



**LEGISLATIVE ASSEMBLY FOR THE  
AUSTRALIAN CAPITAL TERRITORY**

**STANDING COMMITTEE ON LEGAL AFFAIRS**

(Reference: [Inquiry into Annual and Financial Reports 2024-25](#))

**Members:**

**MS C BARRY (Chair)**  
**MR T WERNER-GIBBINGS (Deputy Chair)**  
**MR S RATTENBURY**

**TRANSCRIPT OF EVIDENCE**

**CANBERRA**

**MONDAY, 17 NOVEMBER 2025**

**Secretary to the committee:**  
**Ms K de Kleuver (Ph: 6207 0524)**

**By authority of the Legislative Assembly for the Australian Capital Territory**

Submissions, answers to questions on notice and other documents, including requests for clarification of the transcript of evidence, relevant to this inquiry that have been authorised for publication by the committee may be obtained from the Legislative Assembly website.

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*Amended 20 May 2013*

## **The committee met at 3.45 pm.**

Appearances:

Paterson, Dr Marisa, Minister for Police, Fire and Emergency Services, Minister for Women, Minister for the Prevention of Domestic, Family and Sexual Violence, Minister for Corrections and Minister for Gaming Reform

Justice and Community Safety Directorate

Johnson, Mr Ray, Acting Director-General

Blount, Ms Wilhelmina, Acting Deputy Director-General, Community Safety

Close, Ms Leanne, Commissioner, ACT Corrective Services

Taylor-Dayus, Mr James, Acting Assistant Commissioner, Custodial Operations, ACT Corrective Services

**THE CHAIR:** Good afternoon, and welcome to the public hearings of the Standing Committee on Legal Affairs for its inquiry into annual and financial reports for 2024-25. The committee will today hear from the Minister for Corrections.

The committee wishes to acknowledge the traditional custodians of the land we are meeting on, the Ngunnawal people. We wish to acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region. We would also like to acknowledge and welcome other Aboriginal and Torres Strait Islander people who may be attending today's event.

This hearing is a legal proceeding of the Assembly and has the same standing as the proceedings of the Assembly itself. Therefore, today's evidence attracts parliamentary privilege. Giving false or misleading evidence is a serious matter and may be regarded as contempt of the Assembly.

The hearing is being recorded and transcribed by Hansard and will be published. The proceedings are also being broadcast and webstreamed live. When taking a question on notice, it would be useful if witnesses use the words, "I will take that question on notice." This will help the committee and witnesses to confirm questions taken on notice from the transcript.

Please note that, again, as witnesses, you are protected by parliamentary privilege and bound by its obligations. You must tell the truth. Giving false or misleading evidence will be treated as a serious matter and may be considered contempt of the Assembly.

As we are not inviting opening statements, we will now proceed to questions. My first question is around literacy and numeracy at the AMC. A recent question on notice revealed that AMC does not have literacy and numeracy programs for prisoners. All there is, is a volunteer providing some literacy instruction. This reflects well on the volunteer, but poorly on the government. The government says that it is developing a literacy and numeracy program. Minister, how widespread is poor literacy and numeracy among prisoners?

**Dr Paterson:** Thank you for the question. The point is that we do not really know how widespread it is. Currently, through the Confiscated Assets Trust, there has been some

money allocated to have a bit of a look at the baseline levels of literacy and numeracy within the AMC.

Recently, I met with the newly established Detainee Education, Industry and Rehabilitation Board. They spoke with me about the work that will be carried out over the next six months to get that baseline understanding of literacy and numeracy levels. That will inform future program investment and development.

I will ask Commissioner Close to speak in a bit more detail about that work.

**Ms Close:** We recognise that literacy and numeracy levels are lower amongst the detainee population generally. It is a really high focus for us to understand what those levels are. We are improving our induction screening tools as well, to ask people what their last level of schooling was, because that will give us some base information.

The program that the minister spoke about, that we have currently under the Confiscated Assets Trust Fund, is a pilot to assess and do some surveys of detainees and understand their levels. That will inform the types and range of programs that we may need to provide to them into the future.

**THE CHAIR:** With the volunteer that is currently there, what is informing the services that they are providing?

**Ms Close:** It is a program that is open to detainees to ask for support. With most of them, on induction, we will ask some similar questions, and they can volunteer to go and do that level of training. There is a lot of information provided to detainees about the types of activities, programs and other services available to them. It is a self-identified process.

**Dr Paterson:** At the moment, that is a limitation as to where things are at. We are grateful for this funding to be able to start to provide that baseline understanding of the levels of literacy and numeracy across the prison, a snapshot in time, and be able to assess what a literacy and numeracy program might look like in the AMC.

One of the things that I heard is that there is a lot of stigma associated with literacy and numeracy education. We are learning from other jurisdictions and other prisons that have looked at different ways to be able to implement that type of education. Often it does have very low uptake. We recognise that there is an opportunity for detainees, when they are in custody, to be able to support them. If they are provided with basic literacy and numeracy, that will assist them in contributing, and in taking up other programs and educational activities.

**THE CHAIR:** For how long has this volunteer been providing this instruction?

**Ms Close:** For quite a number of years. I do not know exactly how many years. We are really grateful for the work and support that they have been providing. It has provided a level of consistent service as well. I have heard some other examples of detainees saying that they have forgotten their glasses, and other things. Different detainees give them some assistance, as well as this provider of literacy and numeracy.

**THE CHAIR:** This person has been providing—kudos to them—this service for some time. Was there no time when anyone thought, “Wait a minute; we need to formalise this process and offer more”?

**Dr Paterson:** Exactly that conversation has been had. That is why the attorney has released some funding for this detainee literacy and numeracy assessment process. That is exactly what we are doing. While we are incredibly grateful for the volunteer’s work and support, and she can likely continue that work, we need a more formalised process. That is exactly what we are doing now.

**THE CHAIR:** We have been talking about reducing recidivism for some time now. I would have thought that part of reducing recidivism is that this program would have been formalised years ago. As you said, Minister, it does affect the uptake of other services and courses that are available. If the literacy and numeracy of detainees are not at a level where they can confidently engage in programs, how are we going to reduce recidivism?

**Dr Paterson:** Yes. Commissioner Close has been in the role for coming up to a year. I have been in the role for a year. We can speak to the decisions that we have made over the time that we have been in this role. It has been recognised by both of us that there is a substantial gap here. That is why we are working to address that, understand the levels of literacy and numeracy, and support detainees in subsequent education.

**THE CHAIR:** You said that there is some work being undertaken to develop a pilot project. Can you tell me more about the scope of that work?

**Ms Close:** That is a part of this Confiscated Assets Trust Fund project, Ms Barry. Initially, we will be surveying as many of the detainees who would like to participate in the survey as we possibly can, to get some baselines around what the levels of literacy and numeracy are. We are also looking at some other providers to come on board to deliver specific programs at the various levels in a more sustained way.

**THE CHAIR:** Thank you for that. The point I am trying to make here is: shouldn’t it be part of your intake form to say, “Did you finish year 10? What level of education?” That is basic information—

**Ms Close:** Yes.

**THE CHAIR:** Do we need a survey to be able to determine that, if we could just do it as a form?

**Ms Close:** That is true, but people have different levels of literacy and numeracy skill as well. It is about getting that baseline so that we can understand what the vast majority of the population require. Some people are doing university degrees, TAFE qualifications, or CIT-type qualifications. There is a broad range of needs for all detainees in the AMC. We have to try and cater for each of the various needs.

**THE CHAIR:** My understanding of what you are saying is that the work would not just be asking the detainees for what level of education they have attained; it would go broader than that and ask more questions. Is that right?

**Ms Close:** A testing process, yes.

**THE CHAIR:** What else would be included in that scoping work?

**Ms Close:** That is predominantly what we are looking at. That is the scoping work. It is then about engaging providers to deliver the gaps in literacy and numeracy, like which skills are needed.

**MR WERNER-GIBBINGS:** The list of employment training courses available at the AMC, on page 79, is quite impressive. But the completion rates range from 100 per cent to as low as 11 per cent—extremely variable completion rates. Could you outline the factors that are influencing the completion rate? Is it the course? Is it who presents it? Is it how many people are doing it?

**Ms Close:** Again, because the population of detainees is not a static thing, some people come in for much shorter sentences. Some are remanded and bailed—

**MR WERNER-GIBBINGS:** Some people might start a course, then be released and not complete it.

**Ms Close:** That is exactly right. That sometimes limits completion rates. Sometimes detainees get other opportunities in different programs. They might not finish one; they might go to a different one. It is quite diverse in terms of what affects various completion rates.

**Dr Paterson:** And potentially literacy and numeracy.

**MR WERNER-GIBBINGS:** With the courses themselves, how is the training for prisoners resourced? For example, is there an FTE of dedicated trained staff? Is it about the training facilities that are available?

**Ms Close:** For most of these, we bring in providers who have the skill set available to deliver the course. For others, we have people on staff who assist. With the certificate II in cookery, for example, we have people on staff who have oversight, who have training and a skill set in relation to cookery, and they oversee people undertaking the cert II, as well as delivering on-the-job training.

**MR WERNER-GIBBINGS:** I want to go back to the courses. I forgot the question that I wanted to ask. Not counting completion rates, what are the top three or the top five most popular courses? There would be a number of ways that you would assess popularity—perhaps the amount of applications or the amount of courses started. Do you have some sort of breakdown?

**Ms Close:** At page 79, as you have identified, the enrolled numbers give an indication of some of the most popular ones. Construction is a great pathway for opportunities into the community as well. With cookery, and the bakery, they are industry opportunities within the AMC itself. People like to participate in those programs. There are some base skills; the foundational skills course is a bit of a base skill for people entering some of the other programs. Practice in safe food handling, for example, is one that people

need to complete prior to being in the bakery or the cooking area.

**MR WERNER-GIBBINGS:** I saw the enrolled numbers, but someone might apply for a course and not get a position, for various reasons, or not have the opportunity to undertake it, or be enrolled. There would be a difference perhaps between applicants for a course and enrolled numbers for a course. Do they tend to correlate?

**Ms Close:** I would have to take that on notice.

**MR WERNER-GIBBINGS:** Okay; that is all right. I would be quite interested to see. There might be a way of doing some more work—

**Dr Paterson:** Mr Rattenbury has asked this question previously around waiting lists. It may have been Ms Barry. There was a question taken on notice at some point around this. The response was that, if people want to do programs, there are lists of people who are waiting and ready to do programs. As these courses are run, only set amounts of people can do them. They are prioritised in terms of when they know that their release may be coming up or when they know that they may need to finish these courses. They are prioritised against other people who might have longer sentences.

The idea is that if anyone wants to do a course, they can do a course. Obviously, there are constraints in terms of not being able to run every single course all the time. They are run throughout the year. This is part of the work that this Detainee Education, Industry and Rehabilitation Board is looking at, in terms of priorities regarding educational opportunities, and what detainees' priorities are. What courses do they want to do? As the commissioner said, there is a range of basic certificates that are quite popular, because they allow people to leave AMC and go into employment opportunities.

With this board that has been set up, part of its work is to look at what educational opportunities are a priority for detainees, where there are gaps within the ACT, and looking to prioritise courses that tap into those things.

**MR WERNER-GIBBINGS:** The budget available at AMC for employment training for prisoners: is there a number?

**Ms Close:** There is a number. I do not have the specifics broken down by programs, or even a total, here today. We could certainly take that on notice.

**MR WERNER-GIBBINGS:** I am grateful; thank you.

**THE CHAIR:** How often are these programs reviewed for appropriateness?

**Ms Close:** Regularly. Some of the certificates II and III are through other providers. Because they come from a registered training organisation, they are required, under the registered training organisations qualifications framework, to review, and to have quality assurance mechanisms in place.

The program, for example, that provides for working safely in the construction industry, the white card, only takes a few days. It is an industry-recognised qualification. It is a

short program, so more people can complete that program, as an example. It also has a lot of ability to be used in the community and in employment.

**THE CHAIR:** I was not really clear about the question. My question is: do you review those programs in light of what the detainees need?

**Ms Close:** Yes.

**Dr Paterson:** Yes.

**THE CHAIR:** Looking at the list, and while I appreciate your comments, Mr Werner-Gibbins, this is basic training for detainees who have no prior qualification or experience, prior to coming into the AMC. Some detainees have said, “They are not appropriate because we have passed that level.” How do you ensure that the programs that are offered are suitable for the detainees?

**Ms Close:** That is a role for the Detainee Education, Industry and Rehabilitation Board to assess some of that, and to ask the detainees what programs they want. With 472 detainees with various backgrounds and degrees, we cannot provide different educational opportunities to meet every single person’s need. We do have higher education; we have these sorts of certificate programs, as well as some short courses, and other activity-based ones.

More recently, for example, from listening to what detainees want and understanding what some of the offending is, we introduced a driver skills program, in conjunction with a provider. They came in with equipment and a 3D machine so that people could undertake safe driving skills in the AMC. We delivered that to female and male detainees.

We are trying to keep up to date with what detainees may want. We are working with other ACT directorates in terms of the employment skills market that we are trying to target. It is a complex business, though, to try to meet all those different needs.

**Dr Paterson:** Also, Ms Barry, sometimes people’s life trajectory has changed quite significantly when they are in custody. Their life direction will need to alter, and they will need to reskill in other areas. Where they were employed previously may not be appropriate any longer. Again, this board that has been set up is designed to understand the needs of trainees and to meet the needs as broadly as we can.

**MR RATTENBURY:** I have been told that the two chaplains in the chaplaincy program in the AMC have been advised that their program funding has been discontinued, with a direction to cease service delivery last Friday, 14 November. Is that the case?

**Dr Paterson:** Yes. I was asked this question on radio this morning and I sought advice from the commissioner. I will hand over to Commissioner Close to answer that.

**Ms Close:** Yes, it has been, Mr Rattenbury. We have had various chaplaincy services, and continue to have chaplaincy services, in the AMC. It is an important part of supports for detainees who want that spiritual connection. For example, this week we have an

imam coming in, we have Yeddung Mura providing spiritual support to Aboriginal and Torres Strait Islander people, and we have other general chaplaincy services for people of other faiths that are happening this week and every week.

Yes, we have looked at this over a long period of time, in terms of the funding available. There was significant funding available from 2019 to 2023, for example, when over a million dollars was provided for chaplaincy services. We were then required, at the end of contracts, to go out to tender again. We went out in 2023, but we could not achieve value for money in relation to that process. The pricing significantly exceeded the budget available.

In 2024, we went out again, with a request for quotes, and we did not receive any tender responses. That request for quote process was completed and terminated in March this year.

In more recent times, we have been looking at other options for delivery of services. Other directorates have a volunteer basis for various chaplains to come in. As well as the imam and Yeddung Mura, we are also looking at other volunteer services that are provided to different directorates.

**MR RATTENBURY:** Can you tell me when the chaplains were informed of the ceasing of this program, and how were they told?

**Ms Close:** I asked my team to speak to them personally, which they did. I also sent the chaplains a letter from my office.

**MR RATTENBURY:** When did that occur?

**Ms Close:** About three weeks ago. I could take on notice the exact date. It was within the last month.

**MR RATTENBURY:** It seems very close to the end of the service offering period.

**Dr Paterson:** There was a request for quote that went out, seeking advice from different providers about continuing the service, but no-one put in a quote, so the decision has been made.

**MR RATTENBURY:** Are there other programs or services like this that have ceased in recent times, or is this an unusual case?

**Ms Close:** No, we are constantly reviewing all the service delivery and provision, whether it is education or other activities, in line with contracts ending and requests for quotes going out. There have been several others that have not met the value-for-money thresholds either. We are constantly re-prioritising those decisions and outcomes. We also look at what we deliver internally versus whether we need to have a different approach to the delivery of service.

**MR RATTENBURY:** Can you give us an insight into how a chaplaincy program does not meet the value-for-money threshold? How is that measured?

**Ms Close:** We have a certain budget envelope available. In 2024, no tenders or quotes came through, so there was no-one to choose from, for the actual services.

**MR RATTENBURY:** The quantum was indicated, and nobody felt that they could provide the service?

**Ms Close:** That is it. We look at history, as well, in terms of what we think it costs. Sometimes we do jurisdictional scans to understand what is available or we look at models in other services.

**MR RATTENBURY:** Forgive me if this is the wrong way to ask, but what was the remit of the people who were in the roles? What faiths were they meeting? What I am trying to get to is—

**Dr Paterson:** Just Christian.

**Ms Close:** Christian faith, yes.

**MR RATTENBURY:** You said you have a couple of volunteers at the moment, an imam and Yeddung Mura?

**Ms Close:** We are still having our Christian faith services, chapel services, every week as well. People are volunteering to come in and deliver that for us. We will look to make sure it is sustainable by seeing how other directorates are engaging different faiths.

**MR RATTENBURY:** Has this decision been communicated to the detainees for this outcome?

**Ms Close:** I would have to take that on notice. The chapel services are still going. I will find out what advice has been given. The chaplaincy services are still there and available to them at the moment.

**MR RATTENBURY:** Through the two volunteers?

**Ms Close:** Yes, and Yeddung Mura and the imam.

**MR RATTENBURY:** That is what I meant. They are the two volunteers?

**Ms Close:** Plus, as I said, the Christian chapel service is ongoing.

**MR RATTENBURY:** That is a group service as opposed to a one-on-one chaplaincy model?

**Ms Close:** Yes. If detainees reach out and want some additional support in that respect, we will make sure that we can accommodate that, by reaching out to other groups in the community.

**MR RATTENBURY:** Off the back of the question about literacy and numeracy, it seems quite a few of these services are led voluntarily at the AMC.

**Ms Close:** No, there are still a lot that are paid for through contracts or delivered by correctional staff as well.

**MR BRADDOCK:** The Official Visitors report describes how eligible detainees were unable to vote, despite the fact that we have compulsory voting in Australia. One would expect the government, when it has people in remand, would be obliged to do everything possible to assist them in undertaking what is their legal obligation to vote. How did this fail, despite the fact that we have had compulsory voting here for over 100 years?

**Dr Paterson:** Detainees are able to vote in an election, and it is a priority to be able to support them to vote.

**MR BRADDOCK:** Is it really? From reading the Official Visitors report, that did not come through. They were not informed as to how they should enrol or vote. It does not sound like a priority for the government to enable them to do so.

**Ms Close:** I will answer some of that. I might ask Acting Assistant Commissioner James Taylor-Dayus to talk about how we prioritise that for detainees.

We provide a lot of information to detainees through a number of forums—PrisonPC, other messaging through their delegates. Information was provided in hard copy. The Australian Electoral Commission also came to the AMC to assist with the voting process, and detainees were also offered the opportunity to do a postal vote.

**MR BRADDOCK:** Thank you for that response, Commissioner. Why does the Official Visitors report say that they had received a response from senior management advising that they would do better next time? What will you do better next time that you did not do this time?

**Ms Close:** I meet quarterly with the Official Visitors, and we talk through each of the issues that they identified in their annual report and quarterly reporting. They said there were some detainees who felt they did not know about the information. I said that we would make sure that we get even more information out through delegates, through pamphlets et cetera, next time, to ensure that no detainee felt they did not have that opportunity.

**MR BRADDOCK:** It is good to have the info, but if you are locked in your cell and cannot move around, in order to access a computer, how can you actually fulfil your democratic obligation of enrolling to vote or updating your details?

**Ms Close:** Because we give them that assistance. The Electoral Commission came out and provided that support to them as well.

**MR BRADDOCK:** Given what we were talking about earlier, the literacy of the detainee population, how were they meant to be able to navigate this situation without additional government support to ensure they could fulfil their compulsory duty?

**Ms Close:** We also have case management support for detainees; we have people who are providing them with any assistance. If they let us know, we will make sure that they

have additional support to be able to understand the forms. Again, as I said, the Australian Electoral Commission is quite well versed in how they support vulnerable communities, and in making sure that people who want to vote are able to be on the roll and are given that opportunity to vote and understand the forms.

**MR BRADDOCK:** Just to confirm, going forward, corrections will have less reliance on notices going through the computer system and there will be a greater number of written and printed notifications about upcoming elections? Is that what is going to happen?

**Ms Close:** That is our intention, yes.

**MR BRADDOCK:** How will we ensure that that actually happens, given that it is three years until the next election?

**Ms Close:** There are federal elections as well, and other things. We work closely with the Electoral Commission to make sure that detainees are on the roll and can vote.

**MR EMERSON:** I have a couple of questions about the AMC. There is a range of research showing the extent of bloodborne diseases, and this has obviously been acknowledged by the government—the need for regulated needle-and-syringe programs in correctional centres across the country. We know that injecting drug use is much higher among people in custody. The Australasian Society for Infectious Diseases has found that one in seven people reported injecting while they were in prison. Why then is it the ACT government's position not to introduce a needle-and-syringe program?

**Dr Paterson:** Basically, the risk to officers. That has long been discussed and debated in this forum with previous ministers on multiple occasions. From the workforce point of view, there is not a level of comfort with the idea of having needle-and-syringe programs within the AMC. That is why officers are working to understand the level of drug use, to understand who may be drug users within AMC. There are different ways you can go about trying to make injecting drug use safer, in terms of providing alcohol swabs and things like that to detainees.

Obviously, using drugs within prison is pretty dangerous, in terms of what you may be taking and how it may react in your body. We have seen this through multiple coronials—the impacts of drug use in prison. A lot of work has been carried out to address contraband in the prison over the past year. I will ask Ms Close to speak about that. Also, a lot of work has been done around hepatitis testing, both within community corrections and within AMC. There is a lot of education work and a lot of community support work happening to try and address this issue. I will hand over to Ms Close.

**Ms Close:** We work closely with Canberra Health Services and Winnunga, in terms of this issue, and all health-related matters. In October this year, we released the ACTCS Drug and Blood-borne Virus Strategy, which is around harm minimisation and reducing supply.

As the minister said, we have provided hepatitis C testing, in conjunction with Hepatitis ACT, in the AMC. We have ongoing testing in community for offenders who are on

parole orders or other orders, that come and report to us and provide additional information in relation to those sorts of issues. There is a lot of work going on in terms of trying to reduce the harm from illicit drugs.

**MR EMERSON:** I understand the concern of staff around having needles there, but there are needles there, and they are dirty. They are being hidden, presumably, in cells that are then searched by our corrections staff, which seems to me more dangerous. Can you explain the logic of that?

**Dr Paterson:** This is the perpetual debate and discussion. Obviously, there is a view that having a syringe program within AMC will increase the risk to correctional officers. We need to respect that and work with them.

At this point, there has not been any change in this conversation over the last few years that has managed to reduce that level of concern. The officers, as you will see in the annual report, conduct significant searches of cells, to understand the level of contraband and to find contraband. They report on this, which is also reported on page 67 of the annual report. Recognising that, absolutely, it is not safe, if officers do come across needles, syringes, sharps or whatever within the prison—and they do—they manage these cell searches very carefully with that known risk. But it is a perpetual conversation.

**Mr Johnson:** To add to the consideration, I think there are two other points to be made. One is that, if you look at the number of sharp incidents and detections, in 2023-24 it was 24, and in 2024-25 it was 28. I think it is 11 for this year. They are not insignificant, but if you had a needle program, the numbers in the centre would be higher than that. There is downward pressure on that because they are not allowed in the centre. And they can be used for other purposes, so they can be weaponised, which is a concern for officers not only against themselves, but against other detainees. Whilst it is a balance, there are one or two things that trip the balance and tilt it the other way.

**MR RATTENBURY:** Picking up on your point, Minister, which I think you made well, my understanding is that it is the enterprise agreement for prison officers which prevents the adoption of such a policy without the consent of the prison guards. That is the case, isn't it?

**Dr Paterson:** I believe it is to do with that, yes.

**MR RATTENBURY:** I understand that, with respect to the provision that was put in place in the enterprise agreement, Chief Minister Stanhope was the responsible minister at the time for that enterprise agreement; is that also your understanding?

**Dr Paterson:** I am learning this from you, yes.

**MR EMERSON:** I will assume it is accurate, with parliamentary privilege and all.

**Dr Paterson:** Yes, I am assuming it is accurate, Mr Rattenbury.

**MR RATTENBURY:** The historical briefs will show the record.

**THE CHAIR:** Going back to the education programs, for the list that is in the annual report, are they listed based on when they are offered and the frequency of the offerings? Do you have that detail?

**Ms Close:** They are not in the annual report in that level of detail, no. That is because the list is quite extensive, but we do not offer everything all at once, and it depends on the detainees' needs. We have a plan of the various programs and activities over the next 12 months, and we try to ensure that we do not stop any of those programs. We do not have that in the annual report, no.

**THE CHAIR:** Would you be able to take on notice in the last 12 months a timetable for which programs have been offered and the frequency?

**Ms Close:** Yes, I can take that on notice.

**THE CHAIR:** Thank you. I have a question on contraband. Minister, a question on notice answered earlier this year showed 207 instances of contraband confiscation at the AMC until March this year. Your predecessor, Mr Gentleman, warned the Assembly in 2022 that the AMC faced a heightened risk of detainees carrying dangerous contraband on admission. I want to understand what work you have done since then to increase the detection of contraband.

**Dr Paterson:** This is a good question because there has been significant work done on this over the last year or so. We have seen the installation of body scanners within the AMC. There are two body scanners there now that are able to scan detainees and potentially detect for contraband. There is a canine unit that works in the prison to detect contraband. There are cell searches that are regularly conducted, and staff searches are also conducted.

There is an intelligence-gathering team within AMC that work very hard to gather intelligence around what may be entering into AMC or circulating, or what has entered into AMC. On the corrections website, anyone from the public can report any potential contraband or any intelligence that they might have. We come at this from a raft of different ways, and it is for the safety of officers and the safety of detainees that it is a priority.

**Ms Close:** Also, the safety of any visitors or other people entering the AMC, of course.

**THE CHAIR:** Tell me more about the body scanners. Is it prior to entry or during activities? How does it work?

**Ms Close:** On entry to the AMC, new inductees—new offenders entering or detainees entering the AMC—will receive a body scan. We are also now looking to procure and install one at the court transport unit, as another measure, so that we will have three body scanners in operation. As well as during induction into the centre, we will randomly search detainees after visits, for example. They will go through the body scan if their number is called after a group visit and we will search them then.

**THE CHAIR:** How do the canine units work?

**Ms Close:** Money was provided to Corrective Services under the Blueprint for Change program several years ago. One of the key initiatives was the introduction of canines. The canines are trained to detect contraband such as illicit drugs. They are also trained in other contraband and finding things—metal-type electronics, USBs, phones and those sorts of things. The canines are routinely working with our security team on intelligence, doing cell searches, searches of visitors et cetera.

**THE CHAIR:** Part of the cell search is that you have the canine unit there as well?

**Ms Close:** Yes, that is right.

**THE CHAIR:** Documents released under FOI earlier this year showed 23 suspension notices issued to visitors and staff for smuggling contraband into the AMC. Can you provide an update on the number of staff found in possession of contraband onsite since July?

**Ms Close:** Since July?

**THE CHAIR:** July 2024.

**Ms Close:** I will take that on notice, Ms Barry. It would be a very small number. I do not have that number with me today, so I will take it on notice.

**THE CHAIR:** Thank you. Minister, you have previously said that water waste is regularly tested for the amount of drugs used at the AMC.

**Dr Paterson:** We just started testing.

**THE CHAIR:** You just started?

**Dr Paterson:** That was at the beginning of this year. I believe another test has been underway.

**Ms Close:** Yes. We are testing monthly and we want to build up a trend picture over time to assess and compare the wastewater testing. It tests all the wastewater in the AMC. You cannot differentiate between staff, visitors or detainees, of course, but we want to compare that with urinalysis drug testing to see what the correlations are. It is just one tool that we have in supporting detainees in terms of drug minimisation.

**Dr Paterson:** It also provides a bit of an evidence base. If you are seeing an increase in the level of drugs within the wastewater over time, you can potentially implement some of the other measures that we have talked about, in other ways or as a priority—that type of thing. It builds on the level of data and the information that our officers and staff can work on.

**THE CHAIR:** What are you testing for?

**Ms Close:** Methylamphetamine, heroin, cocaine, cannabis and benzodiazepines—a range of things. It is similar to what the Australian Criminal Intelligence Commission tests for in wastewater analysis across Australia. Initially, the information is

highlighting that the numbers seem to be higher when we have new inductees in the AMC, versus the general prison population. But we are still analysing the data because it has been only a matter of months since we did the testing.

**MR RATTENBURY:** Ms Barry asked about the breakdown of visitors versus corrections officers detected with contraband, and you are taking that on notice. It would be useful to understand the consequences for staff who have been detected with contraband. It would be useful for the committee to know what happens. I am not after individuals, but to—

**Ms Close:** Of course. It will depend on whether they have actually been identified as bringing in contraband or whether we have intelligence to suspect that they may have. Regarding the way that the process works from that point, I do not have an investigation power. We refer it to the Professional Standards Unit, the Integrity Commission or ACT Policing, depending on what the intelligence tells us.

**Mr Johnson:** In part, it might be implied that a number of staff have been identified bringing contraband in. That is probably not the way to frame it. If we had a person who was a staff member bringing in contraband, that would be dealt with by a referral. To clarify, the numbers that we have would relate to visitors, not staff.

**Ms Close:** Yes, in the initial information that you received under FOI.

**Mr Johnson:** But it is still a valid question, and we can still answer the question in the context of staff who were identified as a consequence of possession in the centre, but the answer may be zero for the 12 months. We can certainly still take that on notice. I thought it would be useful to clarify.

**MR RATTENBURY:** I think the nature of the question is to understand whether staff were detected seeking to introduce contraband—

**Ms Close:** The consequences—yes.

**MR RATTENBURY:** and perhaps also the nature of that contraband. I think there is a difference between putting your mobile phone in the locker and some other type of contraband.

**Ms Close:** Exactly, and that is where the intelligence picture comes in. Depending again on the seriousness of the allegation, I can also stand people down immediately—or not, depending on where the referral goes—and then allow the investigation process to take its course.

**THE CHAIR:** You are taking on notice to provide that information. Is that right?

**Mr Johnson:** Yes. We can take it on notice. It is just about the expectation. The answer to the part about staff will probably be a very low number, if not zero. If somebody accidentally brought in a phone, it would be detected at the rotor turn, so there would not necessarily have been a record if staff say, “Oh, sorry.” Occasionally important people like me get an approval to take them in and it is recorded appropriately at entry. So there are other mechanisms.

**Ms Close:** Recently, we had staff searches as they entered the facility. We are doing that routinely now. For example, one person might have brought in some phone cords or something, so we would ask them to put them back in the car or in a locker. It depends on the nature of the contraband as well in that respect, but illicit drugs are the paramount concern.

**THE CHAIR:** That is correct. If you could identify specifically whether it is illicit drugs or other contraband, that would be useful. My focus is on not just illicit drugs but also harmful drugs and all of those types of things.

**Ms Close:** Thank you.

**MR WERNER-GIBBINGS:** Speaking of phones, there is the new detainee telephone system project at AMC. What were the goals of that project? Have they been achieved?

**Ms Close:** I can talk to that briefly, but I again might ask Mr Taylor-Dayus whether I have missed anything specific. The detainee phone system was quite old. We have moved to a digital system to have better and more sustainable service over the long term. That was the predominant objective of the new system being introduced.

**Mr Taylor-Dayus:** I have read and understand the privilege statement. As the commissioner said, it is a new-ish system and it was brought in because the old system was failing quite significantly. It was dropping calls et cetera and it was more expensive. I understand that the new system is much cheaper, in terms of all the different calls. To that extent, it has achieved its purpose. It is more reliable. I think that is pretty much—

**MR WERNER-GIBBINGS:** Is that the end of the line for the communications work that is happening at AMC? The telephone system project is new. It seems to be going okay. What is next?

**Dr Paterson:** There is exciting work to come in terms of exploring in-cell technology—iPads basically.

**Ms Close:** Or some sort of tablet.

**Dr Paterson:** It is a priority to see this implemented over the next few years. There is a whole raft of access to education, programs, games and entertainment, streaming, forms, such as complaint forms, and things like that. Those things could be offered and even, potentially, access to calls with family members. It is in-cell technology which the commissioner and I learnt a bit about at the corrections ministers meeting earlier this year. Other jurisdictions are also working on implementing it, and we saw how it has been implemented in some prisons in New South Wales. I think it would be an absolute gamechanger for detainees. It is just a matter of process. The commissioner can talk about it further.

**Ms Close:** Because the facility is 20 years old, it did not contemplate Wi-Fi, for example, and that sort of connectivity to the internet. It would be similar to the prison PC, which has been an excellent resource for prisoners and detainees to access games, movies, activities and educational opportunities for them. This is moving it into the 21st century

even further and giving them a lot more access to different and more flexible individualised needs on a tablet. That is certainly the experience in some of the other jurisdictions that we have seen.

**MR WERNER-GIBBINGS:** This sort of thing is still in its early days. What are the options and when might they be purchased?

**Dr Paterson:** We have to get Wi-Fi—

**Ms Close:** Installed, and then—

**MR WERNER-GIBBINGS:** Is it a locked Wi-Fi?

**Ms Close:** That is right. It is similar to the prison PC; it is just not free-ranging. There are certain things that people are not able to do in the custodial environment, because we are protecting victims or there may be potential offending. But we want to make sure that it is as flexible and agile as we can possibly make it.

**MR WERNER-GIBBINGS:** Thank you, everyone.

**MR RATTENBURY:** You spoke about the cost of a phone call. What is the current cost of a phone call under the new system?

**Ms Close:** It is 18c per minute for local calls. That is cost recovery of the service provider's cost to us.

**MR RATTENBURY:** If I had a phone line at home, it is a fixed charge. You have paid—

**Ms Close:** I understand.

**MR RATTENBURY:** I do not know—I do not have a phone line anymore, but most people would pay 30c for a phone call, full stop.

**Ms Close:** Ours is 18c—

**MR RATTENBURY:** Per minute.

**Ms Close:** Yes, based on the charges to us by the provider and to maintain it.

**MR RATTENBURY:** What was the cost previously? You said it was an improvement, which is great.

**Ms Close:** I think it was 44c.

**MR RATTENBURY:** A minute?

**Ms Close:** Yes.

**MR RATTENBURY:** What about postage for someone to send a letter? Is it normal

Australia Post rates or is there a premium when you are at the AMC?

**Mr Taylor-Dayus:** My understanding is it is the normal rate. We can take that on notice, but I understand it is normal postage.

**Ms Close:** We can take that on notice.

**MR RATTENBURY:** Only come back to me if it is not the normal rate. I am happy to accept your answer unless you realise it is different.

**Ms Close:** We will do that.

**MR EMERSON:** Is 13YARN available to Aboriginal and Torres Strait Islander detainees?

**Ms Close:** Yes.

**MR EMERSON:** Are they charged for those calls?

**Ms Close:** We have a list of whitelisted calls available to detainees. I can take on notice whether 13YARN is. I suspect it is, but I will confirm that out of session.

**MR EMERSON:** It might be your briefest on-notice answer.

**MR RATTENBURY:** The cost of calls is interesting. Obviously, some detainees have better access to finances than others, based on family support outside—their personal circumstances—and whether they get work in the AMC. What if somebody has no source of finance? Are there hardship provisions for access to calls and the like?

**Ms Close:** Yes. I understand that detainees are given \$15 per week for phone calls or other activities like that.

**MR RATTENBURY:** Thank you.

**THE CHAIR:** Regarding the 18c per minute, was there any consideration to going to a fixed cost rather than a permanent cost?

**Ms Close:** I would have to take that on notice, in terms of the contract that was entered into with the provider. I do not know the specific—

**Mr Johnson:** I could probably answer that. We had to go to market because the old system was run by Telstra, from memory. But it was an old system and consequently costs were partly driven by the fact that Telstra needed—this is beyond my technical skills—to work on the old system. The new system is cheaper, but the only models that we tendered for were ones that had a cost-per-minute model associated with them.

**THE CHAIR:** Is there a reason you went with that model?

**Mr Johnson:** That is a technical question that we would have to take on notice, I think.

**THE CHAIR:** Thank you. That would be useful.

**Dr Paterson:** I believe that it is now one of the lowest cost telephone systems in prisons around Australia.

**THE CHAIR:** I understand that, but 18c per minute is still relatively—if there was the option to go with a fixed cost and that was cheaper—

**Ms Close:** I do not think that was an option, Ms Barry.

**Mr Johnson:** No; it was not an option.

**Ms Close:** I think that was part of the contract negotiation at the time, but we will take on notice to drill down into that if we can.

**THE CHAIR:** Thank you. That would be useful.

**MR RATTENBURY:** I want to ask about the current population at the AMC and whether you can give us an update on where things are up to.

**Ms Close:** We have the population number, but the data I have is as at 11 November. We had a total of 472 detainees in the AMC. There were 29 females and 442 males, and one person identified as transgender. We then break it down by Indigenous and non-Indigenous, which I can do if you would like me to.

**MR RATTENBURY:** No; that is all right. I am interested in understanding where that leaves you in terms of capacity. It seems certainly higher than it has been for a number of years. How does that compare to your maximum capacity?

**Ms Close:** The maximum capacity for us is 521 beds. However, there is a limitation on bed placements, because obviously females are isolated. We have a management unit and crisis support, which are separated out. It is a high number. It is not as high as it was a few years ago—I think the number was over 500—but it is causing the AMC management team a lot of work each day, in terms of the placement of individuals, new people coming in, people moving out, and continuing to make sure that we have sentenced and remanded people separated wherever possible. It is a decision that is being undertaken each day to make sure that we are accommodating people appropriately and have some contingency plans in place.

**MR RATTENBURY:** Is the number still going up or have you hit a maximum and the number is coming down again? What is the current trend? I understand it is never quite certain, but you—

**Ms Close:** It is fairly new for me. It feels like it has plateaued, but Mr Taylor-Dayus is much more experienced in the operations at AMC than I am.

**Mr Taylor-Dayus:** The short answer is that the number is still going up. It dips slightly, usually on Mondays and Tuesdays, because you have the weekend lock-ups and then they are released, or not, but the trend is that the number is still going up.

**Dr Paterson:** This is a problem across Australia. There is a significant increase in the number of people on remand.

**MR RATTENBURY:** That was my next question: can you tell us the current breakdown of those on remand and those who have been sentenced?

**Mr Taylor-Dayus:** This morning, of 471, 211 are on remand and 259 have been sentenced.

**Dr Paterson:** Obviously it is a decision of the courts to send people to the AMC. We were discussing this morning that ACT Policing have been reporting more domestic, family and sexual violence offences and more violence offences, despite the fact that the overall crime rate is dropping. This is obviously the challenge that the courts have been presented with and why people are being remanded to the AMC. This is an issue that we are very much alive to. We are trying to understand who these people are, and how we can support them is a priority.

**MR RATTENBURY:** You are obviously quite close to maximum capacity. I take the commissioner's point that some areas are specifically for women, and you have the management unit and the like. What is the government's plan from here, given you are getting close to maximum capacity?

**Dr Paterson:** This is where the conversation around electronic monitoring is quite interesting. We saw the introduction of intensive corrections orders a few years ago. You saw that. You implemented that, I think. That had an impact on who was at the AMC. We are looking at the electronic monitoring work that is being carried out, the potential for home detention and other types of intensive bail monitoring in the community, and parole as well. This is an ongoing discussion that we will continue to have, but we are looking at ways we can potentially impact the number of people in the AMC.

**MR RATTENBURY:** Can you give us an update on the implementation of electronic monitoring? It has obviously been around for some time, and the Chief Minister committed to it being up and running a long time ago. Where is it up to now? I think the discussion we had in estimates was that it did not get funding in this year's budget. Can you give us an update?

**Dr Paterson:** Work has continued, and is continuing, on that, and we will proceed to cabinet on this.

**Ms Blount:** Yes, the feasibility work that you might recall, Mr Rattenbury, that was funded in the 2023-24 budget has been completed. That included targeted stakeholder consultation on the policy framework and the market research through a request for expression of interest, which we finalised late last year or early this year.

Following that work, work is currently focused on identifying the scope of an appropriate model for EM in the ACT that targets cohorts where we are able to have the most significant, positive impact on them in the justice system, and in the most cost-effective way. It is not inexpensive to do that. You have the system itself, the monitoring and the monitoring staff, and there are different ways that you can approach

that.

You can have quite a responsive, reactive model or you can just use it to help with compliance. There are a couple of different ways that you can use it. We are looking at the best way that we can introduce that, where we can get the most bang for our buck, and maybe use it as a diversion, if you like, from the AMC, to keep people out in the community and get better outcomes for them.

**MR RATTENBURY:** Thanks; that is a helpful answer. Minister, taking Ms Blount's point around the different approaches one could take, has the government formed a view on which model to implement?

**Dr Paterson:** That will be a matter for cabinet consideration; not yet.

**MR EMERSON:** It has been put to me that the only birthday card intended for men available for purchase at the AMC is a Donald Trump "make birthdays great again" card. By the looks on faces, I do not think that has been brought to your attention. If that is the case, do you think that is appropriate?

**Dr Paterson:** I do not know what the birthday card is, and I do not think any of us have seen it. We are not sure what you are talking about, so we will take it on notice and have a look at what the birthday cards are.

**MR EMERSON:** Thank you. I want to ask, alongside that, about the sufficiency of food for detainees, and whether this is something that is tracked—how many complaints are received in a year, say, in the past year, regarding sufficiency of food?

**Ms Close:** I will ask Mr Taylor-Dayus to come to the table, to see whether he has any specifics around numbers. I have not seen any complaints in the 11 months that I have been in the role, around sufficiency of food. There is a significant amount of food purchased that comes into the AMC every week, so that it is available to the bakery and to the kitchens. With respect to other options for detainees, where they have their own funding, they are able to purchase additional food for themselves. In some instances—in cottages, for example—detainees are able to cook their own food and meals. I have not heard that as a complaint.

**Mr Taylor-Dayus:** I have certainly not heard any specifics around food. We get the odd complaint about something being undercooked or overcooked, but nothing around—are we talking about quantities of food, the sufficiency?

**MR EMERSON:** Yes. I am particularly curious about the first week, when detainees enter the AMC and maybe do not have their trust account set up yet. What does that period look like?

**Ms Close:** There is certainly sufficient food for them. We also ask them whether they have any dietary requirements. The catering people that bring our meals into the AMC will provide specific meals, if people have intolerances or specific dietary needs.

**Mr Johnson:** A little while ago, with Health, some work was done to ensure the proper calorie and nutritional balance in meals. They are properly designed by nutritionists to

meet a requirement. There is some science behind what is provided, if that provides some comfort.

**MR EMERSON:** That is great. If you are happy to take it on notice—it does not sound like it is a big issue—could you provide the number of complaints in the last year?

**Dr Paterson:** There is also the bakery out there, too.

**Ms Close:** The bakery provides all fresh bakery items every day—breads, focaccias, cakes and biscuits. Again, there is a real balance between healthy needs—breakfast bars et cetera—and some of the higher calorie bakery items.

**MR EMERSON:** I am familiar with those, yes!

**THE CHAIR:** I want to go back to the breakdown of detainees in custody. I am not saying that you should or should not, but do you identify through that data people of non-English-speaking background? Do you report on that?

**Ms Close:** We do not report on that, to my knowledge. Obviously, we do, on induction, ask people, if they are from a non-English-speaking background, what their language is. We are working on some technology to allow people, when they do not have English as the first language, to use a translation-type device, but that is early days. Mr Taylor-Dayus may have some more information.

**Mr Taylor-Dayus:** I have just implemented a translation iPad. I am aware of a couple of detainees that have used it quite successfully. As I said, it is a pilot; it is still in its early stages. It has been quite successful.

**Dr Paterson:** I met with the Official Visitors last week and they were talking about what a useful tool this had been for particular detainees.

**THE CHAIR:** What was happening before the translation iPad came into—

**Ms Close:** We can use the telephone translation services as well, if there is a high need for people who cannot understand what is happening.

**Dr Paterson:** It is a priority always to be looking at what more we can do and how we can better support people that have different needs.

**THE CHAIR:** I have a question around recidivism and recidivism rates. I know that there was an action plan for 2020-25, to end or reduce recidivism by 25 per cent by 2025. How are you tracking with that?

**Dr Paterson:** It is more a question for the Attorney-General. The reducing recidivism policy area sits under her.

**Ms Blount:** Corrections record the data; the policy sits with the Attorney-General. We do have it in our accountability indicators. This year it has shown an increase, which was not unexpected because we have changed the system that we use to calculate it. When I say it was not unexpected, it was unexpected, but it is a little bit off the trajectory

that we were on, and we feel that it is because the calculations are probably now more accurate than they were in the past.

**Dr Paterson:** There has been a substantial data project that has been underway for the past year or so—a couple of years, potentially—to look at the level of data that we are collecting about detainees, about their prior offending history, and to be able to inform our policy development, basically, to understand their track record through our justice system and to be able to respond to them in a more effective way.

**THE CHAIR:** With your data, is it reported in RoGS?

**Ms Close:** In RoGS, yes; also, the ABS. The Australian Bureau of Statistics calculates things differently to the RoGS data. The RoGS data report is due to be released, we think, in January next year.

**THE CHAIR:** In January or February, yes.

**Ms Close:** Yes, as an update.

**THE CHAIR:** Do you know what percentage of people in the AMC are recidivists? Do you have those numbers?

**Ms Close:** As the minister said, we moved from a manual system of calculation to an automated system, and we have been able to do that because of our new case management system that was implemented in 2022-23. For the financial year 2024-25, the recidivism rate is at 37.1 per cent.

**THE CHAIR:** What was it previously?

**Ms Close:** The previous year, 2023-24, it was at 34.2 percent.

**THE CHAIR:** Your analysis is that that is probably due to the fact that you are now reporting based on a different system; is that right?

**Dr Paterson:** Yes.

**Ms Close:** Much more—

**Ms Blount:** It is not comparable, I think you would say, because you would count it in two different ways.

**THE CHAIR:** How are you counting it now?

**Ms Blount:** Using the system. Previously, it was a manual count. We know that the count that we have now is much more accurate. We can say that we have a lot of confidence in it now because it is based on the system. The other observation I would make is that we are waiting for the RoGS data to come out in January. Any level of recidivism is not great, but when you compare us with other jurisdictions, we are still amongst the lowest for recidivism, which is counted as sentenced detainees returning to custody within a two-year period.

**THE CHAIR:** We are the highest for Indigenous recidivists, so the jury is out on that one.

**Dr Paterson:** Can I add, Ms Barry, that data collection was obviously a key recommendation across the system, in response to Jumbunna. There is a range of recommendations in other reports around improving data across the justice system. I think corrections has been leading the way, and it is working closely with the courts and ACT Policing to start to have that connectivity between the different aspects of the justice system, to be able to provide us with that broader picture.

Some of the things, for example, that we would like to know, with the reoffending, include whether it is a lesser offence, whether the offending severity is reducing or increasing, and for what cohorts. Particularly, I would say that a priority for me is the younger offenders, the people entering into AMC at a young age—18 to 30, for example. We want to—

**THE CHAIR:** Whether they have been to Bimberi.

**Dr Paterson:** understand that cohort and how we can ensure that they do not come back into our custody. We are pretty sure that, if they do not, they will have a better life trajectory than if they are coming into custody constantly, for the next 20 years. This is the opportunity that this data project will offer us, and it is really exciting, I think, for corrections.

**THE CHAIR:** What are you collecting? What are the indicators?

**Ms Close:** We are looking at all the information that ACT Corrective Services holds in relation to the detainee and offender population in community. As I said, our new system was implemented in 2022-23. We have a small team of experts and a data engineer who look at our data. That is where the automated system of our data comes into it.

We are also, in corrections, leading a data linkage project with ACT Policing and the courts. We are looking to say, “Can we match the data in different systems that are held by Policing, courts and corrections to map an individual’s experience in the justice system more effectively,” to achieve some of the things that the minister was talking about there. That will take some time, though. That is a project that is underway at the moment.

**THE CHAIR:** I understand that there is a new plan to reduce recidivism.

**Dr Paterson:** Again, this is for the attorney; it sits under her remit.

**THE CHAIR:** My question is: how are you operationalising that plan?

**Dr Paterson:** The focus from corrections is around education programs and employment. It is about looking at how we support detainees, people on community correction orders, how we support people in bail support programs—the broad range of programs that are offered. I would say that is largely the contribution that corrections

make to reducing recidivism.

**MR RATTENBURY:** I have a quick follow-up on electronic monitoring. Going back to the earlier line of questioning, can we get a sense of a timeline? I take the point around no funding, but if funding does become available, how long does it take to get from there to set-up? Do we ascertain this through the process?

**Dr Paterson:** It is still a substantial way away, in terms of needing to have significant legislative reform. There will need to be engagement of a provider. There will also need to be system protocols implemented. There is still a lot of work that would be undertaken, following cabinet approval, to progress a particular scheme or cohort. It would still take some time after that.

**MR RATTENBURY:** Is the enabling legislation being developed? That does not cost—

**Ms Blount:** No, that is right. We are working through the options, the models for implementation, and we will be seeking a bit of guidance on what that looks like. We will then work on the legislation concurrently. Probably the first 12 months will be working through procuring the system, working on the legislation, getting the system in place, establishing procedures, policies, recruiting staff and things like that. It would probably be later; if we got funding in the next budget, for example, it might be 12 months.

**MR RATTENBURY:** I do not want to put words in your mouth, but 12 or 18 months, as a minimum?

**Ms Blount:** Yes, that is right.

**MR RATTENBURY:** I note that, in May 2024, the Chief Minister made what at the time was considered to be a surprise announcement, immediately out of national cabinet, that the ACT would be getting electronic monitoring and that it would be introduced “certainly within the space of months, not years”. That was 1.5 years ago. We are now looking at another one to 1.5 years. We are looking at probably three years since the Chief Minister made that announcement.

**Dr Paterson:** I think it is fair to say that a lot of work is required to get electronic monitoring up in the ACT. That time frame by the end of the year was not an accurate one, and that is why I will continue to work with my cabinet colleagues to see that we do progress this. I also think that it is a challenging policy area. There is not a simple solution. It does require us to think this through properly and thoroughly, because the consequences of having a system that fails the community are very significant.

We are seeing a lot of challenges in other jurisdictions around electronic monitoring, so we are trying to learn from them and take advice from other jurisdictions about our system, when we set it up, and for what group of people, as a priority. As we said in answer to the previous question, there are substantial challenges facing our corrections system, and we want to look at having a cost-effective system and one that also provides different opportunities for people, potentially, like ICOs. Home detention, I think, is a key aspect of this.

**MR RATTENBURY:** Is the home detention legislation underway?

**Dr Paterson:** We have been exploring a range of different potential policy settings, and this will be a matter for cabinet consideration.

**MR RATTENBURY:** The Chief Minister's announcement probably was a little ambitious.

**Dr Paterson:** Premature.

**THE CHAIR:** On behalf of the committee, I thank you for your attendance today. If you have taken any questions on notice, please provide your answers to the committee secretary within five business days of receiving the uncorrected proof *Hansard*.

I would like to thank all our witnesses who have assisted the committee through their experience and knowledge. We also thank broadcasting and Hansard for their support. If a member wishes to ask questions on notice, please upload them to the parliamentary portal as soon as possible and no later than five days from today. This meeting is now adjourned.

**The committee adjourned at 5.04 pm.**