



Healthy Prison Review of Alexander Maconochie Centre 2025

Submission: March 2025

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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.

ACTCOSS advises that this document may be publicly distributed, including by placing a copy on our website.

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Acronyms

ACT	Australian Capital Territory
ACTCS	ACT Corrective Services
ACTCOSS	ACT Council of Social Service Inc.
ATOD	Alcohol Tobacco and Other Drugs
CSNSW	Corrective Services NSW
IBAC	Independent Broad-based Anti-corruption Commission
ICS	Inspector of Custodial Services
IEP	Incentives and Earned Privileges
JRG	Justice Reform Group
NSP	Needle and Syringe Program
OMT	Opioid Maintenance Treatment
SQCC	South Queensland Correction Centre



Introduction

The Healthy Prison Review provides a critical opportunity to assess whether the Alexander Maconochie Centre (AMC) meets its intended role as a rehabilitative, human rights-compliant correctional facility. This submission outlines systemic failures in safety, dignity, rehabilitation, and reintegration, drawing from consultation with community service providers, lived experience advocates, and family members of detainees. The findings — not unlike that of ACTCOSS' previous years submissions — highlight an urgent need for reform.

Guiding principles of reform

The recommendations in this submission are guided by the following key principles:

- **A shift from punitive to rehabilitative policies** – Policies and training must reflect evidence-based rehabilitation principles rather than punitive approaches that hinder reintegration.
- **Recognition of the social determinants of justice system contact** – Many detainees experience disadvantage, poverty, homelessness, disability, mental ill health, and substance dependence prior to incarceration. Addressing these underlying factors is essential not only to reducing recidivism but also to preventing initial and ongoing contact with the justice system.
- **Recognition of detainees as community members** – The vast majority of people incarcerated in the AMC will return to the Canberra community. Prison conditions, rehabilitation opportunities, and supports for reintegration directly impact public safety and long-term outcomes.
- **Improving prison safety to facilitate genuine rehabilitation** – High recidivism rates indicate that the AMC is failing to rehabilitate detainees. Addressing deficiencies in oversight, rehabilitative opportunities, and detainee rights, such as inconsistent case note policies, restricted communication, limited access to programs and education, and inadequate healthcare, is crucial to creating a prison environment that supports positive change.
- **Recognise the unique safety and rehabilitation needs of Aboriginal and Torres Strait Islander people** – The standard prison framework of 'safety' and 'security' often prioritises control over genuine wellbeing, failing to align with Aboriginal and Torres Strait Islander holistic concepts of health, healing, and community connection. The high recidivism rates at AMC indicate systemic failures in preparing Aboriginal detainees for life after prison, including inadequate access to culturally safe rehabilitation, education, housing, and employment pathways. True safety for Aboriginal detainees must encompass cultural safety, holistic health, and post-release support, with reforms designed and implemented in genuine partnership with Aboriginal Community-Controlled Organisations.¹

¹ C Stanley & K Mundine, [Alexander Maconochie Centre Healthy Prison Review 2022](#), Deadly Connections Community and Justice Services, April 2022, p 3



ACTCOSS also acknowledges that Aboriginal and Torres Strait Islander people are disproportionately represented in the AMC, and their experiences within the justice system are shaped by historical and ongoing systemic injustices.

Justice Reform Group (JRG)

This submission is based on ongoing engagement with frontline community organisations, service providers, and lived experience advocates who work with or have been directly impacted by the AMC. ACTCOSS, in its role as convenor of the Justice Reform Group (JRG), facilitated a consultation forum on February 5, 2024, where a broad cross-section of stakeholders provided insights into the ongoing issues within the AMC. The following organisations participated in the consultation forum:

- ACT Disability Aged and Carers Advocacy Service (ADACAS)
- Aboriginal Legal Service (ALS) NSW/ACT
- ACT Mental Health Consumer Network (ACTMHCN)
- Alcohol Tobacco and Other Drug Association ACT (ATODA)
- Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)
- Canberra Community Law (CCL)
- Care Financial Counselling
- Directions Health Services ACT
- ACT Human Rights Commission (ACT HRC)
- Justice Reform Initiative (JRI)
- Karralika Programs
- Prisoners Aid ACT
- Volunteering ACT
- Women's Health Matters (WHM)
- Yeddung Mura.

Additionally, lived experience advocates, family members of detainees (past and present) were consulted to provide first-hand perspectives on systemic issues and barriers to rehabilitation.

Key Findings

Consultation revealed a consistent pattern of systemic injustice, lack of transparency, and an absence of meaningful rehabilitation opportunities at the AMC. In particular, certain marginalised groups — including Aboriginal and Torres Strait Islander peoples, women, individuals from low-income backgrounds, people with disabilities, and those experiencing mental ill health — face disproportionately negative experiences in custody. ACTCOSS endorses submissions made by peak advocacy organisations in these areas, recognising their expertise in culturally safe, evidence-based, and effective approaches to justice reform.



As in previous years, systemic issues that feed into an unhealthy prison environment remain unresolved. These include:

- Overuse of punitive disciplinary measures that restrict access to communication, visits, and education
- Failure to address the root causes of incarceration, such as substance use disorders, lack of stable housing, and financial instability
- Barriers to external service providers accessing detainees, preventing organisations from delivering critical legal, health, and reintegration support.

While preparing this submission, tragically, two Aboriginal men in custody at the AMC died within days of each other. Last year, two more lives were lost in similarly close succession, including an Aboriginal man. While this submission does not make coronial recommendations, these deaths serve as the most urgent and devastating warning. If nothing else in this submission compels action, let it be this.



Summary of Recommendations

Pillar 1: Safety

- Trial extending the use of body scanners to staff, contractors and visitors of the AMC
- For all new recruits, mandate the completion of the unit *Support offender rehabilitation and reintegration in the community* in the Certificate III in Correctional Practice
- Standardise and improve the Incentives and Earned Privileges (IEP) scheme, ensuring that privileges are not conflated with rights
- Explore the use of Body Worn Cameras (BWCs) in the AMC
- Implement a transparent case note policy at AMC that requires staff to immediately share any negative behavioural report with the detainee

Pillar 2: Respect and Dignity

- Ensure all Opioid Maintenance Treatment (OMT) options currently available in the community are made available in custodial settings
- Pilot a Needle and Syringe Program (NSP) in the AMC
- Ensure naloxone programming is embedded as core business and remains in practice regardless of changes to staffing
- Provide overdose response training for at-risk detainees and supply naloxone kits on release
- Expedite medication access and continuity in the AMC Watchhouse
- Establish systematic screening and assessment processes for ADHD and ensure detainees with ADHD are connected with appropriate treatment both in custody and on release
- Provide neurodivergence awareness training to correctional staff
- Guarantee that health and mental health consultations are conducted in a confidential setting
- Reform the Crisis Support Unit (CSU) to ensure it functions as a therapeutic intervention, not a punitive measure

Pillar 3: Purposeful Activity

- Expand high-quality education and vocational programs — including secure online learning options — so that detainees can acquire marketable skills
- Ensure detainees have access to computers to facilitate education, healthcare, legal counsel, cultural connection, external support services, and maintain family and community connections



Pillar 4: Rehabilitation and Preparation for Release

- Ensure programs are made available to detainees while on remand so that it does not delay parole applications once they are sentenced and eligible for parole
- Ensure call rates match community standards and remove phone calls from punitive measures, recognising that regular, reliable communication with family, legal counsel, and support services is essential to detainee rehabilitation
- Reinstate the technology that enables Audio Visual Link (AVL) professional visits within accommodation units
- Establish dedicated ATOD rehabilitation services tailored for women in custody
- Expand financial counselling and support services
- Expand the justice housing program
- Explicitly protect the rights of children with a parent in custody in ACT inspection standards and ACTCS policy
- Strengthen external service integrations by removing unnecessary barriers to accessing essential legal, financial, health, behavioural and disability support



Pillar 1: Safety

Recommendations

- Trial extending the use of body scanners to staff, contractors and visitors of the AMC
- For all new recruits, mandate the completion of the unit *Support offender rehabilitation and reintegration in the community* in the Certificate III in Correctional Practice
- Standardise and improve the Incentives and Earned Privileges (IEP) scheme, ensuring that privileges are not conflated with rights
- Explore the use of Body Worn Cameras (BWCs) in the AMC
- Implement a transparent case note policy at AMC that requires staff to immediately share any negative behavioural report with the detainee

Contraband and security measures

The introduction of body scanners at the AMC was intended to prevent contraband from entering the facility while reducing the number of strip searches conducted.² However, limiting their use to detainees ignores the documented reality that contraband does not enter prisons solely through detainees. Investigations in multiple jurisdictions have found that staff, contractors, and visitors also contribute to the flow of illicit substances and prohibited items into correctional facilities, making a targeted approach ineffective in fully addressing the issue.

The Corruption and Crime Commission of Western Australia has identified cases of custodial officers smuggling contraband into prisons, often in exchange for money or favours.³ Similarly, Victoria's Independent Broad-based Anti-Corruption Commission (IBAC) has highlighted the corruption risks associated with corrections staff, including facilitation of contraband smuggling.⁴ These findings align with allegations heard by ACTCOSS that staff and contractors at AMC may also be involved in introducing contraband.

² ACT Government, [ACT Government will fast track procurement of body scanners to minimise strip searches at AMC in response to Inspectors Report](#), 16th September 2021, accessed 20th February 2025

³ Corruption and Crime Commission of Western Australia, [Report on corrupt custodial officers and the risks of contraband entering prisons](#), 26th June 2018, accessed 19th February 2025

⁴ Independent Broad-based Anti-corruption Commission Victoria, [Corruption risks associated with the corrections sector](#), November 2017, p 11, accessed 19th February 2025



Lessons on how body scanners can be utilised as a security measure for visitors, can be taken from NSW where it is now common practice across all Corrective Services NSW (CSNSW) facilities.⁵

Given the well-documented risks associated with contraband, including its links to violence, drug use, and corruption, ACTCOSS supports Winnunga Nimmityjah's call to explore the role that body scanners can play in mitigating such harms.⁶

Staff training and culture

ACTCOSS was surprised to learn that the unit *Support offender rehabilitation and reintegration in the community* is an elective in the [Certificate III in Correctional Practice](#) that new recruits must complete in their first 12 months of service.

Making this unit a compulsory component could encourage new correctional officers to enter the profession with a foundational understanding of rehabilitative principles. This aligns with the ACT Corrective Services Rehabilitation Framework, which emphasises evidence-based rehabilitation models and the role of correctional staff in creating a constructive, prosocial environment.⁷ Current and former detainees at AMC have consistently highlighted that punitive staff attitudes undermine rehabilitation, with the JRG member who brought this matter to our attention stating:

"All the problems with AMC cannot be looked at like individual issues. They all stem from one place: AMC staff consider the purpose of AMC to be punishment. If we can address that, improvements will follow. If we do not address this, we're doomed to fail."

Embedding this training requirement is one small but very necessary step to shift the culture of the AMC from punitive to rehabilitative.

Behavioural management

Incentives and earned privileges (IEP) scheme

The IEP scheme at AMC lacks consistency, transparency, and oversight, resulting in arbitrary decision-making and misuse. Detainees report that staff discretion overrides policy, allowing for unfair and punitive applications of the scheme. Case notes, which influence IEP status, can be inaccurate and detainees not given sufficient time to challenge case notes that may result in unfair downgrades.

While the IEP scheme has potential to encourage positive behaviour and rehabilitation, detainees report that incentives are either inaccessible or inconsistently provided. Delays in accessing approved items, limited availability of

⁵ J Barkworth, C S Song, M Howard, [Full body x-ray scanners at NSW correctional centres: Scanner activity, contraband, and behavioural outcomes](#), Corrective Services NSW, June 2024, accessed 19th February 2024

⁶ S McDonald, [Delay to body scanners at Canberra's jail labelled 'deplorable' as strip searches of detainees continue](#), 14 April 2023, accessed 20th February 2025

⁷ ACT Corrective Services, [ACT Corrective Services Rehabilitation Framework – A summary of the framework](#), Justice and Community Safety Directorate, ACT Government, November 2019, pp 7, 10, 11



visits, and unstable access to gym and other privileges create a perception that the scheme is punitive rather than motivational.

To restore fairness and credibility, the IEP scheme must be standardised, properly monitored, and clearly distinguished from punitive measures. Incentives should be realistically attainable, consistently provided, and free from staff manipulation. A transparent, accountable system will ensure that the IEP scheme functions as intended — to promote engagement, reduce tensions, and support rehabilitation — rather than as an additional mechanism for punishment.

Staff safety, detainee safety & record keeping

Body Worn Cameras

Prisons are high-risk environments where staff frequently manage challenging and potentially dangerous situations, while detainees remain highly vulnerable to mistreatment due to the inherent power dynamics of incarceration. Ensuring safety and accountability at the AMC requires proactive oversight mechanisms, and BWCs present an opportunity to enhance transparency and protection for both staff and detainees.

BWCs are already used by police, prison staff, and other frontline workers across Australia, including the AFP, where footage is used both in prosecuting offences and in ensuring accountability of officers. Other Australian jurisdictions have integrated BWCs into prison operations with broad support from correctional staff, citing benefits such as:

- improved evidence gathering
- reduced time and resources spent on investigations
- enhanced situational de-escalation
- reduction in vexatious complaints⁸

The introduction of BWCs has the potential to strengthen trust between detainees and staff, contribute to a safer environment, and serve as a valuable training tool for correctional officers.⁹

As the convenor of the JRG, ACTCOSS has not yet formed a definitive policy position on this issue. However, some JRG members have undertaken significant work in developing and refining a policy stance in support of BWCs, and it is important that their recommendations be considered as part of ongoing discussions on improving safety and culture at AMC. These members recommend that BWCs be

⁸ Dodd, S., Antrobus, E., & Sydes, M. (2020). Cameras in Corrections: Exploring the Views of Correctional Officers on the Introduction of Body-Worn Cameras in Prisons. *Criminal Justice and Behavior*, 47(9), 1190-1208. <https://doi.org/10.1177/0093854820942288>

⁹ Sydes, M., Dodd, S., & Antrobus, E. (2022). Body cameras behind bars: Exploring correctional officers' feelings of safety with body-worn cameras. *Criminology & Criminal Justice*, 22(2), 323-342. <https://doi.org/10.1177/1748895820959125>



introduced with clear policies governing their use, including mandatory activation and footage retention in key circumstances:

- when negative case notes or disciplinary actions are recorded
- upon detainee request, during searches
- in any situation where force or restraints are used

Given the potential benefits of BWCs in enhancing safety, reducing conflict, and ensuring greater accountability within AMC, it is appropriate that this proposal be explored further in consultation with detainees, staff, and key stakeholders.

Case notes

Alongside BWCs, a transparent case note policy is critical to ensuring fair and accurate record-keeping at the AMC. JRG members with lived experience of the AMC consistently report that the current practice of recording case notes at the AMC is opaque and punitive, undermining both natural justice and the rehabilitation process. We've received feedback that negative behaviours are frequently documented without the detainee's knowledge, often misrepresenting incidents while omitting positive behaviours. This lack of transparency affects detainees' security classifications, progress in incentive schemes, and parole decisions, leaving individuals without a fair opportunity to understand or contest the records that impact their lives.

According to the Corrections Management (Incentives and Earned Privileges) Policy 2022 (No 3), detainees must be informed immediately when negative behaviour is recorded, ensuring they have an opportunity to review and respond.

Best practice in corrections requires that any negative behavioural recording be communicated immediately to the detainee. As is exemplified in the Corrections Management (Incentives and Earned Privileges) Policy 2022¹⁰

7.2 Where the behaviour or engagement of a detainee is inconsistent with the behavioural expectations for their Incentives and Earned Privileges (IEP) level, the detainee must be informed of this with a verbal warning. Any warning must be case noted on the detainee's electronic record and include the relevant behaviour.

A lived experienced member of the JRG suggests South Queensland Correction Centre's (SQCC) model, where warnings are provided in writing at the time of the incident, allowing detainees to review, sign, and challenge them if necessary. In contrast, at AMC, detainees often learn of negative case notes only months later, denying them the right to a timely explanation or response. Further, delayed knowledge of punishment is unhelpful in helping a detainee to improve their own behaviour.

A clear, formal policy governing case note recording is urgently needed. Such a policy should mandate that staff immediately share written warnings with detainees, complete with a section for the detainee to provide their own account and

¹⁰ Justice and Community Safety Directorate. (2022). [Corrections Management \(Incentives and Earned Privileges\) Policy 2022 \(No. 3\)](#). ACT Legislation Register, p 8, accessed 14 February 2025.



instructions for escalating any challenges. Furthermore, integrating body-worn cameras (BWCs) could support transparency by capturing real-time interactions and reducing reliance on retrospective, unverifiable reports.

Adopting these measures could shift the culture at AMC from one of secret punitive documentation to one of open dialogue and behavioural correction, ultimately supporting a rehabilitative environment that respects detainees' rights and promotes their successful reintegration into the community.



Pillar 2: Respect and Dignity

Recommendations

- Ensure Opioid Maintenance Treatment (OMT) options currently available in the community are made available in custodial settings
- Pilot a Needle and Syringe Program (NSP) in the AMC
- Ensure naloxone programming is embedded as core business and remains in practice regardless of changes to staffing
- Provide overdose response training for at-risk detainees and supply naloxone kits on release
- Expedite medication access and continuity in the AMC Watchhouse
- Establish systematic screening and assessment processes for ADHD and ensure detainees with ADHD are connected with appropriate treatment both in custody and on release
- Provide neurodivergence awareness training to correctional staff
- Guarantee that health and mental health consultations are conducted in a confidential setting
- Reform the Crisis Support Unit (CSU) to ensure it functions as a therapeutic intervention, not a punitive measure

Drugs and harm minimisation

Opioid Maintenance Treatment (OMT)

ACTCOSS supports the provision of comprehensive Opioid Maintenance Treatment (OMT) within custodial settings. Despite previous Healthy Prison Reviews (2019, 2022) identifying barriers to equitable healthcare and medication continuity at the AMC, detainees continue to experience significantly restricted treatment choices compared to the wider ACT community.¹¹ Currently, only Long-Acting Injectable Buprenorphine (LAIB) is routinely available within the AMC, despite community standards providing multiple options such as methadone and suboxone. Limiting OMT choices not only compromises equitable healthcare but also adversely affects detainees' treatment outcomes, especially those who are more marginalised or are continuing drug use. Broadening OMT availability within custodial settings aligns with best practice, promotes detainee wellbeing, enhances rehabilitation outcomes, and addresses recommendations previously raised by the ICS.

¹¹ ACT Inspector of Custodial Services, [Healthy Prison Review of the Alexander Maconochie Centre 2022](#), ACT Government, 2022, pp 171 - 172, 234, accessed 14 February 2025



Needle and syringe program (NSP)

ACTCOSS reiterates the urgent need to pilot a Needle and Syringe Program (NSP) within the AMC.¹² NSPs are a proven harm reduction mechanism that reduce the transmission of blood-borne viruses, protect detainees' health, and enhance staff safety by reducing hidden needle use and associated needle-stick injuries. It remains unacceptable that preventable and curable diseases, such as hepatitis C, continue to be transmitted within the AMC, posing a risk not only to detainees but also to the broader ACT community. Blood borne virus reduction targets within the whole of the ACT community will be very difficult to reach without action in the prison. Prisons act as reservoirs of infection, and better identifying blood borne diseases in the prison is well-understood to improve health in the broader community.¹³ With national data showing around 13% of prison discharges reporting using a needle or other injecting equipment that had been used by someone else while in prisons¹⁴, the AMC requires the immediate implementation of an NSP pilot to safeguard detainee and staff health and align correctional health practices with established public health standards.

Naloxone programming

The necessity of embedding naloxone programming as core business within AMC has been a recommendation consistently highlighted in both the 2019 and 2022 Healthy Prison Reviews and previous ACTCOSS submissions. Naloxone significantly reduces opioid overdose fatalities, and its ready availability in custodial settings is critical due to the high-risk nature of detainee populations. While ACTCS has commendably introduced naloxone into first aid kits and commenced staff training, concerns persist about program consistency and continuity, especially when key staff move roles. Naloxone training should be provided to *all* corrections staff to ensure preparedness and response to opioid overdose, independent of staffing changes.

Given the elevated risk of overdose immediately after release, detainees identified as at-risk must receive overdose-response training while in custody and be provided with naloxone kits as standard practice upon release. Doing so can significantly reduce the risk of overdose fatalities during this vulnerable transition period.

Recognition and support for neurodivergent detainees

Screening and treatment for ADHD

ADHD is significantly overrepresented in prison populations, with an estimated prevalence of at least 21% — substantially higher than in the general community. Despite this, ADHD is often undiagnosed in custodial settings, and detainees

¹² ACT Council of Social Service (ACTCOSS). [Submission to the ACT Inspector of Correctional Services Healthy Prison Review 2022](#). ACTCOSS, 2022, pp 13-14

¹³ M L Ndeffo-Mbah, V S Vigliotti, L A Skrip, K Dolan, A P Galvani, [Dynamic Models of Infectious Disease Transmission in Prisons and the General Population](#), Epidemiologic Reviews, Volume 40, Issue 1, 2018, Pages 40–57

¹⁴ AIHW, Alcohol, tobacco & other drugs in Australia: [People in contact with the criminal justice system](#), accessed 27 February 2025



experience limited access to appropriate treatment. Failure to address ADHD contributes to behavioural issues in prison, increased recidivism, and poorer reintegration outcomes.¹⁵

Evidence shows that ADHD treatment, particularly pharmacological interventions such as stimulant medications (e.g., methylphenidate and dexamphetamine), is effective in managing symptoms and improving cognitive function. Clinical studies indicate that detainees receiving appropriate ADHD treatment demonstrate:

- Symptom reduction
- A decline in critical incidents
- Lower recidivism rates
- Improved management of co-occurring conditions¹⁶

Despite the benefits, pharmacological treatment remains controversial in prison environments due to concerns about diversion and misuse. However, long-acting stimulant medications significantly mitigate this risk, and correctional health services already manage other controlled substances safely. Additionally, research suggests that untreated ADHD presents a greater risk of drug-seeking behaviour and self-medication with illicit substances.

Non-stimulant treatment options, while less effective, may be appropriate for detainees with substance use disorders or contraindications to stimulants. ADHD treatment should also incorporate psychological and educational support to maximise rehabilitative outcomes.

To align with best practices, AMC should implement:

1. Routine ADHD screening upon intake to ensure early identification and intervention.
2. Access to a full spectrum of ADHD treatments, including stimulant and non-stimulant medications, as well as psychological support.
3. Continuity of care on release, ensuring detainees have appropriate referrals and access to community-based treatment services to prevent relapse into offending.¹⁷

Given the strong evidence supporting ADHD treatment in custodial settings, failure to address this issue perpetuates cycles of incarceration and prevents detainees from accessing healthcare that aligns with community standards.¹⁸ Systematic screening

¹⁵ S Grimley & L Bartels, [The need for speed? Exploring the risks and benefits of pharmacological treatment for adult ADHD in prisons](#), Psychology and Law, p 1134-1135, accessed 7 March 2025

¹⁶ Australasian ADHD Professionals Association (AADPA), [Australian evidence-based clinical guideline for attention deficit hyperactivity disorder \(ADHD\), 1st edition 2022](#), AADPA, 30 July 2022, p 152-153, accessed 7 March 2025

¹⁷ Australasian ADHD Professionals Association (AADPA), [Australian evidence-based clinical guideline for attention deficit hyperactivity disorder \(ADHD\), 1st edition 2022](#), AADPA, 30 July 2022, p 154, accessed 7 March 2025

¹⁸ S Grimley & L Bartels, The need for speed? [Exploring the risks and benefits of pharmacological treatment for adult ADHD in prisons](#), Psychology and Law, p 1136, accessed 7 March 2025



and appropriate treatment are essential to improving both individual outcomes and broader correctional goals.

Even if there is no current appetite for the prescription of stimulant medication in the prison, widespread screening would still enable effective treatment after release.

Neurodivergence awareness training for correctional staff

During consultations, people with lived experience of the AMC revealed significant challenges stemming from correctional staff's limited understanding of neurodiversity. One person reported an instance where prescribed medication was withheld as a punitive response to a behaviour, while another described experiencing a disproportionate use of force in response to behaviour that is associated with their neurodivergence. These practices not only compromise detainees' health and well-being but also violate their fundamental rights, contributing to unnecessary distress, behavioural escalation, and heightened tensions within the custodial environment.

Implementing neurodiversity training will equip correctional staff with the knowledge to respond appropriately to neurodivergent behaviour and potentially improve detainee-staff interactions.

Dignity in healthcare and crisis support

Confidentiality and health

Health and mental health consultations at AMC must be conducted in a confidential setting to ensure detainees can access care without fear of stigma or exposure. ACTCOSS has heard it is still commonplace for detainees to have to disclose medical concerns in writing and discuss them through a hatch in the presence of correctional staff and other detainees, undermining their right to privacy and discouraging them from seeking treatment.

While the ACT Government committed to improving privacy in self-referrals during medication rounds following recommendation 15 of the Healthy Prison Review 2022, this does not guarantee confidentiality in all health consultations. Ensuring private spaces for all medical and mental health interactions is essential to upholding human rights, improving health outcomes, and fostering trust in the prison healthcare system.

Crisis Support Unit (CSU)

During consultations, ACTCOSS heard from lived experience advocates who highlighted the stigma associated with admission to the CSU. One advocate described the CSU as “horrible”, suggesting that it is designed to deter detainees from seeking support rather than provide rehabilitative care. Another reported that detainees often choose not to disclose mental health issues out of fear of being placed there. A further account detailed severe privacy concerns for women in the CSU, citing open windows next to toilets and the absence of dedicated shower facilities, limiting how frequently they're able to shower.



These concerns are neither new nor isolated. Recommendation 19 of the Healthy Prison Review 2022 was due for implementation, yet there remains no clarity on whether the CSU will be reviewed or what outcomes are expected. The frustration among lived experience advocates is palpable, as the ACT Government continues to neglect this issue with an unacceptable lack of urgency. If the government is truly committed to ensuring the safety of detainees and the broader community they will return to, it must act decisively. Despite persistent inquiries from JRG members, responses remain opaque or entirely absent — a failure that cannot be ignored.



Pillar 3: Purposeful Activity

Recommendations

- Expand high-quality education and vocational programs — including secure online learning options — so that detainees can acquire marketable skills
- Ensure detainees have access to computers to facilitate education, healthcare, legal counsel, cultural connection, external support services, and maintain family and community connections

Education and vocational programs

Education and vocational training are essential components of rehabilitation, equipping detainees with marketable skills that improve employment opportunities and reduce recidivism. However, at the AMC, access to high-quality education is severely limited, with detainees reporting that only a handful of short courses are available, many of which do not align with realistic employment opportunities post-release.

Current course offerings, such as RSA and barista training, are of little use to many detainees due to parole and Transitional Release Centre (TRC) restrictions on working in licensed venues. The construction course is poorly managed, forcing detainees to give up their jobs to participate, only to be placed on a waitlist afterward, deterring engagement. Meanwhile, those pursuing higher education struggle to access the basic tools needed, with restrictive policies preventing access to essential software and materials. Many drop out due to a lack of institutional support.

Detainees also report that education is treated as a privilege rather than a right, meaning access to study materials, computers, phone calls, and visits are revoked for minor infractions, forcing students to abandon their courses. Limited access to computers further restricts detainees from participating in education.

To address these issues, AMC must expand and modernise education programs, including secure online learning options that allow detainees to access a broader range of courses from providers like CIT. Education should focus on practical, employable skills upon release, that carry industry-recognised certifications. Additionally, ensuring that computers are widely available, education officers are adequately trained, and policies do not arbitrarily block educational materials, will enable detainees to fully engage with their studies and increase their chances of successful reintegration.

Access to digital resources and communication

There are broader concerns here, with limited computer access preventing detainees from engaging in essential activities that support rehabilitation, reintegration and their basic rights. Without reliable computer access, detainees struggle to pursue



education, access telehealth, communicate with legal counsel, apply for parole, communicate with their case managers, make complaints or access AMC policies. Such barriers contribute to delays in legal proceedings, exclude detainees from higher education opportunities, restrict access to legal counsel and healthcare and reduces transparency within the prison.

Digital access is also critical for maintaining connections with family, community, culture and external support services – all of which are essential for successful rehabilitation and reintegration.



Pillar 4: Rehabilitation and Preparation for Release

Recommendations

- Ensure programs are made available to detainees while on remand so that it does not delay parole applications once they are sentenced and eligible for parole
- Ensure call rates match community standards and remove phone calls from punitive measures, recognising that regular, reliable communication with family, legal counsel, and support services is essential to detainee rehabilitation
- Reinstatement of the technology that enables Audio Visual Link (AVL) professional visits within accommodation units
- Establish dedicated ATOD rehabilitation services tailored for women in custody
- Expand financial counselling and support services
- Expand the justice housing program
- Explicitly protect the rights of children with a parent in custody in ACT inspection standards and ACTCS policy
- Strengthen external service integrations but removing unnecessary barriers to accessing essential legal, financial, health, behavioural and disability support

Detainees on remand

Denying detainees on remand access to programs at the AMC is an illogical and counterproductive policy that creates unnecessary barriers to rehabilitation and release. Numerous accounts from people with lived experience highlight the frustration of being excluded from programs while on remand, only to find themselves immediately eligible for parole upon sentencing — but unable to be released due to not having completed required programs.

This policy prolongs incarceration unnecessarily, imposing additional costs on detainees, their families, and the broader community. It also places an unnecessary financial burden on the prison system and taxpayers, as people who could be safely reintegrated remain in custody solely due to administrative barriers, rather than risk-based considerations.

Telephone calls

The current standard of one 10-minute call per week is entirely inadequate, particularly for detainees who are parents. The rights and wellbeing of children with



incarcerated parents appear to have been overlooked, despite strong evidence that maintaining parental bonds is crucial for a child's emotional stability and long-term wellbeing. Setting the minimum standard at 10 minutes per week not only disrupts family relationships but also negatively impacts children who rely on these interactions for reassurance and connection. This impact will be felt disproportionately for Aboriginal and Torres Strait Islander Children given the disproportionately higher rates of incarceration of Aboriginal and Torres Strait Islander people in the ACT.

ACTCOSS has been informed by the telecommunications provider that ACTCS sets the cost of phone calls. Another JRG member has been informed by ACTCS that they set the price at which the provider charges to them. While it is understood that embedded networks within correctional facilities increase operational costs, the current call rates remain unjustifiable when compared to detainees' extremely low wages, which range from \$15.30 per week for unemployed detainees to a maximum of \$61.56 per week for the highest-paid workers.¹⁹ A single 10-minute call now costs \$1.87, meaning a detainee earning the lowest income would need to wait more than a full day just to afford one call. Even those earning the highest wage struggle to afford consistent communication, making phone calls inaccessible to many.

This issue is further exacerbated by the persistent failure to implement alternative communication options. In-cell tablet technology rollouts are consistently delayed, computers in the prison are increasingly unavailable, and AVL (Audio-Visual Link) systems in units are largely out of order. With fewer alternatives to phone calls, detainees have an even greater reliance on telecommunication, yet call costs remain disproportionately high. If ACTCS expects phone calls to serve as a substitute for other communication methods, call costs must be lowered to reflect this increased dependence.

Additionally, detainees report ongoing issues with how phone calls are counted, further restricting their ability to stay connected. A missed call is counted as a completed call, meaning that if a call goes to voicemail, detainees lose their opportunity to call back or contact someone else. Other jurisdictions, such as Queensland, allow up to 60 seconds before a call is deducted, ensuring that detainees do not lose their single weekly opportunity to speak to loved ones due to circumstances beyond their control.

These barriers increase stress, disrupt family and cultural connections, and hinder detainees' ability to prepare for reintegration, ultimately undermining community safety by making release more destabilising.

In line with least restrictive practices and rehabilitative principles, phone calls should be priced at community-equivalent rates and no longer considered a privilege but a right. Additionally, ACTCS must urgently modernise its telecommunication system, ensuring detainees have equitable access to digital communication tools that reflect evolving community standards.

¹⁹ Inspector of Custodial Services, *Report of a healthy prison review of the Alexander Maconochie Centre*, ACT Government, November 2022, p 191



Accessing professional visits

The ability to access professional visits, including legal counsel, telehealth appointments, child visitations, and external support services, is fundamental to detainees' rehabilitation and reintegration. ACTCOSS has heard that the AVL capabilities within accommodation units are not currently being utilised and has severely restricted detainees' access to these essential services.

With only two designated rooms within the visits area for AVL professional visits, over 400 detainees are left competing for limited access, which we expect causes substantial delays and prevents detainees from engaging with critical services when needed. We note that the 2022 Healthy Prison Review recommended expanding the use of telehealth for specialist consultations (recommendation 17)²⁰, yet it appears unlikely this could be fulfilled with the current state of telecommunications in the AMC.

The absence of in-cell technology and the limited number of computers across the facility, coupled with high call costs relative to wages, further exacerbates communication barriers. Until technological infrastructure is improved, ACTCS must reinstate AVL capabilities within accommodation units to ensure detainees can access legal, medical, and support services in a timely manner. Additionally, alternative solutions should be explored, such as utilising available tablets on Mondays and Tuesdays when personal visits are not scheduled, as not all professional visits require private rooms. Implementing these measures will alleviate the current backlog and ensure detainees can engage with essential services that support their rehabilitation.

Addressing the social determinants of crime

The factors that drive incarceration, such as poverty, homelessness, substance dependency, financial instability, and lack of support services, must be addressed to break the cycle of justice system contact. Detainees require comprehensive social and financial supports to facilitate rehabilitation and prevent recidivism.²¹ This necessitates investment in specialised rehabilitation programs, financial services, housing solutions, and family support to provide detainees with the stability they need post-release.

Rehabilitation Services for Women

Unlike male detainees, women in AMC currently do not have access to a dedicated alcohol and other drug (ATOD) rehabilitation program. With no equivalent to the Solaris program for men, women are left without structured treatment pathways. A gender-specific rehabilitation service must be established to provide women with tailored support, particularly given the unique challenges they face, including higher rates of trauma, domestic violence, and caregiving responsibilities.

²⁰ Inspector of Custodial Services, *Report of a healthy prison review of the Alexander Maconochie Centre*, ACT Government, November 2022, p 159

²¹ R McCausland and E Baldry, 2023, [Who Does Australia Lock Up? The Social Determinants of Justice](#), *International Journal for Crime, Justice and Social Democracy* 12 (3):37-53



Financial Counselling and Support Services

Financial hardship is a key driver of both incarceration and recidivism. Without access to financial literacy programs, debt management services, and support for securing identification documents, detainees face significant barriers upon release. Currently, Care Financial provides financial counselling for women but lacks resources to extend the service to men. Similarly, detainees often leave AMC without valid identification, preventing them from accessing government services, employment, and housing. Expanding financial support programs will ensure detainees can navigate debts, secure stable finances, and access necessary documentation, preventing economic hardship from leading them back into the justice system.

Justice Housing Program

Stable housing is one of the most critical factors in reducing reoffending. However, detainees exiting AMC frequently face homelessness due to a lack of suitable bail accommodation and the limited availability of transitional housing. Without a safe and stable living environment, individuals are at heightened risk of reoffending. The Justice Housing Program must be expanded, with a focus on accommodating people with complex needs, as well as offering one- and two-bedroom dwellings to support those with children or who are unable to live in shared environments.²²

Protect the rights of children with a parent in custody

It's estimated that 50 percent of the prison population are parents, yet there is no formal system to support their children.²³ Parental incarceration disproportionately affects Aboriginal and Torres Strait Islander children due to the overrepresentation of Indigenous people in the justice system.

ACTCOSS notes Standard 80 of the *ACT Inspection Standards*, which states that *the specific needs of primary caregivers with infants and children must be met*, and Standard 76, which ensures that *disciplinary processes for detained women are fair, reasonable, and gender-responsive, without unduly affecting their children*.²⁴ However, there is concern that punitive measures imposed on detainees may indirectly infringe on the rights of their children. Phone call restrictions and visitation bans should never be used as disciplinary actions when they impact a child's ability to maintain contact with their parent and the standards should reflect this explicitly.

Additionally, the current minimum standard of one 10-minute phone call per week is grossly inadequate for parents with an existing relationship with their child/ren while in custody, particularly for detainees with multiple children. If a detainee has three children for example, they are left with just over three minutes per child per week, making meaningful communication impossible. Children with incarcerated parents

²² H Taylor, L Bartels, P Rehill, G Wong, & E Liu, [Process evaluation of the Justice Housing Program](#), Australian National University, 2023, p 105, accessed 30 January 2025

²³ C Flynn, [About 43 000 Australian kids have a parent in jail but there is no formal system to support them](#), The Conversation, 24 February 2022, accessed 14 February 2025

²⁴ ACT Inspector of Custodial Services, *ACT Inspection Standards for Adult Correctional Services* Version 2 (2024), ACT Government, p 56, 80



are already at heightened risk of adverse life outcomes, including increased vulnerability to justice system involvement.²⁵

Parental incarceration is recognised as an Adverse Childhood Experience (ACE), with well-documented links to long-term negative impacts on mental health, education, and future interactions with the criminal justice system. Children with incarcerated parents face heightened risks of instability, trauma, and social disadvantage, making it essential that policies and practices within AMC mitigate these harms rather than exacerbate them. ACTCS policy and *ACT Inspection Standards* should explicitly reflect their responsibility in minimising the impact of parental incarceration by ensuring consistent, meaningful contact between parents and children.

Removing barriers to external support services

Community organisations play a crucial role in supporting rehabilitation and reintegration, yet many face significant hurdles in delivering services at the AMC. Service providers consistently report that bureaucratic obstacles, lack of clear communication, and last-minute changes prevent them from running programs effectively. Recently, ACTCOSS has struggled to engage a detainee in JRG meetings due to logistical barriers, including technical restrictions on the prison's computer systems and unexplained early terminations of professional visits. These unnecessary administrative roadblocks hinder detainees from accessing legal, financial, health, and behavioural support, ultimately weakening their rehabilitation outcomes.

To strengthen rehabilitation efforts, the AMC must streamline access for external service providers, remove unnecessary bureaucratic barriers, and ensure detainees can fully participate in programs that support their reintegration.

²⁵ H Connolly, [*Join the Dots: considering the impact of parental incarceration on children and young people*](#), Commissioner for Children and Young People, South Australia, 2022.

Thank you

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