



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

TRANSCRIPT OF EVIDENCE

CANBERRA

MONDAY, 16 MAY 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.

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Amended 20 May 2013

The committee met at 2.02 pm.

TURNER, DR BRIAN, President, Prisoners Aid ACT
VARKEY, MS SHOBHA, Vice President, Prisoners Aid ACT
SMITH, DR HUGH, Secretary, Prisoners Aid ACT
THOMPSON, MR PAUL, Manager, Prisoners Aid ACT

THE CHAIR: Good afternoon and welcome to this afternoon's hearing. I now declare open today's hearing, which is the second hearing for 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 Prisoners Aid ACT, the human rights commissioner and the Victims of Crime Commissioner. I ask witnesses to be aware of the rights and obligations that are outlined in the privilege statement that is on the table before you. Have you all had a chance to read that? It is the pink-coloured document.

Dr Turner: Yes.

Ms Varkey: Yes.

THE CHAIR: Thank you. Today's proceedings will be recorded and transcribed by Hansard.

I welcome the representatives of Prisoners Aid ACT to the proceedings here this afternoon. Would one or all of you like to make an opening statement?

Dr Smith: Yes, thank you, Mr Chairman. I drafted the original submission. Thank you for the opportunity to speak to the committee.

Prisoners Aid is a small organisation, with 30 volunteers, 1.5 staff—our full-time manager, Paul Thompson, is present today—and a budget of about \$165,000 per annum. But we face a big task, which is supporting prisoners, released prisoners, those involved in the courts and their families. We run two offices, one at AMC and one in the magistrates building.

As far as rehabilitation is concerned, we recognise four principal factors that promote success but never guarantee it: dealing with prisoners' mental health and addiction issues; providing purposeful activity for detainees; maintaining contact between prisoners and their families; and support for prisoners in the difficult period after release.

Prisoners Aid does not have the resources to undertake major projects; we fill gaps in the system, both minor and major. We look after people who are not getting the support they need, and we are the only organisation in the ACT devoted solely to the support of our client group, a client group which, unfortunately, is growing in number.

I will mention very briefly some of the issues of current concern to Prisoners Aid. First, I refer to visits by families. There has been a change in visiting arrangements recently, and we understand some of the reasons for that. But we are concerned about

possible consequences, such as less frequent visiting, shorter visits and less flexible opportunities for families to visit. We do urge that statistics be kept on visiting patterns before and after the change—hopefully, they have been kept so far—and that those statistics be made public. I refer, for example, to the number of visits each prisoner on average receives per week before and after the change, and statistics about particular groups, such as remandees, sentenced prisoners, males, females and so on.

There are a couple of questions here. Firstly, if there are adverse impacts, can visiting be restored to six days a week given that the new system is said to be less staff intensive? Secondly, if visiting sessions are for smaller numbers, can visiting now be done without a booking system, which has been a source of problems over the years?

On the question of purposeful activity for prisoners, there is inevitably a problem with prisoners who refuse to participate in courses, training, education or other activities. It is the paradox of a human rights prison: you cannot force people to engage in activities when they do not want to. We accept that as an underlying problem.

We do make one specific suggestion for an activity, which is that AMC consider setting up a restaurant or coffee shop open to the public. This has been done in the United Kingdom in four prisons, and with another prison actually growing some of the herbs and commodities that are needed to be provided in the restaurant. There are obvious problems in doing this—security, for example—but somehow the British authorities have found a way of doing this. Some of the restaurants are inside the prisons; some are just outside.

I make another point on staff training. We have generally found AMC staff to be capable and cooperative, but on occasions we have witnessed staff having difficulty dealing with prisoners and visitors who have mental health problems. We are told that training does not include anything in this area. One suggestion from us is that a widely used program called alternatives to violence, which is a way of managing disputes and keeping them short of violence, should or could be offered to staff.

Another point relates to remandees. They are not eligible for the through-care program. We think this is a significant gap in a worthwhile system. Corrections have no jurisdiction, as we understand it, over remandees once released or over prisoners who are released having served their full term. So we do suggest that community organisations such as ours be given resources to undertake this role in full or in part. More generally, we think consideration could be given to extending the period of time covered by through care after release. Currently it is one year. It could be extended to two years, we think, and possibly to three years if the results come in.

Finally, there are a number of areas of concern, and matters which have been reported to us. We have no direct knowledge of them but the committee might wish to pursue them. The problem of newly admitted detainees taking up drug use is a real concern. We note there has been considerable turnover of staff, and we are not sure whether this has been fully resolved. We think early intervention methods to prevent crime in the first place need to be pursued more fully. There are a couple of groups looking at this: the justice reinvestment group and the justice reform group.

That concludes my remarks, but our president and vice president may have something

to add.

THE CHAIR: Thank you, Dr Smith. Do you wish to add anything else?

Dr Turner: Yes. Thank you for hearing from us. I would like to pick up on something that Hugh mentioned about purposeful activities and to add something about the so-called structured day that was written into the set-up of the prison in 2007. These are well recognised as important components of a rehabilitation program. Clearly, this is not working at AMC. According to the Auditor-General's report, a sentenced prisoner can expect on average about five hours of structured activity a week, including visits. Since some inmates have some employment doing prison work, obviously many have no planned activity other than perhaps visits by family, and even these have been drastically curtailed by the recent revision of the visitors timetable. It is no wonder so many of the inmates say they are bored.

It seems to us that there are a variety of programs that inmates can engage in in AMC, especially in basic literacy skills, and less so in non-vocational and social skills. The problem may be more in incentives rather than in opportunities. Too many inmates have lost or never had the discipline of regular work. I believe the only way of getting this is to do it, but they need some incentive to engage in programs and to get out of bed in the morning. These may be monetary but they could also be in terms of good behaviour credits, getting work tickets or certificates, or even beginning apprenticeships.

Prisoners need to learn workplace skills, such as punctuality, accepting instructions and constructive criticism without dispute, completing tasks on time, accepting the need for review and feedback, and taking pride in a job well done.

Another problem is the lack of programs in manual or mechanical skills. The one deficiency at AMC that prisoners who have experienced other jails mention is the lack of these opportunities. For instance, in some New South Wales jails inmates can gain tickets for operating forklifts and backhoes that they can use when they come out. Inmates in other jails grow vegetables for internal use or sale. Few opportunities of this nature operate at AMC.

I believe it is time that AMC took seriously recommendation No 10 of the Auditor-General's report. In their public hearing presentation to this committee a few weeks ago, the AMC people admitted that not much has changed since the report other than a space having been identified in a former laundry for industrial-level programs—not too soon. I will hand over to Ms Varkey to give you some more details.

Ms Varkey: I thank the committee for their time, and I thank Dr Hugh Smith and Dr Brian Turner. I would like to add to what has already been said, and make a few other points that come to mind.

With respect to the treatment of prisoners with disabilities, it has come to my attention that detainees are not assessed for a variety of disabilities such as epilepsy, autism, mental illness and other disabilities that are left undiagnosed. It appears that many inmates are locked up who really require good, sound medical treatment from the health perspective and from the compassionate viewpoint of support for their

disability. This is not yet being done in the Alexander Maconochie Centre.

We have already briefly touched on families visiting the AMC. It needs to be recognised that when families visit the AMC they are in a very stressful environment. They are stressed out themselves and they are entering another environment which is quite alien to them. Sometimes custodial officers do not mitigate this through their practices of authority and rules and regulations. I understand why the rules and regulations are there. However, they have the effect of making people already marginalised feel that they have committed some crime that they have not when they visit their loved ones inside the AMC.

I will give you an instance of TB and her mother, BS, but I will come to that later, and I may include Paul Thompson, the manager, in a minute. I will explain that there is a certain system regarding how you can purchase drink coupons. Nowadays you need a credit card to purchase a drink coupon. Some people who attend do not have credit cards. They do not accept cash. A drink coupon is purchased outside at the reception area. Because the person I was helping did not have a credit card, I purchased that on behalf of Prisoners Aid so that they could have a hot drink when they got into the visits area.

When the lady, the mother, BS, turned up with a coupon and went into the visits area, the inmate took the coupon and went to the drinks counter to accept the drinks. She was told quite forcefully that she should not approach the drinks counter, and she did not listen or she did not understand. Promptly, six to eight armed guards pushed her to the floor and then pushed her against the glass wall. This was a 42-kilo person, a very slight person, who was unarmed and who has three other disabilities. It was inhumane treatment. There could have been a way to have avoided that. I will call on Paul Thompson to give his version of the events at a later stage.

I am suggesting that custodial officers should not be demanding that people conform to certain ways. This is not treating these people who are family members with respect and dignity. The consequence is that some family members respond negatively because they have only had bad experiences with authority, they get their backs up and the situation escalates.

Training needs to be provided to custodial officers to treat families and inmates with respect and to de-escalate such situations and resolve conflicts. Problem solving should be in everyone's skill set. Current practices often escalate situations by using force when it could be resolved without perpetuating violence. We can ask families to provide written statements to the chair if you wish them to do so.

Another point is about bus timetables and a new schedule of visits in 2016. I am not sure whether the chair and members are aware that a new visits schedule was introduced on 4 May 2016. It took Prisoners Aid six years to persuade ACTION to dovetail their bus services so that they would fit in with the schedule of the new visit sessions two years ago. The new visits schedule commenced, as I said earlier, on 4 May 2016. However, the impact of that will not show up in the Attorney-General's department for some time. It will take another two years for the impact to be felt in the next report. It is recommended by Prisoners Aid that this impact be closely monitored. It will have a huge impact on families and inmates and it will need to be

very carefully monitored.

I have a few other issues of concern that I would like to bring to the public hearing today and that the chair and members might wish to investigate further. Why is methadone given to wean prisoners off drugs? One drug is being replaced by another, and it does have side effects. Could we please ask whether alcohol and other drug organisations like ATODA have given evidence to the hearing? They may have already answered this question.

Another question is: has corrections looked at examples like Hugh mentioned earlier of rehabilitation in other areas, like Singapore? We know that there are very positive results coming out of Bourke. The violent women's program in Alice Springs has helped Aboriginal and Torres Strait Islander women to completely rehabilitate. There are other environments where rehabilitation programs have worked and helped to decrease the rate of recidivism. There is a yellow ribbon project in Singapore and there is another project in South Africa, which have worked very well.

Lastly, I will say that it costs us \$215,000 per person per annum to be locked up in the Alexander Maconochie Centre. Surely, we can find another way so that people can be given the medical treatment that they require and the support that they need for their disability rather than locking them up. We need to look at how we can help people wean themselves off alcohol and other drugs and lead a fruitful and fulfilling life. If you are interested, I have the alternatives to violence program details here.

THE CHAIR: Do you wish to table it?

Ms Varkey: Paul has also prepared a chart. There is one other matter which I will raise, but Paul might like to speak about the other issue that I mentioned earlier.

THE CHAIR: We will accept questions, but obviously we will consider some of the points that you have raised. We are happy to take now any supplementary information that you wish to table. At the conclusion of the hearing you may also find that there are other things that you want to mention that you did not get a chance to mention. We are very happy to receive further information from you. I would like to give each committee member an opportunity to ask some questions. We have been looking at your submission, and that is what we have been privy to until now. We will ask some questions on that, and we will also ask some questions regarding your various opening statements.

Ms Varkey: I have one other matter which is very sensitive. Should I not mention that now?

THE CHAIR: Sensitive in what nature?

Dr Smith: I think not.

Ms Varkey: Okay.

THE CHAIR: This is a public hearing, and I should explain that everything is on record.

Ms Varkey: Yes, it is on record.

THE CHAIR: If there are things of a totally confidential nature then we can hold in-camera discussions.

Ms Varkey: All right.

THE CHAIR: Thank you for your opening statements. I have a substantive question that I would like to start with, and it relates to your submission. Page 3 of the submission states that it may be desirable to extend the period of time that through-care support is provided to some prisoners, and that community organisations are in a position to do this when Corrective Services has no direct authority to act. Can you expand on that?

Dr Smith: Yes. As I understand it, through care is limited to detainees who, when released, are released on parole, which means Corrective Services have some statutory authority over them. For those who are released after serving a full term or for those released from remand, I believe there is no statutory authority that Corrective Services have to exercise any control over them. I am suggesting that those two categories of released prisoner be looked after by community organisations that are funded to do so. Those two categories seem to me just as likely to reoffend as those released on parole.

THE CHAIR: Through care itself: is that not a community organisation?

Ms Varkey: No.

THE CHAIR: That is a government service, is it?

Dr Smith: It is run by the government but it does involve a number of community organisations like St Vincent de Paul, who are, as it were, contracted to do certain things such as provide accommodation or mentoring.

THE CHAIR: In how many locations is through care provided at the moment for prisoners?

Ms Varkey: Only in Eclipse House at the moment, as far as I am aware.

Dr Smith: When you say “locations”—

THE CHAIR: I thought there were services provided in Oaks Estate through St Vincent de Paul. Is that not through care?

Dr Smith: In terms of accommodation for released prisoners?

THE CHAIR: Yes.

Ms Varkey: Accommodation, yes, but the actual service is held out of Eclipse House. They have outsourced it to St Vincent de Paul, who do it from Oaks Estate.

THE CHAIR: With respect to some of the information that I have at hand, I would like to get some clarification from you as to the conditions that parolees are put in when they are in, say, a location like Oaks Estate, which has very few transport options. Is that not of concern to Prisoners Aid?

Ms Varkey: It is. Oaks Estate is a very nice place, except that—and I agree with you, chair—there is a lack of transportation and a lack of community services right next to it. For the people who are placed there, it is like putting someone in a hotel room out in Bourke. It is very hard to access anything else.

THE CHAIR: How do they, for instance, meet their parole obligations when there is no regular bus service? Some of us have heard representations on this from other sources. I am simply asking whether Prisoners Aid has become aware of some of these issues and whether they are issues from your point of view.

Ms Varkey: You might have to check that with St Vincent de Paul, as to how they operate, because my understanding is that transportation is an issue.

THE CHAIR: Within your area of expertise or involvement, does it affect their parole conditions by having quite a large number of parolees in the same area in that particular location? Is that of concern?

Ms Varkey: Are you talking about people who have completed their sentences and are just living at Oaks Estate or people who are on bail and living at Oaks Estate? They are two different things.

THE CHAIR: My question is about parolees who are working through this through-care program.

Dr Smith: I have no direct knowledge of that problem.

THE CHAIR: We will stick to the submission you made. I just thought it was appropriate to highlight some things that have been mentioned from other sources. But if you are not aware of it—

Ms Varkey: Not aware of it.

MR HINDER: In your submission you talk about the Clink programs in the UK. I assume some of these prisons are located within cities or towns, to make that work.

Dr Smith: Certainly, two of them are. One is in south London, in Brixton.

MR HINDER: You talk about travellers and those in transit—something being targeted for a coffee shop or whatever it might be. How would you see that working? Do you know how the UK ones work, with regard to access, security and those sorts of things?

Dr Smith: I am hoping to be in Brixton prison later this year—having lunch.

MR HINDER: You don't hear that very often, do you!

Dr Smith: The only information I have is from their website, and it does not go into detail. I do know that, to get into Brixton prison, I have to give my passport details. Maybe that is so they will let me out again after lunch! My first thought was that this was unworkable and it could not be done. But it is being done in four locations in British prisons. One or two at least, I think, are outside major areas. I can see there could be some interest in the Canberra community, if only out of a certain curiosity, to see what AMC is like and to see what prisoners can do. It might become a place to go for a light lunch, a snack or just a coffee, with the very mobile population that we have here. It might be a chance to educate the community a little about what happens at AMC and to see a positive side of what prisoners might do.

MR HINDER: One of the problems we have in comparison with other prisons is that we only have one; lots of jurisdictions have multiple prisons, some of which are very low security. Perhaps those sorts of things are easier to administer in a low-security prison where people are going out on workday release anyway. Cooma might fit into that category. They have different types of prisoners in different types of prisons as well.

Dr Smith: That is one of the things I would like to find out about the British experiment.

MR HINDER: I think we would be interested to hear about that.

MRS JONES: In the next term.

MR HINDER: Yes, possibly. Growing a market garden probably is not a bad idea, even if it is just for their own consumption, perhaps, at the moment. It makes a lot of sense.

MS BURCH: Thank you for the work that you do for this community. You mentioned that through care is a valuable program. Not everyone who is released, either on parole or otherwise from AMC, can access it. That, in itself, perhaps puts some at a disadvantage. You made mention of filling the gaps. I wanted to explore what those are. Could you identify the top two or three gaps that are not being attended to by the various fabulous community organisations?

Dr Smith: I can mention a couple, to begin with. One is picking up prisoners on their release. Sometimes they have family to pick them up; sometimes they do not. Sometimes there is another organisation that will pick them up. Where all of that falls through, a volunteer such as—

MS BURCH: And this is literally being a friendly face?

Dr Smith: It is a being a friendly face when they walk out of the roller door at AMC; we take them basically where they want to go, within reason. Sometimes it is to Eclipse House to report. Sometimes it is to the local shops. Sometimes it is straight back home. Sometimes it is a mixture of things. I took one prisoner first of all to Officeworks to buy a mobile phone, then to the *Canberra Times* office so that he could put an advert in offering his work services with a mobile phone number. I

thought that was useful. That is one example.

I will give another example of what we do out of our office in the Magistrates Court building. When one of the conditions of release is to attend a rehabilitation centre—sometimes in the ACT, sometimes in New South Wales—we are able to organise transport for that. No other department or organisation does that. Sometimes it is a matter of buying a bus ticket and perhaps even seeing them on the bus to the rehab centre in Wollongong or wherever it is. So there are a couple of holes that we fill.

Ms Varkey: Three things are vital for a person who has been released from prison. First, if you can give them employment—jobs—that is vital, and that is what the yellow ribbon project in Singapore does. You could have an expo for employers in Canberra which will mitigate the stigma attached to someone released from prison. It might be a white-collar crime; they are not all axe murderers, so give them a chance. If you give them employment as an apprentice, to learn some new skills and trades, if it does not work out in a week or a month, let them go, but give them a chance. The second is accommodation. If they do not have accommodation, they are back in there in five seconds flat. If you cannot provide accommodation—shelter and safety—there is no hope. Lastly, it is about family, friends and support groups. If those three are missing, the cake cannot be baked.

MRS JONES: Do the bus service and visitor times currently match up or not?

Mr Thompson: The current timetable runs in two different routines. One is on the weekend, when they have three services a day. From Monday to Friday there are 13 services a day, which is a bit of a mismatch considering that the weekend is probably the most popular visit time. On Mondays and Tuesdays there are no visits.

MRS JONES: Has that been previously aligned via government agencies or is it something on which you have tried to approach ACTION yourselves?

Mr Thompson: I actually wrote to ACTION on 31 March, and I got a response today to say that they are not planning to change the routine on Monday and Tuesday compared to the weekend.

MRS JONES: Do you have any anecdotal information about how much they were used before the change?

Mr Thompson: It is a bit of a catch-22 situation, because if you do not run services when they are needed, people will not use them. If somebody lives in Gungahlin, they will need to take three buses to get to the jail. The last visit finishes at about 6.30 now. For a mother travelling by public transport at 6.30 from AMC to Woden, then to the city and then to Gungahlin, it is quite a risk. A lady in her 70s was assaulted at Woden bus station because she had to wait for a bus there.

MRS JONES: Has there ever been a system in Canberra of bookings and pick-ups for some sort of bus system to take families to the prison and back out again?

Mr Thompson: Yes, they introduced the flexible bus service about 18 months ago, as I recall. I raised that at a public meeting late last year. Since then the flexible bus

service now runs out to Hume, so it is an improvement.

MRS JONES: So people can book for that and pay a reasonable—

Mr Thompson: They can if they know about it. Generally, they only find out because we tell them.

MRS JONES: So that is an info loop issue.

Mr Thompson: Yes. Initially, the main concern was that the flexible bus service was targeted at older people going to medical appointments. Because there were no medical services in Hume, they were reluctant to do that. But since I approached them, they have been a bit more open to it, and they will actually run that flexible bus for NAIDOC day, which is an important event for Indigenous people.

MRS JONES: Does that bring people to the prison as well?

Mr Thompson: Yes, it comes to and from.

MRS JONES: My main question is with regard to the human rights concept of humane treatment when deprived of liberty. Given your comments earlier about mental health—and I have asked questions previously in similar hearings—and the screening of people when they first come along to the AMC—and there is a real reluctance under what is termed a human rights prison to have standardised screenings—can you give us some thoughts on how that might change things for individuals if we did a basic health questionnaire when people came in, to get a chance to pick up on some of those things? If somebody has a learning difficulty, they may never have had that diagnosed, so they may not be able to even self-disclose, but it might be possible to pick up on it. What are your thoughts on some standardised screening when people arrive? We will be able to ask the human rights commissioner about her view on the human rights issue there.

Ms Varkey: I think there is a real need for everyone who enters to be assessed. With some people, somehow they have missed the whole net of being assessed. Whether it be for learning disabilities or difficulties, whether it is autism or whether it is mental illness, there is a huge need for every single person who enters. From our statistics, 90 per cent of people who enter the prison system are highly likely to have a mental illness, while 80 per cent have alcohol and other drug-related issues. So it would be great if they could be assessed. As you said earlier, is it that they have decided for themselves or has there been a formal assessment? Because the national disability insurance scheme has come about, I am hoping that it does happen in that way.

MRS JONES: How do you think their human rights in the prison might be better served if there was an understanding of people's medical situations?

Ms Varkey: Their human rights would be met. Now they are not being met. Did you want to say something, Paul?

Mr Thompson: The illustration that Ms Varkey gave earlier involved a woman in her 30s. She had a brain injury, grand mal epilepsy and intellectual impairment. When

you talk to her, it is like talking to a five-year-old, but under the definition she was not designated as having a mental health problem; therefore she was treated like any other prisoner. When she would have an episode, she would end up being in solitary for 23 hours a day.

MRS JONES: Yes, a one-size-fits-all response.

THE CHAIR: Technically, our period of time is just about over. I have one more question. I was going to invite Mr Thompson to come to the table, as you wanted him to back up part of your previous statement. Has that been answered?

Ms Varkey: That has been answered. Paul, did you want to say anything else on other families that you are aware of or who have commented on and complained about treatment?

Mr Thompson: No, that has been a first-hand issue because we have had to deal with three generations of the family affected by it.

Ms Varkey: Can I add one other thing?

THE CHAIR: Certainly.

Ms Varkey: It is also disgraceful that Aboriginal and Torres Strait Islander people comprise 30 per cent of the people locked up when our percentage of people per capita who are of Aboriginal and Torres Strait Islander heritage is three per cent. Canberra has the highest rate of incarceration in the whole of Australia.

THE CHAIR: These are all the things that we are considering within the committee's report. The committee cannot answer the questions that you are asking us but we certainly take on board all of the submissions that we receive and we will discuss them and see what sort of recommendations we can make in our report.

I would like to stress that if there is anything else that has come out of the evidence that you have given at this point that comes to mind and you feel that you should have mentioned, either in your submission or now, please feel free to provide us with subsequent information. There may also be further questions that the committee may ask of you. If that is the case, we will submit them to you. Also, the *Hansard* transcript will be available in the next few days. You will get a copy of the evidence that you gave. If there is anything further, or any corrections to be made, you can do that.

I would like to thank Dr Turner, Dr Smith, Ms Varkey and Mr Thompson for the evidence you have given us today.

WATCHIRS, DR HELEN, President and Human Rights and Discrimination Commissioner, ACT Human Rights Commission

HINCHEY, MR JOHN, Victims of Crime Commissioner and Domestic Violence Project Coordinator

THE CHAIR: I welcome you to the second hearing of the standing committee's inquiry into the Auditor-General's report on the rehabilitation of male detainees at the Alexander Maconochie Centre. We have already heard from Prisoners Aid ACT and we will now hear from the human rights commissioner, Dr Watchirs, and Mr Hinchey. I presume that you are aware of the privilege statement that is before you. Dr Watchirs, would you like to make an opening statement?

Dr Watchirs: Sure. If I could recap our submission, that might be helpful to members. Certainly, we highlighted the fact that Corrective Services is a public authority, so its actions and decisions must be compliant with human rights. Since we did the 2014 audit of the women's area, the right to education in section 27A of the Human Rights Act now has full application in terms of applying to public authorities and the ability to take Supreme Court action. In the past it was merely an interpretive provision. So that makes it a higher threshold to be complied with.

There was some overlap between what we call the need for a structured day and what the Auditor-General calls purposeful activity. Certainly, we thought performance measures on the effectiveness of rehabilitation were very important. When we did the audit we found that, although the women's case manager did a really good job with rehabilitation and engaging in programs and activities with the women, the plans are very brief in relation to criminogenic needs and referrals to those programs and activities. We thought there could be some training that would assist in motivating women to uptake those programs.

Our findings on Aboriginal and culturally and linguistically diverse populations were that they were well served and that services were sensitive to those needs, but that is not the case for women with disabilities. We recommended that there be a disability action plan and that the Hayes assessment tool for intellectual disability be utilised for all inductions of women and existing women to check whether they had intellectual impairments that had not been picked up earlier, particularly with the higher number of brain injuries reported in the whole of prison detainee populations.

In relation to a structured day, we thought that it was good for women to rise, dress and leave accommodation to either do work programs or education because that is very conducive to rehabilitation. Our findings were that there was not enough to do and there was some disruption to programs, such as more lockdowns, although that has improved more recently.

We thought that it was important that the new visits policy be evaluated because that is part of the structured day. We were concerned that there was no access to the Solaris therapeutic community, and the transitional release cottage had allowed one woman entry at the beginning of the AMC but subsequently they were not accommodated there.

In relation to work, the majority of kitchen and laundry work was for men. There were very few jobs for women. One good practice was the barista program, where the women performed that activity after being trained, and they did that in the visits area. I gather textile repairs were something that were referred to regarding women, as special work that they could do.

We thought there could be more gender responsiveness in rehabilitation—things focusing on parenting, victimisation and trauma—because most women detainees had been victims of crime, whether that was reported formally or not.

We thought that the incentives that were paid needed to be more linked in terms of wages for participation in programs, work and education, because there seemed to be a disconnect there, which meant that there was less incentive to attend those. We look forward to seeing the new policy on incentives.

We were concerned about rehabilitation being individualised, in that some women with disabilities may not be able to participate in programs. But there seemed to be scope for that being done one-on-one so that they do not miss out and so that they are not therefore available to get parole.

We recommended more information sharing between the case management policy framework and Auswide so that people did not slip between those two areas. In relation to through care, we were very happy that all women did through care—not just people under sentence but people on remand. We thought that defining that policy and evaluation were very important.

We are aware of an employment survey being conducted with detainees—and we would like to see the results of that survey—to make it more transparent in terms of what happens in the future about prison industry.

In relation to the visits program, it was changed very soon after the 2014 audit. As the previous witness said, it was changed earlier this month. We were not aware of that beforehand but we are very keen to participate in the six-month review to show that hopefully there are no negative impacts.

One thing that has been implemented from the audit was that we now convene oversight agencies meetings at the Human Rights Commission. Official visitors, the Ombudsman and the Public Advocate, who is now part of the Human Rights Commission, come to the commission regularly. We talk about what is happening in the absence of Corrective Services, as they convene a meeting at the AMC. This is an alternative meeting where there is probably more freedom to share information.

My colleague John Hinchey may have more specific things to say about victims of crime.

THE CHAIR: Thank you very much, Dr Watchirs. Mr Hinchey, if you have an opening statement, we would love to hear it.

Mr Hinchey: I do not have an opening statement.

THE CHAIR: I will ask the first substantive question. Dr Watchirs, in your submission on page 5 you reflect on the 2014 human rights audit of women detainees at the AMC and put the view that case managers would benefit from specific training on effective case management and motivational techniques and training on gender based needs—and you have touched upon part of this—of women offenders. Can you elaborate on your assessment of the relevant skills of case managers at the AMC?

Dr Watchirs: We made a finding that there was not as high a number of women officers working in the women's area as there had been at the old Belconnen remand centre, but I gather that has been actioned in terms of targeting a specific workforce in changing that balance of staff gender at the AMC.

We thought the motivational techniques could have been improved in that some women were very reluctant to get up in the morning and some officers felt that they could not do anything about that. They knew they could not use force to motivate people, and that it would not be human rights compliant, but it was more about using strengths-based incentives to get people to be rehabilitated by getting the good, positive day-to-day practice of getting up and having a routine; therefore repeating that routine when they leave the AMC.

MR HINDER: I have a question for Mr Hinchey about victims of crime having a high expectation of the criminal justice system to rehabilitate the people who have offended against them. Do you have a view about programs that you believe would provide that sort of rehabilitation that are not currently available that you know have success rates in other similar corrections facilities?

Mr Hinchey: I know that there is new thought going into how to address perpetrators of domestic violence and that they need long-term intensive programs, possibly residential rehabilitation programs. The success rate for perpetrators of domestic violence is traditionally quite low in programs, and we need to continually look at what other jurisdictions or other countries are doing.

I have looked through the compendium of programs at the AMC. The difficulty for victims of crime in judging whether those programs are effective or not is that there is an absence of data about participation rates and completion rates. There is also an absence of qualitative research and evaluation of any program. It is somewhat confusing for victims to, say, participate in their rights on the victims register to make submissions to the Sentence Administration Board about their view of whether someone should be released to parole, or the effect any such release would have, when they do not have access to any information around what programs the person has participated in or the effectiveness of those programs.

I think the first thing we have to do before we begin looking at whether there are any programs that are working is to measure whether the ones that we are delivering are working or not. From reading the annual report, there is nothing in that that would tell the community that these programs are putting this many people through, these are the ones that have successfully completed it and this is the research that backs up the results of that participation.

MR HINDER: Would you agree, with respect to those sorts of statistics, that when you have a prison like ours that holds all people for all things, and that a large proportion of them are in there for less than 30 days, programs—

Mr Hinchey: Programs take some time. Looking at the numbers in the annual report, about half the people in the AMC are either on remand or serving sentences of less than two years. But that is surely taken into account at sentencing and is contained in pre-sentence reports and recommendations to sentencing judges and magistrates about whether a person is suitable for a program, what program is available and the time that needs to be spent in custody or in the community. There are also programs in the community that people can access. I would think that recommendations on sentencing would incorporate those time limits.

MS BURCH: Much has been said about a structured day and a purposeful activity. In your report you support Corrective Services in defining “structured day” and “purposeful activity”, but there are limited opportunities within the AMC itself. If we look at an answer to a question taken on notice, 174 detainees were engaged in employment within the service. So the question is: is it possible to have all of that purposeful activity within the AMC itself or should consideration be given to activities outside the AMC? How would that appear to victims of crime, who, from what you have said, are unclear about the purpose of release, programs and all sorts of things? Can we do everything in house or do we have to think outside, as a community?

Mr Hinchey: The through-care model is something that has been recently introduced. The numbers going through that would indicate that there is a lot of support for the program, and support means buy-in from those people who are participating in the program. If we can build on that model, on the reintegration of people back into our community—because many will return in a very short time, relatively, from going to the AMC—and on the work that we could do in prison, it should be continued in the community in that through-care model. Victims of crime need to be satisfied that what has happened to them is not going to happen to someone else. That is one of their primary interests. If we can develop a through-care model that supports people to not behave like that in future to others, that is obviously in everyone’s interests.

MS BURCH: What sort of human rights boundaries need to be put on those that may get day release to go into employment or training outside AMC? Is that something that has ever been raised?

Dr Watchirs: Certainly, we looked at the lack of access to transitional release for women, although some were released from inside the prison rather than the outside cottage. But that meant they were strip searched inside and outside, so it is not human rights ideal.

MS BURCH: Yes, it did not quite have a silver lining.

Dr Watchirs: Yes.

MRS JONES: Dr Watchirs, I want to clarify that, from the human rights perspective, there is no reason why a daily routine cannot be basically set as fairly normal in the

prison environment, so long as you are using incentives rather than physical coercion.

Dr Watchirs: Sure.

MRS JONES: Do you support checking for disability or health issues upon entrance to the system?

Dr Watchirs: Yes.

MRS JONES: Could that be a normative expectation of every detainee coming in?

Dr Watchirs: I do not see a problem with extending it to the men as well.

MRS JONES: Yes. And motivation can best be served, from a human rights perspective, by rewards, a points system or something like that. I want to clarify that, for those three general recommendations, there is no reason why, if they are administered carefully, they cannot become a normal part of prison life within the human rights framework.

Dr Watchirs: That is correct, particularly when detainees have access to buy-ups, so they are sensitive to having wages.

MRS JONES: Also, simply because we are trying to find ways of incentivising a change of behaviour, you have to have some systems in place, and in order to find out if people have mental health problems or other ability or disability issues. With respect to the fact that remandees are not involved in programs, I am still a bit hazy on the reason for this. I do not know whether you can shed any light on it. Given that they are not technically sentenced prisoners then they should not have to deal, I presume, with the realities of a sentence, but if there were an incentive for people to take up courses before sentencing, is there a reason from a human rights perspective why that should not happen?

Dr Watchirs: Certainly, there is an issue of presumption of innocence—that those people are on remand. But in the audit we said that should not be a barrier to people accessing programs. I gather the government's issue was about the amount of resources available, and that would probably mean sentenced detainees accessing those. Our problem was that—

MRS JONES: People's sentences are half-expired by the time they get a sentence.

Dr Watchirs: The reports done for sentencing purposes could reflect a program that they have done while they are on remand, so it could be to their advantage. Certainly, in other jurisdictions I have visited, such as WA, remandees do have access to programs.

MRS JONES: Have you given any thought to the concept of short programs which are purposely intended to be for an intensive week? If you have someone whose sentence is for three months or less and you were trying to get a behavioural change out of them, there might be some other method of delivering programs that is not just a once-a-week, come-and-have-a-classroom experience, but some other form of

intensive program. Education can be provided in so many different formats today.

Dr Watchirs: We focused on literacy and numeracy being a kind of first order that all detainees should have access to, particularly people on remand, but something that can be delivered immediately. It is well known to Auswide to deliver those kinds of services.

MRS JONES: If we are screening people properly when they first arrive, if the underlying issue is anxiety or a difficulty with learning, or high functioning and less ability to communicate because of high functioning autism or something like that, there might be breakthrough treatments that they can get from a psychology class in a group environment that could be delivered intensively. They do not necessarily have to be spread out over six months.

Dr Watchirs: Sure.

MRS JONES: Have you ever thought about those types of programs?

Dr Watchirs: Rehabilitation one-on-one is very important for people who have disabilities who cannot participate in bigger groups. Our finding was that, for women with disabilities, there was some effort to make sure that they could participate. But it is dependent on knowing whether people have those learning difficulties in the first place.

MRS JONES: And for those people to get—

Dr Watchirs: There is some stigma attached to that, and some detainees would not self-disclose, even if they did have some knowledge of having an earlier diagnosis.

MRS JONES: Yes, it is a bit of a chicken-and-egg situation. Was any thought in the report on women given to either incentivising participation in what is perhaps more of a medical remediation of an underlying condition or giving them information about how others who have participated in such medical treatment have had their lives changed? There would be people sitting in this room who have had issues with anxiety, for example. Your character can be driven to its limits, whatever they are. Can we make a bit more of an intensive effort to demonstrate what the benefits of being involved in these courses are, not just for the points, the money or whatever else, but for their actual lives?

Dr Watchirs: While we were doing the audit there was a women's services coordinator. It meant there was a connection between the women and external providers. Those services could be provided on site at the AMC and, even more importantly, in the through care when they left, so that they will have made that connection there and support them later. In particular, for women on remand who will be there for shorter times, making that connection is very important.

MRS JONES: Mr Hinchey, I know it sounds like a soft engagement from a prisoner's perspective, but from the victims of crime side of things, if people knew there were short courses available to address some of the underlying reasons—health, medical or psychological—that people were committing these offences, might that be helpful to

victims?

Mr Hinchey: Victims get satisfaction from people taking responsibility. Any participation in a program would be seen in a positive light, so long as, of course, the motivation for participating was genuine, and that is always very difficult to measure. The problem with the AMC, as you are all probably very aware of, is that it is a prison with a population of all categories of prisoner, which makes movement and access to services and programs particularly difficult. We do not have the luxury of New South Wales where we can split up our prisons into the different security classifications and measure fewer cohorts. We have a very large and dynamic group of people, and those types of programs that you are talking about are quite resource intensive.

It is currently the case, I think, that the resources are being allocated to capture as many people as possible, and invariably those are serving longer term sentences. Self-change programs require time to process the concepts, to invite motivation and to invite that change from people. I do not know whether an intensive course is going to be suitable for people who are reluctantly participating.

MRS JONES: Yes, if that is in fact what happens.

THE CHAIR: Dr Watchirs, in your submission at page 6—and you have spoken about aspects of this but I would like to take it to a slightly different area—you suggest that more could be done to foster a culture where detainees are expected to follow a routine and participate in daily activities that are conducive to rehabilitation. You also touch upon activities and programs that are available and that are also disrupted by operational issues. The example you gave is that women’s cottages appear to be locked down more often than other areas in the prison as a result of staffing shortages. Can you elaborate on a few more of these issues?

Dr Watchirs: That was the case in 2014; there were staff shortages. From looking at records, it appeared that the women’s area was impacted more and we thought they had fewer opportunities for programs and education. There was some education that was not provided to women. The automotive certificate II was not available to women. There were some complaints from longer serving women that they did not have access to certificates III and IV of courses—they were mainly certificate I and II. If you are there for a long time, there is no point doing I and II over a broad range of subjects; it is much better to do a number that they can specialise in, get expertise in and then find employment in when they leave.

In terms of the kind of employment, when we went to New South Wales the women were looking after guide dogs and packaging headphones for Qantas airplanes. There was a women’s call centre. There are a number of industries in other jurisdictions that possibly could be adapted in the ACT. The big issue is the small numbers, particularly with women. That is not the issue with men. We have certainly got the numbers there to do industry.

THE CHAIR: There have been other issues brought to our attention—and this is in regard to aspects of rehabilitation—in that there is no specialist government agency that is familiar with the particular problems faced by the families of prisoners and that community groups are looking into areas of concern within this area. Has that been

highlighted to you as well?

Dr Watchirs: I have heard that the Community Services Directorate has a strengthening families program. I have been attending the justice reinvestment initiatives of the ACT government. There needs to be a link regarding strengthening families so that they are not going to be in the revolving door that returns people to the AMC. Recidivism is a problem and if those most vulnerable families can be assisted then that will certainly impact on recidivism. Our finding was that the ROGS data was not sufficiently specific; it is very general national data. Having more transparent data that would appeal to people like victims of crime who have invested in the system, to know that people are being rehabilitated, is an important performance measure that should be captured.

THE CHAIR: Do the parole conditions that prisoners operate under have an impact on their ability to conduct a proper rehabilitation program or are there issues with some of the parole methodologies, such as where people are located and whether they have adequate transport? Is life made a little bit more difficult than it should be for them?

Mr Hinchey: I do not know enough about parole conditions currently. It is not something that I am given information on, so I would be reluctant to comment. But knowing the workings of the Sentence Administration Board, I would be surprised if every effort were not made to provide access to people who need to access services and rehabilitation programs. I could not speak authoritatively on that.

I would like to pick up on your previous point, though: that families of people who are sentenced to imprisonment suffer significant harm themselves because of the actions of their loved one. I do not believe there are sufficient resources and services available for that group of people. They think they have to navigate a criminal justice system in support of their loved one, but they are really left to their own devices as to how to get the support they need individually to deal with what has happened to them and their families. I think they are a forgotten group.

MR HINDER: I have a question about types of programs, and it is also about the compensation of victims of crime. I recently visited the jail at Alice Springs. They had an exhibition of inmates' art, some of which was fantastic, I might add. They participate in that activity knowing that a large proportion up front of whatever they earn from these things being sold will go to satisfy their obligations to victims of crime. Is there a scheme here that runs similar to that, that returns some portion of their labours whilst incarcerated back to the victims?

Mr Hinchey: There is. I would not say it is while they are incarcerated, but there is a victims of crime financial assistance scheme operating now. That scheme will change from 1 July and will operate differently. But what is common to both is that there are recovery mechanisms in place under the current and future schemes so that moneys paid to victims of crime can be recovered from those who harm them. Currently, there is no direct link with earnings within prison and those recovery proceedings. This would be an arrangement that would need to be negotiated with the people responsible for the harm and the people who are earning money.

MR HINDER: I have a question for Dr Watchirs about the through-care program. It is a reasonably new program. Some of the information I have received is that it seems to have some value. Do you have enough information about that to have formed a view about the through-care program? I am a little bit sketchy about through care and extended through care, given that your submission suggested that women on remand were able to access it, whereas previous evidence given suggested that people on remand were not able to access it.

Dr Watchirs: That may have changed since the audit. Certainly, we only looked at women, and women on remand did have access to through care. It was only the first six months, I think, of through care, when we did the audit, but the signs were very positive. We thought it was extremely valuable. Our main recommendation was to make sure that it was evaluated, to have an evidence base on which to make judgements about whether and how it should be continued. I have certainly seen media reports asking whether the impact on the Aboriginal community had been significant enough, given that our numbers have proportionately increased, which is not a good thing.

MS BURCH: You made mention, Mr Hinchey, of families of people within AMC being almost the forgotten group. The earlier witnesses, when asked what the three vital elements were, said accommodation, as well as employment and family and friends' support. This is in relation to how you provide support ultimately to people who are released from AMC. With respect to through care, which is an organised program, if you adopt the ethos that it takes a village to raise a child, it almost takes a village to support the rehabilitation of an offender. Do you think we have progressed enough as a society to provide that support to family and friends of an ex-resident of AMC and provide employment opportunities? What else can we do, without giving victims more anxiety? How does a society open up and change its thinking so that not everyone who comes out of AMC is branded negatively forever? How do we embrace their family and friends and give them more opportunity?

Mr Hinchey: It is a big question, isn't it? First of all, employment is a critical factor for people exiting any custodial facility. I do not think that we have enough framework and support around finding employment and helping a person to maintain employment in the early weeks and months of release. A family-centred approach to that would be something we could look at to support not only the individual but also the family. We tend to focus our justice response on individuals, and I think rehabilitation needs to be broadened in its understanding and should focus on the reintegration of that individual back into their community, and they start with their family. If we can get by with people's family and recognise that they have a part to play, I think we would go a long way to improving their prospects when released.

Dr Watchirs: In relation to family and support, I think there is a huge improvement compared to detainees being in New South Wales, where families were fractured because detainees were not all in Cooma, Junee or Goulburn; they could be anywhere in New South Wales. Certainly, having our own prison has improved that connection. I am concerned if visits have been restricted, but we were told by Corrective Services that the new visits policy was more equitable, as in more people were getting visits rather than a few people getting lots of visits.

In terms of accommodation, I do have concerns about some public housing tenants being in AMC for short periods and there being moves to evict them from tenancies; therefore they are homeless when they leave the AMC. It is preferable for that tenancy to be maintained, with them paying a portion of the rent during that time. We have also been concerned about people not being granted bail because of AMC being classified as a shelter and their not being qualified as being homeless. That is something that is an issue not just on release but before going to the AMC.

One of the biggest factors in terms of rehabilitation is that a lot of people that I have met at the AMC did not have employment before they committed a crime, and that would be something that would turn around their lives, if they had employment. Of course, the working with vulnerable people checks mean that some people cannot get jobs in certain areas, and that is entirely appropriate, if there is a risk—working with children or very vulnerable people with disabilities. So that is a policy that does not need to change, but we need to accommodate other employment that people can have when they are in the AMC and therefore increase their chances when they leave. The transitional release cottage is a good way of integrating people back into the community and getting jobs before they leave the AMC that can be continued or used as a reference for further jobs.

THE CHAIR: Thank you, Dr Watchirs and Mr Hinchey. That takes us to the end of our hearing. I thank you for appearing before the committee today. A proof transcript will be circulated for your consideration. If any other thoughts occur that you may want to share with us, we would certainly love to hear from you after you have read the transcript. Once again, thank you for your submission and for coming along. I declare the hearing closed.

The committee adjourned at 3.21 pm.