



Independent Review of Operations  
at the  
Alexander Maconochie Centre  
ACT Corrective Services

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## **Acknowledgements**

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- The many government and community stakeholders who agreed to be interviewed to assist with the Review. A number of these stakeholders also provided submissions to the Review and
- The detainees who reside at the Alexander Maconochie Centre whose participation in focus groups and individual interviews were of considerable assistance to the review team.

## **Disclaimer**

This document has been prepared in good faith, exercising due care and attention and is based on:

- Site inspections and observation of operations at the AMC
- Information derived from interviews of staff of ACT Corrective Services, Corrections Health, Mental Health ACT and stakeholders from government and community agencies
- Review of documents relating to Policies and Procedures and other documentation provided by ACT Corrective Services
- Information derived from focus groups of detainees
- Information contained in formal submissions from stakeholders and
- The professional knowledge, training and experience of the audit team.

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# 1      **Audit Team**

Keith Hamburger AM Team Leader	Keith's public service career included nine years as Director-General of Corrective Services in Queensland during a period of unprecedented change. Since entering the private sector 14 years ago Keith, as Managing Director, Knowledge Consulting, has advised various jurisdictions on correctional and detention matters including the Commonwealth, ACT, NSW, Tasmania and the Solomon Islands.
John Hocken Team Leader support and input to Emergency Services areas of the Review	John's public service career included a period as the Director-General of Emergency Services in Queensland. Since entering the private sector 12 years ago he has had extensive senior management and consulting experience.
Dr Chris Henderson Health Services	Chris has significant relevant medical experience including in Western Australian Prison Health as Director Health Services, provided Medical services to Tasmanian Corrections and conducted audits of Health Services in Immigration Detention Centres on behalf of Knowledge Consulting.
Kevin Corcoran Security Issues	Kevin's experience is in custodial operations as the General Manager of prisons in South Australia and executive level positions in Queensland. He has significant expertise in security matters including the latest technology to support officers. Kevin has consulted within Australia and overseas on security matters.
Mike Ryan Support Kevin Corcoran on Security and review certain detainee services areas	Mike has considerable experience in executive and operational positions across a range of correctional and detention operations in the public and private sectors, including commissioning of centres.
Shane MacNamara AMC Costing Model and staffing issues	Shane as worked as the Chief Financial Officer of Queensland Corrections. In a consulting career spanning twenty years he has developed significant expertise in the operating costs and staffing of correctional services. He brings a wealth of benchmarking materials from other jurisdictions on which to draw comparison with the AMC's operations.
Dr Gavan Palk Detainee Programs	Gaven is a psychologist who has worked extensively in community corrections. He has significant experience in detainee assessment, programs, education and Throughcare.
Mary Hannan- Jones Food Services	Mary is a Lecturer in Nutrition and Dietetics, Queensland University of Technology (QUT) and a Senior Advisor Nutrition and Dietetics, Offender Health Services. She has conducted catering, food and nutrition audits on behalf of Knowledge Consulting in Immigration Detention Centres. She has significant experience in corrections and detention food services.

## **1.1 Declaration of Audit Team members prior involvement with ACT Corrective Services**

Keith Hamburger - Initial business case for AMC and procedure review;

Shane MacNamara - Initial business case for the AMC and opinions on staffing and rosters;

Kevin Corcoran - Soter scanning technology for BRC and subsequently the AMC;

### **In preparing this Report:**

Keith Hamburger was not involved directly in the audit of procedures but did review consultant's work in this regard. There is total agreement between Keith Hamburger and individual consultant's in relation to Findings and Recommendations arising from reviews of procedures;

Keith Hamburger and Shane MacNamara were both involved in work associated with the initial business case for the AMC. Both have been involved in reviewing the costing model and staffing issues covered in this Report. Both believe that their work on this Review has been conducted in an objective manner and Findings and Recommendations made are transparent in that they are based on evidence documented in this Report;

Mike Ryan conducted the review of the Soter scanning technology at the AMC in which Kevin Corcoran has a commercial interest. Keith Hamburger in reviewing Mike Ryan's report interviewed Kevin Corcoran to obtain further information in relation to matters raised by Mr Ryan's audit.

## **2 Introduction**

Under a Services Agreement dated 16<sup>th</sup> April 2010 the Australian Capital Territory (ACT) engaged Knowledge Consulting Pty Ltd to conduct an independent review of operations at the Alexander Maconochie Centre (AMC) in the ACT. This fulfilled a government commitment to conduct a review of the AMC after 12 months of operation. (Hansard ACT Legislative Assembly October 2009) It also addresses a motion passed in the ACT Legislative Assembly 10<sup>th</sup> February 2010 as follows:

*"That this Assembly:*

*(1) notes:*

*(a) concerns regarding the operation of the AMC;*

*(b) the unanimous findings of the Standing Committee on Justice and Community Safety report, Inquiry into the delay in the commencement of operations at the Alexander Maconochie Centre; and*

*(c) the Government's intention to have a review into the operation of the AMC after its first year of operation; and*

*(2) calls on the Government to:*

- (a) commission an independent reviewer to conduct the one year review into the AMC;*
- (b) ensure that the review be open and transparent and public, and include input from community and non-government groups with an interest or involvement in the AMC, including on the terms of reference for the review;*
- (c) ensure the review is completed in a timely manner and be tabled in the Legislative Assembly immediately upon completion; and*
- (d) report upon the progress of the review in August 2010;"*

ACT Corrective Services provided the following advice relating to the AMC

*"The Alexander Maconochie Centre (AMC) is the Australian Capital Territory's multi-purpose correctional centre occupying a total area of approximately 60 hectares in the Canberra industrial suburb of Hume. It began receiving detainees in March 2009. It is a campus style 300-bed correctional centre accommodating male and female, remand and sentenced detainees.*

*The area within the maximum security perimeter is divided into secure precincts or zones for different classifications of detainees housed in cottage units or cells. A 15-bed Transitional Release Centre (TRC), just outside the secure perimeter, houses low-risk detainees in the final stages of their sentence.*

*The AMC is a maximum-security correctional centre with state of the art security features. Security is maintained through three control rooms - a Master Control Room and two operational control rooms.*

*ACT Corrective Services operates a 'Throughcare' model of case management for each detainee at the AMC. Within this model each detainee has his or her own case manager who works with them to develop an individual rehabilitation plan and a pre-release plan.*

*At the AMC the detainee's day is structured around work, programs, visits, vocational education and training (VET) and recreation. Therapeutic and criminogenic programs cover such areas as sex offender, family violence, and alcohol and other drugs. Cognitive skills programs are provided to help change thinking patterns and encourage better judgement."*

Knowledge Consulting's Review of the AMC encompasses all operations of the centre for the period 1<sup>st</sup> June 2009 through 31<sup>st</sup> May 2010 as covered by the Terms of Reference. This Report includes comment on current performance as relevant in the context of the Terms of Reference. The TOR was initially provided to Knowledge Consulting in Draft form. Prior to

commencing the Review Knowledge Consulting was requested to consult with key stakeholders concerning the draft TOR to seek their input as to whether it met their needs and or whether they had any suggestions for enhancement of the TOR.

The following stakeholders were consulted concerning the draft TOR:

- Community Reference Group Representatives
- Community and Public Sector Union including staff representatives from the AMC
- ACT Government Solicitor
- ACT Human Rights and Discrimination Commissioner
- ACT Health Services Commissioner
- ACT Deputy Ombudsman
- Legal Aid
- Detainees Aid.

The overall response was that the Draft Terms of Reference were very comprehensive and covered the issues that needed to be addressed. All were supportive of the review. A number made comments to the effect that they wanted the AMC to be successful and would provide whatever assistance they could to the Review.

Some suggestions were made for changes to the TOR. All of those consulted raised issues that they wished to see examined during the review. Most of these were covered by the Draft TOR and all issues were noted for referral to the particular specialist consultant on the Review Team.

Knowledge Consulting's Managing Director and the company's Executive Consultant met with the Auditor General to provide oral advice of the time line for the review and a general overview of Knowledge Consulting's capabilities and approach to the project. The Auditor General noted the information provided but made it clear that she would remain independent from the Review and would assess Knowledge Consulting's Report when available with regard to any further action by her Office.

Knowledge Consulting provided feedback from the TOR consultation process to the Attorney General including suggested amendments to the draft TOR. By letter of 24<sup>th</sup> May 2010 the Attorney General:

- Advised that he had accepted Knowledge Consulting's suggested amendments to the draft TOR

- Raised two further issues he wished the Review to address, namely the release of detainees into the community and the issue of needle exchange if this matter is raised in consultation by stakeholders and
- Advised that he had publicly announced that the Terms of Reference have been finalised and made the final version available to the public.

The Attorney General's letter of 24<sup>th</sup> May 2010 including the approved Terms of Reference is at **Appendix 1**.

In accordance with the contract Knowledge Consulting provided an Interim Report concerning progress with the Review on 29<sup>th</sup> July 2010.

### **3 Structure of the report**

The Terms of Reference for the Review encompass:

- The effectiveness of the commissioning and operation of the Alexander Maconochie Centre (AMC), including a comparison – where possible – with other correctional facilities commissioned in Australia in the last 10 years
- The effectiveness of AMC policies and procedures in providing a framework within which operations can be conducted in a manner that ensures a safe, healthy and humane environment, effective services to detainees and responsiveness to stakeholder concerns
- The effectiveness of the outcome of the relationship between the vision and objectives for the AMC, the physical design of the AMC, and the Operational Model
- The effectiveness of services provided to detainees
- The effectiveness of programs provided to detainees aimed at assisting/ facilitating rehabilitation
- The effectiveness of specific measures in place to ensure, safety, responses to emergencies, appropriate handling of detainees' complaints, maintenance of a law abiding environment within the AMC, maintenance of a healthy working and living environment and responsiveness to stakeholders concerns
- Issues around the lawful holding of detainees
- Blood borne diseases
- The effectiveness of the AMC's governance model and
- The costing model in place, including whether there are any suitable measures to reduce costs without reducing the effectiveness of service provision.

This all encompassing review of the AMC's operations covered a diverse range of specialist functions and involved a total of eight (8) consultants. Because of the interconnected nature of the AMC's functions, in some areas a number of consultants were involved in reviewing different aspects of the same functions. For example the Crisis Support Unit (CSU) function has been reviewed by the Health Consultant, the Detainee Programs Consultant and the Security Consultant with a degree of overlap in each of their Reports. The Food Services Consultant and the Health Consultant touched on similar areas as did the Detainee Programs Consultant and the Health Consultant.

However, rather than provide a number of individual Reports the Review Team Leader has combined the individual consultant's Reports, with agreement from the individual consultants, into a relatively seamless Report that follows the structure of the headings in the Terms of Reference for the Review.

In a number of areas the TOR addresses similar issues from different perspectives. This has resulted in some areas in review outcomes where it is impractical to break the consultant's report down to a level to address different TOR headings separately without creating a lot of duplication in the Report. Therefore, some headings do not contain content but are included in the sequence as covered in the TOR and are cross referenced to the Section of the Report where the issue has been addressed in its entirety.

Concerning an Executive Summary for the Report, because of the wide range of specialist functions covered by this Review, the Review Team Leader has decided that the most efficient outcome is to summarise the Findings and Recommendations made in each of the many Sections of this Report into an overall summary of Findings and Recommendations.

However, a preamble has been included in the Summary of Findings and recommendations that provides a brief summary of areas of good performance and the identified causes of underperformance in certain areas.

## **4 Summary of Findings and Recommendations**

The Findings and Recommendations are derived from the evidence that is contained in this Report. They represent the auditors' conclusions based on this evidence. The summary of Findings in sequence under each report heading tells the story of performance for that function.

Where appropriate the auditors have made recommendations for improvement under each report heading.

Relevant sections of the Report were discussed and or reviewed while in draft form with Department of Justice and Community Safety Executives, ACT Corrective Services Executive Staff, Corrections Health Program Staff, Mental Health ACT Staff, the ACT Government Solicitor, ACT Ombudsman, the Human Rights Commissioner and the Health Services Commissioner to obtain their feedback on content and proposed Findings and Recommendations.



Where those consulted could provide additional evidence that warranted changes to Findings and or Recommendations, this additional evidence has been included in the Report with appropriate changes to the Findings and Recommendations. Where opinions between the audit team and stakeholders could not be reconciled the stakeholders' comments have been included in the relevant Sections of the Report for consideration by decision makers.

In audits of this nature it is unavoidable that auditors will apply the "wisdom of hindsight" in reviewing and commenting on outcomes. At times this can result in unbalanced reporting through overemphasis on the highlighting of perceived shortcomings.

The difficulties and negative Findings identified in this report relating to AMC performance over the first 12 months of operation need to be viewed in a balanced way in the context of a number of significant positive outcomes that have been achieved. Many of these provide a foundation to enable the AMC to reach its potential of a world class facility for the rehabilitation of offenders with a strong focus on human rights.

As covered in the various Sections of this Report a number of good performance outcomes have been achieved including:

- No serious incidents such as deaths in custody (apart from one by natural causes), riots, fires and major infrastructure failure
- A strong basis has been set for a culture and a shared set of values at the AMC to deliver on commitments relating to the protection of detainees Human Rights and the delivery of best practice rehabilitation programs. The AMC is unique in relation to other Australian prisons in the high level of attention paid to detainees' human rights
- While operational shortcomings have been identified there is no evidence of a "human rights" culture problem at the AMC. On balance the AMC has good systems and processes in place to protect and uphold the human rights of detainees
- Pleasingly, in terms of detainees' human rights, the audit has found from feedback from detainees and external stakeholders that the issue of staff on detainee assault or staff using excessive force at the AMC is not an issue of concern
- At Leadership level in Government and in ACT Corrective Services there exists a strong commitment to achieve a culture within the AMC that delivers and where possible develops new initiatives to create best practice in corrections including adherence to the healthy correctional centre concept
- Significant external stakeholders, including independent agencies of scrutiny and community agencies, support the aims of the AMC and wish to contribute constructively to its success. A key internal stakeholder, the CPSU which represents AMC Officers expressed strong commitment on behalf of officers at the AMC to see the centre operating effectively to meet its goals. In the experience of the audit team, top of organisation through to workplace commitment, as well as support from

key external stakeholders for the vision, goals and objectives of a corrections organisation is a unique achievement

- The Australian Capital Territory Corrections Management Act, policies, procedures and plans relating to the AMC support and facilitate the delivery of best practice corrections outcomes aimed at achieving supported reintegration of detainees into the community, better for their correctional centre experience and with tools and training to assist them to maintain a law abiding lifestyle
- The policies and procedures framework developed by ACT Corrective Services is similar to the framework applied by correctional jurisdictions throughout Australia and is best practice
- The fundamental design elements incorporated into the AMC built environment provide the basis for a level of amenity that allows for detainees' human rights to be met. It is fair to say that the AMC is the only high security correctional centre in Australia which incorporates all the features identified in this Report at a single location
- The AMC makes good use of technology to communicate information to detainees
- Detainee induction processes are generally comprehensive
- There are strengths in the AMC case officer and case management approach. It has the potential to break down barriers and prevent abuses within the correctional centre. It also encourages custodial officers acting as case officers to regard detainees as human beings who require support and encouragement in the rehabilitation process. Additionally, it is likely that detainees will feel more trusting of the non uniform Probation and Parole case managers and this will encourage a focus on rehabilitation
- Female detainees interviewed had no complaints about their accommodation or access to outside visits. They were satisfied with opportunities regarding visitations and gave positive feedback about dental services. No concerns were expressed about excessive force, excessive strip searches or inappropriate supervision by male officers
- Overall sentence management processes are thorough
- Cell block and cottage accommodation is regarded as generally providing a high standard of amenity to detainees
- Rooms and equipment provided for program intervention and other educational programs are of high quality
- Generally the basis of throughcare services is in place with respect to induction, case management, rehabilitation, education and vocational training opportunities.

Processes appear to be sufficient to ensure quality of intervention and education programs

- AMC written policies in regard to throughcare services reflect the intent of the ACT Human Rights legislation
- Programs being made available to detainees are tailored and specifically developed to meet the treatment needs of detainees identified through the induction and case management process
- The therapeutic programs are generally empirically based with appropriate psychometric and evaluative feedback and meet the current needs of the correctional centre population
- The Therapeutic Cottage is an excellent model for encouraging participation in intervention programs and provides opportunities for positive peer support by other detainees and eventual throughcare progress to a transitional release cottage outside the perimeter of the correctional centre
- The Transitional Release Centre is an excellent model
- The Transitional Release Centre when considered in conjunction with the suite of programs and activities available to detainees in the AMC provides the basis for best practice outcomes in preparing detainees for release to family and community life
- No problems were reported with indigenous and non-indigenous detainees sharing facilities, work and programs
- An Aboriginal and Torres Strait Islander Working Group has been established and is working actively with Indigenous representatives to improve services for Indigenous detainees
- The pedestrian access control area is regarded as a very successful implementation of technologies to control a difficult security area
- The following critical elements that guide and make up the operational model at the AMC are generally good practice and in a number of areas best practice including:
  - The Vision and objectives
  - The framework of policies and procedures
  - Staff training
  - The suite of programs and activities available for detainees

- Services to detainees; (These are generally of high quality although a range of recommendations have been made to assist with enhancements in these areas) and
- The concept of a structured day to facilitate detainees' access to the range of opportunities and services available to them.
- ACT Corrective Services place great importance on scrutiny of its operations. All staff are urged to take such scrutiny as a strength of the overall system in the ACT and not a weakness. Senior officers have been issued with a direction that provides clear instruction to take action to ensure that detainee's rights to access external avenues for complaint must be respected and protected. However, some problematic areas in implementation at the work face have been identified for improvement
- Custodial officer training meets best practice

Concerning health services to detainees:

- The custodial-health relationship is one of the most important things to get right in a correctional centre if effective health care is to be delivered. There is ample evidence that AMC has a good working relationship between the two services. The auditor was often told, without prompting, how much health services is held in high regard among custodial officers, and health staff praised the extent to which custodial officers went out of their way to help the smooth operation of the health services

Section 5 of the Report deals with the effectiveness of the commissioning and operation of the Alexander Maconochie Centre (AMC), including a comparison with a number of other correctional centre facilities commissioned in Australia in the last 10 years.

The evidence in this Section is that while the AMC compares favourably in comparison with the other prisons in terms of serious incidents in the post commissioning period, significant elements of the good work done by ACT Corrective Services during the pre commissioning stage was not translated into the effective level of service envisaged by the Vision and Objectives for the AMC during its first 12 months of operation.

The Report identifies the following causes of this underperformance as:

- Lack of continuity in AMC leadership
- Lack of quality recording and reporting systems in place for key performance data
- An inefficient staff roster system compounded by staff absences during the first year of AMC operation
- Restrictions in the range of detainee accommodation available
- Insufficient detainee counselling services and

- The complexity of the detainee disciplinary process.

Governance in ACT Corrective Services and at the AMC has also been identified as an area requiring attention. Options have been explored in this report relating to potential ways to achieve involvement by community stakeholders in the governance arrangements for the AMC.

The vision and objectives for the AMC require high quality health and food services for detainees. Generally these services are of a high standard. However, auditors have identified a number of areas where enhancements can be made and recommendations have been included in the report.

This has been a forensic audit of a complex facility that detains people against their will, many with serious behavioural issues, with a multi – discipline staffing structure with many staff new to corrections and with new untested infrastructure and technology to work with. In these circumstances it is to be expected that an audit of this nature would identify a number of problems and challenges across a range of services. This is what has occurred.

Nevertheless, pleasingly at all levels in the Department of Justice and Community Safety and in ACT Corrective Services executives and staff have reacted constructively in discussions with the audit team relating to the Findings and Recommendations of the report and have focussed on finding solutions to the challenges presented. This bodes well for the next stage of the AMC's development.

In spite of the difficulties reported in relation to the AMC commissioning and its first year of operation, as summarised above many positive outcomes have been achieved. Overall, staff can be proud of their efforts in what has been a very difficult environment.

## **4.1 Findings and Recommendations - Effectiveness of the commissioning of the AMC - Section 5**

### **4.1.1 Pre-commissioning activity - Section 5.1**

#### **Finding: 1**

*That in 2007 ACT Corrective Services established a Project Team to plan and manage commissioning of the AMC. This role included significant engagement with external stakeholders including government agencies, non-government agencies, community organisations, special interest groups and individuals;*

#### **Finding: 2**

*That ACT Corrective Services took the prudent risk management step of engaging independent consultants to review its planning for AMC commissioning on two occasions during the commissioning process;*

**Finding: 3**

*That ACT Corrective Services undertook an extensive national and international recruitment campaign in the period prior to commissioning of the AMC that resulted in 75 additional custodial recruits graduating from the 12 week Corrective Services Recruit Training Course. In the order of 25 to 30 non – custodial staff were also recruited;*

**Finding: 4**

*That Custodial Officer training developed to meet the requirements for commissioning of the AMC was best practice;*

**Finding: 5**

*That in preparing for commissioning of the AMC, ACT Corrective Services did not have a wealth of experienced correctional resources to draw upon as compared to larger jurisdictions. It also did not have depth of experience in the building of a large complex facility such as the AMC;*

**Finding: 6**

*That the Project Team responsible for pre – commissioning was relatively small for a project of this size and complexity but nevertheless performed effectively;*

**Finding: 7**

*That the size and complexity of the AMC commissioning task placed considerable work pressure upon ACT Corrective Services leadership and staff. However, the process was professionally planned and generally well executed as evidenced by the overall standard of policies and procedures created, the successful conduct of an extensive staff recruitment program, the extent and quality of staff training provided and the level of engagement with stakeholders achieved;*

**Finding: 8**

*That there was a delay in the AMC being commissioned and commencing operations. Circumstances surrounding this delay have been the subject of a Report "Inquiry into the delay in the commencement of operations at the Alexander Maconochie Centre – November 2009" by the Standing Committee on Justice and Safety and a "Tabling Statement" in the Legislative Assembly by the Attorney General – 9<sup>th</sup> February 2010 responding to the Standing Committee's Report. The Standing Committee's Report and the Attorney General's Tabling Statement are on the public record and is self explanatory;*

**Recommendations:**

No Recommendations

## **4.2 Findings and Recommendations - Operations after commissioning – comparison with other correctional centre facilities commissioned in Australia over the past 10 years – Section 5.2**

### **4.2.1 Context - Section 5.2.1**

#### **Finding: 9**

*That commissioning of a new correctional centre is a high-risk venture given the significant and at times dangerous challenges inherent in the detainee population, the need to manage significant risks with many new staff in a new facility and the potential for system failure with new technology;*

#### **Finding: 10**

*That ACT Corrective Services in commissioning the AMC faced a considerable and unique challenge when compared to most correctional jurisdictions in that the ACT is a "one correctional centre jurisdiction". This means that the AMC houses all categories of detainees from those on remand (unconvicted and or awaiting sentencing), through all sentenced security classifications and both genders;*

#### **Recommendations:**

No recommendations

### **4.2.2 Examples of correctional centre operating problems in Australia in the year post commissioning – Section 5.2.2**

#### **Finding: 11**

*That a number of prisons commissioned in Australia over the period 1992 – 2005 have had significant problems in the immediate period post commissioning involving multiple deaths in custody, riots, detainee lit fires and major structural failure;*

#### **Recommendations:**

No recommendations

### **4.2.3 AMC operating problems in the year post commissioning – Section 5.2.3**

#### **Finding: 12**

*That notwithstanding there were no serious incidents that resulted in serious injury, loss of life or significant infrastructure damage and a number of good performance outcomes were achieved, the AMC suffered a range of operational deficiencies during the first 12 months of operation that resulted in less effective service outcomes and loss of reputation for ACT Corrective Services;*

**Finding: 13**

*That ACT Corrective Services does not have quality recording and reporting systems in place for key performance data. This shortcoming will, if not addressed quickly, result in ongoing flawed decision-making and accountability problems;*

**Recommendations:**

**Recommendation: 1**

*That ACT Corrective Services take urgent action to implement quality recording and reporting systems for key performance data. If ACT Corrective Services does not have the in-house expertise to deal with this issue it should seek assistance from other jurisdictions or independent experts in this field;*

**4.2.4 The reasons for the good pre-commissioning work not being fully translated into efficient and effective operational performance post commissioning – Section 5.2.4**

**Finding: 14**

*That in the critical first year of operation the AMC did not have continuity of experienced leadership in the key role of Superintendent to drive efficiency and effectiveness through mentoring and monitoring of the performance of the leadership team and leading by example in daily interactions with staff and detainees throughout the centre;*

**Finding: 15**

*That the lack of continuity and experience in the AMC leadership team during the first 12 months of operation of the AMC created a potential risk to the safety, security and efficient operation of the centre given the significant number of new inexperienced staff;*

**Finding: 16**

*That on 31<sup>st</sup> May 2010 ACT Corrective Services arranged with another jurisdiction to second a highly experienced officer to fulfil the role of Superintendent. Such an arrangement provides the opportunity for continuity of appropriately experienced leadership in the role. There is evidence that he is mentoring the AMC leadership team and leading by example in his interactions with staff and detainees. Feedback from some external stakeholders is that the Superintendent is having a positive impact on AMC operations;*

**Finding: 17**

*That the AMC is now at a critical point in its history. The AMC has negotiated its first year of operation without a disastrous incident. However, to date it has not delivered to the standard required by its ambitious vision and objectives. Strong leadership with a clear plan of action from this point on is essential for safety, security and effective detainee rehabilitation outcomes;*



**Finding: 18**

*That during the first 12 months of AMC operation the staff rostering arrangements did not facilitate the efficient and effective delivery of services within the centre. This contributed, together with staff absences and hospital watches, to "lockdowns" and thus adverse impact at times upon access to time out of cells by detainees and their capacity to access health services, education, programs and other activities;*

**Note:** In relation to this Finding ACT Corrective Services says: "ACT Corrective Services considers that the emphasis upon lockdowns in the report is misplaced. Most auditors made their initial visits in May 2010. There had been a period of extensive lockdowns in March and early April 2010 which is likely to have coloured the experience of those people to whom the auditors spoke. This period of heavy lockdown usage was specific to that time and did not reflect the operations of the AMC across the period of the review. The AMC's time out of cells result compares very favourably with other jurisdictions as covered in the Report of Government Services (ROGS) report 2011."

**Finding: 19**

*That ACT Corrective Services in consultation and agreement with staff has recently implemented a new staff roster which ACT Corrective Services says will overcome the problems identified by stakeholders and this audit relating to lockdowns;*

**Finding: 20**

*That ACT being a "one correctional centre jurisdiction" increases the separation and segregation challenge because difficult detainees cannot be relocated to other centres to assist in their management and or to ease detainee relationship problems within the AMC;*

**Finding: 21**

*That the current capacity of 300 beds leads to challenges in separating and segregating detainees which places constraints on the delivery of services to detainees and the management of the safety and security of the correctional centre. **Note:** As covered in this Section of the Report steps have been taken to provide temporary relief from overcrowding and new accommodation proposals are being developed;*

**Finding: 22**

*That the Management Unit is being used for long term protection detainee placement; This type of accommodation is generally designed for shorter term placement of detainees for disciplinary purposes. Use of this accommodation for long term protection detainees restricts the options for use of the Management Unit for disciplinary purposes if a serious incident occurs;*

**Finding 23**

*That design and operational problems exist in the Crisis Support Unit (CSU). The CSU is discussed in greater detail later in this Report;*

**Finding: 24**

*That in the opinion of the audit team insufficient general counselling services has impacted adversely on detainee behaviour outcomes, increased detainee tension in the AMC, increased the level of difficulty of the already challenging role of Correctional Officers and other professional staff within the AMC and contributed to detainee incidents. It has an overall adverse impact on the capacity to achieve a healthy living environment for detainees and a healthy work place for staff;*

**Finding: 25**

*That the complex detainee disciplinary process has been a contributing factor to difficulties in administering the AMC during the post commissioning period;*

**Finding: 26**

*That there is concern by stakeholders that the detainee disciplinary process is too complex leading to problems in the administrative and decision making processes and causes frustration to staff, detainees and to legal practitioners and therefore requires change;*

**Finding: 27**

*That data relating to detainee discipline events is not recorded in a manner that allows for appropriate analysis to identify trends and development of performance management information that can be linked to risk management strategies and to strategies to improve the good order of the centre;*

**Recommendations:**

**Recommendation: 2**

*That ACT Corrective Services satisfy itself that the combined experience and expertise of the AMC leadership team now in place provides the capacity for effective leadership to develop the desired culture for the AMC and to deliver services efficiently and effectively;*

**Recommendation: 3**

*That ACT Corrective Services expedite preparation of a case for consideration by the ACT Government for increased accommodation at the AMC that will allow for appropriate secure and safe placement and segregation of detainees within the facility;*

**Recommendation: 4**

*That ACT Corrective Services work with the appropriate authorities to review the detainee disciplinary process to address concerns relating to its complexity and if required make recommendations to the ACT Government to achieve Legislative change to facilitate a simpler process;*

**Recommendation: 5**

*That an effective system is implemented to maintain data relating to detainee discipline events that is capable of generating performance management information;*

#### **4.2.5 Achievements at the AMC during the first 12 months after commissioning – Section 5.2.5**

**Finding: 28**

*That at Leadership level in Government and in ACT Corrective Services there exists a strong commitment to achieve a culture within the AMC that delivers and where possible develops new initiatives to create best practice in corrections;*

**Finding: 29**

*That significant external stakeholders, including independent agencies of scrutiny and community agencies, support the aims of the AMC and wish to contribute constructively to its success. A key internal stakeholder, the CPSU which represents AMC Officers expressed strong commitment on behalf of officers at the AMC to see the centre operating effectively to meet its goals;*

**Finding: 30**

*That in the experience of the audit team, top of organisation through to workplace commitment, as well as support from key external stakeholders for the vision, goals and objectives of a corrections organisation is a unique achievement. This commitment and alignment of values is an outstanding achievement which will assist greatly in progressing continuous improvement as the AMC enters its next phase of development;*

**Finding: 31**

*That in spite of the difficulties reported in relation to the AMC commissioning and its first year of operation, many positive outcomes have been achieved. Overall, staff can be proud of their efforts in what has been a very difficult environment;*

#### **Recommendations:**

**Recommendation: 6**

*That this Report is used a "health check" to build upon the good work that has been done at the AMC that may not be highlighted in this Report to the same extent as the problems;*

#### **4.3 Findings and Recommendations - Effectiveness of AMC policies and procedures framework – Section 6**

**Finding: 1**

*That the Australian Capital Territory Corrections Management Act, policies, procedures and plans relating to the AMC support and facilitate the delivery of best practice corrections outcomes aimed at achieving supported reintegration of detainees into the community, better for their correctional centre experience and with tools and training to assist them to maintain a law abiding lifestyle;*

**Finding: 2**

*That the policies and procedures framework developed by ACT Corrective Services is similar to the framework applied by correctional jurisdictions throughout Australia and is best practice;*

**Finding: 3**

*That Officers "Post Duties" require further enhancement to make them more focussed on key risk and duty of care areas and more user friendly for officers;*

**Recommendations:**

**Recommendation: 1**

*That ACT Corrective Services in conjunction with staff representatives consider further enhancement of officer's "Post Duties" to make them more focussed on key risk and duty of care areas and more user friendly for officers. Independent advice on best practice in this area may be helpful;*

**4.3.1 Policies and procedures applicable to detainee accommodation – Section 6.1**

**Finding: 4**

*That officers are not required to search the detainee prior to taking a urinalysis sample. This gives the detainee the opportunity to utilise other means to provide the sample. It was reported by staff during the audit that rubber glove fingers filled with urine had been located during searches of the facility;*

**Recommendations:**

**Recommendation: 2**

*That the Urinalysis procedure should be examined by ACT Corrective Services in conjunction with the AMC management team to ensure that the process is robust;*

**Note:** ACT Corrective Services advise that it is reviewing its testing policy and procedure in order to respond to concerns regarding diverted urine.

**4.4 Findings and Recommendations - The AMC and Human Rights – Section 7**

**4.4.1 Implementing Human Rights Principles at the AMC – Section 7.1**

**Finding: 1**

*That the fundamental design elements incorporated into the AMC built environment provide the basis for a level of amenity that allows for detainees' human rights to be met. It is fair to say that the AMC is the only high security correctional centre in Australia which incorporates all the features identified in this Section of the Report at a single location;*

**Finding: 2**

*That the ACT Government and ACT Corrective Services have placed considerable emphasis upon creating a pro-social environment at the AMC that contributes to the treatment of detainees with 'humanity and with respect for the inherent dignity of the human person';*

**Finding: 3**

*That the AMC is unique in relation to other prisons in Australia in the high level of attention paid to detainees' human rights in its Legislation, policies and procedures, in the design of its facilities, in delivery of services to detainees and in the scrutiny applied to its administration;*

**Finding: 4**

*That there have been operational shortcomings during the first year of operation of the AMC that have impacted adversely on detainees. These operational shortcomings are not regarded as being indicative of a human rights 'culture problem' at the AMC and that on-balance the AMC has good systems and processes in place to protect and uphold the human rights of detainees;*

**Finding: 5**

*That, as covered in other Sections of this Report, during the first year of operation of the AMC a number of issues have arisen that have contributed to a diminished capacity of the AMC to deliver services to detainees that fully meet the high standards set for a "Human Rights Compliant" correctional centre. These issues have been identified as:*

- *Lack of continuity in AMC leadership*
- *An inefficient staff roster system compounded by staff absences during the first year of AMC operation*
- *Restrictions in the range of detainee accommodation available*
- *Insufficient counselling services and*
- *The complexity of the detainee disciplinary process.*

**Finding 6**

*That there is evidence that in some instances the videotaping of Use of Force incidents is not conducted efficiently;*

**Recommendations:**

**Recommendation: 1**

*That the Policy and Procedure relating to the Use of Force should make specific reference to use of videotaping during forced strip searches. Instructions should be included as to how the videotaping is to be conducted to ensure protection of the detainees' dignity, including that detainees' private parts are not recorded. It would also be useful to include in the Use*

*of Force Policy and Procedure guidance to the effect that compliant strip searches are not to be videotaped;*

## **Recommendation 2**

*That ACT Corrective Services ensure that in videotaping Use of Force incidents:*

- The Video Camera operator is trained in the use of the camera equipment in Use of Force Situations;*
- Where possible the Use of Force and videotaping is witnessed by a Senior Officer;*
- The Video Tape of the incident is subsequently reviewed by the Superintendent for quality;*
- Where the Superintendent has any concerns with the quality of the videotape and or concerns as to whether selective filming occurred, these should be documented and addressed with the video camera operator through training, counselling or disciplinary process whichever is appropriate;*

## **4.5 Findings and Recommendations - Effectiveness of the outcome of the relationship between the vision and objectives for the AMC, the physical design and the operational model – Section 8**

### **Finding: 1**

*That ACT Corrective Services through the vision and objectives set for the AMC aspires to achieve best practice outcomes in corrections including compliance with Human Rights principles and adherence to the Healthy Correctional centre Concept;*

### **Finding: 2**

*That the operating philosophy set for the AMC represents best practice for modern correctional facilities;*

Findings and recommendations in relation to the built infrastructure have been made in relevant Sections of this Report.

### **Finding: 3**

*That the AMC has a range of sophisticated security and safety technologies to support staff in ensuring the safe and secure operation of the Centre;*

### **Finding: 4**

*That the AMC has installed leading edge technology to support Centre operations. However, as reported in relevant Sections of this Report there are performance issues in relation to some of this technology which is adversely impacting on the overall effective operation of the AMC;*

**Finding: 5**

*That systems and procedures for AMC operational performance are generally sound and provide an effective basis for good governance. Where the audit has identified deficiencies these have been drawn to attention in this Report;*

**Finding: 6**

*That problematic issues relating to the built infrastructure, the technology and lack of continuity in AMC Leadership and an inefficient Staff Roster System, compounded by staff absences have contributed to a diminished capacity of the AMC operational model to function at the desired level of effectiveness during the first year of operation;*

**Finding: 7**

*That all the elements are in place, and some of these elements are leading edge best practice, to achieve an effective relationship between the vision and objectives for the AMC, the physical design and the operational model. However, for a variety of reasons as covered in the totality of this Report, the relationship between the vision and objectives for the AMC, the physical design, the technology and the operational model has not delivered at the desired level of effectiveness in terms of outcomes during the first year of operation of the AMC as was planned for;*

**Recommendations:**

No Recommendations

**4.6 Findings and Recommendations - Effectiveness of services provided to detainees – Section 9**

**4.6.1 Induction policy and security classification**

**Finding: 1**

*That AMC makes good use of technology to communicate information to detainees;*

**Finding: 2**

*That induction processes are generally comprehensive;*

**4.6.2 Male detainees - case management**

**Finding: 3**

*That Case management and rehabilitation plans are developed based on assessment of criminogenic risk/needs shortly after admission – documentation in regard to this process seems sound;*

**Finding: 4**

*That some detainees who have transferred from NSW prisons are having difficulty coping with the Case Officer role of AMC Custodial Officers who report concerns to Case Managers. Nevertheless the AMC approach represents good practice and should be maintained;*

**Finding: 5**

*That the practice of regular "walk throughs" of AMC by Case Managers to make contact with detainees and make "brief interventions" if required is good practice;*

**Finding: 6**

*That the system of having Probation and Parole officers comprising the detainee case management team and located at the AMC is good practice and facilitates seamless transition of the detainee to Community Corrections and or to the community;*

**Recommendations:**

**Recommendation: 1**

*That AMC Management as part of its Continuous Improvement Plan develop and implement culture change strategies to deal with behaviours driven by traditional negative detainee culture such that detainees and staff are engaged in a manner that facilitates detainee rehabilitation as expected within a "Human Rights Correctional centre";*

**Note:** *Such strategies can be derived and developed from contemporary initiatives in cognitive change theory and practice for individuals in organisations linked to culture measurement tools. In terms of detainee behaviour outcomes these strategies have greater impact where they take a holistic approach involving detainees families and or significant others in their lives. This holistic approach can be assisted in part in a cost effective manner through creative initiatives involving families in programs through the "visits" process;*

**Recommendation: 2**

*That the recently introduced recruitment of Probation and Parole Case Managers to work on a permanent basis in the AMC and the enhanced accountability processes, which the auditor supports, should be evaluated after a few months of operation to test the effectiveness of these changes;*

**4.6.3 Female detainees case management**

**Finding: 7**

*That the female detainees interviewed had no complaints about the accommodation or access to outside visits. They were satisfied with opportunities regarding visitations and gave positive feedback about dental services. No concerns were expressed about excessive force, excessive strip searches or inappropriate supervision by male officers;*

**Finding: 8**

*That there is a challenge in achieving motivation by female detainees to participate in programs and employment;*

**Recommendations:**

No recommendations



#### **4.6.4 Sentence management**

**Finding: 9**

*That overall, sentence management processes are thorough;*

**Recommendations:**

No recommendations

#### **4.7 Findings and Recommendations - Detainee safety – Section 10**

Detainee safety was originally listed as a separate matter for review. As the review unfolded it has been covered across a number of individual areas of the review. Comments, findings and recommendations relating to detainee safety have been made as appropriate in relevant sections of this Report.

#### **4.8 Findings and Recommendations - Crisis Support Unit (CSU) – Section 11**

##### **4.8.1 CSU overview – Section 11.1**

No Findings or Recommendations

##### **4.8.2 Physical structure of CSU**

No Findings or Recommendations

##### **4.8.3 Closed circuit television surveillance (CCTV) in CSU – Section 11.3**

No Findings

**Recommendations:**

**Recommendation: 1**

*That ACT Corrective Services investigate changes to the existing CCTV arrangements to provide for protection of detainees privacy, while still ensuring appropriate observation for safety purposes, while detainees are using toilet facilities;*

##### **4.8.4 Operation of CSU – Section 11.4**

No Findings or Recommendations

##### **4.8.5 Classification of detainees in CSU – Section 11.5**

**Finding: 1**

*That the CSU is not being used for its intended purpose; See Recommendation 15 below;*

## **Recommendations**

No Recommendations

### **4.8.6 Length of stay in CSU – Section 11.6**

No Findings or Recommendations

### **4.8.7 Bed block in CSU – Section 11.7**

No Findings or Recommendations

### **4.8.8 Step down from CSU**

No Findings

## **Recommendations:**

### **Recommendation: 2**

*That the current consideration of a formal step-down process to facilitate return of detainees from the CSU to main stream correctional centre life is expedited;*

### **4.8.9 Access to open air in CSU**

No Findings

## **Recommendations:**

### **Recommendation: 3**

*That detainees are allowed access to the open air for recreation;*

**Note:** *That in considering this recommendation the ACT Human Rights Commission has requested that consideration be given to specifying a specific period of time each day;*

### **4.8.10 Unlock times in CSU**

No Findings

## **Recommendations:**

### **Recommendation: 4**

*That ACT Corrective Services initiate an urgent review of separation issues within the CSU with regard for the interplay of legislation, policies and operational practicalities;*

### **4.8.11 Females in the CSU**

No Findings or Recommendations

#### **4.8.12 CSU cell safety**

No Findings

#### **Recommendations:**

##### **Recommendation: 5**

*That the CSU is reviewed from a detainee and staff safety perspective;*

#### **4.8.13 CSU furniture in the cells**

No Findings

#### **Recommendations:**

##### **Recommendation: 6**

*That safe furnishings are provided in the CSU;*

#### **4.8.14 CSU library and newspapers**

No Findings or Recommendations

#### **4.8.15 Lack of an interview room in CSU**

No Findings

#### **Recommendations:**

##### **Recommendation: 7**

*That a safe interview room is set aside in the CSU;*

#### **4.8.16 No movement or infrared cameras in CSU**

No Findings

#### **Recommendations:**

##### **Recommendation: 8**

*That cameras are installed such that detainees can be adequately observed;*

#### **4.8.17 CSU change to 12 hour shifts**

No Findings or Recommendations

#### **4.8.18 Selecting custodial officers for the job in CSU**

No Findings

## **Recommendations:**

### **Recommendation: 9**

*That custodial officers who are trained to work in the CSU are selected to work there on the basis of appropriate personality and a desire to work in the CSU;*

#### **4.8.19 CSU insufficient counselling**

No Findings or Recommendations

#### **4.8.20 CATT Team response to out of hours emergencies in CSU**

No Findings or Recommendations

#### **4.8.21 CSU lack of outside activities**

No Findings

## **Recommendations:**

### **Recommendation: 10**

*That detainees in the CSU are allowed access to programs and activities outside of the CSU where appropriate;*

#### **4.8.22 Lack of activities within the CSU**

No Findings

## **Recommendations:**

### **Recommendation: 11**

*That ACT Corrective Services investigate options to enhance the level of activities for detainees in the CSU while current circumstances persist where the CSU is not being used solely for its intended purpose;*

#### **4.8.23 CSU access to telephones**

No Findings

## **Recommendations:**

### **Recommendation: 12**

*That ACT Corrective Services investigate detainees' concerns relating to use of telephones, including the establishment of telephone accounts, within the CSU and eliminate any inefficiencies that may be identified;*

#### **4.8.24 Medication in the CSU**

No Findings

#### **Recommendations:**

##### **Recommendation 13**

*That the sedating night time medication is given at night and not in the afternoon;*

#### **4.8.25 CSU files**

No Findings or Recommendations

#### **4.8.26 Sharing of information regarding CSU detainees**

No Findings

#### **Recommendations:**

##### **Recommendation 14**

*That the issue of information sharing between services relating to detainees in the CSU is monitored to ensure that patient care is not compromised;*

#### **4.8.27 CSU overall recommendation**

##### **Recommendation: 15**

*That ACT Corrective Services, Mental Health ACT and Corrections Health Program having regard to the various issues, concerns and suggestions raised in this Audit report in relation to the design, staffing and operation of the CSU, conduct an urgent holistic review of the CSU that results in implementation of a safe and effective facility that is fit for purpose and is used for its approved purpose. The needs of female detainees requiring crisis support should be addressed in this review;*

*This review should be done in conjunction with consideration of overall detainee accommodation needs as covered in other sections of this Report, including a step down facility and a Maximum Security Unit to cater for detainees who have the potential to become very violent and disruptive to the good order of the AMC.*

### **4.9 Findings and Recommendations - Blood borne virus transmission – Section 12**

This Section covers:

- Needle exchange program
- Preventing the spread of blood borne disease
- Objections to needle and syringe exchange at AMC

- ACT Corrective Services view
- Summary
- and the following Finding:

**Finding: 1**

*That given:*

- *The strongly divergent views of key stakeholders on the issue of a needle exchange program for the AMC;*
- *The strongly held views by ACT Corrective Services staff in opposition to such a program; and*
- *The highly complex nature of AMC operations;*

*it would be ill advised to proceed to reach a policy decision to implement a needle exchange program at the AMC without:*

- *A thorough examination of the various implementation methods for such a program to arrive at a viable best practice model that suits the AMC's particular circumstances; and*
- *Achieving support for the implementation method from all key stakeholders who will have responsibility for implementation and for any duty of care outcomes for both staff and detainees.*

**Recommendations:**

No Recommendations

**4.9.1 Tattooing - Section 12.2**

No Findings

**Recommendations:**

**Recommendation: 1**

*That a safe tattooing facility is considered as one way of limiting the transmission of Hepatitis and HIV;*

**4.10 Findings and Recommendations - Food Services - Section 13**

**4.10.1 Summary information food services review – Section 13.1**

**Finding: 1**

*That ACT Corrective Services and AMC food services management and staff are commended for their efforts to date. While this report does make a number of recommendations for improvement it must be viewed in the light of the considerable good work that has been*

*done in what is always a difficult consumer environment. Staff demonstrated preparedness to the auditor to willingly accept advice and work for continuous improvement;*

### **Recommendations:**

No recommendations

### **4.10.2 Methodology food services review – Section 13.2**

No Findings or Recommendations

### **4.10.3 Cell accommodation and food provision**

#### **4.10.3.1 Overview - Section 13.3.1**

No Findings or Recommendations

#### **4.10.3.2 The menu - Section 13.3.2**

No Findings

### **Recommendations:**

#### **Recommendation: 1**

*That the change to four menus per year with seasonal meal options while maintaining the two week cycle is monitored in consultation with detainees after three months to test whether it has resulted in increased detainee satisfaction with food;*

#### **4.10.3.3 Meal service system – Section 13.3.3**

No Findings

### **Recommendations:**

#### **Recommendation: 2**

*That consideration is given to the feasibility of utilising the bulk service system to improve detainee satisfaction with food;*

#### **4.10.3.4 Menu choice – Section 13.3.4**

No Findings

### **Recommendations:**

#### **Recommendation: 3**

*That, noting that ACT Corrective Services does not agree with all of the auditors suggestions in the area of choice for meals, the changes being implemented by ACT Corrective Services to provide for more choice for detainees in meals should be reviewed in consultation with detainees after three months to test whether it has resulted in increased detainee satisfaction with food;*

#### **4.10.3.5 Lunch meals – Section 13.3.5**

No Findings

#### **Recommendations:**

##### **Recommendation: 4**

*That the following actions are taken:*

- *Increase range of bread types offered at lunch, to include wraps, rolls, pita bread, or other popular breads;*
- *Include other seasonal options on the lunch time winter menu, such as soups; and*
- *Add polyunsaturated, reduced sodium margarine to sandwiches;*

**Note:** *In discussion with the audit team ACT Corrective Services senior officers were not convinced as to the necessity to increase the range of bread types on the basis that the existing range was adequate and that an increase in the range of bread types would unnecessarily increase the cost of food provision. However, in the view of the auditor Recommendation 4 is regarded as a high priority as of the issues identified by detainees in relation to food, the quality of lunch sandwiches was their greatest concern.*

#### **4.10.3.6 Nutrition analysis – Section 13.3.6**

No findings or Recommendations

#### **4.10.3.7 Fruit- Section 13.3.7**

No Findings

#### **Recommendations:**

##### **Recommendation: 5**

*That the quantity of fruit provided to detainees is increased and also provide an increased variety of seasonal fruit;*

**Note:** ACT Corrective Services has provided the following comment in relation to the above Recommendation:

*"The variety of fruit provided at the AMC is governed by seasonal availability, (e.g. in the warmer weather we increase the variety with the addition of bananas & mandarins). In 2009, the AMC had fresh fruit salad on the menu, once a week, but this proved unpopular and was changed for the tinned fruit option.*

*AMC Food Services Manager will investigate the feasibility of increasing the fresh fruit rations to detainees, taking into account dietary guidelines & food budget parameters*

*We can look at introducing fresh made yoghurt & fruit to assist with the increase in the weekly fruit intake of detainees."*



#### **4.10.3.8 Vegetables – Section 13.3.8**

No Findings

#### **Recommendations:**

##### **Recommendation: 6**

*That the following actions are taken:*

- *Increase quantity and variety of vegetables in menu items;*
- *Review standardised recipes to increase proportion and quantity of vegetables, and assure quality;*
- *Increase salads on the menu;*
- *Increase the serving size of potato on the menu, and include more 'in house' potato products low in fat and saturated fat*

**Note:** ACT Corrective Services advise that standard recipes will be reviewed in conjunction with the recommendations from this report on increasing the variety & portion size of the vegetables including potato portions.

#### **4.10.3.9 Milk and milk products – Section 13.3.9**

No Findings

#### **Recommendations:**

##### **Recommendation: 7**

*That low fat milk in place of full cream milk at the same quantity is introduced to all detainees and yoghurt is included on the standard menu. An exception to the low fat milk recommendation is for young children who may be accommodated with mothers;*

**Note:** Concerning the above Recommendation in relation to low fat milk, ACT Corrective Services has advised

*"In the first few months of operation, the AMC trialled low fat milk for all detainees, with poor feedback and lack of satisfaction. In consultation with the manager of the Hume Health Centre, the AMC changed the milk to the current standard milk but provide the options of low fat, skim and soy milk for detainees who have varying dietary or lifestyle requirements. Several detainees are taking advantage of this choice.*

*AMC Food Services Manager has advised that he will again trial low fat milk and gauge the response from detainees in the interest of improving detainee nutrition."*

Concerning the Recommendation relating to yoghurt ACT Corrective Services have advised:

*"ACT Corrective Services has agreed to include yoghurt on the new menu and has commenced sourcing information from its suppliers regarding the making of fresh yoghurt*

*in-house. Yoghurt will be on the dessert menu several times replacing a less healthy option such as mousse etc."*

#### **4.10.3.10 Breakfast cereals – Section 13.3.10**

No Findings or Recommendations

#### **4.10.3.11 Fish – Section 13.3.11**

No Findings

#### **Recommendations:**

##### **Recommendation: 8**

*That, noting that non fat choices are not popular with detainees, consideration is given to increasing the provision of low fat fish meals by providing canned tuna or canned salmon (depending on price) with lunches;*

#### **4.10.3.12 Legumes and pulses – Section 13.3.12**

No Findings

#### **Recommendations:**

##### **Recommendation: 9**

*That legumes and pulses on the menu such as soybeans, chick peas, split peas, dried beans and tofu are increased through inclusion in salads, soups and wet dishes, with quantity and type specified on standardised recipes;*

#### **4.10.3.13 Oils – Section 13.3.13**

No Findings

#### **Recommendations:**

##### **Recommendation: 10**

*That cooking oils are changed to those which contain less than 18g saturated fat per 100mL;*

**Note:** ACT Corrective Services has advised that it will review its current cooking (frying) oil.

#### **4.10.3.14 Bread – Section 13.3.14**

No Findings

#### **Recommendations:**

##### **Recommendation: 11**

*That the variety of bread types available is increased as is the proportion of high fibre bread to low fibre bread;*

**Note:** Concerning the above Recommendation ACT Corrective Services have advised:

*"The AMC will endeavour to increase the ratio of multigrain and high fibre bread on the menu and has requested samples of white high fibre bread from its supplier to assess suitability."*

**4.10.3.15 Standardised recipes – Section 13.3.15**

No Findings

**Recommendations:**

**Recommendation: 12**

*"That standardised recipes are revised to reflect current cooking practices and appropriate nutrition initiatives;*

**4.10.3.16 Deviations to the menu – Section 13.3.16**

No Findings or Recommendations

**4.10.4 Cottage food provision – Section 13.4**

**4.10.4.1 Overview – Section 13.4.1**

No Findings or Recommendations

**4.10.4.2 Meat – Section 13.4.2**

No Findings

**Recommendations:**

**Recommendation: 13**

*That on the weekly food list for cottages the packaging size of some meats should be reduced and the list should provide for additional leaner cuts of meat in small packaging size;*

**4.10.4.3 Health promoting foods – Section 13.4.3**

No Findings

**Recommendations:**

**Recommendation: 14**

*That yoghurt is made available on the weekly food order list and that advice is sought from an Accredited Practising Dietitian on the nutritional aims of the weekly food list and its relationship with foods available to self fund on the detainee 'buy-ups';*

**Note:** ACT Corrective Services has advised that a qualified Dietitian will be formally engaged to assist with the review of food services.

**4.10.4.4 Foods available to suit low cooking skills – Section 13.4.4**

No Findings

## **Recommendations:**

### **Recommendation: 15**

*That advice is sought from an Accredited Practising Dietitian on suitable convenience and semi-convenience foods to be included in weekly food order list to promote healthful eating practices having regard to cooking abilities;*

**Note:** ACT Corrective Services has advised that a qualified Dietitian will be formally engaged to assist with the review of food services;

### **Recommendation: 16**

*That greater detainee participation in the existing detainee cooking programs is encouraged;*

#### **4.10.4.5 Roles and responsibilities of custodial staff supporting food services**

No Findings

## **Recommendations:**

### **Recommendation: 17**

*That issues around the provision of suitable cleaners for ovens and stove tops is resolved;*

**Note:** In relation to the above Recommendation ACT Corrective Services has advised: "The AMC Superintendent has confirmed that kitchen cleanliness will be included in post duties."

### **Recommendation: 18**

*That the facilities food safety program is reviewed to cover supervision of food hygiene in detainee accommodation areas including roles and responsibility of custodial staff in relation to food safety;*

**Note:** In relation to the above Recommendation ACT Corrective Services have advised "The AMC Food Services Manager will review the food safety program to address this issue. For background, the current food safety program was fully approved and proof read by ACT Health Protection Services before the kitchen became operational and as stated was audited several months previously which we passed with flying colours. To date, the AMC has not had an instance of a food safety or food poisoning occurrence."

Nevertheless, as covered in this Report the auditor did identify food hygiene issues that must be urgently addressed.

#### **4.10.5 Self funded foods, snacks purchases – Section 13.5**

No Findings

## **Recommendations:**

### **Recommendation: 19**

*That low joule cordials and soft drinks are included on detainee buy-ups and the packaging size of meats on detainee buy-ups is reduced;*

**Note:** ACT Corrective Services advise that this recommendation will be considered during the review period of the cottage and buy-ups list.

### **4.10.6 'BBQ' packs for visits – Section 13.6**

No Findings or Recommendations

### **4.10.7 Staff meals – Section 13.7**

No Findings

## **Recommendations:**

### **Recommendation: 20**

*That in consultation with staff representatives' consideration is given to enhancing staff wellness through health promotion initiatives;*

**Note:** ACT Corrective Services say that AMC Food Services actively encourages healthy eating for staff by providing vegetables and a self-serve salad bar every day at cost recovery prices. The salad bar is a very popular meal choice even during the cooler months.

### **4.10.8 Food safety – Section 13.8**

No Findings

## **Recommendations:**

### **Recommendation: 21**

*That the food safety program is reviewed to cover activities of meal transport and distribution of food in detainee accommodation areas, including custodial staff responsibilities;*

**Note:** ACT Corrective Services advises that it acknowledges this recommendation and will review its food safety program.

### **4.10.9 Accredited Practising Dietitian input into food provision – Section 13.9**

No Findings

## **Recommendations:**

### **Recommendation: 22**

*That an Accredited Practising Dietitian is formally engaged to provide input into menus and food related activities and to provide dietetic services to the AMC health service on an ongoing consultancy basis;*

**Note:** ACT Corrective Services has advised that a qualified Dietitian will be formally engaged to assist with the review of food services.

### **4.10.10 Detainee feedback on food – Section 13.10**

No Findings

## **Recommendations:**

### **Recommendation: 23**

*That a system for ongoing formal quality feedback on foodservice provision is implemented;*

### **4.10.11 Foods banned due to security reasons – Section 13.11**

No Findings

## **Recommendations:**

### **Recommendation: 24**

*That the issue of "banned food" is reviewed with the aim of greater liberalisation so that the nutritional profile of detainee diets is not compromised;*

**Note:** ACT Corrective Services has advised that the list is being reviewed but that the focus on safety and contraband will be retained.

## **4.11 Findings and Recommendations - Health and Hygiene – Section 14**

### **4.11.1 The structure of this health audit report – Section 14.1**

No Findings and Recommendations

### **4.11.2 Introduction – Section 14.2**

No Findings and Recommendations

### **4.11.3 Operation of the Hume Health Centre – Section 14.3**

No Findings and Recommendations

#### **4.11.3.1 Overview – Section 14.3.1**

No Findings and Recommendations

#### **4.11.3.2 Division between services provided to detainees – Section 14.3.2**

##### **Finding: 1**

*That there is a need for coordination of the management of health services to detainees between the individual government and non-government agencies;*

##### **Recommendations:**

##### **Recommendation: 1**

*That consideration is given to initiatives to achieve better integration between services provided by the Health and Justice departments, with a single reporting line rather than diverse management;*

#### **4.11.3.3 Health services standing in the correctional centre community – Section 14.3.3**

##### **Finding: 2**

*That Hume Health services has an excellent rapport with custodial services at AMC, and that in the day-to-day working of the correctional centre, staff from both sides help each other as much as possible to deliver the best care they can for detainees;*

##### **Recommendations:**

No Recommendations

#### **4.11.3.4 The Health Centre physical problems – Section 14.3.4**

##### **Finding: 3**

*That the Health Centre has some design issues that are being reviewed;*

##### **Recommendations:**

##### **Recommendation: 2**

*That the mental health consulting room is made safe such that staff cannot be trapped in either the room or corridor;*

#### **4.11.3.5 Medication storage area – Section 14.3.5**

No Findings or Recommendations

#### **4.11.3.6 Holding wards in the Health Centre – Section 14.3.6**

No Findings

## **Recommendations:**

### **Recommendation: 3**

*That the ACT Corrective Services and Corrections Health Program expedite finalisation of the process to resolve matters pertaining to the CSU being used as a "holding ward";*

#### **4.11.3.7 Equipment in the Health Centre – Section 14.3.7**

No Findings

## **Recommendations:**

### **Recommendation: 4**

*That the medication trolleys are further modified to suit staff needs;*

### **Recommendation: 5**

*That the procedures involving the temperature controlled fridge are improved such that the medication does not exceed the required temperature bounds;*

### **Recommendation: 6**

*That a Parry Pack (or similar) be provided so that in the event of delay in getting external help the medical staff can deal with life threatening emergencies and have sufficient resources to stabilise a patient until transport arrives;*

#### **4.11.3.8 Waiting times for access to medical care – Section 14.3.8**

No Findings

## **Recommendations:**

### **Recommendation: 7**

*That in conjunction with the roster changes that have occurred ACT Corrective Services should ensure that a second officer ('rover') is appointed solely to attend to detainee movement to and from the Hume Health Centre and that this officer is not to be transferred to other duties during the time the Health Centre is open;*

### **Recommendation: 8**

*That the Hume Health Centre attempts to provide a community standard health service by booking detainees more frequently, reducing appointment times, reducing delays and increasing throughput. Waiting times for Category 4 appointments should not exceed one week;*

#### **4.11.3.9 Opiate and benzodiazepine medication provision after induction – Section 14.3.9**

No Findings



## **Recommendations:**

### **Recommendation: 9**

*That every endeavour is made to ensure that delays in seeing a doctor after induction are minimised;*

### **Recommendation: 10**

*That processes are in place to ensure detainees understand the purpose of induction blood tests and that detainees with low literacy skills are given every assistance to understand any required information that is in written form;*

#### **4.11.3.10 Female detainees access to GP – Section 14.3.10**

No Findings or Recommendations

#### **4.11.3.11 Aboriginal and Torres Strait Islander detainees access to GP**

No Findings or Recommendations

#### **4.11.3.12 Access to medical specialists – Section 14.3.12**

##### **Finding: 4**

*That the waiting time to see medical specialists is often long. This has nothing to do with the AMC and is a function of the public health system; the waiting time for detainees is no different to the waiting time for people in the community;*

## **Recommendations:**

No Recommendations

#### **4.11.3.13 Continuity of care between doctors – Section 14.3.13**

No Findings or Recommendations

#### **4.11.3.14 Standard of medical records – Section 14.3.14**

## **Findings:**

##### **Finding: 5**

*That the standard of records is not good;*

## **Recommendations:**

### **Recommendation: 11**

*That the clinical records system is improved such that information about patients is readily accessed, easily understood, easily shared and timely. The essential outcome is that doctors who have limited contact with the patient can quickly gain a proper understanding of the patient's clinical history and care;*

**Note:** *The ACT Human Rights Commission (HRC) has requested that in considering this recommendation it should be borne in mind that the HRC could provide training on the Health Records (Privacy and Access) Act.*

#### **4.11.3.15 Computerised clinical records system – Section 14.3.15**

No Findings

#### **Recommendations:**

##### **Recommendation: 12**

*Adequate staff resources are provided to efficiently operate a computerised medical records' system;*

#### **4.11.3.16 Pathology and imaging services – Section 14.3.16**

No Findings or Recommendations

#### **4.11.3.17 Medication delivery**

##### **Finding: 6**

*That following discussion relating to this audit Report arrangements are being put in place to ensure custodial staff can provide escorts where medication needs to be delivered late in the day;*

#### **Recommendations:**

No Recommendations

#### **4.11.3.18 Complaints about non-delivery of medication**

##### **Finding: 7**

*That complaints by detainees relating to not receiving their medication arise from detainees not accepting their responsibilities to be attentive to their own health needs. If a detainee consistently refuses, or fails to take important medication then steps are taken to ensure they have every opportunity to change. If a detainee decides not to take medication, then they are entitled to do so;*

**Note:** *The ACT Human Rights Commission (HRC) has raised a concern relating to detainees who may lack the capacity to make informed decisions relating to medication. A recommendation is made below in relation to this issue;*

#### **Recommendations:**

##### **Recommendation: 13**

*That Corrections Health Program discuss the issue of detainees who may lack the capacity to make informed decisions relating to medication with the HRC to ensure that if any concerns exist in relation to this issue they are addressed;*

#### **4.11.3.19 Dispensing of medication in the units – Section 14.3.19**

No Findings

#### **Recommendations:**

##### **Recommendation: 14**

*That appropriate training and supervision is in place to ensure that Custodial Officers adhere to the existing policy relating to observation after dosing of medication;*

#### **4.11.3.20 The concept of community standards and health care at the AMC**

No Findings

#### **Recommendations:**

##### **Recommendation: 15**

*That ACT Correctional Services and Corrections Health revisit the 'Community Health Services Model' that currently drives health services delivery in the AMC to satisfy themselves that operational practice within AMC meets 'duty of care' for all demographics within the detainee population;*

#### **4.11.3.21 Pharmacy clinic**

No Findings or Recommendations

#### **4.11.3.22 Discharge medication and discharge planning**

##### **Finding: 8**

*That there have been problems with discharge planning in relation to ensuring that detainees receive medication and medical information. ACT Health advise that the nursing roster has been reviewed and staffing levels have been enhanced to ensure an admission and discharge planning nurse is available on weekdays;*

#### **Recommendations:**

No Recommendations

#### **4.11.3.23 Induction health screen – Section 14.3.23**

No Findings or Recommendations

#### **4.11.3.24 Detainee health screen – Section 14.3.24**

No Findings or Recommendations

#### **4.11.3.25 Dentistry – Section 14.3.25**

No Findings or Recommendations

#### **4.11.3.26 Diets and food – Section 14.3.26**

No Findings or Recommendations

#### **4.11.3.27 Hygiene – Section 14.3.27**

No Findings or Recommendations

#### **4.11.4 Escort facilities between AMC and external health providers – Section 14.4**

No Findings or Recommendations

##### **4.11.4.1 Escorts to the Emergency Department (ED) – Section 14.4.1**

No Findings

#### **Recommendations:**

##### **Recommendation: 16**

*That AMC Management and CHP work with the appropriate authorities to ensure arrangements are implemented with the Emergency Department to achieve the most effective outcomes for staff and detainees when attending for treatment;*

#### **4.11.5 Mental Health – Section 14.5**

##### **4.11.5.1 Contact between primary and mental health services – Section 14.5.1**

No Findings

#### **Recommendations:**

##### **Recommendation: 17**

*That relevant Leaders in Mental Health and Correctional Health Services act to establish a more cooperative relationship between Mental Health and Correctional Health staff;*

##### **Recommendation 18**

*That senior representatives of ACT Corrective Services, Mental Health and Corrections Health Services meet with the Community Coalition on Corrections' to discuss its submission to the Review of the AMC in the light of recommendations in this Report. This discussion should aim to reach a common understanding of the issues raised in the submission, of where the recommendations made in the audit report will address issues raised, where further action may be required and attempt to clarify / quantify these actions;*

##### **4.11.5.2 Access to forensic mental health services for severely disturbed detainee – Section 14.5.2**

No Findings

#### **Recommendations:**

##### **Recommendation: 19**

*That every endeavour is made to expedite successful conclusion of the negotiations with NSW Corrections Health to take mentally ill detainees as necessary from the AMC and that*

*in planning for the new mental health facility in the ACT attention is paid to meeting projected demand for detainees in this category;*

#### **4.11.6 Insufficient counselling services**

##### **Finding: 9**

*That there is a need for increased general counselling within the AMC;*

##### **Recommendations:**

No Recommendations

#### **4.11.7 Suicide and self harm – Section 14.7**

##### **4.11.7.1 Detainees at risk of suicide – Section 14.7.1**

##### **Finding: 10**

*That suicide limitation within the AMC will involve keeping the correctional centre 'healthy', encouraging a supportive environment where all staff are aware of pre-suicide behaviour and having clear protocols for managing suicidal behaviour. Additional counselling services as previously commented on will be an important element in suicide prevention;*

##### **Recommendations:**

No Recommendations

##### **4.11.7.2 Female detainees at risk – Section 14.7.2**

No Findings or Recommendations

#### **4.11.8 Sexual health – Section 14.8**

##### **4.11.8.1 Sexual assault counselling – Section 14.8.1**

No Findings or Recommendations

##### **4.11.8.2 Condoms and dental dams – Section 14.8.2**

No Findings or Recommendations

#### **4.11.9 Drugs of addiction – Section 14.9**

##### **4.11.9.1 Methadone program – Section 14.9.1**

##### **Finding: 11**

*That methadone administration is conducted in the accommodation units. This may be in contravention of the Management of Medication Procedure which infers that methadone administration will take place in Medical Centre:- "Procedure Step 7, The detainee must wait a minimum of 5 minutes to prevent the misuse or diversion of methadone, after which the detainee leaves the Medical Centre."*

**Finding: 12**

*That the methadone administration procedure currently does not reflect the actual practice of administration in the units and infers that the administration takes place in the Medical Centre. The procedure needs to be modified to reflect the practice of administering methadone in units;*

**Finding: 13**

*That due to the location and time constraints relating to the administration of medication in the AMC, the time that detainees spend in a separate area following methadone administration is as little as five minutes;*

**Finding: 14**

*That some jurisdictions have procedures in relation to methadone administration that specify 20 minutes after the last detainee has been dosed as the acceptable minimum time for separation of methadone recipients from other detainees;*

**Recommendations:**

**Recommendation: 20**

*That in conjunction with the Corrections Health Program review of methadone dispensing procedures referred to in this Section, ACT Corrective Services examines the location of methadone administration and the period of time spent in isolation following the dose in conjunction with the AMC management team;*

**4.11.9.2 Drug and alcohol counselling (DA) – Section 14.9.2**

**Findings:**

No Findings

**Recommendations:**

**Recommendation: 21**

*That ACT Corrective Services and Corrections Health staff working in Drug and Alcohol programs introduce protocols to liaise more effectively;*

**4.11.9.3 Alcohol, benzodiazepine and opioids withdrawal – Section 14.9.3**

**Finding: 15**

*That opiate and benzodiazepine medication withdrawal regimes follow standard practice at the AMC;*

**Recommendations:**

No Recommendations

**4.11.10 Hepatitis C treatment – Section 14.10**

No Findings or Recommendations

#### **4.11.11 Pregnancy, mothers and babies in correctional centre – Section 14.11**

**Finding: 16**

*That AMC does not have a stand alone facility for mothers and babies such as Jacaranda House in NSW. This means that given the open nature of the facility, there is a potential for contact with detainees who are a risk to the mother and the baby;*

**Recommendations:**

**Recommendation: 22**

*That the Policy be strengthened to ensure that there is a high level of confidence that people who are assessed as a risk to the mother and/or baby are excluded from contact.*

#### **4.12 Findings and Recommendations - Communication, contact with family, friends, support agencies, legal representatives etc - Section 15**

**Finding: 1**

*That some Indigenous people did not wish to be registered via the iris scan for identification but ACT Corrective Services say that this issue has been resolved;*

**Finding: 2**

*That the children's play equipment is in poor condition and insufficient and there are concerns about drink/confectionary machines being left unrepaired;*

**Finding: 3**

*That detainees are generally satisfied with the visitation process and the time made available to access family, friends and relatives;*

**Finding: 4**

*That there are difficulties associated with public transport servicing the AMC which has caused problems for visitors which ACT Corrective Services may wish to take up with the appropriate authorities;*

**Finding: 5**

*That a Legal Aid representative advised that during the first year of operation of the AMC detainees experienced difficulty in accessing legal advice and there were associated delays in the processing of Legal Aid applications. However, ACT Corrective Services has acted to resolve this issue. Stakeholders have noticed improvement in recent times;*

**Finding: 6**

*That detainee access to telephones is satisfactory. An issue relating to exposure to the weather is in the process of being resolved;*

**Finding: 7**

*That detainees have access to email facilities to communicate with approved individuals, usually family or friends. This is innovative practice in Australian corrections;*

**Finding: 8**

*That complaints by detainees that mail was taking an inordinate amount of time to reach its destination, whether in the correctional centre or externally, was subject to testing during the audit and the complaints could not be substantiated;*

**Recommendations:**

**Recommendation: 1**

*That given comments made to the audit team discussions be held with Indigenous stakeholders to clarify that there are no objections to the iris scan identification process and if any concerns remain to ascertain whether their concerns can be alleviated*

**Recommendation: 2**

*That the children's play equipment be upgraded and improved;*

**Recommendation: 3**

*That the drink/confectionary machines be maintained and repaired in a timely manner;*

**4.13 Findings and Recommendations - Religious/ spiritual services  
– Section 16**

**Finding: 1**

*That generally detainees have reasonable access to religious/ spiritual services. ACT Corrective Services is committed to supporting the Chaplaincy Coordinator and Chaplaincy Team in the performance of their role;*

**Recommendations:**

No Recommendations

**4.14 Findings and Recommendations - Recreational activities –  
Section 17**

**Finding: 1**

*That there were problems in providing a consistent recreation program to detainees during the first 12 months of the AMC's operation. ACT Corrective Services have recently appointed an additional Activities Officer and expanded the activities program which should address the detainee's concerns;*



## **Recommendations:**

### **Recommendation: 1**

*That in future building programs funds are made available for a gymnasium for male detainees at the AMC;*

## **4.15 Findings and Recommendations - Library services – Section 18**

### **Finding: 1**

*That Library services are good and valued by detainees. An electronic Catalogue data system is in the process of being developed;*

### **Finding: 2**

*That the library currently has 50 books on Aboriginal history and culture which can be accessed by all detainees. Included in this variety of Aboriginal resources are publications on Aboriginal art, local history and 15 reports on local cultural camps;*

## **Recommendations:**

No Recommendations

## **4.16 Findings and Recommendations - Clothing and bedding – Section 19**

### **Finding: 1**

*That male detainees have strongly held views that the current shoes on issue are poor quality;*

### **Finding: 2**

*That female detainees have made complaints concerning type of clothing supplied and lack of access to feminine products. These complaints do not appear to be supported by the available evidence. AMC management have undertaken to meet with the female detainees to discuss and clarify any concerns;*

### **Finding: 3**

*That the issue of detainee bedding and clothing was generally implemented in accordance with the policy. ACT Corrective Services may wish to follow up the issue raised by the Human Rights Commissioner concerning doonas;*

## **Recommendations:**

### **Recommendation: 1**

*That a podiatrist be engaged to review the current shoes on issue to detainees and to provide an opinion in relation to detainee concerns;*

**Recommendation: 2**

*That notwithstanding that on the evidence available to the auditor the female detainees concerns relating to clothing and feminine products do not appear to be justified, AMC management meet with female detainees to discuss, clarify and if possible resolve any concerns;*

**4.17 Findings and Recommendations - Cell amenities - Section 20**

**Finding: 1**

*That the cell block and cottage accommodation is regarded as generally providing a high standard of amenity to detainees;*

**Finding: 2**

*That cell heating and cooling is an ongoing issue of concern for detainees. ACT Corrective Services has provided advice that steps are being taken to resolve this issue;*

**Recommendations:**

**Recommendation: 1**

*That ACT Corrective Services monitor complaints from detainees concerning cell heating issues and keep external agencies of scrutiny informed of action being taken to resolve this problem;*

**4.18 Findings and Recommendations - Security of detainee's property – Section 21**

**Finding: 1**

*That the Ombudsman's office has a concern that controls relating to detainee property are inadequate, particularly after induction through to the property reaching the store and or the detainee's cell. The audit found that the procedural requirement for a 10% audit of the valuable property and stored property was not being undertaken;*

**Recommendations:**

**Recommendation: 1**

*That ACT Corrective Services:*

- *Consult with the Ombudsman's office concerning the specific nature of its concerns relating to controls over detainee property and address these; and*
- *Ensure that AMC staff strictly follow procedures relating to auditing of detainees' valuable property and their stored property;*

#### **4.19 Findings and Recommendations - The effectiveness of programs provided to detainees aimed at assisting / facilitating rehabilitation, including work skills and throughcare - Section 22**

**Finding: 1**

*That rooms and equipment provided for program intervention and other educational programs are of high quality;*

**Finding: 2**

*That there may be a need to consider more sophisticated and intensely focussed sex offender programs covering preparation, medium intensity, high intensity and a program for the cognitively disadvantaged; **Note:** Low numbers of certain categories may impact on the viability of this;*

**Finding: 3**

*That program completion rate by detainees is low. However, this is not unusual given the relatively high turnover rate of detainees due to short sentenced detainees commencing programs and other factors inherent in detainee behaviour;*

**Finding: 4**

*That detainee evaluation of programs is generally positive. ACT corrective Services advise that longitudinal evaluations of the effectiveness of the programs on detainee's rehabilitation over time have not commenced as yet. This matter is currently under preliminary consideration by ACT Corrective Services;*

**Finding: 5**

*That a range of stakeholders have expressed concern at the lack of in-depth long term counselling available for detainees;*

**Finding: 6**

*That ACT Corrective Services acknowledges the need for specialist counselling services;*

**Finding: 7**

*That generally the basis of throughcare services is in place with respect to induction, case management, rehabilitation, education and vocational training opportunities. Processes appear to be sufficient to ensure quality of intervention and education programs;*

**Finding: 8**

*That the AMC written policies in regard to throughcare services reflect the intent of the ACT Human Rights legislation;*

**Finding: 9**

*That the programs being made available to detainees are tailored and specifically developed to meet the treatment needs of detainees identified through the induction and case management process;*

**Finding: 10**

*That the therapeutic programs are generally empirically based with appropriate psychometric and evaluative feedback and meet the current needs of the correctional centre population;*

**Finding: 11**

*That the Therapeutic Cottage is an excellent model for encouraging participation in intervention programs and provides opportunities for positive peer support by other detainees and eventual throughcare progress to a transitional release cottage outside the perimeter of the correctional centre;*

**Finding: 12**

*That the Therapeutic Cottage seems to be underutilized – can Cater for 15 detainees but only has 8 detainees at present;*

**Finding: 13**

*That a range of stakeholders have raised concerns with the audit team concerning problems with access by detainees to programs, activities and employment during the first year of operation of the AMC. This appears to have had a negative impact on detainee morale and has been a source of aggravation to detainees and external stakeholders concerned with detainee welfare;*

**Finding: 14**

*That the reasons for access problems by detainees to programs, activities and employment during the first year of operation of the AMC appears to relate largely to an inefficient staff roster system, staff absences during the first year of operations and insufficient focus at AMC leadership level to coordinate and drive the various detainee services in an effective manner;*

**Finding: 15**

*That only about 50% of detainees enrolled in vocational and educational programs attended during the first year of the AMC's operations due to a variety of reasons such as lockdowns, lack of roving staff to perform escort duties, names incorrectly left off list and lack of detainee interest;*

**Finding: 16**

*That in recent months a highly experienced Superintendent has been appointed and feedback to the audit team from a variety of stakeholders is that day to day operational performance at the AMC is improving;*

**Finding: 17**

*That eight detainees are currently enrolled in university studies involving courses such as theology, business, english, accounting and engineering. Two of these students are studying at the masters levels. Liaison support is provided for these students and all examinations are supervised;*

**Finding: 18**

*That the Official Visitor in consultation with students from the ANU College of Law recently trialled a six-session legal literacy program within the AMC. The feedback from the course was positive from both the detainees' and students' perspective. Due to the program's success, it is the intention to continue delivering this program in the New Year as a partnership between ACT Corrective Services and the ANU College of Law;*

**Finding: 19**

*That a variety of vocational and general educational programs are available based on the community, industry and detainee needs with a focus on OH&S, I.T, small business , hospitality, cleaning, horticulture and construction;*

**Finding: 20**

*That the Transitional Release Centre is an excellent model;*

**Finding: 21**

*That the Transitional Release Centre when considered in conjunction with the suite of programs and activities available to detainees in the AMC provides the basis for best practice outcomes in preparing detainees for release to family and community life;*

**Recommendations:**

**Recommendation: 1**

*That consideration is given to providing for a variety of sex offenders programs to cater for different levels of sex offending covering preparation, medium intensity, high intensity and the cognitively disadvantaged; **Note:** It is appreciated that low numbers of sex offenders for particular categories of programs may not allow this to occur;*

**Recommendation: 2**

*That the need for specialist programs for detainees who are intellectually or cognitively disadvantaged continues to be monitored by ACT Corrective Services in the light of numbers of these detainees and availability of specialist resources;*

**Recommendation: 3**

*That ACT Corrective Services monitor the enrolment, participation and completion rates of detainee programs to ensure that best possible outcomes are achieved. Also, records should show those cases where detainees have been discharged from the correctional centre and prior to discharge have completed their program obligations as this is still a successful outcome from the AMC's perspective;*

**Recommendation: 4**

*That to eliminate a gap in the throughcare processes a number of positions are dedicated for social workers/psychologists to focus on providing in-depth counselling to support the case management process;*

**Recommendation: 5**

*That the lack of a Principal Psychologist at the AMC is rectified as soon as possible;*

**Recommendation: 6**

*That processes are improved to maximise the use of the therapeutic cottage which is an excellent rehabilitation model but is currently underutilised;*

**Recommendation: 7**

*That ACT Corrective Services and AMC Leadership give high priority to ensuring the centre's philosophy of active engagement by detainees in meaningful activities is achieved through an efficiently organised "structured day" where the various staff disciplines ensure attendance and participation by detainees in their programs, activities and employment;*

**4.20 Findings and Recommendations - Support for an inclusion of community organisations in the AMC's mix of programs to facilitate enhanced continuity of service/ support for detainees post release – Section 23**

**Finding: 1**

*That representatives of community based social support services and agencies in the ACT believe a whole of government and community response is required to a range of issues they have documented in submissions to this audit;*

**Finding 2**

*That concerning the community stakeholders' submissions, there is the wider issue of meaningful involvement of these organisations in the overall operations of the AMC. This matter is dealt with in Section 31 of this Report, 'The effectiveness of the AMC's governance model';*

**Finding: 3**

*That external stakeholders concerned with detainee welfare do not share ACT Corrective Services' view that Case Manager workloads are appropriate;*

**Finding: 4**

*That feedback from external stakeholders was that there were no reported concerns by detainees of excessive use of force by custodial officers and that there were no problems with non-indigenous and indigenous detainees sharing facilities, work and programs. Additionally, they were pleased with the modern facilities;*

**Recommendations:**

**Recommendation: 1**

*That ACT Corrective Services bring the issues raised by community organisations in submissions to this audit to the attention of the Chief Minister's Department Working Group for consideration;*

**Recommendation: 2**

*That AMC Leadership provide a presentation to a forum of external stakeholders to fully explain and discuss the AMC detainee case management system, staff workloads and expected outcomes with the aim of resolving any areas of concern held by the external stakeholders;*

**4.21 Findings and Recommendations - Aboriginal and Torres Strait Islander issues – Section 24**

**Finding: 1**

*That issues of concern to indigenous detainees were largely similar to those raised by non-indigenous detainees which have been dealt with throughout this Report;*

**Finding: 2**

*That indigenous detainees made positive comments about accommodation, cultural sensitivity regarding food and access to arts and crafts;*

**Finding: 3**

*That ACT Corrective Services has, within the framework of the Aboriginal Justice Agreement, established an Aboriginal and Torres Strait Islander Working Group and is working actively with Indigenous representatives to improve services for Indigenous detainees;*

**Finding: 4**

*That ACT Corrective Services and the Aboriginal and Torres Strait Islander Working Group at the time of the audit was preparing a Report to be presented to the ACT Government in December 2010 identifying and outlining any gaps in services and any recommendations the Working Group considers would bridge the gap;*

**Finding: 5**

*That ACT Corrective Services is commended for the range of initiatives taken in Community Based Corrections to provide a more culturally appropriate service to offenders that will facilitate rehabilitation efforts;*

**4.22 Findings and Recommendations - The effectiveness of specific measures in place to: - Section 25**

**4.22.1 Ensure the lawful holding and release of detainees – Section 25.1**

**Finding: 1**

*That there may have been failings in both procedures and performance by officers in relation to the discharge of detainees. Disciplinary action has been initiated but not finalised;*

**Finding: 2**

*That ACT Corrective Services is still conducting an investigation into one of these matters but has taken action to strengthen the administrative arrangements and procedures relating to the lawful holding and release of detainees. Further enhancements to procedures may be implemented;*

**Recommendations:**

**Recommendation: 1**

*That completion of the investigation and review of all of the circumstances surrounding the failures in the processes relating to the lawful holding and release of detainees should be expedited and finalised as quickly as possible;*

**Recommendation: 2**

*That staff performance in the area relating to the lawful holding and release of detainees should be identified as a high risk area for ACT Corrective Services and subject to regular audit;*

**4.22.2 Ensure staff and detainee safety, including deterring, detecting and discovery of contraband – Section 25.2**

Detecting and discovery of contraband covered in Section 25.2.10 of Report with Findings and Recommendations summarised below in this Section.

**4.22.3 Ensure detainees' cells are safe**

**Finding: 3**

*That the current mix and range of detainee accommodation at the AMC does not provide a capacity to locate all detainees in accommodation appropriate for their needs thus compromising the capacity to ensure safe custody of some detainees;*

**Recommendations:**

No Recommendations

**4.22.4 Ensure cottage style accommodation is safe for detainees**

**Finding: 4**

*That at times ACT Corrective Services, due to the shortage of appropriate cell accommodation, may accommodate in cottages detainees who ideally would be held in more secure accommodation. The Superintendent has advised that at the first sign of inappropriate behaviour, such detainees are relocated;*

**Recommendations:**

No Recommendations



#### **4.22.5 Ensure high security accommodation is safe for male and female detainees**

**Finding: 5**

*That the use of removable screws to secure fittings in secure accommodation for detainees is a design flaw;*

**Finding: 6**

*That there are a range of maintenance issues requiring attention in the high security cells and problems created by detainees applying unauthorised materials to cell doors and vents;*

**Finding: 7**

*That there appears to be a governance issue in that obvious tampering with cell facilities by detainees has not been identified and or reported and or dealt with;*

**Finding: 8**

*That in the cell accommodation and in the admissions holding cells there are a number of design and maintenance issues that require attention to facilitate detainee safety;*

#### **Recommendations:**

**Recommendation: 3**

*That the TV Boxes in detainee accommodation be replaced by boxes that are vandal proof;*

**Note:** *ACT Corrective Services advise that the damaged boxes are in the process of being repaired. It is reviewing the provision of free TVs to detainees, particularly sentenced detainees, to establish whether there is a more secure way to make TVs available;*

**Recommendation: 4**

*That a risk assessment be conducted of the current arrangements to secure fittings in secure accommodation for detainees to arrive at the most practical risk mitigation for the problem of detainees removing screws from fittings;*

**Recommendation: 5**

*That ACT Corrective Services arrange for urgent attention to maintenance issues identified to them in the cell accommodation and in the admissions holding cells by the audit team and conduct a risk assessment of design issues identified to reach a decision as to the most effective means of mitigating risks posed by these issues;*

#### **4.22.6 Ensure that the Management Unit is safe**

**Finding: 9**

*That in the Management Unit and the Crisis Support Unit and in there are a number of design and maintenance issues that require attention to facilitate detainee safety. Audit team concerns in these areas have been notified to ACT Corrective Services for attention;*

## **Recommendations:**

### **Recommendation: 6**

*That ACT Corrective Services arrange for urgent attention to maintenance issues identified to them in the Management Unit and in the Crisis Support Unit the by the audit team and conduct a risk assessment of design issues identified to reach a decision as to the most effective means of mitigating risks posed by these issues;*

### **4.22.7 Ensure that energised fences within the AMC are functioning effectively**

#### **Finding: 10**

*That on the day of the audit in the control room a portion of the energised fence between the male and female accommodation was not functioning;*

#### **Finding: 11**

*That the energised fence that provides internal detection on the roofs of buildings and between the male and female areas of the facility is not being tested on a regular basis;*

ACT Corrective Services have advised that changes will be made to post duties and DSR processes to ensure these energised fences are regularly checked.

### **4.22.8 Ensure that the Radio Frequency Identification / Duress Alarm System (RFID) is operating effectively**

#### **Finding: 12**

*That the RFID system including duress alarms is not functioning at the level required under the contract between ACT Corrective Services and the provider. ACT Corrective Services advise that custodial operational procedures have been implemented to support the RFID system to ensure detainee safety and security and staff safety until such time as the RFID is effective;*

**Note:** *ACT Corrective Services wish it to be noted that the RFID system has not yet been commissioned;*

#### **Finding: 13**

*That ACT Corrective Services is working actively with the provider to ensure that the provider meets its contractual obligations to provide an effective RFID system. Final commissioning and payment to the provider has been withheld until such time as ACT Corrective Services is satisfied that the system is operating effectively;*

## **Recommendations:**

No Recommendations

#### **4.22.9 Ensure that there is CCTV storage of vision of daily activities and incidents within the AMC**

##### **Finding: 14**

*That concerns have been expressed relating to the quality of the AMC's Digital Video Recording System and with the length of time that images of critical incidents are retained. The Ombudsman's office believes that the definition of a critical incident needs to be more clearly articulated so that images of these are retained;*

##### **Recommendations:**

##### **Recommendation: 7**

*That the assertion that the Digital Video Recording System may not comply with the recording standards for Control Room operations should be further investigated;*

##### **Recommendation: 8**

*That given the estimated cost of \$675,000.00 to achieve up to 12 months storage of CCTV images, the requirement for this extent of storage should be further investigated. This investigation should encompass the concern of the Ombudsman's office that definition of a critical incident needs to be more clearly articulated so that images of these are retained for longer periods. If agreement can be reached with external agencies of scrutiny on what images should be saved for longer periods this may obviate the need for 12 month storage of all images;*

#### **4.22.10 Ensure that electronic equipment throughout the AMC is functioning effectively**

##### **Finding: 15**

*That the pedestrian access control area is regarded as a very successful implementation of technologies to control a difficult security area;*

##### **Recommendations:**

##### **Recommendation: 9**

*That the possibility of installing an image saving capacity in the baggage X – Ray equipment is investigated. These images can be used for training purposes when instructing staff on how to identify objects of interest;*

#### **4.22.11 Ensure that Control Room electronics are effective**

##### **Finding: 16**

*That there is an ongoing issue between ACT Corrective Services and various contractors in relation to the operation of the security management system installed to control a range of security functions;*

## **Recommendations:**

No Recommendations

### **4.22.12 Ensure that contraband deterrent and detection systems are effective**

#### **Finding: 17**

*That it is an appropriate time for ACT Corrective Services and AMC management to review all elements of the centres illicit drug policies and procedures;*

## **Recommendations:**

#### **Recommendation: 10**

*That ACT Corrective Services and AMC management review all elements of AMC's illicit drug policies and procedures having regard to the elements of an effective drug strategy as outlined in this Report;*

#### **Recommendation: 11**

*That ACT Corrective Services require the distributor of the Soter RS to have replacement parts readily available in Australia to reduce downtime on the equipment;*

#### **Recommendation: 12**

*That it may be helpful for detainees' understanding of the role of the Soter RS if information was included in the detainees' handbook and other information sources provided for detainees;*

### **4.22.13 Ensure that standover and bullying is not part of the detainee culture in AMC**

#### **Finding: 18**

*That the ACT Human Rights Commission has raised the need for more clarity in relation to policies and procedures governing the placing of detainees on behaviour management regimes;*

#### **Finding: 19**

*That ACT Corrective Services and AMC management are well aware of the issues relating to "stand over and bullying" and are taking proactive measures within the limitations imposed by the centre's detainee accommodation to mitigate risks associated with this;*

## **Recommendations:**

#### **Recommendation: 13**

*That ACT Corrective Services in consultation with the ACT Human Rights Commission and the ACT Ombudsman review current policies and procedures relating to the AMC detainee behaviour management regimes in the light of matters raised in this Section of the Report;*

**Recommendation: 14**

*That ACT Corrective Services and AMC management review its data collection and analysis needs in relation to "standover and bullying" to ensure that trends in this area are being effectively monitored to facilitate development and maintenance of proactive strategies' to mitigate risks;*

**4.22.14 Ensure staff and detainee safety generally**

**Finding: 20**

*That until such time as AMC's operating model, which is best practice, is functioning effectively there will be a raised level of potential risk to the safety of staff and detainees within the AMC. Insufficient general counselling services for detainees is another critical issue that has been addressed elsewhere that impacts adversely on staff and detainee safety;*

**Recommendations:**

No recommendations

**4.22.15 Ensure safety of visitors**

**Finding: 21**

*That no issues affecting the safety of visitors have been identified by the audit;*

**4.22.16 Ensure safety of the community through prevention of escape either from within the AMC or while detainees are under escort away from the AMC**

**Finding: 22**

*That the number of false alarms on the microwave system in the perimeter is regarded as excessive;*

**Finding: 23**

*That neither the escape procedure nor the escort procedure deals with an attempted escape or an escape on escort;*

**Finding: 24**

*That the armed escort procedure reflects practice applied in NSW Corrections and that in particular escorts an additional safeguard has been applied that involves support from ACT Police. The audit team has raised a potential enhancement to the current practice with ACT Corrective Services;*

**Finding: 25**

*That there are a wide range of procedures which deal with the use of lethal force by officers, which appears to be only a feature of external escorts. There may be a case for simplifying the policy and procedural framework in relation to the use of firearms to ensure that officers have one reference point;*

**Finding: 26**

*That there does not appear to be scenario based training taking place which could familiarise those officers who undertake armed external escorts with the use of firearms in a public place while on escort;*

**Finding: 27**

*That the policy relating to warning shots should have greater clarity in the instructions given to officers;*

**Finding: 28**

*That the escort policy and procedures relating to medical escorts and hospital watches requires urgent enhancement;*

**Recommendations**

**Recommendation: 15**

*That ACT Corrective Services should investigate whether the installation of a dual microwave system could reduce the number of false alarms being experienced on the perimeter;*

**Recommendation: 16**

*That the potential enhancement raised by the audit team in relation to a particular practice in the conduct of armed escorts of detainees is considered in a review of the procedures relating to armed escorts and that in this review the arrangements with ACT Police be formally included in the procedures;*

**Recommendation: 17**

*That the findings made in relation to detainee escorts be taken into account in an urgent review of escort procedures and in the training of officers;*

**4.22.17 Ensure effective response to emergencies, including ease of and effective access by emergency services**

**Finding: 29**

*That the Code Grey Detainee Disturbance Emergency Procedure does not contain necessary detail about when officers will don riot gear and who gives that direction. ACT Corrective Services is reviewing the procedure to ensure that it does;*

**Finding: 30**

*That the AMC does not possess an incident reporting database. This has been commented on in other Sections of this Report;*

## **Recommendations:**

### **Recommendation: 18**

*That ACT Corrective Services should ensure that a thorough risk assessment of each high risk event be undertaken as part of the review of the emergency procedures to inform the controls that need to be put in place to deal with each emergency;*

### **Recommendation: 19**

*That a program of emergency training drills is put in place and these drills are regularly practised;*

### **Recommendation: 20**

*That the AMC should develop an Incident Report database so that trend analysis can be conducted to identify issues of concern;*

### **Recommendation: 21**

*External emergency services agencies are appropriately included in the program of emergency training drills implemented by the Superintendent;*

## **4.23 Findings and Recommendations - A law abiding environment within the AMC, including detainee discipline and justice systems – Section 26**

### **Finding: 1**

*That there are a number of issues that in concert are working to challenge the capacity of AMC management and staff to maintain a law abiding environment within the centre;*

## **Recommendations:**

### **Recommendation: 1**

*That to enhance the capacity of AMC management and staff to maintain a law abiding environment within the centre attention is required to the findings and recommendations throughout this Report with particular attention to the following areas:*

- *The limitations in the quantity and capacity of the current detainee accommodation;*
- *Insufficient counselling services for detainees;*
- *The complexity of the detainee discipline process;*
- *Inadequate systems for recording and analysing a range of performance management data; and*
- *Technology failures; and*
- *AMC leadership issues.*

## **4.24 Findings and Recommendations - Detainee complaints and concerns are dealt with effectively – Section 27**

### **Finding: 1**

*That ACT Corrective Services place great importance on scrutiny of its operations. All staff are urged to take such scrutiny as a strength of the overall system in the ACT and not a weakness. Senior officers have been issued with a direction that provides clear instruction to take action to ensure that detainee's rights to access external avenues for complaint must be respected and protected;*

### **Finding: 2**

*That community stakeholders and the Ombudsman's Office believe that AMC's detainee complaints handling process is problematic. ACT Corrective Services agree that there have been problems but that these problems have been overstated by detainees;*

### **Finding: 3**

*That ACT Corrective Services has recently implemented enhancements to AMC detainee complaints handling process;*

### **Finding: 4**

*That the current delineation of responsibilities between ACT Corrective Services Head Office and the AMC may be working against achieving a more responsible and accountable work place culture at the AMC;*

### **Finding: 5**

*That following experience with operation of the AMC to date and in consideration of matters raised in this report it may be timely to review the process for dealing with enquiries from external agencies of scrutiny with the aim of achieving an outcome that:*

- Is efficient in the use of resources;*
- Meets the needs of the agencies of scrutiny; and*
- Encourages development of a more responsible and accountable work place culture at the AMC;*

## **Recommendations:**

### **Recommendation: 1**

*That ACT Corrective Services discuss the detainee complaints handling process with representatives of the Ombudsman's Office, the Human Rights Commission, other relevant government and community organisations and detainees to ensure that all appropriate concerns are taken into account in the recently implemented enhancements to the process;*



**Recommendation: 2**

*That in the light of discussion in this Section of the Report, the role relationship between ACT Corrective Services Head Office and the AMC be reviewed to achieve functional responsibility and accountability broadly along the lines suggested in the Report content leading to this Recommendation; **Note:** As advised by ACT Corrective Services this may require the appointment of an additional Deputy Superintendent at the AMC which would allow for more effective management of external (and internal) investigations and potentially address a current deficiency in the roster of all Deputy Superintendents;*

**Recommendation: 3**

*That an independently facilitated discussion/ workshop be held involving ACT Corrective Services and representatives of the independent agencies of scrutiny to identify areas where enhancements could be made in the working relationships and to reach agreement on system and process changes that would lead to ongoing effective and efficient outcomes for the benefit of all agencies and clients of those agencies;*

**4.25 Findings and Recommendations - A healthy work place for staff – Section 28**

**Finding: 1**

*That ACT Corrective Services has taken the issue of a healthy work place for staff into account in the design, technology and operational procedures of the AMC;*

**Recommendations:**

No Recommendations

**4.26 Findings and Recommendations - A healthy living environment for detainees- Section 29**

**Finding: 1**

*That smoking in the cells after lockdown is prohibited, but is a practice that is regularly undertaken by detainees but detainees are not always formally disciplined for this for a variety of valid reasons;*

**Recommendations:**

**Recommendation: 1**

*That the prohibition of smoking in cells is an issue that should be explored by ACT Corrective Services to determine if the prohibition is enforceable;*

**4.26.1 Food services – See Section 13 of this Report**

**4.26.2 Health Services, including Counselling – See Section 14 of this Report;**

#### **4.26.3 Recreation – See Section 17 of this Report**

### **4.27 Findings and Recommendations - Responsiveness to stakeholder concerns – Section 30**

#### **Finding: 1**

*That there is evidence that AMC and ACT Corrective Services has struggled to effectively respond to stakeholders' concerns for a variety of reasons. These reasons relate to the totality of matters covered in this Report and this finding is not a criticism of ACT Corrective Services or AMC management and staff;*

#### **Recommendations:**

##### **Recommendation: 1**

*That in considering the recommendations contained in this Report relating to continuous improvement and improved governance, ACT Corrective Services develop mechanisms for a more inclusive and responsive approach to working with external stakeholders. Stakeholders should be consulted in the development of these mechanisms;*

#### **Note:**

- (i) *In these consultations ACT Corrective Services, where appropriate, should raise the issue of its workload in responding to particular stakeholders and seek ways in which enhanced cooperation and systems could reduce this workload. If workload issues continue to be a concern, a case should be made to the relevant authorities for increased resources;*
- (ii) *Also see recommendation in Section 31, The effectiveness of the AMC's governance model.*

### **4.28 Findings and Recommendations - The effectiveness of the AMC's governance model - Section 31**

#### **Finding: 1**

*That the ACT Corrective Services Senior Executive Team understands the Australian Standard for Corporate Governance and the need for a holistic approach in developing organisation culture and systems at the AMC;*

#### **Finding: 2**

*That generally the elements of a sound governance model are in place. However, there have been a number of governance shortcomings identified at the AMC;*

#### **Finding: 3**

*That generally, as reported elsewhere in this Report community stakeholders have a level of dissatisfaction with the extent of their inclusiveness in the operations of the AMC;*

**Finding: 4**

*That there is clarity in relation to the AMC's Vision and Objectives;*

**Finding: 5**

*That the fact that lack of continuity of leadership continued throughout the first year of operation of the AMC reflects poorly on risk management strategies as in prisons continuity of leadership is well identified as critical to safety, security and performance of the correctional centre;*

**Finding: 6**

*That there appears to have been a disconnect between review of incidents, review of the centres risk management plan and attention to risk mitigation;*

**Finding: 7**

*That it is fair to say that performance measurement was less than robust during the first year of the AMC's operation;*

**Finding: 8**

*That during the first year of operations of the AMC the number of operational Audits was 50% less than at the Belconnen Remand Centre over a 12 month period due to resourcing issues. This has denied AMC management access to information crucial to supporting significant numbers of new staff in complying with changed operating procedures in a new environment;*

**Finding: 9**

*That a range of operational shortcomings identified elsewhere in this Report indicates a level of failure in relation to proactive monitoring of day to day performance in the AMC work place. A greater focus on operational audit may have averted some of these shortcomings;*

**Finding: 10**

*That recruitment processes are sound subject to referee checks being conducted on all preferred applicants;*

**Finding: 11**

*That Custodial Officer training meets best practice;*

**Finding: 12**

*That ACT Corrective Services has appropriate human resource competencies data bases;*

**Finding: 13**

*That management, union representatives and staff have worked cooperatively to achieve rostering arrangements that are an improvement on the initial arrangements in that they are less onerous on staff and more cost efficient for ACT Corrective Services;*

**Finding: 14**

*That it is unusual for sick and carers leave taken by non-correctional staff to exceed that of correctional staff;*

**Finding: 15**

*That in terms of appropriate external, independent scrutiny the AMC arguably is best practice in Australian jurisdictions;*

**Finding: 16**

*That the level of scrutiny of the AMC has placed high workload on ACT Corrective Services staff to adequately respond to the needs of all of the external agencies of scrutiny;*

**Finding: 17**

*That ACT Corrective Services senior executives demonstrated an understanding of the theory and practice of continuous improvement and the need to have strategies in place over the next 12 months to improve AMC performance outcomes;*

**Finding 18**

*That ACT Corrective Services has in place an appropriate Continuous Improvement Framework;*

**Finding 19**

*That for the future success of the AMC it will be essential that all members of the AMC Leadership Team not only understand the principles and strategies underpinning culture change and continuous improvement within a modern correctional environment but have the capacity to deliver on it;*

**Recommendations:**

**Recommendation: 1**

*That consideration be given to the potential option, as outlined in this section of the audit report, of establishing a "governance and continuous improvement committee" responsible to the Minister and chaired by the Chief Executive, Department of Justice and Community Safety with appropriately qualified and experienced community stakeholder members;*

**Recommendation: 2**

*That ACT Corrective Services in conjunction with the AMC management team address the issue of performance management through a system that encompasses amongst other things:*

- Clear specification of work place objectives through to individual "Post Duties";*
- The expected leadership and supervisory responsibilities of the AMC management team to ensure their regular visibility in the centre providing mentoring and supervision of staff and oversight of detainee services;*
- Key performance benchmarks for all area of operations that can be readily reported against;*
- Robust reporting systems and collection of data in a manner that facilitates linkage to the risk management plan and development of risk mitigation strategies; and*

- *An agreed operational audit plan for the AMC driven by the centres risk management plan;*

**Recommendation: 3**

*That while staff who are resigning cannot be compelled to undertake exit interviews, in all cases they should be offered an exit interview. Information from exit interviews is a valuable tool to assist with continuous improvement and future staff retention strategies;*

**Recommendation: 4**

*That a review of staffing be carried out at ACT Corrective Services Head Office to ascertain whether additional resources are required to ensure that ACT Corrective Services can effectively discharge its responsibilities in responding to the information needs of the external, independent agencies of scrutiny, including the media;*

**Recommendation: 5**

*That within ACT Corrective Services' continuous improvement framework a culture enhancement strategy is put in place for the next 12 months to move the AMC from its current reality of performance (how things are done around here) to an identified desired level of performance (how things should be done around here);*

*This strategy should have an emphasis upon culture measurement, identification of culture drivers, benchmarking and staff development founded in cognitive change psychology that provides staff with the tools to deal with change in a difficult human service delivery environment;*

**Recommendation 6**

*That comments in this Section of the Report relating to the desired attributes for the AMC Leadership Team are taken into account in implementing Recommendation 2 Section 5.2.4) concerning the capacity of the current AMC Leadership Team;*

## **4.29 Findings and Recommendations - Costing model in place – Section 32**

**Finding: 1**

*That ACT Corrective Services has taken steps to reduce labour costs by adopting a more efficient roster. However, other cost drivers, some within the control and some outside of the control of management, have combined to drive the AMC into a significant budget overspend. The net impact of these factors is a likely budget overspend in the range of \$1.60 to \$1.90M in 2010 / 2011;*

**Finding: 2**

*That an amount of the forecasted AMC budget overspend for 2011/2011 is driven by factors largely outside of the control of management. The amount of this forecasted overspend that falls strictly within the meaning of the term "uncontrolled" will depend upon consideration of factors relating to how the 2008 – 2009 line items were set as compared to the original estimates developed prior to government approval to build the AMC;*

*The drivers of "uncontrolled" additional expenditure at the AMC are in the areas of:*

- *Building and security system maintenance costs;*
- *Utility costs – electricity, water, gas, waste disposal;*
- *Increase in the inmate population from an estimated 220 average to an average 230; and*
- *Increased workers compensation charges;*

**Finding: 3**

*That staff overtime costs are estimated to be in excess of budget for 2010 – 2011 by in the order of \$240,000 which is eroding staff savings factored into the budget for the AMC;*

**Finding: 4**

*That ACT Corrective Services committed to additional expenditure on the RFID system on the basis of achieving savings in the budget in other areas to offset this additional expenditure. While savings have been achieved they are insufficient to offset the additional expenditure on the RFID and other budget overspends. In the opinion of the audit team the anticipated savings flagged at the time of the RFID decision were ambitious particularly in the area of correctional centre maintenance where the amount allocated was well below expenditure in comparable prisons in Australia;*

**Finding: 5**

*That the RFID system is not operating effectively some 18 months after commissioning of the AMC. However, the monthly management and maintenance service fee has not been paid during this period;*

**Finding: 6**

*That in terms of potential to reduce costs, ACT Corrective Services advise that consideration is being given to varying the contract arrangements in relation to the management and maintenance service to extend the quantum applicable to 5 years over 7 years. They say this will reduce the yearly payments and ease cost pressure on the budget. Given the contract arrangements in place with the supplier, any further potential cost savings will need to be considered in the light of the requirements of the contract;*

**Finding: 7**

*That payment of detainee remuneration is currently within approved budget, however it exceeds the allowance made in the "original estimated operational budget" prior to government approval for the AMC to be built by \$160,000.00 due to a management decision to pay detainees at a higher rate than allowed for in that original estimate;*

**Finding: 8**

*That ACT Corrective Services advise they are implementing initiatives to achieve a saving of \$100,000 in the detainee education budget by the end of this financial year to assist in*

*offsetting over expenditure in other areas. They say this will be achieved by better targeting education opportunities for detainees based around individual work / learning plans. Emphasis will be placed on adult literacy and numeracy. Better contract management processes will also be implemented as raised in this audit;*

**Finding: 9**

*That it appears ACT Corrective Services has not adequately supervised the contract with the education provider to ensure that the provider is seeking external funding to offset the rate charged per student hour of \$13;*

**Finding: 10**

*That during the first year of operation of the AMC the operating cost per detainee per day was very high due to the relatively large proportion of fixed costs apportioned over a small number of detainees. As the AMC detainee population has increased the operating cost per detainee per day has reduced. This will continue to reduce if the detainee population increases further and the AMC's fixed costs are apportioned over a larger number of detainees.*

*Additional reduction in the cost per detainee per day will be achieved if further operational efficiencies can be achieved. However, in comparison with the larger jurisdictions the AMC will always show a higher cost per detainee per day given the relatively small number of detainees in one high security correctional centre. Other jurisdictions have a significant proportion of detainees in relatively low cost low and open security institutions that reduce their overall cost per detainee per day.*

**Recommendations:**

**Recommendation: 1**

*That ACT Corrective Services investigate the underlying causes of the increase in overtime costs at the AMC and implement mitigation strategies to achieve reduction in staff overtime to an acceptable level;*

**Recommendation: 2**

*That ACT Corrective Services take all necessary steps to enforce its rights and requirements under the contract with the supplier of the RFID system;*

**Recommendation: 3**

*That in the light of AMC budget pressures and detainee pay rates in other jurisdictions, a review is conducted of detainee pay rates in the ACT to ascertain whether it is practicable to reduce these rates;*

**Recommendation: 4**

*That ACT Corrective Services review its supervision of the contract with the vocational education provider to ensure that adequate steps are being taken to achieve external funding, including grants and subsidies, to offset to the rate per student hour of \$13 per hour for the delivery of programs.*

## **5 The effectiveness of the commissioning and operation of the Alexander Maconochie Centre (AMC), including a comparison – where possible – with other correctional centre facilities commissioned in Australia in the last 10 years**

### **5.1 Pre-commissioning activity**

The commissioning process for the AMC began in mid-2006 and had taken formal structure by April 2007 when ACT Corrective Services first convened a Commissioning Working Group of senior officers and other key personnel.

ACT Corrective Services advise that the working group met on a regular basis, initially monthly or fortnightly but then on a weekly basis throughout 2008 and 2009 leading to the handover of the AMC to the Territory. The working group continued on for some time after handover.

A detailed Commissioning Plan was developed during 2007 and refined in the first half of 2008. That plan addressed all aspects of operation of the AMC, from food provision to custodial recruitment and training to program development and implementation. The effectiveness of the plan was independently reviewed by Knowledge Consulting during 2007 and 2008.

ACT Corrective Services devoted considerable resources to the commissioning process, with most staff involved at some level during the development of the commissioning plan and during the course of commissioning itself. A Correctional Centre Project Team was established and from mid 2007 onwards planning and managing commissioning of the AMC was the key role of this Team. This role included significant engagement with external stakeholders including government agencies, non-government agencies, community organisations, special interest groups and individuals.

ACT Corrective Services advise that the Correctional Centre Project Team consisted of 6 Full Time Equivalent officers (FTEs) in 2007-08 and an average of 1.75 FTEs in 2008-09. In Knowledge Consulting's experience this is a relatively small team for a project of this size and complexity.

#### **Finding: 1**

*That in 2007 ACT Corrective Services established a Project Team to plan and manage commissioning of the AMC. This role included significant engagement with external stakeholders including government agencies, non-government agencies, community organisations, special interest groups and individuals;*

ACT Corrective Services commissioned Knowledge Consulting to conduct two independent "desk top" reviews of the documentation relating to ACT Corrective Services planning for



the AMC commissioning process. Knowledge Consulting reported on the first review on 7<sup>th</sup> January 2007 and on the second review on 25<sup>th</sup> June 2008. Following is the Executive Summary from the 25<sup>th</sup> June 2008 Report:

*"The Australian Capital Territory Corrective Services (ACT Corrective Services) are a substantial way through the processes for the commissioning of the Alexander Maconochie Centre (AMC). Highlights in this process have included the passing of the Australian Capital Territory Corrections Management Act 2007 and the letting of the contract for the construction of AMC to Bovis Lend Lease.*

*The ACT Corrective Services have developed the AMC Commissioning Plan and this plan was subject to review by Knowledge Consulting and the subsequent report, "Report of Review of Alexander Maconochie Centre Commissioning Plan, Knowledge Consulting, 7<sup>th</sup> January 2008," was issued as a result of that review.*

*This review of the AMC Commissioning Plan found that the ACT Corrective Services had a substantial, high quality and well thought out document and that they had positioned themselves well for the commissioning of the AMC.*

*A key recommendation from the Knowledge Consulting Report was that a Transition Plan should be developed and that this plan should be subject to an independent review.*

*On the 1<sup>st</sup> May 2008, ACT Corrective Services delivered a copy of the AMC Commissioning Transition Plan and associated documents for review by Knowledge Consulting.*

*This second review finds that the conceptual model followed for the collective planning is consistent with contemporary corrections management and the commissioning of new correctional centres. This is shown by the approach of developing:*

- A Commissioning Plan that is strategic yet with an appropriate level of detail that clearly enunciates the goals and outcomes sought from the undertaking; and*
- A Transition Plan, The AMC Commissioning Transition Plan, with the purpose of operationalising the move into the Centre and the commencement of operations;*

*In accordance with contemporary practice, The AMC Commissioning Transition Plan addresses the transition processes in two phases. The first phase is the preparation of the Centre and preparation of staff for the opening of the Centre. The second phase addresses the commencement of operations and receipt of detainees. The two phases are subject to close and regular monitoring of performance.*

*The AMC Commissioning Transition Plan has a four week period for phase one and a twelve week period for phase two. The two phases are structured on a weekly basis with detailed specific actions required for each of these weeks. This plan meets the requirements of such a plan and should enable the safe and organised entry of staff and detainees into the Centre.*

*The AMC Commissioning Transition Plan largely meets the needs of the transition processes and delivers the requirements of the broader AMC Commissioning Plan on the ground in the Centre.*

*The issues that were identified in this audit have been discussed with the Senior Manager, Alexander Maconochie Centre Project, ACT Corrective Services. These issues have either been able to be explained and resolved to the satisfaction of the reviewers, are work-in-progress or will be addressed. These outcomes are captured in the relevant sections of this report. As such, there are no recommendations contained within this report.*

*In all, there is nothing in the documentation to undermine confidence of the reviewers in the ability of ACT Corrective Services to commission the AMC on the prescribed date."*

As events unfolded there was a delay in the AMC being commissioned and commencing operations. Circumstances surrounding this delay have been the subject of a Report "Inquiry into the delay in the commencement of operations at the Alexander Maconochie Centre – November 2009" by the Standing Committee on Justice and Safety and a "Tabling Statement" in the Legislative Assembly by the Attorney General – 9<sup>th</sup> February 2010 responding to the Standing Committee's Report. The Standing Committee's Report and the Attorney General's Tabling Statement are on the public record and are self explanatory.

ACT Corrective Services put considerable effort into the AMC pre – commissioning process to:

- Develop draft Legislation, Policies and Procedures
- Recruit staff
- Provide training
- Engage with stakeholders and
- Manage the design, build and commissioning of the physical infrastructure.

As mentioned above, ACT Corrective Services also took the prudent risk management step of engaging independent advice to review its commissioning process;

## **Finding: 2**

*That ACT Corrective Services took the prudent risk management step of engaging independent consultants to review its planning for AMC commissioning on two occasions during the commissioning process;*

Concerning recruitment of staff for the AMC, ACT Corrective Services estimated in mid 2007 that between 65 and 75 new Correctional Officers would need to be recruited as well as an additional 25-30 non-custodial staff to operate the AMC.

Extensive recruitment drives were undertaken in the lead up to the commissioning of the AMC. ACT Corrective Services utilised multiple strategies including local, regional interstate

and New Zealand newspaper advertisements, information sessions, the Living in Canberra campaign, fliers, and brochures, and provided a regional "road show" to promote employment opportunities associated with the opening of the AMC.

As a result of these strategies, between December 2007 and January 2009, 75 additional Custodial recruits graduated from the 12 week Corrective Services Recruit Training Course.

**Finding: 3**

*That ACT Corrective Services undertook an extensive national and international recruitment campaign in the period prior to commissioning of the AMC that resulted in 75 additional custodial recruits graduating from the 12 week Corrective Services Recruit Training Course. In the order of 25 to 30 non – custodial staff were also recruited;*

Pre-commissioning ACT Corrective Services developed a staff training program for all recruits. Both custodial and community staff, do an initial training course. ACT Corrective Services designed a 12 week course including on the job training. A key feature of this 12 week course is that both Community and Custodial recruits undertake the training together for the first 5 weeks, and then move into smaller groups to undertake the role specific training and supervision components.

This further strengthens the rapport and understanding between both Community Corrections and Custodial corrections teams.

Training was provided to custodial staff in advance of commencement of operations at the AMC. ACT Corrective Services say that in 2008-09 alone, almost 24,000 man-hours of training was provided to Correction Officers, mostly delivered by experienced ACT Corrective Services staff.

Training is reviewed later in this Report where it is concluded that initial training developed to meet the requirements for commissioning of the AMC was best practice;

**Finding: 4**

*That Custodial Officer training developed to meet the requirements for commissioning of the AMC was best practice;*

As well as the above significant work load, during this period ACT Corrective Services had to continue with the task of managing and operating its existing facilities, the Belconnen Remand Centre and Symonston Temporary Remand Centre.

The significant work load that commissioning of the AMC placed upon ACT Corrective Services leadership and staff needs to be viewed in the context of the extent of resources available to ACT Corrective Services. ACT Corrective Services in terms of direct management of detainees' pre AMC was a very small correctional jurisdiction having only a remand centre of 69 beds at Belconnen with a overflow of 30 beds at the Symonston Temporary Remand Centre. Unlike other larger correctional jurisdictions ACT Corrective Services did not have a wealth of experienced correctional resources to draw upon. It also did not have depth of experience in the building of a large complex facility such as the AMC.

It is Knowledge Consulting's view that notwithstanding the difficulties resulting in the delay in the AMC becoming operational, the pre - commissioning process undertaken by ACT Corrective Services was professionally planned and generally well executed.

**Finding: 5**

*That in preparing for commissioning of the AMC, ACT Corrective Services did not have a wealth of experienced correctional resources to draw upon as compared to larger jurisdictions. It also did not have depth of experience in the building of a large complex facility such as the AMC;*

**Finding: 6**

*That the Project Team responsible for pre – commissioning was relatively small for a project of this size and complexity but nevertheless performed effectively;*

**Finding: 7**

*That the size and complexity of the AMC commissioning task placed considerable work pressure upon ACT Corrective Services leadership and staff. However, the process was professionally planned and generally well executed as evidenced by the overall standard of policies and procedures created, the successful conduct of an extensive staff recruitment program, the extent and quality of staff training provided and the level of engagement with stakeholders achieved;*

**Finding: 8**

*That there was a delay in the AMC being commissioned and commencing operations. Circumstances surrounding this delay have been the subject of a Report "Inquiry into the delay in the commencement of operations at the Alexander Maconochie Centre – November 2009" by the Standing Committee on Justice and Safety and a "Tabling Statement" in the Legislative Assembly by the Attorney General – 9<sup>th</sup> February 2010 responding to the Standing Committee's Report. The Standing Committee's Report and the Attorney General's Tabling Statement are on the public record and are self explanatory.*

## **5.2 Operations after commissioning - comparison with other correctional centre facilities commissioned in Australia over the past 10 years**

### **5.2.1 Context**

Commissioning a new correctional centre is inevitably a high-risk venture for correctional administrators. The significant governance challenge facing those charged with the responsibility for commissioning a new correctional centre such as the AMC is to translate the desired operating philosophy and culture into day to day performance in the centre.

The enormity of this challenge should not be underestimated given the inherent highly complex, problematic and at times dangerous nature of correctional centres generally as evidenced, for example, by:

- A detainee culture that is typically anti authority and anti social
- A detainee population that consists of a significant number of dysfunctional people with entrenched behavioural problems, in many cases extending back to early childhood
- The ongoing challenge of dealing with a significant proportion of the detainee population who have a long history of substance abuse and the associated challenges to maintain a "*clean environment*" within the correctional centre
- The incapacity of many detainees to control anger and aggression in an acceptable manner resulting in violence that places other detainees and staff at risk
- Sexual predators among the detainee population
- Detainees who actively plot to escape and or to threaten the good order of the correctional centre
- The relatively high rates of anxiety, depression and mental illness in detainees which places an enormous responsibility on staff to adhere to systems and procedures and to be highly vigilant to prevent detainees from self harming
- The prevalence of blood borne diseases in the detainee population
- The need to appropriately place and segregate individual detainees and at times groups of detainees to ensure their safety for a variety of reasons.

In addition to the above challenges, ACT Corrective Services was faced with the task of transferring into the AMC over a short period a relatively large cohort of sentenced detainees from another jurisdiction.

Moving detainees from a correctional centre where they may have been accommodated for some time to a new facility can affect detainees in a number of ways. For example:

- The geographical location of the new correctional centre may take them further away from family support networks, making visits more difficult; **Note:** Less likely to have been a problem in this case as most detainees would have been moving closer to family and friends. However, not in all cases and some may have established new relationships in their location in the other jurisdiction.
- Peer support networks may be broken, leaving detainees feeling isolated and vulnerable
- Management styles may be different causing detainees to be uncertain about how staff will react in certain circumstances
- Work, programs, recreation and education opportunities may change causing disruption to daily routines and sentence progression

- Detainees may have difficulty adjusting to new accommodation arrangements such as single cells, self-Catering, etc
- Detainees may be faced with 'new rules' about things like smoking, curfews, diet management, personal property restrictions, clothing, freedom of movement, etc and
- New 'leaders' and 'power groups' may emerge which will not be welcomed by some detainees.

Detainees transferred to a new correctional centre are likely to 'test' new staff and systems to identify weaknesses that could be exploited to their advantage or simply to annoy staff and disrupt centre operations. At the AMC this was compounded by the fact that of the new staff recruited prior to the commencement of operations at the AMC, only 12 out of 75 uniformed staff and 8 of the 22 non-uniformed staff had correctional centre employment experience.

This comment relating to the lack of experience by staff should not be taken as a criticism as this was a deliberate soundly based decision to facilitate having staff attitudes conducive to the new rehabilitative culture being sought rather than a traditional prison "guarding" culture.

However, comment is made later in this Report concerning whether an appropriate balance was achieved in the mix of experienced / less experienced staff at the middle management level.

Failure to identify and manage the risks associated with the commissioning of a new correctional centre can, and has, resulted in serious consequences for correctional administrators in Australia and overseas. Examples include:

- Riots and disturbances
- Fires
- Deaths in custody
- Assaults by detainees on other detainees and staff
- High rates of detainee self harm
- Drug trafficking and overdoses
- Excessive complaints by detainees to external bodies such as Ombudsmen and
- Excessive staff absenteeism and sick leave utilisation.

Systems failures involving both technology and human elements can occur. For example:

- Equipment that does not perform up to expectations

- Equipment malfunctions and breakdowns
- Infrastructure design or construction faults
- Unworkable staff operating procedures and
- Inadequate staff training in new systems and procedures.

There is an additional complexity which has regularly emerged in the commissioning of new correctional facilities in Australia, including at the AMC, which is the introduction of innovations in operations and technology aimed at moving away from traditional outdated correctional cultures and enhancing security and safety within the facilities.

Examples from Australia include:

- Introduction of 12 hour shifts for staff
- Changes to overtime and penalty rates, roster patterns and meal breaks
- New training and education requirements for staff
- 'de-militarisation' of staff uniforms and titles
- Smoke-free precincts
- Requiring custodial staff to engage in case management in addition to the traditional security functions and
- The setting of key performance indicators for matters such as out-of-cell hours, programs participation, detainee education and employment, deaths-in-custody, escapes, etc.

At the AMC significant new sophisticated technology has been installed such as:

- Radio Frequency Identification / Duress Alarm System (RFID) ( a system for tracking the movement of detainees within the AMC and also providing a duress alarm system for staff)
- The Security Management System (the platform to integrate the various electronic security systems within the Centre such as perimeter cameras, perimeter detection, CCTV, electronic doors, intercom systems, etc
- Iris scan identification device
- A metal detector known as a Rototurn (this equipment automatically detects metal on the body and will reject any person trying to enter the centre with metal)
- Soter body scanner (used to detect and prevent entry of contraband into AMC).

A considerable additional challenge faced by ACT Corrective Services in commissioning the AMC, which is a unique challenge when compared to most correctional jurisdictions, is that the ACT is a "one correctional centre jurisdiction". This means that the AMC houses all Categories of detainees from those on Remand (unconvicted and or awaiting sentencing), through all sentenced security classifications and both genders.

Being a "one correctional centre jurisdiction" means that difficult detainees cannot be relocated to other centres to assist in their management and or to ease the burden on staff for a time and it raises a considerable challenge in terms of segregation and placement of all of the various Categories of detainees and individuals who make up the correctional centre population.

**Finding: 9**

*That commissioning of a new correctional centre is a high-risk venture given the significant and at times dangerous challenges inherent in the detainee population, the need to manage significant risks with many new staff in a new facility and the potential for system failure with new technology;*

**Finding: 10**

*That ACT Corrective Services in commissioning the AMC faced a considerable and unique challenge when compared to most correctional jurisdictions in that the ACT is a "one correctional centre jurisdiction". This means that the AMC houses all categories of detainees from those on remand (unconvicted and or awaiting sentencing), through all sentenced security classifications and both genders.*

**5.2.2 Examples of correctional centre operating problems in Australia in the year post commissioning**

The audit examined six correctional centres that experienced serious problems in the early phase of their commissioning and operations over the period 1992 – 2005:

- Centre (1) had five deaths-in-custody in its first year of operation and other significant operational problems that resulted in a major review of its operating policies and procedures
- Centre (2) had eight deaths-in-custody in its first year of operation, followed by eight in its second year and six in its third year – death rates well above the state average
- Centre (3) had 11 deaths-in-custody in its first 20 months of operation resulting in a damning report into its operations by the state Coroner. It also experienced a serious riot and a spate of fires, one which caused extensive damage to a cellblock
- Centre (4) experienced a major detainee riot within weeks of its opening. Detainee-lit fires caused extensive structural damage and destruction of equipment at a cost of tens of thousands of dollars. The centre's 'no smoking' policy and poor food were cited as two of the Catalysts for the riot



- Centre (5) experienced numerous detainee lit fires, frequent self-harm incidents and unusually high positive drug test results. Detainees complained of lack of programs, work opportunities and health care and excessive lockdowns due to inadequate staffing
- Centre (6) saw high security detainees break through cell walls into an internal compound some time after the correctional centre opened. Investigations revealed that the construction of the walls was substandard. Some 70 detainees had to be relocated while the walls were reinforced.

**Finding: 11**

*That a number of prisons commissioned in Australia over the period 1992 – 2005 have had significant problems in the immediate period post commissioning involving multiple deaths in custody, riots, detainee lit fires and major structural failure;*

**5.2.3 AMC operating problems in the year post commissioning**

In terms of serious incidents such as deaths in custody, riots, fires and major infrastructure failure, AMC's performance during its first year of operation compares very favourably with the Australian prisons covered above. AMC has had one death in custody which was found to be from natural causes. However, it was concerning that an internal investigation found that staff had falsified supervision records covering the hours before the detainee's death.

Concerning operating problems generally in the year post commissioning of the AMC, the Audit Team spoke to a range of stakeholders including:

- ACT Corrective Services Senior Officers and Staff
- The Human Rights Commissioner
- The Health Services commissioner
- Staff from the Ombudsman's Office
- The ACT Government Solicitor
- A range of Community Stakeholders.

In addition the Audit Team sought access to Incident Reports and to statistics/ data / trend information relating to incidents at the AMC. Following is a summary of information received from the above stakeholders, the data provided by ACT Corrective Services relating to incidents and the Audit Team's analysis of this information.

The Human Rights Commissioner has examined a number of Human Rights related issues raised by detainees or by people on behalf of detainees since the AMC was commissioned. The Health Services Commissioner made 12 formal inquiries during the 2009-2010 financial year in regard to detainee complaints.

These issues included:

- Concerns with the operation of the CSU
- Lockdowns and their impact upon access to time out of cells
- Detainees unable to or limited access to education, programs, computers and to the internet
- Detainee separation issues
- Seizure of documents
- Visits and
- A number of other lesser matters.

In discussion with audit team members the Human Rights Commissioner and the Health Services Commissioner raised the following concerns relating to the first year of operation of the AMC:

- There were too many lock downs restricting detainees time out of cells and access to programs
- Considerable issues with appropriate segregation and protection of detainees
- The CSU not being a therapeutic environment, too restrictive on detainees and people accommodated there who should not be there
- Problems with the administration of methadone
- There was no Official Visitor for some months
- Insufficient counselling services for detainees
- Detainee disciplinary process is too complex and lengthy and causes problems for ACT Corrective Services and detainees
- Indigenous visitors and the Australian Federal Police do not accept Iris Scanning on entry to the correctional centre.

The Ombudsman's Annual Report noted that in 2009-2010 it had received 151 complaints about the operation of ACT Corrective Services. During the course of 2009-2010 it had investigated and finalised 40 and chosen not to investigate 104.

During 2009-2010, ACT Corrective Services received 40 section 9 notices where the Ombudsman was investigating a complaint. It responded to all these. In discussion with members of the audit team officers from the Ombudsman's Office raised the following concerns relating to the first year of operation of the AMC including:

- Level of detainee complaints over the first year of operation was higher than anticipated
- Officers do not seem to understand all the complexities in the disciplinary system procedures and this is causing a lot of complaints from detainees
- There were too many lock downs restricting detainees time out of cells and access to programs
- Detainees complaining of having nothing to do
- A view that recording of detainees' complaints could be improved
- Controls on detainee property inadequate
- Lack of cultural activities for indigenous detainees
- There was no Official Visitor for some months
- Accommodation and segregation issues for different categories of detainee.

The ACT Government Solicitor raised a concern from the perspective of his office in relation to the level of complexity involved in the detainee discipline processes. He is concerned that this complexity is creating problems and expense in the administrative and decision making processes.

He believes that the Australian Capital Territory Corrections Management Act is too prescriptive in the area of detainee discipline which creates complexity in the policies and administrative procedures. He feels that what is needed is to maintain procedural fairness but with simpler procedures and flexibility for staff to apply discretion.

The issue of the detainee disciplinary process is dealt with in more detail later in this report.

The ACT Government Solicitor was of the view that staff at the AMC are trying very hard to do their job well. In particular, he commented that in relation to matters in which he has been involved senior officers at the AMC demonstrate a sophisticated knowledge of their responsibilities in relation to protecting the Human Rights of detainees.

However, he felt that in the early stages of the AMC's operations there appeared to be, in the case of some staff at least, a lack of clarity as to how to go about-particular duties in some cases. ACT Corrective Services Senior Executive Staff concede that over the first 12 months of operation this may well have been the case brought about by the testing and development of procedures in a new operational environment.

In the view of the Audit Team staff difficulties in working with new procedures in a new environment was compounded, as covered later in this Report, by lack of continuity of leadership at AMC Superintendent level during the first 12 months of operation and the relatively high number of staff without prior correctional experience.

Submissions from Community Agencies and interviews with a range of individuals including detainees and staff raised the above issues as well as other matters of particular concern to them.

There is evidence in the various Sections of this Report that supports the concerns expressed by the Human Rights Commissioner, the Health Services Commissioner, the Ombudsman's Office, the ACT Government Solicitor and other stakeholders relating to operational performance during the first year of the AMC's operation.

Notwithstanding there were no serious incidents that resulted in serious injury, loss of life or significant infrastructure damage, the AMC suffered a range of operational deficiencies during the first 12 months of operation that resulted in less effective-service outcomes and loss of reputation for ACT Corrective Services.

The Audit Team sought statistics and data from ACT Corrective Services relating to incidents at AMC during the first 12 months of operation. However, while some statistics and data were provided, AMC does not possess an incident reporting database that would enable a thorough analysis of incidents that had occurred over the previous 12 months. This is an essential requirement to ensure that analyses of particular types of incidents can occur with a simple interrogation of a computerised database.

Although the ACT Corrective Services central office compiles statistics from reports that are sent in from the AMC, the lack of a computerised database inhibits trend analysis. The availability of such a tool would have been invaluable in the preparation of this report. A recommendation has been made in the Section of this Report dealing with Effective Response to Emergencies that the AMC should develop an Incident Report database so that trend analysis can be conducted to identify issues of concern.

In an endeavour to arrive at some quantitative performance measures for the AMC relating to "incidents" the audit team sought and was provided with monthly data on 'Incidents by Category 2009 -10' which comprised 10 types of incidents. However, as the incident descriptors do not exactly match the incident types adopted by the Productivity Commission's *Annual Report on Government Services* it was not possible to make direct comparisons between the ACT and other jurisdictions.

For example, the data provided by ACT Corrective Services on correctional centre incidents made no mention of incidents such as:

- Fires
- Medical emergencies
- Drug overdoses
- Escapes and attempted escapes
- Security systems failures and
- Assaults on detainees by staff.

While it may be that the AMC only reported on incidents that actually occurred (although during the audit evidence was found of security systems failures, one of the standard incident Categories), it is important that it also report on 'standard' correctional centre incidents that did not occur. In other jurisdictions reportable incidents are defined and categorised, and typically number 30 or more.

The audit team has reviewed the data that was provided of the incidents history of the AMC over the year 2009/10 to see if its rate of incidents had improved or got worse as the year progressed. In doing so we utilized the nationally accepted formula of relating incidents to the Average Daily State (ADS) of the detainee population that takes account of the fluctuations in detainee numbers. The formula is:

$$\frac{\text{Number of Incidents}}{\text{Average Daily State (ADS)}} \times 100$$

#### **Reported Incidents at the AMC in its First Full Financial Year of Operation (2009/10)**

<b>Month</b>	<b>ADS</b>	<b>Incidents</b>	<b>Rate</b>
July	158	20	12.7
August	164	23	14.0
September	167	19	11.4
October	169	11	6.5
November	181	11	6.1
December	181	27	14.9
January	182	14	7.7
February	198	11	5.6
March	203	12	5.9
April	219	17	7.8
May	221	32	14.5
June	220	29	13.2
<b>Year Averages</b>	<b>189/ month</b>	<b>19/ month</b>	<b>10/ month</b>

The data shows a yearly rate of 10.0 incidents per month ranging from 5.6 (February 2010) to 14.9 (December 2009) with six months exceeding the annual rate.

While there is insufficient data to draw any sound conclusions about the AMC's 'performance', it is of concern that the relatively good results in the period October 2009 through April 2010 (with an aberration in December 2009) seem to be trending in the way of the early part of the financial year.

However, it is not appropriate to make judgement or draw conclusions on the raw figures above without a full analysis of the type of incidents and all relevant circumstances. Nevertheless it is important that ACT Corrective Services develop a more sophisticated approach to monitoring of the type of incidents occurring, identifying trends, looking for

causes and developing proactive strategies to reduce incidents thus improving the safety and security of the centre.

In terms of staff performance one quantitative measure is the number of proven staff disciplinary incidents. ACT Corrective Services provided the following data:

**Proven Staff Disciplinary Incidents 2009 – 2010**

Type of Staff	Number of Incidents	Number of Staff Disciplined
Custodial	3	13
Non-custodial	0	0
<b>Total</b>	<b>3</b>	<b>13</b>

Obviously one or more of the individual incidents involved disciplinary action against a number of staff.

The data provided by ACT Corrective Services on staff disciplinary breaches was limited to the number of staff involved and the number of incidents. Again, the audit team would have expected to see a detailed, defined categorisation of 'incidents' linked to provisions of the Act and subordinate AMC rules/regulations or the ACT Corrective Services *Code of Ethical Conduct*.

The next Section of this Report looks at the reasons that drove a range of operational deficiencies during the first year of the AMC's operation. One reason examined was *the lack of continuity in AMC leadership* during the first year of operation. There was also an issue with lack of experience at the middle management level at AMC. It is possible that these issues of leadership could have been a contributing factor to the above disciplinary outcomes.

As stated previously, the significant governance challenge facing those charged with the responsibility for commissioning a new correctional centre such as the AMC is to translate the desired operating philosophy and culture into day to day performance in the centre.

As covered in the various Sections of this Report a number of good performance outcomes have been achieved including, as reported above, no serious incidents such as deaths in custody (apart from one by natural causes), riots, fires and major infrastructure failure. However, there is evidence that during the first year of operations, AMC operational performance outcomes have fallen short in a number of areas of the vision and desired objectives for the centre.

**Finding: 12**

*That notwithstanding there were no serious incidents that resulted in serious injury, loss of life or significant infrastructure damage and a number of good performance outcomes were achieved, the AMC suffered a range of operational deficiencies during the first 12 months of operation that resulted in less effective service outcomes and loss of reputation for ACT Corrective Services;*

**Finding: 13**

*That ACT Corrective Services does not have quality recording and reporting systems in place for key performance data. This shortcoming will, if not addressed quickly, result in ongoing flawed decision-making and accountability problems;*

**Recommendation: 1**

*That ACT Corrective Services take urgent action to implement quality recording and reporting systems for key performance data. If ACT Corrective Services does not have the in-house expertise to deal with this issue it should seek assistance from other jurisdictions or independent experts in this field;*

**5.2.4 The reasons for the good pre-commissioning work not being fully translated into efficient and effective operational performance post commissioning**

It has been found in this Report that the pre-commissioning process was professionally planned and generally well executed as evidenced by the standard of policies and procedures created, the successful conduct of an extensive staff recruitment program, the extent and quality of staff training provided and the level of engagement with stakeholders achieved.

For the purposes of this report it is necessary to look for reasons as to why this good work was not translated into efficient and effective operational performance post commissioning. In reviewing the reports of the various audit team members that have been brought together into this overall Report of the audit, the audit Team Leader believes that the main causes that drove the identified operational shortcomings are as follows:

- Lack of continuity in AMC leadership
- An inefficient staff roster system compounded by staff absences during the first year of AMC operation
- Restrictions in the range of detainee accommodation available
- Insufficient detainee counselling services and
- The complexity of the detainee disciplinary process.

There have also been a series of problems with the range of electronic surveillance technology throughout the centre which has consumed a considerable amount of management time detracting from their focus on efficiency and effectiveness of day to day service delivery within the AMC. Summary comment relating to matters arising from the above dot points follows:

#### **5.2.4.1 Lack of Continuity in AMC Leadership**

Knowledge Consulting in its report to ACT Corrective Services of 7<sup>th</sup> January 2007 relating to the AMC commissioning planning process stated:

*"The Commissioning Plan has strong evidence throughout of the desire to achieve cultural change through the commissioning process. This change has its origins in the strategic direction and values of the organisation. From the data provided it is clear that cultural change program is being strongly supported and driven by the executive of ACT Corrections. The minutes of meetings on the various commissioning project teams provide evidence of high involvement of the executive members of the organisation in giving leadership to the commissioning process.*

*The philosophical goals for the AMC are clear and well stated. The challenge is to convert these aspirations into legitimate and lasting activity on the ground. It is noted that there is a significant change agenda included as part of the commissioning of the new centre.*

*There is strong evidence from organisational development programs conducted throughout Australia and around the world that the most significant factor in determining the culture of an organisation is leadership. The leaders are the custodian of the organisations vision. The manner in which leaders communicate the vision and demonstrate their commitment to the vision through their actions in the work place is the most significant driving force in achieving alignment of staff with the direction of the organisation and commitment to the vision.*

*The vision for AMC has been set by ACT Corrections leadership and has been driven to date through the commissioning planning process by the Commissioning Working Group and sub-groups. With the appointment of the AMC Superintendent and the AMC management team, responsibility for translation of the vision for correctional excellence into performance at AMC will pass to this AMC leadership team. One year from opening day the cultural imprint that exists at AMC will be primarily the consequence of the leadership and work of this AMC leadership team"; and*

*"Experience has shown that it is absolutely essential in the lead up to opening and in the six months post opening for the correctional centre Superintendent and the management team to be totally focussed on leading and mentoring their staff and on monitoring operational performance and its impact on detainees. If they are distracted from this role the risk of serious incidents occurring increases significantly.*

*Experience in some jurisdictions has demonstrated the effectiveness of providing onsite support to the Superintendent during the early weeks following centre opening day to provide a buffer from the myriad external inquiries that are prevalent around the commissioning time. This is usually provided in the form of one person who is experienced in commissioning of new correctional centres and in correctional centre operations.*

*This person typically can act (as and when required by the Superintendent) as a "sounding board" in relation to some of the more complex issues that can arise during this critical*



*stage in the correctional centre's life. The person can also provide the Superintendent with independent monitoring of key operational areas and of the emotional tone of the centre.*

*The purpose of this support is to leave the Superintendent free to manage down and manage locally. This person's full attention should be the management of their local staff and detainees. Past failings in other jurisdictions can be in part attributed to a person in the Superintendent's role who was too tied up in external inquiries and extraneous management issues, not attending to the centre and as a result failings occurred.*

*ACT Corrections advise that they are conscious of the above and have given consideration to the issue of supporting the AMC management team during the critical start up phase. They plan to support the AMC management team with senior head office personnel and officers from the Governance Unit as required during the start up phase. The specific nature of the support required will be given attention closer to opening day."*

As stated in the above in the extract from Knowledge Consulting's January 2007 Report, "one year from opening day the cultural imprint that exists at AMC will be primarily the consequence of the leadership and work of this AMC leadership team". This report, amongst other things is reviewing the culture of the AMC over the first year of operation and providing guidance through Findings and Recommendations for enhancements into the future.

From the evidence summarised above and detailed throughout this Report, while many good things have been achieved, it is clear that the organisational culture of the AMC created during its first year of operation was not characterised by efficiency and effectiveness in the delivery of services. As found above, "the AMC suffered a range of operational deficiencies during the first 12 months of operation that resulted in less effective service outcomes and loss of reputation for ACT Corrective Services".

The audit Team Leader asserts that a key cause of this outcome was lack of continuity of clear, committed and effective leadership at the AMC during this critical first year of operation. Referring again to Knowledge Consulting's January 2007 Report wherein it was stated:

*"Experience has shown that it is absolutely essential in the lead up to opening and in the six months post opening for the correctional centre Superintendent and the management team to be totally focussed on leading and mentoring their staff and on monitoring operational performance and its impact on detainees. If they are distracted from this role the risk of serious incidents occurring increases significantly.*

The evidence relating to leadership at the AMC during the first year of operation is:

- A Superintendent was appointed well prior to Commissioning to work with the Correctional centre Project Team on planning, development of policies, procedures, recruitment issues and a range of other commissioning matters. This was a sound action;

- For a variety of reasons this appointee was unavailable to carry out the role of Superintendent post AMC commissioning. During the period 4<sup>th</sup> December 2008 through 30<sup>th</sup> May 2010 (18 months) the duties of Superintendent were carried out by three (3) officers involving six (6) different periods;
- Therefore, in this critical first year of operation the AMC did not have continuity of leadership in the key role of Superintendent. Instead the position was filled by a series of officers for short terms. The opportunity to drive efficiency and effectiveness through a Superintendent with continuity in the role who would lead by example and would mentor and monitor the performance of the leadership team was lost;
- Advice from the Executive Management Team in ACT Corrective Services is that, *"with the wisdom of hindsight"*, there was also inexperience at the middle management level in the AMC staffing structure. This is not a criticism of these staff as relatively few correctional managers and staff have the opportunity to experience the commissioning of a new correctional centre. However, this situation highlights the necessity to have an experienced Superintendent in place providing continuity of leadership;
- The above lack of continuity and experience in the AMC leadership team created a potential risk to the safety, security and efficient operation of the centre given the significant number of new inexperienced staff. On 31<sup>st</sup> May 2010 ACT Corrective Services arranged with another jurisdiction to second a highly experienced officer to fulfil the role of Superintendent. Such an arrangement provides the opportunity for continuity of appropriately experienced leadership in the role;

From the relatively limited interaction audit team members have had with the current AMC Superintendent he demonstrates strong experience in management of secure correctional facilities. There is evidence that he is mentoring the AMC leadership team and leading by example in his interactions with staff and detainees. Feedback from some external stakeholders is that the Superintendent is having a positive impact on AMC operations. ACT Corrective Services say that since this appointment:

- Staff morale has improved significantly
- Sick leave has reduced
- Sick leave management strategies are in place
- Regular staff meetings are conducted
- Additional staff training programs have been implemented
- Drug trafficking into the centre reduced (supported by intelligence) and
- Detainee management strategies have been enhanced.

#### **Finding: 14**

*That in the critical first year of operation the AMC did not have continuity of experienced leadership in the key role of Superintendent to drive efficiency and effectiveness through*

*mentoring and monitoring of the performance of the leadership team and leading by example in daily interactions with staff and detainees throughout the centre;*

**Finding: 15**

*That the lack of continuity and experience in the AMC leadership team during the first 12 months of operation of the AMC created a potential risk to the safety, security and efficient operation of the centre given the significant number of new inexperienced staff;*

**Finding: 16**

*That on 31<sup>st</sup> May 2010 ACT Corrective Services arranged with another jurisdiction to second a highly experienced officer to fulfil the role of Superintendent. Such an arrangement provides the opportunity for continuity of appropriately experienced leadership in the role. There is evidence that he is mentoring the AMC leadership team and leading by example in his interactions with staff and detainees. Feedback from some external stakeholders is that the Superintendent is having a positive impact on AMC operations;*

**Finding: 17**

*That the AMC is now at a critical point in its history. The AMC has negotiated its first year of operation without a disastrous incident. However, to date it has not delivered to the standard required by its ambitious vision and objectives. Strong leadership with a clear plan of action from this point on is essential for safety, security and effective detainee rehabilitation outcomes;*

**Recommendation: 2**

*That ACT Corrective Services satisfy itself that the combined experience and expertise of the AMC leadership team now in place provides the capacity for effective leadership to develop the desired culture for the AMC and to deliver services efficiently and effectively;*

**5.2.4.2 An inefficient staff roster system compounded by staff absences during the first year of AMC operation**

Various stakeholders have expressed concerns in relation to what they claim is the regular practice of “lockdowns” during the first year of AMC operation and their adverse impact upon access to time out of cells by detainees and their capacity to access education, programs and other activities.

At times during the first 12 months of AMC operation lockdowns have caused detainee frustration with a range of day to day restrictions and lack of activity which is no doubt reflected to some extent in the number of detainee incidents over the period and in detainee complaints to the Ombudsman.

Staff frustration has also occurred arising from their feelings that operations could be performed better and having to deal with increasing detainee tension which is reflected in media reports linked to alleged comments by staff to the media.

ACT Corrective Services has advised the audit team:

*"There has at times been a focus on lockdowns at the AMC due to one short but notable period in March and April 2010 when staff absences and hospital watches significantly reduced staffing numbers at the AMC, leading to a period of lockdowns. These lockdowns were implemented as rolling lockdowns to minimise the impact on detainees. A rolling lockdown is where blocks / units are locked down on a rotational basis to allow the available officers to be deployed to blocks that are not locked down which ensures that detainees spend as much time out of cells as possible in circumstances of reduced staff numbers. Changes to the overtime budget addressed this problem in the wake of that period.*

*There is no Australia-wide consensus on what constitutes a lockdown. Nor are lockdowns reported in the annual Report on Government Services (ROGS).*

*The key issue for detainees, and one for which jurisdictional performance is reported in ROGS, is time out of cells. Time out of cells is affected by:*

- The normal routine of the correctional centre (evening lock-ins, lock-ins for staff meals and for staff meetings, training etc), which varies from jurisdiction to jurisdiction and from facility to facility; and*
- Unscheduled lockdowns for various reasons (e.g. emergency situations, staff shortages, searches etc);*

*AMC time out of cells compares very favourably with other jurisdictions."*

Nevertheless, while time out of cells is important, a critical consideration is the extent of constructive activity that detainees are engaged in while they are out of their cells. There is evidence in this Audit Report of detainees not being able to access health services and programs due to the unavailability of "roving staff" under the rostering arrangements that have existed over the past year. As pointed out above by ACT Corrective Services shortcomings in the roster were compounded by staff absences and the need for hospital watches.

There apparently was an inefficient staff roster system that resulted in incapacity to operate the AMC in a manner that ensured seamless and coordinated delivery of programs and activities across the centre. ACT Corrective Services in consultation and agreement with staff has recently implemented a new roster which ACT Corrective Services says will overcome the problems identified by stakeholders and this audit.

The security and safety of a correctional centre and its capacity to deliver services effectively depends on both static security as contained in the built infrastructure including technology and the dynamic security as provided by staff which includes their interaction with the infrastructure, technology, colleagues, visitors and with detainees. Staff rostering arrangements are a critical factor in staff performance.

As the audit team understands it, at the time of AMC commissioning ACT Corrective Services was aware that staff roster enhancements were required and was actively negotiating with staff representatives to achieve this. The decision was taken to commission

the centre with the old staff roster in place. The audit team assumes that this decision was taken in good faith on the basis that while the staff roster arrangements required enhancement, the roster was capable of delivering services effectively. Nevertheless this has proved not to be the case compounded by an unexpected level of staff absences and hospital watches.

**Finding: 18**

*That during the first 12 months of AMC operation the staff rostering arrangements did not facilitate the efficient and effective delivery of services within the centre. This contributed, together with staff absences and hospital watches, to "lockdowns" and thus adverse impact at times upon access to time out of cells by detainees and their capacity to access health services, education, programs and other activities;*

**Note:** In relation to this Finding ACT Corrective Services says: "ACT Corrective Services considers that the emphasis upon lockdowns in the report is misplaced. Most auditors made their initial visits in May 2010. There had been a period of extensive lockdowns in March and early April 2010 which is likely to have coloured the experience of those people to whom the auditors spoke. This period of heavy lockdown usage was specific to that time and did not reflect the operations of the AMC across the period of the review. The AMC's time out of cells result compares very favourably with other jurisdictions as covered in the Report of Government Services (ROGS) report 2011."

**Finding: 19**

*That ACT Corrective Services in consultation and agreement with staff has recently implemented a new staff roster which ACT Corrective Services says will overcome the problems identified by stakeholders and this audit relating to lockdowns;*

**5.2.4.3 Restrictions in the range of detainee accommodation available**

The AMC has 300 beds. There have been problems with bed numbers that have made operating the AMC increasingly difficult. Although within the 300 bed capacity there are enough beds for the current detainee population of around 225 detainees, they are insufficient to allow for appropriate separation of the various groups at the AMC that need to be separated.

This is because for example in a 20 bed cottage if a group of a particular detainee Category of say 10 is placed in that accommodation configuration, there could be 10 beds that may not be usable for other purposes or for other groups due to incompatibility reasons. This in turn leads for the use of accommodation that currently exists in a way that ensures that all detainees have a bed but on occasions the separations provided reduce the optimum arrangements for safety, security, activities and program delivery.

The different groups that require separation include men and women as the first basic separation. Within those two groups there is a requirement to further separate those detainees in the following groups;

- Remand;

- Sentenced;
- Protection;
- Strict protection; and
- Detainees with suicide and self harm issues.

As stated previously, ACT being a “one correctional centre jurisdiction” increases the separation and segregation challenge because difficult detainees cannot be relocated to other centres to assist in their management and or to ease detainee relationship problems within the AMC.

The need to separate these groups was always anticipated. However, the challenge caused by the current accommodation is severely constraining the available options for separation to the point where the delivery of services is being adversely affected. This includes the slow down in movement of detainees around the facility to access services and in some cases inhibits the time out of cells of groups and/or individuals.

Furthermore there are design problems with the Crisis Support Unit (CSU) which is too small for its present function, especially in the absence of a Forensic Mental Health facility. There is also no specific CSU for women which means that this facility has to be shared with men in a way that the staff have to manage appropriate separations at all times. More detail, Findings and Recommendations relating to significant issues concerning the CSU are contained elsewhere in this Report.

ACT Corrective Services Senior Executives acknowledge the operational problems experienced in the CSU. They advise that a proposal is being examined to provide a step-down process for the CSU and that ACT Health is establishing a Forensic Mental Health facility. They say that these developments can be expected to positively impact upon the functioning of the CSU. They argue that female detainees rarely spend more than a handful of days in the CSU and the viability of a female-specific facility is therefore questionable.

Also, in relation to the Management Unit, while it is being used in accordance with the Management Unit Policy, it was noted that many of the cells are being used by long term protection detainees. This restricts the options for use of the Management Unit for disciplinary purposes if a serious incident occurs.

Predicting future detainee numbers is notoriously difficult. All jurisdictions struggle to do this with accuracy and on a consistent basis.

It should be noted that actual detainee numbers rose sharply after initial opening of the AMC. However, ACT Corrective Services advise that an examination of this increase suggests that it could possibly be just a return to the long-term trend for detainee numbers.

ACT Corrective Services advise that in 2010 the Government approved procurement of additional bunk bedding to provide temporary relief from overcrowding and has also tasked ACT Corrective Services with putting forward new accommodation proposals for the AMC.

The above accommodation difficulties have caused and continue to cause significant difficulties in the safe, secure and effective functioning of the correctional centre. It has impacted adversely on service delivery to detainees.

**Finding: 20**

*That ACT being a "one correctional centre jurisdiction" increases the separation and segregation challenge because difficult detainees cannot be relocated to other centres to assist in their management and or to ease detainee relationship problems within the AMC;*

**Finding: 21**

*That the current capacity of 300 beds leads to challenges in separating and segregating detainees which places constraints on the delivery of services to detainees and the management of the safety and security of the correctional centre. **Note:** As covered in this Section of the Report steps have been taken to provide temporary relief from overcrowding and new accommodation proposals are being developed;*

**Finding: 22**

*That the Management Unit is being used for long term protection detainee placement. This type of accommodation is generally designed for shorter term placement of detainees for disciplinary purposes. Use of this accommodation for long term protection detainees restricts the options for use of the Management Unit for disciplinary purposes if a serious incident occurs;*

**Finding 23**

*That design and operational problems exist in the Crisis Support Unit (CSU). The CSU is discussed in greater detail later in this Report;*

**Recommendation: 3**

*That ACT Corrective Services expedite preparation of a case for consideration by the ACT Government for increased accommodation at the AMC that will allow for appropriate secure and safe placement and segregation of detainees within the facility;*

**5.2.4.4 Insufficient Counselling Services**

As reported by a range of stakeholders the Crisis Support Unit is not a therapeutic environment, is too restrictive on detainees and there are people accommodated there who should not be there. This remains a serious problem due to the unavailability of an appropriate mix of detainee accommodation within the AMC which creates the "detainee separation" problems commented upon by stakeholders. This matter is dealt with separately in this Report.

The level of detainee counselling services is insufficient for the needs of the AMC detainee population. In this regard a distinction must be made between "general counselling" and

high level counselling associated with clinical interventions. The relevant health authorities have advised the audit team as follows:

*"Mental Health ACT, along with Corrections Health provides high level counselling and clinical interventions prioritised on need and symptomatology. General counselling (eg, via Non-Government Organisations such as Lifeline in the community) are not formally provided at this point in the AMC, but have been offered on an individual basis by existing case managers.*

*It would not be routinely expected that this would be provided solely by a public mental health service where other appropriate psychological services are able to provide general counselling. Usually it would not be vital to provide these as an out of hours emergency service unless predicated by other clinical needs in which case, the Crisis and Triage Team would assist".*

Section 14.6 of this Report provides more information relating to the issue of counselling services. In the opinion of the audit team the lack of general counselling services has impacted adversely on detainee behaviour outcomes, increased detainee tension in the AMC, increased the level of difficulty of the already challenging role of Correctional Officers and other professional staff within the AMC and contributed to detainee incidents. It has an overall adverse impact on the capacity to achieve a healthy living environment for detainees and a healthy work place for staff.

#### **Finding: 24**

*That in the opinion of the audit team insufficient general counselling services has impacted adversely on detainee behaviour outcomes, increased detainee tension in the AMC, increased the level of difficulty of the already challenging role of Correctional Officers and other professional staff within the AMC and contributed to detainee incidents. It has an overall adverse impact on the capacity to achieve a healthy living environment for detainees and a healthy work place for staff;*

The medical practitioner member of the audit team has recommended separately in this Report (Section 14.6) that general counselling services be increased.

#### **5.2.4.5 The complexity of the detainee disciplinary process**

External agencies of scrutiny, community stakeholder groups, ACT Corrective Services senior executives, AMC staff and detainees all have concerns with the detainee disciplinary process. The concern of these stakeholders is shared by the Government Solicitor who is of the view that the process is too complex leading to problems in the administrative and decision making processes.

He believes that the Australian Capital Territory Corrections Management Act is too prescriptive in the area of detainee discipline which creates an unnecessary level of complexity in the policies and administrative procedures. He argues that what is needed is to maintain procedural fairness but with simpler procedures and flexibility for staff to apply discretion.



Detainee disciplinary processes must be founded in procedural fairness including having appropriate appeal processes. It is highly desirable that most decisions including appeals are within the responsibility of appropriate levels of staff and management at the correctional centre, that decisions are taken quickly, that the decision makers have room for flexibility and discretion in applying sanctions and that the process and decisions taken are transparent to external agencies of scrutiny.

It is also important that the significant elements of the process and system of sanctions are capable of being understood by detainees.

It is clear that the complex detainee disciplinary process is consuming a significant amount of ACT Corrective Services staff time from the work face through to the highest level of the agency as well as an impost on the work load of the Government Solicitor's office. While the audit team has not looked at the process in detail, the team is persuaded that the process must be changed.

It is fair to say that the detainee disciplinary process has been a contributing factor to difficulties in administering the AMC during the post commissioning period.

ACT Corrective Services provided the audit team with an XL spread sheet of detainee discipline events for the period June 2009 through June 2010 showing a total of 791 events for the 13 month period or an average of around 60 discipline events per month. The spread sheet headed 'Discipline by Category' had 19 Categories of what are assumed to be detainee offences, none of which were defined/explained. For example:

- Behaviour
- Court Order
- NA
- Self-harm\*and
- Unknown.

*\*The audit has not explored the reason for this category being included under discipline events. However, the audit team has not found any evidence that detainees are being disciplined for self harming;*

The audit team has been advised that AMC does not have a computer based register of detainee disciplinary matters specifically related to provisions of the Act and subordinate AMC rules/regulations. Such data could then be analysed both internally and by external agencies in a consistent and transparent manner.

It was not possible to extract meaningful management information from the spread sheet provided. For example the spread sheet noted that 60 detainees were disciplined in 2009/10 for 'unknown' offences, four for 'self-harm' and 282 for 'NA'. Also of concern was a mathematical error in the supplied table that recorded 28 self-harm incidents that actually totalled 30.

**Finding: 25**

*That the complex detainee disciplinary process has been a contributing factor to difficulties in administering the AMC during the post commissioning period;*

**Finding: 26**

*That there is concern by stakeholders that the detainee disciplinary process is too complex leading to problems in the administrative and decision making processes and causes frustration to staff, detainees and to legal practitioners and therefore requires change;*

**Recommendation: 4**

*That ACT Corrective Services work with the appropriate authorities to review the detainee disciplinary process to address concerns relating to its complexity and if required make recommendations to the ACT Government to achieve Legislative change to facilitate a simpler process;*

**Finding: 27**

*That data relating to detainee discipline events is not recorded in a manner that allows for appropriate analysis to identify trends and development of performance management information that can be linked to risk management strategies and to strategies to improve the good order of the centre;*

**Recommendation: 5**

*That an effective system is implemented to maintain data relating to detainee discipline events that is capable of generating performance management information;*

**5.2.5 Achievements at the AMC during the first 12 months after commissioning**

In audits of this nature it is unavoidable that auditors will apply the “wisdom of hindsight” in reviewing and commenting on outcomes. At times this can result in unbalanced reporting through overemphasis on the highlighting of perceived shortcomings.

The difficulties identified in this Report and the negative Findings above relating to AMC performance over the first 12 months of operation need to be viewed in a balanced way in the context of a number of significant positive outcomes that have been achieved. Many of these provide a foundation for development work to ensure that the AMC ultimately reaches its potential of a world class facility for the rehabilitation of offenders with a strong focus on human rights.

An extremely important achievement is the strong basis that has been set for a culture and a shared set of values at the AMC to deliver on commitments relating to the protection of detainees Human Rights and the delivery of best practice rehabilitation programs. In this regard ACT Corrective Services has established a framework for continuous improvement which is addressed later in this Report. Relevant to all of this are comments by the Attorney General in his address at the official opening of the AMC in September 2008:

*"The fundamental operational philosophy of the AMC is a 'healthy correctional centre concept', which emphasises the importance of providing an environment where everyone feels safe, is treated with respect and is encouraged to improve themselves. This philosophy emphasises rehabilitation and compliance with Human Rights principles.*

*The commissioning of the AMC will introduce a Throughcare model of detainee case management in the ACT. This system will deliver a seamless quality service for offenders from their first, to their final contact with the ACT criminal justice system. Each detainee will be assigned to a custodial case worker, who will be responsible for the day to day management of an agreed case plan. Probation and Parole Officers will maintain the primary case manager role, where they will work with an offender in custody or in the community, to develop a Rehabilitation Plan specific to the needs of that individual.*

*Detainees will participate in a structured day of activities, including Vocational Education and Training, criminogenic programs, employment, recreation and visits.*

*The AMC will also see the introduction of a Therapeutic Community, whereby a portion of the AMC will function largely as an independent therapeutic group accommodation and program facility, with minimum contact with other sections of the correctional centre. The community will provide a group-based treatment environment which includes transitional release and post-release support for offenders with serious drug and alcohol issues"; and*

*"Many agencies here today already have well established working relationships with ACT Corrective Services. If we, as a community, are to achieve rehabilitative objectives with our detainees, the strengthening of these existing relationships, and development and maintenance of new relationships will assist in providing a coordinated and holistic response to those issues that contribute to criminality."*

Also relevant is a speech at the ACT Corrective Services Awards Ceremony on 1<sup>st</sup> October 2010 by the Executive Director ACT Corrective Services wherein he said:

*"Perhaps the most important task that I saw at the outset for ACT Corrective Services was to establish an appropriate culture. A culture that was strong, durable and relevant. By culture I mean - the common perception held by our organisations' members including a system of shared values contributing to the way we work together to achieve common goals. It significantly includes expectations and rights and is supported by behaviours and symbols.*

*I have often spoken to our officers about culture. I have reminded them that what we have set in place and are now consolidating will endure. Indeed it will be difficult to change and therefore brings with it considerable responsibility to get it right at the outset."*

Clearly there exists a strong commitment at leadership level to achieving a culture that aims to deliver and where possible develop new initiatives to create best practice in corrections. This is evidenced at Government and at Departmental Senior Executive level through the Legislation, policies, procedures and plans relating to the AMC and public comments made by the Attorney General and Senior Departmental Officers. The comments by the Attorney

General also recognise the important contribution by community based agencies in the detainee rehabilitation process.

In addition, in discussions with representatives of the various independent statutory agencies of Ombudsman, The Human Rights and Discrimination Commissioner, The Health Services Commissioner and Official Visitor a strong and consistent message was received by members of the audit team that these agencies support the ambitious but highly desirable aims for the AMC and wish to contribute constructively to the centre's success.

A similar message was received from representatives of the various community support agencies who provide a range of services to assist detainees within the AMC. Likewise the CPSU, the Union representing AMC officers, expressed strong commitment on behalf of officers at AMC to see the centre operating effectively to meet its goals for secure but humane containment combined with provision of opportunities for rehabilitation to detainees.

The audit team has been left in no doubt that across a wide range of significant stakeholders there exists strong commitment to the philosophy and desired culture that has been set for the AMC.

In discussions with ACT Corrective Services staff from senior executive through to staff at the work face the audit team was impressed with their commitment to the philosophy for the AMC and to working to continually improve outcomes. This was evidenced by their open and constructive cooperation with this audit, the suggestions they made for improvement, their non-defensive responses to criticisms raised during the audit and their willingness to act promptly to rectify urgent matters requiring attention as the audit progressed.

In the experience of the audit team this top of organisation through to workplace commitment, as well as support from key external stakeholders for the vision, goals and objectives of a corrections organisation is a unique achievement. This commitment and alignment of values is an outstanding achievement which will assist greatly in progressing continuous improvement as the AMC enters its next phase of development.

**Finding: 28**

*That at Leadership level in Government and in ACT Corrective Services there exists a strong commitment to achieve a culture within the AMC that delivers and where possible develops new initiatives to create best practice in corrections;*

**Finding: 29**

*That significant external stakeholders, including independent agencies of scrutiny and community agencies, support the aims of the AMC and wish to contribute constructively to its success. A key internal stakeholder, the CPSU which represents AMC Officers expressed strong commitment on behalf of officers at the AMC to see the centre operating effectively to meet its goals;*

**Finding: 30**

*That in the experience of the audit team, top of organisation through to workplace commitment, as well as support from key external stakeholders for the vision, goals and objectives of a corrections organisation is a unique achievement. This commitment and alignment of values is an outstanding achievement which will assist greatly in progressing continuous improvement as the AMC enters its next phase of development;*

Other achievements include:

- Integration of uniform and non-uniformed staff to provide a collegial and respectful operating environment that values, supports and understands colleagues roles and priorities
- Education – establishment of a relevant suite of accredited VET courses as well as literacy and numeracy program and tertiary studies
- AMC music program run by a detainee
- Establishment and successful operation of the Visitors Coffee Shop, the proceeds of which have provided a children's playground for the Visitor Centre
- Established a horticulture program including vegetable and herb gardens that contribute to AMC kitchen supplies
- Several construction projects to improve grounds and drainage
- A centre timetable potentially allowing all detainee classifications regular access to education
- Workplace assessments in hospitality, asset maintenance, barista, horticulture and business studies linked to detainee employment on site. Awarding of approximately 600 Statements of Attainment and 50 full certificates
- Chaplaincy – regular services held for all classifications, establishment of Men's group; regular Chaplaincy visitors from various faiths and denominations
- Library – detainee library access for all classifications weekly and mobile library to detainee accommodation units to reach those who do not or are unable to attend the library and to supplement service provided at library times
- Implementation of electronic Catalogue (soon to be available to detainees from their accommodation)
- Access to book donations from ACTLIS, ANU and LexisNexis; engagement of detainees in literacy and development of detainee literacy and family linkages programs

- Case Management and Classification – all detainees inducted by AMC Case Manager within 48 hours of reception; all Case Plans and initial classification placements reviewed within 2 weeks; all classifications and case plans reviewed within 6 months at the latest, generally earlier as review may be requested by detainees every 3 months. Sentence Planning Group comprised of Case Management and Classification staff as well as Senior Custodial Officer and others as required meets with all detainees to undertake this process. Case note audits are undertaken regularly and detainees given regular reviews
- Parents and Children's Committee is established to consider and make recommendations to the Superintendent regarding placement of a child with its mother at the AMC if considered in the best interests of the child
- Indigenous Liaison – regular Indigenous visitors including Aboriginal Justice Centre and elders; Indigenous AOD counsellor; celebration of NAIDOC and multiple activities for NAIDOC.

Other achievements are recorded throughout this report.

The first year of operation of the AMC has been a very difficult and challenging time for staff at all levels of ATCS and AMC. Corrections / prisons is a most challenging area of human service delivery in which to work. Typically staff who work in this area see their work as a vocation and are highly committed people. ATCS and AMC staff generally at all levels impressed the audit team with their openness, forthrightness and commitment to achieving high performance outcomes for the AMC.

While this report does chronicle a range of problems during the first year of AMC operation and some are continuing, hopefully the Report will be used as a "health check" and the Findings and Recommendations used to build upon the good work that has been done at the AMC that may not be highlighted to the same extent as the problems.

**Finding: 31**

*That in spite of the difficulties reported in relation to the AMC commissioning and its first year of operation, many positive outcomes have been achieved. Overall, staff can be proud of their efforts in what has been a very difficult environment;*

**Recommendation: 6**

*That this Report is used as a "health check" to build upon the good work that has been done at the AMC that may not be highlighted in this Report to the same extent as the problems;*

## **6 Effectiveness of AMC policies and procedures framework**

The policies and procedures framework is driven by the relevant Legislation. In this case this is the Australian Capital Territory Corrections Management Act 2007 – A2007 – 15, Republication No 7, Effective 19 December 2009 and the Human Rights Act 2004 (ACT).

In *The Australian Capital Territory Corrections Management Act*, policies, procedures and plans relating to the AMC there is evidence that the ACT government and ACT Corrective Services leadership has placed considerable emphasis upon creating a culture at the AMC that:

- Places a high value on protecting the human rights of detainees including high quality accommodation, a high quality food service and an independent high quality health service
- Encourages and supports detainees to confront the causes of their offending behaviour and to access programs and training that will assist in their rehabilitation
- Attracts quality staff and encourages their on - going professional development
- Encourages community agencies to engage with the AMC
- Ensures transparency in operations, particularly in the treatment of detainees, through a high level of independent scrutiny through various independent statutory agencies such as the Ombudsman, The Human Rights and Discrimination Commissioner, The Health Services Commissioner and Official Visitors

**Note:** An important element in ensuring transparency in the functioning of a correctional centre is scrutiny by the media. In this regard it is important that the correctional agency has the capacity to respond promptly and as openly as is possible to media enquiries, having regard to security and privacy issues. This matter has been dealt with elsewhere in this Report.

Modern systems of corrections such as the ACT are founded in a philosophy of individual case management of detainees. Cognitive psychology research indicates that for all individuals thoughts drive behaviour and the way each person thinks is driven by the culmination of their life experiences which creates their self image. People behave in accordance with their self image. A significant proportion of detainees due to negative life experiences at a young age have poor self image and negative anti – social thought patterns which drive their offending behaviour.

In contemporary correctional systems risk management tools, cognitive change programs, counselling, health services, education and skills training are applied in a holistic manner. This is done to ideally stabilise individual detainees' behaviour and change their self image such that through new positive thought patterns they begin to plan and aspire to changed behavioural outcomes for a productive and law abiding life style.

Given the starting point for many detainees, this can be a long and difficult journey of two steps forward and one step back, discouragement, at times abject failure in the short term but over the longer term positive outcomes can be achieved for significant numbers of individuals. There are also significant benefits for the community by this approach through reduced reoffending.

Successful application of the above philosophy requires:

- Physical facilities that provide a more natural and open environment than the traditional prison environment
- High quality facilities for delivery of professional services including health, education, skills training and other programs aimed at supporting the rehabilitation of offenders
- High quality food services
- Safe, secure and humane detainee living quarters
- Recreation facilities
- Unobtrusive but robust security systems
- A multi – discipline staffing model where well trained and well led staff deliver services within the correctional centre in a holistic manner through work practices that involve a high level of staff interaction with detainees
- A detainee case management model known as “throughcare”. “Throughcare” is founded in:
  - individual case management of each detainee based on initial and regular follow up assessment
  - sentence planning that facilitates the detainees access to developmental programs to address the underlying causes of the offending behaviour and
  - planning for support services including community supervision and access to accommodation, work etc for the detainee via a variety of government and non-government agencies when the detainee is released back into the community
- A philosophy and practice of encouraging community agencies with an interest in supporting rehabilitation and detainee’s families/ friends to positively interact with the correctional centre in programs and activities that will assist with detainee rehabilitation and
- Ongoing rigorous and independent scrutiny of operations within the correctional centre to ensure that:
  - abuse of power is not occurring
  - detainees are being treated humanely
  - staff are being effectively led, trained and supported in their challenging role and



- the requirements of Legislation, policies and procedures are being met in all facets of the centre's operations.

All of the above matters are reported on throughout this Report in terms of the effectiveness of their provision and or delivery.

The policies and procedures framework developed under the auspices of the Legislation by ACT Corrective Services is similar to the framework applied by correctional jurisdictions throughout Australia and is best practice.

Findings and recommendations have been made by auditors throughout this report where they believe that individual policies and procedures may require change to enhance service delivery.

Correctional centre operational procedures are usually of necessity relatively detailed documents. Not all of the matters covered by these procedures are normally carried out each day by officers on particular shifts as they cover a range of duties that may need to be performed across a longer work cycle. However, during each shift and on each officer's post there are key functions that must be carried out to ensure operational risks are mitigated and duty of care functions are carried out.

There is a considerable challenge in all correctional jurisdictions to interpret relatively detailed operational procedures into meaningful "Post Duties" for officers that highlight the key risks and the way duties should be carried out on particular posts to mitigate risks, ensure duty of care functions are carried out and to ensure effective service outcomes.

ACT Corrective Services advise that a review of "Post Duties" has recently been completed. A small sample of these "Post Duties" was audited. In the auditor's opinion they require further enhancement to make them more focussed on key risk and duty of care areas and more user friendly for officers.

*The Australian Capital Territory Corrections Management Act, policies, procedures and plans relating to the AMC support and facilitate the delivery of best practice corrections outcomes as covered above. They are aimed at achieving supported reintegration of detainees into the community, better for their correctional centre experience and with tools and training to assist them to maintain a law abiding lifestyle.*

**Finding: 1**

*That the Australian Capital Territory Corrections Management Act, policies, procedures and plans relating to the AMC support and facilitate the delivery of best practice corrections outcomes aimed at achieving supported reintegration of detainees into the community, better for their correctional centre experience and with tools and training to assist them to maintain a law abiding lifestyle;*

**Finding: 2**

*That the policies and procedures framework developed by ACT Corrective Services is similar to the framework applied by correctional jurisdictions throughout Australia and is best practice;*

**Finding: 3**

*That Officers "Post Duties" require further enhancement to make them more focussed on key risk and duty of care areas and more user friendly for officers;*

**Recommendation: 1**

*That ACT Corrective Services in conjunction with staff representatives consider further enhancement of officer's "Post Duties" to make them more focussed on key risk and duty of care areas and more user friendly for officers. Independent advice on best practice in this area may be helpful;*

## **6.1 Policies and procedures applicable to detainee accommodation**

The AMC policies that apply to the accommodation areas are:

- AMC Smoking Policy
- Contraband Policy
- Human Rights Policy
- Infectious Diseases Policy
- Management of Accommodation Areas Policy
- Management of Detainee Policy
- Management of Detainees in the Crisis Support Unit Policy
- Management of Tools Policy
- Management Unit Policy
- Muster & Head Checks Policy
- Detainee at Risk Policy
- Detainee Bedding and Clothing Policy
- Detainee Classification Policy
- Detainee Property Policy
- Detainee Telephone Policy

- Protection Policy
- Searching Policy
- Segregation Policy
- Shared Cell Policy
- Woman and Children's Program Policy

The AMC procedures that apply to the accommodation areas are:

- Administration of Medication Procedure
- Code Red – Fire Procedure
- Management of Blood Spills and Needle Stick Injury Procedure
- Observation, Muster & Head Checks Procedure
- Detainee at Risk Management & Escort Procedure
- Searching Procedure

#### **6.1.1 Issues identified in relation to some of the above AMC Procedures**

Apart from the policies and procedures that have been commented on specifically in other Sections of this Report, the auditor reviewing safety and security has raised issues in three areas. These need to be further examined by the Business Policy and Coordination Section and the AMC management team:

- Administration of Medication Procedures (see Health Section of report)
- AMC Smoking Policy (see A healthy living environment for detainees Section of Report)
- Urinalysis.

#### **Urinalysis**

It was noted during the audit that when conducting urinalysis officers are not required to search the detainee prior to taking a sample. This gives the detainee the opportunity to utilise other means to provide the sample. It was reported to the auditor by staff during the audit that rubber glove fingers filled with urine had been located during searches of the facility;

#### **Finding: 4**

*That officers are not required to search the detainee prior to taking a urinalysis sample. This gives the detainee the opportunity to utilise other means to provide the sample. It was*

*reported by staff during the audit that rubber glove fingers filled with urine had been located during searches of the facility;*

**Recommendation: 2**

*That the Urinalysis procedure should be examined by ACT Corrective Services in conjunction with the AMC management team to ensure that the process is robust;*

**Note:** *ACT Corrective Services advise that it is reviewing its testing policy and procedure in order to respond to concerns regarding diverted urine.*

## **7 The AMC and Human Rights**

As covered later in this Report the vision and objectives for the AMC, “*The Alexander Maconochie Centre emphasises rehabilitation, compliance with Human Rights principles and adherence to the Healthy Correctional centre Concept*”. ACT Corrective Services’ 2008-09 Annual Report (Vol 1, p.124) the ACT Department of Justice & Community Safety noted that:

*“All policies and procedures for the AMC comply with human rights legislation - it is the first correctional centre in Australia to do so.”*

### **7.1 Human rights in Australia generally**

Australia has agreed to uphold the human rights standards set out in a number of international treaties and declarations, including:

- The International Covenant on Civil and Political Rights (ICCPR)
- The International Covenant on Economic, Social and Cultural Rights (ICESCR)
- The Convention on the Rights of the Child (CRC)
- The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)
- The Convention on the Elimination of All Forms of Racial Discrimination (CERD)
- The Universal Declaration of Human Rights (UDHR)
- The Convention Against Torture (CAT) and
- The Convention on the Rights of Persons with Disabilities (CRPD).

### **7.2 Human Rights in the ACT**

Human rights in the ACT are protected pursuant to the *Human Rights Act 2004 (ACT)*. Provisions of the Act that have particular relevance for detainees are:

10. Protection from torture and cruel, inhuman or degrading treatment etc

- (1) No-one may be—
  - (a) tortured; or
  - (b) treated or punished in a cruel, inhuman or degrading way.
- (2) No-one may be subjected to medical or scientific experimentation or treatment without his or her free consent.

14. Freedom of thought, conscience, religion and belief

- (1) Everyone has the right to freedom of thought, conscience and religion. This right includes—
  - (a) the freedom to have or to adopt a religion or belief of his or her choice and
  - (b) the freedom to demonstrate his or her religion or belief in worship, observance, practice and teaching, either individually or as part of a community and whether in public or private.
- (2) No-one may be coerced in a way that would limit his or her freedom to have or adopt a religion or belief in worship, observance, practice or teaching.

19. Humane treatment when deprived of liberty

- (1) Anyone deprived of liberty must be treated with humanity and with respect for the inherent dignity of the human person.
- (2) An accused person must be segregated from convicted people, except in exceptional circumstances.

Note An accused child must also be segregated from accused adults (see s 20 (1)).

- (3) An accused person must be treated in a way that is appropriate for a person who has not been convicted.

27. Rights of minorities

Anyone who belongs to an ethnic, religious or linguistic minority must not be denied the right, with other members of the minority, to enjoy his or her culture, to declare and practise his or her religion, or to use his or her language.

28. Human rights may be limited

- (1) Human rights may be subject only to reasonable limits set by Territory laws that can be demonstrably justified in a free and democratic society.
- (2) In deciding whether a limit is reasonable, all relevant factors must be considered, including the following:
  - (a) the nature of the right affected;
  - (b) the importance of the purpose of the limitation;
  - (c) the nature and extent of the limitation;
  - (d) the relationship between the limitation and its purpose;
  - (e) any less restrictive means reasonably available to achieve the purpose the limitation seeks to achieve.

## **7.3 Implementing Human Rights Principles at the AMC**

### **7.3.1 The built environment**

ACT Corrective Services has devoted a great degree of thought, time and effort to create a 'pro-social' environment at the AMC. In the context of a correctional centre, pro-social means a living environment that is as close as possible to an outside community setting, subject to the overarching constraints imposed by security and safety requirements.

From a human rights perspective, it can be argued that a pro-social environment contributes to the treatment of detainees with 'humanity and with respect for the inherent dignity of the human person.'

At the AMC, design elements which contribute to the pro-social environment include:

- Single cell accommodation in the high security units
- Cottage accommodation for lower security rated detainees
- Private toilet and shower facilities
- Absence of bars on cell windows
- Emphasis on natural lighting in cells by use of large windows
- Absence of razor wire
- A steel mesh perimeter fence that allows detainees some view of the outside world
- The central 'town square' that mimics the community feel and style often seen on university campuses and
- A heavy reliance on state-of-the art, unobtrusive security systems.

While, individually, these design elements are not unique to the AMC – they can be found in most Australian correctional centres – it is fair to say that the AMC is the only high security correctional centre in Australia which incorporates all these features at a single location.

**Finding: 1**

*That the fundamental design elements incorporated into the AMC built environment provide the basis for a level of amenity that allows for detainees' human rights to be met. It is fair to say that the AMC is the only high security correctional centre in Australia which incorporates all the features identified in this Section of the Report at a single location;*

**7.3.2 The treatment of detainees at the AMC**

While the built environment at a correctional centre is important to the creation of a human rights compliant correctional culture, this alone is not enough to ensure that the human rights of detainees are respected and upheld. For this to occur, human rights principles need to be incorporated into the operating philosophy of a centre a number of ways such as:

- Legislation
- Policies and procedures
- Staff code-of-conduct
- Staff training which has been delivered in partnership with ACT Human Rights Commission
- Detainee complaints handling processes
- Detainee disciplinary processes and
- External scrutiny mechanisms (Official Visitors, Ombudsman, etc).

This audit has found that the ACT Government and ACT Corrective Services have taken considerable care to incorporate human rights principles into the above mechanisms.

However, there have been issues identified during the audit and covered later in this Report where operational practice during the first year of operation of the AMC has fallen short of desired standards.

These operational shortcomings are not regarded as being indicative of a human rights 'culture problem' at the AMC and that on-balance the AMC has good systems and processes in place to protect and uphold the human rights of detainees.

The Human Rights Commissioner, The Health Services Commissioner, the Ombudsman and the Official Visitor as external agencies of scrutiny are vigilant in addressing any concerns by detainees relating to infringement of human rights. Likewise detainees generally and the range of community agencies that have contact with the AMC and detainees are well aware

of ACT Corrective Services responsibilities under human rights legislation and are proactive in raising issues of concern to them.

The audit found nothing to suggest that ACT Corrective Services was not taking the matter of human rights seriously. For example, the ACT Corrective Services *Code of Ethical Conduct* places a great deal of emphasis on protecting and upholding the human rights of detainees, offenders and staff.

Complaints made by detainees to the Human Rights Commissioner, Health Services Commissioner and Ombudsman have been covered elsewhere in this Report. These complaints do not point to any fundamental concern that ACT Corrective Services does not have policies, procedures and staff training in place to protect the Human Rights of detainees. Rather, as covered elsewhere, they appear to have been largely driven during the first 12 months of AMC operation by:

- Lack of Continuity in AMC leadership
- An inefficient staff roster system compounded by staff absences
- Restrictions in the range of detainee accommodation available
- Insufficient counselling services and
- The complexity of the detainee disciplinary process.

Pleasingly, in terms of detainee's Human Rights, the audit has found from feedback from detainees and external stakeholders that the issue of staff on detainee assault at the AMC is not an issue of concern.

An issue that it is appropriate to address in this Section of the Report is that The Human Rights Commissioner and ACT Corrective Services have received complaints from detainees relating to the video taping of strip searches.

ACT Corrective Services advise that videotaping of strip-searching is only done in circumstances where force is required to ensure that the detainee complies with lawful orders associated with a strip search.

The vast majority of strip-searches carried out in correctional centres involve compliant detainees and are generally conducted as sensitively as possible. Forced strip-searches should be rare events where detainees have refused to comply and in such instances it would be appropriate to tape a forced search for the "protection" of the detainee and staff subject to clear policy and procedural requirements. Senior ACT Corrective Services Executives advise that they take protection of detainees' dignity very seriously and have no hesitation in acting against officers who breach in this regard.

ACT Corrective Services say that videotaping is conducted strictly in accordance with policy that ensures as much as is possible protection of the dignity of the detainee and the



equipment records conversation between the staff and detainee for use in evidence should this be necessary at a later time.

While in practice officers may carry out videotaping in a manner that protects the dignity of detainees (and as noted above there have been complaints that this has not occurred), the Use of Force Policy and Procedure merely states "*Handheld video camera - Wherever possible, use of force incidents will be recorded using a hand held video camera.*"

If this is the only guidance for officers in relation to videotaping of strip searches then it is deficient. For example, the Policy and Procedure should make specific reference to use of videotaping during forced strip searches and include instructions as to how the videotaping is to be conducted to ensure that detainees' private parts are not recorded. It would also be useful to include in the Use of Force Policy and Procedure guidance to the effect that compliant strip searches are not to be videotaped.

Staff from the Ombudsman's Office have raised a concern that some videotapes of incidents involving the use of force by officers have proved useless as evidence in that they largely contained film of "boots". This gives rise to a potential allegation that officers using the video equipment are deliberately not filming certain actions by staff during the use of force.

In "use of force situations" it is often difficult to film all actions by the officer/s applying the force and by the person/s resisting this force due to rapid movement of bodies and the fact that within a mass of bodies engaged in a scuffle many hand and feet movements can be obscured. However, in these situations it is essential that:

- The video camera operator is trained in the use of the camera equipment in Use of Force Situations
- Where possible the Use of Force and videotaping is witnessed by a Senior Officer
- The Video Tape of the incident is subsequently reviewed by the Correctional centre Superintendent for quality
- Where the Correctional Centre Superintendent has any concerns with the quality of the videotape and or concerns as to whether selective filming occurred, these should be documented and addressed with the video camera operator through training, counselling or disciplinary process whichever is appropriate.

### **Finding: 2**

*That the ACT Government and ACT Corrective Services have placed considerable emphasis upon creating a pro-social environment at the AMC that contributes to the treatment of detainees with 'humanity and with respect for the inherent dignity of the human person';*

### **Finding: 3**

*That the AMC is unique in relation to other prisons in Australia in the high level of attention paid to detainees' human rights in its Legislation, policies and procedures, in the design of*

*its facilities, in delivery of services to detainees and in the scrutiny applied to its administration;*

**Finding: 4**

*That there have been operational shortcomings during the first year of operation of the AMC that have impacted adversely on detainees. These operational shortcomings are not regarded as being indicative of a human rights 'culture problem' at the AMC and that on-balance the AMC has good systems and processes in place to protect and uphold the human rights of detainees;*

**Finding: 5**

*That, as covered in other Sections of this Report, during the first year of operation of the AMC a number of issues have arisen that have contributed to a diminished capacity of the AMC to deliver services to detainees that fully meet the high standards set for a "Human Rights Compliant" correctional centre. These issues have been identified as:*

- Lack of continuity in AMC leadership;*
- An inefficient staff roster system compounded by staff absences during the first year of AMC operation;*
- Restrictions in the range of detainee accommodation available;*
- Insufficient counselling services; and*
- The complexity of the detainee disciplinary process;*

**Finding 6**

*That there is evidence that in some instances the videotaping of Use of Force incidents is not conducted efficiently;*

**Recommendation: 1**

*That the Policy and Procedure relating to the Use of Force should make specific reference to use of videotaping during forced strip searches. Instructions should be included as to how the videotaping is to be conducted to ensure protection of the detainees' dignity, including that detainees' private parts are not recorded. It would also be useful to include in the Use of Force Policy and Procedure guidance to the effect that compliant strip searches are not to be videotaped;*

**Recommendation 2**

*That ACT Corrective Services ensure that in videotaping Use of Force incidents:*

- The video camera operator is trained in the use of the camera equipment in Use of Force Situations;*
- Where possible the Use of Force and videotaping is witnessed by a Senior Officer;*

- *The video tape of the incident is subsequently reviewed by the Superintendent for quality;*
- *Where the Superintendent has any concerns with the quality of the videotape and or concerns as to whether selective filming occurred, these should be documented and addressed with the video camera operator through training, counselling or disciplinary process whichever is appropriate;*

## **8 Effectiveness of the outcome of the relationship between the vision and objectives for the AMC, the physical design and the operational model**

ACT Corrective Services through the vision and objectives set for the AMC aspires to achieve best practice outcomes in corrections including compliance with Human Rights principles and adherence to the Healthy Correctional Centre Concept.

It has devoted a great degree of thought, time and effort to create a 'pro-social' environment at the AMC. The 'pro-social' design elements which have been incorporated, while individually are not unique to the AMC, it is fair to say that the AMC is the only high security correctional centre in Australia which incorporates all these features at a single location.

However, there are design problems with some aspects of the infrastructure, limitations in the range of types of accommodation available and the overall bed capacity of the AMC is insufficient. This is adversely affecting the effective delivery of services to detainees

The AMC has installed leading edge technology to support Centre operations. However, as reported in relevant Sections of this Report there are performance issues in relation to some of this technology which is adversely impacting on the overall effective operation of the AMC.

The AMC has well trained staff and the structure for an operational model to provide effective dynamic security and effective delivery of services. The overall Finding for this Section of the Report is that all the elements are in place, and some of these elements are leading edge best practice, to achieve an effective relationship between the vision and objectives for the AMC, the physical design and the Operational Model.

However, for a variety of reasons as covered in the totality of this Report, the functional relationship between the vision and objectives for the AMC, the physical design, the technology and the operational Model has not delivered at the desired level of effectiveness in terms of outcomes during the first year of operation of the AMC as was planned for.

## 8.1 Vision and objectives of the AMC

The vision and objectives of the AMC are summarised on the ACT Corrective Services web site as follows:

*"Custodial Operations is administered under the Corrections Management Act 2007, section 17 of which establishes Correctional Centres in the ACT. The Superintendent is responsible for directing and controlling the operations of the ACT Correctional facilities.*

*The facilities main objectives are to carry out the mandate of the court and to ensure the provision of safe care and secure accommodation to those in custody in a controlled environment. The facilities have a responsibility to address a duty of care for each individual, accommodating both genders and a variety of cultures.*

*The Alexander Maconochie Centre emphasises rehabilitation, compliance with Human Rights principles and adherence to the Healthy Correctional Centre Concept. A Healthy Correctional Centre is one in which: everyone is and feels safe (detainees, staff and visitors alike); everyone is treated with respect and as a fellow human being (again, all people within the AMC); everyone is encouraged to improve him/herself and is given every opportunity to do so through the provision of purposeful activity; and everyone is enabled to maintain contact with their families and is prepared for release".*

### Finding: 1

*That ACT Corrective Services through the vision and objectives set for the AMC aspires to achieve best practice outcomes in corrections including compliance with Human Rights principles and adherence to the Healthy Correctional Centre Concept;*

## 8.2 AMC operating philosophy

ACT Corrective Services has provided the following information detailing the *operating philosophy* that has been set for the AMC:

*"The ACT correctional centre is to be a secure and safe place that will have a positive effect on the lives of detainees held there and on staff who work there. Its management and operations will give substance to the dictum of Sir Alexander Paterson that offenders are sent to prison as punishment, not for punishment.*

*The centre will reflect the "Healthy Correctional Centre" concept. A Healthy Correctional centre is one in which:*

- everyone is and feels safe;*
- everyone is treated with respect as a fellow human being;*
- everyone is encouraged to improve himself or herself and is given the opportunity to do so through the provision of purposeful activity; and*

- *everyone is enabled to maintain contact with their families and is prepared for release.*

*The correctional centre's Operating Philosophy will be the major factor influencing the design of the centre. The Operating Philosophy for the correctional centre can be summarised as follows:*

- *it is to provide protection from those who present as a risk to the community; provide a safe environment for detainees and staff through design features, the use of technology, appropriate classification and separation of detainees and the appropriate Categories and numbers of well trained staff;*
- *the AMC will have regard to the recommendations of the Royal Commission Into Aboriginal Deaths In Custody (RCIADIC);*
- *its operating systems would be developed from the base of a thorough risk analysis carried out to Standard AS/NZ 4360 and which satisfies the requirements of the ACT Enterprise-wide Risk Management (ERM) framework;*
- *the facility will aim to set a new standard of sustainability in design, construction and operation especially in, but not confined to energy, water and waste;*
- *the facility will satisfy AS 1428 and the Department of Disability, Housing and Community Services checklist for building and facility access;*
- *its programs and activities for detainees would be based on the following: individual assessment of each detainee as the foundation of individual Case and Sentence Plans;*
- *the menu of programs and activities offered to each detainee to be targeted towards positive change in the detainee's habits, beliefs, attitudes and expectations, that is, a cognitive change approach; and*
- *recognition that most detainees will return to society and that maintenance of positive changes in behaviour will be greatly influenced by relationships with family and close associates. The menu of programs and the design of individual programs will be based on a "Throughcare" model that engages family and close associates in the behavioural change process while the detainee is in a correctional centre and ensures support to the detainee as he or she re-enters society;*
- *the menu of programs would cover:*
  - *family and other relationships;*
  - *health education and promotion;*
  - *remedial education;*

- *cognitive skills;*  
*substance abuse treatment and education;*
  - *sex offender's treatment;*
  - *vocational training not involving commercial industries;*  
*positive recreational skills and habits; and*
  - *skills and habits for living and working*
- *a multi-discipline approach to program delivery and Case Management. This would include involvement of other government and community agencies, where appropriate, in the provision of services, such as family and individual counselling, health, education and vocational training;*
  - *particular attention would be paid to the needs of women and Indigenous detainees;*
  - *the needs of short-term offenders would be specifically targeted. Corrections staff and appropriate professionals from other government and community agencies will work with the detainee and the detainee's family and close associates; and*
  - *there would be a commitment to transparency and accountability with the centre's performance outcomes being measured against the national average of other jurisdictions and published by the Productivity Commission in the Report on Government Services series.*

*Emphasis will be directed at Throughcare, which is aimed at ensuring an integrated and seamless approach to the delivery of services for offenders as they move between the correctional centre, community corrections and the community and to provide continuity of knowledge of the offender, programs and other services. This aspect of the Operating Philosophy for the ACT correctional centre will contribute to the achievement of whole of government objectives for crime prevention and community safety and to the principles of Restorative Justice.*

*The Throughcare approach would focus on providing:*

- *an appropriate continuum of health care, in particular addressing substance abuse and mental health issues;*
- *individual Case and Sentence Plans based on individual detainees' needs and presenting risk factors;*
- *common detainee and offender programs based on assessment of risk and need and a menu of programs targeting those attitudes and behaviours linked to the risks of re-offending;*
- *opportunities for self-development, improved quality of life and social integration;*

- *linkages with community-based programs and services;*
- *support for re-settlement and*
- *the engagement of family and the community in the detainee's correctional experience."*

**Finding: 2**

*That the operating philosophy set for the AMC represents best practice for modern correctional facilities;*

**8.3 The components required to ensure "Effectiveness of the outcome of the relationship between the vision and objectives for the AMC, the physical design and the operational model":**

The security and safety of a correctional centre and its capacity to deliver services effectively depends on static security as contained in the:

- Built infrastructure and
- Technology

and the operational model as represented by:

- The operating systems and processes applied by leadership and staff to translate the vision and objectives into actual performance making best use of the physical facilities and technology available; The quality of security (known as dynamic security) and service delivery outcomes of the operational model are achieved through the effectiveness of staff interaction with the infrastructure, technology, colleagues, visitors and with detainees. Staff rostering arrangements are a critical factor in staff performance.

While comment and Findings are made throughout this report on various aspects of the above issues, summary comment is made below to support Findings as to the "*Effectiveness of the outcome of the relationship between the vision and objectives for the AMC, the physical design and the Operational Model*":

**8.3.1 Built infrastructure**

As covered above, ACT Corrective Services has devoted a great degree of thought, time and effort to provide built infrastructure to achieve a 'pro-social' environment at the AMC.

However, as covered in other Sections of this Report there have design problems with some aspects of the infrastructure. Also, the range of types of accommodation available leading to challenges in separating and segregating detainees is adversely affecting the effective delivery of services to detainees.

Findings and recommendations in relation to the built infrastructure have been made in relevant Sections of this Report.

### **8.3.2 Technology**

ACT Corrective Services as part of the AMC build project incorporated various sophisticated security and safety technologies and systems in the AMC design. As well as extensive CCTV coverage, the more significant of these technologies:

- Monitor the AMC perimeter
- Screen staff and visitors entering the centre
- Track detainee movement within the AMC and alert staff where detainees move outside of designated areas or in proximity to detainees with whom they should not have contact (This is unique technology for prisons in Australia) and
- Provide a personal duress alarm system for AMC staff.

Effective operation of the various security and safety technologies and systems supports the other operating procedures applied by staff in ensuring that:

- Detainees do not escape
- There is a safe working and living environment within the AMC
- Daily activities, programs and services are delivered in a timely and effective manner
- Incidents are identified and recorded.

Much of this is leading edge technology. However, as reported in relevant Sections of this Report there are performance issues in relation to some of this technology which is *which is creating additional challenges in ensuring the overall effective operation of the AMC;*

#### **Finding: 3**

*That the AMC has a range of sophisticated security and safety technologies to support staff in ensuring the safe and secure operation of the Centre;*

#### **Finding: 4**

*That the AMC has installed leading edge technology to support Centre operations. However, as reported in relevant Sections of this Report there are performance issues in relation to some of this technology which is creating additional challenges in ensuring the overall effective operation of the AMC;*



### 8.3.3 Operational model and operational Systems

Holistic development of any organisation including a correctional centre requires simultaneous attention to both culture and systems to ensure effective governance outcomes. ACT Corrective Services guided by the Australian Capital Territory Corrections Management Act has developed plans, systems and procedures to govern the delivery of operations and services within the AMC.

This was a significant task. To provide an indication of the complexity of the task, a correctional centre provides virtually every service to its closed community of detainees that is usually provided to residents in a town in the open community.

Added to this, because detainees are detained against their will there are circumstances where, for a range of security reasons, they can not apply their free will to avoid harm. This places a very important onus of "duty of care" upon administrators of a correctional centre to ensure that every system and procedure adequately provides for "duty of care" to ensure the safety of detainees and staff and that all staff adhere strictly to approved procedures in the performance of their duties.

Therefore, the design of operating systems, the drafting of procedures and the design and delivery of training programs for staff all require careful attention from a "duty of care" perspective and also to ensure that they are functional and practical for application in the physical facilities of the correctional centre. They must also reflect the requirements of the Legislation.

The audit team has reviewed a significant sample of systems and procedures as part of the audit of AMC performance. Generally the systems and procedures have been found to be sound. Where deficiencies have been found these have been drawn to attention in this Report.

#### **Finding: 5**

*That systems and procedures for AMC operational performance are generally sound and provide an effective basis for good governance. Where the audit has identified deficiencies these have been drawn to attention in this Report;*

This audit has also found that the following critical elements that guide and make up the operational model at the AMC are generally good practice and in a number of areas best practice including:

- The Vision and objectives
- The framework of policies and procedures
- Staff training
- The suite of programs and activities available for detainees

- Services to detainees; (These are generally of high quality although a range of recommendations have been made to assist with enhancements in these areas and
- The concept of a structured day to facilitate detainee's access to the range of opportunities and services available to them.

However, problematic issues relating to the built infrastructure, the technology and lack of continuity in AMC Leadership and an inefficient Staff Roster System, compounded by staff absences has adversely impacted upon the capacity of the AMC operational model to function effectively during the first year of operation.

**Finding: 6**

*That problematic issues relating to the built infrastructure, the technology and lack of continuity in AMC Leadership and an inefficient Staff Roster System, compounded by staff absences have contributed to a diminished capacity of the AMC operational model to function at the desired level of effectiveness during the first year of operation;*

**8.3.4 Overall Finding**

The overall Finding for this Section of the Report is that:

**Finding: 7**

*That all the elements are in place, and some of these elements are leading edge best practice, to achieve an effective relationship between the vision and objectives for the AMC, the physical design and the operational model. However, for a variety of reasons as covered in the totality of this Report, the relationship between the vision and objectives for the AMC, the physical design, the technology and the operational model has not delivered at the desired level of effectiveness in terms of outcomes during the first year of operation of the AMC as was planned for;*

## **9 Effectiveness of services provided to detainees**

### **9.1 Initial induction into AMC, assessment of detainees' circumstances and needs, sentence planning and placement within the AMC**

#### **9.1.1 Induction policy and security classification**

The AMC has developed admissions, induction and detainee classification policy and procedures. These are guided by the Corrections Management Act 2007 and the Vision statement of ACT Corrective Services. A detainee's hand book and DVD is available to detainees and this book provides information about the induction process, health, case management, programs, employment, discipline grievance processes and release processes.

Additional information is also made available to detainees throughout the facility via a multi – screen TV system. This system is a television messaging system that allows the AMC to

project a message onto the detainees' televisions and to control channels to play DVDs, induction or other messages directly to detainees.

ACT Corrective Services advise that a range of induction and programs information for detainees will be placed on the AMC intranet as soon as is practicable.

**Finding: 1**

*That AMC makes good use of technology to communicate information to detainees;*

At induction the Custodial Induction Officer is guided by an induction checklist to ensure issues such as outstanding warrants, trust accounts telephones accounts and pastoral care and other services are covered. The induction policy written in 2009 requires detainees to be advised of their entitlements, privileges and responsibilities and how to access services.

A Mental and Physical health risk assessment is completed within 4 hours of the detainee arriving at the facility. Referral is made following this to health professionals if necessary.

In accordance with the policy an initial induction is provided to each detainee upon reception or within a few days of reception. At the time of reception of a detainee the Probation and Parole Officer is notified and part of the induction process includes the preparation of an initial case plan and identification of any concerns related to alcohol, drugs and violence. The immediate needs of the detainee are assessed and if required agencies such as Housing ACT and Centrelink are notified. Information is recorded in a data base spread sheet. A more comprehensive induction process is initiated within a few days of admission to the correctional centre in which criminogenic risk/needs are assessed.

Detainees are generally informed about their rights, conduct expected of them, grievance processes, expected release or sentence date, how to make requests and the availability of medical and dental services. Additionally, information about correctional centre visits, phone access, security, case management, programs and other services and facilities are also provided.

The induction process is usually undertaken by a member of the Case Management Team (a probation & parole officer) and custodial officer. Following induction or at an appropriate time a number of psychometric scales are administered including the STATIC 99, STABLE 2000 and Spousal Assault Risk Assessment Guide (SARA) for sentenced detainees and the initial case plan developed on all detainees is finalised.

The Static-99 is a ten item actuarial assessment instrument created for use with adult male sexual offenders who are at least 18 years of age. It is the most widely used sex offender risk assessment instrument in the world, and is extensively used in the United States, Canada, the United Kingdom, Australia, and many European nations. The Static 99 is based on historical and fixed offender characteristics that Categorises offenders' re-offending risk.

The Static 99 measures information based on three sources: personal demographic information, official criminal history, and the gender and relationship to victims. An interview with the offender is not required to complete this assessment.

The Stable 2000, unlike the Static 99, assesses dynamic risk factors/criminogenic needs as targets for intervention. In conducting the Stable 2000 the sexual offender must participate in an interview. If they refuse to be interviewed sexual offenders are encouraged to participate in a preparation program with ongoing attempts made to encourage them to participate in the 'Stable 2000's' interview. The factors measured by the Stable 2000 are grouped under six major areas:

- Significant social influences
- Intimacy deficits
- Sexual self-regulation
- Attitudes supportive of sexual offending
- Co-operation with supervision and
- General self-regulation.

The Spousal Assault Risk Assessment Guide (SARA) is a 20 item set of risk factors for use in the assessment of spousal assault. It can be used to help gauge risk of future violence in men arrested for spousal assault.

Detainees are provided with a security classification based on their offence or alleged offence, behaviour and commitment to the case management process. The sentence planning Group (SPG) usually consisting of a case management coordinator and level 2 or 3 custodial officer makes recommendations regarding a detainee's security classification, case management plan and accommodation. The case management team leader reviews case management plans. The recommendations are then reviewed and approved/disapproved by the Offender Service Manager, followed by Deputy Superintendent and Superintendent.

Detainees' classification is reviewed after 6 months. However, they can request a review of their classification after 3 months from any classification decision. Additionally, a case officer or case manager can recommend reviews be conducted more frequently on the basis of behaviour improvement and compliance with case plans. Compliance with the case management process and custodial behaviour are key factors in determining the security classification level.

Following an assessment of risks and needs every effort is made to provide the lowest necessary classification. The classification is linked to a hierarchy of privileges. Remand and sentenced detainees are accommodated separately pending exceptional circumstances such as requiring admission to the CSU.

There are three main levels of security classification including maximum, medium and minimum based on the assessed risk of the detainee to safety, escape, violence and disruption to security/good order.

Once a detainee has been inducted he/she is assigned a case manager. The Case management team is comprised of 4 Probation and Parole Officers and a team leader. Each of the officers is given a specific role such as:

- 1 officer to undertake induction process;
- 2 officers to act as case managers;
- 1 officer to action pre- release processes such as organising case conferences with the detainee's family, accommodation and post release plans (e.g., organise crisis payment).

It was noted that in some instances Centrelink and a particular area of Housing ACT had not been notified of imprisonment. ACT Corrective Services has advised that this issue has been addressed by ensuring that the appropriate areas of these organisations are always notified at the induction stage.

**Finding: 2**

*That induction processes are generally comprehensive.*

**9.1.2 Male detainees - case management**

The case management team is comprised of Probation and Parole officers who come under the jurisdiction of Offender Services at AMC. The 4 officers (now 5) in the case management team are led by a team leader who is accountable to the Manager, Offender Services. The Manager, Offender Services is accountable to the Senior Manager Community based Corrections. At the time of the initial site visit in July 2010 Probation and Parole officers served at the correctional centre on a rotational basis for 6 months at a time.

Regular liaison and meetings do occur between the Custodial and Probation and Parole Arm and the Manager, Offender Services has direct access to the Superintendent.

On the second site visit in September 2010 some changes relating to rotation of Probation and Parole officers and accountability had been implemented. For instance, Probation and Parole Case Managers had been recruited to the AMC on a permanent basis and the rotation of Probation and Parole officers from community based corrections was no longer occurring. Additionally, changes were being made to ensure more accountability processes were developed at the work face.

The case management team is accountable for the induction, case management and throughcare of detainees.

Following the development and approval of the case management plans and classification and accommodation of detainees, each detainee is assigned a custodial officer who acts as their case officer. Custodial officers are responsible as case officers for 5-6 detainees. The role of the case officer is to identify daily needs and concerns and document these for review by an assigned case manager. The case manager is a Probation and Parole officer as mentioned, and part of the case management team.

A number of detainees expressed the view that they did not like custodial officers acting as their case officer due largely to the dual role. For example, some detainees stated they did not like custodial officers calling them by their first name and trying to get to know them on

a personal basis. These detainees felt that custodial officers would appear to try and befriend them and then discipline them at other times. These detainees stated they felt more comfortable with the old system because they knew exactly where they stood with custodial officers.

The auditor believes there are strengths in the current case officer and case management approach at AMC. This approach has the potential to break down barriers and prevent abuses within the correctional centre. It also encourages custodial officers acting as case officers to regard detainees as human beings who require support and encouragement in the rehabilitation process. Additionally, it is likely that detainees will feel more trusting of the non uniform Probation and Parole case managers and this will encourage a focus on rehabilitation.

The expressed detainee attitudes in relation to the role of Custodial Officers as Case Officers represents a detainee culture that is counter-productive to rehabilitation and to the AMC culture being aimed for of a "*community type environment*" where there is largely respectful and positive Communication between detainees and all Categories of staff. Detainees who have a long history of poor socialisation from a young age, anti-social behaviour as a young person and as an adult and authoritarian institutional experience typically have problems in adjusting to an institutional environment such as at AMC where the organisational and social norms are outside of their experience.

Probation and Parole Case Managers regularly walk through various sections of the correctional centre to make themselves available to detainees. Case managers have responsibility for between 50-60 detainees. In the week prior to the site visit in July 2010 150 contacts and 84 interventions with detainees had been recorded. There is an overlap of about 10% comprised of dual contact/intervention. A contact is defined as a very brief meeting to identify any concerns or issues. An intervention is defined as spending time to follow up and resolve issues identified through contact.

**Finding: 3**

*That Case management and rehabilitation plans are developed based on assessment of criminogenic risk/needs shortly after admission – documentation in regard to this process seems sound;*

**Finding: 4**

*That some detainees who have transferred from NSW prisons are having difficulty coping with the Case Officer role of AMC Custodial Officers who report concerns to Case Managers. Nevertheless the AMC approach represents good practice and should be maintained;*

**Finding: 5**

*That the practice of regular "walk throughs" of AMC by Case Managers to make contact with detainees and make "brief interventions" if required is good practice;*

**Finding: 6**

*That the system of having Probation and Parole officers comprising the detainee case management team and located at the AMC is good practice and facilitates seamless transition of the detainee to Community Corrections and or to the community;*

**Recommendation: 1**

*That AMC Management as part of its Continuous Improvement Plan develop and implement culture change strategies to deal with behaviours driven by traditional negative detainee culture such that detainees and staff are engaged in a manner that facilitates detainee rehabilitation as expected within a "Human Rights Correctional Centre";*

**Note:** *Such strategies can be derived and developed from contemporary initiatives in cognitive change theory and practice for individuals in organisations linked to culture measurement tools. In terms of detainee behaviour outcomes these strategies have greater impact where they take a holistic approach involving detainees families and or significant others in their lives. This holistic approach can be assisted in part in a cost effective manner through creative initiatives involving families in programs through the "visits" process;*

**Recommendation: 2**

*That the recently introduced recruitment of Probation and Parole Case Managers to work on a permanent basis in the AMC and the enhanced accountability processes, which the auditor supports, should be evaluated after a few months of operation to test the effectiveness of these changes;*

**9.1.3 Female detainees case management**

The AMC has a written policy in relation to managing female detainees that covers issues including:

- Admission/discharge
- Accommodation
- Medical, pregnancy, breast feeding
- Recreation, programs, education, employment
- Visit arrangements
- Supervision and searching of female detainees
- Access to outside agencies.

It is noted that the policy clearly states that female detainees will have access to the same level of programs, education, recreation, medical and mental health services as male detainees.

At the time of the auditor's initial site visit in July 2010 there were 10 female detainees. Currently 2 of the female detainees are regarded as protection detainees, 1 detainee is a medium security classification and the remainder are classified as minimum risk. Numbers of female detainees tend to fluctuate significantly.

The Women's campus is not separated into remand and sentenced precincts. However, remand and sentenced detainees are accommodated in different cottages unless operational necessity, such as the pressure of detainee numbers, dictates otherwise. ACT Corrective Services advise that because of the low number of female detainees at the current time which is expected to continue into the medium future, it has not been practical to build separate female remand and sentenced accommodation areas. In the future, this may become necessary and would be ideal.

The cottage accommodation is comfortable and segregation is available for high risk/needs detainees. Generally, the detainees had no complaints about the accommodation or access to outside visits. They were satisfied with opportunities regarding visitations and gave positive feedback about dental services. No concerns were expressed about excessive force, excessive strip searches or inappropriate supervision by male officers.

**Finding: 7**

*That the female detainees interviewed had no complaints about the accommodation or access to outside visits. They were satisfied with opportunities regarding visitations and gave positive feedback about dental services. No concerns were expressed about excessive force, excessive strip searches or inappropriate supervision by male officers;*

A number of education and intervention programs are available including:

- Alcohol and drugs
- Hair dressing – training provided in a real life salon situation
- Detainees are trained in Barista coffee making and supply coffee to visitors for a fee and the profits are returned to the correctional centre
- Business/computer courses
- Access to library services limited to specific days when the library is not being used by male detainees

Concerning programs available to female detainees, ACT Corrective Services has provided the following information:

*"Programs, education and employment available to women are comparable to those available to men. Programs available to women include Cognitive Self Change and Alcohol and Drug programs.*

*In addition women have access to a number of community agencies that visit regularly to provide support and referrals as well as self improvement and cosmetic sessions. Education courses offered are consistent with those available to men. However, due to the transient nature (the majority of female detainees are remandees) and small number of female detainees, the women are generally less inclined to avail themselves of opportunities.*

*Similarly, while employment is offered in grounds maintenance, general cleaning duties and manning the Visitors coffee shop as barista's, the low number of women and common lack*



*of interest has resulted in these positions being taken up by men when the female population cannot or is not interested in participating.*

*For example, it has been necessary on a few occasions to lock down the women's area and have men brought in to mow lawns. The coffee shop, previously run by women on six days per week, now has men rostered on some days. Additionally, the women's hairdressing course has been cancelled on a few occasions due to lack of interest."*

**Finding: 8**

*That there is a challenge in achieving motivation by female detainees to participate in programs and employment;*

**9.1.4 Sentence management**

At the time of the initial site visit the population of the AMC was 202 detainees comprised of 10 females, 36 indigenous male detainees, and 156 non indigenous male detainees.

The majority of the correctional centre population were males with a history of substance abuse problems. The average time on remand for a detainee was about 4 months and the average sentence was about 10 months. There are currently 3 detainees who have been sentenced to life and 1 detainee who has been sentenced to 37 years (parole eligibility 25 years) for multiple rapes.

Approximately 10 detainees are released 10 per month or about 120 per year.

The Sentence Administration Section is responsible for the administration of matters related to the sentence of the detainees. The team is comprised of 4 workers and a team manager and their tasks include processing transfers and warrants, remands, sentence calculations, gathering information for the Sentence Administration Board and liaising with victims.

Management of the sentence process appears very rigorous and involves a 3 step checking process and auditing some 25% of sentences per month. At least 2 checks are conducted on a detainee sentence during custody and a final check is conducted prior to release. Generally, including audits about 6-7 checks are conducted on each detainee's sentence during their term of custody.

Information flow between the Courts and AMC appear adequate. Overall, sentence management processes appear to be very thorough.

**Finding: 9**

*That overall, sentence management processes are thorough.*

## **10 Detainee safety**

Detainee safety was originally listed as a separate matter for review. As the review unfolded it has been covered across a number of individual areas of the review. Comments, findings and recommendations relating to detainee safety have been made as appropriate in relevant sections of this Report.

## **11 Crisis Support Unit (CSU)**

The AMC Crisis Support Unit has been inspected and reported upon by three members of the audit team from different perspectives, that is:

- Health and medical
- Programs and
- Security and safety.

Their reports have been reviewed by the Audit Team Leader and combined into the following Sections of this Report.

### **11.1 CSU Overview**

CSU was designed as a low stimulus, secure environment where detainees at risk of self harm can be managed in such a way that they cannot continue to self harm (or harm others). CSU was designed to Cater for a very specific type of detainee – those in acute self-harming crisis - of which there are few.

ACT Corrective Services advise that that on average about half of detainees resident in CSU are there because of their assessed risk of suicide or self-harm the balance because of a serious mental illness such as Schizophrenia or Bipolar Affective Disorder. Sometimes detainees are admitted because of acute or chronic medical conditions.

The CSU is designed for a short stay but a significant number of detainees remain for a long term. Some of the detainees had been in the CSU for nine months. As a result of real and or perceived pressures, some detainees exhibit signs of anxiety and stress including threatening to self-harm or feigning suicidal states of mind so as to get transferred to and or to remain in the CSU.

The CSU has 9 cells and 10 beds as one cell has two beds. A court yard is attached to the cells allowing access to natural light and sunshine. At any one time there are usually 5-6 detainees resident in the CSU. Most of the detainees in the CSU appear to be on remand awaiting sentence or trial and are admitted directly to the CSU on reception from the court.

This appears to have been unexpected as it was believed most CSU detainees would be already accommodated in the correctional centre.

Crisis Support Unit Management and Staff impressed as being passionate about their roles and dedicated to providing the best service possible for CSU detainees.

The Crisis Unit is guided by the written vision provided for ACT Corrective Services under the jurisdiction of the Department of Justice and Community Safety which advocates the protection of legal and human rights, the promotion of rehabilitation, reintegration and throughcare of offenders.

The duties and responsibilities of the Manager of the CSU are proscribed as follows:

*"Under the limited direction of the Principal Psychologist and in liaison with the Superintendent Custodial Operations:*

- 4 Manage daily operation of the Crisis Support Unit (CSU).*
- 5 Provide advice and direction in the management of detainees with acute mental health problems as required within the agency and for external bodies.*
- 6 Manage staff practice in providing acute care of mentally ill and disordered detainees.*
- 7 Provide leadership and clinical/practical advice and support to staff in the CSU.*
- 8 Manage, develop, and review functions, procedures, and protocols in the CSU.*
- 9 Contribute to research and promote current evidence based practice in the areas of mental health, self harm/suicide, and crisis intervention.*
- 10 Participate in the development of policies and procedures related to screening, care and diversion of mentally ill and at risk detainees.*
- 11 Promote community and family involvement in the care of detainees affected by mental health problems during incarceration and post-release.*
- 12 Liaise with community and custodial unit managers to plan and develop a crisis/mental health service which is integrated and compatible with other assessment and counselling services in the centre.*
- 13 Ensure maintenance of appropriate and adequate record keeping, data, and statistical reports.*
- 14 Provide induction, initial on the job training and mentoring for staff.*
- 15 Maintain records in accordance with the Territory Records Act 2002".*

The Manager, CSU who is a psychologist says he liaises closely with the Health Department, mental health team and Corrections Health for assistance and advice regarding CSU detainees. The Manager CSU is not responsible for the uniformed Correctional Officers who staff the CSU.

Concerning support facilities in the ACT for detainees with mental health issues, the Brian Hennessy Rehabilitation Centre in Canberra does provide long term services for forensic patients but it is only semi secure. Although there is no secure forensic mental health unit within the community a 15 bed unit is planned.

A forensic mental health team is based in the City and provides visitation services to the AMC in order to conduct risk assessment of detainees and provide advice to the manager of the CSU. Additionally, a forensic mental health team member is located at AMC on a permanent basis to assist with self-harm risk assessment and advice about mental health concerns. The manager's role is then to manage the risk/needs of detainees experiencing a crisis.

At the time of the audit the CSU was filling a need it was not designed for. It was accommodating several types of detainee, each with their own special problems, who cannot easily be housed elsewhere in the correctional centre. It cannot effectively perform all these functions.

A huge body of literature exists on suicide, self-harm (SSH) and crisis units in correctional centres<sup>1</sup>. There are many ways to run a CSU. However, there are some general guidelines:

- A robust detainee at risk system (PAR) understood by all staff and detainees in the correctional centre
- The more counselling services (including on-call counselling if possible), the less the CSU is needed
- Management of CSU shared more or less equally between Mental Health services and custodial services
- Custodial officers who choose to work in CSU, are trained, and are supported in their role
- Regular review (i.e. thrice weekly) by a committee of all PAR in the correctional centre, with someone taking responsibility for the decisions<sup>2</sup>
- Good mental health care and good therapeutic programs within CSU
- A strict discharge policy, with a robust way of shouldering the inevitable risk of moving a detainee out of CSU

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<sup>1</sup> See WA Department of Justice 2001 'Suicide in Prison' an in-depth examination of suicide and self harm world wide, with particular reference to WA prison system.

<sup>2</sup> MHACT notes: "Post the external review (Nov 2010) the Risk Intervention Team was developed with the support of AMC Superintendent and MHACT Executive."

- A step-down facility to monitor detainees post-CSU

A major challenge in administering this type of facility is that detainees attempt to manipulate the system so they can get into the CSU and stay there. Staff are constrained in discharging detainees from CSU where they continue to threaten to self harm 'in case they do harm themselves'. However, at a point in time based on best risk assessment they have to be discharged as detainees can't remain in the CSU indefinitely. Sometimes this results in unfortunate consequences. There is also a tendency by staff generally in prisons to use the CSU to put their 'special' case under observation causing bed block.

## 11.2 Physical structure of CSU

The physical structure of the CSU is bare, functional and non-therapeutic. There are some safety and security issues that have been reported on separately to ACT Corrective Services for attention. It would not be appropriate to include these in a public report. There is no furniture in the cells (safe foam or cardboard furniture could be used), and, at the time of inspection no TV except in the lounge. The audit team has been advised that TVs are to be installed.

The CSU does not have a padded cell that can be used to manage detainees who become violent and suicidal. **Note:** *ACT Corrective Services advise that a padded cell was considered in the original design but was not included due to concern that it might be over used and or people could be held there too long when the issue that caused the behaviour could be resolved in other ways. It decided to look at best practice ways to manage people short of a padded cell.*

*Mental Health ACT advises that, in line with the National Mental Health agenda and the initiatives around seclusion and restraint, providing treatment in the least restrictive environment and early intervention is the preferred option. This is in line with the national support for reduction of seclusion and restraint, supported fully by Mental Health ACT.*

## 11.3 Closed circuit television surveillance (CCTV) in CSU

A concern in relation to the CCTV is that it is not set up in order to provide privacy for detainees when they are on the toilet. It is possible to install a program that ensures the detainee's genital area remains invisible while other parts of the detainee can be seen. This is highly recommended in order to provide detainees with some dignity.

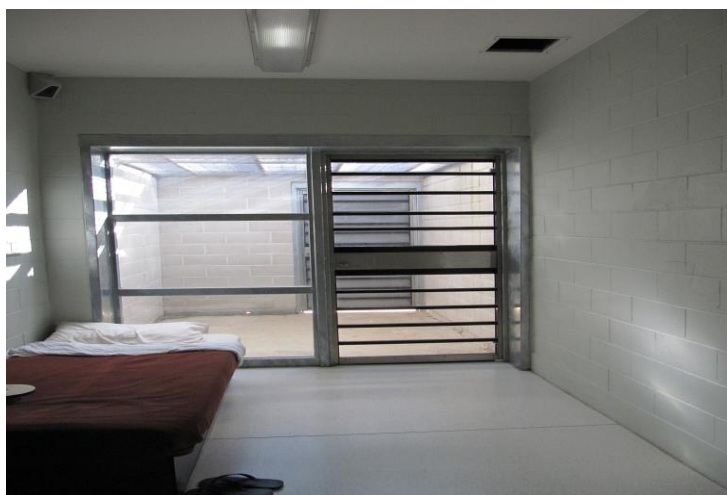
### **Recommendation 1**

*That ACT Corrective Services investigate changes to the existing CCTV arrangements to provide for protection of detainees privacy, while still ensuring appropriate observation for safety purposes, while detainees are using toilet facilities;*

## Review of Operations at the Alexander Maconochie Centre



CSU safe cell



CSU safe cell with small exercise yard (At the time of the audit the door did not operate but this has since been rectified)



There is a small lounge/kitchen area with a TV



The exercise yard is small, with high concrete walls and no external view



Another view of exercise yard

## 11.4 Operation of CSU

The "Management of detainees in the crisis support unit policy 2009" states:

*The CSU will be used to accommodate detainees who have engaged in suicide or self-harming behaviour or who have been assessed as being 'at risk' in accordance with the Detainee at Risk Policy and Procedure.*

*[The term PAR refers to any detainee who has:*

- threatened to harm him or herself;*
- been assessed as being at risk of harming him or herself; and/or*
- recently engaged in suicidal or self - harming behaviour.]]<sup>3</sup>*

*Detainees at risk of harm to others, as the result of a mental illness, may also be accommodated in the CSU.*

*The CSU is not designed to accommodate detainees on a long-term basis. The CSU is to be used to house detainees who may be going through an acute psychological episode.*

This policy has not been adhered to, and the CSU has extended in scope considerably – and is not capable of satisfactorily addressing the tasks to which it is put.

## 11.5 Classification of detainees in CSU

The majority of the detainees in the CSU appear to arrive via the screening induction process and thus come straight from court as either sentenced or remand detainees. The detainees are assessed for having at-risk behaviour which needs monitoring. Of the detainees sent to CSU about half have a psychotic mental illness and should ideally be assessed in a secure mental facility (but there is currently nowhere else except CSU to put them).<sup>4</sup>

Admitted at-risk detainees, as well as those (few) from mainstream, are what CSU was designed for. However, other detainees are placed in the unit as well. For example, some have a personality or behaviour disorder and need a period of observation\*.

**\*Note:** Detainees assessed at a lower risk level requiring 30 minute or 60 minute observation can theoretically be managed in their block and in the high needs cottage in the women's unit. However, detainees deemed to require 30 minute observation are often

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<sup>3</sup> Prisoner at risk policy 2009

<sup>4</sup> MHACT notes: "There is a planned secure mental health facility which will have admission criteria including those who have a mental illness or psychosis but also who are at high risk to others. The number of people meeting these criteria will wax and wane."



admitted to the CSU after consideration of their particular circumstances and involvement of ACTMH Forensic Services staff in recommending observation frequency.

While detainees have been admitted for medical observation, ACT Health Program advises (Nov 2010) that *"This no longer occurs at the request of Corrections Health Program. If a detainee has been observed in the Health Centre during the day a decision is made between 6-7pm as to whether the detainee is well enough to return to their residence within AMC or whether they need transfer to TCH. Corrections Health Program policies do not support transfer to CSU for medical reasons."*

ACT corrective Services say that detainees are not admitted to the CSU for protection. However, some detainees may threaten self harm to achieve admission for protection purposes.

The above are not within the remit of neither the original design nor included in the CSU management policy. However, they are being accommodated in the CSU because it is the most convenient place to manage their particular problem.

There appears to be no written policy about the foregoing observation practice. ACT Corrective Services advise that as part of a review of Policies and Procedures, they are closely examining health-related policies including those addressing crisis support, detainees at risk and observations. ACT Corrective Services will examine:

- How to provide greater clarity about what constitutes a "detainee at risk"
- Whether improvements can be made to the regime for detainees at risk, including the transition back to regular accommodation
- A more effective means of addressing 'step-down' from crisis accommodation and
- More effective description of the range of observation regimes that may operate.

**Finding: 1**

*That the CSU is not being used for its intended purpose; See Recommendation 15 below;*

## **11.6 Length of stay in CSU**

CSU was originally designed as a low-stimulus environment (hence no TV in the cells, no distractions) for a short period and only for those detainees exhibiting an acute crisis. This explains its minimalist, functional appearance.

Detainees were only supposed to stay in the CSU for treatment and stabilisation, then returned. The policy states:

*The length of time that a detainee is accommodated in the CSU will be dependent upon how they respond to treatment. The objective of the admission to the CSU is to stabilise the detainee and return them to the general detainee population<sup>5</sup>.*

In fact detainees stay for about 2 weeks, when about half are bailed, and half go to the accommodation units. The range however is large: one night to 9 months. Longer stays are due to issues such as ongoing suicide or behavioural problems.

For example

- One detainee had 3 suicide attempts related to his charge. There was little doubt he intended to carry it out, for he was attempting to avoid the trial and sentence, but was arrested before he was successful. He stayed in CSU until he was released from court after his trial many months later;
- One detainee was so disliked and so disruptive, and continually saying he was suicidal, that the easiest place to put him was CSU. Eventually a place was found for him in the management unit;
- Some detainees have learned to play the system – they don't mind CSU and they don't like the accommodation units. It is reported that detainees repeatedly threaten to self harm to achieve transfer to the CSU. The protocols mandate their return to CSU each time they threaten self harm. This is one reason CSU is kept deliberately bare and functional – so detainees won't want to go there. In fact experience elsewhere shows that those who want to get out of mainstream will put up with CSU conditions anyway, but those who are suicidal and need CSU may avoid it because it is unpleasant.

## **11.7 Bed block in CSU**

Because of detainee accommodation limitations in the AMC that impacts adversely on the capacity to appropriately segregate and manage detainees, particularly those with behavioural problems, transferring detainees out of CSU becomes a problem. Sometimes there is nowhere suitable to send the detainee – effectively 'bed block'. This accounts for some detainees being kept in CSU for long periods. For example one particularly difficult detainee was unmanageable in mainstream, kept in CSU for a long time which eventually became untenable, and is currently being managed in the Health Centre as a sort of management/protection detainee.

This illustrates the difficulty in placing detainees with special circumstances surrounding their incarceration. Unfortunately AMC does not have other special areas – a small correctional centre such as AMC has to be a multipurpose facility.

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<sup>5</sup> *Management of prisoners in the crisis support unit policy 2009*

## 11.8 Step down from CSU

It is useful to have a means whereby the disturbed detainee undergoes a staged return to their accommodation which often has associations directly related to their original crisis. This so-called 'step-down' is somewhere to put a detainee post-CSU where they can be observed more closely. A proportion of detainees re-escalate and have to be returned to the CSU.

A step-down facility or process makes discharge from CSU easier. Inevitably decision makers err on the side of caution and are less willing to let detainees go from the unit. Post-CSU observation gives comfort to those taking the risk of discharging patients.

AMC CSU does not have any formal procedure for step-down. However, the Manager CSU is considering the introduction of a step-down process. The current process followed by the Manager is that he tries to place vulnerable detainees in an area where there is more observation – i.e. remand block, double cell, or cells with camera. This is effective, but a formal process of step-down would be valuable.

### Recommendation 2

*That the current consideration of a formal step-down process to facilitate return of detainees from the CSU to main stream correctional centre life is expedited;*

## 11.9 Access to open air in CSU

The CSU is closed to the outside except for a window in the main area and the upper half of the cell windows. There is no outside exercise area, and the existing exercise area has high brick walls and a small-mesh open roof (effectively blocking a view of the sky, but at least it is ligature-proof and so not a hanging point).

This design creates problems for both staff and detainees. There have been attempts to take the detainees to the oval for some fresh air. However, present staffing levels in the unit do not allow for flexibility when any activities require a separation split between CSU detainees. So, in practice, there are no outside excursions.

### Recommendation: 3

*That detainees are allowed access to the open air for recreation;*

**Note:** *That in considering this recommendation the ACT Human Rights Commission has requested that consideration be given to specifying a specific period of time each day;*

## 11.10 Unlock times in CSU

Unlock times are from 8.00 am – 7.00 pm (11 hours). However, it is not always possible to grant the 11 hours of locked time due to problems that can occur at times with mixing certain types/Categories of detainees. For example:

- A schizophrenic detainee who does not want to mix with others

- A female
- A protection or disruptive detainee

Then the unlock times are divided amongst them. Thus in the above cases the unlock time is divided between 2, 3 or 4 groups and is correspondingly reduced to about 5,4 or 3 hours each. There are also legislative requirements in relation to separation of certain Categories of detainees.

For instance, if there are females in the CSU then male and female detainees' unlock times are separate and the hours are consequently reduced. Females appear to be managed by being largely confined to their cell. Additionally, male detainees may not be able to mix if there are concerns about conflicts or violence.

If detainees are unable to mix then some detainees may receive less than 2 hours per day or as much as 10 hours per day of unlocked time subject to how separation issues need to be managed. ACT Corrective Services say that every endeavour is made to maximise time out of cells.

What is happening at an operational level is that generally detainees in the CSU are happy to mix. Officers operate the CSU in a flexible manner to achieve maximum possible time out of cells for detainees in the circumstances.

**Recommendation: 4**

*That ACT Corrective Services initiate an urgent review of separation issues within the CSU with regard for the interplay of legislation, policies and operational practicalities.*

### **11.11 Females in the CSU**

A female detainee mixing with male detainees is usually avoided in a correctional centre for obvious reasons. However, there is nowhere in the female accommodation to manage an acute crisis that cannot be accommodated in the High Needs Cottage. Only women on 15-minute or more frequent observations (i.e. at high risk of suicide or serious self-harm, or extremely mentally unstable) fall into this group.

Therefore, from time to time the females are treated in the CSU. When this happens the detainee is managed as sensitively as possible by female staff, if available, but the time out of cell is reduced for all CSU detainees.

Recommendation 17 below deals with "*The needs of female detainees requiring crisis support*";

### **11.12 CSU Cell safety**

Some cell safety issues have been drawn to the attention of ACT Corrective Services for attention.

**Recommendation: 5**

*That the CSU is reviewed from a detainee and staff safety perspective;*

**11.13 CSU furniture in the cells**

Foam or cardboard furniture can be used to make the cells seem less bare – other crisis units have them – without risk to the detainees.

**Recommendation: 6**

*That safe furnishings are provided in the CSU;*

**11.14 CSU library and newspapers**

Detainees have a weekly library visit and access to books. They have a daily newspaper.

**11.15 Lack of an interview room in CSU**

There is nowhere to interview detainees except in the cell or the kitchen area (which means disrupting the other detainees). The psychologist's office is not a safe room, with no exit, no camera and no view to the control desk.

**Recommendation: 7**

*That a safe interview room is set aside in the CSU;*

**11.16 No movement or infrared cameras in CSU**

Cells have cameras, but these are only of use in daylight. There are no infrared cameras, nor any monitors with movement sensors. Both these (relatively cheap) technologies would make monitoring of detainees easier and safer.

**Recommendation: 8**

*That cameras are installed such that detainees can be adequately observed;*

**11.17 CSU change to 12 hour shifts**

Until recently the officers worked 8 hour shifts. This meant that there were 3 changes of shift in the 24 hour period, with 3 lots of handover. As the managing psychologist said – this meant re-inventing the wheel 3 times a day as the new officers got used to the detainees. Now, with a change to 12 hour shifts, CSU management is far easier, more consistent, and far more effective.

**11.18 Selecting custodial officers for the job in CSU**

Working in CSU requires a certain type of officer. This type of work does not suit some personalities. CSU works far better if the staff are interested in the work, and have some training in mental health problems.

It is noted that ACT Corrective Services provides an extensive training program which includes modules on Mental Health Awareness, Mental Health First Aid, Disability Awareness and Communication/De-escalation skills.

The Manager, CSU, has also developed a training module for existing custodial staff which provides information on the types of mental health issues being typically experienced by detainees in the CSU, the treatments available and the risk issues. This module has been delivered to many of the staff who work in the CSU and will be continued so as to encompass all potential CSU staff.

Nevertheless, it is also important that staff who work in the CSU have the appropriate personality and the desire to work there.

**Recommendation: 9**

*That custodial officers who are trained to work in the CSU are selected to work there on the basis of appropriate personality and a desire to work in the CSU;*

**11.19 CSU insufficient counselling**

Insufficient counselling in the correctional centre has been remarked on elsewhere. A Finding has been made in Section 14.6 of this Report relating to the need for increased general counselling services.

**11.20 CATT Team Response to out of hours emergencies in CSU**

In an emergency (out of hours) the community-based Crisis and Triage Team (CATT) is contactable and responds to a psychological emergency. There are two CATT teams who can physically respond and it is rare that a third call coincides with two others. CATT is notified daily of any at risk detainees in the event that assistance is required after hours.

Aside from the physical presence of CATT, they can give telephone advice in order to assess the need for a visit, as well as providing telephone counselling. There is also provision for the on-call psychiatrist to review a case and request appropriate support for AMC if necessary.

In response to questions from the audit team relating to support during a mental health emergency a senior manager in ACT Health advised:

*"CATT provides support for mental health emergency with the option to transfer the patient to the Mental Health Assessment Unit (MHAU) at the Canberra Hospital. To our knowledge there have been no cases where an acutely unwell mental health client has not received the care they need."*

### **11.21 CSU lack of outside activities**

In its original design CSU was supposed to be a low-stress, low-stimulation environment where detainees could be treated for whatever crisis they were experiencing, and returned to mainstream. The *Management of Detainees in the Crisis Support Unit Policy 2009* states:

*A treatment plan will include whether the detainee will remain engaged in their usual regime activities – visits, employment, education, offending behaviour programmes, health programmes – while in the CSU, and how this ongoing engagement will be facilitated. Treatment plans will also outline the detainee’s routine within the CSU. Treatment plans will be negotiated between the CSU manager, the detainee and other relevant parties, with CSU manager finalising the plan. On initial admission to the CSU a brief, interim treatment plan may be developed by staff involved in the admission.*

Note that this mandates detainees’ access to outside activities. In practice this does not happen – on the one hand detainees are mostly admitted direct from intake, so do not have any programmes/employment/education/health developed (and often do not want any). On the other hand there is a culture in the AMC that once a detainee is in CSU, everything stops. So they do not actually access anything outside CSU, and basically remain within its confines till they are released to mainstream.

#### **Recommendation: 10**

*That detainees in the CSU are allowed access to programs and activities outside of the CSU where appropriate;*

### **11.22 Lack of activities within the CSU**

Detainees appear to have very little opportunity to be engaged in meaningful activity within the CSU. Cells do not have access to television (TV) or computers. There is a TV room, central computer and phone that detainees can access when they are permitted out of the cells.

This is a consequence of the CSU not being used in accordance with its original design philosophy. That is, only detainees in crisis would be accommodated there and that their stays would inevitably be of short duration, ending once the crisis had passed. Developments that have combined to undermine this philosophy are the self-harm threats of detainees in response to their real or perceived protection concerns, the lack of accommodation options and the use of the CSU to house detainees facing other major health problems which ACT Corrective Services had expected would be dealt with in the health centre.

The Manager CSU advised that electrical cabling work is currently being undertaken to provide TVs to the cells. Detainees are able to access the TV room and computer during the times they are allowed out of their cell (referred to as unlock time).

It was noted that the CSU does have a table tennis unit in storage. However, it is considered too dangerous to be used by detainees as the metal legs are not harm proof.

The AMC policy based on the ACT Human Rights legislation encourages all sentenced detainees to be involved in offender rehabilitation programs. This policy applies to detainees irrespective of their classification, status or location (i.e., CSU, Behaviour Management Unit). Theoretically, then sentenced detainees housed in the CSU should be able to access offender rehabilitation programs located elsewhere in the correctional centre, subject of course to appropriate management of their self harming behaviour.

Remand detainees waiting for their trial are also able to access general programs so long as the program does not address the alleged offence as they are deemed not guilty until convicted. However, in practice detainees resident in the CSU do not access any programs due largely to the logistics and staffing problems related to escorting CSU detainees to programs.

Additionally, CSU detainees also require close monitoring during program participation. An alternative would be to conduct programs within the CSU. However, this is impracticable due to a lack of space and a programs room. Additionally, the CSU detainees are not homogenous and their needs may require them to attend different programs.

There are obviously considerable logistical and operational challenges in providing for a level of activities within the CSU appropriate to the needs and capacities of detainees accommodated there. Provision of TVs to cells will provide some benefit.

#### **Recommendation: 11**

*That ACT Corrective Services investigate options to enhance the level of activities for detainees in the CSU while current circumstances persist where the CSU is not being used solely for its intended purpose;*

### **11.23 CSU access to telephones**

Some concern was raised about access to telephones for private calls. Although phone calls to government departments and legal aid are free, calls to family and private lawyers have to be paid for.

For remand detainees arriving at AMC a phone account has to be established and money needs to be deposited into the phone account. Some concern was expressed about the time it takes to set up phone accounts depriving detainees of timely access to private phone calls.

Detainees have also experienced difficulties or delays in getting money and phone contacts transferred to their phone accounts. One of the complaints from detainees is that forms are submitted to transfer money to phone accounts and the forms are lost or disappear. Detainees become very upset about difficulties with their phone accounts and this issue is a potential concern for conflict between correctional staff and detainees.



ACT Corrective Services has advised that all detainees are subject to the same time-lag between admission and provision of all facilities, including telephone access. This time-lag is kept to a minimum. Nevertheless, the concerns expressed by stakeholders to the Audit Team appear to indicate that there could be some difficulties in relation to this issue in the CSU that need to be resolved.

**Recommendation: 12**

*That ACT Corrective Services investigate detainees' concerns relating to use of telephones, including the establishment of telephone accounts, within the CSU and eliminate any inefficiencies that may be identified;*

## **11.24 Medication in the CSU**

Medication rounds take place in the morning and late afternoon (5.00pm). It is in the nature of CSU that some patients are mentally ill and prescribed sedating medication. Medication delivery times are such that sedating medication is dispensed far too early. Detainees thus take the medication at about 5.00pm or 6.00pm and go to bed. This means of course that they wake up at about 3.00am, alert, but locked in their cells.

CSU gets its medication at the end of the medication round, which helps a bit, but still delivers sedating medication far too early. Detainees are entitled to appropriate medication at the appropriate times. Psychiatric medication is often sedative for therapeutic purposes, and delivering sedating medication in the late afternoon defeats its purpose.

**Recommendation 13**

*That the sedating night time medication is given at night and not in the afternoon;*

## **11.25 CSU files**

The original intent was that the documentation of CSU remained in a special CSU file:

*When a detainee is released from the CSU, the CSU file will be stored and reopened in the event that a detainee is readmitted to the CSU. Relevant documents may be copied for other files within the correctional centre with the detainee's consent, or without their consent where there are strong reasons for doing so.(Statement from procedure)*

This does not happen, since it became clear there was no point. CSU information is written into the accommodation unit file which follows the detainee back to the unit or into the JOIST/CIS detainee database.

## **11.26 Sharing of information regarding CSU detainees**

The manager of CSU is a psychologist. There are weekly meetings between the CSU psychologist, the Corrections Health Program and Mental Health ACT to ensure that relevant clinical information on CSU detainees is shared between them.

There seems to be a disjunction between Mental Health services and CSU in the management of detainees – to the disadvantage of detainees and to the detriment of their treatment. There is a good day-to-day relationship, and the Mental Health Team sees CSU detainees often, but ongoing sharing of information is limited or incomplete.

There is similarly a reported difficulty in sharing information with CHS. Medical information is of course confidential, but for practical purposes better dialog needs to exist between the Health Service and those actually looking after the patient.

This situation has improved substantially with the recent formalising of a three-times weekly meeting between the ACT Corrective Services CSU Manager, a senior ACTMH Forensic Services worker and (when available) the CO2 for CSU. The CSU Manager also attends a weekly meeting between ACTMH Forensic Services' main Psychiatrist and the whole Corrections Health team, for information sharing.

Mental Health ACT notes that since the original audit an increasingly positive working relationship is evolving between the CSU Manager and the Mental Health Team (November 2010).

#### **Recommendation 14**

*That the issue of information sharing between services relating to detainees in the CSU is monitored to ensure that patient care is not compromised;*

### **11.27 CSU overall recommendation:**

#### **Recommendation: 15**

*That ACT Corrective Services, Mental Health ACT and Corrections Health Program having regard to the various issues, concerns and suggestions raised in this Audit report in relation to the design, staffing and operation of the CSU, conduct an urgent holistic review of the CSU that results in implementation of a safe and effective facility that is fit for purpose and is used for its approved purpose. The needs of female detainees requiring crisis support should be addressed in this review;*

*This review should be done in conjunction with consideration of overall detainee accommodation needs as covered in other sections of this Report, including a step down facility and a Maximum Security Unit to cater for detainees who have the potential to become very violent and disruptive to the good order of the AMC.*

## **12 Blood borne virus transmission**

### **12.1 Needle exchange program**

Sharing of needles and the concomitant spread of blood-borne diseases is a perennial problem in correctional institutions. There are two mutually incompatible positions: First drug use is illegal, but inevitable, and second that the inevitable consequence of drug use is the spread of blood-borne disease. Stopping the spread of blood-borne disease would not,

essentially, be difficult were it not for the fact that it cannot happen without a quasi-legalisation of drug use within the correctional centre environment and that this can only occur with the support of correctional centre staff.

Drugs are illegal in a correctional centre. Considerable effort is made in the discovery of drug contraband and the prosecution of those in possession. There are no exceptions. Regular cell and personal searches are made, including strip searches, while dogs and scanners are used regularly, and random urine samples are taken.

The dispensing of drugs is carefully monitored – including close observation of detainees receiving methadone and other drugs of addiction. Detainees sometimes go to extraordinary lengths to obtain, secrete, and distribute drugs. Despite all the effort, illegal drug use occurs to varying degrees in prisons generally.

The most potent drug effects are gained by injecting narcotics. The substances injected include 'normal' injectable drugs such as heroin and other opioids, but unfortunately ground-up or dissolved tablets, and liquids such as methadone, are also injected – often with serious consequences.

Because drug use is prohibited, injecting equipment is also prohibited. This inevitably means that detainees go to great lengths to conceal injecting materials, which are often stored under unhygienic conditions including the rectum. Naturally the use of such items to inject substances, which are also not sterile, means that local and systemic infection is common.

The scarcity of injecting equipment and drugs leads to sharing between users. The serious consequence of such actions – injection of infected material and the inevitable transmission of blood-borne diseases – is often not appreciated by detainees.

Unfortunately the risk of cross-infection is often ignored because the culture of a correctional centre fosters strong feeling between detainees, with fierce antagonism or attachment developing between both individuals and groups. It is thus common for detainees to have a compelling reason to join with others in unsafe injecting practices, where the proximal reward for sharing equipment and drugs is more attractive than the unseen possibility of later health problems.

These strong feelings also constitute a risk for vulnerable personalities - who may never have tried drugs before and who may be pressured, or may wish to, join a group of detainees who are injecting. It is common for detainees to be inducted into drug-taking in a correctional centre.

Despite the constant vigilance against drugs, all prisons have a drug problem. Injection of non-sterile material under unhygienic conditions by those indifferent to its consequences

means that the spread of blood-borne disease is almost inevitable. There are a number of studies that support this.<sup>6</sup>

### **12.1.1 Preventing the spread of blood borne disease**

Diseases spread by shared needles (including tattooing) are those where bodily fluid is transferred from one person to another by direct blood-blood contact (i.e. injection, sex, or injury where the skin is broken). The three common diseases are Hepatitis B, C and HIV.

All are viral diseases, all have a latent period before long term effects appear, and the host can transmit the disease throughout the period of infection. Hepatitis B and C are not always fatal, and only about 15% of those infected progress to terminal liver damage at 20-40 years. HIV is more damaging, with AIDS an almost universal sequel of infection, though its course is variable and mitigated by appropriate medication.

The prevention of blood borne disease is simple – avoid transfer of bodily fluids. This means avoiding unsafe practices such as unprotected sex, and injection of sterile material using uncontaminated equipment. Simple, that is, in theory - in practice it is difficult enough in the community, but more so in a correctional centre.

A Correctional centre is an environment where individual behaviour is highly regulated, and where possession of narcotics is punishable and assiduously policed. Despite this there are always drugs in correctional centres. With about 40% of males and 90% of females testing positive to BBV, it is likely that unsafe sex, shared injection or tattooing will result in cross infection, and that new infections will readily occur.

There is credible evidence that the provision of clean needles and syringes reduces infection. The evidence will not be reviewed here, since it has been well done already. Suffice it to say that the present evidence is compelling and would support a needle and syringe program at AMC.<sup>7 8 9 10 11 12</sup> (links accessed July 2010)

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<sup>6</sup> For example: Butler T, Karminia A, Levy M, Kaldor J "Prisoners are at risk for hepatitis C transmission. European Journal of Epidemiology, 2004 19, 1119-1112." is a study of NSW prisoners and a Canadian Corrections report: <http://www.rabble.ca/news/2010/05/hiv-and-hepatitis-c-diseases-run-rampant-canadian-prisons> found considerable rates of cross infection due to needle sharing

<sup>7</sup> <http://www.aidslaw.ca/publiCATions/publiCATionsdocEN.php?ref=184>

<sup>8</sup>

[http://www.med.unsw.edu.au/ndarcweb.nsf/resources/TR\\_19/\\$file/TR.112.PDF](http://www.med.unsw.edu.au/ndarcweb.nsf/resources/TR_19/$file/TR.112.PDF)

<sup>9</sup> <http://www.harmreduction.org/article.php?id=418>

<sup>10</sup>

[http://www.amavic.com.au/page/Media/News/Doctors\\_call\\_for\\_prison\\_needle\\_exchange/](http://www.amavic.com.au/page/Media/News/Doctors_call_for_prison_needle_exchange/)

<sup>11</sup> [http://www.mja.com.au/public/issues/186\\_12\\_180607/lev11089\\_fm.html](http://www.mja.com.au/public/issues/186_12_180607/lev11089_fm.html)

Interestingly there is evidence that such programs reduce the amount of narcotics injected, promote attendance at drug programs by offenders, and reduce the risk of needle stick injury to custodial officers. Despite the obvious risk of the equipment being used as a weapon, there are no reports of such incidents after needle exchange programs have been introduced.

The methods of needle and syringe distribution vary across existing programs. Inevitably there would be challenges in any implementation. The AMC is a complex facility and it is beyond the scope of this audit to enter into a review of potential implementation methods.

In all such programs possession of equipment and possession of narcotics are separated, and, like provision of methadone, there is logical inconsistency which creates issues for staff in accepting such programs. Discovery of 'approved' injecting equipment is not punishable, but discovery of narcotics is.

### **12.1.2 Objections to needle and syringe exchange at AMC**

Discussion with health staff and officers produced diametrically opposed views. Health staff generally supported the proposition, though with reservations as to the details of implementation.

Custodial staff spoken to were overwhelmingly and vehemently opposed to the idea. The main reasons for opposition were twofold – firstly the ethical contrast between the incarceration of people for drug related offences with zero-tolerance of narcotics, and the facilitation of an illegal activity. Secondly – the belief that detainees would use the injecting equipment as a weapon. The latter view being reinforced by the death of a Correctional Officer from AIDS after being stabbed by a blood filled syringe in NSW.

Whilst custodial staff understood the health benefits of clean injecting there did not seem to be any room for discussion about implementation at AMC.

### **12.1.3 Summary**

- On health grounds introduction of a needle and syringe exchange program is an effective way to curtail harm resulting from transfer of blood-borne virus transmission
- In practice it is very unlikely officers at AMC will support such a program at present
- Introduction of a needle exchange program may be possible in future, but is unlikely to succeed at present given staff views.

#### **Finding: 1**

*That given:*

- *The strongly divergent views of key stakeholders on the issue of a needle exchange program for the AMC;*

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<sup>12</sup> <http://www.racp.edu.au/page/policy-and-advocacy/public-health-and-social-policy>

- *The strongly held views by ACT Corrective Services staff in opposition to such a program; and*
- *The highly complex nature of AMC operations;*

*it would be ill advised to proceed to reach a policy decision to implement a needle exchange program at the AMC without:*

- *A thorough examination of the various implementation methods for such a program to arrive at a viable best practice model that suits the AMC's particular circumstances; and*
- *Achieving support for the implementation method from all key stakeholders who will have responsibility for implementation and for any duty of care outcomes for both staff and detainees.*

## **12.2 Tattooing**

Tattoos are common in a correctional centre. They are usually done using non-sterile contaminated equipment and provide a route for cross infection.

Unlike needle and syringe programs, the discussion of 'clean' tattooing was not associated with much opposition from either health or custodial staff. The provision of supervised sterile tattooing facilities would reduce one avenue for cross infection.

### **Recommendation: 1**

*That a safe tattooing facility is considered as one way of limiting the transmission of Hepatitis and HIV;*

## **13 Food Services**

### **13.1 Summary information**

The AMC Catering Department commenced operations on 20<sup>th</sup> March 2009, in line with the commissioning of the AMC and has endeavoured to provide a quality and consistent level of service to detainees and staff.

The Catering Manager has noted that working within a correctional centre is an enjoyable but often challenging environment. He says that Catering staff have worked with enthusiasm and commitment to meet the many challenges that have arisen in developing a food service from scratch in a new correctional centre. Certainly the auditor found that the Catering Manager and his staff were committed to their roles and with an obvious desire to work for continuous improvement.

Food Services, with the assistance of trained detainees (kitchen hands), has to date prepared and served in excess of 280 thousand meals at the AMC for staff and detainees within budget and working to maintain food hygiene standards.

The AMC foodservice operates in a purpose built kitchen located within the correctional centre, with an additional food store facility external to the correctional centre 'proper'. The foodservice cooks all meals for detainees accommodated in cells, and some meals for detainees on weekend detention. Foodservices manage the provision of uncooked foods for detainees accommodated in cottages, where meals are self catered. The foodservice also prepares meals for sale to staff, which is served in a dining room attached to the central kitchen. The foodservice also caters for special functions, for example, staff functions.

Independent to the foodservice, weekly 'buy-ups' are available for detainees, with listing of food items available overseen by correctional centre management, and provision outsourced to an external provider 'TSL Catering Services'. A monthly 'activities buy-up' is also available to detainees, which includes some food and nutrition related items.

Review of the main kitchen and storage facilities showed that it was adequately equipped for the numbers of detainees and staff being catered for and type of meal service being used. The AMC foodservice is staffed by a manager, assistant foodservice manager, cooks and detainee kitchen hands. The foodservice staff appeared to be appropriately skilled and experienced for the activities undertaken within the foodservice.

The foodservice manager and staff presented as dedicated, competent and committed to achieving a high quality detainee food service.

The overall results of the foodservice satisfaction survey conducted by the auditor with detainees were negative. **Appendix 5** However, these results are not unusual when individuals have very little control over their own food provision, and food choice, as currently is the case for detainees in the cell accommodation at AMC.

ACT Corrective Services advise that in their opinion the negativity in relation to food from a group of high security detainees in the cell block must be viewed in the context of negative attitudes currently being exhibited by some of these detainees in relation to a range of matters.

The findings from this survey were considered in relation to supporting evidence from other sources of information, including observations, interviews and analysis of documentation.

However, to ensure a level of objectivity in dealing with concerns that are raised in relation to food it is essential that the foodservice collect formal feedback on the meal provision and implement as standard practice quality reviews to inform service improvements, as well as assist in nutritional assessments and advice for menus.

Examples of activities include meal time observations in accommodation areas, food wastage monitoring and foodservice satisfaction, either through focus groups or surveys. This would be in addition to the existing process where detainees have an ongoing avenue for feedback on a range of issues including food through the regular detainee delegate committee meetings with AMC managers including the Catering Manager. A recommendation to this effect has been made in this Report.

In the cell blocks the biggest issue of concern identified by detainees in relation to food was the quality of lunch sandwiches. This matter is dealt with in a recommendation in this Report.

Detainees in cottage accommodation have access to full cooking facilities, and order their food weekly, which is managed by the AMC foodservices. The foodservices have prepared recipe books for the cottages, and feedback from detainees about this book was positive, with some recipes being used.

The array of equipment and facilities for cooking and storing food was suited to the task. Discussions with detainees with regard to self cooking facilities and food available indicated general satisfaction. Detainees in cottages are each allocated a \$50 weekly allowance, to purchase foods from the 'Cottage Weekly Order Form', outlined in **Appendix 7**. In addition to this budget, bread and milk are issued daily at the same ration as for detainees in cell accommodation.

Discussions with detainees and custodial staff indicated that most detainees pooled their weekly budget, and shared cooking duties. Discussions and observations of food holdings of a number of detainees, who were new to the cottages and preferred to manage their own foods, indicated they were successfully managing their food requirements.

Review of the weekly food order form showed that there were some limitations in terms of food variety, particularly with regard fruits and vegetables. It is acknowledged that seasonality affects prices of these items.

Similarly as for detainees in cell accommodation, there are a limited range of bread and bread products available on this listing.

ACT Corrective Services advise that a review of the variety of products available on the weekly order form for cottage accommodation is being undertaken.

This Report contains twenty-five recommendations aimed at assisting ACT Corrective Services enhance food services at the AMC including the nutritional value of meals and to make the food more appealing to detainees. A recommendation has been made that an Accredited Practising Dietitian is engaged to provide input into menus and food related activities and to provide dietetic services to the AMC health service on an ongoing consultancy basis. ACT Corrective Services have agreed to implement this recommendation.

ACT Corrective Services and AMC food services management and staff are commended for their efforts to date. While this report does make a number of recommendations for improvement it must be viewed in the light of the considerable good work that has been done in what is always a difficult consumer environment and the preparedness of staff, as demonstrated to the auditor, to willingly accept advice and work for continuous improvement.



### **Finding: 1**

*That ACT Corrective Services and AMC food services management and staff are commended for their efforts to date. While this report does make a number of recommendations for improvement it must be viewed in the light of the considerable good work that has been done in what is always a difficult consumer environment. Staff demonstrated preparedness to the auditor, to willingly accept advice and work for continuous improvement;*

## **13.2 Methodology**

An examination was undertaken of pre-review documentation provided by ACT Corrections.

An onsite inspection of AMC was conducted on Wednesday 14<sup>th</sup> July through Thursday 15<sup>th</sup> July 2010. Activities and areas reviewed are outlined in Table 1 below:

<b>Table 1 Activities of the onsite review AMC 14-15 July 2010</b>	
<b>Activity</b>	<b>Area</b>
Review of food related facilities and equipment, food storage, and general hygiene standards	<ul style="list-style-type: none"> <li>• Main kitchen</li> <li>• Staff dining area</li> <li>• Women's sentenced cottages</li> <li>• Male sentenced cottages</li> <li>• Male remand cottages</li> <li>• Male sentenced cell accommodation block</li> <li>• Mail remand cell accommodation block</li> <li>• Main food stores</li> </ul>
Mealtime observation	<ul style="list-style-type: none"> <li>• Male sentenced cell accommodation block (evening meal)</li> </ul>
Review of evening meal delivery	<ul style="list-style-type: none"> <li>• Women's accommodation,</li> <li>• CSU</li> <li>• MSU</li> </ul>
Formal interviews conducted	<ul style="list-style-type: none"> <li>• Foodservice Manager</li> <li>• Clinical Nurse Consultant</li> </ul>

Informal interviews conducted	<ul style="list-style-type: none"> <li>• Foodservice staff including assistant foodservice manager, cooks and detainee kitchen hands</li> <li>• AMC Superintendent</li> <li>• AMC Finance officer</li> <li>• Detainee – women sentenced cottages, male remand and sentenced cottages, male secure cell accommodation blocks.</li> <li>• Custodial officers – women sentenced cottages, male remand and sentenced cottages, male secure cell accommodation blocks, CSU.</li> </ul>
Informal interview of external stakeholder	<ul style="list-style-type: none"> <li>• Manager Nutrition Canberra Hospitals and Lead Professional Nutrition and Dietetics for ACT Health</li> </ul>
Documentation reviewed:	<ul style="list-style-type: none"> <li>• Menus (including previous menus)</li> <li>• Menu specification documentation</li> <li>• Standardised recipes</li> <li>• Correspondence with regard nutrition assessment of cottage ordering menu and food rations and issues</li> <li>• Special diet listings</li> <li>• Food purchasing orders</li> <li>• AMC men's and women's delegate meeting minutes</li> <li>• Facilities food safety program and records</li> <li>• Food Service training records</li> <li>• Buy-ups ordering forms</li> </ul>

A foodservice satisfaction survey (**Appendix 1**) was distributed to all detainees in cottage and cell block accommodation at AMC, with detainees in the crisis support and management areas excluded. The surveys were provided to areas on the 14<sup>th</sup> July at approximately 3.30pm for distribution by custodial officers. Participation in the survey was voluntary. Surveys were returned from accommodation units to the AMC foodservices between the 15<sup>th</sup> to 20<sup>th</sup> July, with all surveys forwarded to Mary Hannan-Jones via post on the 21<sup>st</sup> July for analysis.

The foodservice satisfaction was developed for detainees in high secure facilities and is based on two validated foodservice satisfaction surveys for the acute hospital and aged and extended care setting.

A total of 60 detainees responded to this survey, 56 from male remand and sentenced cell accommodation, and four from the sentenced cottages (3 male and 1 female). Due to the low response rate from detainees in the cottages, and the differing meal system in these areas, this data was excluded from the analysis.

A detailed analysis of data collected from the onsite review and foodservice satisfaction was conducted following the onsite review. Further telephone interviews were conducted with AMC foodservice staff to clarify some processes.

An appraisal of the detainee food provision at AMC was conducted against the Queensland Corrective Services Food and Nutrition Standards and Guidelines for High Security Facilities (May 2010) which has recently been adopted and is in the process of implementation.

As there are only very limited national standards for food provision in correctional facilities in Australia, these detailed Queensland standards (which have been written by the author) have been used to identify areas where deficiencies in food provision may lie. **Appendix 4**

### **13.3 Cell accommodation food provision**

#### **13.3.1 Overview:**

Standardised meals are provided 'pre-plated' for detainees in cell block accommodation (sentenced and remand), as well as for detainees in the crisis support and management units, with meals planned to a menu. The menu provides a standard and vegetarian choice for the lunch and evening meals. **Appendix 2** is the menu at time of the review. Meals are prepared onsite in the central kitchen by foodservice staff with assistance from supervised detainee kitchen hands.

A cook chill production system is used for preparation of these meals. An example of meals in preparation is shown in **Image 1, Appendix 3**, with **Image 2** showing a roast chicken meal. Overall the quality of the meals served in this system appeared adequate. It can be difficult to prepare some food items in this system, for example vegetables, so they are not over or undercooked, however foodservice staff demonstrated experience in this type of production system and were employing strategies to minimise this.

The results of the foodservice satisfaction survey are outlined in **Appendix 5**. Overall the results are negative. However, these results are not unusual when individuals have very little control over their own food provision, and food choice, as currently is the case for detainees in the cell accommodation at AMC. The findings from this survey were considered in relation to supporting evidence from other sources of information, including observations, interviews and analysis of documentation.

#### **13.3.2 The menu**

Since the opening of the facility the menu for detainees in cell accommodation has been changed, which is consistent with good practice for this setting, where it is generally

recommended to change menus twice yearly. The current menu is constructed on a two week cycle, however it is recommended in the long stay setting such as prisons, that menu cycles be at least four weeks, particularly where there is minimal choice, to reduce boredom with food and increase satisfaction.

The menus reviewed did not provide for seasonal choices, such as soup in winter, or increased salads in summer. Recommendations for menu design are to provide foods that consider seasonality. In response to a proposed recommendation by the auditor that the length of menu cycle is increased from two weeks to four weeks and seasonal meal options are provided on menus, ACT Corrective Services advised:

*"The current two week cyclic menu does provide some variations on choice for winter and summer by including main salad & vegetarian salad options for the dinner choice twice per week, (4 days a fortnight). We have also included lighter meal types on the summer menu. We review the menus & make adjustments every 2 to 3 months by including popular & healthy meals requested from the detainees, via feedback at the monthly detainee delegates meeting.*

*To reduce repetition & take great advantage of seasonal produce, ACT Corrective Services will have four menus per year rather than summer and winter only, one menu for each season, and will maintain the 2 week cycle for each menu."*

**Recommendation: 1**

*That the change to four menus per year with seasonal meal options while maintaining the two week cycle is monitored in consultation with detainees after three months to test whether it has resulted in increased detainee satisfaction with food;*

**13.3.3 Meal service system**

Facilities in cell block accommodation areas have been designed so a bulk meal service can be provided, with equipment that will support safe holding and service of both hot and cold foods (i.e. hot baine-marie and chilled servery). This equipment is currently not being utilised, with the meals being standardised on a pre-plate cook chill system as described above.

The bulk meal service system is generally considered the preferred system in long stay institutions, including correctional facilities, as it gives individuals more opportunity to make some choices about how their meal is served. For example, if an item is not preferred (e.g. gravy) then it does not need to be added to the meal, whereas in a standardised pre-plated system all components of the meal are served together regardless of individual preference.

This system also allows for some slight adjustment of portion for non-popular items such as vegetables, where there is scope for someone to have slightly less, but another person slightly more. This system is also flexible to enable meal choice, with planning and monitoring of trends of what meals are popular and less popular. In a bulk meal service in the correctional environment, custodial support is required to ensure adequate supervision

at the time of meal service to ensure fair portioning of foods and adherences to safe food handling practices.

The standardised pre-plate cook chill system being used at AMC simplifies the distribution of food to detainees, and the level of custodial supervision at meals, however the lack of 'control' over food is likely to be contributing to the low level of satisfaction with food expressed by detainees in cell block accommodation.

*ACT Corrective Services have advised "that the current pre portioned meal system has provided for high food safety standards and good quality control, while also ensuring detainees receive their ordered meal portion at the right temperature, within budget. However, ACT Corrective Services notes that there appear to be benefits in the recommendation below and will investigate whether it can deliver a better outcome than the current system".*

#### **Recommendation: 2**

*That consideration is given to the feasibility of utilising the bulk service system to improve detainee satisfaction with food;*

#### **13.3.4 Menu Choice**

The menu consists of a continental breakfast (cold cereals, toast), sandwiches at lunch (no choice, with only one filling type provided daily), with one hot lunch each week, and evening meal with a standard and vegetarian choices offered. Desserts are included with each evening meal. It is evident the menu has been designed with the inclusion of popular choices for detainees. This has resulted in changes, based on feedback from detainees, to the first menu that was in place when the AMC opened.

Although a vegetarian option was provided on the menu, there was no 'real' choice for the three main meals of the day for detainees in this accommodation type. Provision of 'choice' is considered one of the main ways to improve client satisfaction with food. In the group setting, it is very difficult to construct menus that 'please everyone' at the one time, and the more choice provided, the greater probability of satisfying the client.

Where there is dissatisfaction with foods in the correctional setting, there is greater likelihood that foods are not eaten, with detainees more reliant on their personal 'buy-ups', which in general are less healthful food options, so there is a very real potential for negative nutritional consequence, particularly in consideration of the length of stay.

Within the current systems and equipment available, choice could be improved at the three main meals by:

**Breakfast** – enabling a range of at least four breakfast cereals to be held in bulk containers in the accommodation areas, and allowing detainees to choose breakfast cereals on a daily basis, rather than having pre-determined rotating cereal supplied daily. Cereals can be locked in a storage section of the servery area after breakfast to manage quantity.

**Note:** *ACT Corrective Services does not agree with the auditor's suggestion relating to detainees choosing from at least four breakfast cereals on a daily basis for the following reason: "Due to the limits of practical supervision and the poor food safety practices of some detainees in the cell blocks, the current system of individual cereal packs issued each day with a rotation of 5 different cereals per week will be retained. The AMC provides a good selection of healthy breakfast cereals on a rotational menu to ensure variety, there are 5 different cereals (weetbix, homemade natural muesli, sultana bran, corn flakes & rice bubbles)."*

**Lunch** – provide sandwich fillings in bulk to accommodation units and enable detainees to make their own sandwiches. Some custodial supervision will be required around the portion of popular items (such as meats), and overseeing safe food handling practices.

**Note:** ACT Corrective Services says in relation to the above suggestion: *"ACT Corrective Services has reviewed the current menu and modified the selection of sandwich fillings. It has introduced rolls three times per week to address the variety and quality concerns".*

**Evening meal** – introduce a second standard meal choice. This can easily be accommodated within the pre-plate cook chill system, or by utilising the bulk service equipment within the facility. The choice menu needs to be planned to balance nutrition, popular and costly of menu items, with appropriate data collected on trends of these preferences to inform purchasing and production schedules.

**Note:** ACT Corrective Services says in relation to the above suggestion: *"The dinner menu provides adequate choices of meals each day, which will be improved by introducing a four week seasonal menu, rather than additional choices each day".*

### **Recommendation: 3**

*That, noting that ACT Corrective Services does not agree with all of the auditors suggestions in the area of choice for meals, the changes being implemented by ACT Corrective Services to provide for more choice for detainees in meals should be reviewed in consultation with detainees after three months to test whether it has resulted in increased detainee satisfaction with food;*

#### **13.3.5 Lunch meals**

As described above, pre-made sandwiches were provided for lunch six days per week. Feedback from detainees showed strong dissatisfaction with sandwiches, with comments also made with regard dryness of sandwiches.

Improving variety and satisfaction at lunch can easily be achieved by replacing some sandwiches with different bread options such as wraps, pita bread and rolls. At the time of the review, AMC foodservices were costing the inclusion of a roll for one of the sandwich meals. In addition, a 'hearty' soup (with plenty of vegetables and legumes) could also be added to the lunch menu for winter, which as well as adding to variety, would have nutritional benefits of enhancing opportunities for vegetable and legume consumption, and provide a hot choice for colder months of the year.

Review of preparation processes for sandwiches showed that margarine was not added to sandwiches which would contribute to dryness's reported by detainees and observed. The inclusion of reduced sodium polyunsaturated margarine will improve the overall fatty acid profile of the menu as well as addressing dryness.

Improvement of the overall fatty acid profile is required as the polyunsaturated fats were lower than recommended <sup>(1)</sup> in the nutrition analysis of the overall menu and need to be increased beyond what is currently provided. The inclusion of reduced sodium polyunsaturated margarine to sandwiches will assist in redressing this and ensuring sufficient total energy is provided in consideration of reductions to saturated fat in other areas of the menu recommended in this report.

(1) National Health and Medical Research Council (2006) Nutrient Reference Values for Australia and New Zealand including Recommended Dietary Intakes Commonwealth of Australia.

It was also observed, that detainee kitchen hands in the central kitchen responsible for preparing sandwiches, were preparing large batches at once. This practice is also likely to be contributing the drying out of bread, due to the effects of the air-conditioning. Appendix 3, images 3 and 4 depict sandwiches and sandwich preparation in the central kitchen.

Since the audit ACT Corrective Services advise that steps have been taken to change the process and the environment in which the sandwiches are prepared that will assist in overcoming dryness of sandwiches.

#### **Recommendation: 4**

*That the following actions are taken:*

- *Increase range of bread types offered at lunch, to include wraps, rolls, pita bread, or other popular breads;*
- *Include other seasonal options on the lunch time winter menu, such as soups; and*
- *Add polyunsaturated, reduced sodium margarine to sandwiches;*

**Note:** *In discussion with the audit team ACT Corrective Services senior officers were not convinced as to the necessity to increase the range of bread types on the basis that the existing range was adequate and that an increase in the range of bread types would unnecessarily increase the cost of food provision. However, in the view of the auditor Recommendation 4 is regarded as a high priority as of the issues identified by detainees in relation to food, the quality of lunch sandwiches was their greatest concern.*

### **13.3.6 Nutrition analysis**

Review of the food provision for detainees in cell accommodation shows approximately 12 200kJ available per person per day which is appropriate in consideration of age, gender and physical activity levels<sup>13</sup>. Energy from fat is at approximately 34% which is within current recommendations (of up to 35%<sup>13</sup>), however, energy from saturated fat is higher than recommended at approximately 13% of energy (recommendations are at 10%<sup>13</sup>).

The major contributor on average to saturated fat is full cream milk at 4% of total energy, followed by some lunch time meals, evening meals and desserts. Polyunsaturated fats were proportionately lower in relation to other fatty acids and by inclusion of polyunsaturated margarines with breads and as the predominant margarine type served, this ratio could be improved.

Nutrients for which there is a Recommended Dietary Intake or Adequate Intake level set can mostly be achieved, with the exception of iron in pregnancy, however, this is usually managed through supplementation. Vitamin C requirement is higher in pregnancy and lactation, and if citrus fruits are selected, than this is likely to be achieved.

When the menu is assessed against the Suggested Dietary Targets for Chronic Disease Prevention<sup>13</sup>, of note is the low Vitamin C level (at 45mg/day), with fresh oranges being the major source. (Provision of a fruit juice drink fortified with Vitamin C can improve this). Sodium<sup>14</sup> is also higher than recommended, with bread being the major contributor, followed by processed items such as meat pies, however, it is generally not recommended to reduce bread in this context, but rather focus on other sodium sources in the menu.

A brief analysis of the menu including verified evening meals from the onsite review is outlined in **Appendix 6**. The following foods and food groups were identified for improvement with regard to meal provision for detainees in cell accommodation.

### 13.3.7 Fruit

Only one piece of fruit per person was issued per day to detainees in cell accommodation. Variety of fruit was limited with only apples, pears and oranges provided. Different varieties of fruit including bananas (which are popular) were not provided at the time of the review due to budget constraints. Cut fruits, such as melons were not provided due to concerns about distribution within the accommodation area and food safety, however this is overcome in other correctional facilities. Current dietary recommendations are for two pieces of fruit per person per day; however, in the correctional context, aiming for approximately 1.5 pieces per day (or 10-11 pieces per week) per person will more likely be consumed.

#### **Recommendation: 5**

*That the quantity of fruit provided to detainees is increased and also provide an increased variety of seasonal fruit;*

**Note:** ACT Corrective Services has provided the following comment in relation to the above Recommendation:

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<sup>13</sup> National Health and Medical Research Council (2006) Nutrient Reference Values for Australia and New Zealand including Recommended Dietary Intakes Commonwealth of Australia.

<sup>14</sup> Sodium calculation excludes added salt from daily prisoner issue.



*"The variety of fruit provided at the AMC is governed by seasonal availability, (e.g. in the warmer weather we increase the variety with the addition of bananas & mandarins). In 2009, the AMC had fresh fruit salad on the menu, once a week, but this proved unpopular and was changed for the tinned fruit option.*

*AMC Food Services Manager will investigate the feasibility of increasing the fresh fruit rations to detainees, taking into account dietary guidelines & food budget parameters*

*We can look at introducing fresh made yoghurt & fruit to assist with the increase in the weekly fruit intake of detainees."*

### **13.3.8 Vegetables**

Overall the quantity of non-starchy vegetables on the menu for detainees in cell accommodation was lower than recommended, with an approximate range of 100-180g per person per day, whereas, generally it would be recommended to try and achieve at least 225g per day where starchy vegetables (e.g. potato) are also served. In the correctional context, vegetables are generally not popular. However strategies can be employed to enhance consumption through increasing salads on the menu and also increasing the vegetable quantity in wet dishes (e.g. bolognaise sauce) and soups, as well as increasing frequency of stir fries. Vegetable type and quantity should be specified on standardised recipes to assure meal quality and achieve this aim.

During the onsite visit the quantity of additional vegetables observed being added to the bolognaise sauce was insufficient to meaningfully impact the quantity available to offenders. Interview with the cook supported that this was similar for other dishes where vegetable quantity could easily be increased. There may be variability between cooks, so standardised recipes need to specify vegetables to these dishes and compliance to these recipes assured.

The predominant potato product being used at the time of review was a pre-prepared frozen mashed potato suited for the cook chill system. **Appendix 3, Image 5** shows a sample of the heated potato product used. The serve size of this product is only 90g, whereas in this setting males can easily eat quantities of up to 200g. The mashed potato used was approximately 12% fat (6% saturated), whereas if the product was being prepared 'in house' added fat (and saturated fat) could be minimised.

#### **Recommendation: 6**

*That the following actions are taken:*

- *Increase quantity and variety of vegetables in menu items;*
- *Review standardised recipes to increase proportion and quantity of vegetables, and assure quality;*
- *Increase salads on the menu;*
- *Increase the serving size of potato on the menu, and include more 'in house' potato products low in fat and saturated fat;*

**Note:** *ACT Corrective Services advise that standard recipes will be reviewed in conjunction with the recommendations from this report on increasing the variety & portion size of the vegetables including potato portions.*

### **13.3.9 Milk and milk products**

The quantity of milk provided to detainees was appropriate (including women in pregnancy and lactation), and was suited to the menu, with sufficient milk available for cold breakfast cereals.

The standard provision was for 'whole' (full fat) milk, with skim milk available for special diets. As stated above, the major contributor on average to saturated fat is full cream milk at 4% of total energy for the daily food intake available per detainee. Current dietary recommendations are for reduced fat milk (not skim), with low fat milk has been successfully been implemented in many other correctional facilities in Australia. Low fat milk is a slightly more expensive option. However, it is a duty of care issue in the area of chronic disease prevention.

The exception to the above is for young children who may be accommodated with mothers.

For detainees in both cell and cottage accommodation, yoghurt was not available as part of the standard food provision. Yoghurt is a nutritious food, and is a 'better' food choice than some desserts provided on the menus, such as mousses and cream.

#### **Recommendation: 7**

*That low fat milk in place of full cream milk at the same quantity is introduced to all detainees and yoghurt is included on the standard menu. An exception to the low fat milk recommendation is for young children who may be accommodated with mothers;*

**Note:** Concerning the above Recommendation in relation to low fat milk, ACT Corrective Services has advised:

*"In the first few months of operation, the AMC trialled low fat milk for all detainees, with poor feedback and lack of satisfaction. In consultation with the manager of the Hume Health Centre, the AMC changed the milk to the current standard milk but provide the options of low fat, skim and soy milk for detainees who have varying dietary or lifestyle requirements. Several detainees are taking advantage of this choice.*

*AMC Food Services Manager has advised that he will again trial low fat milk and gauge the response from detainees in the interest of improving detainee nutrition."*

Concerning the Recommendation relating to yoghurt ACT Corrective Services have advised:

*"ACT Corrective Services has agreed to include yoghurt on the new menu and has commenced sourcing information from its suppliers regarding the making of fresh yoghurt in-house. Yoghurt will be on the dessert menu several times replacing a less healthy option such as mousse etc."*

### **13.3.10 Breakfast cereals**

Breakfast cereals used were fortified, which is consistent with good practice in this setting. Review showed a distribution of approximately 60 high fibre: 40 low fibre of high fibre cereals to low fibre cereals which is acceptable.

### **13.3.11 Fish**

Fish is offered generally once per week. Crumbed fish is provided one week and baked fish the next week. Crumbed fish is considered a higher fat choice. Generally for menus it is recommended to offer closer to two serves per week, with lower fat choices offered (for example steamed or baked fish, rather than crumbed or deep fried). In the custodial environment, often there are groups who dislike fish, and where possible menus are recommended to be planned to provide a choice at this meal, rather than preparing individual 'no-seafood' diets.

An option to increase the provision of low fat fish meals is to provide canned tuna or canned salmon (depending on price) with lunches.

#### **Recommendation: 8**

*That, noting that non fat choices are not popular with detainees, consideration is given to increasing the provision of low fat fish meals by providing canned tuna or canned salmon (depending on price) with lunches;*

### **13.3.12 Legumes and pulses**

Current dietary recommendations are for the inclusion of legumes and pulses, and these foods are a good way to improve the nutritional profile of menus, particularly with tight budget constraints. Overall the provision was mainly through baked beans and the vegetarian menu options; however there was a limited quantity available. Legumes and pulses such as soybeans, chick peas, split peas, dried beans and tofu can be increased on the menu by their incorporation in salads, soups, and wet dishes, with quantity and type specified on standardised recipes to assure quality.

#### **Recommendation: 9**

*That legumes and pulses on the menu such as soybeans, chick peas, split peas, dried beans and tofu are increased through inclusion in salads, soups and wet dishes, with quantity and type specified on standardised recipes;*

### **13.3.13 Oils**

Good quality monounsaturated oils (such as olive oil and canola spray) were used in small quantity for general cooking purposes which is consistent with good practice. The cooking oils for deep frying in stock at the time of the onsite review had a saturated fat content between 18-36g per 100ml. As it is important to reduce the saturated fat content throughout the menu, utilising oils for deep frying with a saturated fat (and trans fatty

acids) content below this level will improve the overall fatty acid profile of the menu, and have minimal impact on budget.

**Recommendation: 10**

*That cooking oils are changed to those which contain less than 18g saturated fat per 100mL;*

**Note:** ACT Corrective Services has advised that it will review its current cooking (frying) oil.

**13.3.14 Bread**

The quantity of bread provided to detainees daily was appropriate. However, as described above, the variety offered was very limited, with majority of bread as sliced breads.

The majority of bread (approximately 60%) was refined (e.g. white bread), and current dietary recommendations are to increase high fibre breads and cereals.

**Recommendation: 11**

*That the variety of bread types available is increased as is the proportion of high fibre bread to low fibre bread;*

**Note:** Concerning the above Recommendation ACT Corrective Services have advised: "The AMC will endeavour to increase the ratio of multigrain and high fibre bread on the menu and has requested samples of white high fibre bread from its supplier to assess suitability".

**13.3.15 Standardised recipes**

The utilisation of standardised recipes are considered best practice in foodservice settings, particularly as the nutrition profile of meals can be assured and allergen risk can be managed as required for food safety programs. The use of standardised recipes can support healthy nutrition recommendations such as minimising sodium, increasing vegetables and legumes, and reducing saturated fats. The current menu is based loosely on a set of standardised recipes, however, upon review these recipes were out of date, and in need of revision.

**Recommendation: 12**

*That standardised recipes are revised to reflect current cooking practices and appropriate nutrition initiatives;*

**13.3.16 Deviations to the menu**

Where menus are well planned and organised, there should be minimal deviations. Deviations can disrupt the nutritional basis of the menus, as well as reduce customer satisfaction where foods served do not match descriptions provided, particularly if the change has not been well communicated. During the onsite audit, it was evident there was

a deviation to the advertised sandwich filling. This change did not appear to be communicated to other foodservice staff or detainees.

The Manager, Food Services advised that the menu deviation observed during the audit was an unusual occurrence and that he fully understood the need to adhere to approved menus with minimal deviations. He says that the deviation in sandwich choice observed during the audit was due to a supply issue which was quickly adjusted. To monitor quality standards, AMC Food Services will commence recording menu deviations.

## **13.4 Cottage food provision**

### **13.4.1 Overview**

Detainees in cottage accommodation have access to full cooking facilities, and order their food weekly, which is managed by the AMC foodservices. The foodservices have prepared recipe books for the cottages, and feedback from detainees about this book was positive, with some recipes being used. The array of equipment and facilities for cooking and storing food was suited to the task. Discussions with detainees with regard to self cooking facilities and food available indicated general satisfaction.

Detainees in cottages are each allocated a \$50 weekly allowance, to purchase foods from the 'Cottage Weekly Order Form', outlined in **Appendix 7**. In addition to this budget, bread and milk are issued daily at the same ration as for detainees in cell accommodation.

The expectation is that detainees pool their weekly food allowance to purchase foods for their unit as a group (for example a unit of 6). Calculators were provided to detainees to assist in calculating their weekly shopping list. Discussions with detainees and custodial staff indicated that most detainees pooled their weekly budget, and shared cooking duties. Discussions and observations of food holdings of a number of detainees, who were new to the cottages and preferred to manage their own foods, indicated they were successfully managing their food requirements.

The weekly food order form was reviewed against the Queensland Corrective Services Food and Nutrition Standards for High Secure facilities, and in 'theory' the recommended portions of foods to meet nutrient requirements could be achieved just within the \$50 budget allocated to detainees. This calculation is based on the assumption that for some items not all the entire product would be consumed within the week, for example half a packet of rice and for some items with a short shelf-life they may be shared, such as custard.

Review of the weekly food order form showed that there were some limitations in terms of food variety, particularly with regard fruits and vegetables. It is acknowledged that seasonality affects prices of these items.

Similarly as for detainees in cell accommodation, there are a limited range of bread and bread products available on this listing.

ACT Corrective Services advise that a review of the variety of products available on the weekly order form for cottage accommodation is being undertaken.

#### **13.4.2 Meat**

There was a predominance of high fat meat cuts available for purchase on the weekly list, and this is likely due to meet allocated budgets. Discussion with detainees in cottages, particularly in the women's unit indicated that the pre-packed sizes for some meats were large, and practices involved cooking the whole quantity in one meal (as meats were received frozen).

Current dietary recommendations do not support large serves of meats, particularly high fat varieties. For some meat on the listing, smaller quantity could be offered. Also, increasing availability of some smaller portions of leaner cuts of meats (for example skinless chicken breast), would support more healthy eating practices, and still be within budgets.

#### **Recommendation: 13**

*That on the weekly food list for cottages the packaging size of some meats should be reduced and the list should provide for additional leaner cuts of meat in small packaging size;*

#### **13.4.3 Health promoting foods**

There were inconsistencies with some of the food available from a nutritional perspective when comparing the weekly shopping list and the buy-ups. For example, cream, sour cream and puff pastry (considered less nutritionally desirable) were available on the weekly order form. However, yoghurt (a more healthful food choice) could only be purchased through the detainee buy-up scheme.

One female detainee expressed frustration at having to use personal funds to purchase yoghurt, and not being able to transfer unspent money from the weekly shopping list for such items on the 'buy-ups'. There needs to be clarity on the nutritional aims of the weekly food list, for example if it is to promote healthy eating, with professional advice provided from an Accredited Practising Dietitian.

#### **Recommendation: 14**

*That yoghurt is made available on the weekly food order list and that advice is sought from an Accredited Practising Dietitian on the nutritional aims of the weekly food list and its relationship with foods available to self fund on the detainee 'buy-ups';*

**Note:** ACT Corrective Services has advised that a qualified Dietitian will be formally engaged to assist with the review of food services.

#### **13.4.4 Foods available to suit low cooking skills**

There were limited healthful convenience and semi-convenience foods (for example curry sauce) available on the weekly food listing. Current community practice in meal preparation

includes utilisation of some of these foods, with less of the population cooking all meals from 'scratch'.

Convenience and semi-convenience foods can still be incorporated within a tight budget, and a healthful diet achieved. Inspection of freezers in cottages showed purchase of pies and sausage rolls, and it is likely that for detainees with low cooking skills that there may be a reliance on these less healthful food options. Input from an Accredited Practising Dietitian in consultation with detainees would be required to determine suitable additional convenience foods to include on the listing to help support practical healthy eating.

Feedback from staff in accommodation areas at the time of the review was that while detainees cooking programs were available to assist in basic food preparation skill development, participation by detainees was limited.

**Recommendation: 15**

*That advice is sought from an Accredited Practising Dietitian on suitable convenience and semi-convenience foods to be included in weekly food order list to promote healthful eating practices having regard to cooking abilities;*

**Note:** ACT Corrective Services has advised that a qualified Dietitian will be formally engaged to assist with the review of food services;

**Recommendation: 16**

*That greater detainee participation in the existing detainee cooking programs is encouraged;*

**13.4.5 Roles and responsibilities of custodial staff supporting foodservices**

Upon review of cooking facilities in the cottages it was evident that stoves were being poorly maintained. **Appendix 3, images 6 and 7** depict a stove top and oven where there is a heavy build up of food residue, which would likely have accumulated over a long period of time. Many of the stoves in the cottages observed during the site visits were similar.

Discussion with the foodservice manager indicated that the management of suitable stove and oven cleaners rested with custodial staff as there was concern with the supervision of potentially caustic chemicals; however suitable stove and oven cleaners had not been provided to detainees and the issue hadn't been resolved since the facility opened.

The kitchen facilities in one of the women's cottages reviewed in the mid-morning was poorly kept, with a leftover chicken sitting on a bench from the evening meal the night before. It was unclear if custodial staff were responsible for encouraging detainees to keep facilities clean and tidy, particularly as this lack of attention to cleanliness is a food safety risk.

This appeared to be a frustration for the foodservice department, as it is responsible for food safety within the facility, but has limited control over activities at the accommodation

level. The AMC food safety program did not clearly cover activities at the detainee accommodation level. This risk can be managed by review of duty statements and training of custodial staff in relation to food safety.

**Recommendation: 17**

*That issues around the provision of suitable cleaners for ovens and stove tops is resolved;*

**Note:** In relation to the above Recommendation ACT Corrective Services has advised: "The AMC Superintendent has confirmed that kitchen cleanliness will be included in post duties".

**Recommendation: 18**

*That the facilities food safety program is reviewed to cover supervision of food hygiene in detainee accommodation areas including roles and responsibility of custodial staff in relation to food safety;*

**Note:** In relation to the above Recommendation ACT Corrective Services have advised: "The AMC Food Services Manager will review the food safety program to address this issue. For background, the current food safety program was fully approved and proof read by ACT Health Protection Services before the kitchen became operational and as stated was audited several months previously which we passed with flying colours. To date, the AMC has not had an instance of a food safety or food poisoning occurrence."

Nevertheless, as covered in this Report the auditor did identify food hygiene issues that must be urgently addressed.

### **13.5 Self funded foods, snacks purchases**

All detainees have access to additional 'snack' food items through a weekly 'buy-up' list, with the array of food available dependant on accommodation type. **Appendix 9** outlines the Buy-ups form with foods available to detainees at the time of the onsite audit. Overall the array of additional food items is suitable, however, of note, low joule drinks do not appear to be available. These drinks are beneficial for individuals self managing their health.

Similar to the meat available on the cottage weekly lists, some meat packaging sizes are large, and it is recommended to reduce these, as described previously.

In addition to the weekly buy-ups, items can be purchased through the monthly 'activities buy-up' (**Appendix 10**) such as items with a food and nutrition relevance including vitamin and mineral supplements, small electrical equipment (e.g. sandwich toasters and rice cookers), and microwave dishes. These additional items are appropriate for the setting from a food and nutrition perspective.

**Recommendation: 19**

*That low joule cordials and soft drinks are included on detainee buy-ups and the packaging size of meats on detainee buy-ups is reduced;*



**Note:** ACT Corrective Services advise that this recommendation will be considered during the review period of the cottage and buy-ups list.

### **13.6 'BBQ' packs for visits**

Detainees can arrange to have a 'BBQ pack' for visits, which are self funded. These packs are pre-ordered with AMC staff, and the foodservice is responsible for purchasing meat from an outside supplier for these packs. During the onsite review, there was an incident where a detainee had pre-ordered a BBQ pack, however, it was unable to be supplied for the detainee visit as the order had not been communicated to the foodservice for the meat to be purchased and available in the facility at the time of the visit.

ACT Corrective Services have advised that systems have been implemented to ensure that the above problem is not repeated.

### **13.7 Staff meals**

The AMC foodservice also caters for staff onsite at the facility, with meals prepared in the main kitchen and served in the staff dining area. Staff meals operate on a cost recovery system with staff paying for meals. Preparation of staff meals (and functions) provides an opportunity for developing skills of detainee kitchen hands, as well as adding work variety for cooks.

Overall the food provided was appropriate; however, there is an opportunity to enhance staff wellness through health promotion initiatives with staff meals.

#### **Recommendation: 20**

*That in consultation with staff representatives' consideration is given to enhancing staff wellness through health promotion initiatives;*

**Note:** ACT Corrective Services say that AMC Food Services actively encourages healthy eating for staff by providing vegetables and a self-serve salad bar every day at cost recovery prices. The salad bar is a very popular meal choice even during the cooler months.

### **13.8 Food safety**

The foodservice has a Food Safety Program in operation, which covers the main kitchen and stores area. The AMC foodservice has been registered as a food business by ACT Health, in compliance with the 2001 Food Act. ACT Corrective Services advise that the current food safety program was fully approved by ACT Health Protection Services before the AMC kitchen became operational and has been audited since the commencement of operations and passed the audit. The auditor has asked for a copy of this audit report but it has not been provided.

At the time of the onsite audit, facilities were clean, records up-to-date, and staff displayed appropriate food handling procedures indicating good compliance to the program.

Questioning of foodservice staff on food handling practices confirmed sound knowledge in food safety, and every day practices and routines consistent with the food safety program.

The food safety program had limited description of risk management of food safety activities outside of the main kitchen with regard meal transport and distribution of food in detainee cell accommodation areas. Also, as outlined above, there were limitations of the program with regard to cottages and food handling activities.

**Recommendation: 21**

*That the food safety program is reviewed to cover activities of meal transport and distribution of food in detainee accommodation areas, including custodial staff responsibilities;*

**Note:** ACT Corrective Services advises that it acknowledges this recommendation and will review its food safety program.

### **13.9 Accredited Practising Dietitian input into food provision**

Some limited dietetic advice by Accredited Practising Dietitians has been provided on the menus and weekly food lists by ACT community Dietitians, however this work was not within the then current scope of this service, nor was there 'fee for service'. The food provision at AMC requires a more formal arrangement for dietetic services, particularly to address some of the issues identified in this review.

Review of the special medical diets indicated some very outdated (non-evidence based) practices, for example additional milk provision for stomach ulcers. In the correctional setting where special diets (including medical diets) are not well managed, these can very quickly become unmanageable for foodservices, and it is imperative that appropriate dietetic advice from an Accredited Practising Dietitian be sought on their management.

No formal dietetic services have been provided to the AMC health service, and other areas noted in this facility where Dietitians can have a valuable input into health care which in this context includes diabetes management and pregnancy.

**Recommendation: 22**

*That an Accredited Practising Dietitian is formally engaged to provide input into menus and food related activities and to provide dietetic services to the AMC health service on an ongoing consultancy basis;*

**Note:** ACT Corrective Services has advised that a qualified Dietitian will be formally engaged to assist with the review of food services;

### **13.10 Detainee feedback on food**

AMC foodservices have been actively involved in the establishment phase, implementing systems and processes. Foodservices have participated in some detainee delegates meetings; however, few food issues have been raised. Changes to the menu have been

made as a result of some detainee feedback, for example sauce on some sandwiches (also the plan to introduce bread rolls at lunch).

During the meal time observation in one of the cell accommodation units, detainees were 'heated' when discussing the food provision and making comments that for some meals, particularly sandwiches there was high wastage, and complaints about food quality. Some of these sentiments are also expressed in the comments on the foodservice satisfaction survey.

ACT Corrective Services advise that in their opinion the negativity in relation to food exhibited to the auditor from the group of high security detainees in the cell block must be viewed in the context of negative attitudes currently being exhibited by some of these detainees in relation to a range of matters. The Food Services Manager, who was present in the cell block with the auditor when the detainees were heatedly voicing their opinions, is strongly of the view that some detainees were taking the opportunity of the auditor's presence to create some unwarranted dissension.

However, to ensure a level of objectivity in dealing with concerns that are raised in relation to food it is essential that the foodservice collect formal feedback on the meal provision and implement as standard practice quality reviews to inform service improvements, as well as assist in nutritional assessments and advice for menus. Examples of activities include meal time observations in accommodation areas, food wastage monitoring and foodservice satisfaction, either through focus groups or surveys.

The AMC has a formal detainee feedback process through the detainee delegates meeting. Detainees are able to forward their concerns or requests through their representative on this forum.

The detainee delegates and AMC Management meet every month to address issues etc. The meetings are chaired and minutes recorded by the Superintendent or Deputy Superintendent and attendance by all departmental managers (including Food Services) are mandatory.

However, formal quality reviews including the activities covered above should be implemented.

**Recommendation: 23**

*That a system for ongoing formal quality feedback on foodservice provision is implemented;*

### **13.11 Foods banned due to security concerns**

There were inconsistencies with foods not provided within the correctional centre due to security reasons. ACT Corrective Services advised that items are included on the banned list because they can be used in the making of contraband alcohol (e.g. sugar, honey, vegemite) or because they can be used as weapons e.g. pepper".

There were some comments that certain fruits were not provided in particular areas of the correctional centre due to security concerns by staff, however this was difficult to verify.

In addition, foodservice staff reported monitoring food ordering patterns of detainees in cottage accommodation for large quantities of particular items due to security concerns (for example potatoes – potential for brews).

There is great variability in correctional management practices with regard 'banning' of foods within prisons. However there are facilities in Australia who successfully provide these food items. Banning food items can have negative consequence on the nutritional profile of detainee diets, particularly where items such as fruit are lowered, as well as also causing dissatisfaction with food.

**Recommendation: 24**

*That the issue of "banned food" is reviewed with the aim of greater liberalisation so that the nutritional profile of detainee diets is not compromised;*

**Note:** *ACT Corrective Services has advised that the list is being reviewed but that the focus on safety and contraband will be retained.*

**13.12 List of Appendices**

1. AMC Foodservice Satisfaction Survey Form
2. AMC Menu April 2010
3. AMC Images
4. Comparison of AMC Food Provision to Draft Queensland Corrective Services Food & Nutrition Standards & Guidelines - High Secure Facilities - Version May 2010
5. Foodservice Satisfaction Survey Results
6. AMC Nutritional Analysis Cell Accommodation menu
7. AMC Cottage Weekly Order Form
8. AMC Periodic Detention Centre Food Order Form
9. AMC Buy Up forms December 2009
10. AMC Activities Buy Up Form July 2010

## **14 Health and Hygiene**

### **14.1 The structure of this health audit report**

This report is structured as follows: a discussion of the physical layout and equipment of the health centre is followed by a discussion of the logistics of and services provided by Hume Health at AMC. Then a number matters are considered - broadly divided into services provided to detainees, sexual and drug-related services, and finally a consideration of the care of pregnancy and the newborn.

### **14.2 Introduction**

The Hume Health Centre is operated by Corrections Health Program (CHP), an organisation that resides in Community Health which is part of the Clinical Operations of ACT Health. Hume Health Centre is physically located within the AMC. Corrections Health advise that a deliberate decision was made not to include any reference to the AMC in the name of the centre as part of a range of initiatives to ensure that the centre is seen as no different to any other Community Health centre in the type and quality of services provided.

The leadership of Corrections Health impressed as dedicated to the task of providing an independent high quality health service to detainees within the AMC. They have advised the audit team that Corrections Health committed to continuous improvement of this service throughout the developmental stage of the AMC from Commissioning date in March 2009 to the present time and beyond. All members of the Corrections Health Leadership Team, Doctors and Nursing staff who were consulted as part of this audit cooperated fully with the audit team, provided their professional input freely and have engaged constructively with the audit team in discussions concerning recommendations in this report.

The Australian Capital Territory Corrections Management Act 2007 – A2007 – 15, Republication No 7, Effective 19 December 2009, Section 21 provides for the appointment of Doctors to the AMC. Section 21 says:

#### **"Doctors – Health Services Appointments**

- (1) The chief executive responsible for the administration of the Public Health Act 1997 must appoint a doctor for each correctional centre.*
- (2) The doctor's functions are –*
  - (a) To provide health services to detainees; and*
  - (b) To protect the health of detainees (including preventing the spread of disease at correctional centres).*
- (3) A doctor appointed for a correctional centre must be available to provide health services at the centre at least once each week;*

*(4) The doctor may give written directions to the chief executive for subsection (2) (b).*

*(5) The chief executive must ensure that each direction under subsection (4) is complied with unless the chief executive believes, on reasonable grounds, that compliance would undermine security or good order at the correctional centre."*

In addition Section 22 of the Australian Capital Territory Corrections Management Act 2007 says:

**"Health professionals – non-therapeutic functions**

*(1) The chief executive must appoint a health professional to exercise non-therapeutic functions at each correctional centre.*

*Note* **Health professional** includes a doctor and nurse registered under the Health Professionals Act 2004.

*(2) In this section:*

*Non-therapeutic function does not include a health service or other function mentioned in Section 21."*

Corrections Health professionals at AMC work under the authority devolving from the above Sections of the Australian Capital Territory Corrections Management Act 2007.

## **14.3 Operation of the Hume Health Centre**

### **14.3.1 Overview**

The Hume Health Centre operates on a hierarchy of care model with nurses offering first point of contact primary care to detainees, General Practitioners providing the secondary level of care and referral to specialist doctors for tertiary level care.

The Hume Health Centre at the AMC is managed by corrections staff who control access to the health centre, and by CHP who handle the appointments. An officer is present in the centre, and a 'roving' officer organizes transfer of detainees from the units to the centre for treatment and appointments.

The Director of Medical Services has overall responsibility under Section 21 of the Corrections Management Act. Other management staff are a Manager, and a Clinical Nurse Consultant. 6 nurses work in the centre daily and 5 doctors do clinics (GPs rotate on a fortnightly basis). GPs provide a 7 day per week, 24 hours per day on call service. There is adequate GP presence in the centre – in other words the 'GP/patient ratio' is similar to that in the community.

The nursing staff are increasing in number and responsibility with the aim of widening the scope of nursing practice. It is intended they take on a significant role in blood-borne viruses, sexually transmitted diseases, immunisations and health protection issues.

Mental health services are run by the Director of Forensic Health, and a Team Leader of psychological services. Four psychologists work in the AMC, two each half of the day.

Dental clinics are provided 3 days per fortnight and the Principal Dental Officer attends on an ad hoc basis for more complex issues. Ophthalmology services are provided at Calvary Hospital. Podiatry is available as part of the community health service. Physiotherapy services are provided as part of the CHP services offsite.

#### **14.3.2 Division between services provided to detainees**

Thus there is an organisational division between the various health services provided at the AMC and between Corrections Health and ACT Corrective Services. The auditor was informed that these structural divisions have caused unnecessary barriers to smooth co-operation which is not always in the best interests of the detainee. A reorganisation of health facilities is planned for 2011 which may ameliorate this.

The auditor has been advised that there are a number of forums to support collaborative care: the Adult Justice Health Committee between ACT Corrective Services and ACT Health meets quarterly. The Joint Internal Governance Committee between Mental Health ACT and Community Health that meets monthly to address strategic and operational issues between the two services. Finally the weekly AMC Management meeting at the officer level discusses operational issues.

These meetings are all necessary, but do not address the issue here which is that it is reported there is no way in which day-to-day management of health services to detainees is coordinated between the individual government and non-government organisations. Interviews with a range of stakeholders suggest that, while there is a broad range of internal (custodial psychology services, psychiatry and health services) and external services (i.e. outreach Drug and Alcohol, sexual and rape counselling, transition unit etc), their integration is, in practice, lacking.<sup>15</sup>

#### **Finding: 1**

*That there is a need for coordination of the management of health services to detainees between the individual government and non-government agencies;*

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<sup>15</sup> NOTE: ACT Health comment that *"This concept of separate management models is supported by ACT Health (i.e. the separation of Health and Custodial Services) as evidence from other jurisdictions indicates that health outcomes are better if they are provided by a health service rather than a custodial service"*

**Recommendation: 1**

*That consideration is given to initiatives to achieve better integration between services provided by the Health and Justice departments, with a single reporting line rather than diverse management;*<sup>16</sup>

Nurses are available from 7.00am – 9.00pm, and an hour less at weekends. The detainees from Remand, Management Unit and CSU are locked down for lunch 12.00 noon – 1.00pm, and the afternoon clinic starts operation at around 1.30pm. There is often a morning muster at 11am, which stops movement to the clinic. Six detainees (one every 20 minutes) are booked for each GP session, while other detainees attend nurse care appointments and allied health appointments as needed.

Primary care nurses provide triaging and intervention for minor conditions, and the ability to escalate for medical review if they are significantly concerned. This frees up medical time for more complex issues.

Appointments are made by the administrative secretary at the clinic desk. Detainees can request an appointment by filling in a Detainee Request Form, or by talking to the nurse on a Medication Round. Officers have no control over whether the form is submitted - it is sent directly to Correctional Health Program. Feedback from staff and officers confirms that this actually happens, and there is no apparent barrier to detainees requesting medical attention.

Requests are triaged by the nurses on the day. Urgent cases are seen on the day of request, or the day following. Other cases are booked depending on the availability of the GP and the condition treated.

Correctional officers are trained in first aid and they are the first to attend any situation in the correctional centre. Usually the nurse will be called during working hours as needed. A doctor is on-call all the time.

The medical on-call roster is the appropriate support mechanism for after-hours care. The Program Director and General Manager are the escalation points if the on-call doctor is unable to manage a situation. Emergencies out of hours are referred either to the doctor on call, who may visit, or to the local ambulance.

Mental health emergencies are referred to the doctor on call. There are no after hours counselling or mental health nurse provision. The first point of contact is Corrections Services, then cases are referred to the community mental health (CATT) team (but see comments later in the report concerning the availability of the CATT team at AMC).

A Recommendation is made later in this report where Mental Health is dealt with in more detail relating to the need for greatly enhanced counselling services within the AMC.

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<sup>16</sup> MHACT notes (Nov 2010): “*This is being progressed by Mental Health ACT*”



### **14.3.3 Health services standing in the correctional centre community**

The custodial-health relationship is one of the most important things to get right in a correctional centre if effective health care is to be delivered. There is ample evidence that AMC has a good working relationship between the two services. The auditor was often told, without prompting, how much health services is held in regard among custodial officers, and health staff praised the extent to which custodial officers went out of their way to help the smooth operation of the health services.

Health service complaints to the Health Services Commission have only numbered 23 in the past 12 months, which is a low number. The complaints were mostly about delayed access to medical care (see next section), some about the medication received, and a few miscellaneous complaints.

#### **Finding: 2**

*That Hume Health services has an excellent rapport with custodial services at AMC, and that in the day-to-day working of the correctional centre, staff from both sides help each other as much as possible to deliver the best care they can for detainees;*

### **14.3.4 The Health Centre physical problems**

The Health Centre has some design issues that are being reviewed. Staff have become used to it, but the most obvious problem is the number of interlocked doors preventing movement of staff within the working area. While detainees should be restricted by secured access, staff should be able to move freely within the non-contact area.

The front counter is staffed by an officer, but access to the consulting area serviced by psychological staff is via a locked door, so it is possible that a staff member can be trapped in the locked corridor in the event of an assault. The consulting rooms have two doors, but in the mental health area the desk is oriented such that access to the escape route could be blocked by an attacker.

#### **Finding: 3**

*That the Health Centre has some design issues that are being reviewed;*

#### **Recommendation: 2**

*That the mental health consulting room is made safe such that staff cannot be trapped in either the room or corridor;*

Access by staff to the toilet involves going through at least two locked doors using a key fob and code panel.

Because of the design, contact between CHP and Mental Health staff is limited since their rooms are on opposite sides of the health centre. Mental health is a significant part of correctional centre health, and easy contact between the disciplines improves detainee care. Since moving to AMC there is limited contact, which was commented on by both sets of staff.

*Note: since the audit visit it is reported that some of the doors have been removed, and some converted to local (and not central) swipe card operation.*

There is some disharmony between Mental Health and Correctional Health which is worsened by the physical constraints of their workplace. The audit team has been advised that whilst the first year of operation at the AMC saw challenges with Mental Health ACT and the Corrections Health Program, considerable work has been undertaken, as is usual in the first year of operations in any unit, to identify effective, efficient working relationships to the benefit of the patients of the AMC.

This work will be further enhanced by the ACT Health restructure which will be implemented on 28 February 2011 which will see both Mental Health ACT and Corrections Health aligned to form one Division.

A recommendation relating to the issue of disharmony between staff has been made later in this report where Mental Health is dealt with in more detail.

#### **14.3.5 Medication storage area**

The medication storage area which is also used for dispensing and sorting medications has no sink and is small. Staff have problems working in the room.

*Note: Since the audit visit it is reported that there are plans to split the medication handling area into two – the existing small room will be used for storage and handling of secure medication (narcotics etc), while another larger room is to be converted to a storage and dispensing area. This room will have access to a sink and ample room to work.*

#### **14.3.6 Holding wards in the Health Centre**

The health centre was designed with three cells designed to act as low-care or observation rooms. This would theoretically provide a halfway house between the cell blocks and the external hospital. It has been suggested that these cells are used for this purpose now. Unfortunately, while this is a good idea, it is not feasible.

The reason that the rooms cannot be used as wards is:

Firstly, lack of resources: The health centre operates from 7.00am – 9.00pm. Of that time, nurses are out of the centre on medication rounds up to about 10am and after about 5.00pm. There is thus limited time for care of detainees. If the wards were to be opened up for 'halfway care', it would be necessary to employ extra staff to look after the detainees when present.

If detainees were kept overnight in these wards, 24 hour nursing cover requires extra nurses trained in such care and such staff would have to be provided. Given the number of times this would happen, and the difficulty in providing the service, it is simply not cost-effective. The present arrangement, whereby the detainees are either transferred to

hospital, or returned to the accommodation units, is not only practicable but is medically safe.

Secondly the health service model is based on that found in the community rather than an institutional health service. In other words the aim is to provide a similar standard of healthcare to that found in the general community. In the community there is no overnight nursing care at home and similarly there is no overnight nursing care at Hume Health Centre. If someone is not well enough to stay overnight in the correctional centre, they go to hospital.

Thirdly, clinical expertise across the range of conditions would be impossible to ensure for such small numbers, potentially compromising both quality and safety.

Apparently there is no 'bed block' for detainees, in that the Canberra Public Hospital accommodates them as needed. There is, of course, a cost for escort services. There is a rebuilding program underway at the public hospital which will include a secure area thus reducing the escort cost.

One of the rooms is used to house an inmate needing special custodial care, while the other has been turned into an office. The third room is used as a temporary ward for observation or treatment for a few hours – for example for a detainee post-assault, or to sort out a diagnosis before further treatment. This room is not used for more than a few hours at a time.

In practice the distinction between what is available at AMC for 'intermediate care' and what cases should be sent to the hospital is easy to make, and the standard of care is similar to that found in the community.

The auditor was informed that CSU used to be (effectively) used as a 'holding ward' for patients with medical conditions needing monitoring (epilepsy, asthma, alcohol withdrawal). Corrections Health has acknowledged that this was not appropriate use of the CSU. Corrections Health and ACT Corrective Services have met in order to develop processes to resolve this matter. Both organisations are continuing to work together to ensure proper usage of the CSU.

Cases of alcohol withdrawal may be held in CSU for psychological reasons when the medical problems related to alcohol have ceased.

**Recommendation: 3**

*That the ACT Corrective Services and Corrections Health Program expedite finalisation of the process to resolve matters pertaining to the CSU being used as a "holding ward";*



The three wards

### 14.3.7 Equipment in the Health Centre

#### 14.3.7.1 Medication trolleys

The medication trolleys are used on medication rounds for about 2 hours morning and evening when they are taken to the units by a nurse accompanied by a correctional officer.

The trolleys have been improved since the original design, but are still a problem. Essentially they are trolleys designed for indoor use where there are smooth horizontal floors but they are actually being used outdoors on uneven concrete with grass edges.

It has been reported to the auditor by management that the staff safety issues related to the Medication trolley have been assessed by the Injury Prevention and Management Unit and all recommendations have been implemented.

However this has not addressed the outstanding issues with the design of the trolleys which make it hard for the staff to manoeuvre them on the twice-daily medication round. While there may be a number of problems which were not reported during the audit, some specific comments made by the staff at the time of the audit were:

- 1) The trolley drawers have a tendency to slide open when the trolley is turned.
- 2) The wheels catch on concrete edges.
- 3) The trolley is hard to manoeuvre in high winds.
- 4) The trolley is too heavy for some of the smaller staff.

This photo below shows one of the trolleys piled with documents and medication as it would be wheeled around the correctional centre, and it can be easily seen why they are a problem. The alterations required are minor. **Note:** ACT Health comments: "*The CHP is*

*trialling different medication trolleys, and is investigating purpose built trolleys; this work is ongoing."*



These medication trolleys need modification

**Recommendation: 4**

*That the medication trolleys are further modified to suit staff needs;*

**14.3.7.2 Storage of medication in the units**

It was reported to the auditor that the possibility is being explored of holding non-narcotic and non-dangerous medication in a secure storage area in each unit to obviate wheeling so much medication back and forth twice a day.

**14.3.7.3 Low temperature fridge**

Some medication and vaccines must be kept in a fridge where the temperature does not vary above and below certain limits. The fridge has a temperature control and recording unit which is checked every day. The details are entered into a logbook, which clearly shows acceptable high and low limits (the page is coloured outside the correct limits).

When examined, there were gaps in the daily record where the fridge had not been checked. Of more concern was the finding that the maximum temperature had been recorded as above the acceptable upper limit for an extended period of at least 4 weeks. If this occurs then instructions clearly state that the Health Department should be contacted to rectify the problem. This had not been done. Accordingly it must be assumed that the medication had exceeded the permissible temperature range and should be destroyed and the fridge should be repaired.

*NOTE: Since the audit it has been reported that the fault lay in the external temperature log, and a check of the (more accurate) independent temperature log inside the fridge showed that no adverse temperatures were experienced. This does not, of course, excuse*

*the staff continuing to record temperatures in the external log book which were outside the limits, that recordings were missed, and that reporting procedures were not followed.*

**Recommendation: 5**

*That the procedures involving the temperature controlled fridge are improved such that the medication does not exceed the required temperature bounds;*

**14.3.7.4 Emergency medical equipment**

Health centre staff are available from 7.00am – 9.00pm each day, outside these times custodial officers handle emergencies.

During the planning phase of the AMC a community health centre model was adopted. It was decided that the AMC would rely on nearby ambulance teams to attend in case of emergency. Tests showed that the arrival time was around 7 minutes.

Accordingly the equipment held in the health centre is fairly basic. Oxy-viva units and defibrillators are in the centre and in the accommodation units in the correctional centre. There is a doctor's equipment bag containing Guedel airways, gloves, bandages etc, plus a box of medications drugs in the medication room. The treatment room contains a defibrillator and oxy-viva.

Portable backpacks are on the market containing enough equipment to stabilise patients in most emergencies ('Parry Pack' etc), which can easily be carried to the scene. They are not excessively expensive and are designed to be used in situations such as AMC. It would seem prudent to carry such equipment should the external providers be unable to attend quickly.

**Recommendation: 6**

*That a Parry Pack (or similar) be provided so that in the event of delay in getting external help the medical staff can deal with life threatening emergencies and have sufficient resources to stabilise a patient until transport arrives;*

**14.3.8 Waiting times for access to medical care**

There have been complaints about the length of time taken to see a doctor at the Hume Health Centre. It appears the efficient operation of the health centre is affected by internal and external factors which reduce the throughput of patients such that some patients cannot be seen by a GP within a reasonable time (nurses see patients as needed, but it is the GP access being discussed here).

This section of the report examines the operation of the Hume Health centre based on actual data recorded in the clinic, and on schedules and problems reported to the auditor. The approach is similar to that used in analysing throughput in any community General Practice.

An audit of the previous 3 months of visits to the GP (the audit was of patients' actually seen, not booked patients) reveals that on average there are 27 consultations per week. The week-to-week number does not vary much around this average.

Patients wanting an appointment are triaged into 4 Categories by a nurse. Category 1 are urgent cases, always seen as soon as possible, then varying priority in Category 2 and 3, with Category 4 being non-urgent. Category 4 patients typically wait up to 2 weeks before being seen, sometimes up to 4 weeks, and rarely 6 weeks. At the time of audit the next available appointment was 1 week ahead.

The AMC Correctional Health Service aims to deliver 'community standard' health care. Waiting times such as this fall short of what could be expected in a community health service and fall far short of what a member of the general public can expect from their GP in a private practice. In the experience of the auditor most general practices accommodate a patient within 3 days. However health authorities in the ACT advise that the experience in the ACT is longer than 3 days.

Hume Health Centre runs 5 GP sessions weekly, Monday - Friday 10.00 am -12.00 noon (excepting Thursday which is for other services such as the dentist and visiting specialists). One session is provided by a GP from the Aboriginal Health Service who visits on Tuesday afternoon 2.00pm - 4.00pm and one session is for women. Thus the health service offers 10 hours of available GP time, booked at 3 patients per hour of which 8 are for the majority of the detainees and two sessions for selected detainee groups.

The normal rate of booking in the community is at least 4 patients per hour, which, if Corrections Health used this booking rate, should offer 40 consultations per week. Currently Hume Health offers 30 since they book every 20 minutes. The Director of Corrections Health Program reports that it is his opinion this is a reasonable length of time for a consultation since detainees have more complex medical cases than those in the community and thus need extra time.

The Australian figures for population per GP is about 1100 for 40 hours consultation per week. This, scaled down to the population in AMC (300 detainees) shows that the current available 10 hours of consultation is, in itself, about right.

Thus the number of consulting hours, and the number of GPs is appropriate for the population size but clearly the waiting time for appointments for non-urgent cases is too long.

When analysing any dynamic system it is rare that one factor alone affects its operation. It is much more common that delays in the operation are multifactorial. Hume Health is no exception, and it appears that there are a number of reasons for the extended delay in seeing non-urgent cases:

1. The auditor was advised that some doctors – both GPs and psychiatrists - arrive late for their session (reportedly up to half an hour), slowing down throughput. When

the consultation session is only 2 hours long, any small delay in delivering services is significant. The reasons for the delay are not necessarily personal – there are often delays getting into the correctional centre due to problems processing at entry, and lockdowns and restricted movement can delay access to the health centre.

2. Staff advised the auditor that there is a variation in the speed in which different doctors conduct consultations which is consistent with what is found in General Practice. The Director of the Corrections Health Program advises that the length of time of consultations is dependent on:
  - The presenting clinical need of the patient and is appropriately at the discretion of the medical officer; and
  - Paperwork such as discharge summaries has to be done in the session, which decreases the time spent with each detainee.
3. There is a morning muster at 11.00am. This halts movement in the correctional centre, and stops patients accessing the clinic in the latter half of the morning session. Unfortunately all clinics except one take place in the morning, so the GP clinic is frequently halted.
4. The above factors combine to exert a 'domino' effect on appointments such that the number of detainees seen in the session is much reduced. Detainees missing out have to be rebooked, which further delays those in the queue.
5. Of course urgent cases are always seen immediately – and these cases often take a while to sort out. With only 3 detainees booked per hour an emergency can push the appointments back significantly. It is easy to see why delays get longer and longer.
6. Two custodial officers are supposed to be allocated to the health centre – one permanently in the building, the other designated a 'rover' who escorts patients from the units to the health centre. This 'rover' position is often the first to be transferred if the correctional centre is short of staff, but is the crucial position for the health centre operation – without a 'rover' the health centre stops working since no detainees can be moved. **Note:** ACT Corrective Services advise that recent roster changes have solved this problem;
7. If there is a medical escort to an external appointment, the rover is often absent since a medical escort creates a temporary staff shortage;
8. Sometimes there is a rover in the afternoon but not in the morning – but all the GP clinics except one take place in the morning. So patients for that day are not seen by the GP; **Note:** ACT Corrective Services advise that the Health Centre is allocated one custodial officer and a rover can be utilised for health purposes and other



purposes as determined by senior custodial staff. It is the case that when staff are absent, rover positions are among the first posts not to be filled;

9. Detainees change their mind about going to the GP, which delays the clinic – a replacement patient is not always available at short notice.

The Hume Health Centre staff are aware of all the above factors impinging on the smooth running of the clinic. They report that the custodial staff are also aware of the difficulty of not having a 'rover'. Officers often help by dropping into the Health Centre if they are passing, or bringing detainees to the Health Centre if they happen to be in the detainee's unit. CO3 will sometimes take over the duties of 'rover' if there is insufficient custodial staff.

There is clearly a good and cooperative relationship between the Health Centre staff and the custodial officers, but this does not help with the basic problem of unavailability of custodial staff to support the operations of the Health Centre.

This staffing issue has a serious impact on the operation of the health centre. A correctional centre Health Centre costs a lot of money to run, and capable staff are not always easy to obtain. For want of a second fulltime officer attending the health centre, these expensive and scarce resources are being wasted, and detainees are not being seen in a timely manner. **Note:** *ACT Corrective Services advise that recent roster changes have solved this problem;*

Two services always have a big effect on detainee morale - health services and food. Failure of either always has a significant effect on the morale of a correctional centre. Efforts put into operating an efficient health service are not wasted.

In a small health system such as at AMC, small changes have a disproportionately large effect on throughput. A large system can cope with occasional glitches, but a small system cannot. Thus it is vital that any delays, however trivial, be avoided if the health centre is to operate a satisfactory service.

None of the factors discussed above are exclusive to AMC, and occur to a greater or lesser extent in all correctional centre health services. Some are features of delays in community General Practices. None of this is particularly complex, nor is the solution particularly difficult.

There may be other factors which have not come to light in this audit. The bottom line, however, is that if Category 4 medical conditions are to have appointment delays shorter than 4-6 weeks then patient throughput has to be increased.

#### **Recommendation: 7**

*That in conjunction with the roster changes that have occurred ACT Corrective Services should ensure that a second officer ('rover') is appointed solely to attend to detainee*

*movement to and from the Hume Health Centre and that this officer is not to be transferred to other duties during the time the Health Centre is open;*

**Recommendation: 8**

*That the Hume Health Centre attempts to provide a community standard health service by booking detainees more frequently, reducing appointment times, reducing delays and increasing throughput. Waiting times for Category 4 appointments should not exceed one week;*

**14.3.9 Opiate and benzodiazepine medication provision after induction**

Concerns have been raised<sup>17</sup> that delays in seeing a doctor after induction has resulted in detainees not having access to medication such as opiates and benzodiazepines. The Director of Corrections Health Program advises that a strict procedure is followed when detainees are inducted regarding narcotic substances. Health staff must sight a prescription sheet, or talk to a prescriber of the medication to ensure that the correct dose is given (and that the medication is in fact being given). This procedure is followed as expeditiously as possible, but there is no prescription unless the prescriber is satisfied it is correct.

This procedure is standard across correctional centre health services in Australia.

**Recommendation: 9**

*That every endeavour is made to ensure that delays in seeing a doctor after induction are minimised;*

**Induction blood tests**

It has been reported<sup>17</sup> that some detainees are unable to clearly understand the purpose of induction blood tests, and that some are given written material which they are unable to read because of low literacy.

**Recommendation: 10**

*That processes are in place to ensure detainees understand the purpose of induction blood tests and that detainees with low literacy skills are given every assistance to understand any required information that is in written form;*

**14.3.10 Female detainees access to GP**

A female GP runs a clinic for female detainees on Mondays. The clinic is well attended.

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<sup>17</sup> In external stakeholder submissions to this audit by WAP, ACTWSN, WCHM.

### **14.3.11 Aboriginal and Torre Strait Islander detainees access to GP**

A GP from the local Aboriginal Health Service visits once a week and the clinic is well attended. The local Aboriginal health service has been supplying services to detainees for about 11 years. There are about 15% Aboriginal and Torres Strait Islander detainees.

### **14.3.12 Access to medical specialists**

The waiting time to see medical specialists is often long. This has nothing to do with AMC and is a function of the public health system.

For example ACT Health advises that gastroenterology patients are triaged for colonoscopy and the wait may be as little as one month or over 12 months. Other specialties are similar, and waiting times vary as consultants come and go in the public hospital system. Urgent cases can always be fitted in, but less urgent ones are added to the public waiting list as occurs with all ACT residents.

Private medicine offers faster care, but this is probably prohibitively expensive for the correctional centre.

Even if appointments are available in the public system accessing them from the correctional centre is more difficult than from the general community. In the community patients can be relatively flexible regarding appointments – they can change the date and time (within reason) to suit themselves. If the hospital changes the appointment the patient usually can fit in with the change. If the patient arrives for an appointment and the doctor is running late, the patient can wait or return later.

This flexibility is much reduced when the correctional centre is taken into account. The logistics of getting a detainee to hospital are often complex, and expensive, to arrange. Often it is simply impossible to achieve the kind of flexibility necessary to fit in with the public system.

If detainees change their mind about an appointment for example, because a family visit is seen as higher priority or if they have a more pressing appointment such as a court appearance, or if the escort service is delayed, then the hospital appointment is cancelled. Unless the reason for the appointment is urgent, the appointment is simply remade by the hospital – often weeks or months ahead.

It is therefore not uncommon for detainees to wait many months to actually see an external specialist.

#### **Finding: 4**

*That the waiting time to see medical specialists is often long; This has nothing to do with the AMC and is a function of the public health system; the waiting time for detainees is no different to the waiting time for people in the community;*

### **14.3.13 Continuity of care between doctors**

It is clear that the change from the old remand centre to the new correctional centre has expanded the number of clinics available, with a concomitant increase in the number of GPs. This has had the unfortunate effect of reducing the continuity of care. It is difficult for a doctor who only does one clinic per fortnight (as most do) to provide ongoing care for the patients.

Hume Health Centre provides a fragmented GP service because of the number of doctors involved in occasional sessions. Handwriting is almost the only way in which a doctor's care is passed on to staff and colleagues.

When GP care is fragmented, as it is at AMC, continuity depends on two factors:

- First the nursing staff is relied upon to remember what is being done with a particular patient – which is not always successful since the nursing staff change, some are inexperienced, and two nurses are out of the clinic for 4 hours per day on medication rounds.
- Secondly the clinical notes are relied upon for continuing care of a patient. In this respect clear handwriting and careful filing are essential.

### **14.3.14 Standard of medical records**

The standard of records is not good. A spot audit was done of the written records by taking 10 consecutive records and scoring them on 8 points (handwriting, evidence of examination and history, diagnosis etc). On this rough assessment the notes scored 77%. However, they were also subjectively assessed on whether the notes would be adequate to run a clinic.

The auditor read the records as a doctor trying to find out about the patient's medical history before seeing them in a clinic. It was found that the filing was poorly done and the notes disorganized. The handwriting was barely adequate, there was often no designation of who had seen the patient and the notes were hard to follow. The results and letters were haphazardly filed and often out of sequence. All, except one, had induction notes from primary and mental health.

Apparently the state of the records is because written records were transferred from the old remand centre, where the filing was done *ad hoc* by nurses at the weekend. On transfer the notes were not reorganized, simply re-filed in new folders. Accordingly the old notes are disorganized. The new notes are only somewhat better. No doubt the GPs get used to this, but the auditor would have difficulty being satisfied of having a proper understanding of a patients' care when doing one clinic every fortnight.

### **Finding: 5**

*That the standard of records is not good;*

**Recommendation: 11**

*That the clinical records system is improved such that information about patients is readily accessed, legible, easily understood, easily shared and timely. The essential outcome is that doctors who have limited contact with the patient can quickly gain a proper understanding of the patient's clinical history and care;*

**Note:** *The ACT Human Rights Commission (HRC) has requested that in considering this recommendation it should be borne in mind that the HRC could provide training on the Health Records (Privacy and Access) Act;*

**14.3.15 Computerised clinical records system**

A new computerised records system is to be installed at Correctional Health. This is apparently one chosen by Community Health, and is to fit with the new community health record. Hume Health Centre is to be the trial site for the computer system.

In this regard Mental Health ACT has progressed access to the Mental Health Assessment, Generation and Information Collection (MHAGIC) electronic record for Alcohol and Drug and Corrections Health Staff.

It should be remembered that computerised medical records require increased resources – in particular scanning documents into the record is very labour intensive and requires a dedicated staff time. If filing is done badly, or not done in a timely manner, the records become unusable and clinical information is lost. Staff resources in the Hume Health Centre may not be sufficient to handle the administrative requirements of a computerised record system. If computerised records are badly maintained the errors do not show up as easily as they do in paper records (as they did in this audit). Computerised information looks tidy, but unless a detailed audit is done patient data which is misfiled or missing is not apparent. It is too easy, during a consultation, to believe that what the computer says is correct.

**Recommendation: 12**

*Adequate staff resources are provided to efficiently operate a computerised medical records' system;*

**14.3.16 Pathology and imaging services**

There is reportedly no problem getting pathology results or medical imaging done from Corrections Health Program, with rapid turnaround of any requests.

**14.3.17 Medication delivery**

Nurses do medication rounds twice a day, at about 7.00am and 4.00pm. Each round takes about two hours and requires an officer to accompany the nurse.

Psychiatric medication is delivered at the afternoon medication round, which is somewhere around 5.00pm. Detainees are entitled to appropriate medication at the appropriate times.

Psychiatric medication is often sedative for therapeutic purposes, and delivering sedating medication in the late afternoon defeats its purpose.

Corrections Health is against the use of sedating medication, preferring to adopt the 'sleep hygiene' approach to insomnia (i.e. ensuring that the detainee has been educated to have realistic expectation of sleep in the absence of medications). It is theoretically possible to provide an evening medication round for those requiring medication providing the custodial staff could be found to accompany the nursing staff.

**NOTE:** *Since the audit it has been reported that in the (relatively rare) cases where medication needs to be delivered late in the day, the custodial staff could arrange for an escort. In addition it has now been accepted that most detainees can be given night-time medication at the last medication round, but are allowed to keep the medication until it is needed at night. However, CSU detainees cannot under any circumstances be allowed to keep medication "to take later" for risk of diversion, stockpiling etc.*

Medication is pre-packed in Webster packs by an external pharmacist, saving a lot of time for the nurses. This system works well for stable medication, but becomes problematic when medication changes since the medications have to be repacked. A limited stock of non-packed medication is kept at the health centre.

Methadone is pre-packed in individual-dose bottles.

#### **Finding: 6**

*That following discussion relating to this audit Report arrangements are being put in place to ensure custodial staff can provide escorts where medication needs to be delivered late in the day;*

#### **14.3.18 Complaints about non-delivery of medication**

Detainees have complained that they do not receive their medication. Corrections Health Service is structured along community health service principles, which implies that detainees take control of their health as far as possible. This includes detainees presenting for medication when it is available and being responsible for their own treatment. Thus it is expected that detainees will present at the medication round which is always at the same time of day.

In practice of course some detainees are not used to taking control over their health, and may not see the maintenance of health as their responsibility at all. Many detainees have dysfunctional lives, and do not usually take any interest in their health. Some detainees may be intellectually disabled, and incapable of understanding the need for regular treatment. In some cases medication may be ineffective or taken on an as-needed basis, and perceived as unnecessary.

The current policy is to call a detainee once who fails to attend, then, if they still do not attend, to make a note on the medication chart. If there is any suggestion that the

medication is essential, the matter is brought to the attention of the medical officer (for example anti-epileptic medication or diabetic medication is always needed). If the medication is of lesser importance e.g. pain medication, or anti-inflammatory medication, where the need varies from day to day, then the nurse makes a clinical judgment as to the best course of action.

If a detainee consistently refuses, or fails to take important medication then steps are taken to ensure they have every opportunity to change. If a detainee decides not to take medication, then they are entitled to do so.

Delivery of medication is time consuming and resource intensive, taking two health staff from the clinic and two officers to accompany them for about two hours twice a day. A balance therefore has to be struck between handing out medication only to those detainees who attend medication parade, and chasing all detainees who fail to attend.

The approach of Correctional Health services is consistent with that in other jurisdictions.

**Finding: 7**

*That complaints by detainees relating to not receiving their medication arise from detainees not accepting their responsibilities to be attentive to their own health needs. If a detainee consistently refuses, or fails to take important medication then steps are taken to ensure they have every opportunity to change. If a detainee decides not to take medication, then they are entitled to do so;*

**Note:** *The ACT Human Rights Commission (HRC) has raised a concern relating to detainees who may lack the capacity to make informed decisions relating to medication. A recommendation is made below in relation to this issue;*

**Recommendation: 13**

*That Corrections Health Program discuss the issue of detainees who may lack the capacity to make informed decisions relating to medication with the HRC to ensure that if any concerns exist in relation to this issue they are addressed*

**14.3.19 Dispensing of medication in the units**

Medication is handed to detainees through a small aperture in the units, and dispensed from the trolley kept in a secured room and overseen by a custodial officer. Adherence by the custodial officers to the policy<sup>18</sup> of observation after dosing is (apparently) dependent on the duty officer - with some being less assiduous than others. Accordingly diversion of medication can occur.

**Recommendation: 14**

*That appropriate training and supervision is in place to ensure that Custodial Officers adhere to the existing policy relating to observation after dosing of medication;*

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<sup>18</sup> AMC Management of Medication Procedure 2009

### 14.3.20 The concept of community standards and health care at AMC

The foregoing brings into play the concept of 'Duty of Care' that ACT Correctional Services and Corrections Health must be conscious of in structuring and delivering health services to people who have little or no control over how and when they can access services and who in many cases have dysfunctional personal habits.

Elements of a Community Health Service have relevance for a correctional centre setting e.g. waiting times to see doctors, standard of care, access to specialists, etc. However, the service also needs to take account of the fact that in many circumstances detainee patients cannot act proactively to work constructively with their doctor to improve their health due to poor personal habits and or the restrictions necessarily imposed by correctional centre life.

So in summary on this point, while it seems reasonable for Corrections Health to work on a community health services model, it is not necessarily a model which all detainees understand, nor agree with. Nor is it a model which has the best outcome for all detainees. For some detainees it is one of the few times in their lives when they benefit from health services, and they benefit most from a structured health delivery model.

#### **Recommendation: 15**

*That ACT Correctional Services and Corrections Health revisit the 'Community Health Services Model' that currently drives health services delivery in the AMC to satisfy themselves that operational practice within AMC meets 'duty of care' for all demographics within the detainee population;*

### 14.3.21 Pharmacy clinic

Every Friday a pharmacist provides a service to the detainees where they can access S3 (i.e. over-the-counter) medication, pharmacy advice and counselling regarding medication. This is well attended and popular.



Dispensing area in an accommodation block



### **14.3.22 Discharge medication and discharge planning**

Correctional Health Services attempts to provide a seamless transition between the correctional centre and the community for discharged detainees. Thus detainees should be discharged with a summary of their medical care for their GP, and appropriate medication on exit. However, this is never as easy as it sounds for various reasons. In practice it is far from simple and requires a lot of coordination between staff inside the correctional centre, the detainee, and external providers. Not only does someone have to do the coordinating, but often things get in the way unexpectedly.

For example detainees are sometimes released without warning from a court appearance, without any planning being possible although nurses do try to provide the detainee or the officers with their medication if they think they are likely to be released.

Discharge planning requires knowledge of the discharge date, but it is only recently that the correctional system has been able to provide this. The discharge date is in any case only approximate, since parole and reduced sentences often alter the date.

Finally it is frequently difficult to access the detainee in the days before discharge – letters which should be carried by the detainee for their health care provider are not always available, nor are they always picked up or kept secure by the detainee. Discharge medication can only be given on the day of discharge, but sometimes the timetable of the discharge day means a dosage is missed. For example, recently a detainee was so eager to leave the correctional centre they missed the methadone dose. On exit, they tried to get back inside to get the dose, but of course this is not possible.

Effective discharge planning from a correctional centre requires a significant resource to work properly, and often one person must be delegated to look after the procedures. In practice, this takes up a lot of time and at present Correctional Health Services does not have the staff available.

NOTE: ACT Health comments (November 2010): "*The nursing roster has been reviewed and staffing levels have been enhanced to ensure an admission and discharge planning nurse is available on weekdays*".

#### **Finding: 8**

*That there have been problems with discharge planning in relation to ensuring that detainees receive medication and medical information. ACT Health advise that the nursing roster has been reviewed and staffing levels have been enhanced to ensure an admission and discharge planning nurse is available on weekdays;*

### **14.3.23 Induction health screen**

CHP and MHACT now use a single induction tool which screens for physical, psychological or psychiatric problems. Referral to the appropriate service follows if necessary.

An induction procedure is essential to the health and well being of detainees. Induction proforma was sighted in all records examined.

Detainees have complained that it takes some time to see a doctor after induction if there are problems found by the screens. However, in fact urgent problems are referred urgently, while less acute problems are triaged.

Medication is never given until it has been checked by the nurse phoning the external provider (e.g. GP or hospital).

Detainees coming from the Watch House (Police lockup) have a handover to the nurses at AMC regarding their medical care and medication. Nurses and doctors from the Forensic & Medical Sexual Assault Care (FAMSAC) Team provide the health services to Watch House detainees.

**Note:** *No treatment is administered without the informed consent of the patient – including blood tests. Considerable effort is made to ensure that detainees understand the nature of, and reason for treatments.*

#### **14.3.24 Detainee health screen**

Detainees are screened for health problems yearly. A blood borne virus screen is coordinated nationally on a yearly basis but because testing is voluntary, the results are not always an accurate reflection of the prevalence of blood borne virus cases.

Correctional Health Services has recently completed a more searching screening program (Inmate Health Survey) in order to inform the service of future health needs.

#### **14.3.25 Dentistry**

Dental health among detainees is usually poor, with many having decayed teeth. The consequence is that they request treatment for chronic pain and seek medication which is traded within the correctional centre.

Dental care reduces this burden, but hitherto has been difficult to obtain in prisons. At AMC there is a regular dental service, with the dentist doing 3 clinics every two weeks. Most emergency cases are taken care of within a short period of time. Restorative and denture services are provided at AMC, orthodontics is not. Detainees have the option of paying for private care if they wish.

#### **14.3.26 Diets and food**

This service is the subject of a separate report by a specialist consultant.

Special diets are important in correctional centre healthcare (diabetic diet, gluten-free, food allergies etc). The kitchen diet system was sighted and appeared satisfactory. The health

staff reported that the diets requested were in fact received by the detainees (not always the case in other prisons).

#### **14.3.27 Hygiene**

The Health Centre was clean and tidy.

### **14.4 Escort facilities between AMC and external health providers**

One of the common difficulties experienced in correctional centre health services is the transport to external health providers. Usually the appointments are to specialists in the local hospital, but also to pathology and imaging services.

It is reported that AMC officers are always supportive. Inevitably correctional centre events can get in the way of an external escort, but it was reported that negotiation was always possible between officers and health staff. If an escort was necessary, custodial staff would always make it happen.

The external health provider – usually the public hospital system – is often a source of difficulty since it experiences a high level of demand and cannot accommodate changes easily. Therefore if a detainee arrives late, after a clinic, then they miss an appointment and have to be put on the next available, which may be weeks ahead.

Detainees also cancel appointments if they have more pressing needs on the day – a visit or a court appearance for instance. This again engenders delays which may be perceived as unfair by the detainee.

In general, there seems to be nothing different about AMC compared with any other correctional centre health service regarding external transport, and the delays and frustrations are much as expected. AMC has officers who try to help if they can.

#### **14.4.1 Escorts to the Emergency Department (ED)**

Visits to the emergency department are reportedly more difficult however. Waiting times in ED are usually several hours long, which creates a problem for the correctional centre. Staff report that if they ring ED in advance, hoping to speed up the transit of a detainee, they are not well received by ED. Generally EDs will find it beneficial to speed up detainee transit, since they constitute a security risk and take up space and time, and the correctional centre finds it beneficial to get the detainee back as soon as practicable.

This is a difficult area to manage, needing goodwill and cooperation on both sides.

#### **Recommendation: 16**

*That AMC Management and CHP work with the appropriate authorities to ensure arrangements are implemented with the Emergency Department to achieve the most effective outcomes for staff and detainees when attending for treatment;*

## 14.5 Mental Health

### 14.5.1 Contact between primary and mental health services

The design of the health centre has been remarked upon, in that it creates physical difficulties for easy dialogue between mental health and primary health. It was remarked upon by both teams that there is too little contact between primary and mental health, both for physical and operational reasons. There is some disharmony between Mental Health and Correctional Health which is worsened by the physical constraints of their workplace.

**Note:** *The auditor was advised that there is to be a realignment of health services in February 2011 in which CHP services and the Alcohol and Drug program will be aligned with Mental Health services across ACT. This may result in clearer delineation of roles within Health Services.*

*The auditor has been advised that since this health audit (three months ago) the two services are working better together.<sup>19</sup> This has been fostered by the initiative taken in the joint Corrections/Mental Health ACT liaison committee”.*

#### **Recommendation: 17**

*That relevant Leaders in Mental Health and Correctional Health Services act to establish a more cooperative relationship between Mental Health and Correctional Health staff;*

There is the overall issue of the mental health of detainees and the related issues of offending, reoffending, family, social and environmental causal factors in the community and the negative impact that the traditional correctional centre culture can have on detainees who suffer varying degrees of mental illness or mental dysfunction. The Community Coalition on Corrections has provided a submission to the Review which deals with these issues in a holistic manner.

The vision and objectives for the AMC, particularly in the areas of:

- Functioning as a “Human Rights” correctional centre;
- Adopting the “healthy correctional centre” concept;
- Individual case management of detainees;
- Cognitive change programs tailored to meet the underlying causes of detainees’ offending behaviour;
- A structured day where detainees are actively and positively engaged throughout each day;

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<sup>19</sup> Mental Health notes: “Mental Health supports Recommendation 17 and this has already been included in our initiatives” (Nov 2010)

- High quality health and food services; and
- High quality accommodation -

if achieved will go a long way towards assisting with the humane management of detainees with mental illness or mental dysfunction. The extent to which objectives in the above areas are being achieved at present at the AMC has been dealt with throughout this Report.

However, the Community Coalition on Corrections' submission (which also deals with the issue of governance at the AMC which is referred to again later in this Report) raises a range of matters that either do not fall within the Terms of Reference for the Review or have been covered in the review but would benefit from further discussion in the light of the Community Coalition on Corrections' submission.

### **Recommendation 18**

*That senior representatives of ACT Corrective Services, Mental Health and Corrections Health Services meet with the Community Coalition on Corrections' to discuss its submission to the Review of the AMC in the light of recommendations in this Report. This discussion should aim to reach a common understanding of the issues raised in the submission, of where the recommendations made in the audit report will address issues raised, where further action may be required and attempt to clarify / quantify these actions;*

### **14.5.2 Access to forensic mental health services for severely disturbed detainees**

Detainees who become mentally ill are treated in AMC where possible. However, some detainees whose illness is severe need specialised care. There is an external Psychiatric care facility with 5 secure beds which can take Remand detainees (who are not sentenced and thus classified as entitled to public health care). However, if detainees are sentenced there is capacity under the Corrections Management Act transfer acutely unwell mental health clients for emergency acute care. This capacity has been invoked on two occasions under the Act since 2007 but involved considerable negotiation with NSW Department of Corrective Services.

A secure mental health facility is to be built in ACT, and was to have been finished in 2010 but has been postponed. It is now due to be built in 2013. Until then, there is nowhere satisfactory for treatment of sentenced detainees with severe mental illness. ACT Corrective Services and Corrections Health are looking at options with NSW Corrections Health to transfer mentally ill detainees to the unit at Long Bay Prison in NSW. At present dangerous and mentally unfit detainees have been treated in CSU, which is not ideal.

**Note:** *ACT Corrective Services have advised as follows in relation to the foregoing:*

*"Section 26 of the Crimes (Sentence Administration) Act 2005 allows for the CEO to direct that a full-time detainee be removed to a NSW correctional centre. This has been done on one occasion since the legislation came into force.*

*The MOU does not explicitly mention transfers for mental health reasons. It does, however, state:*

*NSWDCS agrees in principle to the transfer of detainees to NSW upon request by ACT Corrective Services .... in the case that ACT Corrective Services is not able to manage a given detainee within the Alexander Maconochie Centre .....*

*This will be amended to specifically mention mental health transfers."*

**Recommendation: 19**

*That every endeavour is made to expedite successful conclusion of the negotiations with NSW Corrections Health to take mentally ill detainees as necessary from the AMC and that in planning for the new mental health facility in the ACT attention is paid to meeting projected demand for detainees in this category;*

## **14.6 Insufficient counselling services**

The audit team has been advised by relevant ACT health authorities that: *"Mental Health ACT, along with Corrections Health provides high level counselling and clinical interventions prioritised on need and symptomatology. General counselling (e.g. via Non-Government Organisations such as Lifeline in the community) are not formally provided at this point in the AMC, but have been offered on an individual basis by existing case managers.*

*It would not be routinely expected that this would be provided solely by a public mental health service where other appropriate psychological services are able to provide general counselling.*

*Usually it would not be vital to provide these as an out of hours emergency service unless predicated by other clinical needs in which case, the CATT team would assist".*

On correctional centre entry, about 75% of detainees have, or have had, a mental illness. In correctional centres about 35% have a major or minor mental illness. About 10-15% are psychotic.<sup>1</sup>

Concerning general counselling services, complaints by detainees to the Correctional Centre Visitor, to the Health Services Commissioner and comments by external focus groups all indicate a lack of general counselling services. This reference is to "general counselling", not high level counselling associated with clinical interventions.

Counselling in a correctional centre environment is vital. Adequate counselling services reduce trouble brewing in the anxious, angry and unhappy minds of the detainees who, if left, take out their problems on the other detainees and the system. The difference between a correctional centre with enough counselling and one without is evident in the dissatisfaction of the detainees.

The lack of general counselling increases the load on CSU. If there were counsellors available when detainees were becoming disturbed, they would be less likely to get into crisis situations. CSU lacks adequate generalised counselling services.

**Finding: 9**

*That there is a need for increased general counselling within the AMC;*

## **14.7 Suicide and self harm**

Suicide is a random event which, like other random events, can occur in clusters causing people to believe there is some underlying cause to a series of suicides. This is not usually the case.<sup>1</sup>

Some detainees are easily identifiable as having a high suicide risk using actuarial assessments (e.g. previous self-harm, family suicide, previous mental illness, long sentence etc). This assessment forms part of the induction examination and if indicated leads to increased monitoring of a high-risk detainee.

Other detainees develop suicidal ideation during their incarceration. In general the development of a suicidal mindset is enhanced by various external factors (e.g. loss of a family member or girlfriend, halfway through a long sentence, bullying, etc) on a basis of a pre-existing disposition (depression, feelings of self worth, family history of suicide, nature of crime, personality type etc). The tenor of the correctional centre environment (a so-called 'Healthy Correctional Centre'), adequate mental health support, and the sensitivity of peers and officers mitigate the severity of suicidal tendency.

Completed suicides are generally easy to recognise in hindsight, but the nature of suicide is such that preventing them is not so easy. Objective markers of pre-suicide are too non-specific to be useful. Suicides are easy to miss, and prevention of suicide involves the whole correctional centre.

Sooner or later AMC will have someone suicide – and maybe it will experience a cluster of suicides (as did Risdon Prison in Tasmania with 5 suicides in about 1999, after 10 years without). There is a tendency to over-react to a suicide by concentrating on the factors of the individual case, but in reality case-specific factors are not as important as the overall approach to suicide and self harm in the correctional centre. Suicide limitation involves keeping the correctional centre 'healthy', encouraging a supportive environment where all staff are aware of pre-suicide behaviour, and having clear protocols for managing suicidal behaviour.

### **14.7.1 Detainees at risk of suicide (PAR)**

The process for identification and initial management of suicidal detainees (Detainees At Risk or PAR system) at AMC is straightforward and in keeping with normal practice elsewhere. Both officers and mental health staff report it works well. Correctional Officers appeared to know how to watch out for index behaviour and how to intervene either by

counselling the detainee directly or asking for help. It was noted that officers understood the process involved and appeared to be vigilant in identifying at risk behaviour.<sup>20</sup>

Extracts from policy:

*ACT Corrective Services has a duty of care to provide safe and secure accommodation for all detainees in custody.*

*ACT Corrective Services encourages a holistic approach to detainee health, including early identification of at risk and vulnerable detainees, early intervention, close monitoring and intensive support. Assessment of vulnerability is seen as an ongoing multi-disciplinary responsibility involving corrections officers, health centre staff and other therapeutic programs and ACT Corrective Services staff.*

*Persons identified as a detainee at risk, are to be assessed by Forensic Services, Mental Health ACT (MHACT) regarding the threat that the behaviour poses to the detainee's life and/or health.*

*And: All detainees at the AMC will undergo an assessment for risk of suicide and self-harm behaviour by a MHACT staff member within four (4) hours of reception at the AMC.*

*When a detainee arrives outside of normal working hours, this assessment will take place at the earliest available opportunity, usually the next morning.*

*Until such assessment is conducted by MHACT and Corrections Health, all detainees will be identified by corrections officers as "awaiting health assessment".*

*This classification indicates to all corrections officers that the medical and mental health of the detainee is unknown. Therefore detainees are deemed to be 'at risk' until the assessment has been completed.*

*Detainees awaiting assessment are to be placed in a cell monitored by a camera.*

*In addition, detainees waiting to be assessed are to be subject to written observations of not longer than 15 minutes apart.*

*The Admissions Officer will make all records available to MHACT and Corrections Health to assist with their assessments.*

There was no evidence from questioning staff and sighting the medical record that any of the above was not being carried out.

### **Finding: 10**

*That suicide limitation within the AMC will involve keeping the correctional centre 'healthy', encouraging a supportive environment where all staff are aware of pre-suicide behaviour*

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<sup>20</sup> Prisoner at Risk policy 2009



*and having clear protocols for managing suicidal behaviour. Additional counselling services as previously commented on will be an important element in suicide prevention;*

#### **14.7.2 Female detainees at risk**

Females are managed in the female units where possible. There is a High Needs Cottage for females.

As covered in Section 8.2.1 of this Report dealing with the Crisis Support Unit (CSU), there is nowhere in the female accommodation to manage an acute crisis that cannot be accommodated in the High Needs Cottage. Only women on 15-minute or more frequent observations (i.e. at high risk of suicide or serious self-harm, or extremely mentally unstable) fall into this group. Therefore, from time to time the females are treated in the CSU. While in these circumstances the female detainee is managed as sensitively as possible by female staff, if available, it causes difficulties in that the time out of cell for all detainees in the CSU at that time is reduced.

Recommendation 17 in Section 8.2.1 of this Report that deals with an urgent holistic review of the CSU recommends that this review should encompass the needs of female detainees at serious risk of self harm;

### **14.8 Sexual Health**

#### **14.8.1 Sexual assault counselling**

Sexual assault counselling is available for males (SAMSSA) and females (CRC, WIRED) if necessary.

#### **14.8.2 Condoms and dental dams**

Condoms are readily available for males in dispensers in the male accommodation and from the Health Centre. Dental dams are available from the Health Centre for females.

### **14.9 Drugs of addiction**

#### **14.9.1 Methadone program**

Methadone is the only drug-substitution program available and detainees admitted to the correctional centre on alternative medications are switched to methadone.

Buprenorphine (as subutex and suboxone) is not available at AMC because of the high risk, and incidence of, diversion, even under supervision. Buprenorphine is given as a single sublingual dose every two or three days and in many ways is a superior opioid replacement agent to methadone.

The ACT Health opioid maintenance treatment guidelines governs both methadone and buprenorphine administration.

Methadone is administered via pharmacy-prepared dosage bottles at the accommodation units. Standing orders define exactly how and to whom the dose is to be given. The nurse administers the dose, the custodial officer checks the detainee to ensure that the methadone

is not secreted, and that sufficient time elapses before the detainee moves away (in order to prevent diversion by regurgitation).

The dispensing of methadone is subject to strict rules which must be followed to avoid diversion and double dosing. There have been two cases of double-dosing of methadone where a detainee was able to convince the nurse that he had not received his dose.

**Note:** ACT Health advise that (November 2010) "CHP is currently reviewing methadone dispensing procedures following a clinical review recommendation that Corrections Health develop and implement specific Standard Operating Procedures or guidelines for medication administration by AMC nursing staff that adhere to ACT Community Health Medication Policy.

It was reported during the audit that all methadone administration is conducted in the units. This may be in contravention of the Management of Medication Procedure which infers that methadone administration will take place in Medical Centre:

"Step 7

*The detainee must wait a minimum of 5 minutes to prevent the misuse or diversion of methadone, after which the detainee leaves the Medical Centre."*

When the methadone is administered in the units, the time that detainees spend in a separate area is sometimes less than five minutes. Other jurisdictions which have well developed procedures in relation to methadone administration would regard 20 minutes after the last detainee has been dosed as the acceptable minimum time for detainees to be segregated from other detainees.

When there are such short time frames for separation after receiving a dose, the likelihood that a diversion of methadone could take place is high.

This is concerning because if the detainee receiving the diverted dose is unaccustomed to methadone, the potential for an overdose is high and the consequential risk of serious injury or death is also high.

Techniques that are generally used by detainees to divert methadone syrup include:

- Not swallowing the dose and spitting it into small containers concealed on their body;
- Inserting absorbent material into their mouth to soak up the dose; and
- Regurgitation of the dose when they return to their cell;

While the effective implementation of adequate procedures during the administration of the dose can prevent the spitting of doses into containers and the absorbent material technique, the regurgitation of the dose cannot be easily prevented.

There have been documented cases in Canadian correctional centres of diversion of methadone using a container and also by regurgitation.

A judicial inquest was conducted into the death of detainee from a methadone overdose in the Winnipeg Remand Centre in April 2005. The Judge found that a detainee was bringing his own container of juice to the dose administration and tipping part of the dose into the container while he had distracted the nursing staff and corrections officers<sup>21</sup>. The detainee would then take the diverted methadone back to his cell and store it in an empty milk carton for later distribution to a number of detainees. One of the detainees to whom he supplied the diverted methadone overdosed on the drug.

A coronial inquest into the death of a female detainee in the Pine Grove Correctional Centre in Saskatchewan found that she had died of an overdose of methadone and Librium. The detainee had allegedly ingested the vomit of two other detainees who had regurgitated their methadone doses. The two detainees who supplied the regurgitated methadone were subsequently sentenced for drug trafficking<sup>22</sup>.

**Finding: 11**

*That methadone administration is conducted in the accommodation units. This may be in contravention of the Management of Medication Procedure which infers that methadone administration will take place in Medical Centre:- "Procedure Step 7, The detainee must wait a minimum of 5 minutes to prevent the misuse or diversion of methadone, after which the detainee leaves the Medical Centre."*

**Finding: 12**

*That the methadone administration procedure currently does not reflect the actual practice of administration in the units and infers that the administration takes place in the Medical Centre. The procedure needs to be modified to reflect the practice of administering methadone in units;*

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<sup>21</sup> Report on the Inquest and Recommendations of Judge Ronald Meyers in the Matter of Christopher John Holaka, the Provincial Court of Manitoba, p. 4

<sup>22</sup> Holly, G., Canada: Coroner's inquest into the methadone related death of a prisoner, Canadian HIV/AIDS Policy and Law Review, Volume 9, Number 1, April 2004 and Coolican, L., , Addicted inmate takes desperate route for fix: Woman dies of apparent overdose at P.A. institution, The Star Phoenix (Saskatoon), 7 March, 2002

**Finding: 13**

*That due to the location and time constraints relating to the administration of medication in the AMC, the time that detainees spend in a separate area following methadone administration is as little as five minutes;*

Various guidelines and procedures in other jurisdictions are available relating to the administration of methadone and the strategies for avoiding diversion. Examples worthy of examination include:

- The Victorian Department of Justice has produced a comprehensive and detailed procedure which deals with the administration of methadone and the strategies for avoiding diversion;
- The private correctional provider, GEO Group Australia Pty Ltd which operates the Junee Correctional Centre in New South Wales has implemented an innovative solution to detainee identification and correct dose levels;
- The College of Physicians and Surgeons of Ontario produced a document entitled Methadone Maintenance Guidelines in November 2005;
- Saskatchewan Correctional Services has published their protocols for a Corrective Services Methadone Maintenance Treatment Program;

Details of the above guidelines and procedures have been provided to ACT Corrective Services.

**Finding: 14**

*That some jurisdictions have procedures in relation to methadone administration that specify 20 minutes after the last detainee has been dosed as the acceptable minimum time for separation of methadone recipients from other detainees;*

**Recommendation: 20**

*That in conjunction with the Corrections Health Program review of methadone dispensing procedures referred to in this Section, ACT Corrective Services examines the location of methadone administration and the period of time spent in isolation following the dose in conjunction with the AMC management team;*

**14.9.2 Drug and alcohol counselling (DA Counselling)**

Drug and alcohol (DA) programs in the correctional centre are run by the 3 DA unit staff who offer a short course of 6 sessions and a longer course of 20 sessions (each session is one week) with 2 counsellors in each group. DA counsellors walk through remand blocks and introduce themselves to the new remandees to let them know what is available, and put remandees on a course as soon as possible (they may get bailed at any moment). Sentenced detainees get onto the next cohort. Females have a similar arrangement. Groups are 10 or less. There is no one-on-one counselling.

Two community agencies also operate in the correctional centre. 'Directions' is an NGO working in the community which does one-on-one counselling and follow detainees to external rehab as needed. Directions staff can obtain information on the medical status of a detainee (i.e. on methadone program etc) if the detainee consents.

ACT health has an alcohol and drug program comprising the court service (CADAS) and the staff working under the Drugs of dependency Act (DODA). Both of these have input into the correctional centre via the DA Unit. An Aboriginal liaison DA officer also visits the correctional centre.

Liaison between these groups does happen, with meetings and emails (usually the latter) as a way of keeping in contact about detainees. As far as is possible detainees are advised about the danger of excess drug use in the first 48 hours post-release, and the officers try to ensure that they get to their rehab programs and obtain their methadone scripts if necessary.

There is a Therapeutic Community in Cottage 4 which runs a 6 month program in partnership with the Alcohol and Drug Federation of ACT (FADACT). 6 case managers have up to 15 detainees in the cottage. There have been 4 graduations from this program, but as yet no figures on its success after detainee release.

Corrections Health mentioned that there is a lack of contact with DA corrections, and DA corrections say the same about Corrections Health. In the Belconnen Remand there was a weekly meeting between DA and remand staff to sort out who was on methadone, who was leaving, and who needed external follow up. This was beneficial to all, and it may be helpful to re-introduce a formal meeting.

DA Unit and Directions liaise with the manager of the CSU as needed on an informal basis, which seems to work.

**Recommendation: 21**

*That ACT Corrective Services and Corrections Health staff working in Drug and Alcohol programs introduce protocols to liaise more effectively;*

**14.9.3 Alcohol, benzodiazepine and opioids withdrawal**

Concerns by external detainee support groups have been raised that withdrawal regimes are inappropriate. The Director of Corrections Health Program advises that withdrawal regimes are standard, and are followed at Hume Health Centre.

The auditor agrees – withdrawal regimes are common across correctional centre health services in Australia. There is no evidence that any variation occurs at AMC.

Detainees presenting with high levels of intake of these substances are withdrawn according to the appropriate protocols. Withdrawals take place in the accommodation units, with monitoring by the nurses. In general these withdrawals are managed without any problem, and accommodation based withdrawal is usual practice in other prisons.

Alcohol withdrawal, being more risky than benzodiazepine or opioid withdrawal, is often monitored in the health centre during the day and the patient transferred to hospital before the health centre shuts if the withdrawal is severe. For cases of alcohol withdrawal where the medical problems have ceased and observation in the medical centre is no longer necessary then, where psychological problems supervene, the patient is transferred to CSU.

**Finding: 15**

*That opiate and benzodiazepine medication withdrawal regimes follow standard practice at the AMC;*

## **14.10 Hepatitis C treatment**

There are about 80 Hep C positive detainees at AMC, and 5 Hep B positive. Treatment is offered by the Canberra Hospital both as an outreach service at the AMC or on the hospital campus for more complex presentations.

At the time of audit Corrections Health offered interferon treatment at AMC, but there was only one nurse doing the treatments at present. The intention is to increase staff capacity in this area. 10 detainees have been treated so far – 2 completing their treatment and 2 have left the correctional centre. The service is operating at capacity. Two of the doctors are sufficiently trained to supervise Hep C treatment in conjunction with the specialist at Canberra Hospital.

## **14.11 Pregnancy, mothers and babies in the correctional centre**

There has been considerable discussion on the suitability of a correctional centre as an environment for accommodating young mothers, of the adverse effects of separation between mothers and children, and of the methods of management of mothers and children in a correctional centre. The reviews and discussion papers can be downloaded – for example<sup>23, 24, 25, 26, 27</sup> (links active July 2010) - and are not discussed further in this audit.

The consensus of opinion seems to be that mothers and children are adversely affected by separation, and should be accommodated together at least up until the child is about 18 months, though children are accommodated in some prisons for longer periods. AMC defines a child for this purpose as up to 4 years old.

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<sup>23</sup> <http://www.justice.gov.uk/publiCATIONS/docs/corston-report-march-2007.pdf>

<sup>24</sup> <http://www.justice.gov.uk/publiCATIONS/docs/mother-baby-units.pdf>

<sup>25</sup> <http://www.facs.gov.au/about/publiCATIONSarticles/research/occasional/Documents/op10/pmt.htm>

<sup>26</sup> [http://www.parliament.nz/en-NZ/PB/Legislation/Bills/0/0/9/00DBHOH\\_BILL7384\\_1-Corrections-Mothers-with-Babies-Amendment-Bill.htm](http://www.parliament.nz/en-NZ/PB/Legislation/Bills/0/0/9/00DBHOH_BILL7384_1-Corrections-Mothers-with-Babies-Amendment-Bill.htm)

<sup>27</sup> [http://www.aic.gov.au/events/aic%20upcoming%20events/2000/~/\\_media/conferences/womencorrections/burfclay.ashx](http://www.aic.gov.au/events/aic%20upcoming%20events/2000/~/_media/conferences/womencorrections/burfclay.ashx)

Separate mother and baby units provide a more effective and simpler way of managing mothers and children, but AMC has only one cell to accommodate a mother and baby. This may prove inadequate should a policy of accommodating infants and toddlers be adopted in future.

In practice mothers and babies are relatively easy to manage in a correctional centre. Issues arise where the mother is unfit to look after the baby, usually because of mental illness or previous poor mothering, and where the other detainees may exhibit antagonism or dangerousness toward the mother or baby.

Health staff at AMC can assess and provide for the clinical needs of the baby, though some of the nurses indicated they felt unqualified or inexperienced. General practitioners at Correctional Health Services are able to assess and treat an infant.

External care and support from Community Health and the local GP health services, and from the Canberra Hospital provides backup if necessary.

AMC has made considerable efforts to ensure that the health care needs of the baby and mother are accommodated, and has established a Parenting and Children's Committee (PCC) to anticipate and oversee custodial, medical and specialist care.

Accommodation for a mother and baby is provided in a double room with adjacent shared toilet and shower facilities. The room is in one of the 'pods' (wings) of a female cottage unit. Accordingly there may be some difficulty if the other detainees of the unit are not willing to tolerate the mother with her baby, and not willing to tolerate the baby crying for extended periods.

Because of concerns raised externally regarding this issue it is worth quoting extracts from the policies of AMC regarding babies in a correctional centre:<sup>28</sup>

The care of the mother and baby is under direction of the Parenting and Children Committee

- *The PCC has responsibility for deliberating the merits of the proposed caregiver arrangements and making a final recommendation regarding the suitability of an applicant. All members of the PCC must provide input prior to making a final recommendation.*

*The standing membership of the PCC is as follows:*

1. *Senior Advocate or Principal Advocate, Children and Young People, the Public Advocate (PA) of the ACT;*
2. *Principal Psychologist, Office for Children Youth and Family Support;*

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<sup>28</sup> *Reception and management of female prisoners policy and Women and children program policy*

3. *Community Paediatrician, ACT Health;*
  4. *Clinical Nurse Consultant, Corrections Health Program;*
  5. *Offender Services Manager, ACT Corrective Services; and*
  6. *Other people as deemed necessary.*
  7. *The PCC will be chaired by the Offender Services Manager with meetings to be called as required and monthly, at a minimum, when a child resides at the AMC.*
- *The Women and Children Program provides an opportunity for eligible women to care for their babies and young children at the Alexander Maconochie Centre (AMC) where it is considered to be in the best interests of the child and the security of the correctional centre is not compromised. Caregivers may be granted approval to have their children reside with them on a full-time, part-time or short-term basis.*
  - *The primary principle of this policy is to ensure that the best interests of the child are met and maintained.*
  - *This policy will facilitate the maintenance and establishment of bonds between female primary caregivers and their children.*
  - *Evidence suggests that children are more likely to suffer significant impact on their emotional development if they experience disrupted attachment (including separation from a caregiver) between the ages of four to six months and three years. Further, any separation of the caregiver from the child may have a significant impact on the caregiver's capacity to bond with the child and engage in effective parenting.*
  - *With this in mind, provision has been made for children to potentially reside with their caregiver, should she be the primary caregiver, at the AMC. The policy is extended beyond the scope of the biological mother to include any female primary caregiver.*
  - *As ACT Corrective Services is predominantly involved in the duty of care of adult offenders, it is noted that agencies holding expertise in the care and safety of children and youth are integral in assisting ACT Corrective Services with the administration of the Women and Children Program. All reasonable measures will be taken in consultation with relevant agencies to ensure that the best interests of the child are protected and promoted by this policy.*
  - *When a caregiver is permitted to have a child reside with her in the AMC, she is expected to assume full responsibility for the child's care and safety while residing in the correctional centre. A co-resident temporary carer will assume responsibility for the child's care and safety when the co-resident temporary carer is responsible for*



*supervision of the child. However, ACT Corrective Services continues to owe a duty of care to that child. This means that ACT Corrective Services will take all reasonable steps to minimise all foreseeable risks of harm that might occur to a child residing in a correctional centre or visiting a correctional centre.*

## **Medical Emergencies**

- *In an emergency during Corrections Health hours an on-site nurse will attend to the child. In an emergency outside these hours, the on-call doctor will be contacted and/or the child will be sent to the nearest emergency care hospital by an ambulance. Where a child is hospitalised and it is considered the caregiver cannot attend the hospital to be with the child, the alternate carer (carer who is not a co-resident carer) should be advised to ensure they provide comfort and support to the hospitalised child. Where possible, the caregiver should be allowed as much contact with the child as practicable.*
- *ACT Health will have ongoing responsibility to:*
  - *provide antenatal and postnatal care;*
  - *provide maternal and child health support to women;*
  - *monitor the growth development including health, nutrition and hygiene of children residing in the AMC; and*
  - *participate in PCC meetings by providing expert advice on parenting and the health needs of the child and report on the history and health status of the child.*

Pictures of the arrangement of the mother and baby unit at the time of audit (July 2010) illustrate that the present environment is suitable for a mother and baby:



Baby's room



Mother's room

Some concern was expressed by both staff and detainees in the Women's Unit that the other detainees in the unit may not appreciate being in the unit with a baby and that there would be some difficulty in screening women who would have access to the child.

Concerning the issue of risk to the baby, NSW Corrective Services has a facility for mothers and children known as Jacaranda House. This facility only accommodates women classified as open security that have been screened to determine the level of risk that they may pose to a child. Jacaranda House is situated in the open security Emu Plains Correctional Centre.

The assessment for the placement of other detainees in the Jacaranda House complex is as follows:

### **"Levels of Risk"**

To ensure that the Department meets its level of care in relation to the safety of resident children, the following security levels have been introduced to determine the suitability of women entering the Jacaranda Cottages area.

- |         |   |
|---------|---|
| Level 1 | Present no risk to children may be housed in the same cottage as a child;   |
| Level 2 | Presents low risk to child due to violent history. May be housed in the same area as a child but not in the same house; |
| Level 3 | Presents a potential risk to children and may not be housed in the same area as children;                               |

To assess the appropriate level of security, detainees are required to be assessed by the Case Management Team, with referrals to Psychologist and Drug & Alcohol Services, who will /will not recommend an inmate.

For those detainees who are seen to be problematic a full and comprehensive risk assessment is referred to the Mothers and Children's Committee for consideration."<sup>29</sup>

The AMC procedures for determining the suitability of a mother and child program is as follows:

"Process

A caregiver will apply to participate in the AMC *Women and Children Program* by completing the *Application to Participate in the Women and Children Program* form with the assistance of a designated ACT Corrective Services Case Manager.

The Superintendent will make an initial assessment of every application and determine to either support or decline the application. For every application the Superintendent will also need to undertake a risk assessment of all co-resident detainees in accordance with the *Women and Children's Program Procedure*.

The Superintendent may decline an application for one or more of the following reasons:

- the applicant has a history of sex offences or offences relating to child abuse
- the AMC does not have space to accommodate children
- the applicant fails to nominate two non co-resident temporary carers
- the applicant currently displays suicidal behaviour
- the applicant is displaying violent behaviour
- the applicant is regularly testing positive to prohibited drugs
- custody of the applicant may be put at risk
- a risk assessment of co-residents does not allow for the child to be safely accommodated with their primary caregiver and
- any other relevant reasons.

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<sup>29</sup> Loy, M., A Study of the Mothers and Children's Program in the NSW Department of Corrective Services, Paper presented at the Women in Corrections: Staff and Clients Conference convened by the Australian Institute of Criminology in conjunction with the Department for Correctional Services SA and held in Adelaide, 31 October – 1 November 2000, p.

If the Superintendent declines the application, the applicant will have the right to appeal the decision. The review will be undertaken by the Deputy Executive Director, ACT Corrective Services.”<sup>30</sup>

The two major differences between the NSW Corrective Services mothers and children policy framework and the ACT Corrective Services framework are as follows:

ACT JACS AMC Womens Unit	NSW DCS Jacaranda House Emu Plains CC
High, medium and low security classification Sentenced and Remand Prisoners  No separation of facilities between remand and sentenced cottages	Open security classification Sentenced prisoners  Separate area within the Emu Plains CC
The risk assessment of prisoners in the AMC Womens Unit assesses only prisoners that will be sharing the same unit/area with the mother and child or primary caregivers (refer Appendix B)	The risk assessment of prisoners at Jacaranda House precludes entry to the complex if a prisoner is regarded as a risk to children

**Finding: 16**

*That AMC does not have a stand alone facility for mothers and babies such as Jacaranda House in NSW. This means that given the open nature of the facility, there is a potential for contact with detainees who are a risk to the mother and the baby;*

**Recommendation: 22**

*That the Policy be strengthened to ensure that there is a high level of confidence that people who are assessed as a risk to the mother and/or baby are excluded from contact.*

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30 AMC Women and Children Program Policy, December 2009, p. 12 – 13.

## Review of Operations at the Alexander Maconochie Centre



Female Unit accommodation



Female Unit accommodation



Female Unit cell



Female Unit bathroom



## **15 Communication, contact with family, friends, support agencies, legal representatives etc**

### **15.1 Visits and reception**

The reception area at the point of entry is spacious and provides approximately 45 seats in the waiting area. The auditor observed the processing of visitors on a number of occasions. Generally, officers were polite, friendly but firm to visitors.

Generally, all visitors were treated courteously and with respect. The auditor found that being processed through the various doors to access the main part of the correctional centre was smooth and without difficulty. The entry process and assistance provided by correctional officers was efficient and professional.

The visitors' reception area provides secure lockers for visitors to store personal belongings and a biometric eye pupil/iris recognition system that identifies visitors in order for them to enter the detainee visits area. Iris scanning works by taking a digital photograph of the iris (the coloured circle in the eye) in much the same way as any other photograph.

The eye is lit by infra-red light, which is invisible. The amount of light is small and not dangerous. It is not laser light, which can be damaging to the retina. The shape of the muscle bands in the iris is read in much the same way that a barcode is read.<sup>31</sup>

Iris scanning is preferable to fingerprint scanning, which can be a source of disease transmission.

The audit team was advised that early in the AMC's operation some Indigenous support people objected to the use of the biometric pupil/iris recognition system and therefore would not visit detainees. ACT Corrective Services say that this issue has been resolved.

#### **Finding: 1**

*That some Indigenous people did not wish to be registered via the iris scan for identification but ACT Corrective Services say that this issue has been resolved;*

#### **Recommendation: 1**

*That given comments made to the audit team discussions be held with Indigenous stakeholders to clarify that there are no objections to the iris scan identification process and if any concerns remain to ascertain whether their concerns can be alleviated*

The visitor reception area also contains a secure play area with some play equipment. The play equipment appeared sparse and dilapidated. Confectionary/drink machines, toilets and a water cooler are also available in the visits reception area. Generally, the reception area was clean and tidy.

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<sup>31</sup> <http://www.bnl.gov/userscenter/UU/pdf/Iris.pdf>  
<http://www.biometrics.gov/Documents/IrisRec.pdf>

**Finding: 2**

*That the children's play equipment is in poor condition and insufficient and there are concerns about drink/confectionary machines being left unrepaired;*

**Recommendation: 2**

*That the children's play equipment be upgraded and improved;*

**Recommendation: 3**

*That the drink/confectionary machines be maintained and repaired in a timely manner;*

Several interview rooms are also available in the visits reception area that can be used by agencies providing support to visitors and family of detainees. Detainee Aid is a non profit organisation that provides staff on a roster system during visitation days. The auditor spoke to several members of Detainees Aid. They were generally pleased with the reception process of visitors.

Concerns were also expressed that the confectionary/drink machines sometimes broke down and were left unrepaired and the play equipment for the children was inadequate. Legal Aid staff expressed the view that visitors were very happy with the Barista coffee service provided to them by the detainees.

During focus group interviews with a variety of male and female detainees the issue of visitation was discussed. The majority of detainees were very pleased with the visitation process and access to support persons and family members. They were pleased to have the opportunity to be trained in providing a coffee Barista service to visitors for a small fee.

**Finding: 3**

*That detainees are generally satisfied with the visitation process and the time made available to access family, friends and relatives;*

Some concern was expressed by a number of visiting community based social support services that excessive lockdowns have caused disruption to their visitation programs.

As reported earlier, during the first 12 months of the AMC's operation there was a period where lockdowns disrupted the operation of the Centre. ACT Corrective Services advise that a new staff roster has overcome this problem and detainees now have appropriate access to programs, activities and visits.

## **15.2 Public transport**

Concern was expressed about difficulties associated with public transport servicing the AMC which has caused problems for visitors.

**Finding: 4**

*That there are difficulties associated with public transport servicing the AMC which has caused problems for visitors which ACT Corrective Services may wish to take up with the appropriate authorities;*



### **15.3 Access to legal representatives**

A Legal Aid representative advised that during the first year of operation of AMC there were difficulties in detainees accessing legal advice and associated delays in the processing of Legal Aid applications. However this has improved in recent times.

ACT Corrective Services advise that in the initial months of operation there were delays caused by the time taken to record visitor's details in the Iris System. There was also an absence of private rooms to discuss legal issues when others were in visits.

However, changes were made to legal aid bookings so that exclusive visits time was set aside on Tuesdays for Legal Aid and Thursdays for NSW Aboriginal and Torres Strait Islander Legal Service. ACT Corrective Services say that an officer has met with Legal Aid in recent times to discuss various issues and Legal Aid has expressed satisfaction with the current processes at AMC.

#### **Finding: 5**

*That a Legal Aid representative advised that during the first year of operation of the AMC detainees experienced difficulty in accessing legal advice and there were associated delays in the processing of Legal Aid applications. However, ACT Corrective Services has acted to resolve this issue. Stakeholders have noticed improvement in recent times;*

### **15.4 Detainee telephones**

Detainee telephones are located in a variety of locations around the correctional centre. Primarily they are located adjacent to accommodation areas.

All detainee calls are able to be monitored through the installed Detainee Telephone System (PTS) Starnet by the intelligence officer.

During the focus groups with detainees, there were some complaints that the telephones were located in positions that were open to the weather. They claimed that covers were supposed to be organised, but this had not occurred at the time of the focus group.

ACT Corrective Services has advised that telephones had been placed outside accommodation units in order to facilitate Custodial Officer observation and prevent stand-over tactics in regard to phone usage. The Superintendent proposes to move detainee phones inside due to privacy and weather issues. The infrastructure already exists within accommodation units to allow this to happen. Changeover costs are being identified.

An issue relating to telephone accounts for detainees accommodated in the CSU has been dealt with separately in the Section of this Report covering the CSU.

#### **Finding: 6**

*That detainee access to telephones is satisfactory. An issue relating to exposure to the weather is in the process of being resolved;*

## 15.5 Detainee internet

The detainee Internet System is a unique and experimental initiative for the AMC, given that this is a high security facility. It is understood that this is the only system in Australia that allows detainees to send emails.

Detainees are subject to controls in respect of the websites that they are able to access. Initially detainees were able to access a range of websites, but after an incident involving Communications with the local media, restrictions have been tightened. ACT Corrective Services is considering increasing access to web sites and the number of email addresses detainees may communicate with. They say they will only do this where the additional web sites and email addresses have been appropriately scrutinised and subject to resources to do this.

Primarily detainees now are able to access education websites and send emails to approved email addresses. Detainees have access to a maximum of five authorised email addresses that are security checked prior to white listing. These are usually family or friends. Emails are held in quarantine and checked by custodial officers prior to being forward to addressees or deleted if no approved.

All emails are also subjected to scrutiny by the intelligence officer before being released to the addressee. It is understood the scrutiny has resulted in a backlog of the emails, which has caused some resentment amongst the detainee population. It is understandable that the level of scrutiny of emails has to be high to ensure that there is no abuse of the system.

### **Finding: 7**

*That detainees have access to email facilities to communicate with approved individuals, usually family or friends. This is innovative practice in Australian corrections;*

## 15.6 Assessment of detainee mail

Detainee mail was the subject of some comment by detainees in the detainee focus group. The complaint was that mail was taking an inordinate amount of time to reach its destination, whether in the correctional centre or externally.

This complaint was conveyed to ACT Corrective Services who conducted a test of the system. This test involved an officer, unbeknown to anyone involved in the mail process, forwarding various letters through the mail system. The result of this test was that mail reached its destination within 1 - 2 days of mail sent to the same addresses from outside the AMC.

### **Finding: 8**

*That complaints by detainees that mail was taking an inordinate amount of time to reach its destination, whether in the correctional centre or externally, was subject to testing during the audit and the complaints could not be substantiated;*

## **16 Religious / spiritual services**

ACT Corrective Services advises that regular services are held for a range of religious denominations. Establishment of a religious “men’s group” is underway. There are regular Chaplaincy visits from various faiths and denominations.

The Chaplaincy Coordinator, an Anglican Minister, works from the AMC 5 days per week. He coordinates a large team, in the order of 20 to 25, of representatives of various faiths, including non-Christian denominations. He noted that AMC has plans to build a multi faith centre. He reported that he provides support to detainees of all faiths and that referrals for his support are on the increase. Additionally, he conducts a loss and grief program. He stated that he walks through the correctional centre on a regular basis and attempts to engage detainees.

The view was expressed that there was a lack of services for non Christian faiths however, it was noted that a group of people do visit from the Canberra Mosque. It was suggested that more services are required to meet the spiritual needs of Indigenous people and those detainees who identify themselves as Buddhists. However, this is obviously subject to the needs of a reasonably rapidly changing detainee population and meeting these needs can be constrained by the availability of suitable spiritual advisors.

### **Finding: 1**

*That generally detainees have reasonable access to religious/ spiritual services;  
ACT Corrective Services is committed to supporting the Chaplaincy Coordinator and Chaplaincy Team in the performance of their role.*

## **17 Recreational Activities**

A number of concerns were raised by both female and male detainees in regard to access to recreational equipment or activity.

In respect to recreational activity in the CSU it was evident detainees had limited access to meaningful activity when they were locked in their cells. For instance, there was no access to TVs or computers. When time out of their cells was permitted detainees could access a TV room and a centrally located computer.

However, time out of their cell was often constrained or limited due to the mix of different classifications of detainees, conflict among detainees and female and males being domiciled in the CSU together. Although there was a table tennis table this was kept in the store room as it was considered not to be harm proof in that parts could be removed and used as weapons or to self injure.

In respect to detainees domiciled in the cottages and blocks there were general complaints that access to recreation was limited. The complaints included:

- Limited opportunities to access the oval, generally detainees felt they received about 30 minutes a week on the oval to kick a ball or play football
- Access to the oval was often prevented by numerous lockdowns and lack of escort rovers
- Lack of access to a properly maintained gymnasium
- Lack of recreational equipment in the blocks or cottage areas such as a table tennis, exercise equipment or net ball equipment
- Female detainees wanted more opportunities to exercise by walking around paths within the female section but were not permitted.

ACT Corrective Services accept that there were problems in providing a consistent recreation program to detainees during the first 12 months of the AMC's operation. An additional Activities Officer has recently been appointed and the activities program has expanded during the course of the audit.

**Finding: 1**

*That there were problems in providing a consistent recreation program to detainees during the first 12 months of the AMC's operation. ACT Corrective Services have recently appointed an additional Activities Officer and expanded the activities program which should address the detainee's concerns;*

**Gymnasium**

The AMC does not have a gymnasium for male detainees. Apparently this facility was included in the original design for the centre but was eliminated from final plans due to budget constraints.

A gymnasium is an essential element in the infrastructure of any high security correctional centre. Apart from the initial infrastructure cost it provides a low cost way to occupy detainees in healthy activities and programs that reduce individual tension and frustration. This is particularly important as covered elsewhere in this Report the health of a significant proportion of detainees is generally not good due to life style issues.

A gymnasium facility also provides an ideal venue for significant cultural activities including concerts and art programs.

**Recommendation: 1**

*That in future building programs funds are made available for a gymnasium for male detainees at the AMC;*

## **18 Library services**

The AMC provides a library that can be accessed by detainees. The library has a fully qualified librarian with some 30 years teaching experience. The library contains a collection of over 2000 books. The book Catalogue is organised in the same manner as community libraries. ACT Corrective Services advise as follows:

*"The AMC library has received extensive support from the ANU Law Faculty which has instigated the "Books for All" project which aims to procure legal resources for donation to the library. In addition, the Library has received a generous donation of new law books from publisher LexisNexis.*

*Further, the AMC library has a Memorandum of Understanding with the ACT Library and Information Service (ACTLIS) to provide support and invitations to participate in training to the AMC Librarian, access to the ACTLIS mobile library for detainees and identified ACTLIS contacts to support detainees leaving AMC who wish to access community library services and resources.*

*The AMC Librarian is in the process of implementing a detainee literacy program based on the Tasmanian model in which low literacy detainees with children are encouraged to read children's stories which are recorded onto CD and presented to the child with a copy of the Children's picture book. The Library has received donations of children's books from ACTLIS to support this project.*

*The program will be expanded to other interested detainees with young children to encourage the maintenance of family ties".*

The library is provided with an annual budget of \$10,000.00 per year. The electronic book data base is slowly being developed and this will place the library in a position to operate as a community library. The library has a variety of book Categories including:

- Fantasy
- Thrillers
- Science
- Philosophy, self-help (e.g. the 10 steps AA program)
- Language and parenting books.

The Librarian reports that detainees generally have the same book interests as the general community population.

The library provides a display area and self-help area as well as an artist wall of fame (paintings by detainees). Information about drug withdrawal is also provided. Detainees can drop into the library on their way to access or attend educational programs. Additionally, the librarian visits the cell blocks and cottages with a trolley of books. The CSU is visited at least once a week with a trolley of books and newspapers are provided every afternoon.

The librarian reports that feedback from detainees has been positive about library services. Some book donations are provided by the Canberra library. A library policy is currently being developed.

Feedback about library services has generally been positive from detainees and custodial officers are very supportive of detainees making use of library services. Some book donations are provided by the Canberra library and it is hoped in the near future a link can be established to the data base at the Canberra library.

The library currently has 50 books on Aboriginal history and culture which can be accessed by all detainees. Included in this variety of Aboriginal resources are publications on Aboriginal art, local history and 15 reports on local cultural camps.

Library



**Finding: 1**

*That Library services are good and valued by detainees. An electronic Catalogue data system is in the process of being developed;*

**Finding: 2**

*That the library currently has 50 books on Aboriginal history and culture which can be accessed by all detainees; Included in this variety of Aboriginal resources are publications on Aboriginal art, local history and 15 reports on local cultural camps.*

## **19 Clothing and bedding**

### **19.1 Male detainees**

The major issue of concern to male detainees is the issue of shoes. There have been numerous complaints from detainees about the quality of footwear, and nurses report that injuries have resulted from detainees walking around and playing sport on the oval in thongs or bare feet.

It has been decided that detainees are not to have shoelaces. This decision is based upon concerns about detainees using theirs or other detainees' shoelaces to commit acts of self-harm.

A podiatrist has assessed the shoes *previously issued* as unsuitable, but that runners with Velcro straps are an effective alternative. Whether the currently supplied Velcro-strapped

shoes are suitable or not is beyond the expertise of the audit team and requires advice from a podiatrist.

ACT Corrective Services believe that this issue is being overstated by detainees.

**Finding: 1**

*That male detainees have strongly held views that the current shoes on issue are poor quality;*

**Recommendation: 1**

*That a podiatrist be engaged to review the current shoes on issue to detainees and to provide an opinion in relation to detainee concerns;*

## **19.2 Female detainees**

The key concerns expressed by female detainees related to the type of clothing they were provided with and the lack of availability of female products and cosmetics. The detainees complained that they wore the same type of clothes as the male detainees and this coupled with the lack of access to feminine products took away their dignity and made it hard for them to feel feminine.

ACT Corrective Services advise that in selecting clothing for women detainees, women incarcerated at the Belconnen Remand Centre and Symonston Temporary Remand Centre were consulted.

The women wear mauve with white trim on collars and sleeves as opposed to the males who are given blue or grey uniforms. Tops and bottoms are of different colours. The majority of women's items have a specifically female cut.

Concerning the complaint relating to lack of access to feminine products, the auditor has sighted a very comprehensive list of products available through the detainee "buy up" system. On the evidence of this list the detainee's complaints do not seem to be justified.

**Finding: 2**

*That female detainees have made complaints concerning type of clothing supplied and lack of access to feminine products. These complaints do not appear to be supported by the available evidence. AMC management have undertaken to meet with the female detainees to discuss and clarify any concerns;*

**Recommendation: 2**

*That notwithstanding that on the evidence available to the auditor the female detainees concerns relating to clothing and feminine products do not appear to be justified, AMC management meet with female detainees to discuss, clarify and if possible resolve any concerns;*

## **19.3 Bedding**

The audit of detainee bedding and clothing indicated that in general there was compliance with the policy. The only significant deviation was that detainees were being issued with three sets of clothing rather than the two sets specified in the policy.

The Human Rights Commissioner raised an issue relating to the issue of doonas to detainees in lieu of blankets. ACT Corrective Services advise that this is not policy at present and that if detainees require additional blankets these are issued on request.

### **Finding: 3**

*That the issue of detainee bedding and clothing was generally implemented in accordance with the policy. ACT Corrective Services may wish to follow up the issue raised by the Human Rights Commissioner concerning doonas;*

## **20 Cell amenities**

### **20.1 Cell Amenities**

The rooms in the cell blocks and the cottages were inspected during the period of the audit. The issues that were inspected included:

- Toilets
- Showers
- Desks
- Beds
- Windows
- Heating and cooling
- TV
- Power points
- Cell intercom
- Telephones
- Suicide prevention design and
- Medication issue.

The cell block accommodation is regarded as generally providing a high standard of amenity to detainees.



## 20.2 Cell heating

Cell heating and cooling is an ongoing issue of concern to detainees. ACT Corrective Services have provided the following advice:

*"Heating at the Alexander Maconochie Centre (AMC) has been raised by the Human Rights Commission (HRC) as a concern. Heating at the AMC is in-floor slab heating. Boilers run hot water through the slab to heat the floor and from that, each building. In-floor slab heating was chosen because of its potential power usage benefits when combined with the design of cell blocks and cottages with significant daytime light and because it cannot be vandalised or used to conceal contraband by detainees.*

*The heating system is working as designed. However, in the 2009 winter and to a much lesser extent the 2010 winter, the heating system has experienced problems. These have included problems with disruption to the Building Management System and the heating not re-setting properly, occasional boiler malfunctions and inappropriate placement of thermostats by the builder. However, these have all been addressed as they have arisen.*

*It is also the case that some cells may not be as warm as others but the heating can be adjusted to change this and this has also occurred. The overall level of slab heat can be adjusted, and has been on occasion when detainees have complained of being cold. However, this does result in greater use of power.*

*Complaints continue to be made by detainees, although these come overwhelmingly from the sentenced cell block. Complaints from the remand cell block are rare and from cottages only occasionally.*

*Temperature statistics were collected from July into early September across a range of sentenced accommodation areas (cell block and cottages) and at various times of the day. Observations were recorded in regard to whether windows and doors were open. These statistics when analysed demonstrated that when doors and windows were left open, temperatures were low to the point where it might be considered cold. However, when windows and doors were kept closed, the temperatures (particularly in cells) were considerably warmer and warm to comfortable levels.*

*The temperature data indicates that complaints arise when detainees (and at times staff) do not adhere to the requirement to keep windows and doors closed. Detainees have been leaving the window vent grills and doors in cells open. Having the vents open means that heat escapes very easily to the outside, and by the time the sun goes down the cell has become cold. Officers have also failed, at times, to close louver windows and secure external area doors in cell block common areas, leading to the common area becoming cold.*

*It should be noted that at times detainees have also complained of being cold, whilst choosing to dress in seasonally inappropriate clothing.*

*ACT Corrective Services has considered the option of procuring supplementary heating but is very concerned at the expense, vulnerability to vandalism and use by detainees as hiding places for contraband of such an approach.*

*ACT Corrective Services will, therefore, focus on:*

- Addressing the misuse issues by providing additional advice to staff and detainees about how to maximise heat retention. (However, if detainees insist on leaving their windows and doors open, their cells will get cold. Where this happens, it is also inevitable that some of those detainees will complain about the cold); and*
- installing automatic temperature monitoring devices for cell blocks before next winter in order to better monitor temperatures as well as retaining the option to procure supplementary heating options if it ultimately proves necessary to do so”;*

**Finding: 1**

*That the cell block and cottage accommodation is regarded as generally providing a high standard of amenity to detainees;*

**Finding: 2**

*That cell heating and cooling is an ongoing issue of concern for detainees. ACT Corrective Services has provided advice that steps are being taken to resolve this issue;*

**Recommendation: 1**

*That ACT Corrective Services monitor complaints from detainees concerning cell heating issues and keep external agencies of scrutiny informed of action being taken to resolve this problem;*

## **21 Security of detainees property**

There were no significant issues relating to detainees’ access to property in their accommodation units.

The Ombudsman’s office raised a concern that controls relating to detainee property are inadequate. The auditor identified that the procedural requirement for an audit of 10% of the valuable property and stored property was not being undertaken.

Due to the staffing structure of Admissions, and the very busy Monday /Friday nature of AMC, the audits are conducted on Sundays. However for the months of May and June only sixteen audits of the valuable property and seven audits of the stored property of individual detainees were completed.

The Ombudsman’s office says that the controls over detainee’s property from the time of induction to it entering the store and or to the detainee’s accommodation are lacking in effectiveness and complaints by detainees in relation to missing property are an ongoing concern.

**Finding: 1**

*That the Ombudsman's office has a concern that controls relating to detainee property are inadequate, particularly after induction through to the property reaching the store and or the detainee's cell. The audit found that the procedural requirement for a 10% audit of the valuable property and stored property was not being undertaken;*

**Recommendation: 1**

*That ACT Corrective Services:*

- *Consult with the Ombudsman's office concerning the specific nature of their concerns relating to controls over detainee property and address these; and*
- *Ensure that AMC staff strictly follow procedures relating to auditing of detainees' valuable property and their stored property;*

## **22 The effectiveness of programs provided to detainees aimed at assisting / facilitating rehabilitation, including work skills and throughcare**

The AMC policy based on the ACT Human Rights Legislation is to develop a case management plan for each detainee and permit detainees to access therapeutic intervention programs within a *Throughcare* framework. *Throughcare* involves working with detainees from initial assessment at time of induction to the correctional centre to:

- Identify the underlying causes of their offending behaviour
- Offer programs to address these causes, including cognitive change programs
- Encourage detainees to understand and accept that it is in their best interests to participate constructively in these programs
- Facilitate their engagement with community and other agencies that can support them on release
- Address health issues
- Encourage maintenance of constructive links with family and associates who can provide positive guidance in the community on release and
- Support the detainees re-entry to society through supervision and guidance from Community Corrections officers.

Two reasonably sized rooms are located in the programs area of the correctional centre and other reasonably sized rooms are available for programs use in other parts. Appropriate

technical resources such as access to white boards, computers and Power Point are available.

**Finding: 1**

*That rooms and equipment provided for program intervention and other educational programs are of high quality;*

There are no specific psychology positions in the programs area but some programs staff may have specialist psychology/behavioural science backgrounds. Additionally, some non profit community agencies provide brief intervention programs (e.g., quit smoking & INSIDE/OUTSIDE program run by Directions ACT) and individual counselling for detainees.

## **22.1 Intervention programs including cognitive change and social and living skills**

### **22.1.1 Adult Sex Offender Program (ASOP)**

This is a rolling and open ended group based program offered non-sequentially so offenders can join the program at any time. The program caters for both adult and child sex offenders. It has a cognitive behaviour approach and the program is determined by the most prominent treatment needs of the group.

There is no specific program available for offenders imprisoned for solely accessing illicit pornography on the internet. There does not appear to be any Categorisation of sex offenders in accordance with the seriousness of their offending. Additionally, there are no preparatory or initial programs to identify the motivation level and the ability of offenders to undertake sex offender programs.

For instance, one jurisdiction offers a variety of sex offender programs including preparatory programs and special programs for the cognitively impaired. Detainees are also assessed to ascertain the intensity of intervention that is required. Some offenders may for example be assigned to a medium intensity sex offender program or a more in-depth high intensity program;

However, it is noted that low sex offender numbers in AMC could preclude development of a wider suite of programs for these offenders for a number of reasons.

Concerning cognitively impaired detainees, ACT Corrective Services advise, *"that it was recognised during the early planning stage that the AMC was unlikely to ever have the numbers of detainees with significant intellectual disabilities to be able to offer courses specifically for this group.*

*It was not expected that a critical mass of such detainees would be available at any one time to make suitable courses viable. It was and remains the intention that when the AMC is accommodating such detainees, ACT Corrective Services would seek to access suitable*

*programs in NSW (such as the one that has operated at Goulburn in the past). Alternatively, one-on-one programs could be offered with the attendant cost penalty.*

*It has been the case that the numbers of intellectually disabled detainees has been very low. Two such detainees have been intensely case managed so that they have been able to access mainstream courses. A third was not able to do so but severe behavioural problems made external course provision impractical. This remains a gap in capability that needs to be monitored."*

**Finding: 2**

*That there may be a need to consider more sophisticated and intensely focussed sex offender programs covering preparation, medium intensity, high intensity and a program for the cognitively disadvantaged; **Note:** Low numbers of certain categories may impact on the viability of this;*

**Recommendation: 1**

*That consideration is given to providing for a variety of sex offenders programs to cater for different levels of sex offending covering preparation, medium intensity, high intensity and the cognitively disadvantaged; **Note:** It is appreciated that low numbers of sex offenders for particular categories of programs may not allow this to occur;*

**Recommendation: 2**

*That the need for specialist programs for detainees who are intellectually or cognitively disadvantaged continues to be monitored by ACT Corrective Services in the light of numbers of these detainees and availability of specialist resources;*

**22.1.2 Alcohol and Other Drug Programs**

A first steps to recovery program is offered consisting of 6 modules delivered over 6 weeks. It is suitable for short term detainees and detainees on remand and focuses on motivation and readiness to change and as a preparation for the more intense 20 weeks Back in Control Program. It is delivered in a rolling open group format enabling new participants to join at any time and focuses on needs of participants;

**22.1.3 Back in control**

This is a relatively new more intensive program focusing on substance abuse issues;

**22.1.4 Anger management**

This program is delivered in closed format based on cognitive behavioural therapy over a period of up to three months;

### **22.1.5 Cognitive Self Change**

The program is based on cognitive behavioural therapy and delivered in a rolling open format allowing new participants to join at any stage and exiting the program once they have completed each step;

### **22.1.6 Family Violence Self Change Program (FVSC)**

The program targets offenders with a history of family and domestic violence;

### **22.1.7 Violent Offender Treatment Program**

The program targets offenders who are generally violent. This program has recently commenced;

### **22.1.8 Personal Effectiveness Program**

The program focuses on Communication and working with others; and

### **22.1.9 An indigenous specific cognitive self change program**

The program is based on cognitive behavioural therapy and delivered in a rolling open format allowing new participants to join at any stage and exiting the program once they have completed each step. The program is also delivered in a culturally appropriate framework, in that there are Indigenous facilitators, culturally relevant underpinnings for the content discussions, and working in close consultation with the Indigenous Probation and Parole Officer/Indigenous Policy workers and addressing culturally relevant responsivity factors.

The majority of the intervention programs have a minimum of 6 detainees and a maximum of 10. The alcohol and drug program can have up to 14 participants in the group.

The program officers also conduct similar programs in the community and at the Periodic Detention Centre. They are located at the correctional centre with the specific purpose of conducting programs. At the time of the site visit in July 2010 there were 7 alcohol and drug programs running and 7 other programs being conducted. Hence it is conceivable that between 84 and 140 detainees could access programs when they are being run throughout the week. Detainees on remand are able to access programs that do not address their alleged offence.

The programs being made available to detainees were tailored and specifically developed to meet the treatment needs of detainees identified through the induction and case management process. The induction, case management process and intervention programs are important aspects of the throughcare process and are well developed at AMC. The auditor met a number of program staff and also had the opportunity to talk to detainees during some programs.

The programs staff presented as dedicated and committed to conducting the programs in an efficient and professional manner. However, both program staff and program participant detainees expressed frustration about the inability at times to run programs due to lockdowns, staff shortages and a lack of rovers to escort detainees to the programs area.

Since these issues were raised a new roster has been implemented resulting in additional staff including "rovers" being available to ensure that detainees can access programs as and when required.

During any one week there can be up to a total of 14 intervention programs being conducted. Generally intervention programs are of 2 hours duration. Additional mini workshops are conducted in relation to life skills, budgeting and information about Hepatitis C.

It was reported that approximately 106 detainees are currently involved in 22 group programs. Of all programs, the evidence is over the first year of AMC operations around 50% of detainees enrolled did not attend. Of the remaining 50%, around 25% of participants dropped out of their programs. This dropout rate varies across programs. In effect, it is conceivable that over the past year only 25% of detainees have fully completed their programs. ACT Corrective Services advise this is due to a number of factors, including:

- *Remandees or sentenced detainees being released prior to completion of the program*
- *Detainees who are discharged for non compliance or disruption during the program*
- *Detainees who fail to do the work associated with the program*
- *Detainees being moved to the MU for protection or discipline (and in some cases to the CSU because of threats of self-harm) who are then unable to participate and*
- *Detainees who refuse to sign integration agreements to undertake programs with other detainees.*

**Finding: 3**

*That program completion rate by detainees is low. However, this is not unusual given the relatively high turnover rate of detainees due to short sentenced detainees commencing programs and other factors inherent in detainee behaviour;*

**Recommendation: 3**

*That ACT Corrective Services monitor the enrolment, participation and completion rates of detainee programs to ensure that best possible outcomes are achieved. Also, records should show those cases where detainees have been discharged from the correctional centre and prior to discharge have completed their program obligations as this is still a successful outcome from the AMC's perspective;*

Participants are provided with the opportunity to evaluate each program session and an exit evaluation is also completed. The auditor reviewed a random sample of detainee evaluations. Most of the detainee evaluations were generally positive about the programs being offered. For instance, some detainees indicated that they learned something from the programs.

It was also noted that some of the detainees had been through rehabilitation centres in the community a number of times. Evaluative feedback provided by the detainees is used by program staff to modify the program structure and content to ensure detainees can relate to the program content in a meaningful manner. During a focus group with male detainees some of them expressed a view that they wanted more experienced staff running alcohol and drug programs.

ACT corrective Services advise that longitudinal evaluations of the effectiveness of the programs on detainee's rehabilitation over time have not commenced as yet. This matter is currently under preliminary consideration by ACT Corrective Services;

**Finding: 4**

*That detainee evaluation of programs is generally positive. ACT corrective Services advise that longitudinal evaluations of the effectiveness of the programs on detainee's rehabilitation over time have not commenced as yet. This matter is currently under preliminary consideration by ACT Corrective Services;*

Comments from program staff to the auditor indicate that there are some morale issues among staff. ACT Corrective Services advise that they have attempted to address these issues in the past without success. The matters are currently being readdressed by ACT Corrective Services senior management.

Finally, concern was expressed by staff and community stakeholders that there was no or a lack of in-depth long term 1-1 counselling offered to detainees.

ACT Corrective Services confirmed that there is no one-on-one psychological counselling available. It advises that Community Agencies visit the AMC to offer counselling services to male survivors of sexual assault; alcohol and other drug counselling and women's issues. In addition Alcoholics Anonymous attends weekly to run evening meetings for detainees. Detainees have access to Probation and Parole Case Managers and custodial Case Officers.

In relation to the need for more psychological counselling resources at the AMC, ACT Corrective Services acknowledges the need for specialist counselling services.

Another issue not related to direct counselling services to detainees, is that there is currently no Principal Psychologist at the AMC and this position is being re-evaluated. ACT Corrective Services advise that difficulties are being experienced in attracting a suitable applicant. There is a shortage of people with this type of qualification and experience across the ACT. Other options are being explored e.g. a part time appointee from private practice.



This is an important position required to provide leadership in the areas of detainee program and counselling services.

**Finding: 5**

*That a range of stakeholders have expressed concern at the lack of in-depth long term counselling available for detainees;*

**Finding: 6**

*That ACT Corrective Services acknowledges the need for specialist counselling services.*

**Recommendation: 4**

*That to eliminate a gap in the throughcare processes a number of positions are dedicated for social workers/psychologists to focus on providing in-depth counselling to support the case management process;*

**Recommendation: 5**

*That the lack of a Principal Psychologist at the AMC is rectified as soon as possible;*

In a throughcare model the role of Community Corrections is critical. With the establishment of the AMC, ACT Community Based Corrections has expanded its operations. ACT Corrective Services advise that the following positive achievements have come from this:

- *"Closer links between custodial operations and community based corrections staff – liaison between these two arms of ACT Corrective Services occurs daily with the focus of detainee rehabilitation being paramount*
- *Established links with agencies in the ACT community. ACT Corrective Services has established links with many agencies in the ACT community to assist in the facilitation of Throughcare*
- *Establishment of New Employment Opportunities (NEO) program*
- *Streamlining of sentence calculations to ensure calculations are accurate and correct*
- *Commencement of therapeutic community in the AMC – this is an excellent example of the benefits of establishing such a community within a custody facility*
- *Commencement of criminogenic programs for detainees – such programs reinforce the philosophy of the AMC to provide detainees with every opportunity to assist them address their criminal behaviour and*
- *Commencement of VET programs to link employment with education to assist detainees gain employment at the completion of their sentence."*

The following Findings represent the auditor's views relating to throughcare and detainee programs derived from onsite inspections, an audit of detainee programs and the evidence summarised above:

**Finding: 7**

*That generally the basis of throughcare services is in place with respect to induction, case management, rehabilitation, education and vocational training opportunities. Processes appear to be sufficient to ensure quality of intervention and education programs;*

**Finding: 8**

*That the AMC written policies in regard to throughcare services reflect the intent of the ACT Human Rights legislation;*

**Finding: 9**

*That the programs being made available to detainees are tailored and specifically developed to meet the treatment needs of detainees identified through the induction and case management process;*

**Finding: 10**

*That the therapeutic programs are generally empirically based with appropriate psychometric and evaluative feedback and meet the current needs of the correctional centre population;*

## **22.2 Therapeutic community cottage**

A Therapeutic Community Cottage is available and can house up to 15 detainees who have been assessed as minimum and are prepared to participate in programs. Detainees will be evicted if they misbehave or do not participate in program or some meaningful activity. There were only 8 residents at the time of the site visit in September 2010. When detainees in the therapeutic cottage have completed their programs they may remain in the cottage as mentors to the other program participants or apply to become a resident to the Transitional Release Centre if they are near the end of their sentence.

In relation to the Therapeutic Community ACT Corrective Services has advised as follows:

*"A major issue confronting the criminal justice system is the high correlation between drug use, mental health and crime. A Correctional centre is an ideal setting for the provision of multidisciplinary treatment options for detainees to achieve positive rehabilitative outcomes and therefore it was proposed the AMC develop and facilitate a Therapeutic Community (TC) in partnership with the Alcohol and Drug Foundation of the ACT (ADFACT).*

*This partnership reflects the 'healthy correctional centre' agenda of the AMC where there is a focus on rehabilitation, throughcare and the observance of human rights. ADFACT brings to the partnership a wealth of experience and expertise in delivering community and TC residential alcohol and drug treatment programs.*

*The AMC TC provides a structured residential environment in the men's neighbourhood in which a collaboration of clinical and custodial staff and TC participants form a community that facilitates management, healing and personal growth. An essential element of the TC*

*model includes the development of a high level of openness and honesty amongst staff and participants.*

*ACT Corrective Services is actioning a proposal to relocate the TC from the Male Sentenced Compound but at this time, the TC remains located in that compound."*

**Finding: 11**

*That the Therapeutic Cottage is an excellent model for encouraging participation in intervention programs and provides opportunities for positive peer support by other detainees and eventual throughcare progress to a transitional release cottage outside the perimeter of the correctional centre;*

**Finding: 12**

*That the Therapeutic Cottage seems to be underutilized – can Cater for 15 detainees but only has 8 detainees at present;*

**Recommendation: 6**

*That processes are improved to maximise the use of the therapeutic cottage which is an excellent rehabilitation model but is currently underutilised;*

## **22.3 Education, work skills training and employment**

ACT Corrective Services has provided the following information concerning their approach to employment and training:

*"The links between employment and recidivism are well established. Employed people are less likely to become incarcerated. Detainees who gain and maintain employment on release are less likely to return to custody.*

*ACT Corrective Services aims to reduce the risk of re-offending by providing services and program interventions that address the causes of offending, maximise the chances of successful reintegration into the community and encourage offenders to adopt a law abiding way of life.*

*The NEO New Employment Opportunities program is a crime prevention initiative of the ACT Government that aims to provide detainees with the opportunity to engage in meaningful and sustainable paid employment, work experience, vocational training, and education for the purposes of rehabilitation and reintegration into the community.*

*The NEO program's main area of operation is to provide external employment upon release. In addition, the program includes:*

*internal Alexander Maconochie Centre skill development and experience; and*

*Transitional Release work placements in the community;*

*The ultimate goal of the NEO program is for detainees to obtain permanent employment on their release. Placement with registered Job Services Australia Providers and further enrolment in Vocational Education and Training are also acceptable outcomes of the program.*

*The Detainee Employment Services Unit is a team of highly dedicated community corrections staff that are responsible for the administration and implementation of the NEO program.*

*ACT Corrective Services and the ACT & Region Chamber of Commerce and Industry have partnered to facilitate the improvement of employment outcomes for ex-detainees and offenders. The initiative was launched by the Attorney General in May this year when he hosted the first roundtable meeting of local industry champions. Our current champions include representatives from:*

*ACT & Region Chamber of Commerce & Industry*

*Tourism Industry Council of the ACT*

*Motor Traders Association of ACT*

*St Vincent de Paul*

*Prime TV*

*Actew AGL*

*Master Builders Association ACT.*

*The Department of Territory and Municipal Services has also lent its support to NEO through creating links to employment at Yarralumla Nursery and Parks Conservation and Lands for detainees at the Transitional Release Centre*

*Additional partnerships have been formalised with the Canberra Indian Mynar bird Action Group (CIMAG) and with the ACT Royal Society for the Prevention of Cruelty to Animals (RSPCA).*

*A promotional information website has been developed and can be accessed at [www.neo.act.gov.au](http://www.neo.act.gov.au)*

### **NEO Program Overview**

*Government Departments, Community Organisations, and Private Enterprise Employers that are willing to support the NEO program goals are identified.*

*A matrix of suitable employment positions within the respective organisations and the relevant skills and experience requirements is developed. Generally the skill set requirements are directly related to current ACT skill shortage areas.*

*All detainees arriving at the Alexander Maconochie Centre (AMC) undertake skills audits and vocational assessments.*

*Detainees identified as potentially suitable for the external employment positions are encouraged to undertake relevant work experience and Vocational Education and Training whilst at the AMC.*

*Detainees who are deemed suitable may be transferred to the Transitional Release Centre (TRC) at the AMC. Detainees who are accommodated at the Transitional Release Centre may subsequently attend approved Work Experience placements or undertake further Vocational Education and Training in the community on a daily basis.*

*Program participants, including the Host Employers are provided with ongoing support and monitoring for the duration of the Program.*

### **Employment upon release**

*To assist in achieving this goal ACT Corrective Services and the ACT and Region Chamber of Commerce have partnered to promote the NEO program and encourage our regional business community to support this valuable crime prevention initiative.*

*The NEO program has also developed linkages with Commonwealth Job Services Australia providers in the ACT area. ACT Providers include:*

*Auswide-Caloola*

*Salvation Army Employment Plus*

*Max Employment*

*Campbell-Page*

*IPA*

*Both Auswide and Caloola have employment consultants that attend Alexander Maconochie Centre (AMC) and provide advice to detainees on their options and the supports available to them through their respective organisations upon their release.*

*Through Commonwealth Job Services Australia providers, Employers are also able to access a range of assistance from training to wage subsidies.*

### **Skill development and training**

*Detainees received into the Alexander Maconochie Centre (AMC) undergo skills audits and vocational assessments to identify areas for development.*

*Through the NEO program, business-like industries operated by the AMC provide work skills and habits for detainees in work environments that match as much as possible, a comparable industry environment outside of prisons.*

*The AMC has education and training facilities available to provide realistic skill development and experience in a range of Industry and Vocational areas including Building and Construction, Asset Maintenance, Horticulture, Hairdressing, Information Technology, Business Studies and Hospitality.*

*In addition to detainee employment in business-like industries, detainees are responsible for the cleaning and care of their living unit, community work, and other activities that are linked to employability skills within the Centre. These activities assist detainees to establish work habits and skills in a work-like, but non-commercial environment.*

*The AMC also has a flexible workshop area (Industry Skills Centre) that can be configured to provide realistic employment experiences and to carry out a range of manual and mechanical process manufacturing or assembly activities according to enterprise business requirements. The Industry Skills Centre is supported with a range of nationally recognised Vocational Education and Training programs, courses and certificates.*

### **Community work placements**

*For detainees transitioning back into our community the Transitional Release Centre (TRC) provides an opportunity to participate in work experience placements with host employers and Community based organisations.*

*The work experience placements are designed to provide an opportunity for the detainee to demonstrate to potential employers that they would be a reliable and trustworthy addition to their workforce. The placements provide an opportunity to gain valuable experience and demonstrate practical skills that increase the likelihood of gaining and maintaining permanent employment upon release. This enables detainees to obtain and engage in employment in the community with a view to maintaining that employment on release from the correctional centre.*

*Host Employers and Community organisations participating in the NEO program also benefit through being able to access an additional skilled and semi-skilled workforce.*

*Program participants, including the Host Employers are provided with ongoing support and monitoring for the duration of the Program."*

Vocational Education and Training (VET) is offered to detainees at the AMC by an external contractor VET provider, Auswide Projects (3 years + optional further 1 plus 1 year contract). There are 5 Auswide projects team members located at the AMC. Some difficulties in administration of the contract have been experienced due to the high turnover of AMC Auswide managers.

Auswide Projects also delivers the Job Services Australia contract in NSW/ACT across a number of sites. Experienced staff at each site assists with a range of client needs including addressing vocational and non-vocational barriers, assistance in career planning and job search skills, and referrals to suitable training and employment.

Auswide project services at the AMC assesses the learning needs of detainees, develop individual learning plans, provide employment opportunities at the correctional centre and assist detainees to develop practical marketable skills to improve their chances of attaining and maintaining employment in the community post release. Auswide offer nationally accredited training courses to enable detainees to continue studies at another institution post release, should they choose to pursue this opportunity.

Although detainees cannot be obliged to work, opportunities for employment will be reflected in an individual's case management plan. Wherever practicable work is linked to relevant Vocational Education and Training (VET) qualifications. For example, these include a hospitality course for detainees employed in the kitchen, laundry and in cleaning services, horticulture for those working in the grounds/garden, clerical positions and barista courses for those employed in the Visitors Centre coffee shop.

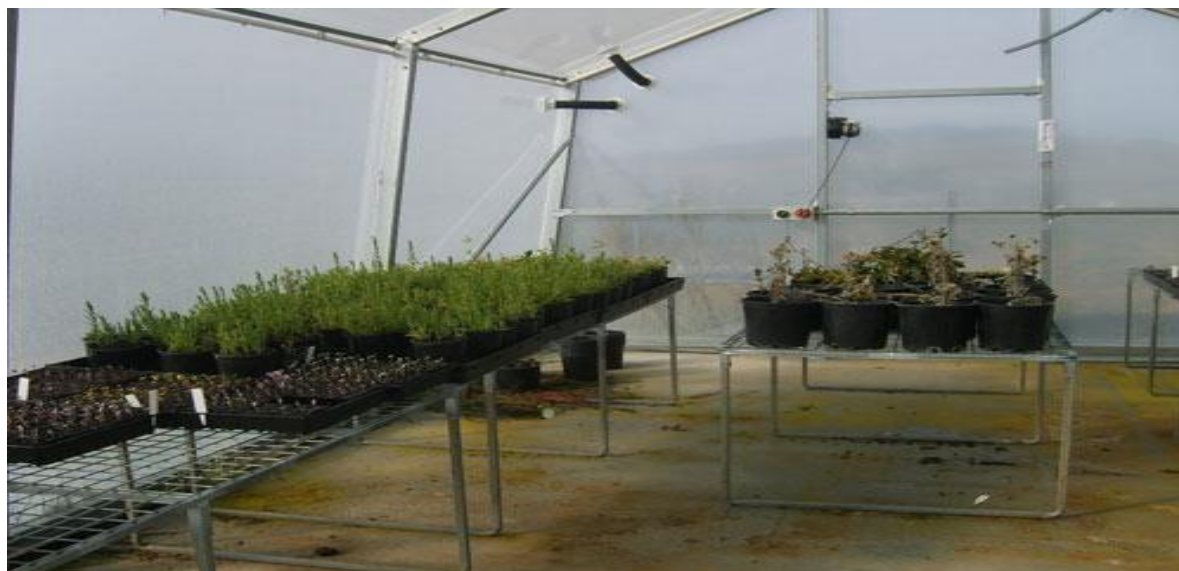
The AMC has a written policy regarding the employment of detainees that encourages all sentenced detainees to actively participate in an approved work program providing they have medical clearance. Current employment opportunities available to detainees at AMC include:

- Laundry operations
- Clerical assistants
- Literacy Tutors
- Hairdressers
- Baristas
- Textile repairers
- Library assistants
- Stores assistants
- Kitchen hands
- Grounds Maintenance
- Building and Construction
- Nursery Operations; and
- Asset Maintenance – General cleaners

### Vegetable garden



### Pressurised Hot Shed for Seedlings and Plants



There are no commercial industries offered at the AMC. ACT Corrective Services advise: *"In the process of planning for a correctional centre in the ACT, the Government undertook extensive consultation regarding the design, operation and philosophy of the correctional centre.*

*As a result of the consultation process, the decision was taken that the AMC would not operate any commercial industries as there was concern that to honour contracts within the correctional centre would come at the expense of meaningful Vocational Education and Training.*

*Such a contract may unfairly disadvantage the commercial sector, due to cheap correctional centre labour, or would have no real educational value. The operating philosophy of the*



*AMC places a strong emphasis on rehabilitation through Vocational Education and Training and rehabilitative programs along with the development of living skills and community integration."*

#### Education Facilities



Vocational education and general education programs available include:

- Certificates 11 & 111 in Business
- Secondary and University studies
- Certificates 1 & 11 in Information Technology
- Certificate 11 in Horticultural
- Certificates 11 in Hospitality
- Certificate IV in TAA
- Certificate 111 in Children Services - conducted by an agency other than AUSWIDE
- Compulsory orientation
- General Occupational Health and Safety Training (OHS)
- Tools equipment technical course
- Certificate 11 in Men and Women's hairdressing
- Barista courses and training

- Accredited Certificate 11 in Asset maintenance and cleaning (including carpet cleaning & graffiti cleaning)
- Certificate 11 in General construction, tool safety
- Art, music, model ship building
- Language, literacy and numeracy
- Tutorial support and
- Fitness education.

Concerning participation in education courses ACT Corrective Services provided the following information:

*"During the months of March to June 2010, the average detainee population was 218 and the average number of detainees enrolled in any course was 200. The average number of attendances at education for face to face contacts was 1007; Training hours delivered per month is averaged at 4219.38.*

*The high enrolment rate is due, in part to enrolments in the compulsory orientation program which is a short course covering Occupational Health and Safety, safe food handling, code of conduct and individual learning needs. In addition all detainees are offered the construction industry White Card which is a pre-requisite to employment in the construction industry or admission to construction sites.*

However, after further discussion about detainee participation rates with the Auswide projects manager at AMC (at time of site visits) and with other staff, the reality is that over the course of the past year only about 50% of detainees enrolled in vocational educational courses actually attend. A number of reasons were proffered for the 50% of actual enrolment participation rate. These included:

- Lockdowns, apparently due to rostering /staffing issues
- Lack of roving staff to escort detainees to the Education Centre during the first year of AMC's operation. However, ACT Corrective Services advise that this has been overcome by the new roster arrangements
- Relatively large numbers of remandees who are relatively short term detainees and or who chose not to participate in education – May 2010 93 remand – 127 sentenced detainees. Remand detainees were 42% of the correctional centre population, a high proportion
- Lack of motivation by detainees at the time
- Detainees being allowed to return to bed after breakfast, an operational issue that needs to be addressed
- Detainees not wanting to attend courses until they have had their medication
- Detainees names incorrectly being left off the course list or incorrectly placed on another list
- Detainees not attending for disciplinary reasons; **Note:** ACT Corrective Services advise: *"detainees cannot be denied access to education and program activities that form part of their case management plan for disciplinary reasons (although the*

*safety of staff and other detainees may be considered). However, they can be denied access to employment and activities for disciplinary reasons.”*

- Detainees opting to attend visits at various times rather than participate in vocational training courses and or other activities; **Note:** Visits are offered 6 days per week. While ACT Corrective Services accept that this can impact on attendance at training, programs etc, it quite correctly points out that:
  - Visits being freely available is important for detainee well being and
  - Detainees as part of their rehabilitation process are encouraged to take responsibility for their own lives and are counselled to take accountability for ensuring that they schedule their visits so as not to impact on training and program commitments.

The Official Visitor in consultation with students from the ANU College of Law recently trialled a six-session legal literacy program within the AMC. The trial Legal Literacy Program commenced on 1 August 2010 and ran once per week over a six week period.

The program was designed to provide an opportunity for students to support detainees at the AMC to complete Applications for legal aid and provided assistance with respect to interpretation of relevant sections of the *Human Rights Act 2004*, the *Corrections Management Act 2007*, *Crimes Act 1900* (ACT) and *Criminal Code 2002* (ACT). The program took the form of a short 'course' to improve 'legal literacy' amongst detainees.

The feedback from the course was positive from both the detainees' and students' perspective. Due to the program's success, it is the intention to continue delivering this program in the New Year as a partnership between ACT Corrective Services and the ANU.

Eight detainees are currently enrolled in university studies involving courses such as theology, business, English, accounting and engineering. Two of these students are studying at the masters levels. Liaison support is provided for these students and all examinations are supervised.

A range of stakeholders, including detainees, commented to the audit team concerning problems with access by detainees to programs, activities and employment during the first year of operation of the AMC. This appears to have had a negative impact on detainee morale and has been a source of aggravation.

The reasons for this appear to relate largely to the inefficient staff roster system that was in place, staff absences during the first year of operations and insufficient focus at AMC leadership level to coordinate and drive the various detainee services in an effective manner. ACT Corrective Services advise that a new staff roster has been agreed with the staff Union which ACT Corrective Services believes will assist in resolving problems around access to programs, activities and employment.

In recent months a highly experienced Superintendent has been appointed and feedback to the audit team from a variety of stakeholders is that day to day operational performance at the AMC is improving.

**Finding: 13**

*That a range of stakeholders have raised concerns with the audit team concerning problems with access by detainees to programs, activities and employment during the first year of operation of the AMC. This appears to have had a negative impact on detainee morale and has been a source of aggravation to detainees and external stakeholders concerned with detainee welfare;*

**Finding: 14**

*That the reasons for access problems by detainees to programs, activities and employment during the first year of operation of the AMC appears to relate largely to an inefficient staff roster system, staff absences during the first year of operations and insufficient focus at AMC leadership level to coordinate and drive the various detainee services in an effective manner;*

**Finding: 15**

*That only about 50% of detainees enrolled in vocational and educational programs attended during the first year of the AMC's operations due to a variety of reasons such as lockdowns, lack of roving staff to perform escort duties, names incorrectly left off list and lack of detainee interest;*

**Finding: 16**

*That in recent months a highly experienced Superintendent has been appointed and feedback to the audit team from a variety of stakeholders is that day to day operational performance at the AMC is improving;*

**Finding: 17**

*That eight detainees are currently enrolled in university studies involving courses such as theology, business, english, accounting and engineering. Two of these students are studying at the masters levels. Liaison support is provided for these students and all examinations are supervised;*

**Finding: 18**

*That the Official Visitor in consultation with students from the ANU College of Law recently trialled a six-session legal literacy program within the AMC. The feedback from the course was positive from both the detainees' and students' perspective. Due to the program's success, it is the intention to continue delivering this program in the New Year as a partnership between ACT Corrective Services and the ANU College of Law;*

**Recommendation: 7**

*That ACT Corrective Services and AMC Leadership give high priority to ensuring the centre's philosophy of active engagement by detainees in meaningful activities is achieved through*

*an efficiently organised "structured day" where the various staff disciplines ensure attendance and participation by detainees in their programs, activities and employment;*

Staff at AMC identify industries in the community that have a shortage of workers. For instance, liaison is undertaken with the Chamber of Commerce, Masters Builders Association and other industry champions in order to identify employment needs. The main areas that been identified include hospitality, horticulture, motor traders (mechanics & tyre fitters) and asset maintenance. Vocational training and employment within AMC is then offered to meet the community employment needs and to increase employment opportunities for detainees upon release.

All detainees receive compulsory training in OHS, Construction Industry White Card and living skills (e.g., cooking cleaning). During the induction/admission process most detainees indicate they want to work and less than 5% indicate no interest in correctional centre work.

Training in building and general construction provides opportunities for detainees to be involved with maintenance and repairs around the correctional centre. For example, detainees have been involved in various concreting, shed building (potting houses & hot garden sheds) and assisting in fitted out the industries building and building outside exercise areas in the absence of a gymnasium.

In respect to the numbers of detainees employed at AMC the records indicate that on average between 80% and 90% Gavan to check these figures of detainees are engaged in meaningful employment, although much of this is part time employment.

The AMC has a written detainee remuneration policy that indicates detainees are to be remunerated for participation in employment or approved programs.

Detainees involved in employment must engage in a minimum of 30 hrs of work per week or up to a maximum of 42 hours per week. In situations in which the different Categories of detainees (sentenced, remand and protection) are required to mix for work purposes an integration agreement is signed.

In respect to work in the kitchen, protection detainees work in the kitchen on Fridays and weekends and non protection sentenced and remand detainees work on other week days. A hospitality teacher is employed to provide training leading to an accredited certificate in hospitality.

A range of other accredited courses are provided at the AMC, including in the areas of Asset Maintenance, Business, Hairdressing, Horticulture and Information Technology. Large numbers of AMC detainees are engaged in these courses with IT particularly popular.

A need has been identified for AMC to employ an instructor with regard to the maintenance of small engines. Auswide is in the process of recruiting a trainer to offer small engine maintenance and additional construction courses.

**Finding: 19**

*That a variety of vocational and general educational programs are available based on the community, industry and detainee needs with a focus on OH&S, I.T, small business , hospitality, cleaning, horticulture and construction;*

**22.4 Preparation for return to family and community life  
(transition to the community)**

The focus of ACT Corrective Services in regard to rehabilitation is in the form of the Throughcare model which has previously been described. This involves identifying the rehabilitative needs of the detainee at admission to the AMC – if not earlier in regard to an offender who has been in contact with Corrective Services through Community Based Corrections – through to preparing that detainee for release and integration back into the community prior to their release.

As covered in other Sections of this Report the AMC has a well developed suite of programs and activities to stabilise detainees' behaviour and to address the underlying causes of offending behaviour.

Pre-release case conferences are offered to all detainees prior to release, unless they are bailed from court without prior notice to the AMC. Relevant family members are encouraged to attend. To date, almost 50% of detainees have refused the offer of a case conference and measures are underway to address the poor participation rate. Detainees are currently being advised that the process is necessary and a reasonable direction under the Corrections Management Act. It should also be noted that not all families are willing to engage in the process and they cannot be compelled to.

In addition ACT Corrective Services has established a Transitional Release Centre Cottage (TRC) adjacent to the AMC.

The TRC is situated outside the perimeter of the correctional centre. Its main function is to provide transitional assistance which includes community employment, further education and increased family and community support for detainees who have progressed through the throughcare process. Generally, detainees are eligible to apply for admission to the TRC towards the end of their sentence/parole eligibility date providing they have satisfactorily completed rehabilitation programs and employment training.

The TRC Cottage is now operated and managed by Community based Corrections during the day. Security is provided at night by custodial staff. As part of this change the TRC has assumed responsibility for all court ordered community service programs and hence manages community service projects and offenders required to undertake community service.

The purpose of Transitional Release is to allow detainees the opportunity to gradually re-integrate with the community. Transitional Release provides suitably assessed detainees with the opportunity to experience pro-social activities and behaviour in the community

through leave, while being supported by the structure and support of the Alexander Maconochie Centre (AMC) until their release from custody.

A detainee may be granted transitional leave from the AMC for the purpose of Local Leave, Interstate Leave, Educational Leave and Work Experience Leave to facilitate that detainee's reintegration into the community and/or workforce in anticipation of their imminent release. All types of leave granted to a detainee are a privilege and transitional Applications will be assessed in relation to the aim to assist in reintegration, the good conduct of the detainee and the merits of the Application.

Detainees housed at the TRC participate in community service projects. Some of the projects include the Yarralumla nursery, Ted Knox centre, ACT cemetery, gardening/mowing, planting seedlings and cleaning. Detainees are transported to projects by bus. Busses and equipment are stored at the periodic detention centre.

Operational/custodial staff managing the TRC work on a rostered 12 hour shift and the manager and professional staff are located at the TRC during work hours. There was general satisfaction with the staffing levels at the TRC. Detainees seeking admission to the TRC are screened and interviewed to assess their suitability and in particular their employability and work ethos.

Towards the end of their sentence the accommodation and employment needs of detainees are assessed. Detainees are connected to community based social support services for assistance. Assistance can be provided with accommodation for parolees at MAP house which is managed by community based corrections.

**Finding: 20**

*That the Transitional Release Centre is an excellent model;*

**Finding: 21**

*That the Transitional Release Centre when considered in conjunction with the suite of programs and activities available to detainees in the AMC provides the basis for best practice outcomes in preparing detainees for release to family and community life;*

## **23 Support for an inclusion of community organisations in the AMC's mix of programs to facilitate enhanced continuity of service/ support for detainees post release**

Auditors attended a number of forums and meetings involving community organisations during the course of the audit. In addition this audit received submissions from a number of community based agencies that exist with the object of supporting and or being involved in some way with the AMC. Submissions were received from:

- ACT Women's Prison Group

- The ACT Women's Services Network (ACTWSN)
- Women's Centre for Health Matters

**Note:** The above three organisations provide a joint submission

- Community Integration Governance Group
- Community Coalition on Corrections
- ACT Council of Social Service.

The submissions made by the above organisations are valuable in that they canvass a range of issues including:

- Governance, including suggestions for appropriate performance measures for the AMC, management structures and approaches to staff recruitment and performance appraisal
- Issues relating to coordination of community support resources
- Issues relating to mental health services
- Concerns relating to fragmentation of health services and health services generally
- Issues impacting on female detainees
- Matters affecting legal services
- Detainee programs
- Food services
- Family relationships

Pleasingly the submissions took a holistic approach recognising that the AMC is but one component of the social and criminal justice systems and that successful rehabilitation of offenders requires much more than the services and programs offered by the AMC, although these are important.

Most detainees serve relatively short sentences and a significant proportion have deep seated problems. Time in a correctional centre can be used productively to stabilise behaviour, to identify the underlying causes of behavioural problems and to expose the detainee to opportunities through programs and training. However, unless on release there is genuine throughcare support from a variety of services the individual will struggle to achieve a law abiding lifestyle. Expensive programs in prisons will come to nought in terms of impact if offenders are not supervised and supported to achieve changed behaviour and importantly, in many cases, changed associates in the community.



A number of the issues raised by the submissions are not within the ambit of the AMC. However, they are important for the overall success of AMC's rehabilitation effort and need to be considered further.

Many of the issues canvassed in the above submissions were reiterated in a meeting with members of an interagency committee of community stakeholders. They raised the lack of coordination and integration of the various social support services in regards to providing support for detainees. There was a view expressed that a whole of government approach was required to assist in the coordination of social support services at AMC. The issue of meaningful involvement of these organisations in the overall operations of the AMC was also raised.

Some of the agencies provide brief focussed educational programs such as information on Hepatitis C, quit smoking, and alcohol and drugs. Assistance is also provided in regard to accommodation services and issues around family matters and non criminal legal concerns.

Some of the agencies said they did not have the capacity or resources to meet with all of the detainees. A view was expressed that there was a need to identify and address gaps and overlaps in services.

Some felt that agencies should be involved at the earlier stages of a detainee's sentence in order to support appropriate throughcare needs.

In summary the auditor's understanding is that representatives of community based social support services and agencies in the ACT believe a whole of government response is required to ensure that:

- Their support services function in a more coordinated manner
- They are involved appropriately in early stages of the sentence process
- Effective counselling services are provided, including for Indigenous detainees
- There is a wider range of Chaplaincy services
- There is continuity of support services available to detainees who have completed their prison sentence and parole orders
- There are adequate resources for community based services and
- There are the broader issues as mentioned above in the submissions to the audit.

ACT Corrective Services advise that the appropriate forum for these matters to be considered further may be the Chief Minister's Department Working Group where ACT Corrective Services is represented.

### **Finding: 1**

*That representatives of community based social support services and agencies in the ACT believe a whole of government and community response is required to a range of issues they have documented in submissions to this audit;*

## **Finding 2**

*That concerning the community stakeholders' submissions, there is the wider issue of meaningful involvement of these organisations in the overall operations of the AMC. This matter is dealt with in Section 31 of this Report, 'The effectiveness of the AMC's governance model';*

### **Recommendation: 1**

*That ACT Corrective Services bring the issues raised by community organisations in submissions to this audit to the attention of the Chief Minister's Department Working Group for consideration;*

The auditor attended a Women's Detainee Support forum which was organised by the ACT and Women's Prisons Group (WAP). Members from this group as well as the ACT Women's Services Network and the Women's Centre for Health matters were present along with a number of other interested people. There were approximately 30 people at this forum, mostly females. A male representative from Legal Aid was also present.

In addition the auditor attended Focus Group meetings of male and female detainees and an Interagency meeting of Social Support Services that visit and/or provide services to detainees. The auditor was made aware of a range of issues from attendance at these meetings. The significant issues raised have been dealt with in this audit Report. A number of other issues raised were operational issues that can readily be dealt with by ACT Corrective Services. The auditor's notes from these meetings have been made available to ACT Corrective Services for any necessary attention

During the forum the positive aspects of the prelease conference planning for detainees was commented upon. The case planning conference appears to be working well and details of agencies along with the probation and parole service are provided with the detainee's release plan. It was reported that detainees appreciated the opportunity to put a face to a name. Family members are also invited to the prelease case planning conference and are provided copies of the pre release plan.

A concern was expressed that no government agency takes responsibility for detainees in regard to coordinating support for detainees after they have served their sentence and/or post parole release orders. It was stressed that continuity of support services need to be available post sentence/order completion to assist with a successful transition to the community and reduce potential recidivism.

Some positive comments were made about case management and the throughcare process. It was noted that that improvement had occurred in regards to case management processes. However, it was felt that the case management process could be better integrated. For example, more effort could be made with matching the identified needs through the case management process with treatment options available by community based support.

A view was expressed that correctional centre based case managers have a large caseload (50-60) and they do not always have the time to thoroughly assess detainee needs and co-ordinate appropriate support. Enquiries reveal that as at 8<sup>th</sup> October 2010 Case Managers had the following caseloads:

- Induction officer: 17
- Case manager: 51
- Case manager: 42
- Case manager: 45
- Pre release officer: 57

Detainees' needs are assessed by the Induction Officer at the time of admission via a level of service inventory assessment. This assessment identifies a detainee's criminogenic risks and needs. The Induction Officer will then refer the detainee to therapeutic and educational programs to address their criminogenic factors.

During their incarceration a case manager will have contact with detainees on their caseload on a regular basis. During these contacts any detainees needs will be identified and addressed by the case manager. All contacts and interventions with detainees are case noted on JOIST.

Every 6 months the progress of the detainee will be reviewed by the Sentence Planning Group and their needs can be reassessed at this time.

ACT Corrective Services argue that Case manager work loads are appropriate.

**Finding: 3**

*That external stakeholders concerned with detainee welfare do not share ACT Corrective Services' view that Case Manager workloads are appropriate;*

**Recommendation: 2**

*That AMC Leadership provide a presentation to a forum of external stakeholders to fully explain and discuss the AMC detainee case management system, staff workloads and expected outcomes with the aim of resolving any areas of concern held by the external stakeholders;*

Pleasingly there was feedback from external stakeholders that detainees were not reporting concerns of excessive use of force by custodial officers and that there were no problems with non-indigenous and indigenous detainees sharing facilities, work and programs. Additionally, they were pleased with the modern facilities;

**Finding: 4**

*That feedback from external stakeholders was that there were no reported concerns by detainees of excessive use of force by custodial officers and that there were no problems*

*with non-indigenous and indigenous detainees sharing facilities, work and programs. Additionally, they were pleased with the modern facilities;*

## **24 Aboriginal and Torres Strait Islander issues**

The auditor interviewed 5 detainees who identified as being Indigenous and spoke with the Indigenous liaison Officer. Additionally the auditor attended the Aboriginal and Torres Islander Working Group.

The Indigenous correctional centre population at AMC has varied between 36 and 42 detainees. The community Indigenous population of ACT represents about 0.9% of the total population of ACT. The indigenous correctional centre population is over represented varying between 15% and 20% of the correctional centre population.

Representatives from the Aboriginal Justice Centre visit the AMC each Tuesday to meet with Indigenous detainees.

Legal Aid does not currently have an Indigenous legal aid liaison representative visiting Indigenous detainees to undertake case management work. There is funding for a part time position and processes are in place to appoint a person. A representative of the ACT/ NSW Aboriginal Legal Service attends the AMC every week.

The Indigenous detainees spoken to did not report any major concerns related to racism by non-Indigenous detainee or correctional centre staff. The main issues raised by Indigenous detainees, which were largely similar to those raised by non-indigenous detainees which have been dealt with throughout this Report, included;

- Being cold due to heating problems in cell but heating okay in cottages
- One detainee complained about visit times with family too short
- One detainee expressed concern about waiting times to address specialist medical needs
- Price of food on buy up too high
- Lack of access to Indigenous music
- Lack of ability by Elders to follow up issues
- No proper shoes
- Lack of access to gym and oval
- Length of time it take to progress through to TRC.

Positive comments were made about the accommodation, cultural sensitivity regarding food and access to arts and crafts that are available for one and half hours, three times a week. Indigenous detainees can access rehabilitation programs but there are currently no specific Indigenous programs available.

### **Finding: 1**

*That issues of concern to indigenous detainees were largely similar to those raised by non-indigenous detainees which have been dealt with throughout this Report;*

**Finding: 2**

*That indigenous detainees made positive comments about accommodation, cultural sensitivity regarding food and access to arts and crafts;*

ACT Corrective Services advise "The latest ACT Aboriginal Justice Agreement (AJA) commenced on 1 July 2010 and is effective through to 30 June 2013. The vision of this agreement is that the human rights of Aboriginal and Torres Strait Islander people in the ACT are observed, respected and upheld and programs and services address the law and justice needs of Aboriginal and Torres Strait Islander people in the ACT. ACT Corrective Services was involved in the development of the AJA, with staff attending regular meetings and offering advice and direction.

ACT Corrective Services is committed to working within the framework of the AJA and has created an Aboriginal and Torres Strait Islander Services Working Group to review the provision of services within ACT Corrective Services for Aboriginal and Torres Strait Islander people within the AMC and also on Community Based Orders. The Working Group consists of ACT Corrective Services staff and representatives from Indigenous Service Providers.

A report is currently being prepared to be presented to the ACT Government in December 2010 identifying and outlining any gaps in services and any recommendations the Working Group considers would bridge the gap. Issues considered by the working group include:

- *Examining staffing roles, responsibilities and workloads within ACT Corrective Services*
- *Examining cultural competency of cultural support services*
- *Examining evidence based service models in other jurisdictions*
- *Investigating opportunities for partnerships with appropriate indigenous service providers within the community*
- *Examine mentoring and peer support opportunities*
- *Developing a throughcare program for offenders in AMC who may or may not continue to be supervised by ACT Corrective Services upon their release."*

The above Working Group is chaired by the Chief Executive Officer, ACT Corrective Services. The group meets fortnightly and includes Indigenous community leaders and Elders and members of the Aboriginal Justice group.

The auditor noted that cultural awareness training is provided to Correctives Services staff. The auditor also noted that although there was a lack Indigenous rehabilitation and integrated throughcare processes, the Aboriginal and Torres Strait Islander Working Group is working to address these shortfalls.

In Community – Based Corrections, ACT Corrective Services Probation and Parole Unit is currently using Indigenous Probation and Parole Officers to monitor Aboriginal and Torres Strait Islander people on community based Court and Parole Orders.

The Probation and Parole Officers understand the complex issues faced by Aboriginal and Torres Strait Islander people and use more flexible reporting methods such as increased home and workplace visits, more phone contact and supervision appointments at more culturally appropriate locations within the community. For example, these Probation and Parole Officers regularly conduct supervision at Winnunga Nimmityjah Aboriginal Health Centre and the Aboriginal Justice Centre (AJC) rather than at the City office.

Meeting in these places means that the offenders can get transport assistance from these service providers and they can also address other needs such as health, legal and wellbeing issues at the same time as these appointments. This more culturally appropriate service commenced in September 2009 and since then there has been a 79% reduction in breaches, keeping offenders out of the legal system and possibly the AMC.

ACT Corrective Services Probation and Parole Unit has commenced referring Aboriginal and Torres Strait Islander people in breach of Community Based Orders to the AJC. The AJC manage a voluntary surrender program whereby offenders can attend Court directly without being locked up at the Police Watch House prior to having the matter heard in Court, as was the practice prior to 2010. This reduces the time Aboriginal and Torres Strait Islanders spend in custody at the City Police Watch House or the AMC in relation to breaching Community Based Orders.

ACT Corrective Services support the Ngambra Circle Sentencing Court by providing reports for offenders when required and having a Probation and Parole Officer attend all Circle Sentencing Court sittings to be able to offer advice and assistance to the Court and offenders.

ACT Corrective Services has recently initiated an Indigenous specific Cognitive Self Change program within the community. This program focuses on Aboriginal and Torres Strait Islander clients using an Indigenous program facilitator. This program will be monitored and evaluated before any changes are considered to the program in AMC.

ACT Corrective Services are currently in discussion with Aboriginal and Torres Strait Islander Community Service providers in relation to the possibility of Community Service Order work being undertaken at culturally appropriate locations by Aboriginal and Torres Strait Islander offenders in order to promote increased participation and a higher compliance rate. It is hoped more culturally appropriate reporting locations for Indigenous people on Community Service Work Orders will reduce the amount of breaches and reduce the chances of these people entering or returning to the AMC.

### **Finding: 3**

*That ACT Corrective Services has, within the framework of the Aboriginal Justice Agreement, established an Aboriginal and Torres Strait Islander Working Group and is*

*working actively with Indigenous representatives to improve services for Indigenous detainees;*

**Finding: 4**

*That ACT Corrective Services and the Aboriginal and Torres Strait Islander Working Group at the time of the audit was preparing a Report to be presented to the ACT Government in December 2010 identifying and outlining any gaps in services and any recommendations the Working Group considers would bridge the gap;*

**Finding: 5**

*That ACT Corrective Services is commended for the range of initiatives taken in Community Based Corrections to provide a more culturally appropriate service to offenders that will facilitate rehabilitation efforts;*

## **25 The effectiveness of specific measures in place to:**

### **25.1 Ensure the lawful holding and release of detainees**

The lawful holding of detainees is a critical plank of the criminal justice system in any democracy. Correctional centre admission procedures require strict adherence to identification of detainees who are brought to the AMC to ascertain that they are the person who is the subject of the accompanying documentation. Procedures are also in place to record all relevant sentence particulars including status of the detainee (remand or sentenced), dates for court appearances, parole, and for release.

Two cases were drawn to the attention of the audit team where failures occurred in relation to the release of detainees from the AMC. ACT Corrective Services advises, quite rightly, that they regard loss of custody or inappropriate retention in custody for any reason as a most serious matter.

A detainee was erroneously released early from the AMC on 22 April 2010 due to an administrative error. The detainee was serving a nine month sentence with an earliest possible release date of 23 August 2010. He appealed this sentence and his release date was brought forward to 22 April 2010 upon the offender commencing a good behaviour order.

The detainee was released on this date. However, it was overlooked in the release process that the detainee was also subject to a remand warrant for a further offence and was to appear before the Magistrates Court the following day.

The mistake was picked up on the same day and ACT Police was contacted. The detainee was located by ACT Police officers on the same day and he was taken into police custody where he remained overnight. The detainee appeared before the Magistrates Court on 23 April 2010 and was granted bail.

A case of late release occurred in relation to a detainee who completed a particular sentence at the AMC on 26 April 2010. He was not released at this time as he was required to be held on remand on a second charge.

On 5 May 2010 the detainee was brought before the Magistrates Court in relation to a third charge and was granted bail, however he was not released as he was still required to be held on the second charge.

On the same day (5 May 2010), the Supreme Court faxed to ACT Corrective Services a cancellation of the remand warrant for the second charge, which allowed the detainee to be released from the AMC. The detainee was not in court at the time as he had been returned to the AMC on the basis of the outstanding remand warrant. Unfortunately the advice from the Supreme Court was not actioned immediately and the detainee was not released until the morning of 6 May 2010.

ACT Corrective Services advise that investigations were conducted into both these matters to establish the cause of the failures and to review systems and procedures. In regard to the erroneous early release, this investigation is complete and disciplinary action is underway. In regard to the late discharge, the investigation has not yet been finalised.

Even though one investigation has not been completed ACT Corrective Services has, as a consequence of review of systems to date, decided to transfer responsibility for the administration of warrants from a custodial officer's function to the Sentence Administration Section which they believe will improve warrant management processes. It has also revised the following policies and procedures to reflect this change and provide for improved processes and tighter checking requirements:

- Administration of Warrants Operating Procedure
- Bail Policy
- Bail Operating Procedure and
- Discharge of Operating Procedure.

This review of systems is ongoing and involves external stakeholders who have an interest in the process. Further enhancements to procedures may be implemented when the review is finalised. As all investigations into this matter have not been completed and disciplinary action has been initiated in one case and there may be further disciplinary action the audit team has not looked at these particular incidents or intruded into ACT Corrective Services' review of procedures.

However, the particular procedures that have been reviewed by ACT Corrective Services are the relevant procedures and they have been reviewed by officers who are very experienced in these matters.



**Finding: 1**

*That there may have been failings in both procedures and performance by officers in relation to the discharge of detainees. Disciplinary action has been initiated but not finalised;*

**Finding: 2**

*That ACT Corrective Services is still conducting an investigation into one of these matters but has taken action to strengthen the administrative arrangements and procedures relating to the lawful holding and release of detainees. Further enhancements to procedures may be implemented;*

**Recommendation: 1**

*That completion of the investigation and review of all of the circumstances surrounding the failures in the processes relating to the lawful holding and release of detainees should be expedited and finalised as quickly as possible;*

**Recommendation: 2**

*That staff performance in the area relating to the lawful holding and release of detainees should be identified as a high risk area for ACT Corrective Services and subject to regular audit;*

**25.2 Ensure staff and detainee safety, including deterring, detecting and discovery of contraband**

Staff and detainee safety needs to be considered in the context of the AMC's Operating Philosophy and the Operating Model which ACT Corrective Services says:

*"...is consistent with the letter and spirit of the ACT Human Rights Act 2004. Whilst they are in the correctional centre, offenders are encouraged to make use of their sentence to improve their prospects of living law abiding and useful lives on release contributing further to community safety.*

*The AMC aims to meet the objectives of the "Healthy Correctional Centre " concept in which:*

- Everyone is and feels safe;*
- Everyone is treated with respect as a fellow human being;*
- Everyone is encouraged to improve himself or herself and is given the opportunity to do so through the provision of purposeful activity; and*
- Everyone is enabled to maintain contact with their families and is prepared for release.*

*In the AMC, ACT Corrective Services operates a Throughcare Case Management model, which encompasses training, education, rehabilitation and work experience opportunities*

*provided within custodial and community environments. Throughcare planning aims to establish post release community support networks prior to the cessation of involvement by ACT Corrective Services.*

*Ensuring appropriate security is maintained, every aspect of the AMC will focus on facilitating offenders making decisions to change their chosen way of living. This will be achieved by implementing a suite of programs based on a cognitive change approach aimed at positive change in the offender's habits, beliefs, attitudes and expectations".*

### **25.3 Ensure detainees' cells are safe**

All cell designs in the facility were inspected. While the amenity of cells increased as the level of risk of self harm decreased, the cells did have a number of safety issues. This was particularly the case in the Management Unit, the Crisis Support Unit and the Admission cells.

It is noted that the mix and range of accommodation available in the Centre is not sufficient for the range of Categories of detainees and separations required between various groups. This results in detainees having contact with detainees they should not be mixing with, detainees staying for too long in Crisis Support Unit (CSU) and in the Management Unit (MU). Detainees who are detained in the CSU and MU have reduced access to services and their range of freedoms is constrained.

As commented in other Sections of this Report, ACT Corrective Services advises that the current detainee accommodation challenges stem from compromises made to the original design of the AMC with the design capacity for cell and cottage accommodation being reduced during the design phase.

#### **Finding: 3**

*That the current mix and range of detainee accommodation at the AMC does not provide a capacity to locate all detainees in accommodation appropriate for their needs thus compromising the capacity to ensure safe custody of some detainees;*

### **25.4 Ensure cottage style accommodation is safe for detainees**

The cottage style accommodation is spread throughout the facility, with examples in Women's and in male sentenced and remand. All the furniture in these rooms is loose apart from the shelving unit.

The cottage style rooms represent good accommodation for detainees who do not have behavioural issues and who are committed to achieving positive outcomes in their rehabilitation programs. Cottages are not designed for detainees suspected of being at risk. ACT Corrective Services advise that this Category of detainee is not generally accommodated in Cottages.

However, a shortage of appropriate cell accommodation, as commented above, may at times lead ACT Corrective Services to hold detainees in cottages who would ideally be held in more secure accommodation. The Superintendent has advised that at the first sign of inappropriate behaviour, such detainees are relocated.

**Finding: 4**

*That at times ACT Corrective Services, due to the shortage of appropriate cell accommodation, may accommodate in cottages detainees who ideally would be held in more secure accommodation. The Superintendent has advised that at the first sign of inappropriate behaviour, such detainees are relocated;*

**25.5 Ensure high security accommodation is safe for male and female detainees**

The Women's high needs accommodation was in good condition and differs from the Men's high security accommodation in that it is contained within a cottage style building.

The Men's high security cell accommodation is in a traditional cell block arrangement. There are a range of suicide prevention, security and maintenance issues with the high security cells at AMC.

The first of the security/maintenance issues is the boxes used to contain the LCD TVs. These are in good condition in the Women's' high needs unit, but in the Men's' high security accommodation, they are either in various states of disrepair or have been removed. The TV Boxes are not particularly robust and are easily damaged. Much of the disrepair has been brought about by detainee vandalism.

**Recommendation: 3**

*That the TV Boxes in detainee accommodation be replaced by boxes that are vandal proof;*

**Note:** *ACT Corrective Services advise that the damaged boxes are in the process of being repaired. It is reviewing the provision of free TVs to detainees, particularly sentenced detainees, to establish whether there is a more secure way to make TVs available;*

A further security and maintenance issue is the shower and toilet units in the Women's' high needs accommodation and the Men's' high security accommodation. These units have security screws to secure various elements for servicing and maintenance.

AMC staff believe that detainees are heating up toothbrushes and moulding the ends of the toothbrush into the shape of the security screws. They say these makeshift tools are being used by detainees to remove fixtures on the ablution units such as toilet roll holders, lighting fixtures, the tops of beds and floor grilles to hide contraband. Officers generally do not check behind these fixtures and under the tops of beds to undertake security checks on a regular basis.

ACT Corrective Services has confirmed that examples of these modified toothbrush contraband have been located. Part of the AMC Maintenance Plan is to consider options to replace or modify these screws so that they cannot be removed.

Staff stated that the amounts of contraband that they were finding in cells had diminished considerably over recent months. AMC management advise that this reduction in contraband being located is due to enhanced security procedures. Nevertheless, based on reports by staff to the audit team potential does exist for detainees to secrete contraband behind fittings where it would be impractical to search on a regular basis.

**Finding: 5**

*That the use of removable screws to secure fittings in secure accommodation for detainees is a design flaw;*

**Recommendation: 4**

*That a risk assessment be conducted of the current arrangements to secure fittings in secure accommodation for detainees to arrive at the most practical risk mitigation for the problem of detainees removing screws from fittings;*

There were also a number of maintenance issues that were identified in the high security cells. These included a howling noise at nights. It is uncertain what causes the noise.

**Note:** ACT Corrective Services have advised: *"this noise is due to detainees blocking ceiling vents in the cells, it is not a design issue."*

Detainees have taken to installing plastic strips to seal their doors. Detainees are also covering the vents in the cells with a mixture of paper and toothpaste that effectively closes off the vents in the cell windows. This mixture could not be easily removed. It is likely that the entire vent system would need replacing.

The covering of vents in cells is due to the low temperatures that can be experienced if the louvers in the windows do not engage properly. This will mean that the cells will also get very hot during the summer when there will be no ventilation.

**Finding: 6**

*That there are a range of maintenance issues requiring attention in the high security cells and problems created by detainees applying unauthorised materials to cell doors and vents;*

**Finding: 7**

*That there appears to be a governance issue in that obvious tampering with cell facilities by detainees has not been identified and or reported and or dealt with;*

From a detainee safety perspective, the audit team has drawn ACT Corrective Services' attention to a number of design and maintenance issues in cell accommodation including in the admission holding cells that could facilitate detainees self harming. These issues include:

- Furniture design

- Damaged security screens
- Design of camera boxes
- Door hinges
- Detailing of a roof in a particular yard.

There is also a procedural issue in relation to whether particular doors should remain open at certain times.

**Finding: 8**

*That in the cell accommodation and in the admissions holding cells there are a number of design and maintenance issues that require attention to facilitate detainee safety;*

**Recommendation: 5**

*That ACT Corrective Services arrange for urgent attention to maintenance issues identified to them in the cell accommodation and in the admissions holding cells by the audit team and conduct a risk assessment of design issues identified to reach a decision as to the most effective means of mitigating risks posed by these issues;*

## **25.6 Ensure that the Management Unit is safe**

The Management Unit shares similar detainee safety issues to those identified in the Crisis Support Unit and Admissions holding cells.

Audit team concerns in the above areas have been notified to ACT Corrective Services for attention.

**Finding: 9**

*That in the Management Unit and in the Crisis Support Unit there are a number of design and maintenance issues that require attention to facilitate detainee safety. Audit team concerns in these areas have been notified to ACT Corrective Services for attention;*

**Recommendation: 6**

*That ACT Corrective Services arrange for urgent attention to maintenance issues identified to them in the Management Unit and in the Crisis Support Unit by the audit team and conduct a risk assessment of design issues identified to reach a decision as to the most effective means of mitigating risks posed by these issues;*

## **25.7 Ensure that energised fences within the AMC are functioning effectively**

It was found that the energised internal fence on top of the buildings inside the centre and on the fence between the male and female accommodation was not being checked regularly to ensure that they are operating. On the day of the audit in the control room a portion of this energised fence was not operational. This raises potential safety and security issues.

**Finding: 10**

*That on the day of the audit in the control room a portion of the energised fence between the male and female accommodation was not functioning;*

**Finding: 11**

*That the energised fence that provides internal detection on the roofs of buildings and between the male and female areas of the facility is not being tested on a regular basis;*

ACT Corrective Services have advised that changes will be made to post duties and DSR processes to ensure these energised fences are regularly checked.

**25.8 Ensure that the Radio Frequency Identification / Duress Alarm System (RFID) is operating effectively**

The purpose of the system is to track the location of detainees and officers. It has sophisticated functions that allow it to be programmed with a range of alerts should a detainee enter an exclusion zone or approach in the vicinity of a detainee or detainees with whom he or she should not associate.

The system also functions as the base system for the staff duress alarm. Thus for both detainees and staff it is an important safety system. At this stage it is unique technology in Australian correctional jurisdictions.

The RFID system has 350 tracking antennae located throughout the correctional centre.

During the audit of the Control Room it was determined that the RFID and duress alarm system had been inoperative for the previous three days.

The efficiency of the RFID system has been an ongoing issue between ACT Corrective Services and the provider of the system. ACT Corrective Services is working actively with the provider to ensure that the provider meets their contractual obligations to provide an effective RFID system. Final commissioning and payment to the provider has been withheld until such time as ACT Corrective Services is satisfied that the system is operating effectively. The issue of funding and payment for this system is dealt with separately in the Section of this Report dealing with the AMC costing model.

ACT Corrective Services advise that custodial operational procedures have been implemented to support the RFID system to compensate for existing shortcomings particularly with the issue of battery life.

ACT Corrective Services has revised its RFID policy and procedures to address concerns in regard to responses to alarms, the checking of detainee location and the logging of faults. The policy and procedures have been re-notified.

**Finding: 12**

*That the RFID system including duress alarms is not functioning at the level required under the contract between ACT Corrective Services and the provider. ACT Corrective Services*

*advise that custodial operational procedures have been implemented to support the RFID system to ensure detainee safety and security and staff safety until such time as the RFID is effective;*

**Note:** *ACT Corrective Services wish it to be noted that the RFID system has not yet been commissioned;*

**Finding: 13**

*That ACT Corrective Services is working actively with the provider to ensure that the provider meets its contractual obligations to provide an effective RFID system. Final commissioning and payment to the provider has been withheld until such time as ACT Corrective Services is satisfied that the system is operating effectively;*

**25.9 Ensure that there is CCTV storage of vision of daily activities and incidents within the AMC**

The auditor has been advised that:

- The Digital Video Recording System may not comply with the recording standards for Control Room operations
- The current CCTV Storage capability is inadequate in that there is less than 30 days storage under normal circumstances and
- The Department is examining the possibility of having 12 month storage of CCTV images on the DVR system. This would cost in the vicinity of \$675,000.

It is understood that the requirement for up to 12 months storage of CCTV images is being driven by the needs of external agencies of scrutiny. In the Review Teams' experience storage of around 30 days of images is usually adequate.

The Ombudsman's office advises of a concern that video record of critical incidents is not being kept. Often complaints are not made or actioned within a one month period and then images are sometimes not available. ACT Corrective Services say that in the case of a critical incident the video image of this is retained for access by relevant authorities. The Ombudsman's staff believe there is lack of definition in relation to what constitutes a critical incident which may result in images not being kept on occasions.

**Finding: 14**

*That concerns have been expressed relating to the quality of the AMC's Digital Video Recording System and with the length of time that images of critical incidents are retained. The Ombudsman's office believes that the definition of a critical incident needs to be more clearly articulated so that images of these are retained;*

**Recommendation: 7**

*That the assertion that the Digital Video Recording System may not comply with the recording standards for Control Room operations should be further investigated;*

**Recommendation: 8**

*That given the estimated cost of \$675,000.00 to achieve up to 12 months storage of CCTV images, the requirement for this extent of storage should be further investigated. This investigation should encompass the concern of the Ombudsman's office that definition of a critical incident needs to be more clearly articulated so that images of these are retained for longer periods. If agreement can be reached with external agencies of scrutiny on what images should be saved for longer periods this may obviate the need for 12 month storage of all images;*

**25.10 Ensure that electronic equipment throughout the AMC is functioning effectively**

Electronic Equipment is used throughout the AMC for a variety of purposes. One of the major uses of the technology is in the area of access control. These technologies are used in both pedestrian and vehicle access control.

In pedestrian access control, the equipment utilised includes:

- A metal detector known as a Rototurn (this equipment automatically detects metal on the body and will reject any person trying to enter the centre with metal)
- An anti tailgating identification device (this equipment weighs people to determine that there is only one person in the device and makes a check of the person's identity using the iris scanning technology)
- An X-ray baggage scanner
- A metal detector wand which is used when a person cannot pass through the Rototurn.

The pedestrian access control area is regarded as a successful utilisation of technologies to ensure that metal detection and identification processes are highly automated. This takes away the uncertainty of human error in relation to these two very important security areas.

An issue was noted in relation to the baggage X-ray and the metal detector in that the baggage X-ray cannot save images. This is a function that was not installed when the machine was purchased. Staff in this area stated that a capacity to save the image would be a very useful function to utilise for training purposes when instructing staff on how to identify objects of interest.

**Finding: 15**

*That the pedestrian access control area is regarded as a very successful implementation of technologies to control a difficult security area;*



**Recommendation: 9**

*That the possibility of installing an image saving capacity in the baggage X – Ray equipment is investigated. These images can be used for training purposes when instructing staff on how to identify objects of interest;*

In the vehicle access control area, otherwise known as the vehicle sallyport which is situated in the gatehouse, the equipment utilised includes:

- And iris scan identification device
- Interlocking vehicle roller doors
- CCTV to view the top of vehicles
- Mirrors to view underneath vehicles.

Inside the centre there is also a range of electronic equipment that is used to control access, identify the location of detainees and staff and two new areas of the correctional centre.

Almost all doors in the centre can be controlled electronically by either a fob or remotely controlling the door by the Security Management System. The auditor identified an issue which in some circumstances can cause safety problems. This has been drawn to the attention of ACT Corrective Services for appropriate action.

**25.11 Ensure that Control Room electronics are effective**

The review team has been advised that there have been significant problems with the security management system which provides the basis for Control Room operations since prior to commissioning of the AMC and some of these problems are ongoing. This system is the platform to integrate the various electronic security systems within the Centre such as perimeter cameras, perimeter detection, CCTV, electronic doors, intercom systems, etc.

These problems are the subject of dispute between ACT Corrective Services and various building contractors. Therefore, it is not appropriate to enter into detail in regard to these problems.

**Finding: 16**

*That there is an ongoing issue between ACT Corrective Services and various contractors in relation to the operation of the security management system installed to control a range of security functions;*

**25.12 Ensure that contraband deterrent and detection systems are effective**

Staff stated that the amounts of contraband that they were finding in cells had diminished considerably over recent months. AMC management advise that this reduction in

contraband being located is due to enhanced security procedures. However, as also covered previously, based on reports by staff to the audit team potential does exist for detainees to secrete contraband behind fittings where it would be impractical to search on a regular basis.

AMC has a variety of contraband detection technology, procedures for searching and well trained staff. However, the issue of illicit drugs in the AMC requires comment. As noted elsewhere in this report:

- There is evidence that detainees are attempting to subvert the urine testing regime
- An auditor received feedback from a number of detainees concerned at the pressure they were under to engage in illicit drug taking and one detainee showed visible evidence of and admitted to drug use just prior to an interview with the auditor and
- A number of external stakeholders have raised this issue with the audit team as a concern.

Also as covered elsewhere, it has been difficult for the audit team to obtain reliable incident figures, including drug related incidents from ACT Corrective Services' current incident record keeping system.

It would be unfair on the basis of the above mostly anecdotal evidence to make negative findings in relation to the extent of illicit drug use. However, use of illicit drugs in prisons is a very serious problem that destroys attempts to create a "*healthy living environment*" and can lead to horrendous outcomes in terms of safety and security.

An effective correctional centre drug strategy has the following elements:

- Deterrence
- Prevention of entry of illicit drugs into the correctional centre
- Detection of illicit drugs and prevention of dealing of illicit drugs within the correctional centre
- Sound processes for reporting, recording and analysis of all drug related incidents
- Sound intelligence systems and close relationship with law enforcement agencies
- Well trained and vigilant staff
- Quality treatment programs for detainees with substance abuse problems
- Education programs for detainees generally in relation to the problems associated with substance abuse and

- Regular audit and review of the systems aimed at deterring, detecting and dealing with illicit drugs.

It would be prudent at this stage of AMC's development for ACT Corrective Services and AMC management to review all elements of the centres illicit drug policies and procedures.

**Finding: 17**

*That it is an appropriate time for ACT Corrective Services and AMC management to review all elements of the centres illicit drug policies and procedures;*

**Recommendation: 10**

*That ACT Corrective Services and AMC management review all elements of AMC's illicit drug policies and procedures having regard to the elements of an effective drug strategy as outlined in this Report;*

AMC has a Soter RS low dosage X Ray machine designed to identify contraband secreted under clothes or within the human body. This machine was installed initially in the Belconnen Remand Centre around September 2006. It was subject to extensive trial and appraisal by the ACT Radiation Council. It was approved for use in ACT Corrective Services in October 2009. This approval limits the use of the Soter RS to no more than 83 scans per detainee per year. Only detainees are to be scanned.

The Soter RS equipment was transferred to the AMC around January 2010 and installed in the room previously used as a strip search facility. Officers are trained in the scientific background of the technology, X Ray devices, operation of the Soter RS and in reading X Ray images to locate contraband normally found on detainees after visits and or upon entry to the correctional centre.

Since the Soter RS has been in full operation there have been 3 contraband finds. The first was a detainee going to court who had secreted contraband between the cheeks of his buttocks. This find occurred during the trial period at Belconnen Remand Centre.

Since the equipment was installed at the AMC 1 detainee returning from leave was found with a significant quantity of drugs and a cigarette lighter in a body cavity. Another detainee returning from a funeral escort had 3 bundles of drugs in a body cavity.

It is used on all detainees returning to the AMC after day or weekend leave and when detainees have not been searched at the Courts. It is also used on a random basis or if there is intelligence or suspicion. ACT Corrective Services is looking to expand usage of this equipment.

There have been problems with the equipment which has resulted in down time while parts are sourced from Europe.

Staff need to be well trained in screening and reading of images. Originally there were around 28 staff trained to operate the equipment. The training required is quite extensive and the fact that officers become more skilled the more time they spend operating the

machine and reading images, it was deemed beneficial to have a smaller number of specialist officers rather than rotate a relatively large number of operators.

Accordingly under the new rostering arrangements, the rotation of officers through the Visits posts has been considerably reduced. This has reduced the need to train such a large group of staff in regard to Soter usage and those who are trained utilise the equipment more often and have become much more familiar with its usage.

It may be helpful for detainees' understanding of the role of the Soter RS if information was included in the detainees' handbook and other information sources provided for detainees.

**Recommendation: 11**

*That ACT Corrective Services require the distributor of the Soter RS to have replacement parts readily available in Australia to reduce downtime on the equipment;*

**Recommendation: 12**

*That it may be helpful for detainees' understanding of the role of the Soter RS if information was included in the detainees' handbook and other information sources provided for detainees;*

### **25.13 Ensnare that standover and bullying is not part of the detainee culture in AMC**

Controlling of "standover and bullying" is a constant challenge in a correctional centre environment. In the AMC this challenge is compounded by issues that have been addressed throughout this report such as:

- Detainee accommodation limitations that make appropriate separation of detainees difficult
- A one correctional centre jurisdiction that further limits the capacity to separate detainees and
- Canberra being a relatively small city means that many of the detainees know each other from the community and have ongoing issues with each other.

Also, the recently appointed Superintendent has advised that in his view efforts to reduce illicit drugs within the AMC are having an impact resulting in higher security detainees attempting to stand over lower security detainees to arrange for drugs to be brought into the centre.

ACT Corrective Services is working to develop and introduce enhancements to the case management system to bring about very regular review of detainees on protection to get them back to mainstream. Part of this system will be to actively identify "the bullies" and to put "the bullies" on a Category 1 behaviour management regime.

In relation to this behaviour management regime, the ACT Human Rights Commission has advised the audit team that in its view there is *"ambiguity in the application of the 'good order' segregation power, potentially for disciplinary purposes. We understand detainees are being placed on various 'regimes' based on anecdotal evidence of their behaviour or potential behaviour without formal disciplinary action being taken. This results in segregation and less time out of cells. The Commission continues to be concerned about use of this power without a clear policy. It seems s.90 of the CMA is being used as a default discipline procedure, without the full procedure fairness rights outlined in the disciplinary provisions of the CMA"*.

The foregoing raises an issue that is ongoing in all correctional jurisdictions. That is, the tension between dealing with the need to control and or manage difficult and at times dangerous detainees in a manner that treats them humanely while protecting the safety of staff and other detainees and ensuring that the good order of the correctional centre is not put at risk.

All correctional jurisdictions have behaviour management regimes that allow correctional centre management to restrict or enhance access by detainees to certain "privileges" depending on the assessed behaviour/ threat of the detainee. This invariably raises the debate relating to what is a "privilege" that has to be earned and what is a "right" that should not be denied.

The ACT Human Rights Commission in raising a concern that the *"behaviour management regime is being used as a default discipline procedure"* is drawing attention to an important consideration that such regimes need to be well thought through and clearly specified in policies and procedures that have been tested with the relevant agencies of scrutiny. The policies and procedures need to address the aforementioned issue of "privileges" and "rights", criteria for considering and placing detainees in such regimes, review processes, independent scrutiny of conditions and the distinction between and the relationship with the detainee disciplinary process.

**Finding: 18**

*That the ACT Human Rights Commission has raised the need for more clarity in relation to policies and procedures governing the placing of detainees on behaviour management regimes;*

**Recommendation: 13**

*That ACT Corrective Services in consultation with the ACT Human Rights Commission and the ACT Ombudsman review current policies and procedures relating to the AMC detainee behaviour management regimes in the light of matters raised in this Section of the Report;*

ACT Corrective Services say that there is no evidence of "gangs" or "ethnic issues"

During the inspection of the remand cell block, there were a number of child sex offenders who were accommodated in the protection wing of the cell block. A regime had been instituted in the cell block where only half the protection block was let out at any one time.

This was as a result of three child sex offenders, who could not mix with some of the other protection detainees. This was causing some issues with the bulk of the protection detainees who were calling for the child sex offenders to be relocated.

During the period in which the review was undertaken this situation changed. The new superintendent, AMC instituted a process where secure blocks had a Category of detainee which was only permitted out for short periods of time. Rather than penalising the entire block, the detainees who were causing an issue were restricted in their access to time out of cell.

**Finding: 19**

*That ACT Corrective Services and AMC management are well aware of the issues relating to "stand over and bullying" and are taking proactive measures within the limitations imposed by the centre's detainee accommodation to mitigate risks associated with this;*

**Recommendation: 14**

*That ACT Corrective Services and AMC management review its data collection and analysis needs in relation to "standover and bullying" to ensure that trends in this area are being effectively monitored to facilitate development and maintenance of proactive strategies' to mitigate risks;*

## **25.14 Ensure staff and detainee safety generally**

A safe correctional centre for staff and detainees is one where the operational model functions effectively. As found in the Section of this Report dealing with the "Effectiveness of the outcome of the relationship between the vision and objectives for the AMC, the physical design and the Operational Model" AMC's operational Model has not delivered at the desired level of effectiveness in terms of outcomes during the first year of operation of the AMC as was planned for.

As stated in that Section of the Report:

*"This audit has found that the following critical elements that guide and make up the operational model at the AMC are generally good practice and in a number of areas best practice including:*

- *The Vision and objective*
- *The framework of policies and procedures*
- *Staff training*
- *The suite of programs and activities available for detainees*
- *Services to detainees; (These are generally of high quality although a range of recommendations have been made to assist with enhancements in these areas and*

- *The concept of a structured day to facilitate detainees access to the range of opportunities and services available to them.*

*However, problematic issues relating to the built infrastructure, the technology and lack of continuity in AMC Leadership and an inefficient Staff Roster System, compounded by staff absences has adversely impacted upon the capacity of the AMC operational model to function effectively during the first year of operation”.*

Until such time as AMC’s operating model is functioning effectively there will be a raised level of potential risk to the safety of staff and detainees within the AMC. Lack of Counselling Services for detainees is another critical issue that has been addressed elsewhere that impacts adversely on staff and detainee safety.

**Finding: 20**

*That until such time as AMC’s operating model, which is best practice, is functioning effectively there will be a raised level of potential risk to the safety of staff and detainees within the AMC. Insufficient general counselling services for detainees is another critical issue that has been addressed elsewhere that impacts adversely on staff and detainee safety;*

**25.15 Ensure safety of visitors**

The visits area of AMC and the reception of visitors have been covered elsewhere in this report. No issues that would adversely affect the safety of visitors were identified.

**Finding: 21**

*That no issues affecting the safety of visitors have been identified by the audit;*

**25.16 Ensure safety of the community through prevention of escape either from within the AMC or while detainees are under escort away from the AMC**

**25.16.1 Perimeter Security System**

A properly functioning perimeter security system with minimal false alarms is essential. Multiple false alarms encourage operators to ignore alarms and reset them without properly investigating the cause of the alarm.

The AMC perimeter security consists of microphonic alarms and microwave alarms. The microphonic alarms were relatively stable although they were active during certain weather conditions. In particular this is when the rigid fences are subjected to cold weather and start to contract. This level of false alarm is manageable.

Of greater concern is the microwave system which is the subject of around 30 to 50 nuisance alarms each day. These are caused by the birds that frequent the centre. Nuisance alarms are distracting for Control Room staff and as stated above result in

ineffective monitoring by staff and ultimately could lead to a genuine alarm being overlooked. To ensure maximum concentration and focus by staff on each and every alarm good practice is that the level of nuisance alarms should be desirably 1 or less but not more than 4 per day.

Investigation should be undertaken by the AMC Security Systems Manager to ascertain whether the installation of a dual microwave system might reduce the number of false alarms to a minimum.

The perimeter alarms are checked twice each day.

**Finding: 22**

*That the number of false alarms on the microwave system in the perimeter is regarded as excessive;*

**Recommendation: 15**

*That ACT Corrective Services should investigate whether the installation of a dual microwave system could reduce the number of false alarms being experienced on the perimeter;*

**25.16.2 Detainee Escorts**

The procedure and policy dealing with detainee escorts and the procedure dealing with escapes were examined as part of the review.

The "Code Green Escape or Attempted Escape" procedure only deals with escapes within the Centre. Although some elements of the Escape procedure could be applied to an escape from escort, such an event is not mentioned in the procedure.

The issue of escape from an escort is not dealt with in the Escort Procedure, nor is it broached in the Escort Policy.

**Finding: 23**

*That neither the escape procedure nor the escort procedure deals with an attempted escape or an escape on escort;*

**Armed Escorts**

The audit team raised a matter with ACT Corrective Services in relation to a particular practice in the conduct of armed escorts of detainees. ACT Corrective Services advise that the matter questioned by the audit team reflects practice applied in NSW Corrections which has been included in the ACT Corrective Services procedures. In addition they advise that they have introduced an additional safeguard that involves support from ACT Police in relation to particular escorts.

ACT Corrective Services are in the process of reviewing the armed escort procedure which will involve consideration of the practice raised by Knowledge Consulting as well as formalising certain arrangements with ACT Police in the notified operating procedures.



**Finding: 24**

*That the armed escort procedure reflects practice applied in NSW Corrections and that in particular escorts an additional safeguard has been applied that involves support from ACT Police. The audit team has raised a potential enhancement to the current practice with ACT Corrective Services;*

**Recommendation: 16**

*That the potential enhancement raised by the audit team in relation to a particular practice in the conduct of armed escorts of detainees is considered in a review of the procedures relating to armed escorts and that in this review the arrangements with ACT Police be formally included in the procedures;*

When officers are on an escort the use of a weapon is governed by the Escort Policy, the Escort Procedure, the Firearms Policy, the Firearms Procedure, the Use of Force Policy and the Use of Force Procedure. This is a wide range of procedures that officers need to be familiar with to undertake an armed external escort.

According to the Use of Force Policy, the officer may only fire if a person's life is under threat or if a detainee or another person is offering armed resistance. The Use of Force Policy refers staff through to the Firearms Policy and Firearms Procedure for the use of lethal force. The Firearms Procedure only covers the issue and return of weapons.

The Firearms Policy is the main document that an armed officer on escort needs to focus to gain an insight into the rules of engagement. The Firearms Policy reiterates the circumstances in which an officer can fire a weapon, the restrictions that apply and the processes that must occur prior to the discharge of a weapon.

The use of lethal force in a public place is a serious issue and it appears from the Firearms Policy that officers are trained in the use of firearms. There does not appear to be any scenario based training for officers that would give them an opportunity to become familiar with the use of firearms in a public place while on escort.

**Finding: 25**

*That there are a wide range of procedures which deal with the use of lethal force by officers, which appears to be only a feature of external escorts. There may be a case for simplifying the policy and procedural framework in relation to the use of firearms to ensure that officers have one reference point;*

**Finding: 26**

*That there does not appear to be scenario based training taking place which could familiarise those officers who undertake armed external escorts with the use of firearms in a public place while on escort;*

The Firearms Policy also states that "A corrections officer will not fire warning shots unless the circumstances clearly confirm that such action is appropriate". In the view of the auditor, these instructions are ambiguous.

**Finding: 27**

*That the policy relating to warning shots should have greater clarity in the instructions given to officers;*

The other area of concern on external escorts is medical escorts and hospital watches. Hospital watches are arguably the most vulnerable activity in terms of risk of escape. The Escort Policy does not adequately cover hospital watches and there was no stand alone Hospital Watch Policy or Procedure document.

Some of the areas that should be considered for inclusion in the Escort Policy are:

- Shift Handover procedures
- Hospital Watch instruction Sheets
- Hospital Watch Logs
- Visits to detainees
- Securing detainees during the use of toilets and showers
- Positioning of the officer during the hospital watch and
- Activities in which an officer can engage during the hospital watch.

**Finding: 28**

*That the escort policy and procedures relating to medical escorts and hospital watches requires urgent enhancement;*

**Recommendation: 17**

*That the findings made in relation to detainee escorts be taken into account in an urgent review of escort procedures and in the training of officers;*

**25.5    25.17    Ensure effective response to emergencies, including ease of and effective access by emergency services**

**25.17.1   Terms of Reference**

The Terms of Reference for the safety of detainees review is as follows:

- Undertake an assessment of contingency planning procedures
- Assess frequency of emergency training & drills
- Assess the capacity of infrastructure for ease of access
- Review of incident reports relating to any emergencies to date
- Assess staff knowledge on key emergency response issues

- Interviews with Emergency Services agencies.

### **25.17.2 Assessment of Contingency Planning Procedures**

The major issue relating to emergency procedures is the lack of any initial risk assessments being undertaken to support the controls that are being put in place to deal with emergencies. In addition, the procedures do not adequately cover man made or natural disaster scenarios.

One emergency procedure in particular was not being observed appropriately due to the fact that it was occurring on such a regular basis. This is the Code Red or fire procedure. At the time the assessment was undertaken, fire alarms were occurring on an almost daily basis in the cottage accommodation. ACT Corrective Services say that this was a result of a variety of factors including poor cooking practices and smoking in areas where smoking is banned.

ACT Corrective Services advise that since the audit action has been taken to resolve this issue.

An emergency procedure which was not being followed strictly to the letter was the activation of a duress alarm, which is covered in the Code Blue or "Staff Member Assaulted/Under Threat of Assault" emergency procedure. The Code Blue emergency procedure states that the Control Room operators will initiate a response in accordance with the incident response policy. The incident response policy is to raise the alarm and initiate a first response by responding officers.

Due to "false alarming" being experienced with the RFID/Duress Alarm System (see Section of Report relating to Staff and Detainee Safety), staff in the Control Room have been identifying the area in which the officer is likely to have activated their alarm and checked on the CCTV System to identify whether there was actually a problem. If they identify an actual incident from the CCTV, only then would the first response be activated. This could result in an unacceptable delay should an incident have occurred.

The term "false alarming" is used in the context that the Duress Alarm correctly activates an alert when an officer's body moves into a position that the alarm system identifies as being "down" and therefore possibly the officer is in an at risk situation. However, in the physical environment in which officers' work these body positions can arise when an officer is performing normal duties. In these circumstances the alerts have been called "false alarms" in that the officer was not at risk.

ACT Corrective Services had advised that it has reviewed the Code Blue procedure and introduced an RFID policy and procedure which has clarified the procedure in regard to duress alarms, including responding to what may be "false alarms" or more appropriately "alerts".

The Code Grey Detainee Disturbance Emergency Procedure does not contain necessary detail about when officers will don riot gear and who gives that direction. ACT Corrective Services is reviewing the procedure to ensure that it does.

**Finding: 29**

*That the Code Grey Detainee Disturbance Emergency Procedure does not contain necessary detail about when officers will don riot gear and who gives that direction. ACT Corrective Services is reviewing the procedure to ensure that it does;*

The emergency response procedures are currently under review by ACT Corrective Services. This review should ensure that a thorough risk assessment of each high risk event be undertaken as part of the review of the emergency procedures.

**Recommendation: 18**

*That ACT Corrective Services should ensure that a thorough risk assessment of each high risk event be undertaken as part of the review of the emergency procedures to inform the controls that need to be put in place to deal with each emergency;*

**25.17.3 Assessment of Frequency of Emergency Training Drills**

The new Superintendent, AMC advises that he has initiated a process to ensure the emergency training drills are conducted on a regular basis.

ACT Corrective Services has advised that in July 2009 a multi-agency scenario training day was held at the AMC and since commencement of the audit an internal scenario training day was conducted on 14<sup>th</sup> October 2010. The scenario involved a detainee sit-in and included training in negotiation, deployment (in full protective equipment) and emergency lockdown.

A fire drill contractor has been engaged to ensure fire emergency training is improved and complies with Australian standards.

**Recommendation: 19**

*That a program of emergency training drills is put in place and these drills are regularly practised;*

**25.17.4 Assessment of Ease of Access**

The design of the centre appears to allow easy access to emergency service vehicles in the case of an incident, such as a fire or medical emergency.

**25.17.5 Incident Reports**

The centre does not possess an incident reporting database that would enable a thorough analysis of incidents that had occurred over the previous 12 months. This is an essential requirement to ensure that analyses of particular types of incidents can occur with a simple interrogation of a computerised database.

Although the ACT Corrective Services central office compiles statistics from reports that are sent in from the Centre, the lack of a computerised database inhibits trend analysis. The availability of such a tool would have been invaluable in the preparation of this report.

**Finding: 30**

*That the AMC does not possess an incident reporting database. This has been commented on in other Sections of this Report;*

**Recommendation: 20**

*That the AMC should develop an Incident Report database so that trend analysis can be conducted to identify issues of concern;*

### **25.17.6 Other Emergency Service Agencies**

No interviews were conducted with the other emergency service agencies.

ACT Corrective Services advise that the July 2009 a multi-agency scenario training day involved personnel from ACT Corrective Services, ACT Policing, ACT Ambulance Service, ACT Fire Brigade and ACT Corrective Services. It involved two scenarios: a detainee disturbance and hostage situation and a fire situation.

These agencies will need to be appropriately included in the program of emergency training drills implemented by the Superintendent.

**Recommendation: 21**

*External emergency services agencies are appropriately included in the program of emergency training drills implemented by the Superintendent;*

## **26 A law abiding environment within the AMC, including detainee discipline and justice systems**

Throughout this report a number of issues have been identified that that in concert are working to challenge the capacity of AMC management and staff to maintain a law abiding environment within the centre. The significant issues that have been identified are:

- The limitations in the quantity and capacity of the current detainee accommodation
- The lack of counselling services for detainees
- The complexity of the detainee discipline process
- Inadequate systems for recording and analysing a range of performance management data
- Technology failures and
- Continuity of leadership.

**Finding: 1**

*That there are a number of issues that in concert are working to challenge the capacity of AMC management and staff to maintain a law abiding environment within the centre;*

**Recommendation: 1**

*That to enhance the capacity of AMC management and staff to maintain a law abiding environment within the centre attention is required to the findings and recommendations throughout this Report with particular attention to the following areas:*

- *The limitations in the quantity and capacity of the current detainee accommodation;*
- *Insufficient counselling services for detainees;*
- *The complexity of the detainee discipline process;*
- *Inadequate systems for recording and analysing a range of performance management data; and*
- *Technology failures; and*
- *Continuity of leadership.*

## **27 Detainee complaints and concerns are dealt with effectively**

The senior leadership of ACT Corrective Services has actively reinforced with staff the organisational agenda in regard to facilitating detainee complaints to external scrutiny bodies such as the Official Visitor, the Ombudsman and the Human Rights Commissioner. It has done this through organisation policies, all-staff notices and promotion in meetings and at other forums. This information has included explanation as to the importance of external scrutiny as a means for organisational improvement.

Detainees who have concerns or complaints have access to a Detainee Request Form (PRF) known as "a bluey".

Community stakeholders involved in detainee welfare issues have made the assertion on behalf of detainees to the auditor that PRF's are often not processed or are ignored or go missing. The Ombudsman's office and the Human Rights Commission have advised the audit team of concerns relating to the complaints handling system. Their concerns relate to:

- Inadequate record keeping by ACT Corrective Services
- Complaints are included in the same system with detainee requests for services or matters that are not a complaint and
- Detainees complaining that on occasions some officers refuse to provide them with a Detainee Request Form.

ACT Corrective Services advise:

- The PRF system does include both detainee requests and complaints
- There have been problems with record keeping
- The PRF has been redesigned and a new PRF has been introduced that will allow the detainee to retain a numbered copy of the PRF as evidence of his or her complaint or request. They can then use this copy to inform any follow up approaches by the detainee to the Ombudsman or to other agencies to support their request.

On 10<sup>th</sup> February 2010 the Executive Director, ACT Corrective Services issued a direction to senior staff concerning "Privileged access by detainees to external avenues for complaint". Extracts from this direction follow:

*"It has come to my attention that some of our officers may not be adhering strictly to the requirement to permit detainees privileged access to external avenues for complaint. These avenues include:*

- *Official Visitor*
- *Human Rights Commissioner*
- *Public Advocate*
- *and ACT Policing."*

The direction details a definition of "privilege" and instructs that officers are not to attempt to elicit information from detainees relating to the reasons for them accessing external avenues for complaint. The direction provides clear instruction to senior officers to take action to ensure that detainee's rights to access external avenues for complaint must be respected and protected.

ACT Corrective Services disputes any assertion that there have been many instances of problems with the complaints processing system. ACT Corrective Services asserts that on investigation of such claims it has been found that in most cases detainees have not been truthful in saying that they have submitted a formal complaint.

Nevertheless there obviously have been problems and there is a perception that the complaint's handling system is problematic. This is concerning as in a closed institution such as a correctional centre where abuses can occur it is essential that a detainee's capacity to complain is enshrined in a "foolproof" system that is confidential and responsive.

There are good examples in other jurisdictions of complaint handling systems.

**Finding: 1**

*That ACT Corrective Services place great importance on scrutiny of its operations. All staff are urged to take such scrutiny as a strength of the overall system in the ACT and not a weakness. Senior officers have been issued with a direction that provides clear instruction*

*to take action to ensure that detainee's rights to access external avenues for complaint must be respected and protected;*

**Finding: 2**

*That community stakeholders and the Ombudsman's Office believe that AMC's detainee complaints handling process is problematic. ACT Corrective Services agree that there have been problems but that these problems have been overstated by detainees;*

**Finding: 3**

*That ACT Corrective Services has recently implemented enhancements to AMC detainee complaints handling process;*

**Recommendation: 1**

*That ACT Corrective Services discuss the detainee complaints handling process with representatives of the Ombudsman's Office, the Human Rights Commission, other relevant government and community organisations and detainees to ensure that all appropriate concerns are taken into account in the recently implemented enhancements to the process;*

The Ombudsman's Office has also raised a concern relating to ACT Corrective Services' system of dealing with Ombudsman's complaints.

The current process of dealing with complaints forwarded by the Ombudsman's Office can involve direct contact with the AMC. Complaints are also channelled through ACT Corrective Services Head Office and through the Department of Justice and Community Safety.

Staff in ACT Corrective Services Head office advise that during the first year of operation of the AMC difficulties occurred in achieving accurate and timely information from the AMC in relation to complaints. At times the information provided was not in an appropriate form to respond to Ombudsman's inquiries. This resulted in some responses not being timely and or not being satisfactorily dealt with.

Another consequence of the above is that Head office has tended to become more involved in complaints handling relating to day to day operational matters both to the detriment of its work priorities and to accountability at the AMC work face for resolution of its operational problems.

The auditor is of the view that the delineation of responsibilities between ACT Corrective Services Head Office and the AMC should be broadly structured as follows:

**Head Office:**

The Executive Director, Corrective Services and the Head Office team is accountable to the Minister for good governance of Corrective Services through:

- Best practice policy development



- Setting the organisational Vision and providing leadership for the desired culture for the organisation including within the correctional centre; (e.g. Respect for the Human Rights of detainees, individual case management of detainees, a civil society within the correctional centre where officers and detainees behave respectfully towards each other, quality food and health services, quality accommodation, effective targeted rehabilitation programs linked to case management, meaningful daily activities for detainees, family and community involvement in the correctional centre to support detainees and effective transition programs to support detainees back into the community)
- Planning
- Regular culture measurement and implementation of strategies within a continuous improvement program to drive culture towards the Vision for the organisation
- Setting of operational standards
- Organisational risk management practice
- Setting Key Performance Indicators
- Establishing Performance Monitoring Systems so that all critical risk factors in the AMC can be proactively monitored
- Auditing AMC operational performance and holding AMC management to account for performance
- Ensuring and facilitating transparency of the agency to external scrutiny by the relevant statutory bodies and by community stakeholders
- Media interface
- Good practice human resource systems including setting recruitment standards, recruitment, training, implementation of industrial relations, and remuneration policies
- Effective financial management across the organisation which includes establishment of cost centres and holding key managers accountable for performance within these cost centres and
- Reporting to the Minister and through the Minister to Parliament.

## **The Correctional Centre**

The AMC Superintendent and Senior Management Team are accountable to the Executive Director, Corrective Services for achievement of effective and efficient outcomes under Key Performance Indicators covering the operations of the AMC. This includes:

- Establishing and maintaining the desired operational culture within the AMC and proudly promoting a Vision of Excellence for the AMC where best practice is strived for
- Managing risk
- Leadership and mentoring of staff
- Rewarding excellence by staff
- Ensuring that the Human Rights of detainees are respected by staff
- Supporting staff in challenging circumstances
- Leading by example in their dealings with detainees
- Ensuring that the AMC's operational model as detailed elsewhere in this Report is functioning effectively such that the AMC is a safe and productive environment for both detainees and staff and
- Continually monitoring performance, working for continuous improvement and acting promptly to rectify any failings and to learn from these.

In the above model it is desirable for enquiries to be directed in the first instance to the Superintendent AMC where they relate to complaints concerning operational matters and or day to day service problems affecting detainees from agencies of scrutiny such as the Ombudsman, Human Rights Commissioner and the Health Services Commissioner. In effect these enquiries could go direct to a designated senior officer in the AMC Management Team for investigation. This may involve an additional resource.

The role of this officer would be to promptly and thoroughly follow up / investigate any concern raised, where possible resolve the issue and report back outcomes through the Superintendent to the agency making the enquiry. This officer should have good investigative and report writing skills.

The above process ensures that the staff responsible for AMC operations are advised directly by agencies of scrutiny of an alleged shortcoming, are responsible for ascertaining the facts of the matter and accountable for rectification of any shortcoming. Over time this will create a more responsible and accountable culture within the AMC.

Head Office should not become involved in this process unless there are exceptions where the agency of scrutiny remains unsatisfied with the outcome achieved by the AMC Management Team in relation to its enquiry. Head Office must resist the temptation to become involved in day to day operational issues at the AMC. Not to do so will result in upward delegation from the Management Team at the AMC to Head Office with consequent loss of ownership, responsibility and accountability for operations at the work face. In a correctional centre this creates a huge risk in relation to safe and effective operations.

The AMC complaints reporting process should provide regular management information for monitoring purposes to Head Office relating to complaints received and action taken. The inadequacies of current management reporting processes have been commented on elsewhere in this Report and recommendations made.

The foregoing has been discussed with Senior ACT Corrective Services executives. They agree that at this stage of AMC development it is opportune to examine these matters as suggested by the Review Team.

**Finding: 4**

*That the current delineation of responsibilities between ACT Corrective Services Head Office and the AMC may be working against achieving a more responsible and accountable work place culture at the AMC;*

**Finding: 5**

*That following experience with operation of the AMC to date and in consideration of matters raised in this report it may be timely to review the process for dealing with enquiries from external agencies of scrutiny with the aim of achieving an outcome that:*

- *Is efficient in the use of resources;*
- *Meets the needs of the agencies of scrutiny; and*
- *Encourages development of a more responsible and accountable work place culture at the AMC;*

**Recommendation: 2**

*That in the light of discussion in this Section of the Report, the role relationship between ACT Corrective Services Head Office and the AMC be reviewed to achieve functional responsibility and accountability broadly along the lines suggested in the Report content leading to this Recommendation;*

**Recommendation: 3**

*That an independently facilitated discussion/ workshop be held involving ACT Corrective Services and representatives of the independent agencies of scrutiny to identify areas where enhancements could be made in the working relationships and to reach agreement on system and process changes that would lead to ongoing effective and efficient outcomes for the benefit of all agencies and clients of those agencies;*

## **28 A healthy work place for staff**

There is considerable evidence that ACT Corrective Services through its philosophy, vision objectives, policies, procedures, standard of offices and other work facilities and staff training is committed to maintaining a healthy work place for staff.

For shift workers, their work roster is a critical element in maintaining a healthy balance between work and family life. ACT Corrective Services and the Officers Union (CPSU) have successfully negotiated a new roster which both parties are satisfied with.

Officers can purchase meals at the centre. These meals have been reviewed by the professional Dietitian member of the audit team who has made suggestions in this area.

In a correctional centre there is always an element of physical risk for staff. ACT Corrective Services have addressed this in staff operating procedures, in staff training and in technology relating to staff duress alarms and extensive CCTV coverage of the centre.

The potential risk to staff due to detainee behaviour issues escalating because of insufficient individual counselling services has been addressed elsewhere in this Report.

Audit team members observed many examples of good rapport between individual staff and between categories of staff. There is a combined staff BBQ at the AMC once per month where the different disciplines interact. Audit team members have commented to the audit team leader that most staff appear to be happy in their job and proud of what they do.

OH&S meetings are held at the AMC and in the agency as a whole on a monthly basis with representatives from across the centre attending to discuss issues. OH&S issues are also a standing item at all Business Improvement forums, which meet monthly.

**Finding: 1**

*That ACT Corrective Services has taken the issue of a healthy work place for staff into account in the design, technology and operational procedures of the AMC;*

## **29 A healthy living environment for detainees**

### **29.1 AMC Smoking Policy**

The smoking Policy for AMC states that it is prohibited for detainees to smoke in their cells. However, this occurs on a regular basis after lock down. Officers are required by the Procedure to take disciplinary action against detainees smoking in their cells, but detainees are not always formally disciplined for this for a variety of valid reasons. As the Management of Detainees Policy states:

*"If minor incidents of unacceptable behaviour pass without challenge, these redefine the acceptable standard, and maybe followed by more serious misbehaviour."*

This issue should be explored by the Business Policy and Coordination Section in conjunction with the AMC management team.

**Finding: 1**

*That smoking in the cells after lockdown is prohibited, but is a practice that is regularly undertaken by detainees but detainees are not always formally disciplined for this for a variety of valid reasons;*

**Recommendation: 1**

*That the prohibition of smoking in cells is an issue that should be explored by ACT Corrective Services to determine if the prohibition is enforceable;*

**29.2 Food services - reported upon separately in this Report;**

**29.3 Health Services, including Counselling - reported upon separately in this Report;**

**29.4 Recreation - reported upon separately in this Report;**

**30 Responsiveness to stakeholder concerns**

The range of interested and actively involved community stakeholder groups and their contribution to this audit has been mentioned previously. In addition there are the various independent agencies of scrutiny. All have drawn concerns to the attention of the audit team.

All of these stakeholders have expressed support for the aims and objectives of the AMC and want to see the centre succeed in achieving its vision of a best practice correctional centre founded in human rights principles.

Good working relationships have been established between ACT Corrective Services, AMC and stakeholders. Nevertheless it is fair to say that a level of frustration exists among stakeholders concerning what they see as a lack of capacity by ACT Corrective Services and AMC to respond to some of the fundamental issues of concern to them. Many of them are looking to this audit to address concerns that they say they have been raising with ACT Corrective Services for some time.

The audit Team Leader sat in on a meeting between a number of stakeholder groups and senior AMC and ACT Corrective Services staff where stakeholders raised a number of obviously well considered questions relating to AMC operating philosophy, programs and performance outcomes. In the audit Team Leader's opinion the responses provided to the stakeholders fell well short of meeting stakeholder's needs. The issues detailed in this report relating to lack of continuity in leadership at AMC and inadequate performance information go a long way to explaining the relatively poor response by officials at this meeting.

For good governance of the AMC it is critical that stakeholders concerns are treated seriously and responded to promptly and professionally. There is no evidence that senior ACT Corrective Services and AMC officers are not attempting to do this. To the contrary, they present as hard working, committed, approachable officers who have respect for the role and input of the various stakeholders.

However, they are also carrying considerable workloads and under great pressure due to the range of matters canvassed in this Report. Some of this heavy workload is due to the considerable scrutiny to which ACT Corrective Services operations are subject, including

from some stakeholders. This is not to say that this scrutiny is not warranted. It is essential and is a fundamental plank in the system of justice in any democracy where citizens are deprived of their freedom under the rule of law. However, it is equally essential that the corrections agency is adequately resourced to respond to enquiries from agencies of scrutiny.

AMC and ACT Corrective Services are in the fortunate position of having positive external stakeholders. It is important for the next stage of AMC's development that they are effectively engaged with so that this positivity is harnessed to assist with continuous improvement in AMC performance.

**Finding: 1**

*That there is evidence that AMC and ACT Corrective Services has struggled to effectively respond to stakeholders' concerns for a variety of reasons. These reasons relate to the totality of matters covered in this Report and this finding is not a criticism of ACT Corrective Services or AMC management and staff;*

**Recommendation: 1**

*That in considering the recommendations contained in this Report relating to continuous improvement and improved governance, ACT Corrective Services develop mechanisms for a more inclusive and responsive approach to working with external stakeholders. Stakeholders should be consulted in the development of these mechanisms;*

**Note:**

- (i) *In these consultations ACT Corrective Services, where appropriate, should raise the issue of its workload in responding to particular stakeholders and seek ways in which enhanced cooperation and systems could reduce this workload. If workload issues continue to be a concern, a case should be made to the relevant authorities for increased resources;*
- (ii) *Also see recommendation in Section 31, The effectiveness of the AMC's governance model and Recommendation 1 in that Section that proposes a potential option for community stakeholder involvement in implementing the Recommendations in this Report;*

## **31 The effectiveness of the AMC's governance model**

Governance needs to be examined in the light of:

- The Australian Standard
- The governance structure in place in terms of Legislation, vision, policies, plans, risk management, operational procedures, audit processes and training programs; **Note:** *Legislation for the purposes of this Report refers to The Australian Capital Territory*

*Corrections Management Act 2007 – A2007 – 15, Republication No 7, Effective 19 December 2009 and the Human Rights Act 2004 (ACT)*

- The organisations understanding of and commitment to organisational development through continuous improvement with focus on both development of organisational culture and systems and
- Whether operational performance reflects the vision for the organisation and demonstrates good governance outcomes.

### **31.1 The Australian Standard**

Australian standard AS 8000 - 2003 series has regard to work by the OECD in stating:

*"Corporate governance generally refers to the processes by which organisations are directed, controlled and held to account. It encompasses authority, accountability, stewardship, leadership, direction and control exercised in the organisation".*

The Australian standard sets the object of Good Corporate Governance Principles as to:

- *Enhance organisational performance*
- *Understand and manage risks to minimize the negative aspects and maximize the opportunities*
- *Enhance the public reputation of the entity through enhanced transparency and accountability*
- *Allow entities to demonstrate how they are discharging their legal, ethical and social obligations*
- *Provide a mechanism for benchmarking accountability and*
- *Assist in the prevention and detection of fraudulent, dishonest and/ or unethical behaviour.*

The above objects are desirably addressed through a continuous improvement program.

Poor governance and or significant governance failures in organisations can usually be attributed to:

- Failure in leadership
- Inadequate planning
- Poor risk management
- Failure to execute approved systems and procedures efficiently and effectively
- Non- effective compliance systems
- Failure to supervise the work-place effectively

- Failure to regularly review plans, risk assessments and compliance systems and
- Not having *continuous improvement* at the core of the organisations culture.

As covered in various Sections of this Report some of the above problems have been identified at the AMC.

To achieve effective corporate governance an organisation must look holistically at both systems and culture in the context of ongoing continuous improvement as depicted in the following model:

### 31.2 Holistic Organisational Development in the Context of Governance



That is, for effective governance outcomes an organisation's continuous improvement program must have both a:

- Culture development focus which is driven by the top Executive through Leadership to:
  - Establish direction – vision & strategies to produce change to achieve the vision (determines the desired culture)
  - Align people to gain ownership & cooperation for the vision and change strategies (culture change to move from current reality "*how things are around here*" to the desired vision "*how we want things to be around here*") and



- Motivate, inspire and energise people to overcome barriers and encourage personal effectiveness development (Leaders walk the culture talk)
- A systems/ management focus driven by the Senior Management Team to translate the vision and change strategies into:
  - Plans and budgets
  - Organisation structures and staffing
  - Knowledge & skill development
  - Systems for Controlling, problem solving, monitoring and reporting and
  - Risk management system

In a discussion involving the Audit Team Leader and the ACT Corrective Services Senior Executive Team it was clear that the Senior Executive Team understands the Australian Standard for Corporate Governance and the need for a holistic approach in developing organisation culture and systems at the AMC.

Generally the elements of a sound governance model are in place. However, there have been a number of governance shortcomings identified at the AMC. Therefore, it is timely that ACT Corrective Services Executive and AMC Leadership re-examine its overall approach to governance to achieve proactive leadership and performance monitoring across the agency such that service deficiencies are avoided and excellence in performance is achieved.

Such re-examination should commence with consideration of the key policy commitments driving development of the desired AMC culture. These commitments that are contained in legislation and policy require AMC operations to reflect:

- Respect for the Human Rights of detainees
- The "Healthy Correctional Centre" concept
- Individual case management for detainees
- Programs targeting the underlying causes of offending behaviour that encourage positive cognitive change in detainees leading to rehabilitation
- High level of personal interaction between staff and detainees
- A structured day where detainees are busily engaged in a range of activities and programs
- Quality health care and food services
- A safe and secure environment
- Maintenance of detainee relationships with families and significant others
- Throughcare that includes engagement of detainees with community agencies that can support their re-entry to society and support by Community Based Corrections in this process

It is clear from the submissions to this audit from community agencies, discussions with community representatives and with representatives of external agencies of scrutiny, that the Legislation and policies that have been put in place to govern the operation of the AMC (which reflect the foregoing) have captured their imagination and support.

This support raises a key environmental factor that must be addressed in the governance structure for the AMC. That is, how best to harness this support in a meaningful way such that community input is welcomed, respected, seriously considered and plays a part in shaping the culture of the AMC. Stakeholder support and input is a key plank in good governance.

As covered in Section 30 of this Report (Responsiveness to stakeholder concerns), while good working relationships have been established between ACT Corrective Services, AMC and stakeholders there is also a level of frustration among stakeholders at what they see as a lack of capacity by ACT Corrective Services and AMC to respond to some of their fundamental concerns.

The current governance structure of ACT Corrective Services is the traditional public sector structure that exists in corrections throughout Australia. However, at the AMC the ACT government and ACT Corrective Services has embarked on a journey to create a correctional centre that is unique in Australia and is aiming for a level of excellence that arguably is yet to be achieved in this country. It is also fair to say that it is unlikely that another correctional centre exists in Australia with the high level of community interest that the AMC has achieved.

The audit Team Leader is of the view that a traditional corrective services management and governance structure that does not effectively harness community stakeholder energy, enthusiasm and input will struggle to achieve the ambitious aims set for the AMC. Should this occur community stakeholders frustration will turn to alienation which will result in ongoing political and administrative problems to the detriment of effective outcomes at the AMC.

A submission to the Review by the *Community Coalition on Corrections* touched on the issue of governance. Page 3 of their submission contains the following statement:

*"The Coalition believes that a core focus of the correctional centre review should be on improving the corrections governance structure so as to endow it with the competence and confidence to deliver the Government's social dividends as well as the traditional prison objectives of containment and security.*

*Virtually every aspect of the operation of the correctional centre has an impact on the well being of those detained. The government's mandate was simply too ambitious for ACT Corrections to deliver".*

The *Community Coalition on Corrections* in their submission, amongst other things, raised the possibility of a "Corrections Board" to be responsible for the AMC's operational regime as a way of enhancing governance through bringing wider expertise to bear on the multi-discipline, complex environment of the AMC. In this regard they cited the particular example of mental health issues.

The 1988 Kennedy Commission of Review into Corrective Services in Queensland is relevant to this discussion. That review resulted in a governance structure where corrections became a Statutory Authority with a Board responsible for overall management of corrections and responsible to the Minister. The Director General of Corrective Services was accountable to and reported to the Board.

At that time in Queensland there was considerable criticism from a wide variety of community stakeholders relating to the performance of the then prison system. Kennedy argued, and his argument was accepted by the then government, that major change was required and that the most effective way to drive this change was to give the relevant concerned community stakeholders a responsible role in implementing these changes.

Accordingly the Board of the new Statutory Authority consisted of representatives drawn from the legal profession, welfare organisations, churches, business, Aboriginal and Torres Strait Islander organisations, regional Queensland, the Director General of the Minister's Department and a staff representative. The Chairman of the Board was appointed from one of the external stakeholder members.

While the Queensland Corrective Services Commission no longer exists, in its ten year life it was highly successful in implementing the Kennedy Review reform agenda including a range of initiatives that became best practice in Australian corrections. The community Board members over this period provided highly responsible and professional service and contributed greatly to the success of the Commission.

**Note:** In relation to the foregoing comments, for the information of readers, the audit Team Leader declares that he was the Director General of Corrective Services for 9 years of the 10 year life of the Queensland Corrective Services Commission.

Finding 17 in Section 5.2.4 of this Report dealing with the reasons for the good pre-commissioning work not being fully translated into efficient and effective operational performance post commissioning states:

*"That the AMC is now at a critical point in its history. The AMC has negotiated its first year of operation without a disastrous incident. However, to date it has not delivered to the standard required by its ambitious vision and objectives. Strong leadership with a clear plan of action from this point on is essential for safety, security and effective detainee rehabilitation outcomes";*

The way forward must include meaningful involvement of community stakeholders. Some potential options for this include:

- Regular stakeholder meetings;
- An advisory committee or committees;
- A Statutory Board along the lines of the previous Queensland model;

The audit Team Leader has worked for many years in the public sector in human service delivery agencies including in welfare services and corrections. He has experienced the

stakeholder meetings and advisory committee models as well as the Statutory Board approach. His experience has been that the stakeholder meetings and advisory committee models generally have little impact on public sector performance and can end in frustration and angst for all involved.

However, for the ACT, the Statutory Board model also has some challenges including:

- The ACT is a small jurisdiction and the introduction of a Statutory Board in addition to departmental structures to administer one relatively small correctional centre and community corrections service may be unnecessarily costly;
- There would be a costly and time consuming consultative process;
- It would require legislative change which would take time and in any case may not be acceptable to the Legislature;

Whatever approach is decided upon must take account of the concepts underpinning the Westminster system of government where Ministers are responsible and ultimately accountable to the Parliament and to the electorate for outcomes within their areas of Ministerial responsibility.

This concept of *Ministerial accountability* requires Ministers to scrutinise departmental performance to ensure that the required quantum and quality of services is being delivered and in particular in human service delivery agencies that *duty of care* is being met.

Appropriately qualified and experienced community stakeholders with a commitment to enhancing excellence in corrections can be invaluable in assisting a Minister in scrutinising services and in supporting continuous improvement which is at the core of good governance. The challenge in attracting high quality community people to assist in this way is to create a structure that allows for them to make a meaningful contribution that is demonstrably respected and where appropriate acted upon.

The typical stakeholder meetings and or advisory committee approach while assisting with communication and relationship building generally does not provide for effective outcomes in terms of governance, including continuous improvement.

The approach ultimately decided upon will need to be developed in close consultation with relevant stakeholders. Given that:

- This audit report contains Findings and Recommendations that will require development of an implementation plan and robust monitoring of implementation progress and
- There exists a highly interested community of stakeholders with key members motivated to contribute to enhancement of AMC performance;

a potential first step in achieving a mechanism for ongoing formal external stakeholder involvement in AMC continuous improvement could be to:

- Establish a stakeholder committee to be consulted and have input into development of the implementation plan for the audit report's recommendations and
- Provide reports to the Minister on matters relating to progress with implementation.

This would give community stakeholders a key role in and ownership of the next stage in enhancing the culture and performance of the AMC

It is suggested that the initial life of this Committee could be for 12 months. Its charter should include that during the last 6 months of its initial term, given experience to that point with the committee's involvement with ACT Corrective Services in implementing the Recommendations of this report, the committee is to give consideration to options for ongoing formal community stakeholder input and to make a recommendation to the Minister concerning a preferred option or options.

In structuring the committee it is suggested that:

- The Chair of the committee should be a community stakeholder
- The Department of Justice and Community Safety and ACT Corrective Services should have ex-officio members
- The Community and Public Sector Union should be represented
- In recognition of the important role that they will have the members of the committee drawn from the community should be remunerated by appropriate meeting fees and reimbursement of out of pocket expenses.
- The committee will require secretarial assistance to service the needs of members in their roles. That is, coordinate the work of the committee, seek and receive information on behalf of the committee, maintain records, prepare meeting agendas and minutes, draft reports for the Chair of the Committee for forwarding to the Minister concerning committee deliberations, deal with and initiate correspondence as required, make appointments, etc.

**Finding: 1**

*That the ACT Corrective Services Senior Executive Team understands the Australian Standard for Corporate Governance and the need for a holistic approach in developing organisation culture and systems at the AMC;*

**Finding: 2**

*That generally the elements of a sound governance model are in place. However, there have been a number of governance shortcomings identified at the AMC;*

**Finding: 3**

*That generally, as reported elsewhere in this Report community stakeholders have a level of dissatisfaction with the extent of their inclusiveness in the operations of the AMC;*

**Recommendation: 1**

*That consideration be given to the potential option, as outlined in this section of the audit report, of establishing a stakeholder committee to be consulted and have input into development of the implementation plan for the audit report's recommendations and provide reports to the Minister on matters relating to progress with implementation.*

*The initial life of this Committee could be for 12 months. Its charter should include that during the last 6 months of its initial term, given experience to that point with the committee's involvement with ACT Corrective Services in implementing the Recommendations of this report, the committee is to give consideration to options for*

*ongoing formal community stakeholder input and to make a recommendation to the Minister concerning a preferred option or options.*

### **31.3 Clarity of vision and objectives**

As covered elsewhere in this Report, the vision and objectives of the AMC are summarised on the ACT Corrective Services web site as follows:

*"Custodial Operations is administered under the Corrections Management Act 2007, section 17 of which establishes Correctional Centres in the ACT. The Superintendent is responsible for directing and controlling the operations of the ACT Correctional facilities.*

*The facilities main objectives are to carry out the mandate of the court and to ensure the provision of safe care and secure accommodation to those in custody in a controlled environment. The facilities have a responsibility to address a duty of care for each individual, accommodating both genders and a variety of cultures.*

*The Alexander Maconochie Centre emphasises rehabilitation, compliance with Human Rights principles and adherence to the Healthy Correctional Centre Concept. A healthy correctional centre is one in which: everyone is and feels safe (detainees, staff and visitors alike); everyone is treated with respect and as a fellow human being (again, all people within the AMC); everyone is encouraged to improve him/herself and is given every opportunity to do so through the provision of purposeful activity; and everyone is enabled to maintain contact with their families and is prepared for release".*

The audit has found that staff at all levels and external stakeholders understand the vision and objectives for the AMC and support them.

#### **Finding: 4**

*That there is clarity in relation to the AMC's Vision and Objectives;*

### **31.4 Effective leadership at the AMC**

As has been covered in detail in this report in the opinion of the audit team there was not effective leadership at the AMC during its first year of operation. This has impacted in a significantly adverse way on the delivery of services within the AMC

In terms of governance, that fact that lack of continuity of leadership continued throughout the first year of operation reflects poorly on risk management strategies as in prisons continuity of leadership is well identified as critical to safety, security and performance of the correctional centre.

On a number of occasions throughout the year in the light of a range of incidents it should have been apparent that lack of consistent leadership was a factor. There appears to have been a disconnect between review of incidents, review of the centres risk management plan and attention to risk mitigation.

ACT Corrective Services has recently acted to enhance leadership capabilities at the AMC. Stakeholders report that improvement is occurring.

**Finding: 5**

*That the fact that lack of continuity of leadership continued throughout the first year of operation of the AMC reflects poorly on risk management strategies as in prisons continuity of leadership is well identified as critical to safety, security and performance of the correctional centre;*

**Finding: 6**

*That there appears to have been a disconnect between review of incidents, review of the centres risk management plan and attention to risk mitigation;*

### **31.5 Robust performance measurement**

During the first year of the AMC's operation the audit team believes it is fair to say that performance measurement was less than robust. This is evidenced by:

- Lack of continuity of leadership
- Inexperience in the middle management team
- Incidents resulting in a significant number of disciplinary actions against staff
- The manner of recording of incident data that makes it difficult to conduct trend analysis
- Evidence of a disconnect between review of incidents, review of the centres risk management plan and attention to risk mitigation
- A range of operational issues identified in this report that point to issues with supervision in the work place

**Finding: 7**

*That it is fair to say that performance measurement was less than robust during the first year of the AMC's operation;*

ACT Corrective Services has an operational audit function attached to its Governance Unit. This audit group primarily concentrates on compliance with policies and procedures at the AMC. Financial compliance is largely a matter for the Departmental (JaCS) internal audit group.

Normally, the audit program contains about 15 audits per year. About three quarters of these audits are repeat audits which include comment on the implementation of previous audit recommendations. However, in the last year, the number of actual audits undertaken has halved compared to the number of audits undertaken at the Belconnen Remand Centre.

At a time of opening a new correctional centre, it is disappointing that the number of audits undertaken has fallen. With an influx of new staff and a different operating environment, operational audit would have been a useful tool for management to ensure compliance with changed operating procedures.

A range of operational shortcomings identified elsewhere in this Report indicates a level of failure in relation to proactive monitoring of day to day performance in the AMC work place. A greater focus on operational audit may have averted some of these shortcomings.

ACT Corrective Services advise that the reduction in the number of audits was due to resourcing issues associated with the commissioning process and the work load associated with the significant level of external scrutiny. As has been commented upon previously ACT Corrective Services is a relatively small agency and it undertook a large complex commissioning process.

**Finding: 8**

*That during the first year of operations of the AMC the number of operational Audits was 50% less than at the Belconnen Remand Centre over a 12 month period due to resourcing issues. This has denied AMC management access to information crucial to supporting significant numbers of new staff in complying with changed operating procedures in a new environment;*

**Finding: 9**

*That a range of operational shortcomings identified elsewhere in this Report indicates a level of failure in relation to proactive monitoring of day to day performance in the AMC work place. A greater focus on operational audit may have averted some of these shortcomings;*

ACT Corrective Services in conjunction with the AMC management team needs to address the issue of performance management through a system that encompasses amongst other things:

- Clear specification of work place objectives through to individual post orders
- The expected leadership and supervisory responsibilities of the AMC management team to ensure their regular visibility in the centre providing mentoring and supervision of staff and oversight of detainee services
- Key performance benchmarks for all areas of operations that can be readily reported against
- Robust reporting systems and collection of data in a manner that facilitates linkage to the risk management plan and development of risk mitigation strategies and
- An agreed operational audit plan for the AMC driven by the centres risk management plan.



## **Recommendation: 2**

*That ACT Corrective Services in conjunction with the AMC management team address the issue of performance management through a system that encompasses amongst other things:*

- *Clear specification of work place objectives through to individual "Post Duties";*
- *The expected leadership and supervisory responsibilities of the AMC management team to ensure their regular visibility in the centre providing mentoring and supervision of staff and oversight of detainee services;*
- *Key performance benchmarks for all area of operations that can be readily reported against;*
- *Robust reporting systems and collection of data in a manner that facilitates linkage to the risk management plan and development of risk mitigation strategies; and*
- *An agreed operational audit plan for the AMC driven by the centres risk management plan;*

## **31.6 Recruitment of quality staff and training**

### **31.6.1 Recruitment**

Staff turnover is approximately 6.7% per annum for 2009 - 2010. As a result, the AMC is recruiting approximately 11 correctional officers per year. Recruitment of these officers follows a traditional path. They are interviewed by a panel including the correctional centre superintendent, a union representative and a representative from the Department of Justice and Community Safety.

Applicants are put through a psychological assessment developed and scored by the Australian Institute of Forensic Psychology. This group specialises in pre-employment assessment of applicants in the public safety area and is used by other jurisdictions. Based on their scoring, approximately 50% of applicants do not proceed to the interview stage.

Written references are provided by applicants and police checks are done. It was noted that on occasion's interviews of referees had not been done due to time pressures. The Executive Director, ACT Corrective Services has instructed that referees be interviewed on all occasions in future.

### **Finding: 10**

*That recruitment processes are sound subject to referee checks being conducted on all preferred applicants;*

In relation to staff turnover, the audit team was advised that exit interviews are part of the staff separation process but are not compulsory and are not offered in Custodial Corrections as a matter of course when resignations are submitted. These interviews are offered in

Community corrections. Information from exit interviews is valuable in terms of assisting with continuous improvement and future staff retention strategies.

**Recommendation: 3**

*That while staff who are resigning cannot be compelled to undertake exit interviews, in all cases they should be offered an exit interview. Information from exit interviews is a valuable tool to assist with continuous improvement and future staff retention strategies;*

**31.6.2 Training**

All recruits, both custodial and community staff, do an initial training course. Initial elements of the course are common for both disciplines. New custodial recruits are provided with 12 weeks initial training including on the job training. This is within the normal range amongst other jurisdictions. Training is provided by experienced AMC officers with external providers engaged for specialist areas such as first aid and fire response. The curriculum follows a format consistent with other jurisdictions covering legislative as well as operational topics. The curriculum follows a format consistent with other jurisdictions covering legislative as well as operational topics.

A key feature of this 12 week course is that both Community and Custodial recruits undertake the training together for the first 5 weeks, and then move into smaller groups to undertake the role specific training and supervision components. This further strengthens the rapport and understanding between both Community Corrections and Custodial corrections teams.

Within their first year, new recruits are required to complete the Certificate III in Correctional Practice. This is an assignment based program delivered and assessed by the Department's Training and Development Officer. ACT Corrective Services is registered to deliver these courses as a Registered Training Organisation.

Ongoing development is encouraged by ACT Corrective Services. The Certificate IV in Correctional Practice is not compulsory but is built into the increment pay arrangements for officers under the EBA. A group of 17 officers is also enrolled in the Diploma of Community Welfare delivered by the Canberra Institute of Technology.

Apart from formal training, ACT Corrective Services also conducts 40 hours per year refresher training for all correctional staff. This involved weekly 2 hour sessions for officers on shift as well as rostered training days for topics requiring more time e.g. use of force, first aid, weapons. On the job training is also provided in specialist areas such as master control, Iris Scanner, SOTER scanner and other technology aids.

Mandatory staff training including First Aid, Breathing Apparatus, Batons, and Use of Force as well as familiarisation training for staff rostered to specific posts and areas including Master Control, Admissions, and Visits is recorded on VETtrak and also on a master training spreadsheet for easy reference. ACT Corrective Services say that the Roster Clerk and the

Training Unit Manager liaise closely to ensure that staff are appropriately trained prior to being deployed to a new operational area.

Based on this evidence, it can be concluded that ACT Corrective Services encourages a positive attitude to continuous development amongst its correctional staff.

**Finding: 11**

*That Custodial Officer training meets best practice;*

**31.6.3 Human resource competencies database**

ACT Corrective Services uses a combination of electronic databases and spreadsheets to maintain staff training records. ACT Corrective Services maintains its own Registered Training Organisation status and utilises Veera, a web-based Vocational Education Enrolment and Reporting Application and VETtrak, a training database that allows ACT Corrective Services to manage their additional training and reporting requirements.

**Finding: 12**

*That ACT Corrective Services has appropriate human resource competencies data bases;*

**31.6.4 Rostering**

From its inception, the AMC adopted a complex roster regime which led to staff dissatisfaction and additional cost. The original roster was developed in consultation between staff and management. Following implementation both staff and management came to the view that enhancements to the roster were required.

Management and staff have worked co-operatively to develop an improved roster based around a consistent 12 hour shift. This new roster has eliminated overlaps between shifts as well as reducing some shift periods. As stated previously in the financial section, it is estimated that the new roster has achieved staff savings of approximately 5 FTEs. At the same time, it has improved the regularity of shift patterns for officers.

**Finding: 13**

*That management, union representatives and staff have worked cooperatively to achieve rostering arrangements that are an improvement on the initial arrangements in that they are less onerous on staff and more cost efficient for ACT Corrective Services;*

**31.6.5 Absenteeism**

The average absenteeism (sick and carers leave) of AMC staff is 7½ days paid leave for correctional staff and 9½ days paid leave for non correctional staff. This is within the normal range in other jurisdictions for correctional staff. However, it is unusual for sick and carers leave taken by non-correctional staff to exceed that of correctional staff.

**Finding: 14**

*That it is unusual for sick and carers leave taken by non-correctional staff to exceed that of correctional staff;*

**31.7 Effective supervision of staff and integrity of operations**

This topic has been covered in Sections of this report where leadership, governance and the AMC's operational model have been dealt with.

**31.8 Appropriate external, independent scrutiny**

There is a case to say that in its relatively short life AMC has been the most scrutinised correctional centre in the country.

The ACT Government and Legislative Assembly through legislation has provided for a range of independent external agencies to scrutinise the AMC:

- The Ombudsman;
- The Human Rights and Discrimination Commissioner;
- The Health Services Commissioner;
- Official Visitors;

In addition there are a range of external community stakeholder organisations with a strong interest in detainee welfare and rehabilitation as well as those with an interest in the correctional centre generally.

There is Legal Aid and other legal practitioners regularly visiting the correctional centre. Chaplains from the community service the correctional centre.

The local ACT media plays a strong role in monitoring and reporting upon matters within the AMC.

The Legislative Assembly has maintained a strong interest in progress with the AMC. This independent investigation follows a decision taken by the Legislative Assembly.

Health Services are provided by Corrections' Health which is independent from ACT Corrective Services.

ACT Corrective Services advise that negotiations are under way to secure the services of an external organisation to conduct regular audits of the operations of the AMC.

**Finding: 15**

*That in terms of appropriate external, independent scrutiny the AMC arguably is best practice in Australian jurisdictions;*

In relation to the level of scrutiny, the audit team has noted the work load this places on ACT Corrective Services and AMC staff to adequately respond to the needs of all of the above agencies. Senior ACT Corrective Services staff advise that during the very busy period of commissioning and post commissioning they have struggled at times to adequately deal with the many requests for information from all of the external agencies, as well as service the information needs of Office of the Minister, particularly in relation to media enquiries.

Prompt and accurate flow of information to all external agencies is essential to ensure that these agencies can perform their functions effectively and that the ACT community is well informed via the media concerning important matters at the AMC.

**Finding: 16**

*That the level of scrutiny of the AMC has placed high workload on ACT Corrective Services staff to adequately respond to the needs of all of the external agencies of scrutiny;*

**Recommendation: 4**

*That a review of staffing be carried out at ACT Corrective Services Head Office to ascertain whether additional recourses are required to ensure that ACT Corrective Services can effectively discharge its responsibilities in responding to the information needs of the external, independent agencies of scrutiny, including the media;*

### **31.9 A focus on continuous improvement**

Continuous improvement must be driven by leadership of the organisation who have commitment and passion to deliver on the Vision for their organisation. Section 5.2 a) of this Report records the commitment at Government level, at senior executive level in ACT Corrective Services and through all levels of corrective services and through to external stakeholders for the Vision of ACT Corrective Services.

Clearly at Government and at Departmental Senior Executive level through the evidence contained in the Legislation, policies, procedures and plans relating to the AMC and public comments made by the Minister and Senior Departmental Officers there exists a strong commitment at leadership level to achieving a culture that aims to deliver and where possible develop new initiatives to create best practice in corrections.

With regard to implementing ACT Corrective Services Vision, in a detailed discussion involving the Audit Team Leader and the ACT Corrective Services Senior Executive Team it was clear that the Senior Executive Team understands best practice in organisational development and continuous improvement as it applies to corrections and that they are fully committed to achieving best practice correctional outcomes at the AMC.

It is useful to draw from John P Kotter's book – *Leading Change* – where he presents the critical steps in a Continuous Improvement process, summarised by the audit Team Leader as follows:

- Continuous Improvement is driven by leaders who have a vision for their organisation, which they are passionate about and have a sense of urgency to achieve
- The leader creates a *Guiding Coalition* of the right composition, level of trust and with a shared Vision and Objectives
- The *Change Vision* is communicated
- Staff are empowering for broad based Action
- Short – Term Wins are generated
- Gains are consolidated and More Change produced
- New approaches are anchored in the culture.

To bring about continuous improvement leaders need to understand their organisations culture and have quantifiable measures of the drivers of the culture. They must understand the behaviours that need to be changed within their organisation to enable cultural shift to occur.

ACT Corrective Services advise that a Continuous Improvement Framework has been in place since 2005, accredited at Certification Standard ISO 9001:2008. To maintain this accreditation ACT Corrective Services is audited twice per year. The last audit was conducted in November 2010. ACT Corrective Services advise that no other Correctional Agency in Australia has their total organisation accredited under Quality Assurance Standards.

That framework is built upon work units called Quality Management Teams (QMT's) which operate across the entire organisation. These QMTs meet on a monthly basis and provide an opportunity for staff and managers to review operations and propose improvements, or Opportunities for Improvement (OFIs). The framework is managed by a Business Improvement Committee chaired by the agency head, which also meets on a monthly basis to review proposed OFIs and oversight the implementation of those changes.

It is timely that following the receipt of this audit report and within the above framework ACT Corrective Services and AMC leadership put in place a strategy for the next 12 months to move the AMC from its current reality of performance (*how things are done around here*) to an identified desired level of performance (*how things should be done around here*).

Apart from leadership from ACT Corrective Services Head Office, the critical driver of AMC culture enhancement and performance will be the AMC Leadership Team. A recommendation has been made in Section 5.2.1 d) Recommendation 2 in this Report "*That ACT Corrective Services satisfy itself that the combined experience and expertise of the AMC leadership team now in place provides the capacity for effective leadership to develop the desired culture for the AMC and to deliver services efficiently and effectively;*

This recommendation is one of the critical recommendations in this Report as the culture at AMC including continuous improvement and effective service delivery outcomes rests largely upon the abilities of the AMC Leadership Team. For the future success of the AMC it will be essential that all members of the AMC Leadership Team not only understand the principles and strategies underpinning culture change and continuous improvement within a modern correctional environment but have the capacity to deliver on it.

**Finding: 17**

*That ACT Corrective Services senior executives demonstrated an understanding of the theory and practice of continuous improvement and the need to have strategies in place over the next 12 months to improve AMC performance outcomes;*

**Finding: 18**

*That ACT Corrective Services has in place an appropriate Continuous Improvement Framework;*

**Finding: 19**

*That for the future success of the AMC it will be essential that all members of the AMC Leadership Team not only understand the principles and strategies underpinning culture change and continuous improvement within a modern correctional environment but have the capacity to deliver on it;*

**Recommendation: 5**

*That within ACT Corrective Services' continuous improvement framework a culture enhancement strategy is put in place for the next 12 months to move the AMC from its current reality of performance (how things are done around here) to an identified desired level of performance (how things should be done around here);*

*This strategy should have an emphasis upon culture measurement, identification of culture drivers, benchmarking and staff development founded in cognitive change psychology that provides staff with the tools to deal with change in a difficult human service delivery environment;*

**Recommendation 6**

*That comments in this Section of the Report relating to the desired attributes for the AMC Leadership Team are taken into account in implementing Recommendation 2 Section 5.2.4) concerning the capacity of the current AMC Leadership Team;*

## **32 Costing model in place**

### **32.1 Budget Overspend**

In the first full year of operation, AMC experienced a budget overspend of \$ 1.5M as per the Departmental accounts. A macro analysis was undertaken by the review team of the likely financial result for the current financial year which indicates a estimated cost pressure in the range of \$1.60 to \$1.90 million.

Subject to the normal tolerances for estimation, this forecasted budget overspend is supported by ACT Corrective Services officers.

In response to this budget overspend, ACT Corrective Services has taken action to reduce its labour costs by introducing a 12 hour roster. This new roster was implemented in May 2010. It is understood that the expected benefits of the new roster are:

- Elimination of shift overlaps and
- Overall reduction in shift periods.

Compared to the previous roster, it is expected to save approximately 5 full time equivalent positions. In financial terms, this equates to a direct cost saving of approximately \$400,000 per year.

While restructuring the correctional centre's rosters represents a significant cost saving, other costs drivers are driving up the budget overspend specifically:

- End of the defects period exposing the full cost of building maintenance
- Starting payments under the Service Agreement for the RFID system deferred until the second year and
- Increase in the detainee population from an average of just under 158 detainees in July 2009 to almost 221 in May 2010 with the likelihood of it continuing to increase.

Apart from these "second year" cost increases, there are a number of embedded cost variations stemming from the original funding model applied to the correctional centre. It is understood that the original estimated operational budget has been varied only by the standard budget escalations. No adjustment to the original estimated budget has been made for costs which have:

- Varied significantly from the original budget estimate (e.g. building maintenance); and
- Been subject to abnormal cost increases over the years (e.g. utilities);

At the same time, as the correctional centre project developed ACT Corrective Services made operational decisions to adopt methods of service delivery which are more expensive



than those envisaged in the original estimated operational budget at the time the decision to build the AMC was taken.

To clarify the term "*original estimated operational budget*" used above, this was the estimate of operating costs developed prior to government approval for the AMC to be built. It was decided that when the AMC became operational the operating budget would be based on normal rates of escalation of the total original estimated operating costs. The AMC operating budget was approved in the 2008-09 budget and it included the "normal escalations" using the total original estimates as the base figure.

The analysis that follows is based on the 2008 –2009 approved budget and the allocated line items endorsed at that time.

**Finding: 1**

*That ACT Corrective Services has taken steps to reduce labour costs by adopting a more efficient roster. However, other cost drivers, some within the control and some outside of the control of management, have combined to drive the AMC into a significant cost pressure situation. The net impact of these factors is a likely budget overspend in the range of \$1.60 to \$1.90M in 2010 / 2011;*

## **32.2 Analysis of variances in expenditure from the 2008 – 2009 operational budget**

For the purposes of analysis, this section of the Report examines variances that are deemed to be outside of the control of ACT Corrective Services management (uncontrollable variances) and variances within the control of ACT Corrective Services management (controllable variances).

### **Un-Controllable variances**

This term is used to describe budget overspend driven directly by factors outside of management control. The figures in the table below have been provided by ACT Corrective Services and have not been subject to forensic analysis by the audit team:

Deliberately left blank

UN - CONTROLLABLE VARIANCES	
<b>Definition:</b> Forecasted outcomes in relevant ACT Corrective Services allocated line items in the 2008 – 2009 budget compared with Forecasted Expenditure 2010/11	
Higher Workers Compensation	(\$500,000)
Higher detainee numbers (current 230, budget 220)	(\$ 80,000)
Higher Building Maintenance costs	(\$577,050)
Higher Utilities costs	(\$350,000)
<b>Total Un-Controllable Variances</b>	<b>(\$1,507,050)</b>

The above Table indicates a total potential uncontrollable expenditure variance in the order of \$1.50 million. However, working within the audit team's definition of "uncontrollable variances", that is, *expenditure driven by factors outside of management control*, the figure of \$1.50 million would need to be tested in the context of how the 2008 – 2009 line items were developed and an assessment of the current costs of these items. The audit team has not conducted this level of analysis.

It seems that ACT Corrective Services has a case for budget adjustment due to "uncontrollable factors".

### **Finding: 2**

*That a proportion of the forecasted AMC budget overspend for 2010/2011 is driven by factors largely outside of the control of management, that is, "uncontrollable expenditure". The proportion that falls strictly within the meaning of the term "uncontrollable" will depend upon how the 2008 – 2009 budget line items were developed and an assessment of the current costs of these items;*

*The drivers of "uncontrollable" additional expenditure at the AMC are in the areas of:*

- Building and security system maintenance costs;*
- Utility costs – electricity, water, gas, waste disposal;*
- Increase in the inmate population from an estimated 220 average to an average 230; and*
- Increased workers compensation charges;*

### Controllable variances

This term is used to describe budget overspend largely driven by management decisions. The figures in the table below have been provided by ACT Corrective Services and have not been subject to forensic analysis by the audit team.

CONTROLLABLE VARIANCES	
<b>Definition:</b> Forecasted outcomes in relevant ACT Corrective Services allocated line items in the 2008 – 2009 budget compared with Forecasted Expenditure 2010/11	
Higher overtime	(\$ 240,000)
Instalments on the cost of the Radio Frequency Identification (RFID) system	(\$250,000)
Paying detainees a higher rate of remuneration	On budget
Delivering education through contractors rather than a mix of staff/contractors	\$100,000 savings
<b>Total Controllable Variances</b>	<b>(\$390,000)</b>

### Notes:

- \$400,000 of savings in staff referred to previously has been applied by ACT Corrective Services across the various budget line items and as such is not shown separately as a saving in the above table.
- The estimated overtime budget cost pressure of a forecasted overspend of \$240,000 is a concern particularly as staff savings have been implemented which now appear to be being eroded by overtime payments. This is dealt with further below.
- RFID overspend is dealt with further below.
- Concerning detainee remuneration, this is not shown as a budget cost pressure in the above table of controllable variances as expenditure is forecast to be within the allocated line item for the escalated 2008 – 2009 budget. However, as discussed below expenditure on detainee remuneration exceeds the estimate in the "*original estimated operational budget*" prior to government approval for the AMC to be built by some \$160,000 due to management decisions. Expenditure in this area needs to be reviewed to ascertain if savings can be achieved.

- e) Detainee education expenditure is shown in the above table as forecasted to be under budget by \$100,000. ACT Corrective Services advised that they are implementing initiatives to achieve this saving by better targeting education opportunities for detainees based around individual work / learning plans. Emphasis will be placed on adult literacy and numeracy. Better contract management processes will also be implemented as raised in this audit.

By the time of commissioning of the AMC certain management decisions had been taken that resulted in additional expenditure in the overall budget. Additional funding was not achieved for all of this expenditure. ACT Corrective Services, to stay within the overall AMC budget, flagged savings to offset the additional expenditure. As discussed later in this Section of the Report, in the opinion of the audit team, the anticipated savings in some line items were ambitious.

Under the Terms of Reference this audit was required to examine *"the costing model in place, including whether there are any suitable measures to reduce costs without reducing service provision"*. In this regard from the analysis above the following areas require examination:

- a) Officers overtime
- b) RFID system
- c) Detainees remuneration and
- d) Detainee's education.

### **32.3 Officers overtime**

Excessive overtime and or escalating rates of overtime being worked by officers is an outcome that must be avoided in any correctional system to ensure effective and safe service provision. The underlying risks that drive this outcome must be identified and mitigated.

Where officers are required to work excessive overtime there is the potential for:

- Higher levels of stress claims by staff
- Higher sick leave levels
- More work place accidents
- Lower staff morale
- Increased tension within the correctional centre due to the demeanour of tired staff and
- Higher than necessary cost of correctional centre operations

In the case of the AMC it is a concern that staff savings have been implemented and factored into the budget but this saving is now being eroded by overtime payments.

**Finding: 3**

*That staff overtime costs are estimated to be in excess of budget for 2010 – 2011 by in the order of \$240,000 which is eroding staff savings factored into the budget for the AMC;*

**Recommendation: 1**

*That ACT Corrective Services investigate the underlying causes of the increase in overtime costs at the AMC and implement mitigation strategies to achieve reduction in staff overtime to an acceptable level;*

## **32.4 The Radio Frequency Identification / Duress Alarm System (RFID)**

This system has sophisticated functions that allow it to be programmed with a range of alerts should a detainee enter an exclusion zone or approach in the vicinity of a detainee or detainees with whom he or she should not associate. The system also functions as the base system for the staff duress alarm.

At this stage it is unique technology in Australian correctional jurisdictions. The RFID system has 350 tracking antennae located throughout the correctional centre.

The RFID system was originally included in capital funding for the correctional centre's construction. After contracts had been signed with the builder ACT Corrective Services determined that the RFID system proposed by the builder would not meet its requirements.

It is understood that an arrangement was entered into between the builder and ACT Corrective Services to delete the proposed RFID from the build, reduce the contract sum by \$805,000 and allow ACT Corrective Services to independently purchase and install an alternative system. ACT Corrective Services have advised that this was done because the builder could not source an appropriate supplier of an acceptable system.

There is evidence that at this time ACT Corrective Services was of the opinion that an alternative system could be sourced within the amount of \$805,000 with recurrent costs for the first 5 years of operation to be met from within the AMC operational budget. ACT Corrective Services advise that the total expected cost at this point was thus approximately \$2.43 million over 5 years.

ACT Corrective Services selected a product from an alternative supplier after obtaining approval to contract with the company as a *Single Select* provider. The capital sum deleted from the build contract - \$805,000 (which did not include recurrent costs, in particular a fully contractor – managed, hosted and maintained system) – was subsequently paid to the new supplier in part consideration of their contract sum. The contract sum agreed was approximately \$2.906 million including the system and an ongoing fully managed and maintenance service over 5 years.

Later a range of variations occurred which increased the total contract sum to approximately \$3.911 million for the RFID system including management and maintenance over 5 years.

ACT Corrective Services advises that the increased cost of the project was due to the system providing significant additional capacity to the originally proposed system and substantial cost growth as a result of a need to undertake additional unforeseen installation work.

ACT Corrective Services have advised the audit team that at the time of taking the decision to commit to the increased cost of the system they were of the opinion that it would be possible to accommodate this cost within budget due to anticipated savings in other areas of the budget. As it has transpired, to this stage sufficient savings have not been achieved to offset the additional expenditure on the RFID and other budget overspends. In the opinion of the audit team the anticipated savings flagged at the time of the RFID decision were ambitious, particularly in the area of correctional centre maintenance.

The figure allocated against the line item for correctional centre maintenance was well below comparable figures for Australian prisons.

In total \$1.06 million in part payments has already been paid to the supplier of the RFID. The balance, under current contract arrangements with the supplier, will require an annual service payment of \$575,000 per year. This ongoing service payment exceeds the estimated budget and therefore is identified as a cost pressure.

As reported elsewhere in this Report the RFID system is still not operating at an effective level some 18 months since commissioning of the AMC. The RFID operational problems have resulted in custodial operational procedures being implemented to support the RFID system to compensate for shortcomings. Ongoing monthly payments for the management and maintenance service fee have been suspended until ACT Corrective Services is satisfied with the effectiveness of the system and it is commissioned.

Advice from ACT Corrective Services is that they are giving high priority to working with the supplier to achieve an effective RFID system in accordance with the requirements of the contract and to ensure that the outcome results in value for money for the ACT.

**Finding: 4**

*That ACT Corrective Services committed to additional expenditure on the RFID system on the basis of achieving savings in the budget in other areas to offset this additional expenditure. While savings have been achieved they are insufficient to offset the additional expenditure on the RFID and other budget overspends. In the opinion of the audit team the anticipated savings flagged at the time of the RFID decision were ambitious particularly in the area of correctional centre maintenance where the amount allocated was well below expenditure in comparable prisons in Australia;*

**Finding: 5**

*That the RFID system is not operating effectively some 18 months after commissioning of the AMC. However, the monthly management and maintenance service fee has not been paid during this period;*

**Recommendation: 2**

*That ACT Corrective Services take all necessary steps to enforce its rights and requirements under the contract with the supplier of the RFID system;*

## **32.5 Detainee remuneration**

Detainee remuneration is not shown as a budget cost pressure in the above table of controllable variances as expenditure is forecast to be within the allocated line item for the escalated 2008 – 09 budget. However, the expenditure on detainee remuneration exceeds the estimate by some \$160,000 compared to the "original estimated operational budget" prior to government approval for the AMC to be built due to management decisions.

It is understood that this variation stems from the decision to pay all detainees the comparatively higher rate paid to industry workers in New South Wales. This rate is higher than the rate paid to other detainees (such as cleaners) in NSW and in other states. For example, the average remuneration paid to employed detainees in Parklea Prison (NSW) was \$5.70 per day compared to an average of \$8.60 per day at the AMC.

ACT Corrective Services has provided the following comment in relation to detainee remuneration rates:

*"ACT Corrective Services aims to reduce the risk of re-offending by providing services and program interventions that address the causes of offending, maximise the chances of successful reintegration into the community and encourage offenders to adopt a law abiding way of life.*

*The Detainee Remuneration policy was developed to support the rehabilitative efforts of detainees at the AMC by providing a fair and consistent method and rate of remuneration for all detainees actively engaged in approved programs including employment programs, criminogenic programs, vocational education and training programs and/or activities.*

*This policy provides for any combination of these approved program activities to be undertaken as having equal merit and rehabilitative value in relation to an approved Detainee Case Management Plan, not just employment programs. Essentially detainees are supported to actively participate in identified programs that will assist them in their rehabilitative endeavours.*

*Detainees are remunerated for undertaking any combination of approved criminogenic, Education and Employment programs for a minimum of 30 hours per week with a maximum of 42 hours per week.*

*Three levels of remuneration are available based on the level of experience and knowledge required; level of responsibility/trust/initiative required; level of skill and ability required; and level of supervision.*

Level 1: \$0.83 per hour

*Detainee is actively engaged in approved criminogenic program, and/or education, and/or employment; or any combination of these approved activities as per the detainees Case Management Plan and performing at a consistently acceptable standard.*

Level 2: - \$1.17 per hour

*Promotion to Level 2 will be based on merit, performance, experience, qualifications and involves accepting a higher level of responsibility within the designated activity area/s. Appointment to Level 2 involves job applications, interview, and current CV to be provided as per common external employment processes.*

Level 3: \$1.67 per hour

*Promotion to Level 3 will be based on merit, performance, experience, qualifications and involves accepting a higher level of responsibility within the designated activity area/s. Appointment to Level 3 involves job applications, interview, and current CV to be provided as per common external employment processes.*

*Promotion through the levels is supported with formal performance appraisals, Job descriptions, work reports, and references from work area supervisors.*

*Nationally recognised training in OHS is a compulsory prerequisite to being approved to participate in the employment program at the AMC. Employment positions are underpinned with relevant VET as far as possible by the contracted provider”.*

#### **Finding: 7**

*That payment of detainee remuneration is currently within approved budget, however it exceeds the allowance made in the "original estimated operational budget" prior to government approval for the AMC to be built by \$160,000.00 due to a management decision to pay detainees at a higher rate than allowed for in that original estimate;*

#### **Recommendation: 3**

*That in the light of AMC budget pressures and detainee pay rates in other jurisdictions, a review is conducted of detainee pay rates in the ACT to ascertain whether it is practicable to reduce these rates;*

### **32.6 Education programs**

Detainee education expenditure is shown in the above table as forecast to achieve a potential saving of \$100,000.



ACT Corrective Services has engaged a vocational education provider to deliver its education programs. There is a matter in the operation of this contract which could be better controlled by the ACT Corrective Services. The contract provides a rate of \$13 per student hour. It requires the contractor to seek external funding and offset this income against the \$13 per student hour fee.

ACT Corrective Services has only recently requested that the contractor seek external funding even though they have been operating in the correctional centre for about 12 months. Anecdotally, the contractor has advised that external funding in the range of \$20,000 to \$30,000 may be available. It would be useful if ACT Corrective Services saw evidence of the contractor applying for these grants and subsidies as well as the responses from the funding authorities.

At the same time, ACT Corrective Services should make independent approaches to potential funding bodies to satisfy themselves that all opportunities for grants and subsidies of their education programs have been exhausted.

Discussion was held relating to the draft findings of this audit relating to the anticipated \$100,000 savings in detainee education expenditure during 2010 – 2011. ACT Corrective Services advised that they are implementing initiatives to achieve this saving by better targeting education opportunities for detainees based around individual work / learning plans. Emphasis will be placed on adult literacy and numeracy. Better contract management processes will also be implemented as raised in this audit.

**Finding: 8**

*That ACT Corrective Services advise they are implementing initiatives to achieve a saving of \$100,000 in the detainee education budget by the end of this financial year to assist in offsetting over expenditure in other areas. They say this will be achieved by better targeting education opportunities for detainees based around individual work / learning plans. Emphasis will be placed on adult literacy and numeracy. Better contract management processes will also be implemented as raised in this audit;*

**Finding: 9**

*That it appears ACT Corrective Services has not adequately supervised the contract with the education provider to ensure that the provider is seeking external funding to offset the rate charged per student hour of \$13;*

**Recommendation: 4**

*That ACT Corrective Services review its supervision of the contract with the vocational education provider to ensure that adequate steps are being taken to achieve external funding, including grants and subsidies, to offset to the rate per student hour of \$13 per hour for the delivery of programs.*

### 32.7 Operating cost per detainee/day

A common indicator to judge the cost efficiency of corrective service is the operating cost per detainee per day. This indicator excludes the capital cost of providing buildings and equipment. However, it does include labour, maintenance, utilities, administration as well as detainee related costs such as food and clothing.

The Productivity Commission has tracked this indicator on a state by state basis since 1995. The last published report for 2008/09 reported that the Australian average for detainees in secure accommodation was \$218 per detainee/day while the ACT's rate was \$529 per detainee/day.

However, this indicator is susceptible to "economies of scale" considerations. By its nature, a significant component of correctional centre expenditure is fixed in nature. Expenses such as management, administration, custodial officers in entry security roles and maintenance while essential for the operation of the correctional centre vary little as the correctional centre population increases. In contrast, detainee related costs such as food and clothing as well as the cost of staff in custodial accommodation and programs roles will vary in direct relationship to the correctional centre population.

It is estimated that of the \$24.3M required to operate the AMC in 2010/11, approximately \$11.5M are largely fixed costs, while \$12.8M are variable costs. As the detainee population increases, this factor will operate to drive down the rate per detainee/day irrespective of any "efficiencies" being introduced at the correctional centre.

This dynamic is best illustrated by showing the movement of this indicator based on the Productivity Commission's definition:

<b>Net Operating Expenditure - Secure</b>	<b>ACT</b>	<b>Australia</b>
2008/09*	\$529	\$218
2009/10#	\$385	\$214
2010/11	Not available	Not available

#### Notes:

\*2008/09 figures drawn from Table 8A.7 – Report on Government Services 2010

#2009/10 figures drawn from Table 8A.7 – Report on Government Services 2011

As the correctional centre population has risen there has been a corresponding reduction in the rate per day indicator. Most prisons populations in the other States are larger than the AMC and, as such, would be expected to deliver a lower rate per detainee/day.

**Finding: 10**

*That during the first year of operation of the AMC the operating cost per detainee per day was very high due to the relatively large proportion of fixed costs apportioned over a small number of detainees. As the AMC detainee population has increased the operating cost per detainee per day has reduced as costs are apportioned over a larger number of detainees.*

*Additional reduction in the cost per detainee per day may be achieved if further operational efficiencies can be achieved. However, in comparison with the larger jurisdictions the AMC will always show a higher cost per detainee per day given the relatively small number of detainees in one high security correctional centre. Other jurisdictions have a significant proportion of detainees in relatively low cost low and open security institutions that reduce their overall cost per detainee per day.*

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