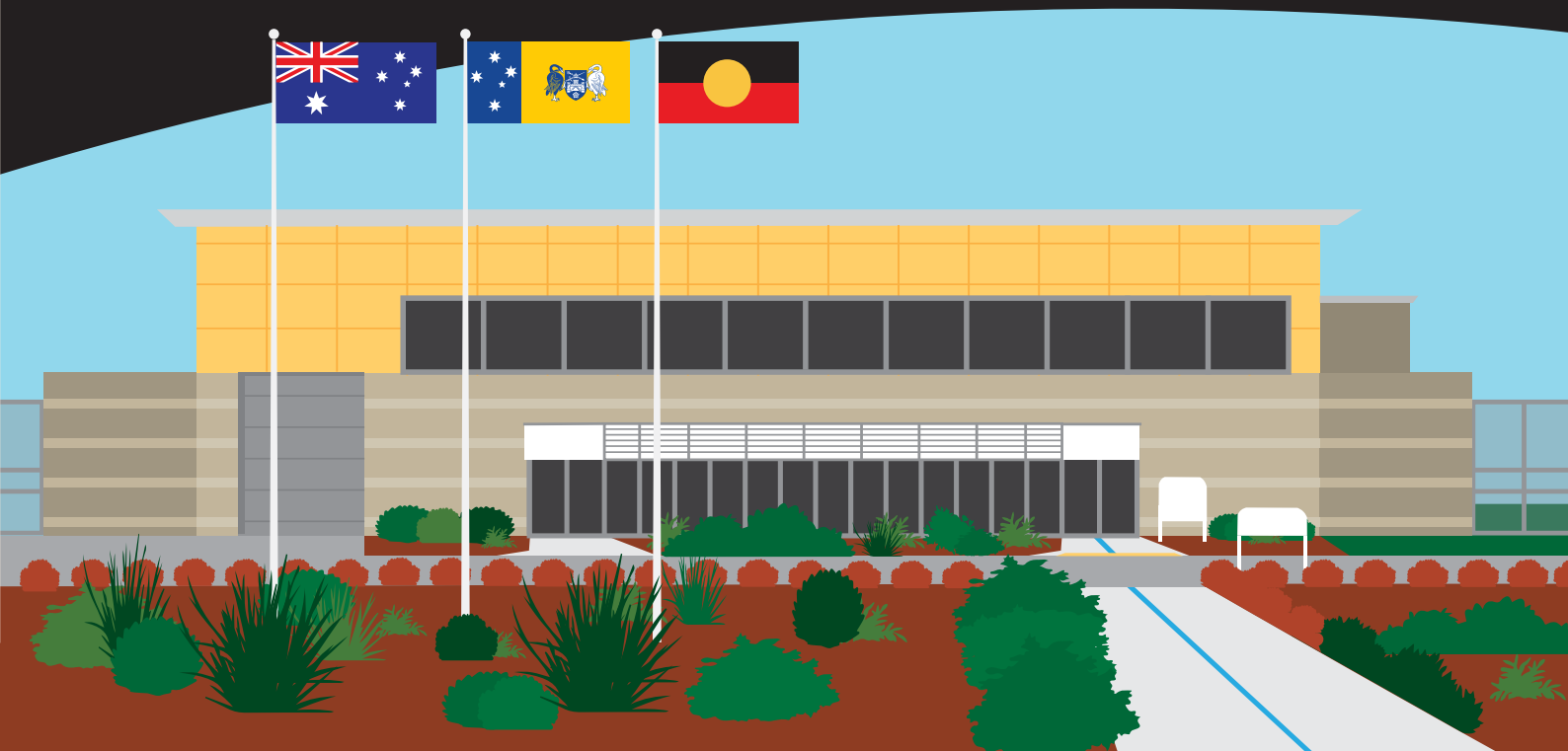
[Postscript: OICS notes that Mr X returned to custody five months after release]

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110 OICS observed case notes relating to reintegration on Mr X's electronic file two months prior to his release covering basics such as issue of clothing on release, connecting with Centrelink, and referral to a community support agency. OICS also viewed file notes that Mr X's Case Manager attempted to get him in to a construction course on offer at the AMC as that Case Manager thought it "would be such a benefit for him and I feel as an agency we have been able to provide very little for this young man in terms of his rehabilitation". It appears Mr X was not able to do this course.

# CHAPTER 6: Appendices



## 6.1 Appendix 1: Status of HPR19 Recommendations

### Implementation of recommendations from the 2019 Healthy Prison Review of the Alexander Maconochie Centre

		Status at August 2022		
		Completed and closed	Contested as closed	In progress
<b>Recommendations made by OICS in HPR19</b>	<b>76</b>			
<i>Agreed by Government</i>	64	53 (82%)	8	3
<i>Agreed in-principle by Government</i>	7	4 (57%)	3	0
<i>Noted by Government<sup>111</sup></i>	3			
<i>Not agreed by Government</i>	2			

**This table indicates that of the recommendations 'Agreed by Government' or 'Agreed in-principle by Government', 82% are completed and closed.**

Note: OICS does not have the resources to conduct an in-depth validation process of all recommendations that the ACT Government have accepted and reported to OICS as 'completed'. The 'ACT Government reported status at September 2022' column below is ACTCS' reporting of the status of recommendations, but an asterix (\*) denotes where OICS' assessment differs from ACTCS and is listed in the column above as 'Contested as closed'.

<sup>111</sup> Includes two directed to the ACT Human Rights Commission.



Recommendation	Government Response	ACT Government reported status at September 2022	OICS comments
<p><b>Recommendation 1</b></p> <p>That ACTCS implement a system or systems for the central recording of data on strip searching, use of force, separate confinement and segregation orders, time out of cells and incidents in a manner that facilitates inspection by oversight bodies and provides capacity for data interrogation and report generation.</p>	<p><b>Agreed</b></p> <p>ACTCS will ensure that there are centralised systems to meet the recommendation and is developing internal manual reports where they currently don't exist. Further work will be considered as to how these can be incorporated in CORIS.</p>	<p><b>Completed*</b></p> <p><b>[Contested by OICS]</b></p>	<p>ACTCS reported this recommendation as complete in December 2020, viewing the pre-CORIS system of spreadsheets and reports that could be generated as meeting this standard.</p> <p>OICS disagrees that the pre-CORIS system met the standard required by this recommendation.</p> <p>Whilst the new CORIS information management system rolled out in 2022 has the capability to record this key information, it does not currently do this.</p>
<p><b>Recommendation 2</b></p> <p>That the ACT Government acknowledge and respond to concerns expressed by Court Transport Unit staff about the transport and detention of children and young people by the Court Transport Unit.</p>	<p><b>Agreed</b></p> <p>A working group of senior officials from both JACS (ACTCS) and CSD (CYP) will be established to consider and respond to the matters related.</p>	<p><b>Completed</b></p>	
<p><b>Recommendation 3</b></p> <p>That ACTCS provide male and female peer support workers in the admissions centre to support detainees on their arrival to the AMC.</p>	<p><b>Not agreed</b></p> <p>ACTCS is of the opinion that having peer support workers in the admissions area to meet with new detainees would significantly increase the amount of time new detainees spend in the admissions area. Currently, there are peer support worker positions for both genders in the induction process, where more time is available for such interaction without the risk of lengthening the admission processes. The male position is currently filled, and appointment of the female position is currently being finalised after release of the previous one mid-January.</p>	<p><b>N/A</b></p>	

Recommendation	Government Response	ACT Government reported status at September 2022	OICS comments
<p><b>Recommendation 4</b></p> <p>That the induction process for women be given urgent attention with regard to maximising time out of cells, provision of peer support and provision of up-to-date information about their obligations, rights and AMC routines.</p>	<p><b>Agreed</b></p> <p>The female induction process will be reviewed to meet these recommendations.</p>	<p><b>Completed</b></p>	<p>OICS notes that this recommendation was made when the women were accommodated in the men's high security unit, 'Special Care Centre'. They were moved back to the purpose-built Women's Community Centre in September 2021. However, COVID-19 and the need to isolate new admissions has been challenging and impacted on induction of detainees.</p>
<p><b>Recommendation 5</b></p> <p>That practices for determining and maintaining protection placements be evidence-based, appropriately documented, and subject to a review mechanism.</p>	<p><b>Agreed</b></p> <p>ACTCS will ensure this is included in the new <i>Placement and Shared Cell Policy</i>.</p>	<p><b>Completed</b></p>	
<p><b>Recommendation 6</b></p> <p>That ACTCS finalise and implement the Incentives and Earned Privileges Policy as a matter of urgency and include a review and evaluation mechanism of the effectiveness and impact of the new policy after 12 months.</p>	<p><b>Agreed</b></p> <p>The <i>Incentives and Earned Privileges (IEP) Policy</i> is currently undergoing consultation with oversight agencies, ACTCS staff, and delegates, and will be finalised and implemented after this process. The IEP Policy will be reviewed after 12 months of operation.</p>	<p><b>Completed</b></p>	<p>The <i>Corrections Management (Incentives and Earned Privilege) Policy 2022 (No 1)</i> was notified on 31 August 2022, therefore ACTCS will conduct a review and evaluation of the policy from September 2023.</p>
<p><b>Recommendation 7</b></p> <p>That ACTCS finalise and implement the detainee Disciplinary Policy as a matter of urgency and include a review and evaluation mechanism of the effectiveness and impact of the new policy after 12 months.</p>	<p><b>Agreed</b></p> <p>The <i>Discipline Policy</i> is currently undergoing consultation with oversight agencies, ACTCS staff, and delegates, and will be finalised and implemented after this process. The Discipline Policy will be reviewed after 12 months of operation.</p>	<p><b>Completed</b></p>	<p>The <i>Corrections Management (Detainee Discipline) Policy 2022</i> and associated operating procedures was notified on 4 February 2022, therefore ACTCS will conduct a review and evaluation of the policy from February 2023.</p>

Recommendation	Government Response	ACT Government reported status at September 2022	OICS comments
<p><b>Recommendation 8</b></p> <p>That ACTCS address the significant problems with the detainee disciplinary process including arbitrary and inconsistent application, and low awareness of right to review as a matter of urgency.</p>	<p><b>Agreed</b></p> <p>The issues outlined have all been considered in the <i>Discipline Policy</i>, which has been provided to oversight agencies.</p>	<p><b>Completed</b></p>	<p>The <i>Corrections Management (Detainee Discipline) Policy 2022</i> and associated operating procedures was notified on 4 February 2022, therefore ACTCS will conduct a review and evaluation of the policy from February 2023.</p>
<p><b>Recommendation 9</b></p> <p>That ACTCS develop and implement a policy for the management and protection of human information sources.</p>	<p><b>Agreed</b></p> <p>A policy for the management of Human Information Sources will be developed.</p>	<p><b>Completed</b></p>	
<p><b>Recommendation 10</b></p> <p>That ACTCS conduct a risk review to identify which internal fences and gates need to be designated as security barriers, and once identified, fences that do not meet the minimum security standards described in this report must be replaced as a matter of urgency and unnecessary gates removed.</p>	<p><b>Agreed</b></p> <p>ACTCS agrees that there is a need to conduct a risk review of the fencing and security barriers. Implementation of the review will be dependent on future budget outcomes.</p>	<p><b>Completed</b></p>	
<p><b>Recommendation 11</b></p> <p>That ACTCS give serious consideration to a total redesign of the AMC visitor/staff pedestrian entry to better optimise entry barrier control and the efficient movement of people in and out of the centre.</p>	<p><b>Agreed</b></p> <p>The AMC Gatehouse, which is the visitor/staff entry, has been redesigned to enhance barrier control entry and improved entry and exit flow by an architect and has been costed by a quantity surveyor.</p>	<p><b>Completed</b></p>	<p>Note that whilst this recommendation is completed, the 'solution' has not to date been funded.</p>

Recommendation	Government Response	ACT Government reported status at September 2022	OICS comments
<p><b>Recommendation 12</b></p> <p>That ACTCS take immediate action to develop and implement a random cell and communal area search program for the AMC.</p>	<p><b>Agreed</b></p> <p>This will be incorporated in the <i>Searching Policy and Strategy</i>.</p>	<p><b>Completed</b></p>	
<p><b>Recommendation 13</b></p> <p>That ACTCS review cell searching training and undertake refresher training for custodial staff who may be required to search cells and other areas at the AMC.</p>	<p><b>Agreed</b></p> <p>All Correctional Officers (COs) may be required to undertake cell searches. This forms part of the mandatory CO training and refresher training will be made available through the annual training program.</p>	<p><b>Completed</b></p>	
<p><b>Recommendation 14</b></p> <p>That ACTCS erect clearer signage at the AMC boundary warning that people and vehicles entering are subject to searching for prohibited items.</p>	<p><b>Agreed</b></p> <p>New signs will be ordered and erected.</p>	<p><b>Completed</b></p>	
<p><b>Recommendation 15</b></p> <p>That ACTCS review the number of K9 drug detection teams at the AMC and explore the possibility of employing a K9 mobile phone detection team either as part of the existing K9 Unit or on occasional loan from another jurisdiction.</p>	<p><b>Agreed</b></p> <p>ACTCS has reviewed the K9 commitment and acknowledge the need for two extra teams.</p>	<p><b>Completed</b></p>	

Recommendation	Government Response	ACT Government reported status at September 2022	OICS comments
<p><b>Recommendation 16</b></p> <p>That ACTCS develop inventories to accurately record and account for all armoury equipment and supplies across the AMC.</p>	<p><b>Agreed</b></p> <p>The <i>Controlled Items Policy</i> was notified in August 2019, along with the <i>Controlled Items – Access to Armoury Operating Procedure</i>, the <i>Controlled Items – Auditing Operating Procedure</i>, and the <i>Controlled Items – Disposal Operating Procedure</i>. These set out the recording and auditing of armoury equipment and supplies across the AMC. Further arrangements for the recording of items such as Personal Protective Equipment (PPE) will be introduced locally.</p>	<p><b>Completed</b></p>	
<p><b>Recommendation 17</b></p> <p>That ACTCS develop and implement clear instructions for staff regarding the recording, control and disposal of contraband and provide necessary training to relevant staff.</p>	<p><b>Agreed</b></p> <p>Preservation of evidence training will be conducted simultaneously with cell searching as per recommendation 13. Clear instruction around the preservation of evidence will also be provided under the Security Framework.</p>	<p><b>Completed</b></p>	
<p><b>Recommendation 18</b></p> <p>That ACTCS review the current state of portable drug detection technology and its possible application at the AMC.</p>	<p><b>Agreed</b></p> <p>A review of available technology will be conducted and considered for use within the AMC.</p>	<p><b>Completed</b></p>	

Recommendation	Government Response	ACT Government reported status at September 2022	OICS comments
<p><b>Recommendation 19</b></p> <p>That ACTCS maintain a consolidated strip search register as required under section 110 of the <i>Corrections Management Act 2007</i>.</p>	<p><b>Agreed</b></p> <p>A centralised register will be established in the short term until this function is established in the CORIS Offender Management System.</p>	<p><b>Completed*</b></p> <p><b>[contested by OICS]</b></p>	<p>After viewing the current capability of the new CORIS system (August 2022), OICS disagrees that this recommendation is 'completed' as the strip search data does not meet the requirements of section 110 of the <i>Corrections Management Act 2007</i> in listing the legislative basis for the search. However, it would appear this would be an easy fix to modify the system so should be able to be addressed.</p>
<p><b>Recommendation 20</b></p> <p>That ACTCS source conflict resolution and de-escalation training for staff to better equip them to deal with verbally aggressive detainees.</p>	<p><b>Agreed</b></p> <p>Conflict resolution training will be sourced and will be delivered as part of the annual training schedule. De-escalation training is currently included in the Use of Force training package.</p>	<p><b>Completed</b></p>	
<p><b>Recommendation 21</b></p> <p>That ACTCS develop a set of qualitative and quantitative Key Performance Indicators (KPIs) for the AMC that reflect the unique nature of the AMC as a prison with diverse operational challenges and complexities.</p>	<p><b>Agreed</b></p> <p>Key Performance Indicators have been identified and are currently being tested.</p>	<p><b>Completed</b></p>	

Recommendation	Government Response	ACT Government reported status at September 2022	OICS comments
<p><b>Recommendation 22</b></p> <p>That ACTCS develop an asset management plan for the AMC to ensure that there is timely and budgeted replacement or refurbishment of major plant and equipment at the AMC.</p>	<p><b>Agreed</b></p> <p>Development of the Strategic Asset Management Plan is underway and is expected to be completed by the end of July 2020.</p>	<p><b>Completed*</b></p> <p><b>[contested by OICS]</b></p>	<p>OICS viewed an Executive Minute noting this recommendation was closed because 'ACTCS has commenced the development of a draft Strategic Asset Management Plan'. We are unclear on expected completion date. In our opinion there are significant maintenance and repair issues at the AMC that are not being addressed due to funding constraints. This impacts on both detainees and staff.</p>
<p><b>Recommendation 23</b></p> <p>That ACTCS develop a facility maintenance plan for the AMC to ensure that there is timely and budgeted attention given to maintaining the AMC's physical infrastructure.</p>	<p><b>Agreed in principle</b></p> <p>The annual Facility Management Plan is dependent on the Strategic Asset Management Plan, which prescribes the annual preventative maintenance schedule for the AMC. A preventative maintenance and asset refresh program has been developed and is subject to funding.</p>	<p><b>Completed*</b></p> <p><b>[contested by OICS]</b></p>	<p>OICS viewed an Executive Minute noting this recommendation was closed because 'ACTCS has commenced the development of a draft Strategic Asset Management Plan'. We are unclear on expected completion date. In our opinion there are significant maintenance and repair issues at the AMC that are not being addressed due to funding constraints. This impacts on both detainees and staff.</p>

Recommendation	Government Response	ACT Government reported status at September 2022	OICS comments
<p><b>Recommendation 24</b></p> <p>That, as a matter of urgency, ACTCS undertake a comprehensive electrical safety “test and tag” program at the AMC in accordance with ACT law.</p>	<p><b>Agreed</b></p> <p>This work had already commenced at the time of the Healthy Prison Review but was not yet finalised. To date, approximately 25% of testing and tagging at the AMC has been completed. An Operating Procedure will be developed to ensure the program is maintained once completed.</p>	<p><b>Completed</b></p>	
<p><b>Recommendation 25</b></p> <p>That ACTCS re-establish a position of “Fire Warden” or “Fire Awareness Officer” at the AMC as soon as possible.</p>	<p><b>Agreed</b></p> <p>The Senior Director of Operations has assumed the role of Chief Fire Warden. A Fire Protection Manager was also appointed on 24 October 2019 to manage firefighting facilities and equipment and act as a liaison for fire monitoring.</p>	<p><b>Completed</b></p>	
<p><b>Recommendation 26</b></p> <p>That the ACT government commission an independent review of the ACTCS Corrections Officer custodial recruit training course, including a comparative analysis of similar courses in other jurisdictions, and the adequacy of on-going and refresher training provided to all AMC and Court Transport Unit staff.</p>	<p><b>Agreed</b></p> <p>ACTCS will commission an external review to assess the Custodial Recruit Training. ACTCS is currently finalising the Correctional Officers Enterprise Agreement which clarifies mandatory training and content will be reviewed once this is finalised.</p>	<p><b>Completed</b></p>	



Recommendation	Government Response	ACT Government reported status at September 2022	OICS comments
<p><b>Recommendation 27</b></p> <p>That ACTCS publicly commit to an updated timeframe for bringing policies and procedures to a standard the community should expect for a custodial environment.</p>	<p><b>Agreed</b></p> <p>ACTCS has committed to having all <i>current</i> policies reviewed by the end of June 2020 and notified by the end of 2020. All associated procedures will also be completed by the end of 2020.</p>	<p><b>Completed*</b></p> <p><b>[contested by OICS]</b></p>	<p>ACTCS view this recommendation as closed noting in an Executive Minute (dated 27 August 2021) that "following staff consultation, a schedule has been developed for ... 12 prioritised policies and remaining policies identified in outstanding recommendations from formal reviews. Dates [for policy completion] are based on the new [policy development] process, relative to the current status of the draft policy, with minor shifts to ensure a smooth flow for consultation."</p> <p>OICS acknowledges that a significant number of policies and procedures have been updated, but notes that there are still a significant number of dated policies still in force (e.g., from 2009 and 2010) that have not been reviewed since being originally notified. This is unacceptable and thus OICS does not consider this recommendation closed.</p>
<p><b>Recommendation 28</b></p> <p>That ACTCS consult with the oversight entities when developing and updating policies and procedures.</p>	<p><b>Agreed</b></p> <p>ACTCS has an established process to consult with the Human Rights Commission on policies as appropriate. Further consultation with other oversight bodies will occur as needed.</p>	<p><b>Completed</b></p>	

Recommendation	Government Response	ACT Government reported status at September 2022	OICS comments
<p><b>Recommendation 29</b></p> <p>That ACTCS notify all current and future policies and procedures, including those that are restricted, on the ACT Legislation Register as individual notifiable instruments.</p>	<p><b>Agreed</b></p> <p>All current policies and procedures including those that are restricted are notified and included on the ACT Legislation Register.</p>	<p><b>Completed*</b></p> <p><b>[contested by OICS]</b></p>	<p>The omnibus policy <i>Corrections Management Policies and Operating Procedures 2017 (No 2)</i> is still in force and seven of the policies/procedures it notifies are <b>not</b> on the legislation register as separate instruments.</p>
<p><b>Recommendation 30</b></p> <p>That ACTCS review all restricted policies and procedures with the aim of making as many as possible fully unrestricted or unrestricted with necessary redactions of material that would be likely to disclose information that may endanger public safety or undermine justice, security or good order at a correctional centre.</p>	<p><b>Agreed</b></p> <p>ACTCS only restricts policies where there is a significant risk. The current policy review will consider all previously restricted policies and procedures. A number of previously restricted documents have already been published as unrestricted during the policy review project.</p>	<p><b>Completed*</b></p> <p><b>[contested by OICS]</b></p>	<p>The omnibus policy <i>Corrections Management Policies and Operating Procedures 2017 (No 2)</i> is still in force and seven of the policies/procedures it notifies are not on the legislation register as separate instruments. Relevantly, all of the policies and procedures referred to in this document are <b>fully</b> redacted.</p>
<p><b>Recommendation 31</b></p> <p>That ACTCS review the \$50 per week per detainee self-catering allowance, noting that the allowance has not been increased in at least nine years, and in future, ensure that the allowance is adjusted annually in accordance with the Consumer Price Index.</p>	<p><b>Agreed</b></p> <p>ACTCS will review the amount and will apply the CPI annually.</p>	<p><b>Completed*</b></p> <p><b>[contested by OICS]</b></p>	<p>This was increased by CPI (allegedly) then reduced to what ACTCS could afford. It should be adjusted every year after CPI is updated on the RBA inflation calculator. This matter is again addressed in HPR22. <a href="https://www.rba.gov.au/calculator/annualDecimal.html">https://www.rba.gov.au/calculator/annualDecimal.html</a></p>

Recommendation	Government Response	ACT Government reported status at September 2022	OICS comments
<p><b>Recommendation 32</b></p> <p>That ACTCS develop, jointly with current detainee delegates, a Terms of Reference for delegates meetings to clearly articulate the objectives and expectations for that forum, with an emphasis on constructive engagement.</p>	<p><b>Agreed</b></p> <p>The AMC will develop, jointly with current detainee delegates, a Terms of Reference for the delegates meeting which will articulate objectives and expectation for that forum with an emphasis on constructive engagement.</p>	<p><b>Completed</b></p>	
<p><b>Recommendation 33</b></p> <p>That ACTCS engage with oversight entities through the AMC Oversight Agencies Collaborative Forum to consider ways to improve awareness of external oversight bodies amongst detainees.</p>	<p><b>Agreed</b></p> <p>This will be placed as a standing item on the AMC Oversight Agencies Collaboration Forum.</p>	<p><b>Completed</b></p>	
<p><b>Recommendation 34</b></p> <p>That ACTCS take active steps through the provision of in-kind or financial support, to recognise the value that community organisations can bring to the correctional environment by providing certain programs, services and activities.</p>	<p><b>Agreed</b></p> <p>ACTCS recognises the value of community organisations in the provision of services to detainees. This is already a focus for the Senior Director Detainee Services and will be emphasised throughout 2020. The ACT Government, including ACTCS, continues to provide funding and support to the community. As such, ACTCS will fund community organisations providing services as needed.</p>	<p><b>Completed</b></p>	

ACT Government reported status at September 2022	OICS comments	
Government Response	Completed	OICS comments
<p><b>Recommendation 35</b></p> <p>That the eligibility criteria, expected timeframes and other relevant information about the Transitional Release Program be made public and clearly communicated to detainees, and ACTCS make a concerted effort to encourage female detainees to apply and support their full participation if eligible.</p>	<p><b>Agreed</b></p> <p>The <i>Transitional Release Program (TRP) Policy</i> will be reviewed and finalised by 31 March, and the operating procedure by 30 April 2020. These will be made public and notice will be provided to detainees as part of the implementation process. Specific reference to female detainees will be included to ensure they can participate fully.</p>	<p>Whilst the <i>Corrections Management (Transitional Release Program) Policy 2020</i> and associated procedures were notified in December 2020, OICS has concerns around the eligibility criteria being too difficult leading to underutilisation. See the relevant section of HPR22.</p>
<p><b>Recommendation 36</b></p> <p>That ACTCS seek an independent assessment on the staffing profile and capacity required for the Women's Care Team to meet the objective of a gender responsive correctional environment, with sufficient meaningful activity, and develop a plan to reach the minimum acceptable level within 1 year.</p>	<p><b>Agreed in Principle</b></p> <p>The Women's Care Team is not an established team, but rather a multidisciplinary group that meets regularly to cater to the needs of female detainees. This group is able to access all resources / services at the AMC. ACTCS employs a Women and Children Services Coordinator who is also able to draw on all resources across the AMC including two female Sentence Management Officers who are responsible for the sentence management needs of the females, female program facilitators, and the female Induction Coordinator. ACTCS recognises the need to meet the objective of a gender responsive correctional environment and further addresses this through the Women Offenders Framework, establishment of an internal Women's Steering Committee and a broader external Women's Reference Group.</p> <p>The Women Offender Framework, anticipated to be completed by the end of 2020, will be used to inform future resourcing to support women offenders more broadly, while short term options will be considered by the Women's Reference Group.</p>	<p><b>Completed</b></p>

Recommendation	Government Response	ACT Government reported status at September 2022	OICS comments
<p><b>Recommendation 37</b></p> <p>That ACTCS engage an independent Indigenous expert 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.</p>	<p><b>Agreed</b></p> <p>The over-representation of Aboriginal and Torres Strait Islander detainees is a significant concern for ACTCS and it is imperative that they are not unduly impeded in progressing through the classification system and therefore afforded the optimal opportunity for reintegration. An independent review will be undertaken.</p>	<p><b>Completed*</b></p> <p><b>[contested by OICS]</b></p>	<p>ACTCS has not yet conducted an independent review of cultural bias in classification. This recommendation is repeated in HPR22.</p>
<p><b>Recommendation 38</b></p> <p>That the ACT government, as a matter of urgency, fund the creation of a new position in the Indigenous Services Unit to work specifically, but not exclusively, with female Indigenous detainees and that this position be designated as female-only and Indigenous-only.</p>	<p><b>Agreed</b></p> <p>A funding submission for a new position in the Indigenous Services Unit has been prepared.</p>	<p><b>Completed</b></p>	
<p><b>Recommendation 39</b></p> <p>That the ACT government fund the creation of a new administration officer position in the Indigenous Services Unit at a level comparable to other such positions in ACTCS.</p>	<p><b>Not agreed</b></p> <p>There is sufficient administrative capacity at the AMC for the Indigenous Services Unit to access appropriate admin support.</p>	<p><b>N/A</b></p>	

ACT Government reported status at September 2022		OICS comments
Recommendation	Government Response	
<p><b>Recommendation 40</b></p> <p>That ACTCS be mindful of the spiritual significance of art for Aboriginal and Torres Strait Islander detainees before taking decisions that could affect detainees' access to their artworks and art materials.</p>	<p><b>Agreed</b></p> <p>This will be considered as part of the implementation of the <i>Detainee Property Policy</i>. The <i>ACTCS Art and Craft Policy</i> also highlights the importance for Aboriginal and Torres Strait Islander detainees to express themselves and connect with their cultural heritage through culturally specific art and craft programs and activities.</p>	<p><b>Completed</b></p>
<p><b>Recommendation 41</b></p> <p>That ACTCS explore ways for Aboriginal and Torres Strait Islander detainees with extended family members at the AMC to be provided with opportunities to get together for social interactions on a regular basis.</p>	<p><b>Agreed</b></p> <p>The Indigenous Services Unit will consider what opportunities there are for more frequent social interactions.</p>	<p><b>Completed</b></p> <p>OICS notes that COVID-19 has presented limitations in ability for detainees to mix together socially, as well as limited the ability for community to come into the AMC. However, we are not convinced that there have been any significant improvements for regular social mixing.</p>
<p><b>Recommendation 42</b></p> <p>That ACTCS consider employing Indigenous peer support workers, who can as part of their role meet and assist Aboriginal and Torres Strait Islanders on their admission to the AMC.</p>	<p><b>Agreed</b></p> <p>The AMC will review all provisions related to peer support detainees and their role with regard to admissions and induction and ensure that these meet the needs of the Aboriginal and Torres Strait Islander population. The Aboriginal and Torres Strait Islander Offender Framework that is being developed will further ensure evidence-based and culturally appropriate service provision to Indigenous offenders across ACTCS.</p>	<p><b>Completed</b></p> <p>ACTCS notes this recommendation is completed, yet during OICS' time onsite in 2022, peer support worker roles were vacant.</p>

Recommendation	Government Response	ACT Government reported status at September 2022	OICS comments
<p><b>Recommendation 43</b></p> <p>That Aboriginal and Torres Strait Islander female detainees be given access to the CALM and TAC programs as a matter of priority.</p>	<p><b>Noted</b></p> <p>ACTCS intends to commence a new horticultural industry which is expected to absorb the Culture and Land Management (CALM) program. A version of the horticulture program is already available to women and this will continue once horticulture becomes a prison industry.</p> <p>While the Transfer of Art and Culture (TAC) program is not available to women, they have access to a separate art program called <i>Culture Inside</i> which is run via the Australian National University.</p>	N/A	
<p><b>Recommendation 44</b></p> <p>That ACTCS' proposed Disability Framework is informed by consultation with key stakeholders and completed in a timely manner to ensure ACTCS can meet or exceed the goals and time frames contained in the ACT Disability Justice Strategy First Action Plan 2019-2023.</p>	<p><b>Agreed</b></p> <p>ACTCS is working closely with the Office of Disability to ensure that we meet the obligations of the Disability Justice Strategy. The ACTCS Disability Justice Framework will follow subject to resourcing.</p>	Completed	
<p><b>Recommendation 45</b></p> <p>That ACTCS develop a policy approach that articulates and responds to the needs of older detainees.</p>	<p><b>Agreed</b></p> <p>ACTCS will establish a policy for the management and support of aged and infirm detainees.</p>	Completed	

Recommendation	Government Response	ACT Government reported status at September 2022	OICS comments
<p><b>Recommendation 46</b></p> <p>That the ACT government considers funding an expanded multi-faith Chaplaincy Team in light of the increase in detainee population and noting the broad scope of their work.</p>	<p><b>Agreed</b></p> <p>A review of the current religious coverage will be undertaken and will consider the need to expand the Chaplaincy.</p>	<p><b>In progress</b></p>	<p><b>ACTCS September 2021 update reported: In progress – completion TBC, pending HRC Report.</b></p> <p>In order to maximise the benefit derived from a review of religious services offered at the AMC, ACTCS is awaiting the outcomes of related work by the Human Rights Commission (HRC). Pending the completion of the work by the HRC relating to the Islamic faith, an external review will be commissioned.</p> <p>HRC update (November 2022) is that this work is in the process of being finalised in consultation with ACTCS and other relevant stakeholders.</p>
<p><b>Recommendation 47</b></p> <p>That ACTCS commit immediately to providing “electronic key” access to AMC accredited leaders of all major faiths subject to the normal security clearance process and security awareness training that applies to all visitors who require unescorted movement around the AMC.</p>	<p><b>Agreed</b></p> <p>Appropriately cleared and accredited religious leaders who provide regular services to detainees are now able to have electronic key (fob) access as required subject to completing normal security clearance and training.</p>	<p><b>Completed</b></p>	
<p><b>Recommendation 48</b></p> <p>That ACTCS facilitate means for detainees to contact accredited faith leaders directly (e.g., by email or telephone), without that contact dependent on ACTCS staff.</p>	<p><b>Agreed</b></p> <p>An up to date contact list for faith leaders will be established in consultation with these leaders and protocols established to ensure detainees are able to contact their respective faith leader, where they consent to having their contact details added to this list.</p>	<p><b>Completed</b></p>	



Recommendation	Government Response	ACT Government reported status at September 2022	OICS comments
<p><b>Recommendation 49</b></p> <p>That the ACT Human Rights Commission conduct a review of the experiences of Muslim detainees accessing their faith in the AMC.</p>	<p><b>Noted</b></p> <p>This recommendation relates to the Health Services Commissioner, who is in independent statutory office holder within the ACT Human Rights Commission. Accordingly, the implementation of this recommendation is wholly a matter for the Health Services Commissioner.</p>	<p>N/A</p>	<p>HRC update (November 2022) is that this work is in the process of being finalised in consultation with ACTCS and other relevant stakeholders.</p>
<p><b>Recommendation 50</b></p> <p>That on completion of the Hume Health Centre (HHC) renovations, ACTCS and Justice Health jointly agree on and monitor Key Performance Indicators in relation to access and flow of detainees in the HHC.</p>	<p><b>Agreed</b></p> <p>ACTCS and Justice Health Services will develop KPIs.</p>	<p><b>In progress</b></p> <p><b>Expected completion December 2022</b></p>	<p><b>October 2022 update from Justice Health Services:</b></p> <p>“The planned renovations to the HHC did not proceed due to budget constraints; however some modifications were made to existing facilities in mid-2022 including the addition of an extra waiting area to allow for different classifications to access the HHC at the same time. In addition, CoVID-19 outbreaks in the AMC throughout 2022 significantly impacted movements within the prison generally including to the HHC so baseline data has not been able to be obtained. Formal ongoing monitoring of proposed KPIs in relation to access and flow to the HHC is due to commence with the implementation of the DHR [Digital Health Record] in November 2022.”</p>

Recommendation	Government Response	ACT Government reported status at September 2022	OICS comments
<p><b>Recommendation 51</b></p> <p>That relevant policies and practices are changed to ensure that non-smokers are never compelled to share a cell with a smoker.</p>	<p><b>Agreed in principle</b></p> <p>Smoking is not permitted in cells. However, it is acknowledged that this does continue. Smoking / non-smoking will be one of the factors considered when a cell sharing risk assessment is completed.</p>	<p><b>Completed*</b></p> <p><b>[Contested by OICS]</b></p>	<p>This response is totally unacceptable. The AMC "allows" smoking in cells even though it is not allowed in policy. The HPR22 detainee survey revealed that non-smokers were being compelled to share cells with smokers – see HPR22.</p>
<p><b>Recommendation 52</b></p> <p>That the ACT Health Services Commissioner review the provision of dental health services at the AMC.</p>	<p><b>Noted</b></p> <p>This recommendation relates to the Health Services Commissioner, who is in independent statutory office holder within the ACT Human Rights Commission. Accordingly, the implementation of this recommendation is wholly a matter for the Health Services Commissioner.</p>	<p><b>Completed</b></p>	
<p><b>Recommendation 53</b></p> <p>That Justice Health align dental priority categorisation at the AMC Hume Health Centre in line with the community.</p>	<p><b>Agreed in principle</b></p> <p>Oral Health Services and Justice Health Services are working together through a newly formed strategic working group to review the delivery of dental services at the Hume Health Centre within the AMC. This will include reviewing dental priority categorisation alignment with the community.</p>	<p><b>Completed</b></p>	

Recommendation	Government Response	ACT Government reported status at September 2022	OICS comments
<p><b>Recommendation 54</b></p> <p>That Justice Health capture data on cancellation of non-urgent scheduled medical appointments and the reasons for this.</p>	<p><b>Agreed</b></p> <p>Methods for recording reasons for cancellation and rescheduling of non-urgent scheduled medical appointments will be reviewed and operating procedures will be amended to capture these data.</p>	<p><b>In progress</b></p> <p><b>Expected completion December 2022</b></p>	<p><b>October 2022 update from Justice Health Services:</b></p> <p>"In anticipation of the implementation of the Digital Health Record (DHR) in November 2022, Justice Health Services is in discussion with the DHR team to develop capacity for more detailed recording and reporting functions in relation to cancellations in line with recommendation 54."</p>
<p><b>Recommendation 55</b></p> <p>That Justice Health investigate the viability of telehealth in the AMC to increase patient access to specialist review and treatment.</p>	<p><b>Agreed</b></p> <p>The use of telehealth at the AMC has been investigated and potential solution will be trialled.</p>	<p><b>Completed</b></p>	
<p><b>Recommendation 56</b></p> <p>That Winnunga, Justice Health and ACTCS as a priority, jointly identify any blockers to more effective cooperation and service delivery and strategies to overcome them.</p>	<p><b>Agreed</b></p> <p>There is already a tripartite working group in place to address any blockers. Where the operational working group cannot address an issue, it is referred directly to the governance group (consisting of the Commissioner ACTCS, ED MHJHADS and CEO Winnunga) for resolution.</p>	<p><b>Completed</b></p>	<p>OICS' assessment is that cooperation between these entities remains poor, and the matter is raised again in HPR22.</p>

<b>Recommendation</b> <b>Recommendation 57</b>	<b>Government Response</b> <b>Agreed in principle</b>	<b>ACT Government reported status at September 2022</b> <b>Completed*</b> <b>[contested by OICS]</b>	<b>OICS comments</b>
<p>That ACTCS take immediate steps to obtain an independent appraisal by an appropriately experienced expert to ascertain the appropriate FTE of general practice psychologists for the AMC and develop a plan to reach the minimum acceptable staffing level within 1 year.</p>	<p>ACTCS in conjunction with Justice Health Services will review current provisions for mental health acknowledging the range of services provided already that are not permanent staff at the AMC (i.e. Forensic Mental Health, Canberra Health Services resources, and Corrective Services New South Wales).</p>	<p>ACTCS provided an Executive Minute noting this recommendation was closed, because action was being taken by ACTCS in partnership with Canberra Health Services to implement Recommendation 3 of the Auditor General's Report Management of Detainee Mental Health Services in the Alexander Maconochie Centre. Recommendation 3 was:</p> <p>In order to demonstrate that the requirements of section 53 of the <i>Corrections Management Act 2007</i> are met the Justice and Community Safety Directorate should:</p> <ul style="list-style-type: none"> <li>a) define what an 'equivalent standard of health care to that available to other people in the ACT' means in practice; and</li> <li>b) ensure the provision of psychological services to detainees meets this standard.</li> </ul> <p>The Auditor General's report was tabled in March 2022. The Executive Minute noted the expected timeframe for completion of Recommendation 3 of the Auditor General's report was December 2023.</p> <p>OICS finds it unacceptable that there be no progress on a 2019 recommendation that was 'Agreed in principle', and then consider this recommendation closed because work has commenced on a different recommendation from a different review.</p>	

Recommendation	Government Response	ACT Government reported status at September 2022	OICS comments
<p><b>Recommendation 58</b></p> <p>That ACT Health and ACTCS investigate the feasibility for detainees under a psychiatric treatment order receiving depot injections at approved mental health facilities aside from The Canberra Hospital Emergency Department.</p>	<p><b>Agreed</b></p> <p>The Chief Psychiatrist and Canberra Health Services have reviewed this practice and determined that current practices are appropriate. Detainees who consent to treatment receive depot injections on site and detainees who do not consent are treated through the pathway articulated in the Mental Health Act.</p>	<p><b>Completed</b></p>	
<p><b>Recommendation 59</b></p> <p>That ACTCS make changes to the existing CCTV setup in the AMC Crisis Support Unit to provide for protection of detainees' privacy when using toilets, while still ensuring appropriate observation for safety purposes.</p>	<p><b>Agreed</b></p> <p>A privacy mask will be added to the Crisis Support Unit CCTV cameras for toilets to be used with dignity. The privacy mask feature allows an area of the screen to be blocked from viewing.</p>	<p><b>Completed</b></p>	
<p><b>Recommendation 60</b></p> <p>That ACTCS and Justice Health examine the feasibility of making Naloxone available for administration after-hours in case of a drug overdose (including a trial of nasal Naloxone if feasible), supported by appropriate training in administration of the drug.</p>	<p><b>Agreed</b></p> <p>The Clinical Director will continue to review the legal requirements of the administration of naloxone nasal spray and who can administer it.</p>	<p><b>Completed</b></p>	

ACT Government reported status at September 2022		OICS comments
Recommendation	Government Response	
<p><b>Recommendation 61</b></p> <p>That ACTCS and Justice Health examine the feasibility of making Naloxone available to all detainees with a recent history of opioid use as part of a release pack.</p>	<p><b>Agreed</b></p> <p>Feasibility will be explored including options for JHS provided or NGO provided programs within the AMC to make naloxone available to detainees on release. This will include consideration of timeframes for implementation and identification of any barriers.</p>	<p><b>Completed</b></p>
<p><b>Recommendation 62</b></p> <p>That ACTCS record cohort lock-ins and include this data in its reporting on out-of-cell hours for the annual Report on Government Services (ROGS).</p>	<p><b>Agreed</b></p> <p>The <i>Regime Planning Policy</i> is currently being updated to ensure data recorded meets ROGS requirements. This includes a review of the recording and reporting of cohort lock-ins.</p>	<p><b>Completed</b></p> <p>This appears to have been implemented (now included on the lock-ins Excel spreadsheet) but the quality of the data being recorded is unknown due to the absence of proper counting rules and audit controls. This should be addressed by the new CORIS system.</p>
<p><b>Recommendation 63</b></p> <p>That ACTCS commission an independent education and training needs survey of detainees and draw on the results of that survey to better inform the structure, content and resourcing of the education and training program at the AMC, including ensuring it meets the needs of female detainees. The review should also engage with the ACT business community to identify education and training pathways relevant to employment in Canberra.</p>	<p><b>Agreed in principle</b></p> <p>ACTCS is seeking to commission a review and the intention will be to utilise findings to develop a statement of requirements to form the approach to market for the next iteration of the education contract. The current education contract will be extended to allow for this to occur.</p>	<p><b>Completed</b></p> <p>OICS has significant concerns about lack of education in the AMC in 2022 due to the lack of service provision since August 2021.</p>
<p><b>Recommendation 64</b></p> <p>That ACTCS engage both female and male recreation officers.</p>	<p><b>Agreed in principle</b></p> <p>ACTCS is currently going through a tender process to buy in recreational activities. A single recreations officer will be maintained as a coordinator as necessary, but the tender process will ensure female and male activities officers are provided from the selected supplier.</p>	<p><b>Completed</b></p>

Recommendation	Government Response	ACT Government reported status at September 2022	OICS comments
<p><b>Recommendation 65</b></p> <p>That ACTCS explore the feasibility and costs of providing a modest multi-purpose industries building at the AMC and look for opportunities for female detainees to engage in work within their unit.</p>	<p><b>Agreed</b></p> <p>Options for the development of a multipurpose industry building are being considered.</p> <p>Work is ongoing with the Women Offenders Framework and the Women Offenders Reference Group to further review opportunities for women to work within their unit.</p>	<p><b>Completed</b></p>	<p>ACTCS have closed this recommendation on the basis that a business case for funding a multi-purpose industries building was put forward. That business case was not approved.</p> <p>OICS has commented in HPR22 about this.</p>
<p><b>Recommendation 66</b></p> <p>That ACTCS review the efficacy of the sentence management system after six months of its implementation, including seeking feedback from key stakeholders. This review should reference performance data such as matters raised by detainees, number of meetings held with detainees, wait times to see a Sentence Manager, etc.</p>	<p><b>Agreed</b></p> <p>A comprehensive review of sentence management is underway and will be completed mid-2020. This will be incorporated into an Integrated Offender Management model focussed on enhancing reintegration and rehabilitation efforts.</p>	<p><b>Completed</b></p>	
<p><b>Recommendation 67</b></p> <p>That ACTCS review the current telephone call service provider arrangement with a view to obtaining a better cost-per-call rate for detainees.</p>	<p><b>Agreed</b></p> <p>ACTCS will undertake a jurisdictional comparative review and explore any new service providers.</p>	<p><b>Completed</b></p>	<p>ACTCS determined in September 2021 after a review that no further action was required.</p> <p>OICS notes that the high cost of phone calls at the AMC is a significant financial burden for detainees who have very limited employment opportunities. There is a further recommendation in HPR22 about this.</p>

Recommendation	Government Response	ACT Government reported status at September 2022	OICS comments
<p><b>Recommendation 68</b></p> <p>That changes to the email software system to prevent the reading by staff of legal-in-confidence emails be completed as a matter of urgency.</p>	<p><b>Agreed</b></p> <p>The email software system has been changed to allow detainees to communicate un-monitored with legal contacts. These changes were implemented between 26–30 August 2019.</p>	<p><b>Completed</b></p>	
<p><b>Recommendation 69</b></p> <p>That a system be put in place at unit level which ensures that detainees are notified promptly when their email and telephone accounts are set-up and ready for use.</p>	<p><b>Agreed</b></p> <p>A formal process will be implemented to ensure detainees are appropriately informed.</p>	<p><b>Completed</b></p>	
<p><b>Recommendation 70</b></p> <p>That requests for establishing telephone and email accounts from new reception detainees be given priority over non-urgent amendments to existing accounts.</p>	<p><b>Agreed</b></p> <p>A formal process will be implemented to ensure that new detainees are prioritised.</p>	<p><b>Completed</b></p>	
<p><b>Recommendation 71</b></p> <p>That regular Gatehouse staff be provided with professional customer relations training.</p>	<p><b>Agreed</b></p> <p>ACTCS intends to appoint a customer service manager for the Gatehouse and visits. Their role will be to enhance the visitor experience and enhance customer service.</p>	<p><b>Completed</b></p>	



Recommendation	Government Response	ACT Government reported status at September 2022	OICS comments
<p><b>Recommendation 72</b></p> <p>That ACTCS review the <i>Community Corrections Parole Unit – Policy and Procedures</i> and promulgate it as an un-redacted Notifiable Instrument.</p>	<p><b>Agreed</b></p> <p>The Community Corrections Parole Unit Policy will be reviewed following completion of an investigation. The intention is to publish it on the ACT Open Access Register as a public document. This will also be impacted upon by the progress with Integrated Offender Management.</p>	<p><b>Completed</b></p>	<p>OICS accepts that the relevant policy and procedures have been updated, but as at October 2022 OICS was not able to locate the policy on any publicly accessible website.</p>
<p><b>Recommendation 73</b></p> <p>That ACTCS put in place quality control mechanisms to ensure that Pre-Release Reports are provided, and explained to, parole applicants not later than one week prior to their scheduled hearing before the ACT Sentence Administration Board.</p>	<p><b>Agreed</b></p> <p>ACTCS has already updated a process to ensure detainees are provided with their Pre-Release Reports in advance of their hearings. This will also be included in the new parole policy and procedure.</p>	<p><b>Completed</b></p>	<p>OICS accepts that the relevant policy and procedures have been updated, but as at October 2022 OICS was not able to locate the policy on any publicly accessible website.</p>
<b>Confidential Recommendations</b>			
<p><b>Recommendation: C1</b></p> <p>(redacted by OICS)</p>	<p><b>Agreed</b></p>	<p><b>Completed</b></p>	<p><b>Not validated by OICS</b></p>
<p><b>Recommendation: C2</b></p> <p>(redacted by OICS)</p>	<p><b>Agreed</b></p>	<p><b>Completed</b></p>	<p><b>Not validated by OICS</b></p>
<p><b>Recommendation: C3</b></p> <p>(redacted by OICS)</p>	<p><b>Agreed</b></p>	<p><b>Completed</b></p>	<p><b>Not validated by OICS</b></p>





