

**LEGISLATIVE ASSEMBLY FOR THE
AUSTRALIAN CAPITAL TERRITORY**

**STANDING COMMITTEE ON COMMUNITY SERVICES AND
SOCIAL EQUITY**

**(Reference: the effectiveness of support services for families of people
in custody from the ACT)**

Members:

**MR J HARGREAVES (The Chair)
MS R DUNDAS (The Deputy Chair)
MR G CORNWELL
MRS H CROSS**

TRANSCRIPT OF EVIDENCE

CANBERRA

THURSDAY, 16 OCTOBER 2003

**Secretary to the committee:
Ms J Carmody (Ph: 6205 0129)**

By authority of the Legislative Assembly for the Australian Capital Territory

Submissions, answers to questions on notice and other documents relevant to this inquiry which have been authorised for publication by the committee may be obtained from the committee office of the Legislative Assembly (Ph: 6205 0127).

The committee met at 11.05 am.

SUSAN PELLEGRINO,

MEREDITH HUNTER and

TIM MOORE

were called.

THE CHAIR: I welcome the Youth Coalition. Thank you very much for coming. For the record, we are going into another public hearing session concerning the committee's inquiry into support mechanisms for families of people who are incarcerated. That is one of the major points of focus of the inquiry. The other one is about the services to assist young people in transition from Quamby to the community, with emphasis on various issues which you have seen in the terms of reference.

We have become conscious of the continuum that underpins restorative justice principles. That is largely where our thinking commenced. We are aware that rehabilitative programs stop when people leave the door of the prison or detention centre to the waving of a hand and the words, "See you later." Usually, they're right. So we are trying to work out, with respect to the kids anyway, whether the continuum of care actually does continue. We would be grateful for your input on that.

I have to read this card to you. You should understand that these hearings are legal proceedings of the Legislative Assembly, protected by parliamentary privilege. That gives you certain protections but also certain responsibilities. It means that you are protected from certain legal action, such as being sued for defamation for what you say at this public hearing. It also means that you have a responsibility to tell the committee the truth. Giving false or misleading evidence will be treated by the Assembly as a serious matter.

We thank you very much for your joint submission with ACTCOSS. We think that the factual information is fine. We can wade our way through that yet again. What I would like to do, if it's okay, is to invite you to make an opening statement to the committee and we will see where it takes us from there. By the way, for those who haven't been here before, those lights mean that the proceedings are being recorded. We will give you a copy of the *Hansard* and you can make corrections to it if you feel that the proceedings have not been transcribed properly. A broadcast of the proceedings is being reticulated through public service offices as well as the building. Before you speak for the first time, please state your name and the capacity in which you appear. I invite you to make an opening statement.

Ms Pellegrino: My name is Susan Pellegrino. I am the policy and project officer at the Youth Coalition of the ACT. As you are aware, our submission focused on the second part of the terms of reference—the transition of young people from Quamby and the support mechanisms in place. I suppose the main emphasis of our submission is the need for a whole-of-community approach to assisting young people to make the transition from detention into the community by looking at partnerships across government and

between government, the community sector and the private sector, as they're all essential players in the community. I suppose that's a brief opening statement.

Ms Hunter: My name is Meredith Hunter. I am executive officer with Youth Coalition. Just to pick up on the point, John, that you were making around that rehabilitative focus, I guess what we have raised in the submission is the importance of the relationships that can be built between young people who are in detention and government or, in our case, we're really pushing community sector providers. It isn't something where they should be rung the day before the young person is to be released; they should actually be involved from the start. Quite often these young people have already come into contact with youth workers or other youth services out there and that relationship should continue and be supported by Quamby. It is really important to keep building on that and to be assessing while a young person is in Quamby what their ongoing needs are going to be once they exit. One of our main points in here is particularly around accommodation, but we also touch on education, employment, health and wellbeing.

Ms Pellegrino: Our submission looks at three different stages of a young person's engagement, the gaps in services prior to them coming into Quamby which may have led to them coming into Quamby, and they need to be addressed prior to the young person going out to ensure that they don't go along the same track. For example, as Meredith said, the lack of appropriate accommodation and other gaps in essential services such as the lack of an adolescent inpatient facility.

Another point that we looked at in depth was the partnerships that can be made between the juvenile justice department and the community sector in program delivery to young people who are in Quamby. So, as part of whole service provision and individual case management, there is greater scope for the engagement of community services, the community sector, in that provision. There would be key stakeholders who could be identified in looking at a greater breadth of service delivery to young people in Quamby and also looking at specific target groups—for example, indigenous young people, young women who perhaps do need a different kind of service while they're in Quamby, which, as Meredith said, would also assist with making connections to the community which would be a key support for them once they leave.

As Meredith said, the other point that we looked at is how to ensure those forms of support for the young person exiting Quamby are in place well prior to them exiting Quamby, which is part of the early engagement of services and individuals with young people once they first enter Quamby, if they haven't already got established relationships with other services in the community.

THE CHAIR: There is the approach of a case management plan for each young person in detention, but do you suspect that the case management plan actually stops a bit too abruptly at the point of exit and that, in fact, it's not really going far enough in terms of a holistic approach to the person's restoration?

Ms Pellegrino: From what we've understood from talking to a couple of young people and community service providers, it seems that there isn't a consistent approach to case management, and that stretches from how the young person is engaged in the case management system and how community services are engaged in it. Sometimes they are identified as being significant in that young person's life and they're asked to be part of

that case management process and sometimes they're not, or they're asked to come in at the very end.

It seems that there may need to be some further discussion about the case management systems that are in place and how to engage a young person effectively in that process, whether they need an advocate through that process to help them voice things that they think might be unrealistic. It is also about how we can better engage the families of the young people. They are significant people in these young people's lives, but there doesn't seem to be the capacity at this time to focus on engaging the young person's family or significant others in terms of that whole system that's happening.

THE CHAIR: Do you think that that is partly due to the nature of the development of the case management plan in the sense that it is done internally and it isn't engaging those people who are quite likely to be called upon to support these young people after they leave and that we are not seeing an interagency approach, if you like, with the community sector and government working together to develop a plan, so that what happens is that when the young person leaves things kick in, but they're not developed, say, six months before the young person is out, so that the partnerships you talked about are not established?

Ms Pellegrino: And I think that, as our submission points out, there would be benefit in having some structures that formalise those partnerships, whether it be a memorandum of understanding in terms of how you're engaged in the case management process for an individual young person, but that could also then look at how you're engaged as a community service provider in service delivery to young people in terms of programs, et cetera. I think that there is a need for more discussion to formalise those structures to make sure that those case management systems are working more effectively and that the people that need to be involved are involved from the beginning.

THE CHAIR: I take you back to something you touched on earlier, that is, the families. Am I right in assuming that the families are regarded by the corrective services experts as being a rehabilitation tool, but what they're not doing is regarding that family unit as a family unit and thinking about actually supporting the family unit from the time of transition to full restoration and that is one of the reasons that the use of it as a tool is less effective than it is and the restoration of the person and the resultant reduction in recidivism isn't working because we don't have that holistic approach?

Presumably, if those partnerships that you talk about kicked in, if we had some sort of resourced system, it would have to be centred on the family and the young person just happens to be part of that family in strife at the minute. Is that the approach? Do you think, in fact, that what we're seeing is too much concentration on offending behaviour and not enough on the cause of the offending behaviour and the environment and on how we can restore the situation?

Ms Hunter: That's very much a theme that flows through the submission, certainly.

Ms Pellegrino: In terms of the focus on offending behaviour, one of the issues that we also raised, which was raised as a recommendation in the government's response to recommendations 1 and 3 of Coroner Somes' inquest into a death in custody, was the need for therapeutic programming to assist young people to address their offending

behaviours. Currently, to my knowledge, we have in place the young sex offenders program and a cognitive program, but there is also a need for programs that assist young people who are repeat offenders, who have drug and alcohol issues or who are violent offenders in terms of what led them to this point and how do we prevent this kind of offending—the mechanism to address the issues around their offending behaviour.

THE CHAIR: So you go to the reason for the dysfunction in the first place and try to attack that because, in fact, the violent behaviour and the way in which it has manifest is just a symptom and is not a thing that we can fix.

Ms Pellegrino: And if we're not doing work with the young person around that, why, if that hasn't been worked on, would they be behaving in any other way once they leave Quamby? I think that those kinds of programs are quite integral to a rehabilitative focus.

THE CHAIR: Is the turnaround program going to work? Is that the sort of approach you're thinking?

Ms Pellegrino: No, I suppose I'm thinking about the service delivery within Quamby. There are examples that we've put in our submission around therapeutic approaches that are taken in New South Wales which address particularly the different sorts of offending behaviours. The turnaround initiative, as far as I'm aware, will look at young people with intensive support needs—not necessarily who are incarcerated but who might have multiple systems engaged in their lives, such as care and protection or juvenile justice, and the focus initially will be on, I believe, 30 to 35 young people who have been identified by some of those key services.

My understanding is also that it's dependent on the current resources that are available and dependent very much on collaborations being made across departments to say that this is a joint responsibility in terms of JJ, care and protection, mental health, housing, et cetera, and we all need to have a look at what's happening for this young person. But the lack of individualised resourcing means that there's a lack of capacity for a flexible approach to an individual young person and their family, which means that they have to slot into programs that are already available, which might not always be appropriate.

MS DUNDAS: In terms of the reasons for offending behaviour in young people, the first of the terms of reference that we're looking at is about support services for families where it's the adult who's in custody. Are you saying that young people who are ending up in Quamby have, to a certain extent, already been involved in people going to jail, with a parent or an older sibling going through, and the support services that should be in operation for the families are failing, so we are now having to look at the support services in Quamby? Is that an accurate statement?

Ms Hunter: Yes, I don't know the numbers. Are there figures available on the numbers?

MS DUNDAS: We haven't seen them, if they are kept.

Ms Hunter: It would be quite an interesting one. I would suspect that there would be some who had had a parent in that system and, yes, there weren't the supports put in place for that family and hence that's the outcome.

Mr Moore: My name is Tim Moore. I am a development officer with the Youth Coalition. A lot of research has been done on young people who have had input to or been a part of various systems and their engagement within the justice system. If, for example, they are young people who have been part of the care and protection system and have had a whole range of health services engaged with their family and the family system, they're more likely to be involved in the justice system because of overpolicing, overscrutiny, but also their own building up of a concept of them being a case and therefore reflecting and responding to these different systems.

There is a correlation between young people who have been involved in various systems, including their parental involvement in those systems, and justice, so it is very important that we look at how those systems are working and whether entering young people into the justice system is the best response that we can provide. Maybe it's about how we work with those families who are overrepresented in those different systems and working out better processes so that the young people don't need to be accountable for some of those involvements, so to speak.

MS DUNDAS: But to a certain extent it should be easy to address the preoffending behaviour because statistically these people are already in contact with the government system in some way and we just need to refocus what the government contact is doing. Do you see that as an easy solution in that sense, because there are people already known that are then ending up in Quamby?

Ms Pellegrino: If you look at the number of young people involved in the care and protection system, for example, who have been known to the government system for a long time in terms of being at risk and then the entry into the juvenile justice setting once they reach that adolescent age, there are many points of intervention for both that young person and the family to support them remaining within the family home and not getting caught up in those systems.

A report by the New South Wales Community Services Commission in 1996 quoted that 15 per cent of the wards were going into juvenile justice systems. There were multiple issues around that, but it's something that obviously needs more work. We know that these children are at risk, we know that they're vulnerable, we know the reasons why they're in care—for example, challenging behaviour—so why are we responding to these children and their challenging behaviour through them being in care, through the punitive system?

I think it's about looking at different ways of caring for those young people and children through a whole variety of models. Turnaround might work for some of those young people; it might not. Individual packages of support to families and those young people might work, so there's more flexibility in the approach that we take. There are so many complex issues that are unknown.

Ms Hunter: I am not sure if the committee has got the figures on that sort of correlation between care and protection.

THE CHAIR: The OCA had those figures for 1999, I understand.

MS DUNDAS: We'll look at them. In terms of the support that young people are getting in Quamby—you were talking earlier about bringing in the community organisations—I've heard that the mail is stopped to young people who are in Quamby and they're actually missing out on letters from Centrelink, so they're missing appointments and then they're being breached as soon as they get out. Centrelink is a federal agency, but is that a concrete example of what it is you're talking about, about how the support services are failing to work all the way through the Quamby process?

Ms Hunter: I'd say so. One example we put in here is around young people who have had public housing and the link with ACT Housing where arrears letters are sent but no-one has redirected the mail and they end up losing their accommodation. Quite often it may well be trashed by others who know that the place is empty for a while. That would be another example of where there needs to be a protocol or memorandum of understanding operating.

MS DUNDAS: It just seems crazy that the ACT government has incarcerated a young person and not told the bit of ACT government which is looking after the young person that that has happened.

Ms Hunter: That comes back to the point Susan was making about the importance of the system working together, but it needs to be in some formal way so that there are rules of engagement on how this is to happen so that these sorts of examples don't keep cropping up.

Ms Pellegrino: I know that Centrelink was setting up protocols with some adult prisons around information sharing and how that would work. If it's already being done, I assume that that could be translated in terms of juvenile justice and Centrelink.

THE CHAIR: It would not be a terribly difficult thing; it's just the will to do it.

MRS CROSS: Given that at times this seems a simple answer but it is not, it's a complex issue, have you found a model around the world that you have heard works in restorative justice cases that you would like to see us adopt here? Instead of us having to reinvent the wheel, is there something that you have heard about or read about that you think could work here?

Ms Pellegrino: In terms of restorative justice, the stuff that I've been reading is from New Zealand and the way that they've used that, looking at a person's engagement and where that can be used from presentencing to post-sentencing. They are developing principles of best practice around how that's used to ensure that it's used safely. I suppose that's where I see that there's good work being done in developing restorative justice practices in New Zealand at the moment.

MRS CROSS: Does it also help the families? Is it just the ward or the young person it helps or does it also extend to the family and the support?

Ms Pellegrino: In restorative justice the practice, I believe, is to pull together the significant people in that person's life. So, through a family being engaged in that process also, I think that it would benefit the family in assisting with that relationship with the young person and their family and also perhaps an understanding of how things

got to where they got to. It's usually reported as quite a positive experience for all the people that are engaged in it.

THE CHAIR: We might take the opportunity to track that down a bit to see if we can get an answer to that question. There are two aspects, I suppose, of the support for families in the restorative justice system. One is that we are trying to restore an offender to a community and the community has got to want them back. It is the success of restorative justice that the community wants them back. Restorative justice is also about restoring the community after damage. You have then got to talk about the numbers and types of victims. The first part of the terms of reference is about the families, because it appears as though the families are, in fact, tertiary victims in an instance of crime. So when you are talking about restoring a community, you have to put people in boxes to a degree and provide that support. We are receiving a fairly clear piece of evidence on the services that are or are not around for that.

Ms Hunter: Just on that, Helen, we have put in a submission to the sentencing review. It is very much supportive of restorative justice and the sorts of practices and programs that can go on under that. I think we also do highlight things like diversionary conferencing and other practices.

Mr Moore: Can I jump in quickly to say, as far as the care and protection system and juvenile justice, that I think the Scottish model is quite good. They've done quite a lot of work looking at how to better support the young person in the care and protection system so that they don't enter the justice system and, if they do, how to support them through that process and then when they get out because they more than likely will come back into conditions of poverty, abuse, neglect and homelessness. How can we support them through that phase and how can the preconditions, the reasons that you can quite clearly see caused them to become part of the justice system, be rectified so that when they get out they can start again?

MRS CROSS: So they're not set up to fail.

Mr Moore: Absolutely, which is a huge issue. For example, homeless young people go into the system and then come back out and are homeless again, so they start their criminality again and go back through because we're not responding to them, we're not rehabilitating them, because their behaviour is coming from their situation.

MRS CROSS: How did you hear about the Scottish system? Did you read about it?

Mr Moore: That was part of my study in child protection rather than justice.

MRS CROSS: Were you told about it?

Mr Moore: I read some articles as part of one of the courses that I did. I can forward them to you.

MRS CROSS: Yes, we would love you to do that, thanks.

MS DUNDAS: I was going to jump onto the issue of young people in remand who haven't been sentenced or in the end aren't sentenced but are being held in Quamby. You

mention that as an issue in your submission. Also, there are the people who are leaving Quamby and possibly have been in Quamby for an extensive period. Do you want to elaborate on the specific issues they have especially because they're not incarcerated in the same sense; they're just being held until sentence or lack of sentencing?

Ms Hunter: I think what we're raising here is the fact that many of those who are on remand don't have access to the programs that are available or sometimes the services that are available in Quamby. I think the thinking there is that they're only there for a short time. Our view is that they should be engaged, whether they're on remand or not, that those services need to be available to them or those programs.

MS DUNDAS: So they're just spending most of the day sitting around.

THE CHAIR: You were talking about somebody on remand. Ros made the point that there are two types of remand. One is remand to appear. Therefore, the people are innocent and you can't make them do anything—if they're adults, for example, you can't make them work—whereas if you're remanded to appear for sentencing, you have been found guilty and they can enforce your attendance at programs.

Ms Hunter: I think my point is that it's about providing the opportunity. It's not necessarily about saying—

THE CHAIR: It's a choice.

Ms Hunter: Yes, it's a choice.

Ms Pellegrino: We expressed in our submission concerns about the number of young people that are going in on overnight stays, remanded, and it seems that's directly linked to the lack of accommodation in other services.

THE CHAIR: We commented on that in our last report.

MS DUNDAS: In terms of people exiting Quamby after they have been in there for one day or two days, the support services are not there in that sense. Tim just raised questions about them being homeless before they go in and homeless when they go out. So even for the short periods we need to be refocusing whatever it is we're doing.

Ms Pellegrino: One of the young people that we spoke to as part of this said that he didn't have anything when he got out. He was remanded to Quamby for a number of months and when he got out he had to find his own accommodation. He was basically one step back after that experience, whereas prior to going in he had accommodation at least.

THE CHAIR: Does that encourage the perception of Quamby as being a nice place to stay?

Mr Moore: It's a place to stay.

THE CHAIR: It's a refuge, actually, for some people. I seem to recall talking to a young person in Quamby about that and this person said that they just went out and committed

a minor crime because they wanted to go back—they got a meal and a bed and they knew the people. I think the staff out there said that there is a danger that the kids will enjoy themselves in there. It was a throwaway, but meaning that that was their idea of home.

Ms Pellegrino: Which is why we need to look at things like bail houses.

Ms Hunter: And a night shelter.

Ms Pellegrino: Bail houses and extending the different kinds of accommodation, the supported or independent accommodation options, that are available for people.

THE CHAIR: And diversionary conferencing to keep them out of there in the first place.

Ms Hunter: Yes. We've obviously been pushing this one for a while because it is of great concern. In our budget submission we raised looking at the idea of a night shelter. My understanding is that the AFP are having some discussions around a bail house at the moment; I'm not sure how far they've got. It is also being raised under the ACT homelessness strategy. We're represented on that group and one of the first priorities will be some money that is being set aside to do further research into the needs of homeless young people. One of those things could well be the night shelter.

THE CHAIR: We might give that a bit of a mention. I got the impression from somebody who came in here before and spoke to us that they felt quite unwelcome when they went to Quamby as a community group, as a community support facility. When they fronted up to try to provide support for the young people they felt distinctly unwelcome. Is that a fairly common feeling?

Ms Pellegrino: I'm not sure if it's a common feeling, but it's certainly something that we've raised in our submission. There seem to be different approaches to how community services are acknowledged when they want to go into Quamby, whether it be to see an individual young person or do program service delivery. I suppose that's one of the reasons why we thought that there needed to be some kind of memorandum of understanding.

Ms Hunter: And that all staff be trained and understand what that means and how it operates.

Ms Pellegrino: Yes.

THE CHAIR: Do you think that it might be a case that, whilst the people in the detention centre certainly don't adhere to the warehousing principle of corrective services, they do adhere to the rehabilitation model and not necessarily to the restorative model, such that they're happy to conduct programs within it, behaviour modification programs, et cetera, but they see their role largely as disappearing once the kid leaves? That's the rehabilitative model. Therefore you've got two sets of mindsets trying to attack the same problem, but they don't have that shared vision. Is it one of the barriers that we've got that there are community organisations such as yours that have one vision

for how it should be tackled and then we've got the bureaucratic approach, which is totally different, and until they can be shared we are never going to get anywhere?

Ms Hunter: I'd say that's a reasonable comment. Again, it would be a reason for coming back and having those discussions around some sort of MOU and some understanding of why we're here, what we're here for, and how we're going to operate together, because at the end of the day it is about the best interests of the young person and also the community at large.

Ms Pellegrino: It's also about recognition. Just because young people go to Quamby it doesn't mean that they have disappeared from the community, that they're not just the responsibility of Quamby, that there are other people that are significant in their lives that they need to be able to have those connections with.

THE CHAIR: Maybe your people get in the way of the people in Quamby.

MRS CROSS: Is that a bit of an empire building attitude?

THE CHAIR: Or an empire protection attitude, perhaps. We'll just leave that one hanging in the sky for a while. Jane has given me a note which raises a very good point about something that Heather McGregor spoke about, that is, that Family Services are often, because of court orders, actually the family of a young person. Given that you've got a bureaucratic agency as family—you haven't got a male role model, a female role model or significant others in the family—are they more vulnerable, are they more likely in your thinking or feeling to be going through the systems and going in and out of Quamby because of that? There may not be an answer to it; I don't know, I'm just curious as to your views.

Ms Pellegrino: I think that, because of the lack of an immediate parental figure, those young people are more vulnerable. Also because of the difficulty sometimes in the systems dealing with their challenging behaviours. I'm not making much sense. I know what I'm saying but I'm not saying it very well, so I'll stop.

MRS CROSS: Take a break and start again.

THE CHAIR: You have not got a family unit with significant others in it—uncles, aunts and so on. If, for example, it is an indigenous family, we can say, "Aha, a dysfunctional family, let's get in there and support them and change it." You've got Family Services. Firstly, there is the emotional disconnection. I don't know about you, but I find it hard to hug a building; I find it really difficult and it looks really stupid. There is no way we can say, "Let's go in and support them," because they're the people supposed to be doing the supporting. It's a cyclical thing.

Ms Hunter: I think Heather's comment is very valid. Obviously, they are far more vulnerable. They just don't have the support and the advocacy that you would have with a family, whether that be an extended family or immediate family, kinship care. I'd say that it was quite a valid statement that Heather made.

MS DUNDAS: I want to bring up another point that you made. We have heard from other submitters about the problems that women remanded at BRC have in terms of the

care of their children and how that is being looked after. You wrote in your submission that there isn't a lot of support for people under the age of 18 who are remanded in Quamby and who are parents themselves. In fact, you say that it is completely unclear as to whether these issues are being met. What do you think happens? Do the young people pass their children on to their parents or to other support networks?

Ms Hunter: We don't know, unless Tim does.

Mr Moore: The limited experience I have had—this is all anecdotal—is that there have been a number of young people whose children have been placed into the care and protection system, so they've been fostered out, because the parent has been deemed unable, unwilling, or whatever to provide care for their child, which was an incredibly traumatic experience for the young person that I know of. I'm just trying to remember what it was. I think that there was a breaching and then something else, so it was a limited crime that they were going in for. They couldn't see how that correlated to their care of their child, so it was an incredibly traumatic experience and one that needed to be addressed.

MS DUNDAS: Was the parent able to take up custody rights when their term was finished, do you know?

Mr Moore: I think there was a process where the child was restored to her, but a whole range of things like access and visitation were quite limited. My understanding was that her rights were limited by the fact that she was part of the justice system.

MS DUNDAS: Does that to a certain extent start the process all over again? We've already seen that a number of young people who have been in care in justice have ended up in juvenile justice and were just starting them again.

Ms Hunter: I think the evidence is building, yes.

MS DUNDAS: You have raised it as an issue that we need to look into more, I think.

THE CHAIR: Thank you very much for that.

Ms Hunter: I have just a couple of other points. There is a psychologist's position. We have been requesting for some years now that that position be filled.

Ms Pellegrino: Since 1999.

Ms Hunter: Since 1999. It hasn't.

MRS CROSS: Why?

Ms Hunter: We don't know. We continue to request that it be filled. We do know that mental health services are being provided by CAMHS for those with moderate to severe mental health issues. A great service is provided, but we're not talking about that. It is great and it needs to be there, but we need at least one full-time psychologist who is there on staff permanently.

MRS CROSS: What was the reason you were told no, or were you not given a reason?

Ms Hunter: We haven't been given a reason.

MRS CROSS: You've just been asking for the funding and you've been knocked back.

Ms Pellegrino: No, the funding is there.

MRS CROSS: The funding is there. What's the problem?

Ms Hunter: We're unsure, Helen. So that's one issue. Another is around the Hindmarsh Education Centre, which provides education programs for young people in Quamby. One of the things we do raise is that it could be quite useful to continue developing those programs—we actually sit on the newly-established school board there—so that some of those programs and courses can be accredited, which we also think would help in that transition into the community. Also, accessing educational opportunities out in the community. There should be no reason why some of those young people could not get on the bus in the morning, go to school and come back in the afternoon. We think that that should apply to employment as well.

THE CHAIR: They might not come back in the afternoon.

Ms Pellegrino: The day release stuff has been shown, for example, in places like Victoria to work quite well. They also have different transitional models. For example, I think with the redevelopment of Quamby we're looking at having a transition house inside the gates of Quamby, whereas somewhere like Victoria has transition accommodation outside in the community to assist the young person making the step outside by ensuring that they have adequate support to see how they go in an intermediate step. We're certainly very supportive of the opportunities for young people to be reintegrated into the community in that way as far as possible, whether it's accessing things on a day-to-day basis and also in transitional steps as well.

THE CHAIR: Good call. One of the issues that struck me was that, with the advent of a new prison, Corrective Services have mindsets on programs, transitions, post-release and that sort of stuff, but Quamby is in Education, Youth and Family Services, which I think is right. It is my view, but not necessarily that of the committee, that that is the right spot because the mindset is correct. However, they are not mindful of the construction of the justice system that needs to be kicked in for them in terms of transitional accommodation and all of that. Maybe it's time we ran the flag up the pole. Thank you for that. Thank you very much for coming. It has been useful.

BRIAN PETER McCONNELL and

WILLIAM MURDOCH BUSH

were called.

THE CHAIR: I thank the representatives of Family and Friends for Drug Law Reform for coming along and for the submission. I have to read this card to you. You have heard it before, but I still have to do it for the purpose of the record. You should understand that these hearings are legal proceedings of the Legislative Assembly, protected by parliamentary privilege. That gives you certain protections but also certain responsibilities. It means that you are protected from certain legal action, such as being sued for defamation for what you say at this public hearing. It also means that you have a responsibility to tell the committee the truth. Giving false or misleading evidence will be treated by the Assembly as a serious matter.

You have seen the terms of reference of the inquiry and you know about all the buttons and that sort of stuff, so I won't go through that again. I invite you to make an opening statement. Please give your name and the capacity in which you appear when you kick off.

Mr McConnell: I am Brian McConnell. I am president of Families and Friends for Drug Law Reform. I'd like firstly to record my thanks to Bill Bush for the excellent work in preparing our submission. Although the committee's reference is for support of the families of those in custody, we think that the committee should look at the subject from a broad perspective. Our submission focuses on two main reasons why people end up in prison, addiction and mental illness.

We cannot pretend to desperate families that an addicted or mentally ill family member will be in a drug-free environment where they will receive good psychiatric and other treatment. Nothing could be further from the truth. We must look at detention from the point of view of people's entire lives. We need to ensure that people do not have a worse drug problem on exit from prison, do not contract HIV or hepatitis C in prison, do not have a minor mental disorder transformed by prison into a serious mental disorder, do not lose the skills and confidence necessary for the world outside and do not lose contact with family and other support.

There must be a focus on strengthening the bonds between prisoners and their family. For example, prisoners will almost certainly return to the community, where they will need to continue to live with others. They will have similar needs to other human beings to support themselves and obtain accommodation and they may have partners and children for which they will require interpersonal skills so that the lives of those others will not be in misery.

The family has a role not only in the release but also during the entire detention. The family is likely to be crucial to rehabilitation of the imprisoned both while in prison and after, but efforts need to be taken to ensure the family is in a strong position to maintain this role. Where children are involved, the efforts need to be redoubled so that imprisonment and its consequences do not endanger the lives and life chances of the children. Corrections' and the Assembly's responsibility on this issue must extend

beyond the prison walls to the wellbeing of the community as a whole. Thank you. Bill has some remarks to add.

Mr Bush: My name is Bill Bush. I'm a member of Families and Friends for Drug Law Reform. I'd only add two things to what Brian said. They are: we must be honest about where we stand and we must not paper over difficult issues. Our submission and your inquiry cover controversial areas. We urge the committee to recommend measures on the politically sensitive issues of corrections and drugs.

A number of you are on record as having adopted positions that, on the face of it, are at odds with the propositions that we are putting forward. We ask that you pull no punches in challenging us. Only by that means can all the relevant issues come out on the table so that the committee, the Assembly and the community collectively are fully informed.

We are, for example, aware that Mr Cornwell, who is absent, has spoken out strongly against what he has termed "shooting galleries". We are also aware that he has stated:

If we are to fight to victory this pestilence of drugs, agonising soul-searching will be required on behalf of parents and families of the dead and the addicted and of society in general to try to find real explanations for these human tragedies.

Our submission mentions that you too, Mr Chairman, are on record as stating that there are limits to what can be done in prison regarding drugs. At the same time, we are aware that you convened a seminar on drug issues in prison in which you said, among other things:

If we embrace the philosophy of restorative justice, we need to look at the problem from the concept of a continuum of justice perspective. Restorative justice means that we tackle the problem from the time a person is convicted until the time a person is restored with the community as a valued member and that the injured society has been restored as best we can.

Do not cover over difficult issues. If we are honest on where we stand, it follows that we will not fall into the pitfall of many inquiries that cover difficult issues with empty verbal formulations. Prisons certainly need to be secure and, no, they should not be Cabramattas of illicit drug distribution and use, yet overzealous efforts to achieve these objectives will clearly bring to nothing the support and strengthening of family relationships that this committee has been asked to foster.

We are confident that the committee will rise to these difficult challenges. Our confidence derives principally from its most recent and praiseworthy reports on accommodation and support services for homeless men and children, and the rights, interest and wellbeing of children and young people. We are delighted to see from these that concepts of early intervention and integration of support from all relevant service providers and wraparound philosophy are embraced by you. These concepts inform our core position, namely, that while imprisonment involves deprivation of liberty, deprivation of liberty should not mean isolation from the community. If it does, every one of us in the community suffers.

THE CHAIR: Thank you for that. I would like to make a comment early about the terms of reference. The committee was quite deliberate in not addressing services and programs for adults incarcerated. That's an issue for another day and possibly another committee. I'm not sure on that one. The terms of reference concentrate on two features. The first one is the support for families which may be suffering what one could term a tertiary victim status. They are suffering because of the crime and because the person has been incarcerated. What services do we bring to bear to assist them in the restorative justice model's perspective of restoring the community, having received pain or injury?

The other one is with young people being in transition out of Quamby and back into the community, again in the restorative justice model and all the implications of that for the families. The points that you make in your submission regarding the approach to prisoner rehabilitation, particularly in terms of substance abuse—it does not necessarily have to be illegal—are well noted. I don't know how they will fit necessarily into the terms of reference at the moment, but I congratulate you on doing it and urge you to do it every time someone opens a door. Just go for it. If they ask a question, answer it in the same way. I have no difficulty with that at all. But we will restrict ourselves to the terms of reference for this one. I look forward to talking to you again about the other bits at some other stage.

MRS CROSS: I seek clarification on two things that you said. You said that we have to be honest about where we stand and we should not cover over difficult issues. Can you just explain what you mean by those two things? Honest about what and cover up what?

Mr Bush: The Chairman has just mentioned something which is a dangerous thing. If the terms of reference are to be regarded as excluding any consideration of drug policy and practice at present in relation to offenders, then what you're saying is that the committee will not have regard to the fact or have concern about the fact that the person emerges from prison with a drug problem that they didn't have before they went into prison—and we all know the risks of further incarceration that prison entails—or that they come out with HIV, or much more likely hepatitis C, having been a drug user and not having those diseases before they went into the prison. Those diseases affect their sexual partners and children—

MRS CROSS: Just speak into the microphone, Mr Bush.

Mr Bush: Sorry. Your statement about being concerned about support for families would be hollow unless you have regard to that insofar as it comes within your terms of reference. So that's the sort of issue. It's a hard issue.

MRS CROSS: I don't think you were excluding that, were you, Chair?

THE CHAIR: I can actually elaborate a little bit more. One of the things which have emerged in recent times when people have been talking about restorative justice principles as opposed to rehabilitative principles is that in the debates there has been a focus on the programs—the treatment programs, the social programs, the behaviour modification programs—for people who are incarcerated. There are tomes of writing on what we should or should not be doing with and to prisoners within a prison system. The same level of focus swings around onto the primary victims of a crime. For example, you

might recall the debate on the victims of crime financial assistance scheme and the removal of payments under that. That debate is well and truly still alive and is going on.

What this committee seeks to do is to put the spotlight on the third part, not necessarily in isolation of the others, but quite deliberately to actually have a third part in the debate so that once we've delivered the report and people start their discussions about the holistic nature of restorative justice, they don't just think about the prisoner and they don't just think about the victim, but they think about all three sets and the third set is the family being the tertiary victim. In a sense, you've got a perpetrator and you've got a victim. The victim's family or significant friends will be the secondary victims. The third ones, and these people suffer every bit as much perhaps as the families of the others, are the tertiary ones. They're the families of the persons incarcerated.

Quite often, in fact, the first time a wife will find out that her husband has been embezzling money is when the police turn up and their life is completely ruined. The societal focus has not been on that and this committee is trying to put the spotlight on that without attempting to look at it in its threefold manner, so that we're actually giving some extra weight to this other part of the debate.

The terms of reference deliberately excluded one of those because it's too wide a set of investigations for this committee to go down. We would have to be looking at every program—behaviour modification programs and sexual behaviour programs—as well as the treatment of people in terms of drug addiction in the remand situation as well as in the prison situation. That debate will come when the public starts to become aware of the programs we propose to institute for the prison that is going to be built here.

What this committee seeks to do is to make sure that when that debate happens there is a trifocal approach to that debate, because to embrace restorative principles you've got to look at it in a holistic sense—not only in terms of the families as victims but as members of the community. We're trying to restore the person to the community and we're trying to restore the community after damage. That's why there is a focus on that and that is why we are not looking at the services or the approaches for the incarcerated person specifically at this point. I don't want you to think that we're just not doing it. It's a case of deliberate focus.

MRS CROSS: But it's okay for Mr Bush and Mr McConnell to raise this issue because it is a very important issue as part of the whole approach.

THE CHAIR: Absolutely.

MRS CROSS: We agree with you—well, I think we do—that we have to take an holistic approach to this rather than, as you said, an empty and shallow approach. That's not what we're doing. We are taking an holistic approach because we all genuinely care about all the reasons why it's not all working and we know that drugs are a very critical part of us addressing this in an holistic way. So we actually all agree, I think.

Mr McConnell: So in terms of how John has presented it, that doesn't prevent the committee from identifying the interconnectedness between all of these things together within the committee's report?

MRS CROSS: No.

THE CHAIR: Absolutely. There is an imperative on us to do just that.

Mr McConnell: So that those issues aren't lost from the future debate.

THE CHAIR: No, not at all.

Mr McConnell: That's the concern that we're expressing.

THE CHAIR: And, indeed, you have raised it in your submission. We will refer to that in the report, clearly, and when we talk about it in deliberative session it is possible that what could pop out is that, through the Assembly, we actually say to those people developing policies for people who are incarcerated, "Remember that when you start talking about the treatment of people that have substance abuse issues, you've got to do it in a holistic way. You've got the family to consider. You might find that a person is coming from an environment that is conducive to that, and we need to have programs to sort that out as well." So that may very well be one of the results to come out of this.

Mr McConnell: And subsequent generations if you don't sort it out.

THE CHAIR: Spot on.

MRS CROSS: And I think part of the problem has been, Mr McConnell—I know that my committee colleagues are aware of this, too—that many people underestimate the effects of illicit drugs in many of the adverse situations that exist in our prisons and remand centres. I think that it's important that people like you come to us and bring this information forward to us so we can then continue to not only educate ourselves but educate others as well.

Mr McConnell: Can I just ask for clarification. Your terms of reference do not exclude maintaining the connectedness between the family and the person while they're in prison?

THE CHAIR: That's quite right. What in fact we are talking about is that there is an approach—

Mr McConnell: Because that's a support for the family which keeps the connection there, as much as possible.

THE CHAIR: Yes, what we are trying to also find, Brian, is that the family is regarded quite rightly as one of the major rehabilitation tools in the restorative justice program. And quite rightly, we should be looking at making sure that that tool is as appropriate a tool as we can. We don't want to find that we're trying to get some guy off heroin and the family we are using in that are actually addicted and are selling the stuff. I mean, that doesn't make sense either.

We need to be addressing their issues but we need to be addressing their issues from two perspectives. One is using them as a tool perspective, but that's a bit mercenary. The other one is the fact that they are actually in crisis themselves, because they have got

a person in jail, and we are perhaps—this is what the inquiry is all about—not actually supporting that unit. So that when the person is restored, comes out the door, they are going back to a functional family unit. So we need to address the problems that the family will cop as a result of the incarceration or the crime, but also any dysfunction that may be there which was contributory to the thing in the first place, and that's the sort of focus that we're looking at in this one.

Mr McConnell: We're not in conflict on that issue.

THE CHAIR: Not at all.

MS DUNDAS: Can I ask a question that might direct the discussion a little bit more. You raised in your submission concerns about visitation rights and how the intrusive searches that are being done on families coming to visit prisoners are actually impacting on the families wanting to come and visit. We heard that this is a particular issue with children, who don't understand necessarily what's going on or why they're being put through such an intrusive process. Your recommendation is quite interesting. It talks about how the authorities shouldn't allow efforts to prevent drugs entering institutions to undermine the maintenance development of family connectedness.

I want you to elaborate a little bit more on this, about how we do find the balance of allowing families in and allowing that connection to grow versus what then happens during the other 23 hours of the day in the prison system. I'm looking at it from the family viewpoint. They only get a limited amount of time to see the other family member. To get to that visitation they usually have to travel far. They then go through an intrusive process. Some can't afford to do the trip, to a certain extent. So to elaborate on that point—

THE CHAIR: Then strip searches as well.

MS DUNDAS: Yes, and then the strip searches at the end are very intrusive.

Mr Bush: Well, it's not just the intrusive searches, it's the whole regime. It's on the number of visitors, the notice that you've got to give to do it, if you've got to traipse to Goulburn and beyond. And the environment of suspicion that greets anyone who comes. You're initially in a room, which is a goldfish bowl, in which all sorts of the most intimate interactions are going on between people. There are kids there, there are warders looking on. It's awful.

Ask yourself what's the main motive for those set of rules and regulations and it would be almost certainly not the file that's baked in the fruitcake to get out. It'll be rather the pill or the heroin or whatever it is that someone is suspected of getting in. And they do get it in and we know they do get it in and everyone admits that they get it in. As Mr Ryan said, we can stop drugs getting in—I'm not sure if he said it like that—if we don't have any contact visits. So you ask yourself why are the people in prison anyhow? They are not put in prison because they have a drug problem. That's not the reason they are sentenced to prison. It's because they've been doing over our homes or some crazy hold-up or something like this.

MRS CROSS: As a symptom of the drug problems.

Mr Bush: It's a symptom of a drug problem, but that's a question of treatment and health strategies have to go with that. It's a case of the tail wagging—

MRS CROSS: But that says that everyone that takes drugs is going to break into your house. Doesn't that also imply, though, that everyone that takes drugs is a potential burglar, which they're not?

Mr Bush: No, that's quite right. I merely said I don't want to have that.

MS DUNDAS: What would be the ideal situation for somebody going to visit, a family member coming to visit?

Mr Bush: Well, I think the community committee panel that looked at the prison under the previous government had a lot of very, very good recommendations. They put a lot of attention into the visiting arrangements, and you'll notice they tried to get a balance in relation to drugs in one of their final recommendations. I'm not sure that they really went into it far enough, but they realised you had to grapple with it and I think that's one of the things you have to do. I mean, there are already barbecue sites up there; places for conjugal visits—I believe. In Victoria they are around.

If you're informed by the philosophy that imprisonment involves deprivation of liberty, that's fine because bad things have been done and that's the punishment, but you should not have imprisonment of the people in prison apart from the society. Their liberty should be denied but they should not be apart from the society, for all those reasons that Brian mentioned and I think you have so eloquently acknowledged, John.

Mr McConnell: If the primary reason for the search is to stop the drugs coming into the prison, it means that there is still a demand for the drugs in the prisons, and that's the issue that hasn't been addressed. You've got to address that issue before you can get to the smooth entry and the welcomeness of the family to see their loved ones in prison.

THE CHAIR: I think that's one substantial issue that needs to be addressed and it needs to be addressed by our policy makers before the prison is completed. That cannot be determined after the prisoner has arrived. It has to be beforehand. I think I'm on the record as having said that quite loudly.

I'm interested in this in the context of our first term of reference—support for the families. Let's be quite honest: most of the people in prison have a drug issue of one form or another. I think it would be fair to say that they come from an environment which is conducive to people picking up a drug issue.

I guess I'm thrashing around trying to find out how it is we can actually have some sort of approach, intervention approach, other than the tough on crime thing, for which I have no time. How can we get into these areas, I suppose, and say, "Well, look, while this guy is away, his wife has got a drug problem, or she may not have one but his brother does and she is living in the neighbourhood"? How do we actually address what she is going through so that when he comes out then she is whole again, strong, out of the temptation, out of the loop? I guess that's the question, isn't it—how do we break the loop, how do we break the cycle for those people outside so that when they come out we restore them

as a family unit. Quite often they started off as a family unit when they were young and they've drifted into this stuff and now their lives are ruined. When we restore them again, what do we do for those people who are outside, on the outside?

Mr Bush: I think a first step is to get done what you have been saying; actually get people and bash their heads together to provide holistic services, which everyone is talking about and is not being done.

MS DUNDAS: And by "people" you mean government agencies and community organisations?

Mr Bush: All the service providers to provide holistic support. There is a crisis as soon as someone is arrested. There should be some mechanism there to support something in relation to the family of the person who is hauled off this second, this minute, to the watch-house.

As the Youth Coalition have said, these people are not strangers to the system. Through their life many of them end up there. I couldn't give a better illustration of the dysfunctional nature of our services that this sort of thing happens. How many millions of dollars are we spending and what are we getting? The results are not good. The incarceration rates are rising, the crime stats are rising. Australia has one of the highest, if not the highest, rates of burglary in comparable countries. I think a large thing is getting done what all of us are saying should be done. I would emphasise again that it's not just drugs. The two main causes are mental illness and drugs, and the combination of those two is explosive.

THE CHAIR: One of the things that have been put to us—I don't know whether this was in a submission or a comment or whether it was something we just inferred—was that, given that people are innocent until they've been found guilty, you have to have one approach for people on remand for appearance and another one for people on remand for sentencing. For the second one, at least you can kick something off that you know is going to be continued on through the system of incarceration, because it's just a matter of waiting. It's just a time issue, really, of finding out whether you've got five years or 10 years, so you can actually kick off something straight away.

But if a person is on remand to appear and they haven't been found guilty, we have no rights, we have no authority, to say you will go and work, for example, or you will go to this program or you will go to that program, because it hasn't been so ordered by a court. That could be a challenge, it could be a legal challenge. There is an imperative, in my view anyway, to make periods as short as possible so that they do appear before the courts.

But when we talk about the sorts of services that ought to kick in, we don't have a show bag of services where we say to the person's family, "Here you are. This is what you've got to do." We notice, for example, that if you are the perpetrator, you've got a lawyer. A lawyer is going to tell you what your rights are and all that sort of stuff and basically look after you—that's what you're paid for. If you are the victim the odds are pretty good. You have got a compensation claim going here; you have got a lawyer to do that for you. But the families don't have anybody, not even at the court. We talk about the issue of substance abuse, control, the elimination of it through choice by them but we

don't have anything which enables us to say to these people, "This guy's gone to jail and the main thing behind it, mate, is his drug habit. You guys want to get off it, this is how you go about it." We don't do anything like that, do we?

Mr McConnell: Well, you are making some assumptions that the family are using drugs as well but—

THE CHAIR: Well, no, exposed to it. I'm not necessarily meaning that they are users, but they are exposed to an environment of it.

Mr McConnell: Let's just go back a step. You gave two types of people—one who has been convicted and the other one who is on remand waiting for something to happen. As you said before, as soon as the police go to the door there is a crisis in the family. There is no reason why there should not be some assistance or intervention for the family at that point. And irrespective of what the legal status is of the person who has been arrested, the family is still in a crisis. Whether it's going to be short term or whether it's going to be long term, that's something for the future, but it seems to me that there's a point of intervention at that particular point in time.

MRS CROSS: Does it happen anywhere in the world, that intervention?

Mr McConnell: I don't know. Do you know, Bill?

Mr Bush: I'm sorry, I don't know.

Mr McConnell: I suspect it hasn't.

MRS CROSS: So how do you know that that intervention would be helpful other than just personal sentiment, perhaps. I'm not saying it's not—I am being devil's advocate here.

Mr McConnell: I'm putting it forward as a view that could be explored by the committee.

Mr Bush: If I can answer it. I think lateral thinking in this whole area—I mean, you are at the frontiers and we've really got to be informed, things coming inside—

MRS CROSS: We've got to convince many people that intervention is a good thing.

Mr Bush: Yes, well I—

MRS CROSS: So you need to convince me that it's a good thing.

Mr Bush: First of all, the term "intervention"—it's an opportunity, and the Youth Coalition made that point to you. It's an opportunity and the opportunities aren't there. Quite apart from any coercion, you need to provide the opportunity. There are a number of successful interventions in areas cognate to what you're looking at that could help, and child protection is one obvious one.

St Luke's program down in Bendigo is a great illustration of a number of things. The point is it makes real the holistic approach. Child protection is a big factor. But we know that someone who is highly addicted and hasn't got any other parental backup; it's the high risk category we put in our submission. You might recall the three categories. But in the high risk category the parents will love that child—there is no doubt about it—but their conduct will be completely the opposite to the needs of that child. So what do you do? You can take the child away—that's the immediate reaction of horror of the situation that you're in—or you can try and support that family, to empower them, to build on their strength, and this has been successfully done by programs like St Lukes. There are programs in America.

MRS CROSS: Before you empower them, isn't it important that the family is educated to understand why the child is behaving in the way they are behaving? Isn't it more important? Many families do not understand how the symptoms of drug use manifest themselves, and when they see it they get scared or they get angry and, depending on their cultural background, it can cause great embarrassment and loss of face. So isn't it a matter—you know better than I do—of educating the parents first in why this is happening, before you can empower them?

Mr Bush: It's a tightly bound knot, and it's a question of where you start trying to pick it out.

MRS CROSS: Yes.

Mr Bush: And I think you've got to do all those things. You mention the resources or what you need. If you look at the resources that Wrap Around had—and we mention them on page 45 of our submission—they are huge, which just shows you the dimension that you've got to look into. I would say, among other things, that we look at arrests and remand and imprisonment, I think quite rightly, as, in a sense, failures. It's a bit like the family where the child is highly at risk. There is a flip side and it is an opportunity.

The state is being coercive. It is using its coercive powers. True, they may not be found guilty and there's the presumption of innocence but, heavens alive, it might seem a little bit hollow if you've been arrested, you're put into remand and you're there for two or three months before your trial comes up. So there is the possibility of looking on the positive side of this and what might be done as a result of the circumstances. But—and this is why the committee's terms of reference are really so important—it is focusing on something that's been ignored. You are focusing on the family, and I could only really support you on your enthusiasm, it seems, for restorative justice.

The principles of restorative justice should be extremely influential because it's built around the concept of community, and the community involves, as you say, the victim, the family and everyone. If we can get this as a useful mindset to change attitudes that are really working against that, creating a sort of individuality by tearing a whole human being up, putting them into their parts, addressing bits of those parts but not addressing the total person—and not just the total person, the total human context in which they live and their children and others will live.

MS DUNDAS: I am conscious of the time. You spoke about every arrest being a crisis situation and how we intervene at that point. But in your submissions you also raise

a couple of examples where it's been the family that has initiated the arrest due to mental health reasons or other reasons. They see that as their only support which, of course, indicates another crisis.

Mr McConnell: And another point of failure, I would think, too.

MS DUNDAS: Would you elaborate a little bit more in terms of how we deal with that situation where we are looking at the support for families of people in custody when it is the family that has directed that person to be in custody or caused that person to be in custody. You can talk about parents never stop loving their children but the children, as grown up children who are then arrested, can be very angry that their parents have caused such a situation. How do we manage that conflict?

Mr McConnell: A lot of this arises from when people get to the end of their tether. We help on a telephone line, a parent support telephone line, and quite often through the conversation they're talking about their child, what they're doing—the child can be anything up to 30 years of age—what sorts of things are happening in the family, the violence or threatened violence, the money that is disappearing and the furniture that is disappearing and all of those sorts of things. The family gets to the point where they are at the end of a very long road and they see no other alternative but to call the police and have the person arrested for their own peace of mind because they have been constantly involved in this process over and over every day and they see no alternative. Now, this seems to me to be partly a failure on the system to not be able to provide the sorts of services for the person and for the family beforehand.

MS DUNDAS: And that is what Bill is talking about in terms of an intervention process—of getting to the family before the crisis hits?

Mr McConnell: Yes. And once that has happened it's out of their hands, it's beyond their control, but there needs to be some form of reconciliation between them and the person, some measure of—

MRS CROSS: But you have got to work out the warning signs before the crisis hits because not every time do you have a warning before the crisis. Sometimes the crisis comes so quickly that it comes without your expecting it.

MS DUNDAS: Sorry, Brian, can you talk a little bit more about the reconciliation aspect of it.

Mr McConnell: Well, I think it gets to the point of whether the person is able to cope with it. It's a coping mechanism and it would seem to me that the family has not got that sort of skill, the knowledge and the skill that are necessary for coping with that situation. Given that the person has gone into the criminal justice system, the person is going to come out at some time, we expect, and there needs to be some means to bring that person back into the community, and the community that he had before was his family. So it's an education process and it's perhaps a guiding process.

THE CHAIR: And that process of reconciliation where, in fact, quite often there is a rejection by the family because they have to, for whatever number of reasons. But that reconciliation is a case of where that person is actually restored to the family unit.

Perhaps that is a micro-model of how we can address the restoration of the person into the wider community.

I would just like your views on the reconciliation of the family to the community from the perspective that I suspect that if a person goes away to the clink, what happens is that people look upon the family of that person as being a bunch of crooks also. And in some of the cases it's true, in some of the cases it's not. So there is a societal ostracism of that family. I am getting a sense that we as a community, as a society, are not addressing how we can restore that family to the community totally in isolation of the person that is incarcerated.

Mr Bush: Well, that's right. The imprisonment, the arrest, is probably the final straw of that process. If the child has a mental illness there are huge misunderstandings, a huge lot of stigma around that, shame around that. Mental illness is one of the big risk factors predisposing them to take up drugs—self-medication or whatever the reason they get into that. Shame, stigma, crime. It's the worst.

But it's not every time that a parent, in a sense, has given up from their point of view when they ring up the police, the emergency number, and ask them to come around. I think the analogy is much closer to plain cases of domestic violence. There might be quite a lot of the relationship between them. But it's violence that's committed. It's something like an apprehended violence order. What is done in that situation to sort of heal relationships—it's often a cry of help, a desperate cry of help at the last resort for services that should have been provided yonks ago.

THE CHAIR: I sort of didn't get an answer to what I was looking for so I might rephrase it a bit. With your experience you would have come across the situation where a person has a substance abuse issue and the family don't. That is a fairly common feature of our society. But from your experience, does that family get labelled with it very much? And for those who do, do they say, "Oh, the guy comes from a family of druggos"? I've heard that sort of thing said down in my electorate. I don't know whether it's true or false because I haven't bothered to check it out, I must say. But if it isn't, what are we doing about trying to support these people who have got that label? I mean, the same thing works with any other accusation of criminality, if you like, in terms of that ostracising label. What are we doing to help those guys out?

Mr Bush: While Brian is still thinking of an answer, I'll say, "Come to our memorial service ceremony on 27 October, at Weston Park."

MRS CROSS: But that doesn't educate the broader community who wouldn't know about that.

Mr Bush: We seek as much, the maximum amount of publicity as we can, and we do get quite a bit of publicity. That's one of the strategies.

THE CHAIR: Bill, I recognise that and pay credit to that as an issue because it actually focuses on the families as being the victim of the circumstance of all of this horror. But in a systemic sense—

Mr Bush: And the worth of the people who have died.

THE CHAIR: Yes, indeed. But in a systemic sense, as a society we are not doing much, are we? Individual organisations might be, individuals themselves might be, but from a governmental approach and from a societal systemic approach we are not.

MRS CROSS: I think we are doing something to address the mental illness stigma—I must disagree on that. I think that both the federal and state governments have for some time. In fact, there is quite a huge campaign. We have had mental illness week. There are many, many people that have come in from interstate and overseas to talk about mental illness issues. As you know, they have spoken at the National Press Club. I think that the stigma on that has reduced. It is not as bad as it was in our days. People are more confident to speak about mental illness rather than being scared that they are going to be labelled as fruit loops. So I think that there is something that is being done on the mental illness issue.

On the other, however, I think that more needs to be done on the effects of drugs on people. There is a peripheral understanding. And it's not because the community is bad—I think the community just needs to be educated. We need to continue to reinforce it. People like you, who are such good advocates for your cause, help us to learn more to reinforce it.

Mr McConnell: There's been years of propaganda against certain drugs.

MRS CROSS: Sure.

Mr McConnell: And you must expect from that there will come a stigma and a prejudice and so on. You don't, for example, criticise a person who might go down to the club every afternoon and have three or four or five schooners then come home. There is no criticism of that. The person who goes and gambles—provided it doesn't do too much damage to the family then there is no criticism of that. Someone who might use speed or heroin in what you might call an equivalent quantity to the person who goes down and has four or five schooners every afternoon, that person gets labelled. This has been happening for years and we still see it.

If you look at any of the papers—mostly the newspaper articles, not so much here in the ACT but interstate—the exciting story is one about drugs and how bad it is. You look at the TV there's a story about drugs. They've got the person injecting drugs and how bad it is that people do this. You don't see them following someone with a camera down to the club and have four or five schooners. So there is a systemic thing, and years and years of the propaganda that's built up to do that. There are some ways—

THE CHAIR: So the challenge then, Brian, is to change the cultural attitude, the societal attitude, to the labelling.

Mr McConnell: There are some steps that can be taken. Recognition that alcohol is a drug. There are other drugs and the effects of drugs are pretty much the same across the board.

MRS CROSS: Legal drugs.

Mr McConnell: Legal and illegal drugs, and the distinction between legal and illegal drugs is an artificial one. The terminology: don't call them addicts, call them people with a drug problem.

MRS CROSS: And that smoking kills more people than heroin.

Mr McConnell: Yes, all of that.

MRS CROSS: Not that I advocate either.

Mr McConnell: And you can tackle the media. I had cause to ring the media once where they were showing a stereotype image of a young person with a checked shirt falling down and overdosing in a back alley. I rang them and said that it was not appropriate for this sort of thing, and they stopped doing it. So the challenge is there to do those sorts of things. It is more appropriate to say, "This is a person with a health problem." It is not something to be ostracised, and we need to make the facilities available for them.

Mr Bush: There's an attitude.

Mr McConnell: Can I just add one more thing. I know you want to wind up. Bill talked about the holistic approach. There is a structural issue within the way the services are provided, and I think that is something that might need to be addressed. We had a clear example of this at a lecture that Bill and I went to earlier this week, and it's something that's been running in the drug and alcohol area for some time. It is the mental health/drug issue. Someone goes along to the mental health area and they say they've got a mental health problem but they've got a drug problem as well, and the mental health people in the past, and I think it's improving, have said, "Oh, no, you've got to deal with your drug issue first" and the reverse happens. So we have set up essentially silos in here. It's the one person but we've set up two systems to try and deal with this. We have got the person split into two parts, and the approach is less effective than it would be if it was brought together.

THE CHAIR: Yes, I think that's a debate that rages—how to treat dual diagnoses. The fact that these people have been treated like table tennis balls.

Mr McConnell: Sure.

THE CHAIR: The mental health one is probably the best example, where if a person doesn't fit strictly the definitions contained in the act then they are regarded as having a behaviour problem—"They're not my problem because we've got people with mental health issues here as defined." Then, of course, we find that they're just tossed between the chairs.

If my memory serves me correctly, about 20 people who have significant enough problems—they're not mental health issues as defined but they're mental health issues in my view—find themselves in and out of Belconnen Remand Centre constantly.

Mr Bush: And parents are desperate.

Mr McConnell: But I used the point to illustrate that I think there is more than just those two silos. You have got corrections as a silo and you have got Housing as another one, and you have got support services.

THE CHAIR: I think in an earlier part of the discussions we identified that there was corrections, there was the family services part of the Department of Education, Youth and Family Services, there was Housing, there were the transport and urban services areas, and there was the police. There is six. What we are finding is that in part, to a greater or lesser degree, they are all doing something—not necessarily the families, but they are all doing a little bit of something—but it is not stitched together in any way, shape or form.

Mr McConnell: Yes. How much better they would be if they were stitched together.

THE CHAIR: Yes. Well, thank you very much for that. It's been great.

MRS CROSS: Thank you both of you.

THE CHAIR: I really appreciate your time. We will adjourn the public part of the hearing. Thank you, Hansard.

Hearing suspended from 12.35 to 2.05 pm.

SIMON QUILTY was called.

THE CHAIR: We recommence public hearings, and welcome Simon Quilty. You should understand these hearings are legal proceedings of the Legislative Assembly protected by parliamentary privilege. That gives you certain protections, and also certain responsibilities. It means you are protected by legal action such as being sued for defamation for what you say at this public hearing. It also means you have a responsibility to tell the committee the truth. Giving false or misleading evidence will be treated by the Assembly as a serious matter.

As I said earlier, the hearings are being recorded for Hansard. They are reticulated around various offices in the building, and to the offices of some senior public servants outside the building. We will get you a copy of the transcript, so you can look at it and correct it, if you think we've misunderstood something. I will invite you to make an opening statement and we will then seek questions. There will be some exchange—and we will see where that takes us. I invite you to do that. This is Helen Cross and Greg Cornwell—members of the committee. You saw Ros Dundas earlier.

Mr Quilty: My name is Simon Quilty and I'm a researcher. I'm a mature-age medical student at the University of Sydney. I was approached by the Faculty of Medicine in 2001 and offered faculty sponsored support to undertake a research degree. At the same time, I was approached by the New South Wales corrections health service—that is a branch of the Department of Health which provides health services to inmates in New South Wales. They also offered to support my research, based on a public health perspective of prisons.

In 2001 and 2002, I undertook a masters by research in public health. The topic of research was “the health of the families and children of prisoners”. During this period, I was based at the Long Bay prison hospital and worked with researchers and academics from corrections health service and the University of Sydney. My research is the first nationally—and, in some instances, it's also the first internationally—to examine the health impacts of incarceration on families and, in particular, children of prisoners. It's also the first statistically and methodologically rigorous study in Australia to examine the number of children who are adversely affected by parental incarceration.

Briefly, the results from my research estimate that, in 2001, there were 145,000 children under the age of 16 in Australia who had at any point in their lives lost a parent to prison. This represents 4.7 per cent of all children or, on average, more than one child in every classroom across Australia. Indigenous children are even more likely to have had a parent in prison, with one in every five children having experienced parental incarceration at some stage of their lives.

Of particular note, over 60 per cent of all children who lose a parent to prison are under the age of five years when they first experience their parent's incarceration. Almost 60 per cent of children who have experienced parental incarceration will re-experience this event, since 60 per cent of parents in prison are repeat offenders. Parental incarceration is a chronic and recurring problem facing most of these kids.

The health of children of prisoners remains somewhat of a mystery in Australia. However, medical evidence suggests that these children suffer high rates of illness—much higher rates than probably any other group of children in society as a whole.

To give a little insight into the health issues facing families and children of prisoners, my research focused on the health of the parents who were in the prison. In New South Wales, over 40 per cent of fathers and almost 70 per cent of mothers in prison are hepatitis C positive.

MR CORNWELL: Is this before or after prison?

Mr Quilty: This is during the incarceration of the parents.

MRS CROSS: They contract it there?

MR CORNWELL: They haven't gone in with it?

Mr Quilty: Most of them have gone in with it. A lot of them also contract it whilst they're in prison. Corrections health service is trying to find out the current rates of infection in prisons in New South Wales.

MRS CROSS: You said most of them come in with it, but a lot of them get it there.

Mr Quilty: Most of them come in with it, but a lot of them get it there. There are a number of medical researchers in Australia who say that prisons are the most dangerous places to get infected with hepatitis C. That's still under debate, but certainly prison populations have the highest rates of hepatitis C anywhere in Australia.

THE CHAIR: It would be interesting, while they're looking up the numbers, to correlate them with the number of repeat visits—to see whether or not a person who comes in with hep C contracted it in prison on a former visit. You've got 60 per cent recidivism, or something of that order. The odds are pretty good that a person has first contracted the thing while they're in there!

MR CORNWELL: Why do they contract it? How do they contract it?

Mr Quilty: They contract it because they inject drugs whilst they're in prison.

MR CORNWELL: That's illegal!

Mr Quilty: It is illegal, but it does happen—and it happens regularly. Sixty per cent of inmates in New South Wales reported that they had injected drugs whilst they were in prison.

MRS CROSS: They use the same syringes—so they're passing it on.

Mr Quilty: There have been reports that one syringe has been shared around 100 inmates. You need to have only one hepatitis C positive inmate, and all of them will end up with it.

There is evidence of other infectious diseases which are common in prison populations that can spread to the children and families of prisoners. There's evidence that hepatitis B, sexually transmitted diseases and airborne infectious diseases, such as meningococcal meningitis, are higher in prison populations. This places the families at risk—and especially the children.

MR CORNWELL: You referred to meningococcal meningitis. Have you got any figures on this?

Mr Quilty: There was a US study done in 1996.

MRS CROSS: For Australia—or the US?

Mr Quilty: For the US. They propose that the reason people in prisons have higher rates of meningococcal meningitis is that they're carriers. They're not infected, but they can infect people. It's because of the prison environment—it's because you have people incarcerated in small rooms, sharing indoor space.

MR CORNWELL: It's a fairly serious allegation. I accept that they are incarcerated, and I'm not suggesting we should let them all out. Nevertheless, it seems to me that steps should be taken to try to minimise this, if it is happening here in Australia.

Mr Quilty: The thing is that there isn't enough research on what's happening, although it is being done. Corrections health services are, at the moment, in the process of doing comprehensive research on a cross-section of the prison community which will give us a much greater idea of what's happening in prisons today.

MR CORNWELL: Mr Chairman, could we chase that up?

THE CHAIR: Yes. Simon has quite a bit of prepared stuff here. Perhaps we can wait until he gets to the finish.

Mr Quilty: The other important aspect is the crossover of mental illness from prisons to the communities. The mental health of parents in prison is appalling. Eighty per cent of mothers in prison—these figures result from the corrections health survey done in 2001 that I've been working on with my research—have a diagnosable mental illness, as do 60 per cent of fathers. Nearly one in three mothers and one in four fathers in prison have, at some stage, attempted suicide.

The other mental illness that we all know about, which is probably the most substantial problem facing the children of prisoners, is substance misuse. New South Wales corrections health service estimated that, in 2001, 80 per cent of all prison inmates were there—either directly or indirectly—because of illicit drug use.

From a medical perspective, I consider illicit drug use to be a medical problem. I classify it, as do psychiatrists, as a mental health issue. These mental health issues weigh heavily in many respects—environmentally and genetically—on the children and partners of prisoners, yet the children and families of prisoners in New South Wales remain almost completely unrecognised by the government.

The New South Wales judiciary is starting to recognise the extent of the problem. I was invited to present information before judges and magistrates at the judicial commission's education seminar earlier this year. However, the New South Wales government still has no official recognition of the special needs of these children and has largely ignored the recommendations made by the 1997 Standing Committee on Social Issues report into children of prisoners.

This report strongly recommends a reduction in prisoner populations, as a start—through alternative sentences, services to provide for the special needs of the children of prisoners, and emphasises the need for a much more integrated approach between government agencies in dealing with this growing problem. I'd like to express this from a public health point of view.

When it comes to public health issues, we consider the benefits and harms to prisoners. Prisons are beneficial in that they are instrumental in controlling crime rates. If they are appropriately run, they can achieve this. However, from a public health point of view, we have to acknowledge that prisons, as institutions, have a negative impact on society as a whole. There is undoubtedly a negative impact on the children and families of prisoners who lose a parent and provider to the punitive mechanism and who are then, through their experiences of cumulative risk, more prone to mental illness, serious infectious diseases, drug abuse and criminal behaviour.

MRS CROSS: You've given us so much! How long have you been doing research into this?

Mr Quilty: For three years.

MRS CROSS: Full time?

Mr Quilty: It was part time in 2001, full time in 2002—and part time to full time this year.

MRS CROSS: Your client is the New South Wales government?

Mr Quilty: I have been sponsored in my research through the University of Sydney—and also through corrections health service.

MRS CROSS: You said many important things, but I was extremely interested in the percentages you quoted. You said that 80 per cent of women incarcerated have a diagnosed mental illness—or can be diagnosed.

Mr Quilty: Can be diagnosed.

MRS CROSS: They haven't been diagnosed. How did you work out the 80 per cent?

Mr Quilty: This was part of the New South Wales corrections health service survey of inmates in 2001. They took a random sample of 10 per cent of all inmates in New South Wales and administered a mental health questionnaire to them. It's a comprehensive mental health questionnaire—the one used by the World Health Organisation. It has to be administered by a psychologist and, through that, they are diagnosed.

MRS CROSS: You also mention substance misuse. Was that how you put it?

Mr Quilty: I would prefer to call it substance use disorder. That's how a psychiatrist would define it.

MRS CROSS: Can you explain what that means?

Mr Quilty: Basically, if you use heroin, it's a substance use disorder—if a psychiatrist were to review a patient using heroin—but it's a complicated diagnosis. It's available under DSM4.

MRS CROSS: What does it mean? Is it just someone using heroin?

Mr Quilty: It's somebody who, through their use of a drug, is adversely affected in social and physical ways.

MRS CROSS: You mean if they overdose?

Mr Quilty: If it adversely affects any of their normal functioning in society. The World Health Organisation defines "health" as being appropriately satisfied in your social, environmental and physical needs. It's not just an absence of disease. So the psychiatric definition of a disorder, as opposed to an illness, is that it affects you negatively in social or physical ways.

MRS CROSS: You made reference earlier to the use of illicit drugs being a health problem. Is that only in respect of people whose use is ongoing and who are affected adversely by it, or is that everybody? There are people in our society who use it for recreational purposes.

Mr Quilty: Yes. That's called a substance abuse disorder, rather than a substance use disorder. I'm not a specialist in drug and alcohol matters, so I'm not qualified to answer these questions by giving precise definitions.

MR CORNWELL: Regarding the survey that's been done about meningococcal meningitis and things, have you any idea when it might be finished and available?

Mr Quilty: I'm not sure when it will be available. Parts of the survey—they are going through a publication process at the moment—will be published in various medical journals.

MR CORNWELL: It might be useful to try to track some of it down, Mr Chair. That was just an initial reference. As to the mental illnesses of parents in prison, are these mental illnesses acquired in prison, or do they go in there with them?

Mr Quilty: It's difficult to say, but studies are finding that most mental illnesses have an environmental component—as to how people have been brought up, the family situations they come from, their educational background and whether their parents had drug problems. They're all external environmental influences. The other part is genetics—what somebody is born with.

MRS CROSS: Predisposition.

Mr Quilty: Predisposition to developing an illness. Since there are such high rates of mental illness in prisons, the children of prisoners are potentially more at risk of developing a mental illness. There hasn't been enough research into this to solidly define what's going on with mental illness, and how it's passed on from family member to family member. That's an ongoing topic of a lot of debate in the psychiatric field. Nevertheless, it is known that these children are at increased risk, environmentally and genetically, of developing a mental illness.

MR CORNWELL: If their parents are in prison, or just if their parents are predisposed to mental illness?

Mr Quilty: No. It's the experience a child has when their parent is incarcerated. You can't just think of it as the parent going to prison because it's also a fact that, often, their parents go to prison on a number of occasions. There are reports that many children witness their parent's crime, and also their parent's arrest. They have to go through the sentencing procedure, which is a destabilising situation for the whole family.

MRS CROSS: There is ongoing trauma.

MR CORNWELL: You mentioned the term "incarceration". Are you suggesting that some of the parents with mental illnesses should not be in prison, but should perhaps be somewhere else—like mental hospitals?

Mr Quilty: In New South Wales, there are not enough—

MR CORNWELL: You have read the *Good Weekend* article, I'm sure.

Mr Quilty: No.

MR CORNWELL: No, I think it was in the *Bulletin*. The article indicated that, since the 1980s, when people were suddenly released from these hospitals into society because that was a good thing, the suicide rate among those people has skyrocketed.

Mr Quilty: Yes.

MR CORNWELL: With that background, I am trying to work out what to do with these people with mental illnesses. What do we do with them if we do not put them into prison?

THE CHAIR: Before we go too far down that track, let us come back to the terms of reference.

MR CORNWELL: If we do not put them into prison, we have to do something with them.

THE CHAIR: Agreed, but the terms of reference talk about the families of those people. I think we should concentrate on that.

MR CORNWELL: Would it help their families if these people were put somewhere else rather than in prison?

Mr Quilty: I am not qualified to answer that question. It is difficult to establish what has happened to people who were taken out of mental hospitals after the Richmond report. There has been a lot of debate and that is a separate topic. It has been demonstrated that people who are released from psychiatric institutions are more likely to become homeless than go to prison. That is something on which I am not professionally qualified to comment.

MRS CROSS: I must say that I find your statistics alarming and scary.

Mr Quilty: There is another part to my research. In 2002, while I was at Long Bay prison hospital, I was involved in examining a number of infectious disease outbreaks in the prison population in New South Wales. I recently published an article in the *Nature* journal, *Public Health*, which documented an outbreak of varicella zoster, which is chickenpox, which was brought into the prison population by a child. About five inmates were exposed to that child and about another 60 or 70 inmates were exposed to those five inmates. Those who were potentially exposed were pregnant women and HIV-positive inmates. Varicella zoster can be fatal to a pregnant woman or to an HIV-positive person.

That just goes to show that infectious diseases can and do pass both ways, including from prison populations to the community. The first people who are affected by this are, of course, the children and partners of prisoners. I do not know whether any of you have seen the inside of a prison visiting centre. At the centres that I have seen in New South Wales the tables are close together, children move around the whole of that visiting centre and, if any infectious diseases could possibly be transmitted, that is what will occur. Not enough provisions are in place to stop that from occurring.

MS DUNDAS: I was going to ask you about the visiting rights of families. We are looking at support services for families and the need for families to participate in rehabilitation. When a prisoner is released, the family connection should still be there. He or she should not be talking to strangers but to members of the family. You just raised an interesting aspect of visiting centres—that they are not the healthiest places in the world. How do we balance these two elements?

Mr Quilty: Another part of my research related to disrupted attachment. Psychological theory—and this is based on the work of Bowlby from 1969—states that a parent-child attachment is vital for the ongoing healthy psychosocial development of a child. From my experience in New South Wales prisons, they are completely inadequate to support a father and child relationship when a parent is incarcerated. Phone calls are limited to seven minutes at a time and visits are limited. Visiting facilities are far from appropriate for young children and, by all accounts, it is impossible to keep a normal parent-child relationship going while a parent is incarcerated.

I must stress this issue as well: parents who are in prison are not bad parents by default. Admittedly, some of them are dysfunctional and some of them are not good but, from my experience, the majority of them are good parents who love their children and whose children love them.

MR CORNWELL: I want to follow up on that point.

Mr Quilty: I believe that more facilities are needed to enable families to have a more normal relationship while a parent is in prison. If that does not occur there will definitely be an adverse psychosocial impact on the children.

MS DUNDAS: Does your reference to the words “more normal” mean that you are talking about communication? Do they need more access to communication, be it through the phone, visiting rights or visits being private?

MRS CROSS: A nice environment.

Mr Quilty: Yes, and more privacy. I do not know whether you have seen a prison visiting centre, but they are very alien environments. I had never been in such environments before.

MS DUNDAS: What do you think of the searches that people have to go through to visit prisoners? We have heard that, at the remand centre in the ACT, children have been strip searched. How would that affect the wellbeing of families and children?

Mr Quilty: I have witnessed children going into visiting centres and being searched. I have not seen them going into maximum-security jails; I have only seen them going into minimum-security institutions. But children are searched by the guard and that is a traumatic experience for them.

MR CORNWELL: Why is that?

Mr Quilty: Because they have a guard who is not trained in dealing with children.

MR CORNWELL: No, why are they searched?

MRS CROSS: For drugs.

Mr Quilty: For drugs.

MRS CROSS: For anything illegal.

Mr Quilty: Let me give you an example of some of the problems that these children face. As part of my ongoing medical training, I spent time at Long Bay prison hospital. I was introduced to a prisoner who had tuberculosis. He was a 45-year-old man whose wife had died of tuberculosis six months prior to that. They were second-degree homeless people, so they were basically moving from institution to institution. They had four children.

This prisoner was incarcerated because he was stealing and he could not cope. He had never been to prison before and he could not cope without his wife. He refused to tell the Department of Corrective Services where his children were. It is not the duty of the Department of Corrective Services to follow up that kind of information. The corrections health service was concerned about the possibility that those children were infected with

tuberculosis. They had disappeared; there was no trace of them. They had probably gone to a relative somewhere who was unaware of the situation.

Those kinds of things, which happen day in and day out, go unreported because the children of prisoners are a silent group. They are hidden—they do not want to be known as the children of prisoners—they are very vulnerable, and they are young.

MR CORNWELL: Let us go back a step. You said earlier that you did not see the need to send as many people to prison. I do not think anybody would necessarily disagree with that. What is happening to minimise the number of people who are going to prison? Obviously, it would not affect their families if there was an alternative means of control, such as home detention or something like that.

THE CHAIR: There is the point that Simon made earlier and I do not know whether we placed the right amount of emphasis on it: the physical dislocation of a child from his or her parent will certainly adversely affect the wellbeing of that child. So, too, would witnessing an arrest, the sentencing and often, as you said, the crime that had been committed. Children might also see the other significant adult in their lives going to pieces. All of that is just as significant, is it not?

Mr Quilty: Yes. This is very important. That is why, in my research, I wanted to estimate how many children had experienced parental incarceration. I am talking about the number of children in Australia under the age of 16 years who at any point in their lives have had a parent go to prison. That number is 150,000.

MRS CROSS: I am shocked.

Mr Quilty: It is not just that one episode and its deleterious effect: it is the ongoing effect. It is also a symbol of that child's vulnerability. You are talking about a crime and you are talking about arrest. There is no police training on coping with children during an arrest. There is also the sentencing, when the family is destabilised and the parent might be sent to a prison that is a few hundred kilometres away. Then, during the sentence, the family may have to relocate. The husband and wife union may be disrupted, and may deteriorate and fall apart.

Then, the very important part, and perhaps the most important part, which no-one considers enough, is the release of the prison inmate into the community. The reason I say that is that prisoners have very high rates of mental illness, they are in an environment that is very stressful and which is certainly likely to exacerbate any mental illness, and then they are released—and I can only speak about what happens in New South Wales—into the community with minimal support, unemployed, with psychological problems because they have been incarcerated and institutionalised, and they are expected to function without committing crime again.

The only people they have, in the vast majority of cases, is their families. Often the families will not want to have them back but, if they do have them back, those families face another series of stressors which are very damaging to children, as is the whole process.

THE CHAIR: The parts of the terms of reference on which we were focusing were the support services and preparation the family have, and whether or not people are indeed aware of the extent of difficulty the family is in at the time the fellow—and it is usually a fellow—is released to them. I think you are telling us that those support structures are not there for the person being released, let alone for the families who need it as well. Is that right?

Mr Quilty: Yes. That is my experience and what I witnessed but what I am saying from a medical point of view is that each one of these experiences—such as witnessing a parent’s crime, witnessing the arrest, and going through the sentence and the release of the parent—constitutes an insult that is probably enough to induce problems such as post-traumatic stress disorder in a child. There is some research that shows that children who have a parent incarcerated have very high rates of post-traumatic stress disorder. That kind of problem goes on for the rest of that child’s life.

MR CORNWELL: You cannot suggest, though, that if an arrest has to be made, some sort of arrangement has to be made so that the child is out of the building before it can be done.

Mr Quilty: No, Greg, I am not saying that.

MR CORNWELL: We must not lose sight of the fact that those people are in there for a reason.

Mr Quilty: Yes, absolutely. I would not disagree with that. There is a function for prisons, and there is a need for that arrest, but there is also a dire need to recognise that that necessity also has a damaging effect.

MR CORNWELL: Yes.

Mr Quilty: We have to look at the tertiary victims, who are the children and the families.

MR CORNWELL: I am still concerned about the number of people who are in prison who perhaps could get by with home detention or some other means of punishment—if you want to use that word—or something like that, without putting them in prison. Have you any idea of how many people could perhaps be safely dealt with by alternative means?

Mr Quilty: I can only speak from my experience at Long Bay prison hospital, where I met probably 300 inmates while I was doing my medical rotations inside the general medical wards. While I did meet some very dangerous people in prison, I would say that the majority of them were not dangerous, certainly not to me while I was in prison, while I was looking after these people’s health.

MRS CROSS: They were probably scared of you.

Mr Quilty: No. They were people who were from very disadvantaged backgrounds and this experience is just disrupting any semblance of functionality that they did have in the first place. However, that is a different argument altogether.

THE CHAIR: It is also a subject for another inquiry at another time.

Mr Quilty: Yes.

MS DUNDAS: Have you come across any research about young people themselves being incarcerated? The second part of the terms of reference looks specifically at the youth detention centre here, how young people return to their families and how they function.

Mr Quilty: I did not have any experience with that aspect in my research. It is a bit out of the scope of what I can talk about.

MS DUNDAS: Sure, but you have done research on children. They are obviously, then, children of adult prisoners? Have you looked at any children of young people, where the young person might be incarcerated as well—teenage pregnancies, that kind of thing?

Mr Quilty: No, I have not looked at that.

MS DUNDAS: Okay, we will find somebody else to question on those areas.

Mr Quilty: Yes. However, I am sure that the health characteristics and the mental health of juvenile detainees is also very poor. It is also almost impossible to believe that those health problems will not further affect their children, especially in the case of drug use. Drug use in parenthood, especially when a pregnant woman uses drugs, has a number of damaging effects on the foetus or child.

Then, there has been a lot of research in the United States that shows that children who witness their parents using drugs are themselves more at risk of developing a substance use disorder. They have also been shown to have an increased risk of involvement in delinquency and crime, and of developing other mental illnesses, such as depression. It is a very complex area and it is very hard to determine cause and effect a lot of the time.

THE CHAIR: I want to go down that path a bit. I think this is an extension of what you are saying. You are pointing to the lack of support services for those kids and you talked about the fact that a lot of the prisoners have been there before—they have been in and out three or four times and so on. Recidivism is one of the big challenges of today, I suppose.

Mr Quilty: Yes, absolutely.

THE CHAIR: Would I be correct in assuming that, if in fact we had better support services for kids, particularly psychological and physical services, that would be the only opportunity we might have of breaking the cycle of recidivism or one of the major ways in which we might break it?

Mr Quilty: You cannot underestimate the importance of having a healthy family to return to once a prisoner comes out of prison. Recidivism is another whole issue that goes back to the philosophical basis of New South Wales prisons. My experience leads me to believe that they are not built on a philosophy of permanency or of real

rehabilitation in the sense of rehabilitating prisoners into the community after incarceration.

THE CHAIR: Are you saying, Simon, that restorative justice principles would be news to the people in the New South Wales prison system? We talk about the restorative justice principle as not only being about restoring a prisoner to a community, but about restoring the community, because of the damage that has been done to it as well. The rehabilitation philosophy stops when the prisoner is released. What I am hearing is that there is no adherence to the philosophy of restorative justice. The point that you make about having a healthy family has two aspects to it. One is the use of the family as a rehabilitative tool and the second is that we have an injured family anyway, and we are not supporting this injured family anyway.

Mr Quilty: Yes, and they are injured before the prisoner even commits the crime in most cases, too. Generally, in New South Wales they come from fringe suburbs where people are generally of low socioeconomic status, and where they face a lot of social and transport adversities and countless other adversities.

MRS CROSS: What percentage come from that background?

Mr Quilty: I cannot tell you, but a lot of research has been done by Baldry in New South Wales addressing that issue. It has shown that there are suburbs that have much higher rates of incarceration. These are the suburbs where these children are growing up: where they have role models who go in and out of prison, where they have high rates of crime, where they have high rates of unemployment and where there are a lot of drug and alcohol problems. It is part of the holistic view of this problem.

THE CHAIR: I recall, in a visit to a Northern Territory prison, that I saw four generations of the same family in the same prison. It is exactly the same thing that you are talking about, isn't it?

Mr Quilty: Yes. I remember, on one occasion, an inmate at Long Bay prison hospital was released. He had had some tests because he had an ongoing cough. He was about 50, he was released into the community and there was no follow-up about his health. The doctor in charge of the ward was concerned about what would happen to him. Luckily enough, his son was also incarcerated in the Long Bay prison hospital, so his son was asked to follow it up with him when his son was released. It is always a generational thing—a number of times I heard, “My brother is up at that prison, so I want to go up there.”

THE CHAIR: It is a badge of honour, in fact, with some young fellows.

Mr Quilty: Yes, it is a huge cultural problem.

MS DUNDAS: You mentioned the situation you had where a father, as the sole carer, refused to tell Corrective Services where his children were. We hear that, if prisoners are moved from, say, Long Bay to Goulburn, or vice versa, it is up to the prisoners to tell their families, or anybody who might be interested, that they have been moved. We have actually heard of people making a trip from Canberra to anywhere to visit a prisoner and finding that the prisoner has been moved on. How do we strike the balance here, then?

How do we balance the best interests of the children, the family, the privacy rights of the prisoner and the best interests of the prisoner? Do you have any thoughts on that?

Mr Quilty: It is a very difficult issue. One of the fundamental problems, especially for prisoners' health, is the fact that prisoners move around so much. When I was following up this varicella zoster outbreak at Long Bay prison hospital, I found that it was associated with two guys who went to Penrith courts. They went back to prison and they were both infected. When they went to the courts, they were in a transport van and they exposed 16 other guys. These 16 guys went back to Silverwater jail and from Silverwater jail they all went everywhere, and we had to follow up inmates in about 13 different prisons.

Part of the whole problem about families and prisoners is that prisoners are not given any permanency. In New South Wales, they are moved around at will. They have no guarantee that where they will be in bed this week, they will be in bed next week.

MR CORNWELL: Why is that?

Mr Quilty: It is because they have to shuffle people to cater for security classifications. It is because the population is very transient—a lot of people are in for three months, a lot are in for five years. This is an ongoing problem. There is also a problem with the culture within prison and trying to protect prison inmates from social problems within the prison population.

MR CORNWELL: You mentioned the security classifications, so are there prisons in New South Wales that have different security classifications?

Mr Quilty: Yes, that is right.

MR CORNWELL: Or do they have different security classifications within the same prison?

Mr Quilty: Yes, that is right. They have both.

MR CORNWELL: What I am thinking of, Mr Chairman, is that somebody with a low security classification might indeed be sent out of Sydney to Cooma or somewhere.

Mr Quilty: That is correct.

THE CHAIR: It is particularly likely that somebody will go to Goulburn jail for classification. That person will spend a couple of weeks in Goulburn jail for classification and then be classified as medium and end up in Junee, for example.

MR CORNWELL: Yes.

THE CHAIR: And that is a close one. They could end up in Singleton just as easily.

MR CORNWELL: The point I am making is this, though: I suppose you could argue that that classification process and moving them to those places is for their own good,

and is better than locking them up with a group of hardened criminals. What is your view on that?

Mr Quilty: I see it as a failure of the Department of Corrective Services to provide a permanent place for prisoners, where they can settle. It might not be ideal for their family, but the fact is that, throughout their sentence, they can be moved at will and they are moved at will and this poses incredible difficulties, as somebody mentioned before. You might go to visit your father in prison and find that he has been moved to a prison 300 kilometres south.

MR CORNWELL: Why would they do that if the second facility has the same classification? Why can't they leave the prisoners where they are?

THE CHAIR: There is a range of reasons.

Mr Quilty: And, I have to say, a range of very inconsistent reasons.

THE CHAIR: Some of the reasons are valid and some of them are grossly invalid.

MR CORNWELL: It does not help the families, does it?

THE CHAIR: They move some people for their own protection, because they are going to be thumped.

MR CORNWELL: Yes, I accept that.

THE CHAIR: They sometimes move prisoners around because it interrupts the creation or the maintenance of a clique or a hierarchy within the prisoner groups. They sometimes move them around to free up a bed in a particular place to receive somebody else. Then, of course, one person's win is another person's loss, so that is an invalid reason for moving a person, but it happens.

Mr Quilty: In New South Wales, I think there were somewhere around 150,000 movements between prisons in 2001. You are talking about a population where 70 per cent of women have hepatitis C, 40 per cent of men have hepatitis C, there are very high rates of hepatitis B and the possibility of a whole range of other infectious diseases, and these prison inmates move around constantly. It is a public health nightmare.

MS DUNDAS: The guts of the question I was trying to ask is whose responsibility is it to let families know, especially if they are visiting regularly.

Mr Quilty: My understanding is that it is very inconsistent. I think it is up to the inmate but I am not sure. I could not quote the Department of Corrective Services policy on that.

MS DUNDAS: Yes, we understand that it is up to the inmate to make that information known. I guess the question comes in where the family might want to know but the prisoner does not want them to know, because he or she is ashamed.

Mr Quilty: That does happen.

MS DUNDAS: Yes. Again, how do we balance that? How do we work for the best interests of the prisoner and of the family without impinging on anybody's personal freedom or rights?

Mr Quilty: One of the keys to this is to use punitive incarceration as an absolute last resort. I do not believe that it is used as a last resort on enough occasions.

THE CHAIR: In that vein, one of the things we struggle with is whose responsibility ought it be to make sure that the family of the person incarcerated is a healthy family? You talked about the range of criteria that have to be assessed in order to label a family a healthy family. It is not only the pathology of the family, it is a whole stack of other criteria. The question that I have been struggling with is to whom should we sheet home major carriage of this, in an interagency approach: should it be DOCS, for example, in the New South Wales model?

Mr Quilty: You can think of it as a start anyway. I am not sure. You need to have much more communication between agencies but, as a start, you can look at prisons as a potential benefit. Because the prison inmates themselves are so sick, there is the potential to improve their health and prevent the further spread of infectious diseases. Also, because prison inmates' families often visit them, you could interact with those families then. It is difficult to know how to protect the privacy of the prison inmate's family because they are likely to have been exposed to a lot of adverse health events. However, you have to respect their privacy at the same time. But because so many people do visit family members in prison, there is the potential to use visiting centres as health promotion centres as well.

THE CHAIR: One of the things that were mentioned to us was that, when a person is sentenced to jail, or even appears before the courts, there are plenty of people to advocate on that person's behalf—lawyers by the yard. The victim of the crime has plenty of people advocating on that person's behalf also, compensation lawyers being some of them. There is legislation providing victims with compensation and that sort of thing, but there is absolutely no spotlight on the families of those who are sentenced.

I think it was Prisoners Aid who suggested that perhaps what we needed was—I will use my phrase—a show bag, which is handed over to these people when a person is sentenced and which contains information that says, “These are the things that you should be looking for, these are the flags that are going to go up and these are your access points for assistance” and so on.

Mr Quilty: If you think about that, you have to consider how you can provide health care to those people because my experience has been that there a lot of general practitioners who are prejudiced against prison inmates' families. There are a lot of people who, if they hear you are a member of the family of a prisoner, are wary of you. A support service should be set up that is designed for families of prisoners and for prisoners themselves, because they have specific needs, especially with regard to privacy and stigmatisation. There are also the infectious diseases such as hepatitis C, the substance use problems and mental illness, so you need to have—

THE CHAIR: Simon, do you think that, given that such a wide series of agencies is involved here—the police, housing, education, family services, health and transport—that an agency ought to have carriage of this? Given the nexus between the person incarcerated and the health of that person’s family, by your World Health Organisation definition, do you think it would be appropriate, for example, for the Corrections Health Board to be the major agency that carries responsibility for this?

Mr Quilty: I think that would be a good idea in terms of health. I haven’t thought about the policy issues regarding this, so I’m coming to you with the knowledge I have of the health issues.

THE CHAIR: The sort of data and the picture you’ve presented pop the question up; now we’ve got to have an answer to it. That answer is that someone’s got to do something about it, and the question then is: who? Once you’ve identified who they are, they can do their strategic planning and say, “That’s the way it goes.” In New South Wales do you see the Corrections Health Service being a good sort of law carrier in this sense?

Mr Quilty: Part of the problem I see is that people who visit prisons can’t differentiate Corrections Health Service employees from Department of Corrective Services employees, and there are a lot of privacy issues to do with health, especially with substance use, mental illness and hepatitis C.

THE CHAIR: But if they were the manufacturers of the show bag and they were the ones who were saying it was the interagency model they wanted to see and they were the agency who provided an annual report to the parliament saying this is working or not working and who—by virtue of coming back and doing what you’re doing now in ten years time—will say it has or has not worked—

Mr Quilty: When you’re talking about solutions, you shouldn’t be afraid of throwing a lot of money at these people, because they are at high risk of very adverse outcomes. If you can intervene and improve their psychological and physical health, not only will you save costs in terms of the potential crime these people could commit in the future and the adverse health outcomes they are likely to experience; you will also put them in a more stable situation where they are actually contributing members of society. In terms of cost benefits, which are what public health is a lot about, there is enormous potential to really push them.

MR CORNWELL: It remains to be proven, though. That’s the problem.

Mr Quilty: It’s partly the problem.

THE CHAIR: You were talking about the example of the families having the same result as a successful restorative program for a prisoner. They’re costing us \$70,000 a year. If we can get them to pay \$20,000 tax, there’s a \$90,000 a year turnaround, and you’re saying that here’s the opportunity to do this before we end up with a \$70,000 cost.

Mr Quilty: Yes.

MS DUNDAS: You mentioned the prisoners not distinguishing between health service professionals and the corrective professionals they're dealing with. Is that also a problem for families? We often hear about indigenous families and their complete distrust of anybody in any way connected to the government. Is that being picked up by prisoners' families as well because they're afraid that, if anybody gets involved in a government agency—be that a health professional or a support worker—the information will flow back to somebody who will say it needs to result in an arrest or something? Do families pick up that thing?

Mr Quilty: I'm sure that in New South Wales, indigenous families experience an even more negative outcome and are even more avoidant of government agencies. Part of the problem for children of prisoners is that there's already a distrust of government agencies, and families are concerned that they'll lose their children.

THE CHAIR: One person told us that they didn't want to access anything—they wanted to do it by themselves. I suspect that could have been down to shame and guilt. Do you think the attitude that they don't want to do it is widespread?

Mr Quilty: I wouldn't be able to comment. It wasn't something that I witnessed regularly, but it was certainly something that I saw.

THE CHAIR: I'm just wondering whether it has to do with the normal feelings of shame and guilt that people experience or whether it has to do with the state of mind a person is in.

Mr Quilty: John, you're talking about feelings, and most prison inmates feel very guilty. Time and again, these predominantly young men in prison talk to me about their families and the guilt they feel about letting their families down by committing the crime. For the whole period of their incarceration they never once get to sit down with their family in a private room to discuss that and be open and honest. There is just no room for that for prison inmates in New South Wales. There really should be because that is where the family starts to break down.

THE CHAIR: It sounds like a message to the people designing our prison to me.

MS DUNDAS: You mention distrust in government agencies. Obviously, the government will be leading our move to address all the problems that we've identified and you've raised. The government have the resources to provide intervention support and wrap-around support, to redesign the prisons and to look at visitations. If we classify government as an organisation that has been tarred in the minds of everybody it is trying to help, how do we break through that?

Mr Quilty: Roslyn, in the ACT you don't have any prisons yet. You're probably the only state in the Western world that doesn't.

THE CHAIR: We've got a remand centre and a juvenile detention centre.

Mr Quilty: But not a solid prison. There can't be very many states in the Western world that have the opportunity to look at what's now happening worldwide. On top of that, there are enough resources to provide internationally leading facilities. You have a small

problem base compared to any state in New South Wales. You have the potential here to provide a world standard. I'm talking about reductions in crime, safer communities and dealing with offenders in ways that make them less likely to be recidivists, trialling that and using the most up-to-date research on the best way to deal with these problems.

MR CORNWELL: Don't worry. There's a Rolls Royce on the way.

Mr Quilty: I'm not talking about Rolls Royces.

MR CORNWELL: Canberra always buys a Rolls Royce, never a Holden. I can assure you.

Mr Quilty: With the amount of money they spent on Silverwater prison, they could have bought a few million Rolls Royces. A big, modern prison like Silverwater prison, which houses 900 people, is a far cry from a solution.

MR CORNWELL: I don't think we've even worked out what we're going to have in our prison, to be honest.

MS DUNDAS: That's not what we're looking at.

Mr Quilty: For a start, there is family support.

MR CORNWELL: I don't know whether the degree of prisoners has been worked out. John, you might know better than I do.

THE CHAIR: We do, but it's not the subject of this inquiry at the moment. We can talk about it at another stage.

Mr Quilty: The visiting facilities at Silverwater prison are a far cry from what is healthy.

THE CHAIR: That's a good point, well made. One of the issues for us is the extent to which services are provided to support these people. I know from my own visits to prisons that families often come away from the visit more distraught than when they got there. Simon, I hear you say that, if facilities are there for a pleasant experience, there will be a much more positive outcome at the end of the day. I get the distinct impression that the families consider themselves to be crims when they go in to visit their people and they are treated that way. That's got to be an unhealthy approach in respect to the families. Is that widespread in your view?

Mr Quilty: It's very widespread. There's a definite association of guilt with a visit to a prison. You can see that in the way families present to prison, the way they speak to you and the way they interact with the prison guards in New South Wales prisons. There's definitely that aspect to it, John.

MRS CROSS: It's almost like punishing the family as well as the prisoner.

Mr Quilty: Definitely and, from my experience, I can tell you that the Department of Corrective Services in New South Wales has a culture that almost propagates that in the way that they treat families visiting at centres. If there's a visit centre, the people who are

overseeing it should really be trained in how to deal with children. I've seen some very inappropriate behaviour.

THE CHAIR: That's a message, too. You've talked about the trauma that kids go through when they're watching someone being arrested or their dad gets dragged away. Do you think we have any expertise in assisting the wives of these blokes? Is there a hole there as well?

Mr Quilty: Definitely. The first research article that I saw in Australia was in 1981. It was by a lady called Barbara Kemp and was on New South Wales prisons. She wrote an article about prisoners' wives and the difficulties that they go through. Nobody ever acknowledges what they go through, and they can be devastated by what happens. They might have been completely unaware of their partner's criminal behaviour, and then they are often ostracised from the communities. They have family break-ups, they lose a providing partner and they have to look after their children on their own.

MS DUNDAS: Isn't there the problem that they're better off divorcing a partner in terms of financial support they can get from Centrelink and the resourcing implications of trying to keep the marriage together?

Mr Quilty: Yes. A lot of the time there is the unofficial cost to prisoners' families, especially their wives, of giving the inmate money to spend whilst he's in prison—for whatever reason, be it protection, substances or moneys owed to other prison inmates. So there is a financial burden, a social burden and an emotional burden for these women, which is completely unrecognised in New South Wales. That's part of keeping that family function together. A way of reducing rates of recidivism is to provide a functioning family that inmates can return to and to provide support for that family during the process.

MR CORNWELL: Do you have any figures on this working?

Mr Quilty: On recidivism? Yes, there are programs in New South Wales.

MR CORNWELL: But have we figures to say that it works?

Mr Quilty: I believe that there are studies under way that show that it works. In fact, a study finished last year showed that support of inmates, once they are released, is more inclined to reduce the recidivism rate. I could follow that up for you.

MR CORNWELL: Yes, if you wouldn't mind. My other question is on the support for families before prisoners are released—and I have a problem with this, depending on what they're in there for. It may be the desire of the spouse to get out of the marriage.

Mr Quilty: That may well be the case.

MR CORNWELL: The problem is: where does society draw the line on coming into that particular situation?

Mr Quilty: I don't think society has to come into that situation. If a wife is living with an abusive husband, prison provides an opportunity for her to escape that.

MR CORNWELL: Leave that one aside. Let's say it's something else completely. Do you still believe that society shouldn't come in? When does society come in and when doesn't it in relation to families?

THE CHAIR: I will put the question to you in a slightly different way, Simon. Shouldn't people have the choice about whether to access an intervention rather than have the thought of it imposed on them?

Mr Quilty: Yes, definitely.

THE CHAIR: At the moment they're not getting that choice. That's the absence of the show bag. They're not getting that choice. Does that answer your question?

MR CORNWELL: It does, John.

Mr Quilty: I think they should be given a choice and, in giving them the choice, you have to approach them in a way that is culturally and socially acceptable. You couldn't give them a bag that says, "My husband is in jail," to walk out of the prison with. You might have to approach them in the community in a separate way. I haven't thought that through.

THE CHAIR: In the mind picture we were given, when the person is sentenced to X years, as he's being carted off and his wife's leaving the courthouse, there's a court worker there who says, "Take this folder with you. Now it's over to you. If you want to access these things, they're in this folder."

Mr Quilty: Yes.

MR CORNWELL: That seems fair enough.

Mr Quilty: Yes. There should also be some kind of recognition from an official body that what has happened to these women—sometimes men—and children and families, is a serious issue that will impose difficulties on those families, and it should be said that the government is prepared to support them through that.

THE CHAIR: There should also be recognition that they're as much victims as the others.

Mr Quilty: They are victims of punitive incarceration.

MR CORNWELL: No, I won't go along with that. We must remember that, if somebody goes to jail, they have been convicted of a crime.

Mr Quilty: But their family hasn't been.

MR CORNWELL: That's correct. But you can't say that the family is somehow a victim of a punitive incarceration. After all, the law has gone on.

THE CHAIR: Victim of a system.

Mr Quilty: Victim of the system.

MR CORNWELL: I go along with what you say about reducing the number of people who should be in jail and that there are alternative ways of dealing with them. I think there are too many people in jail, but I can't say that we should challenge the entire justice system on that basis.

THE CHAIR: That's not the point Simon is making.

MR CORNWELL: The term "punitive incarceration" was used, and I don't see that necessarily as the case.

THE CHAIR: The punitive incarceration applies to the person that's committed the crime. We may consider that to be right or wrong in terms of sentencing options. But there is a reality: the mere fact that someone is being extracted from their family has an adverse effect on the health of that family. The manifestation of that yanking out of a person is punitive incarceration.

We've got to understand that there are positives and negatives in that system, and society hasn't focused so far on the negative impacts it has on the families. That is not to suggest it ought not to go on; it is to suggest that we need to provide supports to negate those negatives. Those people are innocent victims of them.

MR CORNWELL: The defence rests on that. I don't accept 100 per cent that they are innocent victims, Mr Chair.

Mr Quilty: You can't separate punitive incarceration from its real impacts, and one of those is that, by its very nature, it will damage family structures. That is unavoidable, but you can also offer support. I think it is a moral responsibility of the institution that incarcerates to provide for the damage associated with incarceration. Doing that will indirectly reduce crime rates and the social dysfunction incarceration causes.

MR CORNWELL: Pixie Skase was not guilty of any crime; they were after her husband. Okay, they didn't get him, but the point I'm making is that she lived very well out of it, thank you.

THE CHAIR: By the same token, what would have happened to her had he been caught, chucked into jail and had his assets frozen? She would have lived a life of misery. Do we just say, "Bad luck"?

MR CORNWELL: Hang on. I want you to go back. She was living pretty well, thank you, before the whole thing imploded.

THE CHAIR: The assumption there, which is being challenged by some people coming before the committee, is that people who have family members incarcerated are crooks themselves. That assumption is being challenged, and it is not there in every case. If it were, they would be before the courts and in jail themselves. We need to give these spouses presumption of innocence and the presumption of an adverse event in their lives.

Mr Quilty: Research evidence in the states on cause and effect and the cycle of crime suggests that, when a parent is incarcerated, children develop behavioural problems. If you want to intervene and start to break the cycle—it's too complex to say that there's just one cycle, but it is one link in the chain—

MR CORNWELL: All right. Using the term “taking somebody away from the family”, are you saying that problems arise for children because somebody is in jail or because they have been removed? I'm thinking of somebody who might be away for six months on a ship.

Mr Quilty: I will put it like this. Imagine a child whose parent is incarcerated. They have virtually nobody they can talk to, apart from their mother or their siblings. In a lot of cases, they have no support. They often hide it from their teachers and schoolmates, becoming very isolated through their experience.

MR CORNWELL: What about somebody who's away for six months on a ship?

Mr Quilty: They can tell someone that.

MS DUNDAS: There's no problem in saying, “My father's a sailor and he's gone for six months.” But saying, “My father's a prisoner and I won't see him for the next three years,” has a social stigma.

THE CHAIR: We could have these discussions in a deliberative session, colleagues. I'm conscious of the time, and other people are going to appear before us. We'll take one more question each.

MRS CROSS: Thank you, Mr Chair. It says that you're the first in Australia to conduct such research, which is rather extraordinary. It's a pleasure for me to meet somebody who is gathering such important information. What is going to be done with it when you're finished?

Mr Quilty: I'm trying to get it published because I think this is an international problem. In America, they are starting to really recognise the extent of this problem. Today 2 million children in the United States have a parent incarcerated. We're talking a scale incredibly larger than what we have in Australia, but we are potentially headed in a direction that is similar to the United States'. Our incarceration policies are similar, we are getting harder on crime and we are not adequately addressing the social causes of crime. I want to try and get my research published and out into the medical sphere, so that paediatricians start to recognise parental incarceration as a risk factor for a whole lot of serious infectious diseases and mental health problems.

MRS CROSS: What would you do first if you were in our position?

Mr Quilty: I am not able to comment because I'm not trained like that. I'm being trained as a doctor.

THE CHAIR: That is possibly an unfair question.

MRS CROSS: I thought it was a good question, actually.

Mr Quilty: I'd love to contribute, and perhaps one day I might be able to, but not at this stage in my career. But I do have a final statement.

THE CHAIR: Please read it.

Mr Quilty: I believe that the ACT is in a unique position, due to its small prisoner population, to provide an entire punitive system that recognises the special needs of the families and children of prisoners. Since the problem is small relative to other states, the ACT is in a position where it can implement programs and services that minimise the harms and maximise the benefits that are associated with prisons. The ACT is in a unique position, from which it could become an international leader in humane punitive mechanisms that effectively contribute to reductions in crime and safer communities.

THE CHAIR: Thanks for that, Simon—for the bucket of guilt—and the encouragement about what we can do.

Mr Quilty: I really believe it, though.

MS DUNDAS: Bucket of work.

THE CHAIR: Thank you for the bucket of work. We appreciate your coming down and sparing us the time; it was very good of you. You've added quite a lot to the inquiry, told us a lot and put a lot of questions into our minds. We'll take a 20 second adjournment.

Evidence was then taken in camera.