



DEADLY CONNECTIONS COMMUNITY &
JUSTICE SERVICES

ALEXANDER MACONOCHIE CENTRE HEALTHY PRISON REVIEW 2022





1. Scope of work: Alexander Maconochie Centre April 2022

Deadly Connections Community and Justice Services Ltd ("Deadly Connections") has been engaged by the ACT Inspector of Corrective Services as part of its Healthy Prison Review 2022 to undertake a limited review and site visit of the Alexander Maconochie Centre ("AMC"). The focus of our engagement is Aboriginal people in custody across the following key review areas:

- (a) Care & treatment of Aboriginal & Torres Strait Islander people in custody
- (b) Culturally appropriate health services
- (c) Sentence management
- (d) Preparation for release & transition back into the community

Deadly Connections representatives Carly Stanley and Keenan Mundine attended AMC on 7 and 8 March 2022, to conduct a review of the physical environment, meet with a number of Aboriginal people who are currently incarcerated, and consult with staff and services.

We attempted to meet with Mr Jason Russell, General Manager AMC, on both 7 and 8 March 2022, however he was unavailable.

The methodology adopted for the on-site review comprised:

- yarning circles conducted with men and women Aboriginal people in custody at AMC;
- research and data gathering;
- on-site interviews with AMC staff; and
- observations of the AMC physical environment and operational practices.

Together with our observations, we provide specific recommendations drawn from our expertise in 'best practice' therapeutic and rehabilitation services for First Nations peoples.

We would like to acknowledge and thank the people in custody who participated in the yarning circles and shared their knowledge, expertise, and experiences so openly and honestly. Truth-telling is powerful and fundamental to creating the changes that are needed at AMC.

We provide our report and recommendations to assist the ACT Inspector of Corrective Services.

Carly Stanley

B.Soc.Sc (Criminology) & M.Crim

CEO and Co-Founder || T: 1800 487 662

Keenan Mundine

Deputy CEO and Co-Founder || T: 1800 487 662

21 April 2022

2. Deadly Connections Community and Justice Services

Who we are

Deadly Connections Community & Justice Services (Deadly Connections) was established in September 2018 as a specialist Aboriginal Community Led Not For Profit Organisation. This was in response to direct community concerns around the lack of culturally responsive, community driven, grass roots, innovative solutions to address the over-representation of First Nations people, families and communities in both the child protection and justice systems.

Our Truth

First Nations people of Australia are grossly over-represented in the child protection and justice systems. This involvement perpetuates a cycle of intergenerational grief, loss, trauma and disadvantage. True lived experience, culture, healing, self-determination and a deep community connection must be the heart and soul of all work with First Nations people and communities.

Our Purpose

Deadly Connections positively disrupts systemic racism, intergenerational disadvantage, grief, loss, trauma by providing holistic, culturally responsive interventions and services to First Nations people and communities, particularly those who have been impacted by the child protection and/or justice systems.

Our Vision

To break cycles of systemic racism, disadvantage, trauma, child protection and justice involvement so First Nations people of Australia can thrive not just survive.

Our Work

We place culture, healing, true lived experience, deep community connections and self-determination at the centre of all we do; We embody and embed holistic, community-based, decolonising approaches to connecting First Nations people to their cultural, inner and community strength; and We advocate and collaborate to improve justice and child protection systems.

Our Approach

- Life Course – we recognise the connections across all stages and domains in life, intervention and change can occur at any stage of a person's life span.
- Decolonising – we challenge the dominance, values and methods of imposed colonial systems, practices and beliefs.
- Self-Determination – Aboriginal people, families and communities are experts of their own lives, with solutions to the challenges they face and their own agents for change.
- Healing Centred Engagement – a holistic healing model that adopts culture, spirituality, community action and collective healing.

Carly Stanley and Keenan Mundine

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/community connections, knowledge, and skills to adequately respond to the needs of the Aboriginal community. Carly has both lived and professional experience in a number of community services areas but has spent over 20 years working across the govt and non-govt sector supporting justice-involved people, families, and communities.

Keenan is a proud First Nations man with connections to the Biripi Nation of NSW and the Wakka Wakka Nation in 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.

3. Terminology and language

Please note that the terms “First Nations” and “Aboriginal” are used throughout this report. Where we use the term “Aboriginal” it should be taken to be inclusive of Torres Strait Islander peoples and has been chosen due to the location of AMC. The authors of this report recognise the diversity of nations, distinct cultures and languages across mainland Australia and throughout the Torres Strait.

Deadly Connections uses and advocates for the use of respectful and person-centred language to describe people who are incarcerated, their characteristics and their experiences. Aboriginal people experiencing incarceration are part of our community. Language that devalues, dehumanises, excludes or reinforces negative images contributes to stigmatisation and discrimination. Language matters and respectful, person-centred language can positively influence the experience of people in custody and those whom they come into contact with, whether that be at AMC or on release into the community. We use the phrase ‘Aboriginal people in custody’ or ‘people in custody’ rather than ‘detainee’ or ‘prisoner’

to promote person-centred responses, which are culturally-sensitive and respectful of the individuals who are not defined only by the experience of AMC.

4. Executive summary

Defining ‘safety’ in prison from an Aboriginal perspective

Deadly Connections’ model and approach is rehabilitative and grounded in culture, healing and deep community connections. We work with intergenerational grief, loss, trauma and disadvantage at both an individual and community level, and this is often most pronounced in custodial settings for Aboriginal and Torres Strait Islander peoples. The dichotomy of ‘safety’ and ‘security’ used in prison philosophy so often neglects Aboriginal and Torres Strait Islander holistic frameworks of health and healing and favours a narrow concept of ‘safety’ which prioritises control above all else. It is Deadly Connections’ view that this narrow concept of ‘safety’ and the on-paper servicing of ‘needs’ of people in custody contributes to a greater perceived lack of safety by Aboriginal people in custody, which in turn elevates the risk to safety of AMC staff. When ‘safety’ encompasses cultural safety, connections, holistic frameworks of health and healing, education and employment skills and the meeting of basic human needs, it is capable of transforming the prison system for both Aboriginal people in custody and staff. Frameworks, policies and procedures are, of themselves, insufficient to meet the safety needs of Aboriginal and Torres Strait Islander peoples. The implementation must be done in partnership with Aboriginal Community-Controlled Organisations and routinely evaluated and monitored to achieve the philosophical objectives of AMC, reduce recidivism by 25% by 2025 and contribute to the Closing the Gap targets on overrepresentation.

Providing the best possible care and treatment to Aboriginal and Torres Strait Islander peoples whilst incarcerated importantly must include supported pathways to prepare Aboriginal people in custody for life after prison. Key issues underpinning a return to prison include insufficient preparation and support around health, basic living, social and therapeutic needs. It is well accepted that these unaddressed needs are associated with future recidivism. We have the research, recommendations and pathways to ensure better outcomes for Aboriginal and Torres Strait Islander peoples. The recidivism rates at AMC indicate a significant failure to provide the education, skills training, employment support, housing, healthcare and wellbeing necessary to support successful transition and reintegration into life outside AMC. Reforms must go beyond headline titles and dormant programs but engage in a genuine partnership with Aboriginal Community-Controlled Organisations to ensure effective therapeutic and programmatic support to reduce recidivism rates. This is the stated key premise of the ‘Winnunga Model’ - that post release needs 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 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 the family and community.

Deadly Connections encourages regular reviews of the AMC model and we provide our findings and recommendations to support the ongoing improvements and better outcomes for Aboriginal and Torres

Strait Islander peoples at AMC. This is consistent with and supportive of increases in the safety and wellbeing of both AMC staff and Aboriginal people in custody. This must be viewed as interlinked, with practices and structures that realise those linkages.

Summary of key issues by review area

The key issues arising from our review include:

Review Area 1: Care & Treatment of Aboriginal & Torres Strait Islander people in custody

- (a) Overwhelmingly, people in custody who were interviewed advised that there was a significant lack of care and treatment for people in custody from the very first stage of transport and then reception to AMC;
- (b) The people in custody discussed that a safer prison for people inside also means a safer workplace for those who work in AMC; and
- (c) Despite the rehabilitative focus of AMC, there was no evidence of this from discussions with people inside or available information.

Review Area 2: Culturally appropriate health services

- (a) The majority of people interviewed wanted to access Winnunga while in custody however the timeframe for access to Winnunga was frustrating and disempowering; and
- (b) The experiences of people in custody and the services Winnunga advised they provide and the way in which they are provided are not consistent or aligned.

Review Area 3: Sentence Management

- (a) Both men and women interviewed advised there was no programs or daily activities available to them;
- (b) People interviewed believed that the lack of programs and services available impacted on the level of recidivism, violence and drug use within AMC;
- (c) People in custody who were interviewed advised they did not always know who to go to for assistance, roles are not clear and the type of support offered is not consistent. This was particularly evident for the women;
- (d) There was an overwhelming lack of trust in staff of AMC, particularly services and programs staff who were previously officers; and
- (e) There were no programs available that fostered connection to culture for people in custody

Review Area 4: Preparation for release & transition back into the community

- (a) The consensus among both men and women is that there is no preparation for release or transition back into the community;
- (b) The people interviewed discussed the accommodation program and AOD program which they are unable to get access to, despite trying on a number of occasions. Decisions for the AOD program appear to be up to one person who is able to hand pick who gets access to the program and
- (c) Both men and women interviewed advised that they believe the lack of support for reintegration is a key factor in their recidivism

Our complete findings and recommendations are contained under each review section, below.

5. Review Area 1: Care & treatment of Aboriginal & Torres Strait Islander people in custody

Key Findings

Meeting cultural needs in the care and treatment of Aboriginal people in custody is paramount to rehabilitation and healing. The ACT Standards for Adult Correctional Services explicitly require that correctional services take active steps to prevent and address discrimination against Aboriginal peoples. This includes implementing operational practices to protect their distinct spiritual, religious and cultural rights. As part of this commitment by ACTCS, physical and mental health care practices must also be appropriately tailored for the specific needs of Aboriginal people in custody. Despite the commitments and documented processes, our review indicates there are ongoing key failures in the care and treatment of Aboriginal people in custody suggesting that their cultural and other needs continue to remain unmet. The impact of this is likely to compound trauma, increase safety risks and contribute to the risk of recidivism, if left unaddressed.

In the course of our review, we conducted feedback sessions with Aboriginal people in custody on a number of matters relevant to their care and treatment, including to determine the extent to which:

- (a) There are clear and easy processes for Aboriginal people in custody to report allegations of discrimination;
- (b) Aboriginal people in custody feel safe to report allegations of discrimination and harassment;
- (c) There are culturally appropriate supports available to Aboriginal people in custody within the AMC as well as links to organisations and supports in the community;
- (d) Aboriginal people in custody have reasonable access to Elders and community leaders for cultural purposes;
- (e) There are opportunities for Aboriginal people in custody to participate in cultural events and celebrations;
- (f) Aboriginal people in custody have opportunities to practice and learn about their culture at AMC;
- (g) Aboriginal people in custody feel safe, supported and encouraged to express their cultures, beliefs and languages at AMC;
- (h) Aboriginal people in custody ever experience racism from ACT Corrective Services staff;
- (i) All staff are trained in cultural safety, preventing discrimination and meeting the needs of Aboriginal people in custody;
- (j) There are an appropriate number of Aboriginal support staff working at AMC;
- (k) The spiritual beliefs and needs of Aboriginal people in custody are considered when managing welfare during times of individual, family, or community crisis;
- (l) Aboriginal people in custody have regular access to Elders and community leaders;
- (m) There has been appropriate consultation with Elders and community groups in the design of programs and activities for Aboriginal people in custody; and
- (n) There are opportunities for Aboriginal people in custody to participate in cultural events and celebrations.

Deadly Connections' key findings include:

- (a) Multiple Aboriginal people in custody expressed that the staff and systems at AMC contribute to it being experienced as a "racist jail" for First Nations people;
- (b) A number of Aboriginal people in custody believe that officers deliberately incite responses from them and subsequently use this as justification for further restrictive treatment;

- (c) Aboriginal people in custody referred to incidents of inadequate complaints processes to report allegations of discrimination and harassment, whereby complaints are lodged about officer conduct, but no outcomes resulted;
- (d) There were multiple reports of poor attitude and a lack of respect by officers towards Aboriginal people in custody, and that this behaviour by senior officers appeared to influence the culture of all officers;
- (e) A number of male and female Aboriginal people in custody expressed either not being aware of who the Indigenous Liaison Officers (ILO) were, not being sure of what their role or job description was or that there was no trust and rapport with the ILOs as many are ex-officers;
- (f) Those Aboriginal people in custody who were aware of the ILOs reported that they felt it was a box-ticking exercise, with the ILOs conducting a daily check in by going to the officer's station rather than into the pods to check on and engage with people;
- (g) Multiple Aboriginal people in custody expressed a belief that there is an insufficient separation between officers and support staff roles in the AMC, with a perceived majority of staff members in case worker and counsellor roles being ex-officers and officer conducted welfare checks. This was said to contribute to an absence of trust and rapport and therefore a strong reluctance by Aboriginal people in custody to engage;
- (h) Aboriginal people in custody expressed that there is inadequate cultural supports available to Aboriginal peoples within the AMC, including a failure to provide cultural programs operated by community-controlled organisations, the yarning circle on the oval not used, highly restricted access to art facilities for cultural expression and no male Elder available;
- (i) A number of Aboriginal people in custody believed that an Aboriginal staff member who has a direct reporting line to those in authority would benefit them in escalating needs around safety, culture, discrimination and harassment;
- (j) Aunty Tanya is highly regarded by Aboriginal people in custody however Aunty Tanya does not provide support in a paid capacity but is instead a volunteer, which limits availability. Both the men and women spoke highly of Aunty Tanya and the support she provides to them; and
- (k) The delegate system was viewed by a majority of Aboriginal 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.

Reasons

The over-incarceration of Aboriginal and Torres Strait Islander peoples and the disproportionate risk of harm experienced during custodial time underscores the need for a significant focus on the care and treatment of Aboriginal people in custody at AMC. Despite the focus on the need for an immediate and significant reduction in the rate of incarceration of Aboriginal and Torres Strait Islander peoples, there remains a high proportion of First Nations peoples in both the remand and sentenced populations at AMC. On the data provided to Deadly Connections as at 1 July 2021, Aboriginal and Torres Strait Islander women accounted for 50% of the total female remand population and 54% of the total female convicted population, and Aboriginal and Torres Strait Islander men accounted for 30% of the total male remand population and 23% of the total male convicted population. Given the high rates of Aboriginal people in custody there must be an equivalent investment at AMC in care and treatment which recognises and provides for the distinct needs of Aboriginal and Torres Strait Islander peoples. This must be a priority in the review recommendations with accountable and assessable outcomes to address the ongoing issues with the care and treatment of Aboriginal people in custody.

On the basis of our review and focus group sessions, whilst the physical living conditions at AMC are generally reported as being "good", the care and treatment of Aboriginal people in custody and their specific and distinct cultural needs is reported as being highly inadequate and unmet. Aboriginal people in custody do not generally feel safe or respected as First Nations people and have highly limited access to programs

or purposeful activity which support their connection to culture and community. Aboriginal people in custody reported that AMC staff are not currently supporting their cultural needs, and there is a significant lack of trust and rapport between them and staff.

Evidence

Safety and welfare

In determining 'safety', Deadly Connections operates from a definition that includes cultural safety, as well as more universal understandings of the concept. For Aboriginal peoples, this concept of safety is centrally connected to wellbeing. In our focus group discussions Aboriginal people in custody consistently reported that they did not feel that their cultural safety needs were currently being met. This is consistent with the Healthy Prison Review 2022 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 AMC.

Aboriginal people in custody reported 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 people in custody 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.

There was a significant focus from Aboriginal people in custody on unmet welfare needs and the negative impact of this on their rehabilitation. Many people reported that they feel they are "struggling" at AMC and that "there is nowhere to go" for support. Many Aboriginal people in custody reported feeling defeated, hopeless and lonely. Welfare-based requests emailed to officers, such as requests for welfare support services, frequently require follow-up as it is reportedly rare that the officer will take action based on initial contact alone. There were numerous reports that counselling was either not available or required significant and unreasonable wait times, further contributing to feelings of hopelessness and defeat. The perceptions of Aboriginal people in custody indicate a concerning area of basic unmet needs for Aboriginal peoples.

Culture

Cultural needs of Aboriginal people in custody are not being met and cultural support services are minimal. Aboriginal people in custody are not given adequate opportunities to engage in cultural activities, practices and connections. Males reported that "there is nothing on culture" at AMC, with facilities, such as the yarning circle on the oval rarely used. Females reported that the Women's yarning circle has been positive, where it can be used, and allows 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 AMC which cause significant stress.

The cultural needs of Aboriginal people in custody around illness and death are not being met. One person told us that they were not permitted to go to their mother's funeral because their cellmate was found with a phone and another person was not permitted to visit their mother who had 6 months left to live, even with an escort. Not being able to see family, attend Sorry Business, or practice cultural responsibilities causes significant harm for Aboriginal people and compounds the dislocation from community. Disconnection from culture/family also increases the difficulty in re-engaging upon release.

Participants referred to having made previous requests to have an Elder present and available at the prison, which was said to have not been implemented. We received numerous extremely positive reports of Aunty Tanya and the supportive role she plays in the cultural support and wellbeing of people, however we understand that she is a volunteer rather than paid and is therefore not able to provide full-time support at AMC. AMC is also failing to adequately recognise and remunerate Aunty Tanya for her expertise and knowledge. It was clear during our focus group sessions that Aboriginal people in custody felt significant benefit from external cultural community connections and guidance and this should be an area of priority to extend cultural safety at AMC.

There were a number of reports from participants that they have only had very limited opportunity to access the art room since COVID-19 and this restriction continued to prevent cultural expression through creative arts. The art room again provides an opportunity to decrease boredom and increase pro-social activity that is culturally responsive yet Aboriginal people in custody face multiple barriers in gaining access to this space.

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

Suicide and self-harm

During our focus group discussions, there were a number of reports of incidents of self-harm and suicide attempts. One incident disclosed involved an Aboriginal person in custody smashing their face against the wall. We were told of multiple incidents where Aboriginal people in custody hung themselves in their cells, including a young 28-year-old man who committed suicide one week after being admitted for the first time. It was not disclosed whether this man was Aboriginal and/or Torres Strait Islander however participants of the yarning circles were clearly distressed by this event. In communicating these reports, Aboriginal people in custody expressed that they felt the officers do very little to support people who experience self-harm or suicidal tendencies. For example, one person with suicidal tendencies reported waiting 3 months for support. Another woman who self-harmed after 14 days in isolation was told by officers "that was entertaining, you put on a show".

Treatment by staff

Aboriginal people in custody reported that there is little respect shown by AMC officers. Numerous people reported that officers "always try to set you up" and incite responses to justify further restrictive measures. This results in a low level of trust and rapport between Aboriginal people in custody and staff. Aboriginal people in custody stated that the attitude of officers is generally very poor and often influences the lower-ranking officers to treat people similarly. In our women's yarning circle, the women told us that they find 2 out of 20 officers friendly and trustworthy, however the inconsistency in staffing means that they only see these staff members every few weeks, impeding the development of pro-social relationships.

Indigenous Liaison Officers

There appears to be a significant disjuncture between the experience of Aboriginal people in custody with designated ILOs at AMC and the intended purpose of the role as stated in the Position Description. Deadly Connections was unable to determine during our review whether the ILO roles are constrained by operational limitations or other pressures placed on the role and this should be further reviewed and actioned accordingly to ensure no barriers are in place to effective operation. In providing the below findings Deadly Connections does not seek to undermine or reduce the importance of the role of ILOs but outline the reported feedback and experiences of Aboriginal people in custody to highlight key areas of need.

The Position Description indicates that the ILO will:

1. *Liaise with detainees, their families and appropriate stakeholders to inform and engage them effectively in the ACTCS integrated Throughcare approach to Sentence Management;*
2. *Undertake consultation and negotiation for Aboriginal people in custody, their families, ACTCS officers, community agencies and ACT Government services;*
3. *Provide cultural support to Aboriginal people in custody and assist them in accessing legal, welfare and other support services in the ACT community, as necessary;*
4. *Support AMC Sentence Managers in developing, monitoring and reviewing detainee case plans, and assist in maintaining systems for reviewing and monitoring detainee progress;*
5. *Provide information and advice to the families of people in custody, including referrals to appropriate community-based agencies to assist them to alleviate the negative impacts of having an incarcerated family member;*
6. *Support Aboriginal Services with the facilitation of Aboriginal specific programs, services, events and special initiatives;*

7. *Maintain close working relationships and consultation with relevant government departments, agencies, Aboriginal representatives, community groups and organisations;*
8. *Provide written and verbal reports to a range of stakeholders, releasing authorities and other bodies in relation to Aboriginal and Torres Strait Islander detainee management, risk and intervention, as required; and*
9. *Contribute to the implementation of the recommendations of the Royal Commission into Aboriginal Deaths in Custody.*

On the basis of the focus group sessions with Aboriginal people in custody, a significant number of the role requirements above are not perceived to be met by ILOs and this contributes to a fundamental inability of the AMC to support their cultural needs. While AMC has employed ILOs, both male and female Aboriginal people in custody reported that they either “don’t even know the ILOs” or if they are aware of the ILOs, have minimal trust or rapport with them. A number of people expressed that they believe the ILOs are just there to “tick a box” and are not operating in a way which supports Aboriginal people in custody. Little to none of the above Program Description points were expressed by Aboriginal people in custody as being met and there was a consensus among men and women that they were unsure of what ILO’s job description was. Whilst the concept ILO’s is positive and welcomed and the Position Description is appropriate, it is clear that in practice there needs to be significant changes to the implementation and monitoring of ILO’s roles so that they best support Aboriginal people in custody.

Experience of female Aboriginal people in custody

There appears to be an ongoing issue with achieving the objective of a gender responsive correctional environment. The female Aboriginal people in custody we met reported that the female area is regarded as “the worst part of the whole jail” due to a lack of programs and services available which meant women were left with little to no structure or routine to their day. They also expressed the tension and danger they experienced with the mix of sentenced/remand and different classification levels of people in custody. Women reported that they feel unsafe and experiencing vulnerability given the proximity to the men’s areas in accessing programs and services. They discussed significant periods of being locked in due to the management of others and perceived staffing and facility limitations. The women reported being disadvantaged in terms of access to open space, recreation opportunities, employment, and reintegration programs, with very limited levels of privilege based on behaviour. The women reported that it was difficult to build trust and rapport with staff members and that staff members regularly failed to engage with them, provide support or even someone to speak to.

The female participants raised serious concerns about there being no procedures in place to support pregnant women. They reported that there is no mother and baby unit, and pregnant women are inappropriately escorted by transport vans. It is also concerning that female Aboriginal people in custody reported there being no parenting program available at AMC, and no culturally responsive parenting support and connection programs to assist Aboriginal mothers.

Female participants were particularly critical of the Crisis Support Unit (CSU), which they regarded as not the “right place to put a woman who is unwell”. They reported that the CSU is not culturally safe or gender sensitive, as it places women and men in the same area. Due to the mixed gender set-up, women reported avoiding going to the CSU even when they are very unwell. One woman explained that she was taken to AMC while in a psychosis and was “handcuffed and dragged to CSU” in distress, undeniably compounding trauma. Many of the women will not report experiencing a mental health crisis as they do not want to be taken to the CSU.

Environment

The quality of food, bedding and clothing received a good evaluation by Aboriginal people in custody. However, it has been noted that the physical conditions of the CSU are inadequate, with people preferring to be “at risk” than attend. The transportation provided is also reported to be in poor condition with participants reporting that it was often crowded and difficult to breathe, to the point of it being dangerous.

Operations

In our focus group sessions with both male and female Aboriginal people in custody they reported that:

- They are frequently subject to forceful, disproportionate and degrading searches;
- Officers often dismiss complaints and do not take their complaints seriously, resulting in hesitancy to lodge complaints;
- Officers exercise discretion inconsistently and often unnecessarily; and
- Officers often do not appear to follow procedures when engaging in behaviour management.

Many Aboriginal people in custody, both male and female, reported that they were frequently strip searched and subjected to humiliating searches. We have further addressed these reports under Review Area 3: Sentence Management.

Complaints

Aboriginal people in custody strongly feel that complaints are not taken seriously or adequately addressed. A number of people reported that they are afraid to make complaints because officers have previously threatened to give them “more time” if they appeal their complaint. 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.

The complaints process is also reported by participants to be difficult and unduly complex. A physical form is required to be filled out, which tends to get “lost” or not actioned. Aboriginal people in custody reported that for any form of traction, complaints forms must also be given to an external group, for example a solicitor or caseworker. Officers have discretion in handling complaints and if the outcome is unfavourable, the appeals process requires independent representation, which limits peoples’ ability to engage in the appeal due to not having access to this support. This feedback is also consistent with the results of the Healthy Prison Review 2022 Detainee survey, where 93.75% of participants felt that their complaint at the AMC was ‘not at all’ dealt with fairly.

Recommendations

- (a) AMC should employ full-time Aboriginal staff who are trained to provide internal support and advocate for Aboriginal people in custody and ensure their welfare, social and cultural needs are being met;
- (b) Aunty Tanya should be paid by AMC to provide external support, rather than being an unpaid volunteer;
- (c) AMC should work closely with Aboriginal and Torres Strait Islander-led community organisations to ensure that current practices are culturally safe and responsive;
- (d) All staff should receive ongoing cultural training on how to safely and respectfully engage with Aboriginal people in custody, including training on trauma-aware and culturally informed practice and understanding the unique traumas Aboriginal and Torres Strait Islander people experience individually and collectively;
- (e) AMC should implement transparent policies and practices around complaint handling to ensure that Aboriginal people in custody are able to express their concerns safely, be heard and actioned;
- (f) The role of ILO’s should have KPI’s for engagement and support to be provided, these should be monitored and extra training and support provided where necessary to ensure ILO’s are in practice fulfilling the Program Description of their role; and
- (g) Employment of ex-officers as ILOs should be minimised (unless absolutely necessary) and instead, ILO’s should be recruited from the community and provided with specialised training to ensure rapport and trust is able to be built and maintained with Aboriginal people in custody.

6. Review Area 2: Culturally safe and responsive health services

Key Finding

The ACT Standards for Adult Correctional Services require correctional services to provide physical and mental health care services which are culturally responsive and safe for the needs of Aboriginal people in custody. Health services should be holistic and understand the importance of physical, spiritual, cultural, emotional and social wellbeing as a foundation for Aboriginal and Torres Strait Islander health. Aboriginal people must be supported to understand and make informed decisions about their health care and have access to cultural support systems, such as family and community Elders.

The introduction of the Winnunga Nimmityjah Aboriginal Health Service (“Winnunga”) model as the primary health care provider at AMC to provide culturally appropriate services to Aboriginal people in custody is a positive and welcome development. As part of our review, we have been provided with a copy of the 2018 Memorandum of Understanding (“MOU”) between the ACT and Winnunga for the delivery of coordinated health care services to Aboriginal people in custody in AMC. We have not received or had regard to any documented models of care agreed between Winnunga and AMC.

In conducting our review, we conducted feedback sessions with current Aboriginal people in custody to determine the extent to which:

- (a) Healthcare is provided in a culturally responsive and safe manner to Aboriginal people in custody;
- (b) Aboriginal people in custody are offered access to Winnunga Health Services when they arrive at the AMC;
- (c) Justice Health staff are appropriately trained to provide culturally safe healthcare to Aboriginal people in custody;
- (d) Aboriginal people in custody are offered referrals to culturally appropriate physical and mental health care providers where required; and
- (e) Aboriginal people in custody feel that mental health care providers are appropriately informed of the holistic views of health and wellbeing of Aboriginal and Torres Strait Islander people;
- (f) Aboriginal people in custody are being offered access to Winnunga Health Services when they arrive at the AMC;
- (g) Justice Health staff are appropriately trained to provide culturally safe healthcare to Aboriginal people in custody; and
- (h) Strip searches and urine testing are conducted in a culturally appropriate manner.

Deadly Connections’ key findings include:

- (a) Despite their being a current MOU between Winnunga and AMC, there are still issues for staff in providing the level of health care required and needed
- (b) Access to healthcare through Justice Health and Winnunga is subject to reported significant wait times and was a serious concern of Aboriginal people in custody. This was reported to be the case regardless of whether an health issue was acute or chronic and was consistent across females and males;
- (c) People in custody reported 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
- (d) Both staff of Winnunga and people in custody advised that the major delay in accessing Winnunga was that Justice Health had to refer the patient on and transfer records, this process appears to cause significant delays

- (e) Physical access points to healthcare are reported to be an issue for females, with access to Justice Health requires walking past the men's area, which contributes to a strong reluctance to seek healthcare, particularly in circumstances of domestic violence where an ex-partner is also detained;
- (f) The Crisis Support Unit (CSU) is viewed by a majority of Aboriginal people in custody to be highly unsuitable with appalling conditions and the mixing of females and males. There is a strong reluctance from Aboriginal people in custody to access CSU, even when experiencing significant mental health issues;
- (g) Whilst Winnunga operating at AMC is a positive initiative, the current reported limitations on the availability of the service and timely provision of care appear to be inadequate for the needs of the Aboriginal people in custody interviewed; and
- (h) Non-Indigenous people in custody have access to Winnunga which places further strain on wait times when Aboriginal people in custody should have priority or exclusive access.

In our sessions, Aboriginal people in custody reported that health care services are poorly coordinated and delivered at AMC. Multiple people reported not feeling safe or supported to access appropriate healthcare, either through Justice Health or Winnunga. There was a perception amongst a majority of Aboriginal people attending the focus groups that healthcare at AMC is inaccessible and at times delivered in an unprofessional and culturally inappropriate manner.

Winnunga

Whilst Deadly Connections commends the concept of an Aboriginal Community-Controlled Health Service (ACCCHS) operating within AMC for the benefit of Aboriginal people in custody, the current structure and system around Winnunga's operation at AMC appears to be limiting its effectiveness as a model of culturally safe and holistic healthcare from the standpoint of Aboriginal people in custody. On the basis of our focus group sessions there are significant opportunities to enhance Winnunga's model of operating within AMC and provide an improved healthcare pathway which transitions from community to AMC and then on release.

Winnunga was reported by Aboriginal people in custody to be difficult to access, with many barriers to efficient referral and an extremely long waitlist. This means services are not being delivered efficiently or effectively. Our findings are consistent with the 2019 Health Prison Review's finding that 41% of Aboriginal people in custody reported that they were 'rarely' or 'never' able to access Winnunga for their health needs. While the introduction of Winnunga was a positive step in ensuring culturally appropriate healthcare services at AMC, greater work must be done to ensure that these services are operating effectively and efficiently in practice.

The MOU refers to the enduring shared commitment to (...) *working together to ensure Aboriginal and Torres Strait Islander detainees have access to comprehensive Aboriginal health checks, chronic conditions care planning and coordination, mental health treatment and care planning capable of recognising trauma experienced by Indigenous people at the individual and collective level, and appropriate referrals to and collaboration with specialised and allied health professionals.* At the time of writing the report, Deadly Connections does not have access to the schedules referred to in the MOU. It is therefore difficult for us to determine whether the reported barriers to the effective operation of Winnunga at AMC are contributed to by the agreed model of care under the MOU, or if there are other process or systems-based issues that should be comprehensively addressed in revised schedules for the benefit of Aboriginal people in custody.

Justice Health

Aboriginal people in custody strongly stated that the healthcare provided by Justice Health was seriously inadequate and unable to meet the needs to Aboriginal peoples. In particular, it appears Aboriginal people in custody have experienced long waitlists, poor communication regarding appointment bookings, failure to provide essential medications, inappropriate access points for Justice Health requiring females to walk past the men's area, and appalling conditions in the Crisis Support Unit.

Deadly Connections has serious concerns about the current healthcare arrangements for Aboriginal people in custody at AMC and recommends immediate and urgent review and action. The failure to provide accessible, cultural sensitive and holistic healthcare is an ongoing risk factor to safety for Aboriginal people in custody and staff, it is a risk factor for self-harm and suicide, and it fails to support the rehabilitation to reduce recidivism and high risk behaviours upon release.

Reasons

Access to services

- Waitlists to access services are long and inconsistent;
- Urgent matters are not addressed immediately; and
- Health services do not generally appear to be trauma-informed and are often culturally inappropriate, causing hesitancy for women in particular.

Quality of services

- Health staff regularly dismiss issues raised by Aboriginal people in custody and they report not feeling heard or supported;
- Communication with Aboriginal people in custody regarding appointments is generally poor; and
- Aboriginal people in custody believe that medications are at times inappropriately prescribed.

Culturally appropriate

- Justice Health services do not appear to be trauma-informed or aware;
- Aboriginal people in custody do not feel safe or comfortable when accessing health care services through Justice Health; and
- The Winnunga model is positive, but the current model of care and system heavily limits its effectiveness.

Evidence

Access to services

Limited availability of services and prolonged wait times

In our feedback sessions, a number of Aboriginal people in custody reported that “healthcare is non-existent” at AMC and this is reflected in a consistent narrative of challenges in accessibility and suitability of healthcare for Aboriginal people in custody.

Participants reported that the health care services available are not enough to address the health needs of Aboriginal people in custody, with extremely long wait times to access Justice Health. This appears to be consistent across both chronic and acute conditions, with one person reporting that they had been on remand for 4 months and still had not been able to see a doctor, despite numerous attempts. Another person reported having to wait 4 days for healthcare after experiencing heart attack symptoms. One man reported removing his own tooth after waiting over 3 months for an emergency dental appointment as he was in considerable pain.

Similar reports of prolonged wait times and accessibility challenges attended discussions of Winnunga. Aboriginal people in custody reported that the waitlist for Winnunga is generally around 6 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 2 months ago. The women stated that they believe there are around 30 people on the waitlist for Winnunga and a minimum of 3 month wait. There was a perception amongst participants that the medications available were more restricted with Winnunga (than with Justice Health) and this limited the conditions that could be addressed, for example, no methadone is available through Winnunga. This is particularly problematic for Aboriginal people in custody, many of which require opioid replacement therapy (ORT) and also need access to culturally responsive healthcare.

After our visit to AMC, Deadly Connections received a call from a man stating he was on 130ml of Methadone which was reduced to 50mls in the space of 24 hours. This man advocated for himself and asked the doctors

to give him a breach of dosing procedure form, however he was never given this. This example suggests a serious breach of care as this man's health (physically and psychologically) was put at risk.

The reports of accessibility challenges were consistent across dental and psychological services at AMC. People reported lengthy wait times for dental services and limited treatment options, reported as "all the dentist does is pull teeth". Similarly, access to psychological services is reported to be very difficult. One person reported feeling suicidal and experienced a 3 month wait for psychological support services through Justice Health.

Our findings regarding long wait times and accessibility challenges are consistent with the results of the Healthy Prison Review 2022 Detainee survey, where 87.50% of participants found that it was difficult to get general medical services when they needed them and 96.43% of participants felt it was difficult to get specialist medical services.

Additional accessibility challenges for female Aboriginal people in custody

The women reported that they have to walk past the men's area in order to get to Justice Health, which is a significant barrier for some women. One woman reported that she never went to the doctor because she was afraid of walking past her ex-partner who was a perpetrator of domestic violence and also in custody at AMC. The CSU also places males and females together, which increases distress and causes some women to avoid CSU altogether, even if they are very mentally unwell. Deadly Connections considers this as evidence of a healthcare practice which is not trauma-aware and does not have regard for the distinct experiences of Aboriginal and Torres Strait Islander women.

Quality of services

In our participant sessions, Aboriginal people in custody reported the quality of healthcare services is generally poor and, at times, grossly substandard.

Participants reported 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 people in custody is that "it doesn't exist" to Justice Health. This is likely to perpetuate distrust between people in custody and health staff.

One program called 'Pathways' was available for AOD therapy/intervention however participants reported completing the same program multiple times due to a lack of other options, and thus, it became ineffective in creating any change. Aboriginal people in custody also reported having requested new AOD programs to be implemented by AMC, however their requests were repeatedly unanswered. There was consensus among the men and women who participated in the yarning circles that there was only one AOD agency available, Solaris Therapeutic Community (TC). There were numerous barriers mentioned to accessing this program, yet people stressed its importance and their motivation to engage. For people to utilise this program, they must have minimum security classification, however we know that many Aboriginal people in custody are on medium or maximum-security classification. Additionally, Aboriginal people in custody explained that they didn't know anyone who accessed this program, suggesting there are major barriers and thus it is not culturally responsive. One man reported having waited 2 years to access Solaris TC yet was never accepted and was about to be released with little to no AOD intervention, support or treatment from AMC.

Many Aboriginal people in custody also reported that there is very little communication around appointment scheduling, leading to increased anxiety and uncertainty. People are not informed of when they are moved from the waitlist or when their appointments are scheduled, with one person reported being "pulled out of bed" without notice, to attend a medical appointment.

Participants also reported that there have been incidents of people being released without their medication, forcing them to return to the prison to pick up their medication supply at another date. One woman reported being released without medication, resulting in her quickly becoming sick and turning to self-medication with drugs and ultimately ending up in custody again. Our findings are consistent with the results of the Healthy Prison Review 2022 Detainee survey, where only 25% of participants said they mostly get their medication in a timely way. Aboriginal people in custody also raised concerns about the appropriateness of medication

prescribed, with one person reporting that some patients are given sleeping medication at 3:30pm to manage and control behaviour.

Cultural safety and responsiveness

In feedback sessions with Aboriginal people in custody, participants reported that overall they did not feel that Justice Health and Winnunga provided culturally responsive and culturally safe healthcare. Participants reported that Winnunga has only one consulting room available and two staff members, leading to very limited time with patients to build trust and rapport. The physical consulting room that Winnunga operates from was said to not be culturally responsive. Aboriginal people in custody 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 limits the cultural safety that is able to be afforded by Winnunga.

Aboriginal people in custody also spoke about not being given access to traditional healers or other holistic medical services upon request. This was said to contribute to a belief that the healthcare provided at AMC is not culturally appropriate for Aboriginal and Torres Strait Islander peoples and does not promote healing and wellbeing.

Concessions/Contrary Evidence

Deadly Connections has independently considered the evaluation report of Winnunga titled *Evaluating Patient Experience at a Novel Health Service for Aboriginal and Torres Strait Islander Prisoners: A Pilot Study* (2022). Given the timing of the evaluation periods undertaken by the researchers (February to May 2020) and Deadly Connections (April 2022) do not overlap, and the relatively small sample size considered in the evaluation, Deadly Connections does not consider the report to contradict the experiences some two years later of Aboriginal people in custody attending our yarning circles. Information obtained from the yarning circles as part of our review is, however, broadly consistent with the experiences reported in the Healthy Prison Review 2022 Detainee survey concerning difficulties in access to healthcare and related services.

Recommendations

- (a) Review the MOU with Winnunga to determine any necessary amendments to include clear protocols and models of care which reflect the needs of Aboriginal people in custody. In doing so, both Winnunga and AMC should engage directly with Aboriginal people in custody in a co-design process to ensure the model of care is fit for purpose, transparent and there are embedded levels of accountability;
- (b) Winnunga, Justice Health and ACTCS should implement strategies to ensure more increased transparency, accountability, efficient cooperation and delivery of healthcare services to Aboriginal people in custody, including reduced wait times, increased staff numbers (especially First Nations health staff) and more culturally responsive service delivery;
- (c) Given the reported pressures on Winnunga, limiting the service to First Nations people would appear to be an opportunity to improve the timeliness of care;
- (d) An accessible, female-only space should be implemented at Justice Health to allow women safe access to health care services;
- (e) Increase the number of AOD programs available to create multiple options for people and review the eligibility of and access to Solaris TC to ensure Aboriginal people in custody can engage in the service;
- (f) Regular 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 AMC for Aboriginal people in custody; and
- (g) Review release and post-release protocols for healthcare and medications to ensure a supported transition which meets the health and wellbeing needs of individuals.

7. Review Area 3: Sentence management

Key Finding

ACT Corrective Services Rehabilitation Framework positions the prioritisation of community safety via reducing reoffending as central to sentence management and the continuum outcomes are framed around this objective. The sentence management continuum itself speaks to related processes to manage risks and needs from induction to release. Through Deadly Connections' review and focus group sessions it is apparent that from the perspective of Aboriginal people in custody that this sentence management continuum does not currently meet the sentence management outcomes and is not contributing effectively to a reduction in risk of reoffending.

In our focus groups at AMC with current Aboriginal people in custody, we focussed on determining the extent to which AMC achieves its objectives under the Sentence Management continuum, including processes around assessment, sentence plans, classification and placement, identification and referral to programs and services; incentives, earned privileges and sanctions. Transitional programs and services and post-release services are reviewed under area 4.

Deadly Connections' key findings include:

- (a) From 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;
- (b) People in custody had not been engaged in any case planning for their time in custody or their release, many of the people interviewed were unclear on who their sentence/case manager was as there had been no contact or support provided
- (c) People reported not knowing the roles of various staff members and who they could go to for information or assistance, perpetuating uncertainty and misinformation;
- (d) Significant issues were raised with the absence of a 'structured day' and 'purposeful activity' and the real and detrimental impact that this has on rehabilitation and wellbeing. This included very limited information about education, training and employment opportunities, and when those opportunities were accessed, they were very highly constrained, intermittent, and lacked relevance to rehabilitation and life outside of AMC;
- (e) Programs being run by officers impedes engagement with Aboriginal people in custody due to the low level of trust and rapport;
- (f) People reported barriers to engaging in education, even when highly self-motivated to do so, in particular not having essential access to university research databases;
- (g) Programs and services, such as AOD programs were said to be too infrequent, with multiple barriers to access, and that drug dependency either developed or worsened during their time at AMC, in part due to the lack of structure and the boredom that creates;
- (h) Aboriginal people in custody also referred to regular and early lock-ins and very limited access to exercise opportunities being attributed to staffing shortages or space limitations and an apparent unwillingness of staff to facilitate;
- (i) Classification of people in custody is experienced by Aboriginal peoples as preventing opportunities for rehabilitation and program engagement. Given the high relative proportion of Aboriginal peoples in the 'maximum' classification and their underrepresentation in the 'minimum' classification, there should be a further review of potential bias and implications of the current system; and
- (j) Importantly, Aboriginal people in custody reported ongoing negative experiences with the mixed housing of sentenced (minimum, medium and maximum) and remand populations, stating it created confusion, mistrust, tension and a lack of incentive to move to lower classifications.

Reasons

It has been a consistent recommendation since the Royal Commission into Aboriginal Deaths in Custody that Aboriginal people in custody have the opportunity to perform meaningful work and undertake education courses in self-development, skills acquisition, vocational education and training including education in Aboriginal history and culture (see RCIADIC Recommendation 184). Based on our review of AMC, the facility continues to fail to achieve structured and purposeful engagement of Aboriginal people in custody in a way that provides for a structured existence at AMC and rehabilitation and skills to support transition post-release. ACTCS programs do not appear to adequately address the needs of people in offence specific risks and requirements, offence-related behavioural and wellbeing needs, and to assist in their successful transition back into the community.

Program integrity, whilst provided for in the ACT Corrective Services Rehabilitation Framework, appears to be compromised in the current suite of available programs and services operating at AMC. The evaluation and outcomes monitoring of programs, whilst contained within an Evaluation Framework, does not appear to meet 'what works' from the perspective of Aboriginal people in custody. There is a clear need, based on participant feedback, for a greater focus on developing structure and engagement in AMC, and supporting access to best practice programs and services to support rehabilitation. Outcomes linked to program engagement, skills training and employment must be more closely aligned with the experiences of Aboriginal people in custody and regularly reviewed by people in custody and independent experts.

Evidence

Access to information

From the point of induction, Aboriginal people in custody felt that structured processes and information delivery were severely lacking, leading to very high levels of uncertainty. People reported not knowing the roles of various staff members and who they could go to for information or assistance, perpetuating uncertainty and misinformation. There were consistent reports of no peer mentors being assigned, which participants believed would have significantly assisted in navigating AMC processes and structures. Our findings are consistent with the results of the Healthy Prison Review 2022 Detainee survey, where 45.83% of participants disagreed that it is easy for them to get information from most staff, and 20.83% strongly disagreed.

There was consensus amongst Aboriginal people in custody 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 inmates. There were reports of a lack of streamline 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.

Programs and services

A number of Aboriginal people in custody reported that a high number of internally offered programs at AMC are run by officers or ex-officers. This was said to deter them from engaging in those programs due to a low level of trust and rapport with officers. Aboriginal people in custody also reported that there is poor organisation and communication around the programs offered, with a number of people stating that they were not aware of programs that were available to them or where they have sought to engage, there were significant delays. One man reported that they were halfway through completing a construction course, only to have the course cut due to funding issues. He stated that he was provided with no warnings or alternative to completing this education.

Program integrity was also reported to be low, with participants referring to the Pathways program having been completed "multiple times" and despite requesting new programs, nothing new has been introduced to further develop skills. The limited programmatic offering was also suggested by Aboriginal people in custody to contribute to the unstructured days and lack of purposeful activity at AMC, which was said by participants to lead to boredom, restlessness, and increased drug use.

Alcohol and Other Drugs (AOD) program

Surveying of Aboriginal people in custody indicated that the AMC's Alcohol and Other Drugs (AOD) program is difficult to access and does not provide long term results. It is believed that there is only one agency available to the AOD, being Solaris Therapeutic Community (TC). The use of only one program provider has affected wait times and support for Aboriginal people in custody who are in need, with minimal to no Aboriginal person accessing the program. The program only had 28 beds available, yet the correlation between AOD use and incarceration is well known. A male reported that he had been on a waitlist for Solaris TC for two years and is still unable to access any AOD support. In the feedback session, Deadly Connections had asked for the man's name to escalate the matter, however the man declined the support as he was too defeated from already waiting too long to receive the support he required and had "given up hope".

Parenting and Relationships programs

In our focus group sessions, Aboriginal people in custody reported that there is no parenting program available or that they had not been offered support through a parenting program to date, even where this would have been relevant to their circumstances. Some people reported that the healthy relationships program offered consistently only one week of content and was not ongoing. It appears to be a non-compliance with ACTCS Standard 93.3, which indicates that a range of programs and services should be offered and available to people in custody to address the issue of parenting and relationship skills. Again, this is failing to equip people with the skills they need to successfully transition from custody to community.

Education & Skills Development

Educational opportunities at AMC were reported to be very limited, with multiple people stating "there is no education" at AMC. Where someone had accessed education, this was reported to be dependent on officer availability and for an allocated period of 30 minutes, which made it difficult to progress or work consistently as was needed. There were also issues raised with the utility of TAFE/VET training where it was available, with males reporting that Cert II was the highest level available at that time and they did not feel that this offered sufficient employment pathways.

Challenges around completing initiated education and skills training were highlighted, with Aboriginal people in custody reporting that there appeared to be a lack of care by the program staff to mark paperwork so that they could receive qualifications. Feedback was also received from female participants that there are no TAFE qualifications available for them. This may be due to the lower number of females at AMC, preventing them from being prioritised for opportunities.

Part of Standard 95 of the ACT Standards for Adult Correctional Services, requires people in custody to have access to skills development to assist them in the employment market. Yarning circle feedback from Aboriginal people in custody indicated that there were very limited opportunities at AMC for skills and training development.

Employment

There was a strong belief amongst Aboriginal people in custody that the AMC is a "backwards jail" where the "inmates do everything" in terms of prison day-to-day basic operations and that there are no employment opportunities that are transferable or are of assistance with securing employment post-release. Many people expressed motivation and commitment to engage in employment pathways however had no opportunity to do so, which is disempowering and contributes to recidivism rates.

Our findings are consistent with the results of the Healthy Prison Review 2022 Detainee survey, where 87.5% of participants 'disagreed' or 'strongly disagreed' that the work they can do at AMC will help them get a job when they leave prison.

Recreation

There is a reported lack of structure and available programs at AMC, with one person stating that they used drugs inside due to boredom and that the gym is their "only escape".

There is no consistency in the exercise regime or exercise opportunities available for the Aboriginal people in custody, due to reported staff shortages or unavailability. For example, the women reported that they can't

access the tennis court due to there being “not enough staff” and limited access due to the location of their wing and the men reported the same issue in accessing any sporting games. Opportunities were reported to always be contingent upon staff availability.

Privileges

Aboriginal people in custody reported that there are not many privileges and/or incentives available at AMC. For instance, it had taken one participant 4 years to progress from cells to cottages. Some people reported still waiting for a cottage after 6 years and 5 months. This further disrupted the pre-release process and was unmotivating and disempowering.

Use of force

Aboriginal people in custody strongly believe that the use of force at AMC is disproportionate, unnecessary and often does not comply with procedure. Participants reported the following examples:

- One person was gassed for 4 days, with the overuse of force leading the person to want to “kill [them]self every day”;
- People on minimum security are handcuffed in transportation because the officers exercise their discretion to do so, even where the person poses little perceived risk;
- One male was forced to pull his foreskin back during a cell search, despite nothing to warrant it; and
- The procedure to use capsicum spray requires 2 warnings and a call code, however, both women and men reported that they only receive 1 warning before the spray.

Searches

Contrary to Standard 24, Aboriginal people in custody reported that search officers “trash your cell” and “smash your room”. Searches are also reportedly inconsistently performed, often more than once a week. One person reported that he was subject to forceful measures, and when he made a complaint, the officers claimed there was no footage evidence even though there were cameras in the cells.

There is inconsistency in the frequency of cell searches at AMC. It has been reported that the standard is to complete a cell search every week, however one woman reported that her cell was searched 3 times in 1 week. Moreover, participants have reported that their cells have been searched every couple of days at 11pm, another reported that their cell was searched every day for 4 weeks, with another reporting that on remand they were searched twice a week. The searches leave the cells in a terrible condition, with people in custody forced to clean up and replace any broken items.

Searches at AMC can be demeaning for Aboriginal people in custody. One woman reported a humiliating search experience where a male officer removed a used sanitary pad and put it in her property bag.

Our findings are consistent with the results of the Healthy Prison Review 2022 Detainee survey, where 65.2% of participants felt that staff ‘rarely’ or ‘never’ conduct cell searches respectfully.

Classification of Aboriginal people in custody

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. 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 necessarily 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.

The policy appears to be silent on the housing and location of people based on their classification, which leads to ongoing uncertainty. Aboriginal people in custody also reported that the mixing of classifications and remand/sentenced persons causes tension and results in a lack of incentives to move to lower classifications.

Concessions/Contrary Evidence

Deadly Connections has accessed the Report on Government Services 2022 Justice data which indicated high levels of employment of Aboriginal and Torres Strait Islander prisoners in ACT facilities (86.6% of eligible Indigenous prisoners employed and a high percentage of eligible prisoners in education and training (31.5% pre-certificate level 1 courses, 90.4% in VET, 3.9% Higher education). Based on our focus group sessions and review of the Healthy Prisons 2022 data, it may be necessary to interrogate that data, including a review of the classification of who is 'eligible' and what the definitions of employment are used. We refer to the Healthy Prisons 2022 survey data, which is generally consistent with Deadly Connection's focus group information, and suggests that on paper, AMC is able to meet reporting data points, but the implementation and outcomes of the programs are experiencing a significant shortfall.

Recommendations

- (a) AMC should review, develop and implement strategies to ensure greater transparency regarding AMC procedures to allow people in custody to understand the structure and operational processes of the facility, particularly the classification and privilege/incentive processes;
- (b) the role of peer mentors should be available upon reception/induction to AMC to support access to information and build safety and pro-social connections between people in custody;
- (c) AMC should collaborate with people in custody to ensure the programs and services (including employment, education and training and courses such as AOD) that are offered are culturally responsive, meaningful, useful and effective while also creating genuine opportunities for engagement in consistent, purposeful activity which is culturally safe and leads to practical pathways post release;
- (d) Increased access to recreation opportunities, with this being built into a consistent, ongoing routine for people in custody to ensure stability, decrease boredom, increase safety, develop capacity of individuals; and
- (e) Use of force and searches of cells and people should be rapidly decreased and used as a last resort option with all policies and procedures followed by staff. Any breaches of procedure by staff should result in reprimand and further mandatory training.

8. Review Area 4: Preparation for release & transition back into the community

Key Finding

Deadly Connections understands from the commentary at the establishment of AMC that 'rehabilitation' is intended to be one of the centrepieces of the operating philosophy, with a range of rehabilitation objectives presented, including reducing offending behaviour; and encouraging people to seek self-improvement, fulfil their potential and lead successful lives in the community. The ACT Standards for Adult Correctional Services similarly explicitly include rehabilitation objectives and indicators. Despite this clear focus on the rhetoric of rehabilitation, it is our assessment that the levels of rehabilitation-centred activities and services and preparation for release and transition back into the community remain inadequate. This is supported by information provided to us during our yarning circles and recidivism data. Rehabilitation objectives continue to be compromised, and when combined with inadequate pre and post-release supports, leaves individuals at a high vulnerability of return to prison or some form of corrective services. Based on our review, AMC has not, at this point, achieved the vision of human rights compliance with a focus on rehabilitation. There are significant opportunities for improvement to enable AMC to lead the way nationally in the rehabilitation and the successful reintegration into community and ultimately meet the original AMC operating philosophy and objectives.

In particular, we have had regard to Standards 111, 114 and 115 in our focus groups at AMC with Aboriginal people in custody to determine the extent to which:

- (a) Education and programs include practical elements that enable people in custody to manage daily life within and outside the correctional centre, with a view to better facilitating a successful return to society;
- (b) Post-release planning begins at the start of the person's sentence (and how this is managed for people on remand);
- (c) Relationships with persons or agencies outside the AMC which promote reintegration are encouraged and facilitated;
- (d) Prior to completion of their sentence, necessary steps are taken to ensure the person's graduated return to life in society, including by a pre-release regime;
- (e) Medications, healthcare and wellbeing is supported in pre and post-release;
- (f) Quality and suitability of programs of education, employment and training programs at AMC for post-release reintegration; and
- (g) Essential needs of people upon release, such as adequate housing, employment, community support (known risk factors for recidivism), are addressed, and what role these have had in any return of a person to prison.

Deadly Connections' key findings include:

- (a) The consensus among both men and women is that there is minimal to no preparation for release or transition back into the community, this includes case management;
- (b) Both men and women interviewed advised that they believe the lack of support for reintegration is a key factor in their recidivism; and
- (c) There is an inadequate framework around rehabilitation, normalisation and reintegration which, combined with the lack of structured day, purposeful activity, treatment and skill development contributes to a perception of inevitability and futility amongst Aboriginal people in custody regarding their future prospects and may itself contribute to recidivism.

Reasons

Rehabilitation, normalisation, and reintegration is critical to reducing the over incarceration of Aboriginal peoples at AMC as part of the ACTCS mission to contribute to a safer community through 'the safe, secure

and humane management of offenders both in custody and in the community' and 'the provision of sustainable opportunities for offenders to lead law abiding and productive lives in the community through rehabilitation and reintegration'. The need for an effective ACTCS-specific rehabilitation framework had been identified in a number of independent reviews of AMC since its inception in 2009 before being implemented in 2019. Deadly Connections has sourced a copy of the November 2019 ACT Corrective Services Rehabilitation Framework and had regard to the summary document outlining the key aspects of the framework in interpreting the comments made to us in the course of the AMC visit.

On paper, the ACT Corrective Services Rehabilitation Framework 2019 appears to address many facets of people's needs around transition and post-release supports and services. ACTCS has developed the documented frameworks based on accepted theoretical principles to support the rehabilitation and successful reintegration and this is commendable. What remains concerning is the experience of a high number of Aboriginal people who have returned to custody or are imminently due for release into the community. It was universally reported that the current framework for transition and post-release was not being implemented in a way that supports rehabilitation and reintegration and was substantially lacking and inadequate. From the evidence outlined below, it is clear to us that Aboriginal people in custody feel unsupported and ill-prepared for life outside of AMC. The failure to adequately address the needs for rehabilitation, normalisation and reintegration is, in our view, undermining the objectives of AMC and contributing to a belief amongst Aboriginal people in custody that their experience at AMC is further compounding the risk of recidivism.

Deadly Connections contrasts this against our knowledge and research of the practices, approaches and programs operating in Scandinavian prison systems where the principle of 'normality' is linked to the concept of rehabilitation and there is emphasis on prison life resembling life outside as closely as possible. The intentional progression of people in custody towards greater normality in preparation for release has been positively indicated to prepare people for return to society (for example, see Andvig, E., Koffeld-Hamidane, S., Ausland, L. H., and Karlsson, B. (2020). Inmates' perceptions and experiences of how they were prepared for release from a Norwegian open prison. *Nord. J. Criminol.* doi: 10.1080/2578983X.2020.1847954). Based on the focus group sessions and the data provided to us for the purposes of this review, we consider there to be significant opportunities to improve the practices at AMC to better transition Aboriginal people in custody to graduated normality to support a sustained return to community.

Evidence

The support to prepare Aboriginal people in custody for release and transition back into the community was consistently referred to as "very poor", "no planning" and "absolutely nothing". This extended to the perception of support provided by the Indigenous Support Officers and specialist units. One man told us that he feels like Aboriginal people in custody at AMC are "set up to fail" upon release back into the community due to poor pre-release planning and post-release support. Another person indicated that they were to be released in 3 months, after being incarcerated for 6 years and there was nothing in place to support a successful transition from AMC, including no steps taken to connect with housing services. Since being incarcerated he had lost his employment, housing and family. He was unsure of what he was going to do upon release and had tried to access support without access. People in custody reported that no one looks at your housing status or puts any support in place before release, that you have to do this yourself. We were told that even when you ask for help with pre-release planning you do not receive it. One person told us that they had once been released into homelessness and slept in a stolen car.

One of the women reported that the support from AMC pre-release is "absolutely nothing, you have to do it all yourself". Another female told us that she had only 8 escorted outings after 10 years in prison (on a 16 year sentence) and was back on breach of bail following failed urine tests shortly after release. She attributed the unsuccessful reintegration to the absence of normalisation and support to build connections, skills and access to essential basic needs. The lack of building of integration of Aboriginal people in custody back into the community was a consistent thread in the focus group sessions with the women, with one person describing it as "there is no one to link you to the outside world". The AMC Transitional Release Centre ("TRC") would appear to provide this graduated normalisation prior to release, however Aboriginal people in

custody reported that the restrictions on who is eligible for the TRC program prevented many Aboriginal people in custody (who were maximum classification) from accessing this essential transition step prior to release. It was reported that there have been 20 empty beds in the TRC for 2 years, which suggests that effective normalisation is not being offered to a large number of people and is perceived to contribute to difficulties in adjusting to life post-release.

The feedback from the focus groups sessions is consistent with the Healthy Prison Review 2022 Detainee Survey of Aboriginal people in custody, with 75% of respondents disagreeing or strongly disagreeing that the programs at the AMC were helpful in preparing them for release, and over 85% of respondents reporting that they disagree or strongly disagree that the work they can do at AMC will help them to get a job when they get out. With limited employment opportunities (other than those contributing to the running of the prison), Aboriginal people in custody cannot develop the necessary skills ready for employment post-release and any employment data is not apparently contributing to rehabilitation.

Where there has been limited support provided to Aboriginal people upon release it has not been without issue, with one Aboriginal woman who was released to Justice Housing reported waking up one night with a male staff member standing over her in her room. She left due to fear, and relapsed with drug use and returned to custody shortly after. This woman said she has attempted multiple times to escalate the matter and file a formal complaint, however nothing has been done.

Transitional pre and post-release healthcare is critical to support health and wellbeing through a significant adjustment period. Unfortunately, we received reports from Aboriginal people in custody of their own experiences of being released without their medication or being prescribed an inappropriate amount of medication, which affected their physical and psychological health during an already unstable and difficult period.

Deadly Connections has been provided with the 2016 Independent Inquiry into the Treatment in Custody of Steven Freeman. It is concerning that many of the findings in the Inquiry report commenting on the lack of rehabilitation at AMC appear to be consistent with the experiences of Aboriginal people we spoke with. The lack of a structured day, the boredom, and highly limited opportunities for programs, education or employment identified by Mr Freeman in the report reflect feedback from present Aboriginal people in custody, some 5 years later. One woman stated “we are left to create our own survival strategies”, 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. This further demonstrates the lack of support to ensure people thrive upon release into the community.

Concessions/Contrary Evidence

Deadly Connections refers to comments made under review area 3 and repeats our concerns that it appears there is an ability to meet reporting data points, but the implementation and outcomes of the programs are experiencing a significant shortfall.

Recommendations

- (a) Revise the ACT Corrective Services Rehabilitation Framework 2019 (or the accompanying policies, procedures and practice guidelines) in partnership with external experts and Aboriginal Community-Controlled Organisations to develop a clearly articulated rehabilitation framework specific to Aboriginal peoples within AMC;
- (b) Review of internal criteria to Increase access to available programs within AMC for Aboriginal people in custody that support recovery, rehabilitation and pre/post release
- (c) ACTCS policy to clearly define (or revise the definition of) ‘structured day’ and sufficient ‘purposeful activity’ to support the objectives of rehabilitation and normalisation, which includes cultural connection and cultural activities for Aboriginal people in custody;
- (d) Independent evaluation of the quality and outcomes of rehabilitation programs and pre-release supports to improve the rehabilitation of people in custody and delivery of programs. For Aboriginal

people in custody, this should be done in partnership with an Aboriginal Community-Controlled Organisation with rehabilitation and post-release expertise;

- (e) Release planning should begin when people in custody first undergo their induction/reception process at AMC to identify and respond to their needs upon release (such as housing, Centrelink, AOD treatment, education and training). This should be followed up 3-6 months prior to release to respond to any changes that may have occurred during the sentence/remand period and ensure Aboriginal people are supported in their transition from custody to community to reduce rates of recidivism; and
- (f) implementation of purposeful vocational education and training in AMC, together with the employment program. This should be ascertained in co-design with Aboriginal people in custody to ensure education, training, and education provided is responsive to their needs and creates meaningful and practical pathways post incarceration.

9. Next steps & final comments

Deadly Connections supports regular independent reviews of prisons and welcomed the opportunity to complete a site visit at AMC and facilitate yarning circles with Aboriginal people in custody. As stated in the body of our report, the living conditions at AMC were generally reported as sufficient, however there were major deficiencies in health (including physical, psychological, AOD), education and training, services and programs, staff roles (including ILO's) pre-release planning, rehabilitation and culturally responsive support.

In providing our report and recommendations, Deadly Connections seeks to elevate and amplify the voices of the men and women who participated in the yarning circles. We thank everyone who took the time to speak to us and share their knowledge openly and honestly, intimately understand their own needs and have the solutions to ensure AMC is safe for people in custody and staff. The experiences and expertise of Aboriginal people in custody is essential to this review and must be respected and actioned.

Deadly Connections has agreed to participate in the 2022 Healthy Prison Review to ensure the solutions offered by Aboriginal people in custody are brought to life and implemented by AMC. Deadly Connections seeks genuine commitment and action from AMC to address our recommendations, not only in documented policies and procedures, but through real change. With these changes comes the accountability of all levels of staff to implement the necessary practices and engage in a way that centres the healing and rehabilitation of all people. Deadly Connections would welcome further engagement with AMC to support the centre through the implementation phases and facilitate further feedback from Aboriginal people in custody and review.

AMC has the potential to make significant improvements to achieve its mission and objectives. It is imperative that recommendations are acted upon to reduce rates of recidivism and support not only Aboriginal and Torres Strait Islander peoples but all peoples in custody to create lives that are meaningful and purposeful so they can actively and safely contribute to and participate in the community.