



Submission:

Healthy Prison Review

May 2022

About ACTCOSS

ACTCOSS acknowledges Canberra has been built on the land of the Ngunnawal people. We pay respects to their Elders and recognise the strength and resilience of Aboriginal and/or Torres Strait Islander peoples. We celebrate Aboriginal and/or Torres Strait Islander cultures and ongoing contributions to the ACT community.

The ACT Council of Social Service Inc. (ACTCOSS) advocates for social justice in the ACT and represents not-for-profit community organisations.

ACTCOSS is a member of the nationwide COSS Network, made up of each of the state and territory Councils and the national body, the Australian Council of Social Service (ACOSS).

ACTCOSS's vision is for Canberra to be a just, safe and sustainable community in which everyone has the opportunity for self-determination and a fair share of resources and services.

The membership of the Council includes the majority of community-based service providers in the social welfare area, a range of community associations and networks, self-help and consumer groups and interested individuals.

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Table of contents

Acronyms	4
Introduction	5
COVID-19 and the AMC	7
Summary of Recommendations	9
Pillar 1: Safety	10
Recommendations	11
Pillar 2: Respect and Dignity	13
Recommendations	14
Pillar 3: Purposeful Activity	16
Recommendations	16
Pillar 4: Rehabilitation and Preparation for Release	18
Recommendations	18
Conclusion	20

Acronyms

ACTCOSS	ACT Council of Social Service Inc.
ACTCS	ACT Correctional Services
ADACAS	ACT Disability, Aged and Carer Advocacy Service
AFI	Advocacy for Inclusion
AGA	A Gender Agenda
ALO	Aboriginal Liaison Officer
AMC	Alexander Maconochie Centre
AOD	Alcohol and other drugs
ATODA	Alcohol, Tobacco and Other Drugs Association ACT
AVL	Audio-Visual Link
CAHMA	Canberra Alliance for Harm Minimisation and Advocacy
CALD	Culturally and linguistically diverse
CHN	Capital Health Network
CLC	Community Legal Centre
CO	Correctional Officer
CYPS	Child and Youth Protection Services
FASD	Fetal Alcohol Syndrome Disorder
ICS	Inspector of Correctional Services
JaCS	Justice and Community Safety Directorate
JRG	Justice Reform Group
MHCC	Mental Health Community Coalition ACT
MOU	Memorandum of understanding
NDIS	National Disability Insurance Scheme
NDS	National Disability Service
NSP	Needle Syringe Program
PTSD	Post-Traumatic Stress Disorder
SHFPACT	Sexual Health and Family Planning ACT
SMO	Sentence Management Officer
WHM	Women's Health Matters

Introduction

The ACT Council of Social Service (ACTCOSS) appreciates the opportunity to provide feedback to the ACT Inspector of Correctional Services through the Healthy Prison Review 2022 process.

ACTCOSS has concluded that without much needed improvements to safety, respect and dignity, purposeful activity, rehabilitation and preparation for release, the Alexander Maconochie Centre (AMC) cannot be reasonably considered a 'Healthy Prison' or a human rights compliant facility as originally envisioned. This submission makes recommendations to address the serious shortcomings of the ACT's prison.

Lengthy consultation with organisations across the community sector demonstrates a consistent pattern of systemic injustice, and a lack of accountability and transparency regarding practices in the AMC. In preparing this submission ACTCOSS held a consultation session with a range of service providers supporting people who are in, or have been in, the AMC as well as their families.

Organisations consulted include:

1. ACT Disability Aged and Carers Advocacy Service (ADACAS)
2. Advocacy for Inclusion (AFI)
3. Alcohol Tobacco and Other Drug Association ACT (ATODA)
4. Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)
5. Capital Health Network (CHN)
6. Care Financial Counselling
7. Carer's ACT
8. Change the Record
9. Directions Health Services ACT
10. A Gender Agenda (AGA)
11. Mental Health Community Coalition ACT (MHCC)
12. National Disability Services (NDS)
13. Prisoners Aid ACT
14. Sexual Health and Family Planning ACT (SHFPACT)
15. Toora Women Inc.
16. Women's Health Matters (WHM)
17. Youth Coalition of the ACT (YouthCo)

In addition, ACTCOSS recently held a Disability Justice Roundtable with organisations and researchers working with people with experiences of disability in the justice system. The submission draws on this forum which touched on many relevant themes for the Healthy Prison Review process, as well as issues that have arisen at our regular Justice Reform Group meetings.

Consultation unsurprisingly revealed disproportionately negative experiences for already marginalised groups in the AMC, notably: Aboriginal and Torres Strait Islander peoples, women, the LGBTQIA+ community, people from low-income backgrounds, people with disabilities and those with mental ill health. ACTCOSS endorses submissions made by peak advocacy organisations in these spaces as the experts on culturally sound practice – particularly those organisations listed above.

As in previous years, it is worth noting and recognising the need to address systemic issues feeding into an unhealthy prison environment, particularly: inappropriate engagements with police, the justice system and Child and Youth Protection Services (CYPS), as well as lack of support for those struggling with substance abuse and/or mental ill health.

ACTCOSS calls upon the Inspector of Correctional Services (ICS) to follow up on implementation of recommendations that came out of the 2019 Healthy Prison Review and hold the ACT Government accountable to making necessary changes. As far as we are aware, about a quarter of the 76 recommendations made in the 2019 Healthy Prisons Review have yet to be implemented in full. Additionally, there are a number of recommendations that have not been completed to an acceptable standard and therefore cannot be accepted as closed, as well as many that will need to be revisited in this year's review.

ACTCOSS is particularly concerned by the failure to ensure that there are female Recreation Officers and a female Aboriginal Liaison Officer, the lack of progress on addressing mental health supports and the lack of follow up regarding the failure to index detainee buy-up to the Consumer Price Index. Further, with a number of cells over design capacity, the AMC is lagging behind on necessary measures to ensure the safety and wellbeing of detainees and staff alike.

We don't explicitly cover all the outstanding recommendations in this submission. However, this does not lessen their significance, or the urgency with which they must be implemented.

The unhealthy prison environment of the AMC is harmful not only to the present safety and justice outcomes of detainees but also to long-term health and wellbeing outcomes. A culture of violence and neglect also manifests in high rates of recidivism and difficulty with rehabilitation and community reintegration. Families and communities are also seriously impacted by the experiences of detainees in the AMC.

A large and varied array of ACT community services are keen to and capable of supporting detainees and contributing to a healthy prison environment. Lack of communication from ACTCS, lack of funding from the Justice and Community Safety (JaCS) Directorate and an unwillingness to engage with the community

sector have been real impediments for high quality service delivery inside the prison.

Without access to vital community services and a truly rehabilitative prison experience, detainees continue to face challenges with reintegration, including high rates of homelessness, unemployment and social disconnection.

ACTCOSS recommends significantly increased resourcing of community services to provide support to detainees in and after time at the AMC, as well as a shift towards increased collaboration and involvement of community organisations in provision of programs, training and individual advocacy.

COVID-19 and the AMC

In the time since the last Healthy Prison Review in 2019, the landscape of corrections has changed dramatically. COVID-19 poses a significant risk to the health and wellbeing of detainees, not just because of the disease itself, but because of the resulting radical restructuring of day-to-day life in the AMC. Long standing issues in the AMC, such as staff shortages, lack of appropriate or adequate health and mental health care, and boredom have all been exacerbated by extensive lock-downs and COVID-19 risk mitigation strategies.

We acknowledge that the prison is an especially high-risk setting, given how closely detainees live together and the high level of turnover with each new detainee posing a new risk of an outbreak. The high rates of disability and population groups vulnerable to chronic ill-health in the prison are also seriously concerning. Until now, ACTCS had managed to avoid a wide-spread outbreak of COVID-19 inside the prison, which is commendable, especially as we have watched detainees in other prisons succumb to serious illness.

However, the safety of detainees from COVID-19 has come at the expense of community and family connectivity, mental wellbeing and health, as detainees were at one point routinely being locked in cells for almost 24 hours a day with only a ten-minute break for a phone call. This was a blatant breach of human rights. After significant advocacy, the situation improved slightly, with detainees guaranteed at least an hour out of cells each day. This practice continues to seriously impact detainee access to meaningful work, education and exercise and contributes to boredom, anxiety, and mental ill-health.

As well as not having contact visits with family and community, detainees have not had access to regular and sustained communication with oversight bodies or external programs or services. This is deeply concerning, as there has been no way to monitor the wellbeing of detainees or respond to complaints. While detainees have been able (when not in full lockdown) to use audio-video or internet communication tools to speak with family and friends, many do not feel comfortable using these to communicate with oversight bodies or for reporting complaints.

Given that the COVID-19 pandemic is unlikely to end soon, there need to be long-term and sustainable plans in place to ensure that detainees are kept safe

without restricting access to family, services, or oversight mechanisms, and without the excessive use of lockdowns. This is especially pertinent now that we are facing a COVID-19 breakout in the AMC, with more than 30 detainees having tested positive.

We recognise that some of this work has been done, as ACTCS has implemented a testing protocol for everyone entering the prison, including visitors, staff, detainees, and service providers. There has also been a concerted vaccination effort, with roughly three quarters of detainees having received their first and second doses. We note that the community sector was successful at vaccination education and encouragement, with a high uptake from the Winnunga Nimmityjah Aboriginal Health and Community Services vaccination drive. Hepatitis ACT was also involved in vaccination education and was able to talk to detainees very clearly about risks and benefits. We were concerned however that Justice Health Services (JHS) felt it wasn't their responsibility to *encourage* vaccination amongst detainees, only to provide a vaccination clinic.

We recommend an urgent review of COVID-19 protocol in the AMC with the view to ensure strong policies are put in place to protect the human rights as well as health and wellbeing of detainees. Long-term and sustainable pandemic risk mitigation strategies must be put in place that do not result in excessive restrictions on detainee movement and contact with services, community and oversight bodies.

Summary of Recommendations

Summary of Recommendations

1. Ensure full implementation of recommendations from the 2019 Healthy Prison Review
2. Conduct review of COVID-19 protocol in the AMC
3. Provide inclusive and accessible induction materials
4. Include financial screening in regular induction processes
5. Provide formal screening during induction to determine if detainees have an NDIS or aged-care package and provide follow-up supports
6. Ensure all governing and program policies are trauma-informed, culturally safe, and accessible
7. Clearly articulate the roles and responsibilities of ACTCS staff
8. Ensure equivalence of care for health, mental health and alcohol and other drug treatment services in the AMC
9. Provide timely and appropriate access to support for detainees who have experienced sexual violence
10. Ensure appropriate levels of privacy and confidentiality for communication (including email) with legal representatives
11. Improve complaints handling processes to ensure transparency and accountability
12. Increase funding for community sector-run programs and services in the AMC
13. End the 23-hour cell day
14. Ensure consistent and high-quality provision of education programs
15. Ensure all programs are provided in Easy English
16. Allow women's children to stay with them
17. Review and improve justice housing program availability
18. Lift cap on phone calls with legal support
19. Increase funding of community legal centres to support detainees attending the Sentence Administration Board
20. Create a through-care service directory

Pillar 1: Safety

Over the last two years, frequent lockdowns, and lack of access to support services, education and criminogenic programs and oversight bodies has fostered a sense of anxiety within the AMC. The violent culture of the prison has also been heightened. This is particularly true for the women, who have thankfully been returned to their custom-built cottages. While this is a positive step, it has meant there is less scope for separation. Without adequate wrap-around support services and purposeful activity, boredom can lead to aggression and violence throughout the prison, as well as a general sense of distrust and anger at ACTCS staff.

ACTCOSS emphasises the serious need to address significant safety concerns in the AMC and to work in partnership with services on the ground in reshaping a healthier, safer prison environment.

While we will not repeat recommendations from the previous HPR, we will emphasise a few outstanding concerns. For example, despite committing to the purchase of body scanners, strip-searches are still commonplace, and are carried out on Aboriginal women at twice the rate of non-Indigenous women.¹ This is a clear breach of human rights and indication of systemic racism in the prison system. Strip searching is an unnecessarily invasive and traumatic practice. ACTCOSS has heard that incidents of strip-searching increase following visitations, and that Aboriginal and/or Torres Strait Islander women experience heightened incidences of the practice. As identified by the Western Australia Office of the Inspector of Custodial Services, strip searching is ineffective, harmful, and can be viably replaced by modern technology.²

ACTCOSS is also worried about the continued lack of mental health supports in the AMC. Detainees are at a heightened risk during their early days in prison due to the shock of separation, possibly unfamiliar environment, or the circumstances surrounding their arrest.³ In particular, detainees are at their highest risk of suicide during this time.⁴ All detainees therefore must access counselling and mental health professionals during induction, to assess their needs and assist them to identify supports available during incarceration. The tragic passing of a detainee recently highlights the need to review the current mental health assessments and significantly improve them. ACTCS must ensure that while detainees are at their most vulnerable, they are provided with support and not left on their own.

¹ [Indigenous women strip-searched twice as often inside Canberra's jail in recent months - ABC News](#)

² Western Australia Office of the Inspector of Custodial Services, *Strip searching practices in Western Australian prisons*, Western Australia Office of the Inspector of Custodial Services media release, 18 April 2019, <<https://www.oics.wa.gov.au/reports/strip-searching-practices-in-western-australian-prisons/>>.

³ ACT Inspector of Correctional Services, *Report of a Review of a Correctional Service: The care and management of remandees at the Alexander Maconochie Centre*, ACT Inspector of Correctional Services, 2018, p. 32.

⁴ World Health Organization and International Association for Suicide Prevention, *Preventing Suicide in Jails and Prisons*, World Health Organization, 2007, p. 6, <https://www.who.int/mental_health/prevention/suicide/resource_jails_prisons.pdf>.

ACTCOSS understands that current approaches to counselling put an onus on the detainee to reach out for assistance, often to Correctional Officers (COs) who are not counsellors or mental health professionals. This is counterintuitive and dangerous given how stressful the period of induction is, and the perceived risk to personal safety associated with identifying oneself as at-risk or in need of support. Even where detainees can identify need for mental health support, this is often unavailable due to lack of appropriate mental health staff.

Beyond these points, we recommend improving the safety in the prison through the measures below.

Recommendations

3. **Provide inclusive and accessible induction materials.** Induction processes must be accessible. Detainees may not identify as having a disability or may not be ready to admit to having additional accessibility requirements, so all materials must be provided in a range of formats, including via video and in Easy English. Translations should be easily available and Aboriginal and/or Torres Strait Islander organisations must also be resourced to produce induction materials that are culturally safe. ACTCOSS recommends that induction material is kept available and readily accessible throughout the prison in case detainees are overwhelmed and unable to absorb the information when they first arrive.
4. **Include financial screening in regular induction processes.** It is concerning to see a lack of financial screening of detainees at any point during time at the AMC. Debt often compounds while detainees are incarcerated and is a significant risk factor for crime and for recidivism in particular.⁵ Enabling and resourcing Care Financial Counselling to conduct debt screening and financial literacy courses will mean a real reduction in recidivism and mean that detainees are better able to keep their homes and families together post-release.

Services have noted to ACTCOSS that the stress of entering prison is compounded by a sudden removal from responsibilities in the community, for example: children; primary carer responsibilities; housing; debts or loans; and jobs. A process should be built into induction wherein detainees are able to identify these issues, which may need to be resolved early on during their time in prison. Induction staff must proactively facilitate this process, as early days in detention are a time of heightened stress, and many detainees may not feel secure identifying these issues themselves.

5. **Provide formal screening during induction to determine if detainees have an NDIS or aged-care package and provide follow-up supports.** At present the only way that ACTCS is made aware of detainees' NDIS or aged care packages/supports is through disclosure. Even where information is disclosed there is no formal process for recording details of

⁵ [The relationship between debt and crime: A systematic and scoping review - Gercoline van Beek, Vivienne de Vogel, Dike van de Mheen, 2021 \(sagepub.com\)](#)

a detainee's NDIS package and this information is often simply included in the 'notes' section of their file. This means the information is easily lost, and there is no formal mechanism to trigger the reactivation of the package with sufficient time before release.

It is also important to ensure that NDIS packages are applied for before a detainee turns 65 and becomes ineligible. Currently, this requires that a support person is aware of the detainee's disability, understands the process for application and is also aware that individuals must apply prior to turning 65 years of age. Where individuals do not apply before their 65th birthday, they become ineligible for the NDIS and must subsequently apply for aged care packages instead. The quality of support for those who access it prior to turning 65 and those who access it afterwards is vastly different, and no accommodations are being made to support detainees in this age bracket in securing NDIS packages.

Jurisdictional responsibilities mean that it is difficult to maintain an NDIS package while in prison. However, knowing the content of someone's package and their required supports would make a world of difference while someone is in the AMC, but also in preparation for their release. Whilst the justice system should be responsible for day-to-day care for NDIS recipients there is a lot of confusion on the ground and NDIS plans are often put on hold (excepting physical supports). Further we are hearing that medication and scripts are not always filled and therapy is not being provided. All these factors place vulnerable detainees at increased risk of adverse health and wellbeing outcomes.

Reactivating an NDIS plan upon release takes significant time and the process is often impeded by a lack of transparency around release, parole or court dates. Without adequate time (which can be months), detainees can be left without access to support services and accessible housing, which can prolong their stay in the AMC.

Whether or not detainees are specifically asked if they have a mental health condition when asked if they have a disability also makes a significant difference in whether they will receive adequate support. For those with mental ill health or other invisible disabilities (especially acquired brain injuries and PTSD) the current level of screening is not adequate. The same can be said of chronic health conditions including epilepsy and diabetes. Collection of diagnostic information around health and disability is imperative to planning for successful release. Opportunities for disclosure need to be made available throughout detainees' time at the AMC rather than just upon entry. Screening also needs to be coupled with adequate follow through and provision of necessary supports

6. **Ensure all governing and program policies are trauma-informed, culturally safe, and accessible.** The health and wellbeing of detainees in the AMC will not be improved without a comprehensive strategy focussed on implementing trauma-informed practice across the prison. This is essential in an institution that accommodates many people who have experienced trauma. In addition, incarceration itself can be traumatic for

many. We note and appreciate the development of the [Women Offenders Framework](#), which promises trauma-informed and gender-responsive approaches to service delivery.

ACTCOSS would like to ensure that all policies are trauma informed and reflect a social model of disability. For example, potentially high levels of neurodivergence, acquired brain injuries and fetal alcohol syndrome disorder (FASD) need to be considered when making policy decisions on detainee possessions, behavioural management, and reward structures.

As part of ensuring good practice, ACTCS must commit to employing another Disability Liaison Officer, as well as a dedicated female Aboriginal Liaison Officer and female Recreation Officers in the AMC. Having these staff available to detainees is essential to the safety of people with disability, women and Aboriginal and/or Torres Strait Islander peoples in the AMC.

- 7. Clearly articulate the roles and responsibilities of ACTCS staff.**

Detainees and community service staff have expressed considerable frustration with the opaqueness of responsibility amongst ACTCS staff. Without clear definitions of roles within the prison, there is no clarity for staff and detainees nor a formalised scope of responsibility. Setting defined terms for different roles will aid in the understanding of workloads and appropriate staffing levels as well as appropriate training needs. Given that many detainees are unaware of who their Sentence Management Officers or Case Managers are, it is difficult for community organisations to build relationships with these staff to improve advocacy outcomes.

Pillar 2: Respect and Dignity

The dehumanisation of detainees in the AMC is central to a culture of perceived and real unsafety. ACTCOSS believes that treating detainees with the same respect afforded to all other community members is at the core of reforming the prison. Without a commitment to equivalence of care, the prison cannot uphold human rights or ensure that delivery of services (including health, accommodation, complaints handling and culturally aware practice) is appropriate, targeted, and wellbeing focused.

ACTCOSS is concerned by regular accounts of incidents and practice that undermine detainees' dignity, particularly for women in the AMC. Worryingly, complaints mechanisms are confusing for both detainees and advocates to navigate and follow-up and accountability mechanisms are lacking. Without clear and accessible complaints and resolution processes there is no opportunity for detainees to resolve issues safely and privately.

We would also like to take this opportunity to stress the urgency with which we need to implement a needle and syringe program (NSP) within the prison. NSPs are an important harm reduction mechanism, both for detainees that are injecting drugs, but also for staff who are more likely to suffer from needle stick

injuries if detainees are forced to hide their needles. NSPs also offer a unique opportunity to engage detainees with continuity healthcare support as they access programs on a regular basis.

It is distressing to hear accounts of preventable and curable diseases such as hepatitis C being transmitted and retransmitted in the AMC. The lack of needle and syringe program is not stopping the spread of needles; it is only making it more dangerous for people in the AMC, as well as people in the community.

Nationally, around 8% of prison discharges reported using a needle and syringe that had been used by someone else while in prison, which is higher than the national average of 5%.⁶ Members of the JRG have heard anecdotal evidence from detainees that reflects these national trends, and other unsafe drug practices within the AMC. Currently, the ACT is the only jurisdiction in which the government has an existing policy framework in place which supports the implementation of a NSP in prison. However, this policy has yet to be put into practice.

Recommendations

- 8. Ensure equivalence of care for health, mental health and alcohol and other drug treatment services in the AMC.** People who are incarcerated are entitled to the equivalent standard of healthcare as would be dispensed to them in the general community in the same country.⁷ The right to good health, including harm reduction, mental health support, early intervention and prevention measures, should in no way be diminished by being in detention.

There is significant work for Justice Health and ACTCS in the areas of timely access to health care, appropriate medical responses, preventative health care, health literacy, and gender-sensitive health care. Although we know that there are nurses working in the AMC, who detainees see regularly, we stress that these professionals are currently acting more as dispensaries due to time pressures. Detainees therefore see but cannot spend significant quality time with nurses. This is a denial of detainees' human rights, compromises continuity of care and prevents detection and treatment of emerging health issues.

We note that the current approach to drug health care policy in the AMC is significantly below community standard and is extremely harmful to the health of detainees.

While those in the community have a number of options with regard to opioid replacement medications, the AMC is restricted only to monthly injections of Buprenorphine, which is not suitable for all detainees. We need to ensure that all detainees have access to the medication that

⁶ AIHW, 2021, Alcohol, tobacco & other drugs in Australia: [People who inject drugs](#), accessed 24 May, 2021.

⁷ United Nations Office on Drugs and Crime (2015) [The United Nations Standard Minimum Rules for the Treatment of Prisoners \(The Nelson Mandela Rules\)](#), accessed 24 May 2021.

makes sense for them and that it can be distributed in an accessible and respectful way.

We have been pleased to hear about CAHMA's provision of Naloxone training in the prison but believe this should be mandatory for all ACTCS staff directly engaging with detainees. ACTCOSS also supports calls for Naloxone to be provided as routine in release packs. A detainee is most at risk of overdose in the few days following release and access to this easy-to-use medicine could mean the difference between life and death.

ACTCOSS has also been told of allegations from the women in the AMC that they have been sexually assaulted during health care appointments. We have been advised these women do not feel comfortable making complaints to ACTCS regarding such incidences, instead preferring to tell service providers or visitors in confidence. This is unacceptable given the severity of these allegations, and we stress that ensuring women feel safe to make complaints in cases of abuse is an essential element of instituting respectful health care. ACTCS must ensure safety for all detainees in both the provision of health services and in complaints processes about the services delivered.

9. **Provide timely and appropriate access to support for detainees who have experienced sexual violence.** Detainees, and female detainees in particular, are more likely than the general population to have experienced trauma and sexual violence.⁸ Despite this, access to confidential support services from clinical carers is scarce within the AMC. Health education programs around sexual health and recovering from sexual violence is not accessible or widely available. Where services are available, detainees do not always know where or how access them. There is dire need for trauma-informed, accessible and appropriate support for those who have experienced sexual violence.
10. **Ensure appropriate levels of privacy and confidentiality for communication (including email) with legal representatives.** Ensuring confidentiality for detainees while communicating with legal support is especially pertinent during COVID-19 lockdowns. Lockdowns can limit communication to email, which is routinely monitored, meaning that detainees are unable to have confidential conversations with legal counsel. High levels of privacy should also be afforded for AVL and phone calls.
11. **Improve complaints handling processes to ensure transparency and accountability.** Many detainees prefer to raise complaints verbally with support people (particularly in the community sector). Anecdotally, we were told that detainees will reach out to informal supports to report issues such as a lack of menstrual products available for more than a week. It is not clear how services should progress these complaints, and what they can do if ACTCS staff do not take them seriously or are unresponsive.

⁸ Wolf, A., Silva, F., Knight, K., Javdani, S. (2007) 'Responding to the health needs of female offenders' *What works with women offenders*, Rosemary, Sheelan (ed), Willan Publishing: Devon.

ACTCS must ensure that the complaints process is transparent and can lead to meaningful resolution. The internal process for complaints handling should be accessible and clear and award detainees a sense of respect and self-worth. ACTCOSS advocates for an accountability process to be put in place that ensures responses to complaints are timely and provides tangible changes and commitments to redress.

Pillar 3: Purposeful Activity

The lack of high quality and accessible activities for detainees contributes significantly to boredom, isolation and mental ill-health. ACTCOSS was dismayed to learn that residents of the AMC had been without an education provider for a long stretch of time over the last year. Given that external service providers were unable to enter the prison and detainees were frequently confined to their cells for almost 24-hours a day, this was extremely concerning.

Prison presents a unique opportunity to offer education and rehabilitative programs to reduce the risk of recidivism and allow the opportunity to gain skills for future employment and community re-engagement. The community sector is keen to offer programs within the AMC, and are especially well placed to do so, given the strong relationship workers already have with detainees. ACTCOSS strongly recommends that ACTCS funds community sector organisations to deliver services within the AMC and coordinate a variety of purposeful activities that actively engage detainees.

Strategies must be developed to deliver regular services alongside COVID-19 mitigation, so that parole access is not jeopardised by lockdowns. People on remand must also have access to criminogenic programs. Criminogenic programs such as AOD treatment can be useful for detainees, particularly as they contribute to access into the Transitional Release Centre, and the to-be-established Reintegration Centre. However, the AMC has a high rate of people on remand, who are unable to access these programs. Particularly for women in the AMC, the majority of whom are on remand, this restriction should be removed.

Recommendations

- 12. Increase funding for community sector-run programs and services in the AMC.** ACTCOSS notes that presently, some organisations offering valuable services in the AMC are unfunded, despite the positive impact of their work. For example, Women's Health Matters has delivered a vital health promotion program for the women in the AMC and this program has been without funding for at least four years. Similarly, Care Financial offers financial literacy programs without dedicated funding. Given that community sector organisations are notoriously underfunded and overstretched and working with detainees comes with unique complexities, ACTCOSS would like to see funding for programs like this, which go

towards resolving issues around access to purposeful activity and sustaining community connections.

ACTCOSS recommends that community services and organisations be prioritised to deliver operational support to the prison, including:

- Workforce development training on topics such as diversity awareness and competency, and training for staff on gender sensitivity
- Non-clinical services relevant to health and wellbeing (trauma recovery, healthy relationships, consumer literacy and financial counselling).

13. **End the 23-hour cell day.** ACTCOSS advocated for an end to the 23-hour cell day in response to the last Healthy Prison Review. Since then, COVID-19 lockdowns have resulted in further restrictions to movement. This has been due to staff shortages and has aimed to reduce spread of COVID-19 but has led to significant mental ill-health amongst detainees. As a matter of urgency, we need to develop pandemic mitigation strategies that do not rely on the excessive restriction of detainee movement, which significantly impedes rehabilitation.

14. **Ensure consistent and high-quality provision of education programs in the AMC.** ACTCS, JaCS and the Minister for Corrections all need to ensure that detainees do not go for extended periods without access to education programs. It is unacceptable that an education contract ended, and Minister Gentleman was not aware. Strategies must be put in place to prepare for new contracts or new education providers well before the previous provider is due to finish.

Navigating the justice system involves a high level of paperwork and administrative burden. Support for the literacy and numeracy skills of detainees is essential, particularly those from disadvantaged or culturally and linguistically diverse backgrounds. Regular engagement with education programs also offers an opportunity to check-in with detainees and respond to mental-health wellbeing needs.

15. **Ensure all programs are provided in Easy English.** Where criminogenic or education programs are not delivered accessibly or in Easy English, a significant portion of the detainees in the AMC are impacted. Data on literacy levels in the prison are not regularly collected, but we know that there are a high number of detainees with acquired brain injuries, FASD and/or intellectual disabilities. Access to timely parole and the Rehabilitation Centre are both dependent on completion of certain programs, which essentially excludes the aforementioned detainees. This discriminatory process further disadvantages some of the most vulnerable residents of the AMC and needs to be addressed. Programs should not just seek to include Easy English resources, but also be designed with neurodivergence and intellectual disability in mind.

Pillar 4: Rehabilitation and Preparation for Release

ACTCOSS firmly believes that the likelihood of success post-release is dependent on a strong and sustained period of preparation and planning for release as well as a genuine focus on rehabilitation. Preparation for release must focus on housing, healthcare, community connection and rehabilitation.

Recommendations

- 16. Allow women's children to stay with them.** It is unacceptable that women who are primary carers in the AMC are not able to have their young children stay with them, as was initially intended. Globally, women detainees are overwhelmingly likely to be mothers, and their crimes are often related to supporting families.⁹

The separation of mothers from their young children due to incarceration often results in child removal, which can have devastating effects on the wellbeing of child, mother, family and community. Now that women have been returned to their purpose-built cottages, strategies need to be put in place to ensure they can care effectively for their young children in the AMC. This is a standard practice in several prisons in Australia. For example, the Emu Plains Correctional Centre in NSW has a Mother and Children's Program located at the 'Jacaranda Cottages', a purpose-built residential facility that allows for children up to 12 to live with their mother full time, or occasionally. Rehabilitation is more likely if parents can maintain connections with their children.

- 17. Review and improve justice housing availability.** There is a housing crisis across the ACT and the impacts on detainees are significant. While justice housing has a high uptake and a long waitlist, there are not many pathways out of justice housing and into social or private housing. This creates a bottleneck, with some detainees remaining in the AMC rather than being released into homelessness.

With a lack of independent living options available post-release detainees are unlikely to have the opportunity to successfully reintegrate into the community. The ACT Government needs to ensure that there is housing available and specifically allocated to housing detainees in advance of their release.

Where housing is provided, it must be accessible and suitable for a detainee's needs. We have heard anecdotal evidence from service providers that CYPS is hesitant to return children to parents living in unsuitable housing. Without the hope of family restoration, detainees are less likely to rehabilitate or reintegrate into the community.

⁹ Dunkel, F., Kestermann, C., Zolondek, J. (2005) *International study on women's imprisonment: current situation, demand analysis and "best practice"* Department of Criminology, University of Greifswald.

18. **Lift cap on phone calls with legal support and advocacy organisations.** With 10-minute limitations on phone calls many detainees are not able to access appropriate legal support or advocacy services. If a court appointment falls between waiting times for different processes, then detainees do not have an adequate time frame to discuss and prepare for court proceedings with lawyers. Exceptions must be made to address this gap in access to fair legal representation.

Similarly, disability advocacy organisations are unable to ascertain the extent of support required for a detainee in a ten-minute phone call and provide sufficient advocacy. This can impede access to NDIS packages, housing supports and appropriate carers upon release.

Services in the ACT have also told ACTCOSS that their service is approached for assistance from detainees before entering the AMC, and post-release, but they do not hear from these same detainees during their incarceration. Disability advocacy services are particularly concerned that this is due to a lack of appropriate support for disabled detainees in the AMC to make contact. We have also heard that some essential services continue to struggle to get ACTCS to agree to simple measures, such as displaying a service's phone number near the AMC phones.

19. **Increase funding of community legal centres (CLCs) to support detainees attending the Sentence Administration Board.** Currently, CLCs are not funded to provide support through the sentence administration process. CLCs are already underfunded and overstretched and without dedicated funding are unable to provide much needed support to detainees through a complex and difficult to navigate process. This is a problem in particular for detainees with an intellectual disability, or with literacy limitations. Without support, certain detainees face worse outcomes, and disadvantage becomes entrenched.

20. **Create a through-care community service directory.** Community services need access to information around which services are being provided and are available to different groups of detainees, so that organisations can work together to fill gaps and ensure safer transition and community re-integration.

Currently, it is only through informal channels that community services become aware of who is doing what, and this information is easily lost with staff turnover, or funding shifts. As the information is lost, accountability is lost. Organisations assume someone else is doing the work, or that ACTCS and JaCS are doing the work and detainees fall through the cracks.

We have heard from services assisting current and former detainees that there is a significant issue with the continuity of care available to detainees in the AMC as they face release. A clear and well updated directory of through-care services would enable the sector to step in wherever possible, and would assist with funding applications to fill gaps.

This directory could also then be provided to detainees to assist them in identifying services they may need to access post-release. As part of its

commitment to rehabilitation, ACTCS should do more to facilitate connections between community services and detainees in the AMC. This could include more responsive and individual case management, as well as simple measures such as comprehensive lists of useful services and organisations in the community.

Conclusion

This submission details the shortcomings of the AMC in meeting the qualifying criteria to be a 'Healthy Prison'. ACTCOSS calls upon the Inspector of Correctional Services' to urgently redress community concerns and not wait until the next Healthy Prison Review process to hear similar misgivings about the state of unsafety and lacking human rights compliance in the prison.

Without urgent change to adopt recommendations provided in this review, the AMC will continue to function as an unsafe prison that negatively affects the safety, justice, health and wellbeing outcomes of all detainees, particularly those from marginalised and oppressed groups. The same can be said of the prison's role in contributing to high rates of recidivism and failure to prepare detainees for successful rehabilitated release and community reintegration.

ACTCOSS recommends reform to reprioritise the safety and wellbeing of detainees as community members worthy of the same respect, treatment and human rights as all others. To improve the AMC to the point at which it can justifiably be considered a healthy prison, we stress the importance of drawing upon and adequately funding the community sector to support and implement change. Community organisations are ready and waiting to support the ACTCS to facilitate a safer, more equitable and healthier AMC.