



**LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY**

**STANDING COMMITTEE ON JUSTICE  
AND COMMUNITY SAFETY**

(Reference: [Inquiry into Auditor-General's report on rehabilitation of male detainees at the Alexander Maconochie Centre](#))

**Members:**

**MR S DOSZPOT (Chair)  
MS J BURCH (Deputy Chair)  
MRS G JONES  
MR J HINDER**

**TRANSCRIPT OF EVIDENCE**

**CANBERRA**

**WEDNESDAY, 13 APRIL 2016**

**Secretary to the committee:  
Dr B Lloyd (Ph: 620 50137)**

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

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

## **WITNESSES**

<b>BARTLETT, MR MARK</b> , Senior Manager, Corrections Programs—Offender Services, Alexander Maconochie Centre .....	<b>20</b>
<b>BROWN, MR JONATHAN</b> , Audit Manager, ACT Auditor-General’s Office .....	<b>1</b>
<b>COOPER, DR MAXINE</b> , Auditor-General, ACT Auditor-General’s Office .....	<b>1</b>
<b>MITCHERSON, MRS BERNADETTE</b> , Executive Director, ACT Corrective Services, Justice and Community Safety Directorate .....	<b>20</b>
<b>PRYCE, MR DAVID</b> , Deputy Director-General (Community Safety), Justice and Community Safety Directorate .....	<b>20</b>
<b>RATTENBURY, MR SHANE</b> , Minister for Corrections, Minister for Education, Minister for Justice and Consumer Affairs and Minister for Road Safety .....	<b>20</b>
<b>TAYLOR, MR DON</b> , Acting Executive Director—Corrective Services, Justice and Community Safety Directorate .....	<b>20</b>

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*Amended 20 May 2013*

**The committee met at 2.01 pm.**

**COOPER, DR MAXINE**, Auditor-General, ACT Auditor-General's Office  
**BROWN, MR JONATHAN**, Audit Manager, ACT Auditor-General's Office

**THE CHAIR:** Welcome to today's hearing of the standing committee's inquiry into the Auditor-General's report on the rehabilitation of male detainees at the Alexander Maconochie Centre. Today we will be hearing from you in the first instance and then from the minister for justice and his officers.

We ask witnesses to be aware of your rights and obligations. I think you have read the notice there quite a number of times; so you are comfortable with that. Obviously the privileges statement is something that we want people to be aware of. Would you like to start with an opening statement?

**Dr Cooper:** Yes, I would, if that is all right with the committee?

**THE CHAIR:** Of course it is.

**Dr Cooper:** Also, I state for *Hansard* that I have read the privilege statement.

**THE CHAIR:** Thank you.

**Dr Cooper:** Jonathan and I are going to give an opening remark together. I would like to remind the committee that the audit report was tabled a year ago. Essentially, the fieldwork was in the year prior to that; so issues may have moved on.

The possibility of an AMC audit was flagged in 2011-12. The rehabilitation theme was selected after reviewing the original intentions behind the ACT government building a prison. The audit was conducted once a sufficient period of time had elapsed to allow the operational model to stabilise after the prison was opened so we had something to actually audit.

The audit had its challenges. The theme of rehabilitation is quite a challenging theme, let alone trying to do that within the theme of a jail, the Alexander Maconochie Centre. Many questions had to be answered, including: what does "rehabilitation" mean and how is it to be scoped for the purpose of the audit? Other questions were: what activity or service in a prison setting has a rehabilitative effect, whether it is intended or not? How does pre-release planning relate to rehabilitation? If rehabilitation is important, how is it compared to the protection staff and the community? How do you measure the success of rehabilitation and over what time frame would you look at it? If you can gauge effectiveness of rehabilitation, can you actually gauge whether or not rehabilitation has been delivered efficiently and effectively? That is looking at both aspects.

Some of these challenges were resolved by the audit adopting a program-by-program approach by considering programs that account for most of the time and focusing on activities and services that lend themselves to being measured and for which evidence could be assembled. Even if the impact of rehabilitation effort is difficult to measure,

it was likely that activities could be measured. However, it became apparent early in the audit that data relating to Corrective Services rehabilitation efforts for each detainee or for each program and activity was very patchy, difficult to assemble and difficult to aggregate. So, from an auditor's perspective, data is always an issue, and it was certainly an issue in terms of this audit.

Corrective Services has queried the scope of the audit, particularly the lack of emphasis on alcohol and other drug programs, on rehabilitation. We consider this was not excluded. There is commentary on the full-time Solaris therapeutic community in the report and the quantum of alcohol and other drug programs, often low-intensity programs, is accounted for in the analysis of therapeutic programs.

We reflect in the report developments in alcohol and other drug programs and mental health stemming from the Hamburger and the Burnet reviews. Perhaps—and we reflected on this—we have not reflected to the degree that Corrective Services may have wished on the significance of the stabilisation of detainees on their longer-term outcomes.

This is something for which little or no AMC detainee data was available. So without that data, it is difficult to analyse. But the importance of alcohol and other drug problems is clearly acknowledged in the report, and we would like to emphasise for the benefit of the directorate that we continue to acknowledge its importance.

We found that there was an absence of current rehabilitation planning framework. However, planning documents were prepared prior to the opening of the AMC and the admission of detainees. These were used for the audit as they emphasised the importance of rehabilitation and, importantly, the structured day with sufficient purposeful activity and the avoidance of boredom.

The obvious question to pose then was: how active did the government intend detainees to be and how active are they? That is sort of pivotal to what the team looked at. Rehabilitation plans prior to the opening of AMC in 2008, with detainees coming in in 2009, refer to six hours a day, 30 hours a week. In reality, activity levels were around five hours a week plus an indeterminate amount of time for the two in five detainees that work. The achievement of a structured day with purposeful activity was not evident in the first five years of operation of the AMC.

**Mr Brown:** In order to arrive at that conclusion about the level of activity versus the level of planned activity, we needed to get behind the figures that were published in the Productivity Commission's ROGS reports. We reviewed participation in education, work, criminogenic programs, leisure, recreation and visits. In essence, we looked at six clusters of activities and services.

We did expect the prison design to provide an environment to support and foster detainee rehabilitation. This has proved not to be the case, with factors such as the number of detainees on hand and their profile—the nature of the detainees, in other words—their length of stay in custody, their classifications, their protection status, whether remand or sentenced, working against the environment that they are in in custody.

Accommodating detainees has remained a top priority for AMC and Corrective Services. This is the paramount custodial objective. But this has displaced the management effort on rehabilitation. The design of the prison has made rehabilitation activities harder to coordinate due to the number and frequency of detainee movements.

We looked at program management and we identified that the planning, performance, quality assurance and continuous improvement and evaluation of programs have been limited in places. Bear in mind that we looked at six areas of program work—education, criminogenic programs et cetera.

We also looked at the individualisation of rehabilitation. We noticed some improvements in case management, but for some detainee sub-populations, such as physical and intellectual disability and cultural and linguistic differences—communities with different language needs—Corrective Services was less able to demonstrate its effectiveness. So those are the areas behind the main conclusion about the level of activity that was planned versus the level of activity that we identified through our audit of activities and services.

**Dr Cooper:** To conclude, I would like to thank publicly and very strongly ACT Corrective Services and the Justice and Community Safety Directorate. They were incredibly cooperative, open, frank and engaged in a lot of discussions and made sure that the audit team really understood what was going on at AMC by hosting the visits out there and making sure that the information was readily available.

It was a significant audit—somewhat large. It required a lot of detailed work by my colleague Jonathan Brown and other colleague Elizabeth Cusack, who engaged a field worker, a former Corrective Services officer and researcher from the Australian Institute of Criminology to assist them on technical issues.

Thank you very much. I would like to emphasise that the fieldwork now is getting on to two years old. The 10 recommendations, which were all agreed by the ACT government, we hope reflect the strength of what was needed to be changed, was agreed and is now moving things on.

**THE CHAIR:** Thank you, Dr Cooper and Mr Brown for your comments. I also add that we should give you thanks for a very comprehensive Auditor-General's report that details rehabilitation of male detainees in the Alexander Maconochie Centre. We have a number of questions to ask to try to get some further information, but it is an excellent report. We thank you for it.

I have a question before I pass to Mr Hinder for his question: you mentioned that the number of hours of activity were meant to be, I think, six hours per week—

**Dr Cooper:** Per day.

**THE CHAIR:** Per day.

**Dr Cooper:** And 30 hours per week, and we can go to the point in the audit that addresses that.

**THE CHAIR:** Okay. You quoted five hours and how many hours per week?

**Dr Cooper:** Sorry—

**Mr Brown:** Five hours—

**THE CHAIR:** That is the actual that it turns out to be—

**Mr Brown:** is the actual number of hours that we could account for using the records that we analysed. That takes account of education. It takes account of visits. It does not take account of work. In terms of the work component of a structured day, we were unable to identify either the quantity or the quality of the work hours that detainees participated in. So five hours is for most of those six areas of activity that we described at the beginning, but not all of them.

**THE CHAIR:** Sorry, this is simply a clarification. You have already stated the figure, but what was that figure, the actual figure that you found per week? How many hours?

**Mr Brown:** That would be five times five. That would be 25. We do not actually aggregate it up to a week—

**THE CHAIR:** Okay, so it is—

**Mr Brown:** Sorry, let me just correct that. It is five hours per week against a planned level of 30 hours per week. So it is one hour a day, five hours a week.

**Dr Cooper:** And that is in the planning documents pre the opening of AMC.

**THE CHAIR:** Thank you.

**Dr Cooper:** That is okay. For a simple illustration of what a routine day may be, figure 2.1 on page 61 is something that was given by way of example. So it is one-sixth of what was planned.

**THE CHAIR:** Yes, got it. Thank you very much. That is good.

**Dr Cooper:** That is okay.

**MR HINDER:** Thank you, chair. My first question relates to performance measures and probably your recommendations 3 and 4, and in relation to what I have read of the government's response about accountability and reporting and evaluation. In your report you talk about it being problematic to measure or develop comprehensive performance measures and then to determine the success or otherwise of those measures and, further, there are no nationally agreed comprehensive rehabilitation performance measures available. Given that these are important—and clearly the government acknowledge that in their response—can you suggest a way in which the ACT could move towards developing such measures? I note the age of the report, and things may well have moved substantially along from that. We will hear from the

minister later, I assume, about those things. Could you make a suggestion following your own work? Mr Brown is probably the appropriate respondent there.

**Mr Brown:** We looked at measures from the top down, for the long-established impact measure of recidivism, and we identified that there is an established performance framework that is used by the corrective services community across Australia. That community—and I think it is brought together under the Productivity Commission—has an interest in establishing standards against which comparisons can be made across all jurisdictions. Two areas that they have struggled with and which we identify in the report are, one, the structured day; so the idea of being able to, in some way, aggregate up the structured day in a custodial setting and compare the success of delivery of a structured day. That has been around for 15-plus years.

The second area where this particular body has been trying to work up some performance measures is in relation to offender programs—those criminogenic or non-criminogenic programs that are more about therapy rather than necessarily work or recreational measures. Those are two areas that already have the best people available looking at these measures to work out how we can establish a performance measure in that area. We have not got measures yet. I think 1998 saw the introduction of the idea of a structured day and 2001-02, I think, the offender program. The dates are in the report. Neither of those two has emerged over the course now of 15 or 16 years. They clearly are very difficult areas to resolve. That in itself is not necessarily the answer—waiting for a collaborative and comprehensive approach coming through the corrective services community across Australia.

What we sought and what we felt was realistic was that the local jurisdiction, corrective services here, should be able to identify at least input and output measures so that they had a sense of the level of activity that they should provision, plan, run and account for. That has nothing to do with what is required to be reported through ROGS. That was the level. We came down to that level of expectation because of the lack of something better at a higher level in the performance pyramid.

**THE CHAIR:** Can I just ask a supplementary question? Do you come across any evidence of paid work within the prison itself? Would that be part of a structured day? Are there opportunities for the prisoners to do some paid work, and can you elaborate on that?

**Mr Brown:** Yes. Chapter 5 and chapter 2 describe what the AMC planned to do and what it has achieved in terms of work. The debate falls into two areas: the employment of detainees in industries that are necessary for the running of the prison. That would be kitchen, cleaning, laundry, that range, which we have referred to as domestic services. They may be referred to elsewhere as other things, but we call them domestic services—AMC services. That now accounts for the activity of around 40 per cent—two in five—of detainees participating in one form or another in a domestic industry within AMC. That is the first half of it.

The other half is PI—prison industries—which is very much a separate level and area of activity. That is where there is a quasi-commercial business enterprise that has an interface with the outside world and for which a greater range of skills can be developed by detainees that they can port and carry out into the wider world.



In 2008 a prison industries plan was drafted. The idea of having a prison industry, a commercial industry, within AMC had been discussed as far as getting a draft plan together, but in reality it did not get any further than that. Employment in domestic industries within the prison does engage up to 40 per cent. On the last count that we did in 2014 it was 41 per cent, I think, of the population.

**THE CHAIR:** Concentrating on the domestic services aspect of it at the moment, the 40 per cent, the detainees who take part in the domestic services work, are all of the detainees who want to perform in that domestic services area capable of getting jobs in that area, or is it only a certain number? Is there a waiting list to get somewhere?

**Dr Cooper:** You would have to ask the department that. That is something that audit would not have gone into in depth.

**THE CHAIR:** Okay. Obviously we will. We will be talking to the minister later on. I was just trying to find out whether you had any information on that at all.

**Mr Brown:** The question is really pointed at the way the AMC and Corrective Services account for an area of activity that reports through to ROGS. ROGS and the Productivity Commission collect data on the levels of detainee employment. We challenged an aspect of the way AMC and Corrective Services put that figure together on the basis that it was clear in the middle of chapter 5 that we do refer to, and we could probably find the precise point—

**THE CHAIR:** That is fine.

**Mr Brown:** The principle is that at the moment we believe, and we make the point in the report, that the figure that goes to ROGS is probably overstated because in that measure they are counting detainees as not available for work. They are discounting detainees that are not available for work when, in fact, they are either waiting for work or the work is not available for them; in other words, there are not enough opportunities for work. The graph about employment in chapter 5 shows that, although the detainee population has gone up, the number of positions in domestic industries has remained about the same: somewhere between 130 and 140, even though the detainee population has gone up into the 300s. So the relative percentage has dropped. The issue we identified was that there is an available budget for paying detainees a remuneration—a modest remuneration, but a remuneration. That in itself provides a cap. One of the reasons there is a cap on remuneration means there are not enough jobs to satisfy all those who would wish to be in employment.

**THE CHAIR:** Just for our edification, when you were getting the collection of this data that you have, was there any direct input from the detainees themselves?

**Dr Cooper:** The detainees were interviewed. It is in 4.42 to 4.45. There is feedback. That is in table 4.1, detainees' comments, on page 121. Right through we did interview some detainees. In fact, one of the satisfying moments—there were questionnaires, discussion sessions, interviews and 25 responses, so it certainly involved the detainees—was that one of the ex-detainees, having read the report, actually sent us some notes saying the audit had hit the issue spot on.

**THE CHAIR:** So they were privy to the audit itself?

**Dr Cooper:** It was publicly available; yes, absolutely.

**THE CHAIR:** Thank you. Back to you, Mr Hinder.

**MR HINDER:** I have a question about churn. Given that, by definition, the detainees are in there for various periods of time and each of them starts almost on different days and end on different days, does that churn make it difficult to implement any sort of consolidated plan? The number I read that got me was that between a third and two-thirds of detainees released in most of the months over the four years had served fewer than 30 days.

**Dr Cooper:** Absolutely.

**MR HINDER:** How do you get someone who is there for 30 days meaningfully engaged in anything?

**Dr Cooper:** The answer to that is, quite succinctly, yes, it is difficult. But one of the interesting things—and that is why we have called for a rehabilitation strategy that is current—is that the assumption is made that that would not have occurred; that they would have been there longer.

**MR HINDER:** Or dealt with in different cohorts.

**Mr Brown:** The length of stay has been much shorter than was planned for in 2007. Some planning was done in 2007.

**MR HINDER:** Not that that is a bad thing necessarily.

**Dr Cooper:** No, but in terms of programming, it is a challenge.

**MR HINDER:** Sure.

**Mr Brown:** The premise around the plan fits a particular detainee profile. We now have a different detainee profile. We need a new plan.

**Dr Cooper:** That is why our key recommendation—there are a few and they are all important—is that a rehabilitative framework is absolutely needed that brings all the characteristics of what is currently there to the fore in their planning.

**MR HINDER:** Do you have a view on how it could be made more effective despite this higher turnover?

**Dr Cooper:** I think they have got to go back and look at the premise, the cohorts that are in there, and bring it all together as a strategic plan, and then look at what they can or cannot do, rather than having a plan that you are just not achieving because the assumptions underpinning it are so out of date.

**MR HINDER:** I am just imagining the military or any other fairly regimented organisation, or even a workplace, where at least you know that they are all here to do the same thing, whereas this is just helter-skelter—

**Dr Cooper:** It is very challenging. Then, compounding that, I think, is the fact that you cannot make some of these programs compulsory.

**MR HINDER:** Sure; they are opt-in.

**Dr Cooper:** That is right. We have a very special jail in terms of human rights philosophies, in terms of the composition, so they have a situation of great complexity. I think the first step—

**MR HINDER:** Not to mention that each of them quite often has great complexities, dual diagnosis and mental issues and—

**Dr Cooper:** Yes, all of that—the high incidence of drug use, the high rate of mental challenges. We respect all of that. But we do think a plan, a framework, taking into account the characteristics of the jail itself and the cohorts that are in there should bring minds that are focused in this particular area to look at the answers to those kinds of questions. It does not mean that the staff out there are not thinking about it, but maybe the frame would actually bring others into play with ideas.

**Mr Brown:** Not having a current plan against which we could assess performance made our life more difficult, but that is really immaterial. There have been changes that have taken place, but they have been incremental changes. For example, the Solaris therapeutic community has been shortened from four months to three months as a result of churn. The intensity of the number of hours going to cog skills as a program has increased to ensure that the program can be run over a shorter period. There are changes. They are incremental and sometimes reactive changes rather than being part of a planned and forward-looking arrangement.

**MR HINDER:** So the expectations and the goals set are more realistic around what they now know about the demographics and the length of stay and all of those sensible issues?

**Mr Brown:** Yes.

**Dr Cooper:** That would have knock-on impacts into what they do in their case management. The framework is quite critical for cohesion.

**MR HINDER:** And also you change your measurement structure around those things as well.

**Dr Cooper:** That is right.

**THE CHAIR:** If I can come back with another supplementary, within your summary on page 4 on individualised rehabilitation, you make the very telling point that case management plays an important role in the rehabilitation of detainees. While the need for a case management policy framework to guide case managers' practices in the

AMC was first identified in 2007, five years after the AMC received its first detainees, there is no finalised case management policy framework at the moment. So that obviously is of great concern to you and of great concern to me on reading that.

**Dr Cooper:** Absolutely. Again, these need to be firmed up so that it is guidance for the staff, but it is also then gives more security to detainees in terms of what they think they might be able to access. We acknowledge there have been some improvements. We understand what a tough job it must be to manage the Alexander Maconochie Centre, so we do acknowledge improvements in case management.

**THE CHAIR:** Moving on to page 7, which is still related to the same topic, the ACT has a small detainee population which is growing. In paragraph 2.152 you make a couple of interesting comparisons about the Australian average in 2008 and since then. In the quarter to September 2014 the ACT sentence offender rate has increased to 81 per 100,000 compared to an Australian average of 140 per 100,000. What are your conclusions? We are handling a smaller number of detainees than equivalent jurisdictions, yet we have less information on these smaller numbers than others have. Is that a fair comment?

**Dr Cooper:** I would say it depends on which cohort. We make the point that there is a real lack of data for people from different cultural backgrounds and different linguistic backgrounds. For our Indigenous and Torres Strait Islander people where they do collect information they can use it to help develop the case management arrangements for those particular detainees, if that is what you mean, But in terms of making a cross-jurisdiction comparison, I would be shy to do that.

The change in incarceration rates, while we may have had discussion in the office, we have no evidence as to why they are changing in that particular pattern. It could be something to do with the legal system. It may actually be something physically to do with the population.

**THE CHAIR:** I think it is interesting what you have highlighted, and obviously we are asking some questions on that and we will be asking the minister the same.

**Dr Cooper:** Yes.

**Mr Brown:** Figure 2.3 on page 67 gives us not a comparison but the trend over the past 15 years on the detainees on hand. You will gather from where we have made comparisons that the trajectory is steeper for the ACT than other jurisdictions.

**Dr Cooper:** Increasing, yes.

**Mr Brown:** But the two areas that support comments in here that are not necessarily made explicitly where it relates to data and systems that we received were time frame and scale. The ACT has had a prison, a full-time prison, for five years. Its data systems are not hundreds of years old like they may be in New South Wales. In other words, the immaturity is a mitigating factor. The second is scale: a relatively small detainee population and a small territory population do not provide the numbers to support the level of infrastructure around data capture that may be available to larger jurisdictions. JOIST for example is a system—I think the “T” of JOIST is Tasmania—

that comes from Tasmania. So the system currently being worked on to be improved, the JOIST system, is actually taken from another small jurisdiction.

**THE CHAIR:** Is it Tasmania because it is a similar sized jurisdiction, is that—

**Mr Brown:** I do not know. I am putting two and two together; I may be being unfair, but the point is that JOIST is an inherited system from another small jurisdiction, not from a large jurisdiction like New South Wales.

**THE CHAIR:** I appreciate some of the questions I am asking are better for the minister, but I am simply trying to understand how much of the data that you have collected is relevant to these questions.

**Dr Cooper:** That is fine.

**MR HINDER:** With any data, what I do know about data is that the larger the sample group and the longer the data is collected for, the more reliable it becomes. We have neither of those in this instance, so—

**Dr Cooper:** While we may have a deficit there, the real richness is that we are at the beginning of having a jail for a very long time by all cultural indications. So it would be very worthwhile now to develop a comprehensive data system to do evaluations—

**MR HINDER:** Sensible, efficient, all of those things—at the start rather than later.

**Dr Cooper:** Yes, hence that recommendation about needing to collect it for the evaluations.

**MR HINDER:** Yes. Can I ask a question about the case management policy framework. That, I suppose, is always going to be a work in progress to a certain extent. Your recommendation 6 is about that issue. In your view, what would effective case management look like; its attributes or objectives? What would you say they should be?

**Mr Brown:** We did not assess the current case management framework against mainstream practice. We did not make observations about what it should or should not do. Bear in mind that the July 2014 case management framework was actually a draft that we became aware of three months into the field work during the audit. Version 1 was made available to us. What we were able to do was to look for inconsistencies.

So this sounds very deficit rather than looking outside it at best practice, but an easy observation that we made was, for example, through care. Through care is trailed right through the early operating philosophy documentation. It has a universal meaning, a general meaning, a broad meaning. The case management framework does not quite talk about extended through care, which is a local branded initiative pre and post-release. It does not quite hit the mark in terms of what is more broadly understood by through care elsewhere and at the early stage of planning of AMC. So we have got this hybrid.

When it comes to through care within the case management framework, it does not do one thing or the other. That is the sort of territory that we looked at—inconsistencies—rather than saying it should do this or it should not do that. We just expect it to be consistent and formalised, finalised and then promulgated.

**MR HINDER:** Can I have a supplementary on that one. The through-care program as an example, is there a disconnect or a slight misunderstanding or inconsistency because there is a departmental handoff between corrections and JACS?

**Mr Brown:** That is not an observation we make in the report, but you can identify where the through-care initiative came from—the *Seeing it through* options paper—and it was not from JACS. I do not recall that observation, and nor did it make it through to a finding or conclusion in the report.

**Dr Cooper:** But regardless of where it comes from, you should have a finalised framework that articulates it within that framework in a way that would make it work. So it is a broader government policy. It should be, I think, brought into that and made work.

**THE CHAIR:** I asked a question before about JOIST in particular, but I would like to make my question a little bit broader. Auditor-General, in the work in preparing your report, did you become aware of other jurisdictions with which the ACT might be compared with respect to rehabilitation of detainees? Did you become aware of any other jurisdiction which could in some way be considered to be engaged in best practice in their rehabilitation of detainees?

**Mr Brown:** We used interjurisdictional comparisons that were available to us. We did not do original research in this area. It is a big area, and the Australian Institute of Criminology does that. So 2004 and 2009, a national picture of rehabilitation programs—who does what, when, why, with what frequency, for what reason. This sort of analysis is done. So we used that information to some extent.

The difficulties in terms of practice that we encountered—and they are not necessarily explicit in the report, but it is just background that we were aware of quite quickly in doing field work—is that the AMC satisfies all custodial purposes. It is not a specialist prison, for example, for sex offenders. Therefore, it has to hit a lot of marks simultaneously for a small custodial population. Is it Cooma where there is a specialist setting or Cowra?

**Dr Cooper:** Cooma.

**Mr Brown:** At Cooma there is a specialist custodial setting for sex offenders. Would the programs that are available there be best practice? They may well be. Would they be replicatable in the AMC setting? In all probability, no. So the fact that it has to hit all marks makes it very difficult to compare it to many other custodial centres. There may be others that are similar to the ACT, but there will not be many.

**THE CHAIR:** Going a slight step further with that same question, the information systems that we have already mentioned, obviously this is one of the areas you consider in your report. What characteristics would you hope to see in an information

system which supported the rehabilitation or better rehabilitation of detainees? Can you elaborate on that?

**Mr Brown:** Sorry, can you repeat the question?

**THE CHAIR:** Information systems are one area you have considered in your report obviously. What I am asking is: what characteristics would you hope to see in an information system which supported the rehabilitation or better rehabilitation of the detainees?

**Dr Cooper:** Some key words would be integration of data that is collected so that data, if you like, can be used for comparative purposes. That would be a key one: the availability of access to that data by the key officers who needed to draw upon it; and the ability to use data to, if you like, amalgamate it to get trends, to look at what issues were occurring. It is really quite a normal, robust system that helps you in terms of your overall management. When you press a button, you will get summaries of the right kinds of information that can then help those who manage Alexander Maconochie Centre know what is going on in real time and to respond accordingly.

**Mr Brown:** Shall I add a couple of points?

**Dr Cooper:** Yes.

**Mr Brown:** One of them is about functionality. JOIST, we are advised, has lots of functionality that is not exploited. For example, these LSI-R scores that we refer to in chapters 4 and 5, these assessment scores, we are advised, can be very powerful, but they have to be accessible and aggregatable. At the moment, that is a feature within JOIST that is not used. You cannot extract electronically the components of the JOIST scores, or even the JOIST scores. So it is about using functions that it makes sense to use.

The second point I would add in terms of the success of the database, the information system, is the integrity of the information going into it.

**THE CHAIR:** When you say certain aspects of it cannot be accessed or used, why not? What is the prohibiting factor?

**Mr Brown:** In the case of LSI-R, custom and practice. Having a reason and all users buying into that reason for why this is necessary.

The second point was about standardisation. Let us say case managers are using JOIST but they are using it in different ways, then the information coming out will be much harder to rely upon and to aggregate. And that appeared to be the case, for example, with case management notes.

**THE CHAIR:** But your report is saying that there is no case management system at the moment?

**Mr Brown:** There is a case management system.

**Dr Cooper:** There is, and it is by practice. So you interviewed people, all the different officers, and recorded their practices, which generally aligned, but there are variabilities. For instance, if you want to have a system whereby you know that your case management is all occurring in a particular way, you need the data as to what you are doing recorded that will allow somebody other than you to come in and take over and offer consistency.

**THE CHAIR:** Is it the ability for people to operate the system? Is that part of the problem? Is there training on what the system is capable of actually generating? Is that part of the issue, that there is not enough training on that?

**Dr Cooper:** It is more fundamental than that, too. I think the really fundamental issue as to what I got out of this particular one is that it is a whole systems approach. So if it is poor data in, it is rubbish information out. They would have to train people in how to put in that information. That is my understanding. Then they would have to train people in what you would then look for, having put that in, in an analytical way that would give you management information to assist you. It goes back to what you are trying to achieve and where your evaluation framework is so it is all structured together.

**MR HINDER:** The phrase “case management notes” sounds to me a very difficult quantifiable, unless you redo your documentation to give you a score of 1 to 10 on a whole range of issues. And I am not sure that all of the things that are dealt with in case management make themselves easy to do that with.

**Dr Cooper:** I would agree with that. Yes. We are not saying it is the—

**MR HINDER:** Then your rubbish in, rubbish out exercise becomes more difficult as a result of that, does it not?

**Dr Cooper:** But depending. You could be trained in terms of some commonalities that you would all evaluate in a similar way.

**MR HINDER:** Yes, there would be all sorts of demographic stuff, I would imagine, that would feed into it that could be useful, too.

**Dr Cooper:** Yes.

**MR HINDER:** I understand that collecting that information is important. I just love the acronyms; they roll off the tongue so nicely—“Level of Service Inventory-Revised”.

**Dr Cooper:** We definitely did not invent that.

**MR HINDER:** No, but it has come out of a bureaucracy, for sure.

**Dr Cooper:** Version 4, if you could be technical.

**MR HINDER:** Can I just go back to the through-care concept. There is some discussion in there about a 70 per cent drug or drug-related population within



correction facilities. There is discussion in there about methadone and the reasonably free access to methadone, which seems slightly frightening to people like us, I would imagine. When I think of the whole concept of through care in its most simple form, I wonder if when we are trying to get people off of heroin—not being a doctor I am assuming that is what methadone is generally used for—that methadone is a very dangerous drug in itself. Do we have some responsibility at the other end of that to make sure that people are not then expected to rely on their own resources to then get themselves off of that sort of—

**Dr Cooper:** I think you would look for the interface with what is available to the community that would plug on to that. We did not audit that.

**MR HINDER:** No.

**Dr Cooper:** But we did have an allegation made about methadone and the use of it, and we actually checked that through. Let us go to paragraph 4.85 so we are actually dealing with the facts:

Justice Health data was analysed, including examining data on referrals for methadone, the number of detainees on methadone and whether this number was increasing. This analysis showed that the percentage of AMC detainees on methadone, as part of an opioid substitution program<sup>46</sup>, has been broadly consistent from January 2011 until September 2014. Monthly percentages changes have been within +/- five per cent of the long-term average over the past 44 months, with no discernible trend.

So that issue was certainly brought to us, and I think we had the health commissioner involved and ACT Health looking at that. The health commissioner advised that she now maintains a watching brief with respect to trends in prescribing methadone in the AMC. So she is more likely than us to be able to answer that interface question.

**THE CHAIR:** I have a supplementary on that. Auditor-General, your report on page 128 states that a number of stakeholders reported concerns about the provision of methadone to detainees, that methadone was provided to detainees who did not require it, and that methadone doses were increased with little consideration. Can you tell the committee more about what you found when you spoke to justice health and the Health Services Commissioner on this topic?

**Dr Cooper:** Certainly, and we looked at it. That is what I have just read out. That was our finding on that.

**THE CHAIR:** So that was—

**Dr Cooper:** That was in response to that. We thought it was a very serious allegation. Given the trends, it seems that the allegation does not have substance in terms of what was put to us. Again, the right officer for that is the Health Services Commissioner.

**THE CHAIR:** When you refer to statements, were they statements that you received from detainees?

**Dr Cooper:** I am not sure. Can you remember?

**Mr Brown:** We would find it difficult to identify individuals or even the nature of where the allegations came from—ie, whether it was a detainee or a number of detainees or whether it was people working in the custodial setting. But we had these ideas, allegations, put to us—plural.

**MR HINDER:** Were they confidential interviews with you?

**Dr Cooper:** We treat them as confidential, because what we are interested in is system changes. We get a lot of allegations made to the office. This one was serious. Hence we went to the Health Services Commissioner and ACT Health.

**THE CHAIR:** So there are, obviously, serious statements.

**Dr Cooper:** Yes, absolutely.

**THE CHAIR:** Given the fact that you have been given an assurance that they were unsubstantiated, are you satisfied with how it was unsubstantiated or what inquiries were made to—

**Dr Cooper:** We are particularly satisfied that the—again, this is long term, not one person's perception of a moment in time—Health Services Commissioner said she is going to maintain a watching brief. So the question there from when we tabled our report is: has that occurred? That would be a question and we do not have an answer to it. But we would certainly be asking her whether she is maintaining that.

**Mr Brown:** There was an interplay, several times backwards and forwards, in writing, first of all with the allegation, with the idea that this is happening. That then yielded some numbers, then an analysis of the numbers, and then a discussion about what that analysis said, which resulted in paragraph 4.86.

**Dr Cooper:** And it involved direct communication not only with the commissioner but also, I can remember now, with the Director-General of Health. Both those people were very much involved in trying to provide information to us on this issue.

**THE CHAIR:** Thank you. Mr Hinder.

**MR HINDER:** I have a question on the therapeutic programs that were in place. There were three criminogenic programs: one about life skills, one about drugs and one about mental health. Do you have a view about the degree to which there is any coordination for these programs to produce the intended outcomes for those detainees enrolled in those?

**Mr Brown:** This is well beyond the competence of us as auditors to make such a judgement.

**MR HINDER:** I did ask for a view.

**Mr Brown:** But, fortunately, we had the expertise of Birgden from Victoria who had looked at that precise question on behalf of Corrective Services and then produced

more than one report. We used her analysis on that precise matter. So if we make statements about, let us say, the nature of the qualifying characteristics of a detainee going onto a program, it is important to get the right person on the right program. If they are not ready or if they have the wrong profile, they may not benefit from a program.

In respect of that kind of question, Elizabeth and I would never have been able to make that judgement. Fortunately, Birgden, brought in by Corrective Services a year earlier, had asked that precise question and made comments about, “Your criteria or prerequisites for going on a program are too loose,” for example. “You need to tighten them up to get the maximum benefit from that program, otherwise you’re wasting your time.” So that kind of comment would not have come from us; it would have come from Birgden and we would have used that.

So the programs were looked at. Program by program, Birgden looked at whether this is correctly constructed as a program, whether it is correctly evaluated, whether it has the right sort of milestones, whether the entry qualifying criteria are correct. She looked at all those questions for each program, against good practice, and she gave Corrective Services a lot of feedback about where the deficits were.

**MR HINDER:** And this was the year before your audit?

**Mr Brown:** Yes.

**MR HINDER:** So were you able to look before and after in any respect in your own findings?

**Mr Brown:** Some of the recommendations—and there were dozens of recommendations made by a couple of reports that Birgden did around the same time—were responded to. Where there was a clear case that that is a recommendation that has been responded to, here is the result—

**MR HINDER:** Fixed.

**Mr Brown:** Fixed, we were able to observe that in the report. I think in chapter 5 we do make some reference to several places where, for example, the intensity of the cog skills program was changed as a result of the observations Birgden made. The entry prerequisites were changed as a result of the observations Birgden made. So there was progress against some of the observations and the recommendations she made.

There were a lot of recommendations. Some of them were big recommendations. What we did find was that there was not really a systematic way of knocking off those recommendations. They were being dealt with as and when—do the easy ones first and think about the others in the fullness of time. So we make an observation in the report about generally being more systematic. If you are going to buy the expertise to make the observations, there needs to be some way of following that through to get the maximum benefit from the expertise.

**MR HINDER:** I suppose the other impact on that are budget cycles and things like that. No doubt, the hard ones cost more money or cost money.

**Mr Brown:** Yes.

**MR HINDER:** And they then need to put in a bid which may be 12 months away and all of those sorts of issues, I suppose.

**Mr Brown:** And some of them needed a lot of head space, a lot of thought, a lot of time and consideration when, as we have observed and as Corrective Services have observed, the priority for the first five years of the operation of the AMC was on safe and secure. So the thinking time and getting everybody on the same page on some of the complex issues around rehabilitation perhaps was not going to get attention in that first five years and perhaps did not get attention in the first year after Birgden had made those observations.

**THE CHAIR:** Auditor-General, I will address the question to you and you can share if you like, Mr Brown.

**Dr Cooper:** That is fine, even if Jonathan shares, yes.

**THE CHAIR:** There are a number of providers engaged in the rehabilitation program at the Alexander Maconochie Centre. It appears to be a complex arrangement. Do you think that this is the best arrangement or could there be some other arrangements that would allow a more coordinated approach to rehabilitation at the AMC? Do you have any further comment on the management of the contracts offered to these providers?

**Dr Cooper:** We did not look at the management of those contracts. We did look at the coordination aspect to do with detainees being able, if you like, to have their day managed. So we could talk about that, but not the actual contracts.

**Mr Brown:** I suppose the biggest single input into the sphere of rehabilitation, all those things that go into it, would be the education contract, which was with Auswide. We do not make any recommendation nor make observations about an alternative to having that service agreement. It actually changed provider during the course of the audit. We do make some observations about the way the contract information, the management of information that is specified in the contract, is used to commentate on what it is that AMC detainees and Corrective Services officers are getting from the contract.

We make much smaller observations rather than an overarching observation about this being the right way or the wrong way of delivering, for example, education. It is a very challenging environment to deliver a wide range of education and training.

I think the other observation would be about looking forward. Increasingly throughout the course of the audit in 2014 the commentary ramped up about what the new accommodation would do in order to overcome some of the design flaws, design problems, of the original build. So it began to say, “That will be sorted. When we get the new accommodation”—this is in 2016—“that will make this particular problem disappear, or at least reduce the scale of the problem.”

**MR HINDER:** I have one last question. It is an observation. I wondered whether you

were surprised—that might be underselling it—that in some of these jurisdictions you have used as references they have a corrections history spanning white Australia. Does it surprise you that you needed to use wording like “no nationally agreed comprehensive rehabilitation performance measures available”?

**Dr Cooper:** Not so much surprising, because there are some things—if you think about what you are trying to achieve—that are really difficult to measure. For example, how do you know in an analogous situation—that of bringing up a child—that you have achieved the member of the community that you had hoped to achieve. So the variables are very complex. But that is why we gave the emphasis to look at least at what actions are in place. Are you measuring those? How might they get the outcome you are trying for?

**MR HINDER:** Is that the apples with apples aspect of lots of jails and specialist prisons versus a generalist prison like we have?

**Dr Cooper:** And how much do you do in the prison that makes a difference to rehabilitation versus somebody who walks out on the street, encounters something and then their whole behaviour shifts. It is so complex. I think it is one of those situations where, for a small jurisdiction like ours, you can only hope that in national ministerial councils, or wherever the people are who may be able to force some change, the other jurisdictions keep on working on this. Then we may, in the future, be able to adopt it.

**THE CHAIR:** There are a lot of topics we have to cover and obviously time does not permit us to do all this. There will be some other questions that we will pass on to you, if you do not mind.

**Dr Cooper:** Yes.

**THE CHAIR:** In the time remaining, are you able to elaborate on this? You talked about the domestic services that detainees are involved in. Do you have any thoughts on the prison industry-type of activity that may be, could be or should be looked at in closer terms?

**Dr Cooper:** I am going to give you a very audit answer to that. It is that the audit identified the problem and identified that there has been a commitment to progress towards this, which is why the recommendation was there. We have not monitored it but, in terms of a paper for the government’s consideration outlining options and the role of that—even to make it something that is canvassed widely—there is recommendation 2. But we ourselves did not say, “Look, you should have X industry or Y industry.” The problem we do recognise—we did not write it up—with commercial business is the location in the ACT. If you have got a business, you want to be able to get it to whoever is going to buy that product. So there are all kinds of issues that will need to be resolved, which is why we put forward an options paper. I do understand that the minister has actually been looking at this issue, given their response to our recommendations.

**THE CHAIR:** Thank you for that. We appreciate your reasons for those comments. Any other questions?

**MR HINDER:** No, I have got nothing further.

**THE CHAIR:** Dr Cooper, Mr Brown, thank you very much for joining us this afternoon. A proof transcript will be circulated to you in case there are any other issues that you may want to have a look at. If any other information comes to hand that you feel would be of benefit to the committee, we would certainly appreciate hearing from you. Thank you for joining us. I now suspend the hearing for a short break. The hearing will resume at 3.30 this afternoon.

**Sitting suspended from 3.09 to 3.30 pm.**

**RATTENBURY, MR SHANE**, Minister for Corrections, Minister for Education, Minister for Justice and Consumer Affairs and Minister for Road Safety

**MITCHERSON, MRS BERNADETTE**, Executive Director, ACT Corrective Services, Justice and Community Safety Directorate

**BARTLETT, MR MARK**, Senior Manager, Corrections Programs—Offender Services, Alexander Maconochie Centre

**PRYCE, MR DAVID**, Deputy Director-General (Community Safety), Justice and Community Safety Directorate

**TAYLOR, MR DON**, Acting Executive Director—Corrective Services, Justice and Community Safety Directorate

**THE CHAIR:** The committee will now resume its hearing into the Auditor-General's report on the rehabilitation of male detainees at the Alexander Maconochie Centre. Welcome, Minister Rattenbury, and your colleagues. I should go through the normal procedure. Have you read the statements?

**Mr Rattenbury:** Yes, thank you. I think my colleagues are all very familiar with the processes.

**THE CHAIR:** I think you would be, so I will not waste your time on that.

**Mr Rattenbury:** I am happy to proceed, thank you.

**THE CHAIR:** Minister Rattenbury, would you like to make a statement before we start?

**Mr Rattenbury:** Thank you, chair; I will make a few opening remarks. As you know, I often do not, but there are some contextual things I would like to put on the table that I think will help inform the discussion this afternoon and give a sense of where I am coming from on some of these issues and, hopefully, elaborate our view on it.

I think the management of prisoners in the ACT is particularly complicated, and you will be familiar with some of these issues. Of course, we have historically a very young corrections system having only opened the prison in 2009. As both the agency responsible—Corrective Services—and the jurisdiction as a whole, we are still developing our corrections culture and infrastructure. I think as much as you can plan these things out and put the protocols in place, the reality is that when it actually opens and you have to start operating, there is still a lot of learning to be done.

Secondly, the AMC is, of course, a multi-classification facility in which all categories of detainees are accommodated. We have got men and women, sentenced and on remand, minimum, maximum and medium security, as well as mainstream and protection, with an additional category of strict protection. While we have built a prison that is all classification, obviously there is a level of complexity in that as well.

The third issue that I thought I would touch on is that the AMC's detainees overwhelmingly come from within Canberra or the region immediately adjacent to the ACT. So we find that people know each other and they often bring issues from the outside into the inside of the jail, be they real or imagined slights against each other.

That can lead to tensions within the jail and people seeking, I guess, to settle old scores, either directly or on behalf of other people. That brings a management issue into the jail. Our experience in the AMC has been that the figure of separation that we need to undertake is around 45 per cent of all detainees, which is certainly higher than other jurisdictions. If you imagine New South Wales, when you have those sorts of problems, you just send someone to a different jail. We do not have that option here.

The fourth point I would touch on is that ACT Corrective Services has been subject to a suite of high-profile reviews over the past five to six years with the Knowledge Consulting review, the Human Rights Commission's audit of service for women at the AMC and now the Auditor-General's report that we are discussing today. So there has been quite a high level of scrutiny in just the six or seven years that the jail has been open.

The last point here in terms of the complexities is the dramatic growth in detainee numbers since 2013, which has placed intense pressure on the management and meant that the focus of the operations has been on managing and responding to that growth in numbers as a primary consideration. Whilst obviously other projects continue to be worked on in that context, maintaining the basic safety and security of the jail in light of those increasing numbers has taken the number one priority.

Similarly, in the past 12 months or so, ACT Corrective Services has been actively involved in the development and implementation of the new sentencing option with intensive correction orders. Overall I believe that is a very positive thing and it will provide an excellent alternative or an additional option for the judiciary in terms of their sentencing options, but it has been necessary for Corrective Services to play a large part in that.

I raise those points simply because I want to highlight the challenging environment that is there. That is not to say that the government or corrections considers rehabilitation less than a fundamental part of the agency's purpose and functions. It is fundamental and it is a high priority, but there are lots of other things that come into the equation as well.

I think it is important to note that while the Auditor-General was critical of rehabilitation service delivery at the AMC, it was not an across-the-board criticism. I was pleased that the Auditor-General noted the high rates of education participation and the large range of services available for Aboriginal and Torres Strait Islander detainees. The Auditor-General also acknowledged improvements in management practices that have contributed to improved rehabilitation services. That included enhanced performance in regard to case management administration and improvements in staff management and culture. As reflected in the government's response to the Auditor-General's report, there clearly is room for improvement.

I also want to reflect on the fact that the government and Corrective Services, I guess, had concerns that the audit's stated intention was to review rehabilitation of male detainees at the AMC, but the Auditor-General did not analyse key aspects of the rehabilitation services available at the centre. The Audit Office focused on three primary criminogenic programs as well as looking at the employment issues. They are all important considerations, but they did not examine such key rehabilitation service



delivery programs such as alcohol and other drug treatment, which, given the prevalence of alcohol and other drug issues for our detainees, I think is a shortcoming in the Auditor-General's report.

Factual information about alcohol and drugs programs and other programs, such as a range of counselling services available to detainees like financial, relationship, emotional and addiction counselling services, as well as education, was included in the audit report at the request of ACT Corrective Services, but it was not analysed. The information was provided, but it was not part of the full analysis of the Auditor-General. The government is concerned that the audit did not provide a comprehensive examination of rehabilitation services at the AMC.

That said, the government did accept the 10 recommendations put forward by the Auditor-General and the Audit Office. We believe that they are a sound basis for continued improvement in rehabilitation services. In particular, we agree that there are inefficiencies regarding access to employment and too much unstructured time for detainees in the AMC due to inadequate employment facilities and other activities such as organised recreation. That is certainly something that has been of particular concern to me. That is why I went with my Corrective Services colleagues to Long Bay jail in 2014 to look specifically at what they were doing there. I think I have spoken to this committee about that before, but we used that very much as a model. We worked through 2015 to develop an industry strategy. I was pleased that with the savings that have been made through the AMC expansion project—in the order of around \$8 million—I was able to have cabinet agree to use those savings to undertake an enhanced industries program at the AMC.

This industries and activities enhancement project has commenced. The building is now underway, and I expect to see the facilities completed by the end of 2016. That is an important opportunity to provide a range of additional employment and practical vocational training opportunities for the detainees at the AMC. This new facility will provide up to 49 full-time equivalent positions once it is completed and fully operational. I am personally very pleased that we have been able to make progress on this and we will deliver this in a relatively short time frame.

Other problems identified in the report are also being addressed by the government and by Corrective Services. For instance, the data improvement issues as referenced or partially referenced in five of the 10 recommendations are being addressed as part of a long-term project to improve ACT Corrective Services information management systems, and I am happy to go into more details about that. That project has now reached the stage of procurement of the systems solution, and the procurement is well advanced. We can take some questions on that, if you wish.

The response to the other recommendations is also progressing. Some are complex and resource intensive so it will take time, but we are happy to provide updates on the progress of those. I simply conclude by saying that we are committed to implementing the Auditor-General's recommendations and we are happy to answer the questions the committee wants to ask me and Corrective Services staff.

**THE CHAIR:** Thank you, Mr Rattenbury. My colleague Mr Hinder and I will address our questions to you, and feel free to relay them to whomever you wish to.

Minister, your opening remarks touch upon my first question. Whilst I recognise your comment about aspects of the report that you do not agree with, and you do not think have been addressed, I would just like to read out one paragraph which is one of the key findings. This is my first question to you. I think you probably touched on parts of it, but I just want to put it in context from your point of view. One of the key findings—I am talking about page 5, paragraph 2.53—is that:

Although the ACT Government’s operating philosophy for the AMC has a strong emphasis on detainee rehabilitation, and this is reflected in legislation, there is no overarching rehabilitation framework to guide the overall coordination of rehabilitative activities and services. Some other jurisdictions have clearly articulated rehabilitation frameworks. Furthermore, plans used by ACTCS that could be part of a rehabilitation framework are taking a considerable time to be developed.

My question to you is: AMC has been operating for a short space of time, but there are aspects, certainly in rehabilitation planning, where there is, I guess, quite a serious question posed for you there.

**Mr Rattenbury:** Of course, one of our main objectives is to provide a strong rehabilitation framework because we want people to use their time in jail as much as they can for it to be an effective opportunity for them to not come back, if I can put it a bit colloquially. We do not want them coming back. We want to provide a framework that enables them to have the skills when they come out to minimise their chance of returning to the AMC.

Specifically in terms of that comment from the Auditor-General, one of the resources that informed the Auditor-General’s report was a discussion paper created prior to the AMC’s opening entitled “Vocational education and training and rehabilitation programs in the Alexander Maconochie Centre”. Corrective Services is in the process of reworking this document to produce a comprehensive rehabilitation strategy, and not just a framework, so that we have got something that is quite practical. This strategy will define overarching rehabilitation principles. It will also analyse the existing detainee profile and factor in the detainee projection work undertaken in our analysis, so, in terms of numbers, the cohort that we are expecting at the jail and the like.

The rehabilitation strategy will include updated case management guidelines, existing education arrangements and employment options for detainees that take into account current employment limitations as well as the future job options that we are creating. The rehabilitation strategy will also provide detail on the way in which a structured day at the AMC is to incorporate relevant rehabilitative activities and services, including criminogenic, therapeutic and other programs. My colleagues might like to add to that, but I flag that that piece of work is now well underway.

**Mrs Mitcherson:** It is a fair comment in terms of the framework, but I would like to reference the 2007 document which was done in terms of planning, which was about a rehabilitation framework. Certainly there were some aspects of that document in the planning that did not quite hit the mark in terms of profile. There are other parts of that document where the bones are actually very good. We will reuse those bones, if I can be so bold, because it talks about the importance of criminogenic programs, which

were the three programs that were assessed by the auditor. It talks about the importance of alcohol and other drug programs and a range of programs depending on what point a person is at. It talks about the importance of education and employment. It also talks about the importance of family.

As a subset of that, one of the other areas it talks about is readiness. So if someone is going to embark on a rehabilitation program, we need to know that they are ready to do that. What I mean by that is that if someone comes into custody, for example, for a violent offence—they are acutely psychotic and have mental health issues—you need to deal with the mental health issues before they are ready to enter into any other sort of program. You could do damage to the person or damage to other people in the group. That is about looking at the underlying causes of what the offending was about. Was it alcohol, was it mental health, was it a psychotic break, was it ingrained behaviour in terms of cognitive behaviour that has been learnt over the years around domestic violence—those kinds of things. So that is really important.

The 2007 document talked about that. We consider those really important things to underpin our going forward. While the framework was not current when the Auditor-General did the review, those parts of the bones we are going to keep. What I think was hard for the planners to predict—the minister has talked about this—was the level of separation. The planning document did talk about separation, but it thought about 25 per cent. We run somewhere between 45 and 50 per cent as an average all the time. It talked about the number of people in different levels of security. The number of people on high security is much higher than was envisaged in terms of need.

What we do know in the ACT—notwithstanding our numbers are going up at the moment—is that we still have the lowest incarceration rate in the country, which means that those who come into custody have what we would call a medium to high level of risk. There is not a lot of low-hanging fruit, if I can put it that way, in terms of people coming into custody that do not have particularly complex needs. We would agree that that needs updating.

We have done pockets of work—and I think the Auditor-General commented on it—that together will form the framework. We have been going since 2009. It is well documented that in the first couple of years the leadership could have been better at the jail and since 2011 that has been very stable. You have got to get your basics right. The document quite rightly talks about the improvement in culture at the jail, which is about security and safety. We wanted to make really big improvements quickly on the culture of the staff and to reduce our lockdowns, our overtime and use of force. When you have got some of those basics right, you then have a staff that is willing to actually do the next bits and you can start working on adding to the layers. But you have got to get the bones right. We did have to do some work that area, and we did. As the Auditor-General noted, there has been quite a lot of movement in that area.

Some of the pockets that we have already done will feed into the rehabilitation framework. For example, the minister commented on the review. The Knowledge Consulting review had 128 recommendations. So 128 recommendations had to be managed, and within those 128 there were pockets of considerable work. You may recall a few years ago the crisis support unit was often in the paper because of issues

around people staying there too long and the processes in there. We actually did a separate piece of work, our own review, on the recommendations from that unit, which was the Birgden review. We did a whole piece of work just on getting the crisis support unit right, because that is where our most vulnerable clients are in terms of acute mental health or risk of suicide and self-harm and they need stabilising. We have done pockets of work as well. The other area—sorry, have I spoken too much?

**Mr Rattenbury:** That is all right.

**THE CHAIR:** We are happy to hear from you, as long as it is relevant. We have limited time, so if you could—

**Mrs Mitcherson:** I guess in a nutshell what I was saying is that the framework absolutely was not complete when the Auditor-General did the report. We are still going to use the bones of the original framework. We have done pockets for the new one, and we are hoping to have it finished in the next 12 months.

**THE CHAIR:** Thank you. Mr Hinder.

**MR HINDER:** Thank you, minister, and thank you, everybody, for attending this afternoon. We heard from Dr Cooper earlier today. As you touched on minister, she acknowledged that the first four or five years of the jail were about security and safety issues and systems and stability and the program was largely aimed at drug-related issues for the purposes of inmate rehabilitation.

I want to ask a question around the prison industries aspect and the structured day and employment issues. I note from the Auditor-General's comments that there was a draft plan as early as 2008 around prison industries. I also acknowledge that the report is now two-plus years old and the government's response is June of last year. I was hoping you might be able to tell me how the work towards the agreed recommendations is travelling.

What progress is being made in making employment more available to detainees since the report was released? I think the auditor's report suggested they were doing one hour a day or something like that that they could find records around. What is your goal in terms of hours per week for each detainee accessing work, provided they do not have some other impediment, and is there a combination of activities in your view that would result in the best sort of structured day for detainees at the prison?

**Mr Rattenbury:** Certainly in terms of the current situation there has been a limited employment program, and that has been exacerbated by the increasing population. Up until this point in time the work or the industries that have been available have been predominantly about servicing the AMC itself, so a range of roles in the kitchen, in the laundry centre, gardening and horticultural opportunities. These kinds of activities have been made. As you can imagine, as more detainees come in and the population has gone from 240 to 400-plus, there are more people but there is not an equivalently growing number of opportunities. That has been a challenge, and that is why we have moved to expand the prison industry substantially.

As you will have seen in public, the new facilities will include a bakery as well as an

expanded laundry as the two primary industry opportunities. Again, they will be largely targeted at servicing the jail itself but on a much larger scale in the sense that we have 400 people to feed three times a day, there are plenty of opportunities to use our own product inside the jail. And obviously the laundry capacity there is to again service that detainee population. I think that will go a long way to providing a structured day.

The other challenge—and it goes a little bit to what Ms Mitcherson was touching on—is that not everybody will be suitable for employment depending on where they are at in their cycle in the jail, how long they are in for, all of those kinds of things. In terms of that structured day proposition, for some people employment will be a really important part of that. For others it will be more attending alcohol and other drug programs or some people will be better suited to a straighter education program in terms of a sit-down study kind of program.

**THE CHAIR:** Can I ask a supplementary on the structured day. How do you determine who is suitable for what work, and how many of the people that apply for work within the prison industry are accepted and how many are rejected?

**Mrs Mitcherson:** I do not have the figures on who is accepted and rejected, but I will give you the process in terms of how it works. I think it is important to note that probably about 70 per cent of our detainees have no work history or very limited work history, including significant adults in their life as well. So just getting someone out of bed of a morning and getting them into a routine, even doing a job in the laundry which might seem menial, is actually important in terms of social skills because they have never had to get up, be part of a group, take instruction.

A number of things happen in induction. At induction you can work a few things out. If someone comes in straight through and they do not have significant medical issues or detoxing issues, they are always asked a question about whether they would like to work. If the answer is yes or, “No, I’m waiting for my appeal” or that kind of stuff—sometimes people are not quite ready straight away—they will be forwarded to a case manager to look at the kind of work that they do. They might have a history of doing some kind of work. It is not unusual to get someone in custody who might have a trade history. You might then link them up with an overseer who is doing grounds maintenance. If someone has got a history in the hospitality industry, they might be linked up in the kitchen area because there is a bit of a synergy there. Others who have never worked, you might start them off very slowly in a job.

What we have done in terms of industries, as well as what the minister has talked about in expanding, in our industries review—which the Auditor-General noted that we had planned to do; and we have finished that work now and had an officer to do that—we also had a good look at how we were doing our basic industries. Could we do them better; could we link better with vocational education and training; do we need to have some more inputs to our staff doing that kind of work? That bit of work is going on.

Some people just refuse to work. At the moment, with the separation issues, it has made it very hard for us to incentivise people going to work. What we are hoping in the next 12 months is with the opening of the two new accommodation blocks, which

are in themselves seven separate units, with better separation we can then isolate those who really do not want to be involved in work or do not want to be involved in rehabilitation in any way so that they are not infecting other people who actually want to come in and do their time well.

**THE CHAIR:** My question was a little more directed at the numbers as well. Can you tell us roughly—I do not expect exact numbers, but if you can give us additional details, that would be good—how many people are currently engaged in the prison population in doing some active work?

**Mrs Mitcherson:** I would have to take the exact number on notice.

**THE CHAIR:** Okay. And do they get paid for the work that they do?

**Mrs Mitcherson:** Yes, they do. Just in terms of who gets allocated work, I think this financial year we are running at 45 per cent of our population in custody for 30 days or less, so there is 45 per cent that we probably would not allocate a job to because we would rather give work to people who are going to be there for a long time, particularly when you have limited work.

The levels of pay, I do not have them with me now, but we have tabled them here before, I think. They are structured depending on the work they are doing. In the kitchen, I think there might be three or four categories getting right up to a leading hand where you are doing a bit more than the basic. It depends on the level of work you are doing and the job you are doing. I think the kitchen is the highest paid.

**THE CHAIR:** What about the number of people who actually apply for work? I know you cannot give me the numbers, but are all of the people who want to work able to work or do you have a waiting list for people to get—

**Mrs Mitcherson:** We would have a waiting list. There would not be enough work at this point in time.

**THE CHAIR:** Those on a waiting list, do they get paid because they cannot be given a job?

**Mrs Mitcherson:** Yes, we have a basic allowance for detainees. That just covers some basic things.

**THE CHAIR:** Is there an incentive for them to work at all?

**Mrs Mitcherson:** That is a good question. If I go back to my earlier answer, it has been very difficult to do an incentivised program within the jail, which is our next project for the next 12 months in terms of work with the new units. It would be fair to say that some have never worked, do not want to work. “My family put money in the bank for me, and that’s all I need to do.” There are others who would like to work but we do not have enough or enough hours to give them. There is probably the whole range in between.

Certainly in bigger jurisdictions there are some jails—for for example, I used to look

after John Morony in Windsor, a working jail—where if you do not work you get booted out somewhere else. You have to work. When you have 30-odd jails, you can have a different kind of incentive program. If you have a jail where everyone is working, the jail ticks over in a different kind of way. But they are generally single classification jails; they are not mixed how we are, if you know what I mean.

**THE CHAIR:** For those who refuse to work, flat out refuse to work, do they still get the default payment?

**Mrs Mitcherson:** I will hand over to Mark Bartlett.

**Mr Bartlett:** In terms of employment, all detainees who are received into the AMC, whether they are on remand or sentenced, are eligible for a gratuities payment. It is like an unemployment payment, if you like. It basically is used by most of the detainees to go on to their phone accounts, so they always receive income every week. That particular payment itself goes over five days per week.

For detainees who seek employment—both sentenced detainees and remand detainees are encouraged to actively seek employment—they they have to complete an OH&S induction program. They have got to go through some blood-borne virus training. In that kind of environment they need to be aware of blood and body spills and so on and so forth. They do a white card occupational health and safety course as well.

From there, once they seek employment, as Ms Mitcherson identified, there is a range of pay grades depending on what the actual duties are. Someone who is working in the kitchen five days a week will earn more money than somebody who is emptying the bins twice a day in one of the accommodation units. The AMC philosophy is that we encourage productive behaviour. For people who are unable to work, if they choose to participate in education, they are paid to go to education for hours, the same as they are for an employment position. It is the same for detainees who choose to engage in rehabilitation programs, so they will also receive a payment in order to go to programs.

There is incentive built in. The more programs and meaningful activity that people participate in, the more their wages can actually be. Conversely, for those who are full-time employed, if they are also engaging in rehabilitation programs, they do not lose any money from their work, from their employment, when they are actually attending those programs.

**THE CHAIR:** Let me understand it correctly. The people who are working will then get paid for the work they do and they would also get additional money for attending educational classes as well?

**Mr Bartlett:** Up to a point. If somebody is already working full-time in the kitchen for \$70 a week and they are also attending a cognitive skills program or a violent offenders program, they will not lose any money when they attend that program; they will still get paid their normal weekly wage.

**THE CHAIR:** I have a couple more supplementaries on this one, then I will hand over to Mr Hinder. Is this system in place in other jurisdictions as well?

**Mr Bartlett:** Different jurisdictions operate differently in that regard. Certainly for some jurisdictions you will be paid for what you are doing, so you will be paid for employment. But then if you want to do programs, you are not paid to attend programs or education. That in other jurisdictions can work as a disincentive for someone to participate in some of those rehabilitation programs. Often the pattern of incarceration or the pattern of their sentence planning will be they will engage in employment up until they are getting close to a parole release date, then they will disengage from their employment and actively participate in the programs.

What we have done is we have built the incentive in to, say, depending on what somebody is ready to do, if it is education—and some of our detainees have very low levels of literacy and numeracy—we actually pay them and encourage them to attend education in a remedial sense so they can build that basic literacy and numeracy skill. In terms of rehabilitation and reintegration into the community, that is critically important. If you cannot read and write properly, that really restricts the opportunities you have when you come back into the community.

**THE CHAIR:** My final supplementary question, minister, to you, as I started the original question: you have mentioned the prison industries that you are looking at, the bakery and the laundry. Are they in operation yet?

**Mr Rattenbury:** No, we have just started construction of them. There is an existing laundry at the AMC, but that is too small for the prison population we now have.

**THE CHAIR:** You announced this back in January of this year.

**Mr Rattenbury:** This year, yes.

**THE CHAIR:** Yes.

**Mr Rattenbury:** We announced it in January that cabinet had agreed to the funding. The construction commenced in the last fortnight.

**Mrs Mitcherson:** I think the first sod has been turned in the last week or so in terms of the—

**THE CHAIR:** What is the expected finish date?

**Mr Rattenbury:** Construction completion date is last quarter of this year. And then there will be a commissioning process and a training process of the staff. I do not have an exact time line on those, but that gives you a sense of the timing, yes.

**MR HINDER:** My question relates to churn. Whilst you say it is 45 currently, the auditor's report suggested that between a third and two-thirds of detainees released each month over the past four years were serving fewer than 30 days. I said to the Auditor-General that that must be a nightmare in terms of trying to get those people engaged in anything let alone productive or useful training or work. So my question is about the appropriateness of options and how it is, given the recommendations, that the various cohorts I am hoping that exist now in the centre are given a range of



options appropriate to their length of stay?

I understand that some of the programs that were in existence have been tailored around the data showing that they were there for shorter periods of time, so some of the courses were shortened to make that useful to some of them. Could you give us an update on those issues?

The Auditor-General certainly talked about the further complications of cultural issues and that that is where you integrate. Whilst she was complimentary about the additional resources for Indigenous Aboriginal and Torres Strait Islander detainees, the converse of that was that perhaps there should be more resources available for other cultures and/or mental health issues or the myriad variables that our inmates are obviously dealing with.

**Mr Rattenbury:** Let me start. Again, Ms Mitcherson touched on this before, but in terms of that short stay that many detainees make, often the first part of their stay is simply about stabilising their behaviour. People come into jail with a range of addiction issues, mental health issues and the like. I do not want to put a number on it, but for a proportion of our detainees, their time in jail can simply be about stabilising them. That goes to your question, I think. That can present very limited opportunities to engage in something proactive in the sense that you are in that reactive space in that first phase for many people. That, in itself, is quite limiting.

**Mrs Mitcherson:** You asked about the ability to provide better programming with the new accommodation. Certainly, for some groups, that has worked very well. For example, one of the areas we were concerned about for men as opposed to women—we have a high needs area for women so if a woman is coming down from a crisis support unit there is a space—is we did not have a small unit for men, for example, who lack social skills, might have an acquired brain injury or intellectual disability or have some mental health issues that are not quite stable but they did not need to be in the crisis support unit. We have opened one of our wings we call the west wing in a special care centre. That is just accommodating detainees or men with complex needs with significant psychiatric conditions and intellectual and physical functioning issues and other vulnerabilities.

That little unit now means that those men are not then having to suffer the rigours of being in a very big cell block where you need quite good social skills. Even in that little wing we can have a structured day for that group. That group may never work in the bakery or the laundry, but they can still have a structured day. So we have an occupational therapist in there. We have a group called Chill to help them manage their emotions, and the psychiatrists visit and we have psychological support.

One of the other wings we have just set up in the bigger accommodation unit is just for sex offenders. There is a group room attached to that wing. Instead of those offenders having to travel across the jail to get to their group, which means they are often the subject of language from other detainees and that kind of stuff, we are actually getting better compliance because the group where they do the program is within their wing and the staff come to them. So there has been some improvement because of the nature of the way we have designed the new accommodation.

It is certainly true that the churn—we still run at about one-third remand—is significant. This financial year we are running at 45 per cent. Of our current churn this year, total releases have been 416, 45 per cent did 30 days or less. Really it is stabilise, detox, feed, maybe immunise, and not much more than that.

The next highest group is those doing two years or less, and currently there are around about 110 doing that. But even within those two years, probably it would not be unusual for nine or 10 months of that period to be on remand. Yes, there have been improvements with the accommodation that we hoped would happen, and we talked to the Auditor-General about having programs and interviews based in the areas to save movements. They are small movements at this point in time; there is more work to do in that area. I might ask Mr Bartlett if he would like to add anything.

**Mr Bartlett:** Thank you, Ms Mitcherson. That is one of the reasons we have looked at some of our rehabilitation programs. Whilst people are in custody, there is an opportunity for them to commence engagement for some of those programs. But for some of these people their sentence lengths are insufficient for them to complete them. We have a fairly unique opportunity in the ACT where we have people who can commence an adult sex offender program or a cognitive skills program in custody and then be able to continue that as they move back into the community where they are under community corrections supervision. They can start it in the prison and complete it in the community. That is something that we have had to do due to these fairly short sentence lengths.

It is the same for the Solaris therapeutic community; they can commence the treatment components of the therapeutic community—the alcohol and other drug substance abuse TC—whilst they are in custody, and then there are transition programs, graduate programs and support programs for people as they move back into the community.

To comment on the churn, for last year we had 556 receptions and 529 discharges. We had an average state of around 400. So the work we are providing is more than what you actually see in the daily state figure with that churn. And 35 per cent of those detainees spent 30 days or less in custody. They still have to go through all the induction processes and we have still got to work with people. But the window of opportunity there is very brief.

**MR HINDER:** We can understand to do the white card or all those other things, before you get to them, they are gone by the time they get through any of those programs properly.

**Mr Bartlett:** That is right. That is why, because they are accredited training courses and deliver things in terms of skill sets, they can commence something in custody and they can complete that when they move back into the community. They are nationally recognised certificates. Wherever possible we are taking that opportunity.

**MR HINDER:** A supplementary, Mr Chairman?

**THE CHAIR:** Certainly.

**MR HINDER:** Can you, minister, advise us what level of information is now recorded about disabilities and the diverse backgrounds of detainees and, with that data, to what extent is Corrective Services able to bring that information to bear in the case management to achieve better outcomes for detainees?

**Mrs Mitcherson:** I will start the answer to that question. The Auditor-General was critical of our data collection. We collect country of birth and religion, but what they were critical of is that that does not indicate whether someone might be having a language difficulty, for example. We know a lot of our clients might be from New Zealand or English-speaking countries, but we do not delve down into that next level about whether they are from Vietnam and have an English issue.

I guess in the early days our numbers were so small that those that had particular issues around language we were very aware of. We make quite good use of interpreter services where it is appropriate. Last year we even sourced an Arabic-speaking psychologist to provide a report for us. We are very cognisant of that issue, and part of the rehabilitation framework will talk about the steps we take to manage that.

The other issue about intellectual disability, we are looking at the current field on our old system to ask that on induction, but I caveat that by saying that it is self-reported. Just because I think someone might have an intellectual disability does not mean they think they have one and they may not want to identify as having one. I am very cognisant of that as well.

That said, we do have a process, so there is an issue. Some people do get identified initially at reception on induction. Then there is case management engagement within the first seven days where it might be clear through the discussion with a case manager that they have an intellectual disability or they have been treated for something, and then that will trigger referral to something else. The new system we are procuring will have a better ability for us to collect data, it will have more fields, it will be easier to collect and easier to extract as well.

**Mr Bartlett:** On induction people are asked whether they identify as having a disability. What we found was a lot of people—basically over 70 per cent of our receptions—are actually intoxicated on reception. So they have to go through a bit of a detox program before we can get a realistic assessment. We do a case management induction seven days after they have come into the centre. As part of that we look for to see whether they have been recipients of disability support pensions, whether they have participated in any special schooling, whether they have had any learning difficulties or any of those sorts of things.

If they have, that then triggers a referral to our corrections psychological support services, and that is where some additional testing can actually be done if somebody does not already have a formal diagnosis. From there, that is often a pathway into the west wing for some additional support in that regard.

**THE CHAIR:** Can I ask a supplementary to Mr Hinder's. Mr Bartlett, you mentioned that you check people for intoxication. Is drug testing also done on their entering?

**Mr Bartlett:** Yes, it is. Some indicative testing is done to establish some baselines. It

is not done in terms of—

**Mrs Mitcherson:** Punitive.

**Mr Bartlett:** Yes, it is not punitive; it is just done to get a baseline level. Someone might come in and they will have been smoking some pot, so they have cannabis metabolites at a certain level. Then if they are tested a month later and the levels are higher, obviously they have been engaging in some behaviours that they should not be. We would expect those levels to drop. It is just to get a baseline.

**THE CHAIR:** What if you find more serious levels of drug use?

**Mr Bartlett:** Again, from a health point of view, ACT Health are responsible for the screening process. Everybody who comes into custody will see one of the screening nurses, and from there, there will be referrals in to see doctors. We have a medical detox program that ACT Health administer. It is particularly for people who have consumed very high levels of alcohol. That is quite a dangerous period when they are going through that withdrawal, so it is actually a medicated withdrawal process that they go through at AMC

**THE CHAIR:** If they are on hard drugs, what sort of encouragement do they get to stay off them? Is there a program for that?

**Mr Bartlett:** Yes, there are a whole lot of pharmacotherapies that are offered to people. Certainly the methadone program is one of those for people who have addictions to opiates. That is probably the primary one that occurs there. But there are also pharmacotherapy programs offered for people to give up cigarettes and so on.

**Mr Pryce:** If I could add, detainees have access to justice health in the AMC, so if there is any other medical treatment or support needed they can access that through that service, too.

**MR HINDER:** Just on the issue of methadone, we had a discussion earlier about the through-care aspect of rehabilitation. The Auditor-General seemed to be suggesting that the concept of through care was not necessarily the same concept shared by every agency of government. I am probably thinking more of the vernacular use of the words “through care” and the fact that I am assuming methadone is an alternative substance to heroin or opiates. It is a particularly nasty drug in itself in a lot of ways. When those people leave the Alexander Maconochie Centre are they left to their own resources to try to get off an arguably more addictive drug than heroin, or is there assistance offered to them when, arguably, we have got them on to methadone?

**Mr Bartlett:** All methadone is dispensed on prescription, so under medical supervision. Certainly detainees have the opportunity, in negotiation with the doctors and the nurses, to increase or decrease their dose depending on what their level of substance abuse was prior to coming into the Alexander Maconochie Centre.

In terms of staying on methadone once people are released, people are given scripts for that. Most people will have to attend building 7, the alcohol and drug service at the Canberra Hospital, to continue their methadone dispensing there. After a period of

having clean urines, they can be transferred to community pharmacies. Methadone, being an SA drug, is not handed out to just anybody, by any stretch of the imagination. It is quite highly regulated. People who are on methadone are required to have that every day, as they are slowly withdrawing from the methadone as well and actually having fewer doses. It is subject to health plans, basically.

**Mr Rattenbury:** I might just elaborate on that. The very premise of through care is that people do not just get dumped out. The very premise is that there is continuity, and that is in a range of forms. In my mind, the programs that people are participating in are a key part of that. Through care is designed to provide housing, transport assistance, employment assistance and a range of other things. But certainly the programs are a key part of that. In terms of some of the partnerships we have with the service providers in through care, they are the same service providers inside and outside. So that continuity is an important part of it.

**THE CHAIR:** You have finished, Mr Hinder, have you?

**MR HINDER:** Yes.

**THE CHAIR:** Any more supplementaries?

**Mr Rattenbury:** You guys have developed such a rapport so quickly.

**MR HINDER:** You can have my other 11.

**THE CHAIR:** Thank you very much. I would just like to come back to a couple of questions on prison industry. We talked about the bakery and the laundry. Has any thought been given to or any work put into how outside work would be available for prisoners? Can they attend any industry-related work outside?

**Mr Rattenbury:** Yes, certainly through the transitional release centre. If you have ever been out to the site, the building that sits outside the fence is the transitional release centre. That is designed for people who are coming to the end of their sentence who have demonstrated good behaviour and their risk assessment is that they are reasonably low risk and are preparing to transition back into the community. The idea there is that, whilst they are still in jail, they are able to leave each day. They go to a work site, they perform the work and then they come back at night. You almost might describe it as a curfew system where they go out and work and they come back.

This is very positive in a couple of regards. First, they are actually building up an income for when they are released. It provides them with a bit of a nest egg to pay bonds or whatever they might need to do when they come out. It is obviously providing that. It would be fair to say that that is a limited opportunity in the sense that not everybody fits into that risk assessment and security classification. It can be challenging to find employers who are willing to take somebody on. But that opportunity is there.

Going to where I thought your question was about to go, I will just add this. In terms of having the bakery and the laundry, our hope is that longer term other industry options will be provided, but it is very much a staging thing of saying we will start

with these two and get them right and other opportunities may come on. At Long Bay, they have a much bigger population with 1,000-plus people. They have seven different industry hubs.

**THE CHAIR:** You have actually taken a few of my supplementary questions, but that is okay.

**Mr Rattenbury:** Sorry. Ultimately, I would like to see further options that you are engaging the maximum number of people by providing different possibilities.

**THE CHAIR:** That was one of the directions that I have seen used in Lithgow where, for example, they have got linen cleaning as one of the options. I think they also work on licence plate repairs and so on. They are basically prison industries that can make some profit. Is that part of the direction that you would be looking at?

**Mr Rattenbury:** Certainly in New South Wales the prison industries do return quite an income to the corrective services system. Across New South Wales they have a huge range of industries. They have electrical repairs, they have an orchard at one of the jails and they have a dairy at one of the jails. There is a whole suite of things. In the short term, as I said earlier, our emphasis would be on internally servicing the jail.

The other issue that needs to be taken into account is that it is one of competitive neutrality, if you like, with external providers in the community. There is a very fine balancing act about selling products externally but doing so in a way that is not unfair to existing businesses outside. The advice we have from New South Wales is that—if we want to go down the path of selling externally—they have set up what you might call a steering committee that has the chamber of commerce, unions and some other obvious stakeholders that help them work through that process of competing with the external world.

**THE CHAIR:** Are unions able to provide some assistance in finding some of these work-related opportunities for prisoners?

**Mr Rattenbury:** Have we had that discussion?

**Mrs Mitcherson:** If I can just answer that?

**Mr Rattenbury:** Yes, please.

**Mrs Mitcherson:** I think they would be interested. I do not think there would be any opposition.

**THE CHAIR:** Sorry, I am asking: has there been any discussion and has anything been done?

**Mrs Mitcherson:** We have not had any discussions with the union at this point.

**Mr Bartlett:** When we set up the transitional release centre and were looking at a paid work release program we introduced it as a work experience program—back in 2011. As part of that I did meet with UnionsACT and did canvass the idea with them.

I come from a New South Wales corrections background and I am very much aware of the processes that corrective services industries in New South Wales have set up to manage their interaction with the community in terms of directly competing with existing businesses. We did consult with UnionsACT as part of setting that up. We also linked in with the local chamber of commerce. Chris Peters—rest his soul—was a huge advocate for getting the transitional release centre work release program up and running with the local community and the local business leaders.

**THE CHAIR:** My question related to any implementation of any such work, and I think Ms Mitcherson said there has not been. Is there a view to looking at it seriously, not just discussions, but to offer options for the prisoners in some of the union-related activities?

**Mr Rattenbury:** We can take that on board. It is an area where we could make some further inquiries.

**MR HINDER:** I have a question regarding the rehabilitation framework. I think I heard Ms Mitcherson mention it earlier on. When I read the report, it says things like, “There is no overarching rehabilitation framework to guide the coordination of rehabilitation activities and services.” Again, acknowledging that the report is two years old, can you tell this committee whether such a framework now exists and what are its chief characteristics and features?

**Mrs Mitcherson:** The framework that we did use, and which the Auditor-General based their comments on, was a 2002 framework: vocational education and training and rehabilitative programs in the Alexander Maconochie Centre. We have used that as a basis and we still intend to use the bones of that process going forward. We have done pockets of areas that will contribute to that in terms of case management work, work on the crisis support unit, work on our psychological support, which will form part of it. It is in draft form. So it was always on our work plan to do, but I guess we wanted to actually understand the jail well and have to deal with some critical issues that were confronting us around the crisis support unit, around needing accommodation, the numbers going up that took over some resources in terms of doing the final report. But it is being drafted and we would expect to have that completed at the end of the year.

When I say “complete”, it will always be a living document. We now have our business plan for 2014-16. That is part of that going forward. They also talked about underpinning that with a compliance and audit framework. So we have a compliance and audit committee and terms of reference within corrections. Within that we have our compliance framework from 2015-17. So there are a lot of components that are building up into the overall. We hope to have the overall done by the end of the year.

**THE CHAIR:** No further questions?

**MR HINDER:** No.

**THE CHAIR:** I would like to explore the structured day a little further. The Auditor-General’s report found that the commitments to providing a structured day for detainees at the AMC were largely unfulfilled. It stated that it is widely accepted

that detainees are prisoners and are sent to prison “for punishment, not as punishment”. Can a prison without arrangements for a structured day be considered consistent with this principle? Can you tell the committee what has been done to date to provide a structured day for detainees? Can you perhaps go into a little detail about how the structured day operates?

**Mrs Mitcherson:** The concept of a structured day—where it works really well is a single classification jail. For example, I mentioned John Moroney to you before. The day is very structured. You get out of bed at a certain time. You are picked up. You go to work. You go to work for six hours. You do programs in the afternoon. You come back. You have free time. You go to dinner. The whole jail—because they are all sentenced and they are all doing over two years—works really well.

You could walk through that jail during the day and apart from the hygiene team there would be no-one in the wings. For us, impacting on our ability to have a structured day was not enough work. We are getting them out of bed to do what? While we do have people that participate well in programs and education, when you consider that our client group are not great in terms of concentration, they could probably cope with only a couple of sessions of programs a week, for example, our cognitive self-skills, which is two sessions a week, two hours each session. I do not think they could cope with much more than that.

There is education for a few hours each day, but again I mention the concentration span. There is certainly an issue for us in terms of the general jail. There are pockets of the jail that do have a structured day. I think the Auditor-General did acknowledge that in the body of the report. For example, if you are in the Solaris program, your day is very structured. If you are in the transitional release centre, your day is very structured. If you work in the kitchen and those areas where there is a good six hours a day, your day is quite structured. But in terms of the whole population, no, it has been very difficult.

Part of the work we are doing in terms of having separate units will help to structure the day for those groups like that group in the west wing. Our industries options paper, in terms of looking at developing more employment opportunities, will provide a better ability to structure the day for those who want to engage. We will also then be able to separate those who do not want to engage into a wing of the jail that might be a non-workers wing or that kind of stuff.

Also, with remand detainees, as part of human rights, you cannot compel someone to work. Sometimes they might be still agitated or working with their lawyers for their appeal. They are so worried about the legal stuff they are actually not ready for work as well. When you are combining in a jail a remand population and a sentenced population, you are always going to have a residual number, even when we have got industries going really well—and we are heading towards that—who will never work.

We also have aged people in jail. We have men, particularly, that are beyond their working life that have some structure in terms of activities, but you would not expect them to be on the outside working full time, either. It is about accommodating everyone.



**THE CHAIR:** You were talking about the structured day before as being X number of hours and X number of hours per month. Is there a comparison that you can make with other jurisdictions or are we totally different to other jurisdictions?

**Mrs Mitcherson:** I think it is hard to compare apples with apples because all our population are in the one jail. I could take you to a jail in New South Wales or Victoria where 85, 90 per cent of the population in the jail are actually working and there is a 10 per cent buffer for those that might be in court, unwell or sick. You need to have that. So you are not comparing apples with apples in that sense. In our jail we have people who are mentally unwell and will never be able to work. We have people who are aged who are beyond their working age. We have people that are doing 30 days or less. By the time we sort of stabilise them, we are not even going to be looking for work for them, really.

So it will always be structured messy, if you like, in a jail where everyone has to live together as opposed to a jail where everyone is one classification—they are on sentence. It is hard to compare apples with apples.

**THE CHAIR:** Would a structured day involve any private activities such as sport? Do they get access to training, exercise, sport? Are team sports played?

**Mrs Mitcherson:** Yes. I might get Mr Bartlett to talk a bit about that. But certainly it is really important that we acknowledge that a day is not just about work; a day is about having unstructured time as well as attending programs and education. One of the things that a lot of our clients do not know how to do is how to spend unstructured time well. They are used to not getting out of bed of a morning, staying in bed most of the day, getting up in the afternoon, maybe taking something they should not be taking and hanging out with mates and being up all night. So they do not even know how to use leisure time in a way that we would use it well. I do not have any problem filling up my time when I am not at work, but they just do not. So we do try to encourage a lot of stuff—with libraries and other passive activities.

We do have sport available and some more passive stuff. There are always board games and those kinds of things that are on the units for those who are interested. Sometimes you get people in with a green thumb. There are lots of gardening and vegetation opportunities as well. But it is important that a structured day is not just about work; it is about passive and spending your time well.

**THE CHAIR:** You mentioned sport; can you elaborate on that? What sort of sporting activities?

**Mrs Mitcherson:** I will hand over to Mr Bartlett for that.

**Mr Bartlett:** Yes, so we have got an oval. All the accommodation units are rostered time to spend on the oval. We have a couple of activities officers who also undertake supervised activities with detainees on the oval, whether it is a game of football or doing some workout routines in the current gymnasium. We run formalised fitness programs. We have actually put detainees through a certificate III and a certificate IV in sport and recreation personal training and fitness. We have even had Alan Tongue come in as part of the ACT government's healthy lifestyle initiative. He has run a

number of training programs with detainees around not just fitness but also nutrition and a whole range of things like that.

In terms of what Ms Mitcherson was saying about a structured day, we also operate visits five days a week, which is the only jurisdiction that does that. Most jurisdictions offer visits only on Saturdays—Sundays and public holidays. That factors very greatly into people's structured days as well because people will virtually always choose a visit over some other structured activity, whether that be access to education, to the library, to other programs. There are multitudes of small gyms, sort of like satellite gymnasiums, that are around the facility also.

Ms Mitcherson also mentioned that there is a whole range of activities that people can participate in, whether it is table tennis, whether it is chess, whether it is cards. That is a quite a popular thing as well. So there is—

**Mr Rattenbury:** I just add to that that as part of the current building process that is going on, there will be also the addition of a multipurpose centre which will be used for a range of things, be it pastoral activities, group training or potentially indoor recreational opportunities. That will also enhance the capability for the sorts of things you are referring to.

**THE CHAIR:** Is there any security implication having some of these sports-related activities undertaken?

**Mr Bartlett:** We are in the business of—

**THE CHAIR:** Personal security, I mean.

**Mr Taylor:** Certainly, any aspect of activity in the centre creates security issues for us. With regard to outdoor activities, we have had times where we have had touch rugby against another unit.

**Mrs Mitcherson:** Did you say “touch”?

**Mr Taylor:** We certainly do consider the implications of the sporting activities. But, really, they do not create a huge problem for us so long as we understand the risks and mitigate them before we provide the opportunity for that activity.

**THE CHAIR:** On that personal development part of it, I can understand the implications and the shortcomings of making them do some of those things. But is there much demand for that or is it something that you have to impress upon people that they should do? Is there a demand for some of this physical activity?

**Mrs Mitcherson:** One of the issues has been the gymnasium. There has not been enough. Certainly we have had complaints in the past about not having good access. Don and his team did do a few satellite ones. Part of the new multipurpose hall will have some gym area there. I know it sounds like it is not a very big thing, but we did not have a proper barbershop either; so that will go in that area. If you have got 400 blokes wanting their hair cut, those kinds of things become issues.

I do not think we need to encourage them too much in the gym stuff. But certainly some detainees are not physical. We actually have high use of our library. Our librarians report very high use. We also run a mobile service. So for detainees who cannot get to the library, they do a mobile service. They will actually go around to the wings. The feedback that I have consistently had is that the library is very well utilised. So we do have quite a passive area in that respect.

**THE CHAIR:** Mr Bartlett mentioned before the opportunity for additional visits. Is there a set number of visits or is there a maximum number of times somebody can be visited in a particular week?

**Mr Rattenbury:** It is funny you should ask that. We are just in the process of revamping that program. I think there will be an article in tomorrow's *Canberra Times*. But there is a process of change going on. I might ask Mr Taylor to run through the details of that, because it is quite important we be clear about what is happening.

**Mr Taylor:** We have reviewed and considered the opportunity for visiting across the centre. Obviously with the increase in detainee numbers we have had to review the scheduling. In answer to your question directly, the new proposed schedule will have at least two opportunities per week for every cohort of detainee to undertake private visits. They will be for a period of up to one hour per visit. We feel that is a very fair and equitable approach to the visiting availability.

**Mr Rattenbury:** Part of the driver for this review has been that the way the system is currently working, with the various cohorts and the security issues, some people have probably had more access to visits and others have had less access. So the intent behind this new system is that everybody gets equal opportunity as much as possible.

**Mrs Mitcherson:** Just in terms of—

**THE CHAIR:** Is there opportunity for incentive as well—good behaviour?

**Mr Rattenbury:** I would be reluctant for visits to be based around incentive. I think there are other opportunities to drive incentive. I guess the experience around the table is that people being connected to their families is the most important thing that motivates people—wanting to reconnect with their family when they get out. That drives positive behaviour and it drives motivation to be involved in programs. In the limited time I have spent in the jail and with detainees I have talked to, that connection to family and the sense of having let them down by being inside is perhaps the biggest motivation I have come across in the detainees I have spent time chatting with.

**Mrs Mitcherson:** There is another innovation that we have continued with visitors. Some of our male detainees in particular are not good with their children. They have never learnt how to play properly. Sometimes also visits can be a really artificial area for kids. So we have a childcare worker from SHINE for Kids on the weekday visits just so that there is someone who can do some activities with children while mum and dad might spend some time together as well.

We think visits are really important, but we also understand that it is artificial and that there are constraints on families as well. During school holidays, we have special family days with fathers and children and it is all very well constructed.

We have to be cognisant of other issues that we need to look at in terms of separation that Don talked about. We have a lot of sex offenders in custody and there are issues around when sex offenders have visits and whether their children are there at that point in time. We are trying to grapple with some of those modern-day issues in terms of running a jail with everyone in it together. It is not that they are not well staffed and supervised, but there are issues for us.

I think we are currently running at nearly 13,000 visits a year and around 200 visits a month from organisations providing services to clients that are booked through Mark's team. One of our detainees might have a session booked with Directions or to do one-on-one AOD counselling, so those visits are booked through there, too. We currently do about 200 a month, which is pretty extraordinary, really. It is probably unique in the country. I am not aware of any jail in the country that has that sort of a process there for NGOs to come in and do important work.

It is important because if you can link someone up with, for example, Relationships Australia, before they get out of custody, there is a big chance they might stay connected with that counsellor when they get out in terms of working on their relationship and family issues. So we see it as an important part of the process.

**THE CHAIR:** Mr Hinder.

**MR HINDER:** I have a question about staff training. Minister, the Auditor-General's report quoted from an earlier review of program delivery in the ACT from 2013. It stated the importance of:

... staff training and supervision to ensure a sound understanding of the rehabilitation theories being applied.

Can you tell the committee what rehabilitation theories are being applied at the AMC and whether staff are trained and supported to understand the application of those in the day-to-day interactions with the—

**Mrs Mitcherson:** Thank you for the question. That review was initiated by us because the corrections services administrators adopted some standards in late 2012—am I right, Mark?

**Mr Bartlett:** Yes, 2013.

**Mrs Mitcherson:** They adopted standards that were broad around program delivery, and we felt that we could do a review straight away on that. I think we were the first jurisdiction to undertake that self-review. It highlighted some areas where we needed to make improvements. One was round staff supervision, particularly those working with sex offenders. So a number of recommendations came out of that, which is what I think the Auditor-General is referring to there, which we took on board. For example, we discontinued one of our cognitive self-change programs. There was also a

recommendation for a family violence program and we introduced the DAP program as well as a violence intervention program. Mark, do you want to touch on any of the training issues?

**Mr Bartlett:** Yes. All the staff actually delivering the programs undertake group training and group work skills. They actually learn how to work with a group of customers, or clients if you like, who may be there not necessarily involuntarily but are not particularly highly motivated to address their offending behaviour and go through what actually led up to their offence and so on. So training is provided to those particular staff.

There is also clinical supervision, and we certainly have increased and strengthened the clinical supervision that all of those program facilitators now undertake as a result of the Birgden review. We also increased some of the intensity of some of those programs, which was, again, a recommendation based out of that Birgden review.

At the AMC we try to work as holistically as possible, and we recognise that one of the program facilitators may spend four hours a week with a client but a custodial officer may actually spend 20 hours a week with that client. So we are very mindful that we include supportive rehabilitative language. With all of the custodial training courses we also ensure that the custodial staff have an understanding of the theories of rehabilitation and the types of programs and things we actually run.

We do the same for the Solaris therapeutic community. We have even had some of the custodial staff assist in some of the facilitation for that when we first started out. I must say that that was a fairly unique thing from my point of view and that is something we have discontinued because there was a little bit of role confusion between someone responsible for safety and security and actively trying to support people in their rehabilitation then having to do a room search on them two hours later. But certainly all of the staff are very cognisant of the rehabilitation theories.

**THE CHAIR:** Thank you. Do you have any further questions?

**MR HINDER:** No further questions.

**THE CHAIR:** I still have a few. The report was handed down on 17 April 2015. What specific aspects of the report have been addressed to date?

**Mr Rattenbury:** In terms of the 10 recommendations, we could work through them one by one if you wish, but I touched before on the fact that five of them go to data, and those data issues are largely being addressed through the procurement of the new—

**THE CHAIR:** So this is the JOIST system, is it?

**Mr Rattenbury:** Yes, the replacement of JOIST. We need that anyway to improve data collection and being able to better extract data. I think at the moment there are two issues: one is that the data entry is not always optimum and there are more fields we could use but at the moment extracting the data to use is not as we would wish. So that data management improvement will go to five of the 10 recommendations.

**THE CHAIR:** Can you detail the specifics of the improvements within JOIST?

**Mr Rattenbury:** We can, yes.

**Mrs Mitcherson:** Yes, thank you. For the past three years we have been doing quite a lot of work in this area, including mapping all of our business processes. We did not want to go to tender for a new information system—we are calling it our corrections information management system, CIMS—without having a really good understanding of what our needs were. So we were mapping things that currently JOIST cannot do. This is not just about the AMC; it is also about community corrections which have, arguably, 1000 clients in the community to manage as well.

After we mapped all the systems we did some research, international research, about the products available and where we wanted to go so our specifications were very tight by the time we went to tender. The problem with the JOIST system—

**THE CHAIR:** Sorry, is JOIST a local product?

**Mrs Mitcherson:** No, JOIST is Tasmanian corrections, so it is a bespoke Tasmanian product. It is old. It is a number of different systems cobbled together. There is no data dictionary or way of maintaining—

**THE CHAIR:** What was the rationale for getting that? Was it because Tasmania is a similar size to us? Was that part of the rationale?

**Mrs Mitcherson:** That may have been it originally. Certainly it was the system we had at the old Belconnen Remand Centre. The issue is not just about not being able to extract data. Most of our work is done on manual files. For staff, there is no ability to actually do work straight in. I constantly go into case notes to have a look at things or look at a client and, on the screen, it is a really tiny bit of work. It is not even a full screen that staff are working with. It is really old technology.

**THE CHAIR:** So are you able to communicate with the developer of the program to enhance it?

**Mrs Mitcherson:** We have done a little bit. Not so much from Tasmania. They have been doing an enhancement program for the five years that I have been here and we are still waiting for it. We have been able to do a little bit of work with our own staff who have some skills to get better reporting for things that we need to.

**THE CHAIR:** But they would not be compatible with the program itself, would they?

**Mrs Mitcherson:** We are able to do some manipulation of JOIST. I am not an IT bod so I am not going to use the best language, but we were able to do enough work ourselves to extract some of the reports we wanted. Of course, we do not always want the same reports that Tasmania want. The amount of money being spent in Tasmania on this is very minor.

We call it a system, but I would call it a spreadsheet without the fancy bells and

whistles. We rely on manual systems with lots of files and there is no way to search. If you have got a client who has been in custody for a long time, you want to be able to do a good search of all the psychological reports and all the case notes that have been done by education, for example. You cannot do that. You have to go through pages and pages and pages. So there is no ability to understand cumulative or context issues around a client.

**THE CHAIR:** That was the question I was asking the minister before from a slightly different perspective: are their characteristics in the information systems which you would like to have in there which currently are not in there, and what are they? Can you detail it?

**Mrs Mitcherson:** Absolutely there are. For example, we would like to have a better way to put flags on the system for alerts. We would like a better way to put our case notes in and a better way of documenting our reports and searching on them. We would like to, as far as possible, have just electronic files and limited paper files, except where we do not have any choice. At the moment staff are constantly doing things on paper and rekeying them. Human error, you are rekeying and it is off the track.

Also, if I were in New South Wales I could ask the system to tell me everyone in west wing who has an LSI-R score of such and such and has IOD issues. I could go, click, click, click, and that would come up. There is no way we could do that without pulling out manual files and reading them. So it is also about a work process as well.

**THE CHAIR:** Sorry, the question I am trying to understand is: you have got characteristics you would like to see on there. You have got a product that you have been using since when?

**Mrs Mitcherson:** It was being used in the Belconnen Remand Centre. I would have to take on notice when we first took that on board. But certainly it was something that existed when I arrived.

**THE CHAIR:** I am simply trying to address the end result. Hopefully I am asking the right question. If it is not working with some of these systems, you can try and jerry-build things on to it and it still will not work. Is it time to cut to the chase and get a different system?

**Mr Rattenbury:** That is what we are doing.

**Mrs Mitcherson:** Yes, we have gone to tender.

**Mr Rattenbury:** That is what is being funded under the budget process. The CIMS that Ms Mitcherson referred to before is, in fact, as you rightly point out, just starting again.

**THE CHAIR:** Is that the New South Wales system you are referring to?

**Mrs Mitcherson:** No. New South Wales have a system, and that company may or may not tender. Tenders have closed. I am just giving an example of what some good

systems can do. Our system is very limited. As I said, it is very limited on the fields. It does not instruct people to put things in in a certain way. Even if you want to do a search on where someone lives, it is really difficult because it does not make you put in a postcode or an address. The new system will force people to go through fields so you have consistency in collection of data.

**THE CHAIR:** What about the training that is required for this to be utilised to its maximum? Are there plans for that, and have people got the capacity to learn the new system?

**Mrs Mitcherson:** It is interesting. I did not touch a computer until I was 30 and people were really freaked about how do you train and work. But I have to say that all the staff that come out with me are born with an iPad in their hands these days, and most of the new systems are very intuitive. So we are not really worried about that. There will be training involved and there will be a change process and obviously you have to move from one to the other, but I am really not worried about it because it is a different workforce. If it was 30 years ago, when I first started using computers, then you had big issues about trying to get people using them. People were really scared—“Oh, I need training for that.” But the new system is just so intuitive and our current system is so cumbersome that people are really hanging out for it.

Yes, we have some training work to do and there is a change management process, but I am not worried about it. There is always a risk—of course, you do your risk management plans for anything new—but but I would not consider it high risk.

**THE CHAIR:** We have reached the time where we will draw an end to the questions. Thank you very much for the answers you have given us. There may be the odd question that we may present to you, but at this point that is all we would like to ask.

**Mr Rattenbury:** We had a couple of things taken on notice.

**THE CHAIR:** Yes, if you can get back to us on them.

Minister, Ms Mitcherson, Mr Taylor, Mr Pryce and Mr Bartlett, thank you very much for being here with us this afternoon. A proof transcript will be circulated as per normal. Please get back to us if there is any aspect of the things we have talked about that you feel would help the committee in our consideration. I now declare this hearing closed.

**The committee adjourned at 4.54 pm.**