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Healthy Prison Review of the ***Alexander Maconochie Centre***

2025

Rainbow Serpent by Marrilyn Kelly-Parkinson
of the Yuin Tribe (2018)

Content Warning
Readers should be aware that this report includes information related to the treatment and conditions of people in places of detention, including deaths in custody.

About this report

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ACT Inspector of Custodial Services

We acknowledge the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

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Healthy Prison Review of the ***Alexander Maconochie Centre***

2025

Rebecca Minty
ACT Inspector of Custodial Services
November 2025

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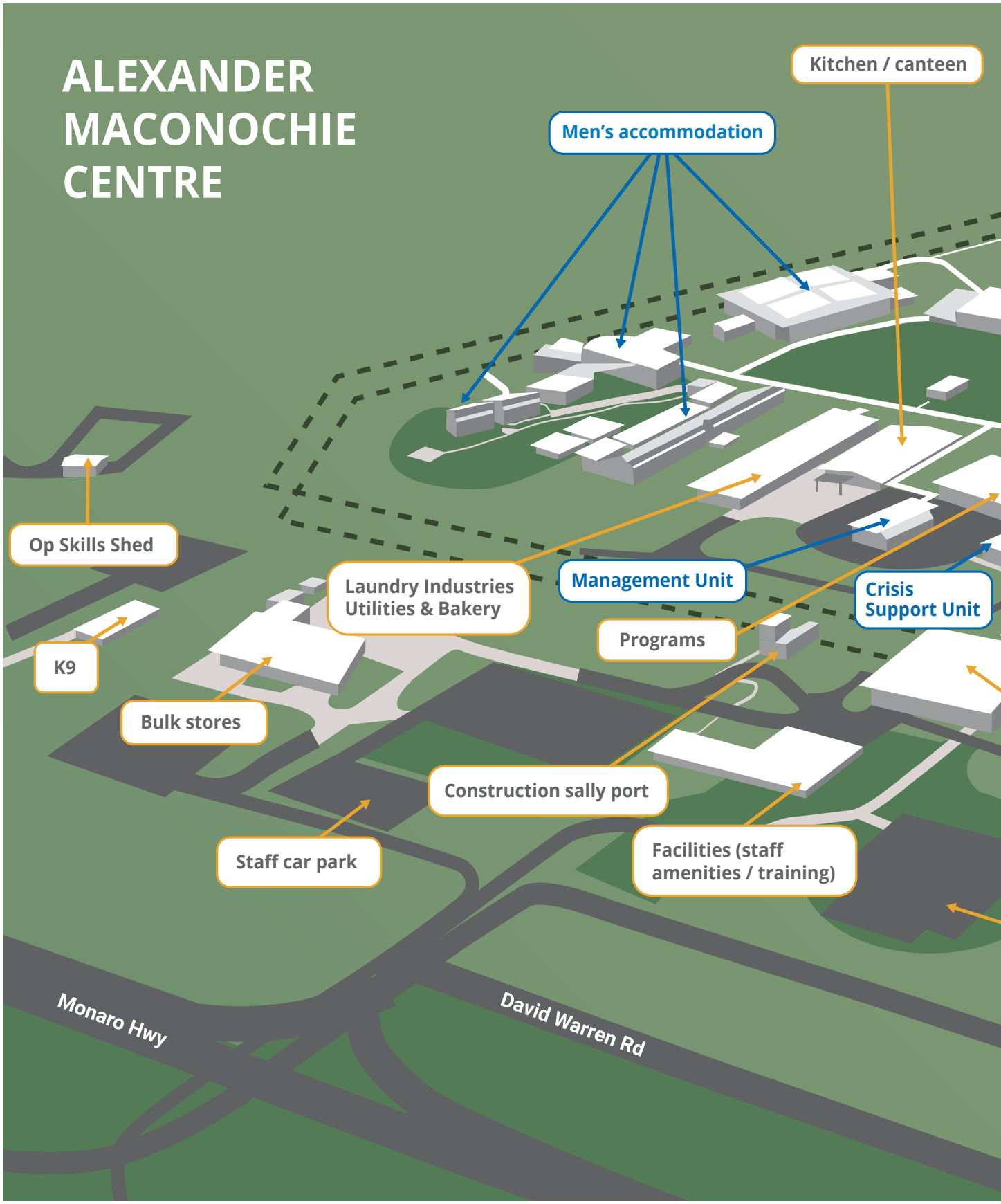
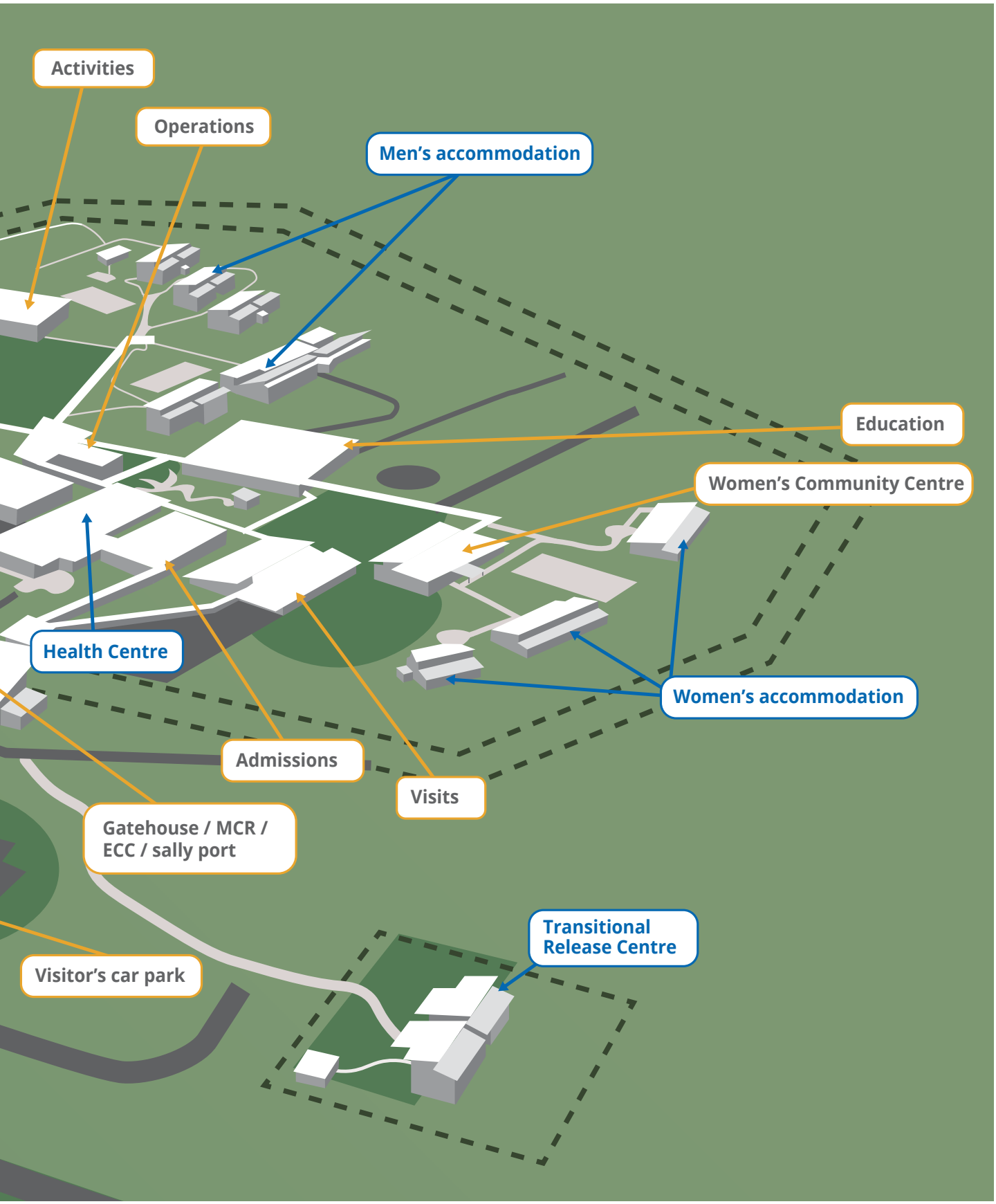

ALEXANDER MACONOCHIE CENTRE
Kitchen / canteen
Men's accommodation
Op Skills Shed
Laundry Industries Utilities & Bakery
Management Unit
Crisis Support Unit
Programs
K9
Bulk stores
Construction sally port
Staff car park
Facilities (staff amenities / training)
Monaro Hwy
David Warren Rd


Activities
Operations
Men's accommodation
Education
Women's Community Centre
Health Centre
Women's accommodation
Admissions
Visits
Gatehouse / MCR / ECC / sally port
Transitional Release Centre
Visitor's car park

Glossary

Abbreviation	Meaning
ACT	Australian Capital Territory
ACTCS	ACT Corrective Services
AI	Artificial Intelligence
ALO	Aboriginal and Torres Strait Islander Liaison Officers
AMC	Alexander Maconochie Centre
ATOD	Alcohol Tobacco and Other Drugs
AVL	Audio Visual Link
Buy-up	The process where detained people purchase goods from a list of approved items
Case Management	Retitled from Sentence Management during this review
CHS	Canberra Health Services (ACT Government)
CI Act	*Custodial Inspector Act 2017* (ACT)
CM Act	*Corrections Management Act 2007* (ACT)
CMH	Custodial Mental Health
CO	Corrections Officer
Cohorts	Groups of detained people that cannot mix freely within the jail
CORIS	ACTCS offender database introduced in 2022
Commissioner	Head of ACTCS
CSU	Crisis Support Unit
CTU	ACTCS Court Transport Unit
Custodial staff	Corrections Officer in direct supervision/control of detained people
CYP ACT	*Children and Young People Act 2008* (ACT)
Detained people	Adult detainees, prisoners, inmates
Double-up	Cell designed for one person, converted by installing a double bunk
FTE	Full-Time Equivalent
Gatehouse	Staff/visitor entrance to the AMC
HHC	Hume Health Centre – AMC's onsite medical centre
HPR19	Healthy Prison Review of the Alexander Maconochie Centre 2019
HPR22	Healthy Prison Review of the Alexander Maconochie Centre 2022

GLOSSARY

Abbreviation	Meaning
HR Act	*Human Rights Act 2004* (ACT)
IEP	Incentive and Earned Privileges
JACS	ACT Justice & Community Safety Directorate – responsible for ACTCS
Jumbunna First Report	Jumbunna Institute (University of Technology Sydney) Independent Review into Over-Representation of First Nations People in the ACT Criminal Justice System – First Report (August, 2024)
Jumbunna Final Report	Jumbunna Institute (University of Technology Sydney) Independent Review into Over-Representation of First Nations People in the ACT Criminal Justice System – Final Report (July, 2025)
Mainstream	Non-protection detained people
MHJHADS	Mental Health, Justice Health and Alcohol and Drugs Service (part of CHS)
NAIDOC	National Aborigines and Islanders Day Observance Committee
OC spray	Oleoresin Capsicum spray (pepper spray)
OICS	Office of the Inspector of Custodial Services (ACT)
OMT	Opioid Maintenance Therapy
OV	Official Visitor – independent person to whom detained people can make complaints
PrisonPC	Computer system used by detained people at the AMC in some cells
Protection	Regime for detained people at risk of assault or intimidation by other detained people
Remand	Unconvicted persons charged with criminal offences held in prison custody
ROGS	Report on Government Services (Productivity Commission)
SAB	Sentence Administration Board (parole board)
Sally port	Secure vehicle entrance to the AMC or CTU
SCC	Special Care Centre, an accomodation unit within the AMC
Standards	OICS ACT Standards for Adult Correctional Services
Standover	Threatening behaviour to gain something
Structured day	Timetable of activities such as work, education, programs and sport
TCH	The Canberra Hospital
TRC	Transitional Release Centre
TRP	Transitional Release Program
Winnunga	Winnunga Nimmityjah Aboriginal Health and Community Services
WCC	Women's Community Centre

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Consolidated Findings and Recommendations

INDUCTION	
Finding 1:	The Peer Mentor program at the Alexander Maconochie Centre represents good practice and is highly regarded by many detained people.
Finding 2:	Among the trained peer mentors and listeners, there is at times insufficient representation of Aboriginal and Torres Strait Islander people, and women.
CLASSIFICATION	
Finding 3:	While ACT Corrective Services has changed its classification system, the full impact of these changes remains unclear, particularly as Aboriginal and Torres Strait Islander peoples continue to be overrepresented in higher classifications.
ACCOMMODATION PLACEMENT	
Finding 4:	The Aboriginal and Torres Strait Islander Services Unit is not routinely consulted when an Aboriginal and Torres Strait Islander detained person is assessed for an accommodation placement, as suggested by ACT Corrective Services policy.
Finding 5:	The current arrangements of separating detained people's accommodation predominantly based on legal status has created challenges in accommodation placement and appears to have resulted in increase in tension and violence in some accommodation areas of the Alexander Maconochie Centre.
DISCIPLINARY BREACHES	
Finding 6:	ACT Corrective Services would benefit from measures to enhance capability in interpreting x-ray body scan images to identify contraband.
Finding 7:	ACT Corrective Services would better fulfill its obligation to provide procedural fairness in disciplinary processes if detained people were able to see x-ray body scan images that allegedly show contraband concealment, in the disciplinary hearing in addition to at the point of the second scan.

SEGREGATION	
Finding 8:	ACT Corrective Services did not comply with legislation, policy and procedure concerning the segregation of detained people during the review period, including ensuring that a detained person is provided procedural fairness for any segregation decision.
Recommendation 1:	Within 6 months, ACT Corrective Services amend its segregation policy and procedures to automatically require a further review with a multidisciplinary team, chaired by the Commissioner, if a detained person is segregated for more than 60 days.
SECURITY	
Finding 9:	Investment in upgrading security at the Alexander Maconochie Centre is long overdue, as identified in a recent independent security review.
SEARCHING	
Finding 10:	Although a searching program is in place at the Alexander Maconochie Centre, there is a need to strengthen its operational effectiveness through systematic analysis of search outcomes and quality assurance processes.
TOBACCO AS CONTRABAND	
Finding 11:	The current approach to smoking cessation and access to Nicotine Replacement Therapy is not fully meeting the needs of detained people.
Finding 12:	The security arrangements for the sally port at the Alexander Maconochie Centre need improvement.
Recommendation 2:	Within 18 months, the ACT Government, in implementing its recently released AMC drug strategy, work with Winnunga Nimmityjah Aboriginal Health and Community Services and community stakeholders to respond to the findings of this review, particularly in relation to supply, demand and harm minimisation.
Recommendation 3:	Within 18 months, ACT Corrective Services introduce more rigorous searching and integrity measures for the Alexander Maconochie Centre such as requiring anyone who enters the Centre to undergo a more thorough electronic scan; and increased searching and alcohol and drug testing of Alexander Maconochie Centre staff. Relevant policies should include detail of what support and sanctions will be applied to an Alexander Maconochie Centre staff member who tests positive to alcohol or illicit drugs while on duty.

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Recommendation 4:	Within 18 months, ACT Corrective Services consider the use of Artificial Intelligence (with appropriate safeguards) to assist in decision-making including the interpretation of x-ray body scan images, identifying the entry of contraband and delays in releasing quarantined emails between detained people and their personal contacts.
SAFETY AND ACCOUNTABILITY	
Recommendation 5:	Within 18 months, in consultation with key stakeholders, including staff, unions and detained people, and subject to appropriate safeguards and appropriate lawful basis, ACT Corrective Services introduce body worn cameras to improve accountability of operational practices.
LEADERSHIP AND MANAGEMENT OF RESOURCES	
Finding 13:	The Alexander Maconochie Centre requires stable, visible leadership with permanent appointments to key roles.
Finding 14:	There is insufficient reporting and formal evaluation of health related key performance indicators.
Recommendation 6:	Within 18 months, the ACT Government expand and report on key performance indicators relating to the delivery of health care at the Alexander Maconochie Centre, including some unique to Mental Health Justice Health Alcohol and Drug Services and/or Winnunga Nimmityjah Aboriginal Health and Community Service which are jointly developed with ACT Corrective Services. This should include outcomes against the ACT Detainee Health and Wellbeing Strategy and waiting periods.
Finding 15:	ACT Corrective Services has made significant improvements in emergency management and incident response preparedness in the last three years.
Finding 16:	Record keeping and incident reporting practices across multiple areas at the Alexander Maconochie Centre fall short of expected accountability standards.
Recommendation 7:	Within 6 months, ACT Corrective Services take further steps to improve culture among Corrections Officers to fulfil crucial reporting and record keeping obligations including in relation to observations, critical incidents, searching and segregation.

Finding 17:	New clinical handover processes between Justice Health Services and Winnunga Nimmityjah Aboriginal Health and Community Services have improved information sharing since the last review, however, opportunities exist for further improvements.
Recommendation 8:	Within 6 months, the ACT Government and Winnunga Nimmityjah Aboriginal Health and Community Services identify options for improved mutual information sharing to enhance continuity of care and minimise risks in areas of intersecting care, such as Code Blue responses and the management of At-Risk detained people.
Finding 18:	While there are strong incident management processes within Mental Health Justice Health Alcohol and Drug Services, there are no formal reviews conducted of all deaths in custody.
Recommendation 9:	Within 6 months, Mental Health Justice Health Alcohol and Drug Services commit to conducting Root Cause Analysis or equivalent reviews for all deaths in custody.
STAFF TRAINING AND INTEGRITY	
Finding 19:	The approach to identifying and responding to integrity issues at the Alexander Maconochie Centre in place over the review period is not fit for purpose.
Recommendation 10:	Within 18 months, ACT Corrective Services update relevant policy and develop clear guidelines for staff, including about: a) how to report integrity issues b) how to raise issues relating to workplace misconduct and expected responses c) what constitutes a conflict of interest. These guidelines should be communicated to staff through a variety of channels, and managers should be responsible for ensuring their team are aware of them.
POLICIES AND PROCEDURES	
Finding 20:	There have been significant developments in Alexander Maconochie Centre specific policy and procedures by Justice Health Services.

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RESPECT AND DIGNITY OF DETAINED PEOPLE	
Finding 21:	There is a lack of consistency in case noting, including limited means for procedural fairness where an adverse case note is made about a detained person.
Finding 22:	ACT Corrective Services does not provide clear guidance for staff on how they should record case notes.

RESPECT AND DIGNITY OF STAFF	
Finding 23:	There is a very low level of staff confidence in policies, practices and accountabilities relating to raising workplace grievances and allegations of misconduct.
Finding 24:	The lack of direct manager-staff reporting lines for Corrections Officers is undermining staff supervision, professional development and accountability.

LIVING CONDITIONS	
Finding 25:	The general standard of cleanliness, along with the level of graffiti and property damage in many areas of the Alexander Maconochie Centre, is unacceptable.

CONSULTATION AND COMPLAINT HANDLING	
Recommendation 11:	Within 6 months, ACT Corrective Services review the complaints management system for detained people, including consideration of: a) strategies to ensure issues are resolved at the lowest possible level b) measures to adequately protect the confidentiality of complainants in sensitive and serious matters c) Whether complaint responses are timely.
Finding 26:	The detained person delegates meetings are not currently realising their potential as a forum for constructive engagement, considering ideas, and informally resolving issues of concern.

EQUITY FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES	
Finding 27:	That in 2024, Aboriginal and Torres Strait Islander women were over-represented in the cohort of detained people who were strip searched at the Alexander Maconochie Centre.
Finding 28:	That in 2024, Aboriginal and Torres Strait Islander detained people were over-represented in the cohort who received separate confinement directions.
Finding 29:	That during the review period there were no male Aboriginal Liaison Officers, which limited the ability of the Aboriginal and Torres Strait Islander Support Unit to provide a full range of culturally appropriate supports.
Recommendation 12:	Within 18 months, ACT Corrective Services review its policies and procedures for allowing detained people to attend funerals, particularly ensuring: a) there is guidance as to how the discretion to grant local leave permits is to be exercised b) the term 'family member' is defined appropriately for Aboriginal and Torres Strait Islander peoples c) detained Aboriginal and Torres Strait Islander women are given equality of opportunity to attend funerals in person, or at livestream events with men where appropriate.

EQUITY FOR WOMEN	
Recommendation 13:	Within 6 months, ACT Corrective Services expand opportunities for women detained at the Alexander Maconochie Centre to access education, programs, employment and other meaningful activities, including significantly lowering the threshold for how many women must be enrolled for programs and education to run.
Recommendation 14:	Within 18 months, ACT Corrective Services expand women's accommodation within the Women's Community Centre precinct in order to provide more flexibility in accommodating the different cohorts of women (e.g. women on protection, segregation, separate confinement orders).
Recommendation 15:	Within 18 months, the ACT Government publically present options to enable women to maintain connection with their children in the community rather than being detained at the Alexander Maconochie Centre, including reform to bail and sentencing laws, home detention, and electronic monitoring.

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EQUITY FOR YOUNG DETAINED PEOPLE	
Recommendation 16:	Within 6 months, ACT Corrective Services implement a program for young detained people that includes health literacy programs provided by health promotion service providers.

EQUITY FOR DETAINED PEOPLE WITH DISABILITY	
Recommendation 17:	Within 6 months, ACT Corrective Services prioritise commitments made under its Disability Action and Inclusion Plan 2024–2026 as they specifically relate to detained people with neurodivergent conditions including screening tools, reasonable adjustments and other supports.
Finding 30:	The Alexander Maconochie Centre does not have suitable accommodation options for people with complex health or disability needs including for older detained people.
Recommendation 18:	Within 18 months, the ACT Government publish a strategy for accommodating detained people with complex needs arising from health, disability, limited mobility, and advanced age that currently cannot be suitably accommodated at the Alexander Maconochie Centre.
Finding 31:	ACT Corrective Services lacks an electronic wheelchair which can be operated by escorting Corrections Officers when taking detained people to medical appointments and court.

EQUITY FOR PEOPLE FROM A CULTURALLY AND LINGUISTICALLY DIVERSE BACKGROUND	
Finding 32:	While the full implementation of tablet devices for detained people with limited English may assist in translation and interpretation, ACT Corrective Services currently has insufficient mechanisms in place to assist detained people who require assistance communicating in English.

HEALTH, WELLBEING AND SOCIAL CARE	
Finding 33:	There are concerns about how certain medications, particularly those for attention deficit hyperactivity disorder and pain, are prescribed at the Alexander Maconochie Centre.
Finding 34:	The lack of medical imaging services at the Alexander Maconochie Centre is impacting the timeliness of medical care.

Recommendation 19:	Within 6 months, the ACT Government consider the feasibility of including medical imaging facilities when developing the Alexander Maconochie Centre satellite health clinics.
Finding 35:	The standard of cleaning of the health facilities at the Alexander Maconochie Centre is unacceptable.
Finding 36:	There is a lack of readily available data on external specialist appointment wait times and cancellation rates, contributing to insufficient oversight by senior management of Mental Health Justice Health Alcohol and Drug Services, Winnunga Nimmityjah Aboriginal Health and Community Services and ACT Corrective Services.
Finding 37:	While health promotion programs are provided one-on-one at the Alexander Maconochie Centre there are no formal health education programs conducted.
Finding 38:	There have been some improvements to the provision of health care to Aboriginal and Torres Strait Islander detained people since the last review, however not all health needs are being met due to a waiting list for clients to be seen by Winnunga Nimmityjah Aboriginal Health and Community Services and limited availability of Justice Health Services Aboriginal Liaison Officers to attend the Alexander Maconochie Centre.
Recommendation 20:	Within 18 months, Canberra Health Services expand the capacity of Aboriginal Liaison Officers to attend the Alexander Maconochie Centre and Bimberi Youth Justice Centre more regularly, including considering dedicated Justice Health Services Aboriginal Liaison Officer positions in order to provide more culturally appropriate health services to Aboriginal and Torres Strait Islander peoples at the Alexander Maconochie Centre and Bimberi Youth Justice Centre.
Finding 39:	The introduction of an evening medication round to improve the efficacy of nighttime medication is a positive development.
MENTAL HEALTH	
Finding 40:	The staffing for the provision of sub-acute psychological services at the Alexander Maconochie Centre is inadequate.
Recommendation 21:	Within 18 months, ACT Corrective Services assess whether the Supports and Intervention Unit is meeting its objectives to support detained people including their mental health needs and reasonable adjustments for disability; and ensure it is staffed appropriately, including the requisite number of psychologists for that service.

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Finding 41:	As raised in Healthy Prison Review 2022, the Alexander Maconochie Centre's Crisis Support Unit is not fit for purpose for placement of detained people (particularly women) who are at risk of self-harm or suicide for the same reasons which were raised in Healthy Prison Review 2022.
Finding 42:	Recent efforts by ACT Corrective Services to clarify expectations of required standards for observations and compliance with them have improved practices, however ongoing work is required.
INFORMATION SHARING	
Finding 43:	The High Risk Assessment Team would benefit from Winnunga Nimmityjah Aboriginal Health and Community Services becoming a member of the group.
SUBSTANCE USE AND TREATMENT	
Finding 44:	Detained people report suffering significant adverse experiences when withdrawing from alcohol and other drugs at the Alexander Maconochie Centre.
Finding 45:	As recommended in a recent critical incident review by the Office of the Inspector of Custodial Services, ACT Corrective Services should consider making Naloxone directly available to detained people.
Finding 46:	During the review period, bleach has not been consistently available to detained people at the Alexander Maconochie Centre for harm minimisation relating to blood borne viruses, despite requirements for its provision.
Recommendation 22:	Within 3 years, the ACT Government commit to introducing a needle and syringe program at the Alexander Maconochie Centre, and through the process engage closely with staff, particularly Corrections Officers and the union.
EDUCATION	
Finding 47:	Barriers remain for efficient and effective student access to distance tertiary education in the Alexander Maconochie Centre.
Finding 48:	Education in the Alexander Maconochie Centre is limited, fragmented, lacks community integration and falls significantly short of the standards expected in a rehabilitation-focused custodial environment.

Recommendation 23:	Within 6 months, ACT Corrective Services work with the Canberra Institute of Technology to fund and deliver vocational education and training within the Alexander Maconochie Centre. This should include consideration of the role that private Registered Training Organisations may play, as well as consultation with detained people, business and industry experts to devise a strategic approach to offerings that provides pathways to employment.
EMPLOYMENT	
Finding 49:	Wages paid to detained people at the Alexander Maconochie Centre are significantly below community standards.
Finding 50:	As found in previous Healthy Prison Reviews, until ACT Corrective Services converts detained people job numbers to Full Time Equivalent it is difficult to assess the extent of meaningful employment at the Alexander Maconochie Centre.
Recommendation 24:	Within 18 months, the ACT Government finalise and fund the Alexander Maconochie Centre's strategic infrastructure plans including creating a multipurpose industry building as previously recommended.
MEANINGFUL ACTIVITIES	
Finding 51:	The lack of qualified personal trainers detracts from detained people using gym equipment safely and effectively, as well as planning exercise programs, and facilitating fitness and sporting activities.
CASE MANAGEMENT	
Finding 52:	Excessively high caseloads for case managers, and for many a perceived lack of support poses high risk of staff burnout and limits the case manager's ability to adequately meet the needs of detained people.
Recommendation 25:	Within 6 months, ACT Corrective Services take steps to ensure that the Case Management Unit staff caseloads and managerial support are appropriate, mindful of the nature of detained people's needs and prevention of staff burnout. This should include consultation with staff, consideration of other jurisdictions, and appropriate funding for required number of case manager positions.

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PROGRAMS	
Finding 53:	Some facilitators delivering certain specialist programs have not been trained to deliver those programs, including sex offender programs.
Recommendation 26:	Within 6 months, the Alexander Maconochie Centre ensure staff delivering programs are fully trained to deliver those specific programs prior to commencing as the facilitator.
Finding 54:	The ACT Corrective Services Programs and Services Committee does not appear to be effectively facilitating the delivery of programs by external providers at the Alexander Maconochie Centre.
Finding 55:	There is a discrepancy between the programs that are listed in the ACT Corrective Services programs compendium and contemplated in relevant procedures, compared to the number and range of programs actually regularly delivered.
Recommendation 27:	Within 6 months, ACT Corrective Services expand the suite of criminogenic and non-criminogenic programs at the Alexander Maconochie Centre to ensure all detained people, regardless of gender or legal status, have equitable access to programs that meet their assessed risks and needs. This should include sourcing and implementation of: • A high-intensity violence program for men assessed as high risk. • Full access to EQUIPS (or equivalent) programs for women to address diverse needs.

CONTACT WITH OUTSIDE WORLD	
Finding 56:	Detained people did not have sufficient opportunities to vote at the recent Federal election due to email being the primary means of raising awareness.
Finding 57:	Ageing infrastructure and delays in system upgrades are significantly hindering detained people's ability to stay connected with their families and friends. Additionally, the cost of phone calls still remains a barrier to maintaining these essential relationships.
Finding 58:	There have been improvements in timely and reliable access for detained people to physical mail.

Recommendation 28:	Within 6 months, ACT Corrective Services increase the capacity for detained people to contact friends and family for free via computers, telephones and/or in-cell tablets.
Finding 59:	The Transitional Release Program at the Alexander Maconochie Centre represent a critical mechanism for meaningful reintegration and preparation for release. However, it is not achieving its potential in terms of the number of people it is reaching, and persistent barriers and low risk tolerance are limiting outcomes for those found suitable for the program particularly in accessing employment.
Finding 60:	Women face structural discrimination through inability to access transitional release accommodation outside the jail.
Recommendation 29:	Within 6 months, ACT Corrective Services remove unnecessary barriers to reintegration for detained people assessed as eligible for the Transitional Release Program and identify strategies to better identify and support employment pathways.
CONCLUSION	
Recommendation 30:	Within 18 months, the ACT Government fund and ACT Corrective Services implement a structured day with purposeful activity in the Alexander Maconochie Centre, as an overarching strategy to promote rehabilitation, reduce reoffending, improve the motivation and wellbeing of detained people, and reduce demand for illicit drugs.

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IMPRISONMENT IN THE ACT

The AMC

Only adult correctional centre in the ACT

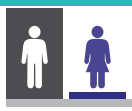
Accommodates:

- Remand and sentenced individuals
- All genders
- Protection and mainstream populations
- Maximum, medium, and minimum security classifications

AMC population (2023–24)

Average daily number

389



Men: 365
Women: 24

Cost per detained person:

Annual	**$225,000**
Daily	**$618.22**

Imprisonment Rates (2024)

Overall ACT:

112.6 per **100,000 adults**

(National average: 208.2)

By Gender:

Men: ACT **218.4** | Australia **390.6**

Women: ACT **14.6** | Australia **31.7**

By Indigenous status:

Non-Indigenous: ACT **74.2**
Australia **136.4**

Aboriginal and Torres Strait Islander: ACT **2164.4**
Australia **2728.2**

Remand Statistics (as at 31 Dec 2024)

ACT **50%** of AMC population **on remand**

(National average: 41%)

Re-Imprisonment

Return to prison within **2 years:** Reducing and below national average

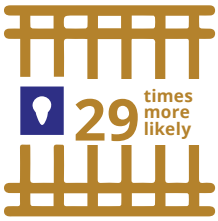
Prison Expenditure (2023–24)

Adult prisons:

$87 million

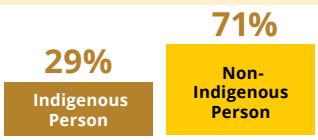
CULTURALLY APPROPRIATE CARE FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

In 2024 in the ACT, an **Aboriginal and Torres Strait Islander person** was



to be imprisoned than a **non-Indigenous** person.

In 2024, approximately **60%** of Aboriginal and Torres Strait Islander men in ACT **prisons had been previously** imprisoned.



In 2023–24, **29%** of AMC detained people **identified as Aboriginal and/or Torres Strait Islander.**

124 men accounted for **30%**

11 women accounted for **64%**

As of 30 June 2025, there were **135 Aboriginal and Torres Strait Islander detained people**:

Winnunga provides **health services** to Aboriginal and Torres Strait Islander detained people at AMC, **but has a maximum caseload of 50.**

LEADERSHIP AND CULTURE

Over the past decade, **episodic instability and temporary senior leadership appointments** have **weakened continuity** and organisational culture at AMC.

AMC has **historically operated in a reactive rather than strategic** manner.

Limited progress in establishing **purposeful daily routines** to support rehabilitation and reintegration.

Since 2022, there have been **some improvements** in **staff wellbeing and incident response** preparedness.

Concerns remain among some Corrections Officers about **factionalism and integrity**.

IMPLEMENTATION OF PREVIOUS OICS AND CORONIAL RECOMMENDATIONS

Implementation of **40 agreed/noted recommendations** from the last Healthy Prison Review and previous coronial inquest examined:

- **9** recommendations **implemented fully**
- **7** were either **no longer applicable** or their status was unknown
- **10** were **partially implemented**
- **14 not implemented.**

DRUGS AND HARM MINIMISATION

- **56%** of detained people in the HPR25 survey reported **easy access to illicit drugs** in the AMC.
- ACTCS must implement a comprehensive drug strategy addressing: **supply reduction, demand reduction, harm reduction**.
- Two x-ray body scanners introduced since HPR22 has reduced the number of strip searches from **4077 in 2020/21** to **580 in 2024**, but scan interpretation challenges remain.
- **AMC is now smoke-free.**
- ACTCS is a national **leader in providing Naloxone** to Corrections Officers and Justice Health staff for opioid overdose response.

PURPOSEFUL ACTIVITY

"Offer genuine education pathways, employment pathways and reintegration. Then support detainees that make the way for themselves."
Comment from detained person

Lock-ins

10.2 hours out of cells per day in 2023–2024
(National average 8.2)

- **10.2** HOURS OUT OF CELLS PER DAY
- **8.2** HOURS OUT OF CELLS PER DAY BENCHMARK GOAL

36%
Reported they were **able to exercise outdoors** as much as they wanted to **most of the time.** The gym is well-appointed, however, exercise yards in cell blocks provide limited space or equipment.

Detained people in education and training
(per cent of eligible detained people)

	ACT	National
2023–24 total	35.7%	25.7%

Boredom

64% detained people reported they were bored most of the time because there are not enough productive things to do

Significant concerns regarding **lack of purposeful activity** available to detained people persist from last review in 2022

"Boredom and having nothing to do all day is bad for mental health."
Comments from detained people

"The lack of industries is a structural shortcoming that contributes to inactivity, boredom, and lessens the economic options (and prison pay) that can be implemented in the Centre."
Comment from detained person

As at **31 December 2024**, there were **105** detained people **enrolled in vocational training** with potential for achieving **qualifications** (approximately one quarter of detained people). This included **8** detained people participating in **tertiary distance education**.

"They need more engagement in the form of work. The real world does not have you sleeping in till 11am. Or getting paid a days wages for 10mins of "work""
Comment from staff

Employment

$15.30 per week – unemployment allowance / pension for detained people who do not work at AMC

$71.82 per week – highest weekly wage possible for work at AMC

*Many jobs have **limited hours per week and/or are menial tasks** (e.g. unit based cleaning).*

Only **18%** detained people 'Agree' or 'strongly agree' that the work they can do at the AMC will **help them get a job when they get out**

The ACT is the only jurisdiction in Australia that **does not operate a commercial prison industry.**

REHABILITATION AND PREPARATION FOR RELEASE

The AMC operates with between **15–20 separately managed detainee cohorts**

"I have never felt prepared to return to the community any of the times I have been released."
Comment from detained person

69%
of detained people surveyed said that they **did not have access** to programs that meet their needs

89% detained people reported that **in-person visits** were 'very important' to maintaining relationships with family and friends

- There are **insufficient programs** at the AMC particularly those **available to women and people on remand**.
- **Case managers workload is too high** and they do not have capacity to meet requirements of the role
- Transitional Release Programs (TRP) at the AMC, including the **Transitional Release Centre is not achieving its potential** in terms of the number of people it is reaching, and persistent barriers.
- **Women have extremely limited opportunities** for participation in transitional release programs.

Risk avoidance vs risk reduction

"The squad [security team] is at the visits often and it makes everyone really uncomfortable"
Quote from detained person

The average daily population of the Transitional Release Centre for **2023–24** was **10**, with the centre having capacity for **20**. A missed opportunity for maximising reintegration.

'CLICK' on Pillars to jump to content

SUMMARY REPORT

Healthy Prison Review of the Alexander Maconochie Centre 2025

This is the third Healthy Prison Review (HPR) of the Alexander Maconochie Centre (AMC) by the ACT Office of the Inspector of Custodial Services (OICS). A HPR is a whole of centre review focusing on all aspects of treatment and care of detained people, staff and visitors in a custodial environment.

This review was assessed against OICS ACT Standards for Adult Correctional Services, last updated in 2024. These provide an independent tool to examine whether correctional centres and services in the ACT meet the healthy prison test. The healthy prison test is based on four pillars:

- **Safety:** detained people, particularly the most vulnerable, are held safely and staff and visitors feel and are safe.
- **Respect & dignity:** all people are treated with respect.
- **Purposeful activity:** detained people engage in activity that is likely to be of benefit.
- **Rehabilitation and preparation for release:** detained people are supported to connect with their family and the community; supported to rehabilitate; and are prepared for release into the community.

The review commenced in January 2025, with the draft being provided to relevant agencies in August 2025. We acknowledge the significant assistance and cooperation provided by ACT Corrective Services (ACTCS), Canberra Healthy Services (CHS) and Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga). This included providing documents and data, and unobstructed access to facilities, and people including detained people (both of which is required under the *Custodial Inspector Act 2017* (CI Act) but was done in a timely way in good spirit).

Developments of the past three years

Since Healthy Prison Review 2022 (HPR22) was tabled in November 2022 there have been several issues or developments to note.

ACTCS now (as a general rule) has separate accommodation units for people on remand and people who are sentenced for the first time since the early days of the AMC. Human rights standards, the *Human Rights Act 2004* (HR Act) and the *Corrections Management Act 2007* (CM Act) require that people on remand must be separated from sentenced people except in exceptional circumstances. However, from the early days of the AMC until 2024 there had been no such separation[1]. In 2024 several people on remand claimed that their right to humane treatment when deprived of liberty was being breached because they were detained alongside sentenced people.[2]

1 The first report completed by OICS after establishment concerned the care and management of remandees at the AMC 2018 and noted that '[a]s a general practice, ACTCS does not accommodate remanded separately from convicted detainees due to a lack of suitable accommodation resulting from crowding at the AMC': Report of a Review of a Correctional Service by the ACT Inspector of Correctional Services, *The care and management of remandees at the Alexander Maconochie Centre 2018*.

2 For example *DPP v Alexander* (a pseudonym) [2024] ACTSC 161. Section 19 of the HR Act requires an accused person to be segregated from convicted people, except in exceptional circumstances.

The ACT Government subsequently amended the CM Act to expand the exceptions to the requirement to separate, and also designated separate accommodation units in the AMC for those on remand and those serving a sentence.[3] There are certain accommodation areas of the AMC e.g. the women's area of the jail the Women's Community Centre (WCC), the Special Care Centre (SCC), the Crisis Support Unit (CSU), and Management Unit where there is no separation.

The AMC is a complex jail that must accommodate men, women, protection, mainstream and all security classifications (minimum, medium and maximum). This additional rigidity in separating remand from sentenced accommodation has exacerbated accommodation pressures at AMC, as discussed at section 1.1.4 in this report. This has put pressure on cohesive relationships both between detained people and between staff and detained people.

Since HPR22 the AMC has also become a smoke-free prison. Whilst the transition to smoke-free was generally very well managed by ACTCS and Justice Health Services (JHS), there are some concerns that remain in relation to access to Nicotine Replacement Therapy (NRT) and other unintended consequences which is discussed in section 1.3.7.

Sadly, since HPR22, there has also been seven detained people pass away in custody, several who identified as Aboriginal and Torres Strait Islander. Every death in custody in the ACT is subject to a coronial inquest. A spotlight topic of this review, discussed below, is both the treatment of Aboriginal and Torres Strait Islander peoples and ensuring previous coronial recommendations have been implemented. Separately, OICS has worked with the Coroner's office and ACTCS to contribute to coronial inquests, while also providing a preliminary assessment to ACTCS in the immediate aftermath of a death that may prevent future harm.

In January 2025, the ACT Integrity Commission tabled its *Operation Falcon* report which considered falsified observation records. Similar issues had been previously identified by OICS in its *Critical Incident Report into the death of Luke Rich at the AMC on 1 February 2022*. Further, the ACT Integrity Commission also announced in 2024 that it was discontinuing Operation Magpie, an investigation into alleged drug trafficking and abuse of public office by Corrections Officers. No findings of corrupt conduct came from this investigation. This review considers integrity further, including what measures ACTCS has taken to address recommendations regarding compliance.

3 Section 44(4) of the *Corrections Management Act 2007* provides that the director-general may depart from this separation requirement in two circumstances: to protect the safety of the non-convicted detainee or anyone else, or where different accommodation would be in the non-convicted detainee's best interests. The director-general must be satisfied that is it 'reasonably necessary' to give an accommodation direction which differs from the general rule.

The key themes and spotlight topics of this review

This review considers several topics in particular focus (spotlight topics). These were identified based on information gathered from a range of sources on an ongoing basis over the previous 12 months:

- leadership and culture
- drugs and harm minimisation
- culturally appropriate care of Aboriginal and Torres Strait Islander peoples
- implementation of previous OICS and coronial recommendations
- purposeful activity
- rehabilitation and preparation for release.

This summary report provides high level overview of the spotlight topics and recommendations relating to each of these. The full report covers additional topics across all four pillars of the healthy prison test as articulated in OICS Standards. The full report references a wide range of evidence sources considered including staff and detained people surveys, submissions from stakeholders, data, and onsite observations. Additional findings and recommendations are also made in the report beyond these spotlight topics.

1. Leadership and culture

The review finds that leadership and culture at AMC are both in need of further improvement, but acknowledges some improvement in the past three years.

In the past decade ACTCS has faced episodic instability and temporary appointments in senior leadership, at both executive and operational roles, leading to a lack of continuity and weakened organisational culture at AMC. As a result, the AMC has operated reactively rather than strategically. The Review Team notes that although ACTCS Strategic Plan to 2024 spoke to a focus on rehabilitation, there was little evidence of it being driven forward in a coordinated and cohesive way. Despite minor improvements in education offerings since 2022 (when there was no education whatsoever), there has been little progress in creating purposeful daily routines that support rehabilitation and reintegration. Two major changes implemented in the review period include AMC going 'smoke free' and separating accommodation for remand and sentenced detained people. Although both projects were well planned, these were largely responsive rather than proactive. The appointment of a permanent Commissioner in early 2025 is a positive step that must be followed by permanent appointments across the many senior operational (and some head office) leadership roles in which staff are currently acting.

The temporary appointment of senior staff may be a factor contributing to a pattern we identified of programs being piloted or trialled but not sustained. Several pilots were positively received or evaluated but have not been continued. However, when these promising pilots ceased, the underlying issues reemerged unaddressed:

- ACTCS engaged the non-government organisation Toora Women Inc to deliver gender responsive Alcohol and Other Drug (AOD) group treatment program to all detained women. The program ran for 8 weeks and 2 groups were run during the 2023/24 year with 21 women commencing and 10 completing the program. The program ceased in October 2024, exacerbating the lack of programs for women (see section 2.5.2).

- ACTCS engaged Directions Health Services in October 2024 to run a short-term program called ADAPT to provide detained people with education on the impact of substance use and strategies for change. The program was open to all detained people including remand, sentence, men and women. The program ceased running in April 2025.
- The Young Offender's Pilot Program was positively evaluated internally, but is not available (see section 2.5.4).
- Brief Intervention Programs (see section 4.1.3) were available for people on remand, but this is no longer the case, further reducing the very limited programs available to those on remand.
- As detailed in the response to a Question Taken on Notice before the Legislative Assembly Select Committee on Estimates 2025–2026, several programs offered to Aboriginal and Torres Strait Islander detained people have ceased.

While a matter for the broader government, the Sunday bail court trial (see section 1.1) also resulted in a reduction in detained people being unnecessarily remanded in the AMC, but it too has ceased.

These initiatives may be akin to 'green shoots', many of which could contribute to the government achieving its stated vision for the AMC, only to wither away for reasons such as lack of ongoing funding, challenges or difficulties with the project, or no longer being prioritised. There is a role for trials and pilots, but the ACT Government must back key initiatives by approving budget bids for ongoing funding. A formerly detained person observed to the Review Team that the stop/start nature of the AMC's approach (to programs and reintegration in particular) sets a poor example for detained people, many of whom have no routine and lack motivation. That person reflected that the system itself appears to be modelling behaviour that suggests if you start something and it's too difficult, you can just give up on it.

It is noted that there are several pilots currently planned or underway: ACTCS has recently announced a literacy and numeracy pilot for the 2025–2026 year. There is also a pilot Women's Justice Network Reintegration Program for women. Similarly a trial of an iPad for translating and interpreting services (see section 2.5.7) was discussed for more than a year, finally began in August 2025. A reintegration pilot program with three community based case managers (see section 4.1.1) is also in the pipeline.

In relation to staff culture, the Review Team assessed some improvement since 2022 in areas such as staff wellbeing and incident response preparedness. It appears this is largely due to initiatives under the $29.1 million 4-year *Blueprint for Change* program. However, there remains deep concerns from some but not all Corrections Officers (COs) about factionalism and integrity. These concerns have not been satisfactorily dealt with over recent years, contributed to by lack of appropriate internal processes for handling integrity matters. There is a need for clearly understood and consistently applied accountability mechanisms for dealing with both staff workplace grievances (e.g. harassment, nepotism etc) and reporting concerns about integrity (e.g. alleged corruption and criminal conduct), for the workplace culture among COs to meet required standards (see section 1.5.6 and **Recommendation 10**).

In 2024, operational staff did not report a serious suspected drug overdose to senior management or the Inspector, revealing significant breaches in incident reporting protocols. This incident, and this review's consideration of data and records including in relation to observations, body scans, strip searches, and segregation has highlighted persistent issues with poor record keeping and inconsistent data management. We identify a need for a strong focus on record keeping including through the compliance spot checks, and for every level of operational leadership to model and reinforce expected practices (see section 1.5.4 and **Recommendation 7**).

In relation to leadership and culture of health services, the review found favourable staff numbers and clinical hours relative to other jurisdictions. The introduction of key performance indicators relating to the delivery of health care, that are developed between JHS, Winnunga and ACTCS would improve strategic focus and governance (see section 1.5.2 and **Recommendation 6**). We found positive improvement in relation to how JHS and Winnunga work together, but improved mutual information sharing is recommended as an important change (see section 1.5.4 and **Recommendation 8**). There has sadly been a significant recent increase in deaths in custody, and the Review Team also recommended that JHS conduct a root cause analysis or equivalent review for all deaths in custody to assist in identifying any lessons learned or prevention considerations (see section 1.5.4 and **Recommendation 9**).

2. Drugs and harm minimisation

Illicit drugs are present in the AMC as in most correctional environments. For much of the review period, ACTCS did not have a drug strategy that covered:

- Supply reduction strategies, which aim to restrict availability and access to drugs as well as provide information to monitor effectiveness and inform demand and harm reduction strategies.
- Demand reduction strategies, which aim to reduce drug use.
- Harm reduction strategies, which aim to reduce the negative consequences associated with drug misuse and reduce other related risk factors. Drug treatment programs may reduce both demand and harm.

The Inspector welcomes that in October 2025, ACTCS and Canberra Health Services (CHS) jointly released an *Alexander Maconochie Centre Drug and Blood-borne Virus Strategy 2025–2030*.

In the period since HPR22 there has been considerable community discussion and media reporting about drug use among detained people, as well as integrity issues relating to allegations of staff using drugs while not on shift. During this review staff raised integrity matters dating back several years, some of which have been aired in the media or subject to investigation by the Integrity Commission in 'Operation Magpie'. Where appropriate, the Inspector referred allegations to other entities, noting that OICS does not have the legislative mandate, or investigative powers or resources to evaluate their veracity. Nevertheless it is clear that ACTCS has more work to do to improve integrity measures.

In relation to **supply reduction**, this review makes findings and recommendations about security improvements that can be made at the AMC. This review does not report on specific information about security flaws at the AMC noting the public interest test for disclosure in the CI Act.[4] However, an independent security review commissioned by ACTCS has identified security flaws, a significant number of which had been previously identified and not actioned or were entirely foreseeable, e.g. due to aging infrastructure. The ACT Government has funded the implementation of only a small aspect of that report, and further implementation is required including greater camera coverage and improved searching at the gatehouse and sally port. Procedural security measures such as searching of staff and visitors require few or no financial resources and must also be given urgent attention. Improved searching of staff, and implementing random drug testing must also be part of drug supply reduction strategy. (see section 1.3.10).

4 Section 28 of the CI Act provides a public interest against disclosure of a matter if it could reasonably undermine security or good order at a correctional centre.

It is a positive practice that since HPR22, ACTCS has invested in two x-ray body scanners at the AMC which provides the potential to better identify contraband hidden or secreted in a person's body. However, there is some nuance to reading a body scan image and staff told us at times it is challenging to interpret body scan images to determine if contraband is likely present. We find that ACTCS would benefit from measures to enhance staff capacity to interpret body scans (see section 1.2.4).

In relation to **demand reduction**, boredom is a significant driver of drug seeking behaviour at the AMC. We recommend ACTCS introduce a structured day with purposeful activity in the AMC as a matter of high priority to respond to promote rehabilitation, reduce reoffending, improve the motivation and wellbeing of detained people, and reduce demand for illicit drugs (**Recommendation 30**). Changes are also needed to the Incentives and Earned Privileges (IEP) Program. ACT Corrective Services and JHS should also consider how untreated attention deficit hyperactivity disorder (ADHD) and pain due to limited access to particular medications may also be a contributing factor to detained people seeking illicit drugs. (see section 2.6.1)

In relation to **harm minimisation**, AMC has transitioned to a smoke-free facility since HPR22, a process that was generally well planned and implemented by ACTCS and JHS. Certainly, the physical environment of accommodation units is more pleasant without the lingering smell of cigarette smoke. Yet some undesirable impacts include detained people smoking other items such as tea leaves and nicotine lozenges. We heard frequent anecdotal reports that lack of access to cigarettes has led to the use of harder drugs for some detained people. Furthermore, the current approach to smoking cessation and access to NRT is not fully meeting the needs of detained people.

The AMC is also likely a leading prison in Australia in providing COs access to the potentially life saving medication Naloxone which can be administered as a first aid response, should a detained person experience an opioid overdose. As recommended in a recent critical incident review, OICS suggests ACTCS should consider making Naloxone available to detained people (as they may be first responders after hours in cases of suspected overdose of other detained people in their cell or cottage).

Both currently and formerly detained people raised concerning reports about their experiences detoxing from Alcohol Tobacco and Other Drugs (ATOD) on admission, including lack of access to symptom management medication.

The Inspector is deeply concerned about significant risks of infection of Hepatitis C and other blood borne viruses (BBV) in the AMC from sharing used needles and tattoo equipment at a time when there has been substantial progress towards achieving elimination of Hepatitis C in the community due to the availability of highly effective direct-acting antiviral treatments. A needle and syringe program (NSP) should be introduced, in close consultation with staff, particularly COs and the union (**Recommendation 22**). A NSP can be implemented in a way that reduces existing risks of needlestick injury to staff – as used needles are currently circulating in units, hidden in cells etc. Appropriate access to bleach as a method for cleaning needles must also be addressed in the short term.

In implementing its new AMC Drug and Blood-Borne Virus Strategy, the ACT government should consider the issues raised in this review including:

- improved security
- searching and testing of detained people
- searching of visitors
- regular assessment of illicit drugs being used including by wastewater testing
- more rigorous searching and testing of staff.

Regulations and policies implemented in response should include detail of what support and sanctions will be applied to a CO who tests positive to alcohol or illicit drugs while on duty. (**Recommendation 3**).

3. Culturally appropriate care of Aboriginal and Torres Strait Islander peoples

This review notes the recent recommendations of the final report of the *Jumbunna Institution's Independent Review into the Over-Representation of First Nations People in the ACT Criminal Justice System* (Jumbunna Final Report).

In 2024, an Aboriginal or Torres Strait Islander person in the ACT was 29 times more likely to be imprisoned compared to a non-Indigenous person.[5] The review revealed further overrepresentation of Aboriginal and Torres Strait Islander peoples in data indicators such as security classifications, strip searches (for women), segregation and separate confinement orders. This is indicative of overall harsher experiences for Aboriginal and Torres Strait Islander people in custody.

ACTCS has as a strategic priority for 2025–27 to build greater cultural competency and deliver culturally responsive services. In 2023, the ACTCS cultural framework *Be the Change We Seek* was released, however, the Jumbunna Final Report found limited evidence of this translating to cultural safety in the custodial setting.

During this review, Aboriginal and Torres Strait Islander detained people continued to report similar concerns about cultural safety as those discussed in HPR22. For example, some Aboriginal and Torres Strait Islander detained people told the Review Team's Cultural Advisor that they feel there is a lot of discrimination, and that they do not feel safe to discuss or practice culture, with some describing AMC as a 'racist jail'. A lack of cultural safety generally was also identified by the Jumbunna Final Report, which recommended that the ACT Government conduct independent, targeted reviews of systemic racism within ACTCS (and other agencies), and the development of an AMC-specific Cultural Safety Action Plan as a priority (see section 2.5.1).

Feedback from detained Aboriginal and Torres Strait Islander detained people highlighted a pressing need for culturally appropriate support, both through making Aboriginal and Torres Strait Islander Liaison Officers (ALOs) more available for support including on the units, and also expanding specific cultural programs beyond the popular men's art program. Two key activities to support connection to community are visits from community Elders, and Yarning Circles run by local community members. ACT Corrective Services provided some data indicating these two activities occurred during the review period, albeit infrequently. Many detained people we spoke to had not participated in and/or were not aware of these programs occurring at all. The Jumbunna Final Report recommended increased funding for specific cultural programs at the AMC.

The Jumbunna Final Report also noted detained Aboriginal and Torres Strait Islander women feel many of the cultural issues particularly acutely. Specific issues impacting on women in prison include higher rates of having experienced physical, emotional and sexual abuse; a greater likelihood than non-Indigenous women of being a parent; intergenerational trauma arising from race based colonial practices (for example, stolen generations); and the need for a holistic concept of social and emotional wellbeing that includes 'connection to land, culture, spirituality, family and community'. The Jumbunna Final Report recommended ACTCS provide suitable cultural, therapeutic and training programs and activities for women and specifically Aboriginal and Torres Strait Islander women.

5 ABS, *Prisoners in Australia 2024*, Table 17.

The peer mentor program across the jail is positive practice, and would benefit from tracking participation with key performance indicators to identify whether there is appropriate representation of Aboriginal and Torres Strait Islander detained people and women as peer mentors (see section 1.1.3).

Sadly, there have been several recent deaths in ACTCS custody of Aboriginal and Torres Strait Islander people, which has involved Sorry Business. Further, there is Sorry Business connected with the passing of community members in the community, and grief and mourning may be acute and particularly difficult for detained people given the limitations of custody. The review heard from detained Aboriginal and Torres Strait Islander people that ACTCS policy and practice often doesn't appropriately reflect Sorry Business. For example, because of a narrow concept of 'family'. While some support was acknowledged, including visits from Aboriginal Community Controlled Organisations (ACCO) following the death of a detained person, the review found that policies and practices need updating in relation to attending funerals (**Recommendation 12**).

While there have been some improvements since HPR22 to the provision of health care to Aboriginal and Torres Strait Islander peoples, not all needs for culturally responsive health care are being met due to a wait list to become a Winnunga client and limited availability for JHS ALOs to attend the AMC. We recommend CHS provide further resources to fund the capacity of ALO's to visit the AMC and Bimberi (see section 2.6.10 and **Recommendation 20**).

4. Implementation of previous recommendations

As part of this review, the Inspector considered the implementation of 40 recommendations from HPR22 and previous coronial inquest findings arising from deaths at the AMC which the government had either agreed or noted. These are set out at Appendix 1. This assessment takes place while there is national focus on inaction on implementing recommendations of coronial inquests. The Jumbunna Final Report noted a 'core problem' at the AMC has been 'the failure of government to implement multiple recommendations which are often repeated from one inquiry to the next over many years'.[6]

In summary, we concluded 9 recommendations had been implemented fully, and 7 were either no longer applicable or their status was unknown. Of the remaining, 10 were only partially implemented and 14 weren't implemented at all.

It was positive that in response to previous recommendations, the ACT Government, primarily ACTCS and CHS Mental Health Justice Health Alcohol and Drug Services (MHJHADS) has:

- Developed new policies and procedures noting the risks inherent in restraining a person in a prone position.
- Installed body scanning technology with procedures that provide an opportunity for detained people to surrender contraband.
- Consulted with stakeholders and published a Sexual Coercion and Violence Strategy.
- Improved the process for detained people to self-refer to Justice Health Service.
- Added additional Activities Officer positions.
- Commissioned an independent audit of the AMC's paper mail system to address concerns with reliability of mail.

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In this review, several findings are again remade to address issues previously identified that are still not properly addressed. These are significant issues for the AMC including that:

- The AMC's Crisis Support Unit is not fit for purpose for placement of detained people (particularly women) who are at risk of self-harm or suicide for the same reasons which were raised in HPR22.
- Further improvements are needed to embed expected standards for COs recording observations of detained people.
- Bleach is not available as it should be for detained people at the AMC.
- Ageing infrastructure and delays in system upgrades are significantly hindering detained peoples' ability to stay connected with their families and friends. Additionally, despite some improvements the cost of phone calls still remains a barrier to maintaining these essential relationships.

Therefore, several recommendations of this review cover issues previously identified in reviews including:

Recommendation 14: Within 18 months, ACT Corrective Services expand women's accommodation within the Women's Community Centre precinct in order to provide more flexibility in accommodating the different cohorts of women (e.g. women on protection, segregation, separate confinement orders) (see section 2.5.2).

Recommendation 15: Within 18 months, the ACT Government publically present options to enable women to maintain connection with their children in the community rather than being detained at the Alexander Maconochie Centre, including reform to bail and sentencing laws, home detention, and electronic monitoring (see section 2.5.3).

Recommendation 22: Within 3 years, the ACT Government commit to introducing a needle and syringe program at the Alexander Maconochie Centre, and through the process engage closely with staff, particularly Corrections Officers and the union (see section 2.9.2).

Recommendation 24: Within 18 months, the ACT Government finalise and fund the Alexander Maconochie Centre's strategic infrastructure plans including creating a multipurpose industry building as previously recommended (see section 3.4).

Recommendation 27: Within 6 months, ACT Corrective Services expand criminogenic and non-criminogenic programs at the Alexander Maconochie Centre to ensure all detained people, regardless of gender or legal status, have equitable access to programs that meet their assessed risks and needs. This should include:

- a high-intensity violence program for men assessed as high risk
- full access to EQUIPS (or equivalent) programs for women to address diverse needs.

Recommendation 28: Within 6 months, ACT Corrective Services increase the capacity for detained people to contact friends and family for free via computers, telephones and/or in-cell tablets (see section 4.2.1).

Although most of these recommendations are directed to ACTCS and several to MHJHADS, this review considers broader perspectives. Investing in improving rehabilitation and outcomes for detained people on release will be a cost saving to government and will improve the health and wellbeing of the entire ACT community.

5. Purposeful activity

Unfortunately, consistent with previous reviews, we found that detained people at the AMC simply are not engaged in meaningful activity for a large part of their time out of cells, whether that is education, employment, programs or recreation.

At the end of 2021 the then contracted education provider at the AMC did not exercise the option to extend its contract. ACT Corrective Services re-tendered to engage an education provider to provide all aspects of education at the AMC, but that failed to result in any contract being awarded. As an interim approach, ACTCS engaged multiple Registered Training Organisations (RTO) to deliver specific courses, 'while a longer-term plan is developed'. Three years later, this plan has still not been finalised. This is unacceptable.

In 2024 there were three RTO's delivering several specific courses. There are no ACTCS staff qualified to deliver trade instruction. There is no centralised student information management system to record education data. Information is manually recorded and ACTCS was unable to provide basic demographic breakdown of information about education (e.g. how many people who identified as Aboriginal or Torres Strait Islander people were participating, how many women etc). Many of the barriers for meaningful student access to distance tertiary education, identified in 2022, persist including accessing course materials and research tools.

The current approach is ad hoc, piecemeal and not strategic. The RTOs currently in place may do a good job for those they work with but there is no provision of 'job-ready' skills and competencies or qualifications to most detained people. Furthermore the review calls for more to be done to build on detained people's strengths (for example, utilising existing skills, or providing peer-to-peer support) and interests. We recommend that the ACT Government urgently work with the Canberra Institute of Technology to fund and deliver vocational education and training within the AMC. As part of this process, there must be consideration of the role that private RTO's may play, and consultation with detained people, business and industry experts to devise a strategic approach to offerings that provides pathways to employment (see section 3.2 and **Recommendation 23**).

In terms of employment within the AMC (that is detained people working at jobs), data suggests that the ACT performs well with 89.2% of detained people in the ACT employed (the second highest of any Australian jurisdiction).[7] However until ACTCS converts detained people job numbers to FTE numbers this data is fairly meaningless. In the Inspector's view, very few employment roles are improving prospects of employment on release or contributing to a reduction in reoffending. There are 40 distinct types of roles for men and 12 distinct roles for women, of which most occupy just a few hours per week and do not develop skills or align with vocational competencies. For example, being a 'sweeper' on an accommodation unit require as little as an hour or two work per week. In comparison, some roles (e.g. commercial kitchen, bakery, bulk stores) are six hour shifts per day on 3–5 days a week and are highly valued but these opportunities are limited with few resulting in training qualifications or competencies.

Further, like other jurisdictions, ACT's prison jobs offer very low pay (from $36–$72 per week) which may not even support needs in prison (such as paying for phone calls or purchasing items on activities or food buy up), and certainly do not allow for detained people to save for needs that will arise post release from custody e.g. rent, essentials etc. This is a missed opportunity to promote rehabilitation.

7 Productivity Commission (2025), *Report on Government Services 2025*, Part C, Section 8, Table 8A.10.

The ACT is the only jurisdiction in Australia that does not operate a commercial prison industry (that supplies goods or services to the community e.g. a laundry). Current industries in AMC include a kitchen, bakery, laundry and recycling. These meet internal demand only. AMC does not currently have an Industries Plan. ACT Corrective Services advised it is likely to be developed as a part of the work of a new Detainee Education Industry and Rehabilitation Program Board. The AMC should consider expanding existing industries to the maximum extent possible, supplying community-based contracts. Further, it must also consider increasing detained people's rates of pay.

In the Healthy Prison Review 2019 (HPR19), OICS recommended that ACTCS explore the feasibility of providing a modest multi-purpose industries building in the AMC, to which the government agreed to explore options. The rationale for this was to provide flexible options for employment and vocational education. We again recommend ACT Government fund a multipurpose industry building as part of finalising and funding AMC's strategic infrastructure plans (see section 3.4 and **Recommendation 24**).

In relation to sport and recreation, the AMC has a well-appointed recreational hall with gym. We found that the ability for detained people to use the gym equipment safety, effectively and equitably (for example, people with additional needs arising from a disability) would be enhanced by having staff with qualifications in personal training. Previously, such staff were engaged on a contract basis and provided a key role planning exercise programs, and facilitating fitness and sporting activities. However, opportunities for physical recreation on units is generally very limited, impacting the wellbeing of detained people including when operational or other reasons mean they are unable to access the gym.

6. Rehabilitation and preparation for release

The review found insufficient programs at the AMC particularly those available to women and people on remand. The ACTCS Programs Compendium is misleading as it does not provide an accurate sense of currently available programs and interventions for all detained people, as several have been discontinued or are not available to people on remand or women.

As discussed above, some initiatives have been piloted or trialled but not continued. In particular, the Young Offender's Reintegration Pilot had a positive internal evaluation and had positive feedback from stakeholders the Review Team spoke to but has not continued. We recommend a program for young detained people continue on an ongoing basis and include formal health promotion programs focused on improving health literacy (see section 2.5.4 and **Recommendation 16**). The AMC does not currently deliver a sexual offender program or a violence reduction program for detained people who are identified as having an intellectual disability, or a high intensity violence intervention program. We recommend that ACTCS expand the suite of criminogenic and non-criminogenic programs offered at the AMC to ensure all detained people, including women and people on remand, have equitable access to programs that meet their assessed risks and needs (see section 4.1.3 and **Recommendation 27**).

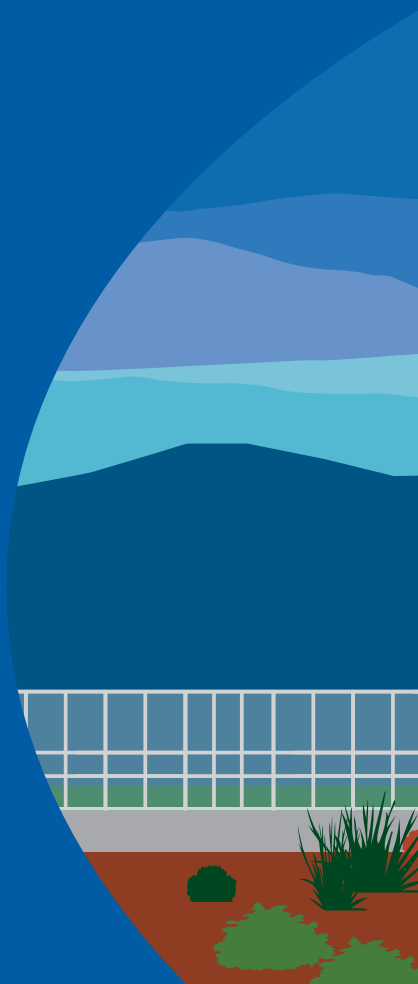
Transitional Release Programs (TRP) at the AMC, including the Transitional Release Centre (TRC) outside AMC's perimeter fence represent a critical mechanism for meaningful reintegration and preparation for release. However, it is not achieving its potential in terms of the number of people it is reaching, and persistent barriers arising from an overly bureaucratic and punitive approach which is limiting outcomes particularly for access to employment. Women continue to have extremely limited opportunities for participation in TRP. We recommend that ACTCS provide resources to better identify employment opportunities for detained people participating in transitional release and provide those detained people with tools to assist them seek employment opportunities such as internet access (subject to reasonable safeguards) (**Recommendation 29**).

The way forward

Permanent appointments to senior leadership and a focus on strategic objectives over short term pilots and reactive approaches must be prioritised. Staff culture must focus on getting the basics rights, and acting with integrity.

Through this report, we have identified areas of positive practice, but also where improvements could be made. The biggest concern identified in this review, as in previous reviews, is that detained people are not offered (or compelled) to fill their days with productive, meaningful, rehabilitative activity. We recommend that within 18 months, the ACT Government fund and ACTCS implement a structured day with purposeful activity in the AMC, as an overarching strategy to promote rehabilitation, reduce reoffending, improve the motivation and wellbeing of detained people, and reduce demand for illicit drugs (**Recommendation 30**).

There must be an appetite across government to drive change, because if the government itself is not capable of that, how can we ask it of detained people?



Introduction

Healthy Prison Review of Alexander Maconochie Centre 2025

THE OICS STAFF HEALTHY PRISON REVIEW TEAM:

Rebecca Minty
ACT Custodial Inspector

Sean Costello
Deputy Inspector

Pip Courtney-Bailey
Assistant Inspector

Review Methodology

The third Healthy Prison Review of the Alexander Maconochie Centre (AMC) commenced in January 2025 with the draft report finalised in September 2025. We acknowledge the cooperation from ACT Corrective Services (ACTCS) and Justice Health Services (JHS), who provided timely access to documents, data, facilities, staff, and detained people, in accordance with the requirements of the *Custodial Inspector Act 2017*.

To ensure the integrity of findings, the review drew on multiple sources of evidence and information, including the views and experiences of staff and detained people. Their perspectives offer valuable insights into the lived and worked experience within the custodial environment which are essential in forming a comprehensive understanding of prison conditions and operations.

AWARENESS RAISING

Sent out emails to staff and detained people, and put-up posters at AMC to explain our role and the review.

Prepared a short video which was available to detained people via PrisonPC. The video provided an introduction to the review and OICS staff.

DATA AND INFORMATION COLLECTION

Gathered a broad range of operational data and information from ACTCS under each of the four pillars of the OICS Standards for Adult Correctional Services

The four pillars are Safety, Dignity & Respect, Purposeful Activity, Rehabilitation & Preparation for Release.

Reviewed electronic files as relevant on the ACTCS offender management system CORIS.

SURVEYS

ACTCS staff (AMC & Court Transport Unit), Justice Health staff (AMC) and AMC detained people were invited to complete extensive online surveys over a period of some months. Paper copies of the survey were available to those who did not have access to a computer or required assistance to fill out the survey.

- The ACTCS staff and detained people surveys asked substantially the same questions as the 2019 & 2022 Healthy Prison Review surveys (with some minor changes based on an internal review), thus enabling comparison and benchmarking over time. It was the second time OICS administered a specific survey for health staff, as the 2019 staff survey was not tailored to their experience.
- OICS did not administer a visitor survey for this review as administration was not feasible with available resources. However, input from visitors was gathered through contributions from the community sector.

KEY THEMES AND SPOTLIGHT TOPICS OF THIS REVIEW

This review considers several topics in particular focus (spotlight topics).
These were identified based on information gathered from a range of sources on an ongoing basis over previous 12 months:

- Leadership and culture
- Drugs and harm minimisation
- Culturally appropriate care of Aboriginal and Torres Strait Islander peoples
- Implementation of previous OICS and coronial recommendations
- Purposeful Activity
- Rehabilitation and preparation for release

IN PERSON CONSULTATIONS

Focus group discussions all held at the AMC:

General	Yarns about cultural matters	ACTCS staff
detained men	yarns with Aboriginal and Torres Strait Islander men	custodial staff (CO1&2 and CO3&4)
detained women	yarns with Aboriginal and Torres Strait Islander women	non custodial staff including programs, case management, industries and administration staff

- Conducted 1:1 interviews with staff from ACTCS, Justice Health and Winnunga.
- Engaged in informal discussions with staff and detained people in person at AMC and CTU and via email (the OICS email address is whitelisted so detained people can freely contact us).
- Invited submissions from organisations and individuals with recent experience of the AMC. We received 13 submissions from community organisations, individuals and advocates, and from currently detained people at the AMC.
- Gathered information through an online focus group consultation facilitated by the ACT Council of Social Service with members of the Justice Reform Group. It was attended by 23 people consisting of community organisations, academics and individuals.
- Gathered input from other oversight entities, in particular the Corrections Official Visitors, the Human Rights Commission and the ACT Ombudsman through informal discussions.

EXPERT CONTRACTORS ENGAGED

- Sam Christensen – Principal Inspection Officer at the Office of the Custodial Inspector Tasmania. Sam has worked at the Tasmanian Ombudsman's office for over 10 years and has undertaken many reviews of adult and youth detention in Tasmania.
- Blake Nuggin – Blake is a proud First Nations man who descends from the Quandamooka people in Queensland. Blake is the Senior Advisor of Engagement at the Queensland Inspector of Detention Services and brings over 15 years of experience working with First Nations communities in four states and territories.
- Therese Ellis-Smith – Therese is a forensic psychologist with extensive experience in offender rehabilitation, clinical supervision, and forensic education across Queensland and Victoria. She has held roles on the Queensland Parole Board and led correctional system reviews in Queensland, the Northern Territory, and Papua New Guinea.
- Maureen Hanley – Maureen has nearly 40 years of experience in justice and mental health across New South Wales and Victoria, with a strong focus on improving health outcomes for socially disadvantaged and Aboriginal and Torres Strait Islander Australians. She has also contributed to whole-of-prison reviews with custodial inspectorates in multiple jurisdictions.

The review also consulted two people with lived experience of incarceration, who provided their perspectives and expertise prior to the onsite period, and on the review's preliminary findings.

SITE OBSERVATIONS

- Conducted extensive site observations at the AMC, CTU. At AMC observed activities and services such as admission, visits, recreation and activities and male and female delegate's meetings.
- We have also drawn on the observations and findings in OICS Critical Incident Reviews previous Healthy Prison Reviews and other external reviews such as the Jumbunna Institute Independent Review into Over-Representation of First Nations People in the ACT Criminal Justice System and findings of ACT coronial inquests.

Introduction

This is the third Healthy Prison Review (HPR) of the Alexander Maconochie Centre (AMC) by the ACT Office of the Inspector of Custodial Services (OICS). A HPR is a whole of centre review focusing on all aspects of treatment and care of detained people, staff and visitors in a correctional environment. This review makes 30 recommendations.

The review commenced formally in January 2025, with the draft being provided to relevant agencies in August 2025. We acknowledge the assistance of ACT Corrective Services (ACTCS) and Canberra Health Services (CHS) through the review process. This included providing documents and data; and unobstructed access to all facilities and people, including detained people (both of which is required under the *Custodial Inspector Act 2017* (CI Act) but was always done in a timely way in good spirit). ACTCS staff also supported any logistical requests associated with organising focus group discussions. We also acknowledge the assistance of Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga) staff, both during our time onsite at the AMC and in providing us with relevant information.

Authority for this review

Legislation

The functions of OICS are set out in section 17 of CI Act. They are to:

- examine and review correctional centres and services
- review critical incidents at correctional centres or in the provision of correctional services
- report to the ACT Legislative Assembly on these reviews.

In addition, OICS has a role of preventive monitoring, as part of the ACT's National Preventive Mechanism (NPM) under the UN Optional Protocol to the Convention Against Torture (OPCAT) to which Australia became a State Party in 2017.[8]

Review Standards

Reviews are carried out against *ACT Standards for Adult Correctional Services*, updated in 2024, an independent tool to assess adult correctional centres and services in the ACT against the healthy prison test. Originally devised by the World Health Organization, the healthy prison test has been adopted as the basis for prison standards in other jurisdictions, including the United Kingdom.

The four pillars of the healthy prison test are:

- **Safety:** detained people, particularly the most vulnerable, are held safely and staff and visitors feel safe.
- **Respect:** all people are treated with respect for their human dignity.
- **Purposeful activity:** detained people engage in activity that is likely to benefit them.
- **Rehabilitation and preparation for release:** detained people are supported to connect with their family and the community; supported to rehabilitate; and prepared for release back into the community.

8 See *Monitoring of Places of Detention (Optional Protocol to the Convention Against Torture) Act 2018.*

Under the four pillars there are detailed standards (outcomes), and a list of indicators that may provide evidence that the standard is being met. These standards are applied on a qualitative basis, rather than scores or weightings tallied for each standard.

They are not a checklist to be applied in order. Rather, individual indicators may be drawn upon when testing if a policy or practice is appropriate. There is no hierarchy of standards.

Expert input

The Review Team included the following experts.

Sam Christensen

Sam is the Principal Inspection Officer at the Office of the Custodial Inspector Tasmania. Sam has worked at the Tasmanian Ombudsman's office for over 10 years and has undertaken many reviews of adult and youth detention in Tasmania.

He is also on the Board of Architects of Tasmania.

Blake Nuggin

Blake is a proud First Nations man who descends from the Quandamooka people in Queensland.

Blake's professional and personal experiences span across Victoria, New South Wales, Queensland, and the Torres Strait Islands where he has lived and worked in various metro, regional, and remote communities gaining experience and knowledge of the criminal legal system over the past 15 years. Blake has worked in Queensland Corrective Services in custodial and community settings and at the time of the review was the Senior Advisor of Engagement for the Inspector of Detention Services, the independent corrections oversight body in Queensland.

Therese Ellis-Smith

Therese is a forensic psychologist with experience developing and implementing criminogenic rehabilitation programs across Queensland and Victoria, and working therapeutically with offenders. Her clinical experience includes the supervision and management of a team of psychologists and counsellors within a Queensland correctional centre; assisting in the implementation of psychologists across Victorian community correctional services; supervision of forensic psychologists for registration; development and delivery of an undergraduate unit in forensic psychology (Victoria); and teaching undergraduate courses in forensic psychology. Therese has been a membership of the Queensland Parole Board, and conducted whole-of-government reviews of correctional organisations in Queensland, the Northern Territory and Papua New Guinea.

Maureen Hanley

Maureen has almost 40 years experience in the health sector, predominantly in justice health and mental health in New South Wales and Victoria. Maureen is dedicated to improving the health status of people who are socially disadvantaged, Aboriginal and Torres Strait Islander Australians and those who come in contact with the criminal justice system. She has substantial experience working with custodial inspectorates doing whole of prison reviews in several jurisdictions.

Lived Experience

The review also consulted two people with lived experience of incarceration.

Data in this review

Data and information used in this review comes from a number of sources (Australian Bureau of Statistics [ABS], Report on Government Services [ROGS], OICS surveys, ACTCS, etc.). Not all of the data and information aligns chronologically (e.g. ABS reports in calendar years whereas ROGS reports in financial years). This means that there may be some discrepancies between different sources even on some basic matters such as detained person numbers.

Imprisonment in the ACT

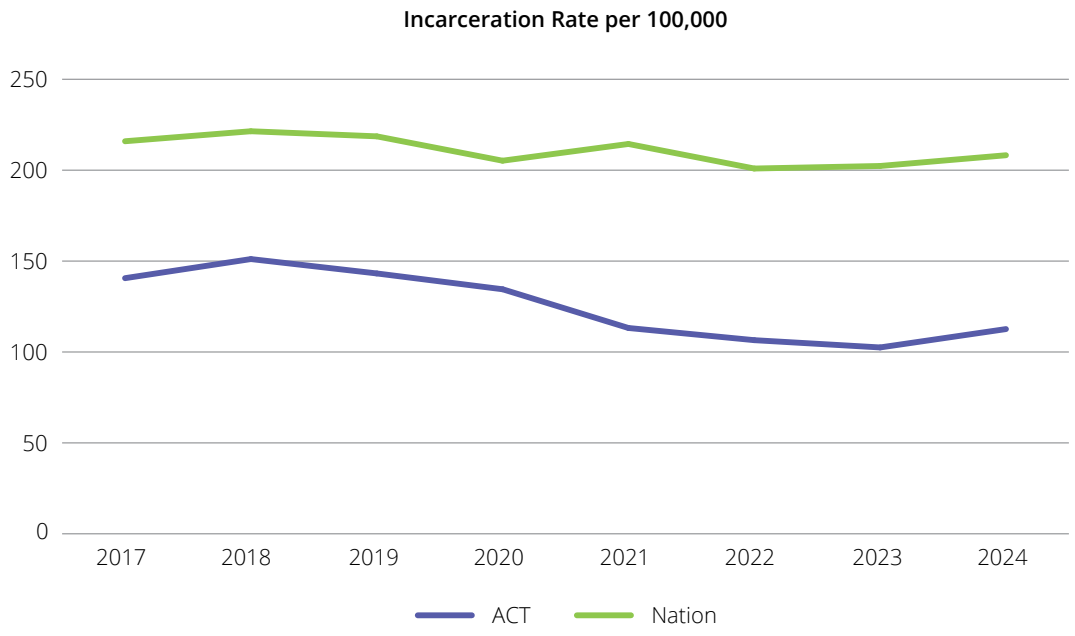
In 2024, the ACT recorded an imprisonment rate of 112.6 people per 100,000 adult population (the national average was 208.2).[9] The Northern Territory recorded the highest rate of 1182 per 100,000 people. The national rate declined from 221.4 in 2018. During the same period, the ACT rate also declined from 151.0 in 2018.[10]

For the ACT, imprisonment rates for certain demographics in 2024 were:[11]

- **Men:** 218.4 [Australia: 390.6]
- **Women:** 14.6 [Australia: 31.7]
- **All non-Indigenous:** 74.2 [Australia: 136.4]
- **All Aboriginal and Torres Strait Islander peoples:** 2164.4 [Australia: 2728.2]

The ACT's imprisonment rate is declining but Aboriginal and Torres Strait Islander peoples continue to be grossly over-represented in the ACT prison population

Diagram 1: Incarceration rate



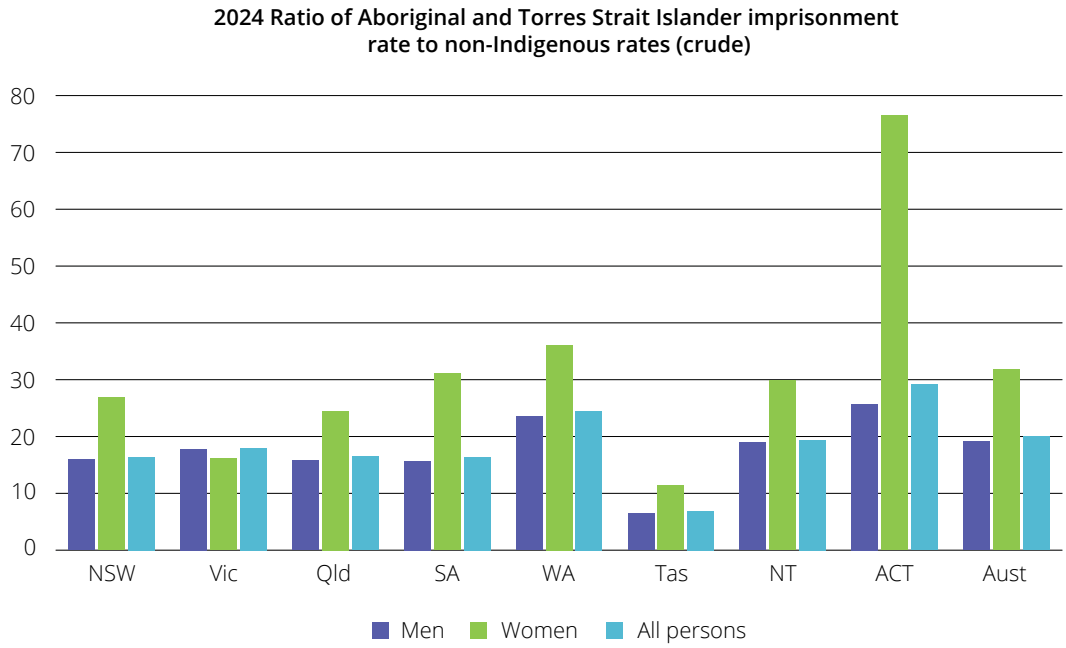
Source: ABS, Prisoners in Australia 2024, Table 19

9 ABS, *Prisoners in Australia 2024*, Table 19.
10 ABS, *Prisoners in Australia 2024*, Table 17.
11 ABS, *Prisoners in Australia 2024*, Table 17.

In HPR22, OICS observed that the ACT had the *highest* crude ratio of Aboriginal and Torres Strait Islander to non-Indigenous imprisonment. It is deeply disappointing that this is still the case and has in fact worsened. In 2024 in the ACT, an Aboriginal and Torres Strait Islander person was 29 times more likely to be imprisoned than a non-Indigenous person. An Aboriginal and Torres Strait Islander woman was 76.5 more likely to be imprisoned than a non-Indigenous woman.[12]

The ACT Government's RR25by25 and beyond plan (Reducing Recidivism by 25% by 2025) aims for parity between Aboriginal and Torres Strait Islander and non-Indigenous incarceration by 2031.

Diagram 2: Ratio of Aboriginal and Torres Strait Islander people



Source: ABS Prisoners in Australia 2024, Table 17

In 2024, sentenced detained people in the ACT had a mean sentence of 7 years (up from 5.3 years in 2021) with a median of 4.5 years (up from 2.5 years in 2021). Longer sentences result in more bed demand at AMC. Nationally, the figures were 5.6 years and 3.5 years respectively.[13]

Average prison sentences are getting longer in the ACT, while they are plateauing nationally

Aboriginal and Torres Strait Islander detained people in the ACT had shorter sentences (mean 5.7 years and median 2.9 years) than non-Indigenous detained people (mean 7.5 years and median 4.7 years).[14]

In HPR22 we reported that 20.6% of detained people in the ACT were serving a sentence of under 1 year (Australia: 13.5%). In 2024, this has decreased to 13.7% (Australia; 13.4%).

12 ABS, *Prisoners in Australia 2024*, Table 17.
13 ABS, *Prisoners in Australia 2024*, Table 26.
14 ABS, *Prisoners in Australia 2024*, Table 26.

Table 1: Percentage of prisoners serving a sentence under 1 year[15]

	2018		2021		2023		2024	
	ACT	National Avg	ACT	National Avg	ACT	National Avg	ACT	National Avg
Overall	25.9%	15.6%	20.6%	13.5%	9.3%	13.7%	13.7%	13.4%

Return to prison

The ACT's 'return to prison' rate (within 2 years) is reducing and remains below the national average

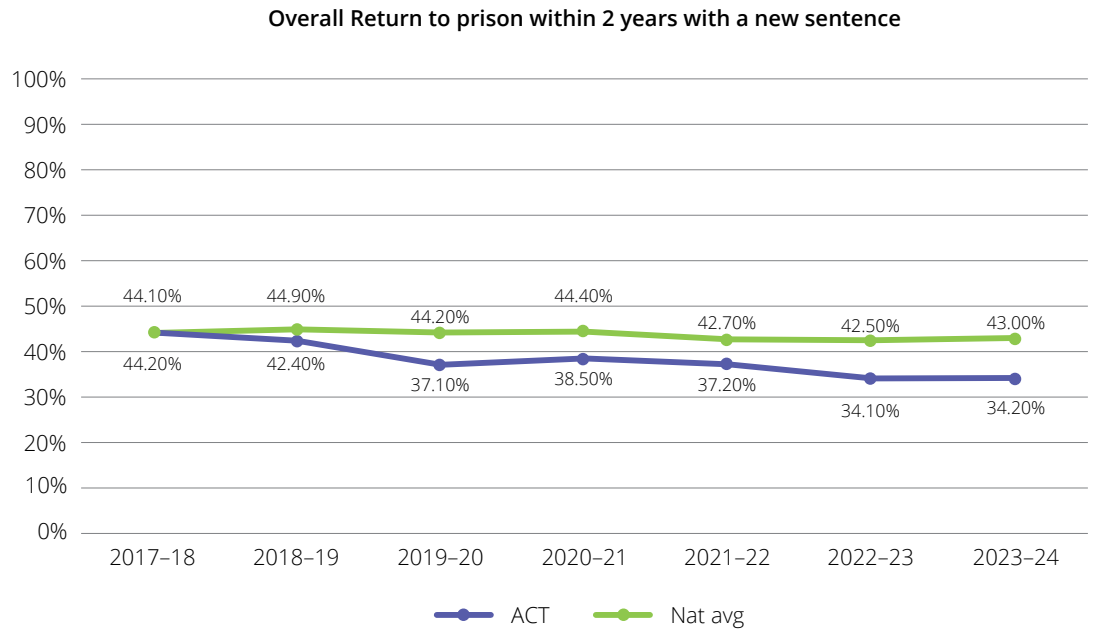
The Productivity Commission reports on prisoners released from prison who then returned with a new sentence within two years. Return to prison should not be confused with "recidivism" (returning to custody again in a person's lifetime), which is a complex issue as people may never return to custody for a new offence, while for those that do, the time period between incarceration can vary dramatically, as can the seriousness of the reoffending.

With that distinction in mind, ACT data shows a relatively good outcome compared to national figures regarding return to prison with a new sentence within 2 years. In 2023–24, the ACT recorded a return rate of 34.2% (Australia: 43%). The rate of return to prison for Aboriginal and Torres Strait Islander peoples in the ACT was 44.3% compared to the national rate of 54.8%.[16]

The ACT Government's RR25by25 seeks to reduce the 2018–19 ROGS baseline return to prison rate of 42.4% to 31.7% by 2025.

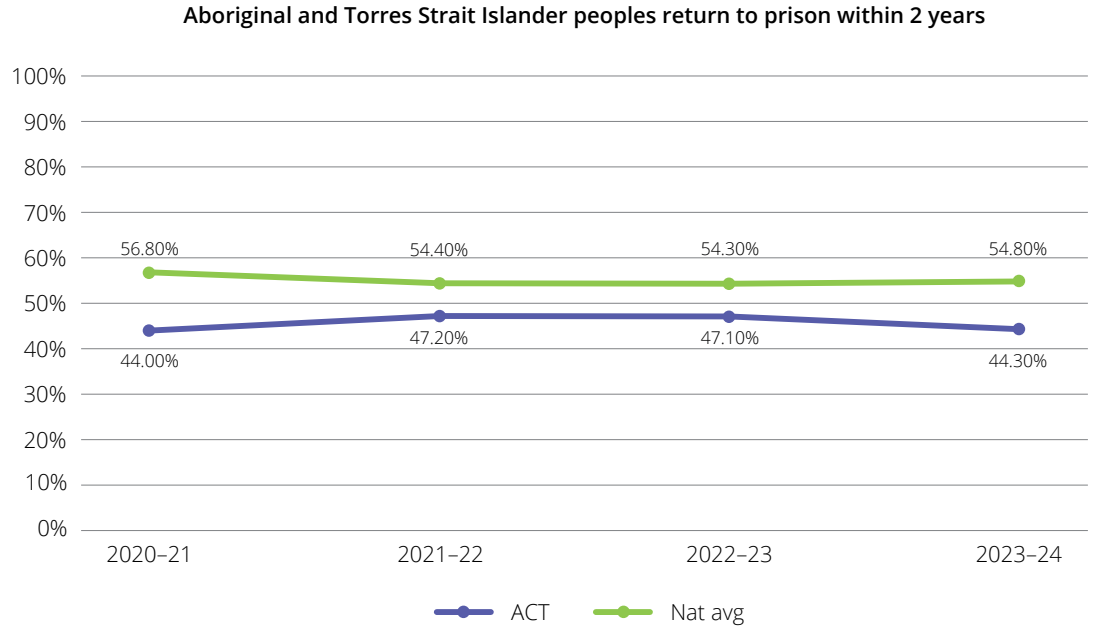
15 ABS, *Prisoners in Australia 2024*, Table 27.
16 Productivity Commission (2025), *Report on Government Services 2025*, Table CA.4.

Diagram 3: Return to prison rate



Source: ROGS 2022, 2025 Table CA.4

Diagram 4: Aboriginal and Torres Strait Islander peoples return to prison within 2 years



Source: ROGS 2022, 2025 Table CA.4

Remand numbers growing

Detained people on remand are people who have been charged with offences but who have not been convicted of those charges.[17] They may not have applied for bail, had bail refused, or may be eligible for bail but unable to meet bail conditions imposed by a court (e.g. a suitable place to live).

In 2009, people on remand comprised 24% of the ACT detained person population (21.8% nationally). As at 31 December 2024, 50% of the AMC prison population were unsentenced (41% nationally).[18]

About the Alexander Maconochie Centre

Opened in 2009, the AMC is the only adult correctional centre in the ACT. It accommodates people on remand and those under sentence, people of all genders, and those on protection. It accommodates maximum, medium and minimum security classification. Accommodation is either cell blocks or self-contained cottages with shared bathroom facilities. Detained women are accommodated in cottages in a precinct at one end of the facility called the Women's Community Centre (WCC) regardless of individual security classifications or protection status, although one of the cottages is configured with five cells each with its own bathroom.

The AMC in 2024

The AMC opened in 2009 with 255 general use beds (with an additional 48 beds: 14 in the Management Unit, 4 in the Hume Health Centre, 10 in the Crisis Support Unit and 20 in the Transitional Release Centre). In general, accommodation was on the basis of one detained person per built cell, plus some cells that were purpose-built to accommodate two people.

Additional accommodation units were added in 2015–2016. However, there have been no expansions of most key service facilities (gatehouse, visits centre, kitchen, bulk stores, Hume Health Centre, etc.)

As at 31 December 2024, AMC (excluding the Transitional Release Centre) had an operational capacity[19] of 521 and a design capacity[20] of 424. In addition, there were 24 special purpose beds (14 in the management unit, 10 in the crisis support unit).

The Transitional Release Centre outside the perimeter fence at AMC had:

- an operational capacity of 15
- a design capacity of 20.

As noted in previous reviews, a significant number of cells at AMC are 'double bunked' – that is, in a cell designed to accommodate one person, an additional bed has been added as a top bunk. This creates a problematic situation where two people are accommodated in a 9m² cell designed for one person. Such living conditions are unsatisfactory and impact the mental health of detained people, and may heighten tension in accommodation units which can contribute to violence/assault.

17 People on remand may include a small number of people who have been convicted but are yet to be sentenced. Remand data does not include people who are sentenced but also remanded on other matters i.e. outstanding charges. If the sentenced prisoner has appealed against all of their sentences then that prisoner is counted as under sentence.

18 ABS, *Prisoners in Australia 2024*, Table 15.

19 Operational capacity refers to the total number of beds or detained people that can be accommodated consistent with the maintenance of programs and services. It excludes special purpose beds (e.g. management unit, crisis support unit) but includes changes in response to operational needs such as double bunking.

20 Design capacity refers to the intended or designed bed capacity of a facility, based on the number of beds designed into each cell, and is a measure used in the Report on Government Services (ROGS). It excludes special purpose beds and any double bunking in cells that were designed as single-bed cells.

In 2023–24, the ACT Government spent over $87 million on adult prisons and nearly $24 million on community corrections.[21] The operating cost of the ACT prison system is approximately $225,000 per detained person per year or $618.22 per detained person per day.[22]

Detained person numbers at the AMC

The average daily number of detained people at the AMC in 2023–24 was 389 comprising 365 men and 24 women. The decline in numbers from 2018–19 has plateaued over the last 3 years.

Table 2: Average daily number of all detained people 2017–18 to 2023–24

Year	Men	Women	Total	%Women
2023–24	365	24	389	6.2
2022–23	362	27	389	7
2021–22	359	30	389	7.7
2020–21	383	28	411	6.8
2019–20	412	32	444	7.2
2018–19	444	40	484	8.3
2017–18	436	38	474	8

Source: ROGS, 2019, 2020, 2021, 2022, 2023, 2024, 2025 Table 8A.4.

Age

The largest generational group represented at the AMC are millennials (e.g. those aged approx 29-44 years old).[23]

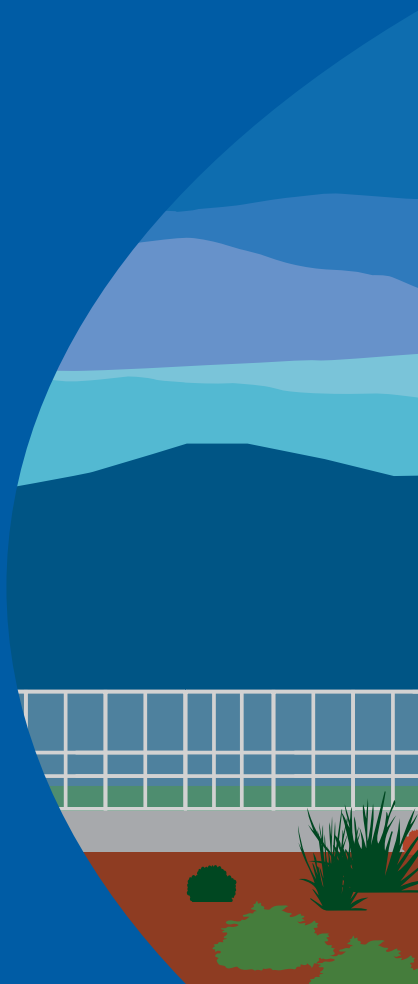
For the first time, OICS has examined data on the number of adult detained people that have previously been incarcerated in ACT's only youth detention centre, Bimberi. This does not capture people who have spent time in youth justice facilities in other jurisdictions.

As at 31 December 2024:

- There were 65 people in the ACT aged 18–25 years old had who been detained at Bimberi as a young person and subsequently at the AMC or Court Transport Unit (CTU) as an adult.
- 2 people detained in the AMC were directly transferred there from Bimberi to serve an existing sentence (as Bimberi can only detain young people up to a maximum of 21 years of age).
- The median time between release from Bimberi and entry into adult custody for these 63 detained people was 616 days, with the shortest being 17 days (excluding direct transfer).
- The average age for a subsequent entry into adult detention after release from Bimberi was 19.3 years old (excluding direct transfer).

Of the 58 detained people at the AMC aged 18–25 on 7 January 2025, it appeared 27 had previously spent time at Bimberi (47%).

21 Productivity Commission (2024), *Report on Government Services 2024*, Part C: Justice, Table 8A.1.
22 Productivity Commission (2024), *Report on Government Services 2024*, Part C: Justice, Table 8A.1. Table 8A.20.
23 ACTCS Population App: "population summary".



CHAPTER 1: PILLAR 1
Safety

Chapter 1: Pillar 1 – Safety

1.1 Early days in custody

STANDARD 1

Detained people are transported in safe and humane conditions, are treated with respect, and due attention is paid to their individual needs.

1.1.1 Transport vehicles and court cells complex

The Court Transport Unit (CTU) is based at the court cells situated beneath the ACT courts precinct on London Circuit, Canberra City staffed by approximately 28 COs with at least 10 on shift at any one time. The CTU is responsible for receiving people from ACT Policing for appearance in court, or after a person has been remanded in custody by the court. There are 23 cells in the precinct and five transport vehicles in various configurations. Young people aged under 18 may also be held at the CTU while awaiting a court appearance. The cells are only used during court sitting days (Monday – Saturday) and are not used to hold people overnight. The CTU reports to the Assistant Commissioner Custodial Operations.

Detained person survey	HPR19	HPR22	HPR25
'Agree' or 'strongly agree' that custodial officers at the court were respectful	72% (n=169)	61% (n=145)	71% (n=107)
'Agree' or 'strongly agree' that transport officers were respectful	76% (n=174)	65% (n=146)	70% (n=110)
'Agree' or 'strongly agree' that court cells were clean	18% (n=175)	48% (n=145)	51% (n=109)
'Agree' or 'strongly agree' that transport vehicles were clean	37% (n=174)	28% (n=145)	40% (n=109)

Detained people generally reported positive interactions with the CTU COs, noting that officers were respectful in their interactions and treatment of them. It is pleasing to see results of OICS survey of detained people indicate a marked improvement on cleanliness of CTU cells and vehicle, albeit with room for further improvement (and cleanliness of CTU cells and vehicles was still raised as a concern in feedback from some detained people). ACTCS accepted a recommendation from an OICS 2020 thematic review of the CTU that they establish a sustainable process to ensure cleaning vehicles is not the responsibility of CTU officers on a regular basis.

Since the last review, the CTU has introduced the use of oleoresin capsicum (OC) spray as part of COs personal protective equipment in courtrooms. This was in response to a number of attempted and actual escapes from the court precinct, as well as assaults on COs.[24]

24 From 1/1/23 – 1/1/25 there have been 14 incidents (staff assault) reported in CORIS and 5 escapes or attempted escapes.

The CTU also supported the successful pilot of court sitting on a Sunday. This enabled bail to be granted directly from court. For those where magistrates granted bail, it avoided unnecessary weekend transfers to and time spent at the AMC, reducing the impact for the accused and reducing resource demands on ACTCS.

Concerns noted in OICS *Healthy Centre Review of Bimberi Youth Justice Centre 2024* (HCR24) about court cells used for holding young people reaching the contractually agreed minimum temperature during colder winter months have been addressed. OICS understands that modifications have been made to the building which has resulted in the cells maintaining a minimum temperature acceptable to the government.

Since the previous review the CTU has procured four new transport vans, each equipped with four separate pods and individual air-conditioning units.

Following recommendations made by OICS in a Critical Incident Review of an escape of a detainee during a hospital escort in 2021, improvements have been made to ACTCS' ability to track and monitor escorts. A further development is that unsecure vehicles are no longer used. While this may provide staff some assurance of enhanced security during escorts, feedback to OICS included that this approach reduces flexibility for transporting certain detained people (e.g. low risk transfers that may have additional needs).

In response to previous recommendations, privacy frosting has been installed on cell doors used to accommodate detained young people, to provide some privacy while in custody at the CTU.

Under usual circumstances, CTU will transport young people from Bimberi to court where they need to appear in court in person. However, OICS is concerned that in situations where there are high numbers of young people needing to appear in person, the contingency plan of Bimberi transporting young people when CTU are unable to, is rarely if ever realised. Recommendation 8 of HCR24 highlighted the need to review and update the Memorandum of Understanding between the Community Services Directorate (CSD) and CTU, to address ongoing coordination and transport issues. This recommendation remains relevant.

1.1.2 Reception and admission

STANDARD 4

Detained people are safe and treated with respect on arrival and in the initial period in detention. Risks are identified and detained people are supported according to individual needs.

STANDARD 5

Appropriate initial checks of physical and mental health, and identifiable needs arising from a disability are carried out upon admission and follow up assessments and other necessary steps are taken.

The admissions process

The admissions process commences when a detained person is received at the CTU where induction forms and transport risk assessments are carried out. A more detailed induction is conducted once a detained person arrives at the AMC, where Justice Health conducts a comprehensive primary health assessment by a Primary Health Nurse and mental health assessment by a Mental Health Nurse.

Detained person survey	HPR19	HPR22	HPR25
Strongly disagreed or disagreed with the statement that on arrival at the AMC their urgent health matters were dealt with (including getting medication)[25]	57% (n=166)	62% (n=145)	70% (n= 111)

Despite the processes in place, more than two-thirds of detained people surveyed in 2025 disagreed or strongly disagreed that health issues they perceived to be urgent were addressed during admission. This is consistent with feedback the Review Team received from detained people via written submissions and during focus group discussions. The causal factors behind this are unclear (e.g. whether it is that intake questions are not enabling issues to be brought to the attention of JHS staff, whether detained people don't disclose issues on intake, or if the issues disclosed by detained people are not being followed up). It was beyond the scope of this review but warrants further consideration by JHS.

The experiences of detained people withdrawing from AOD on admission to AMC is discussed in relation to harm minimisation at the AMC at section 2.9.2.

The admissions centre

Corrections Officers in the AMC admissions centre interview newly detained people from their desk in the general admissions area, which is an open-plan space. The government 'agreed in principle' to a HPR22 recommendation to re-design the admissions area to ensure intake interviews can be done in a way that ensures privacy and detained people are not able to observe COs' computer screens in the area. The issue has not been adequately addressed, and no significant changes have been made to the admissions area. This is despite ACTCS advising that as of 30 June 2024:

> Improvements to the Admissions area undertaken include blinds on the interview rooms so that assessments and interviews are done privately and officers' computer screens are covered with privacy screens so their screens can't be viewed by others. ACTCS is investigating options to improve privacy for detained people when making phone calls.

25 In the 2025 HPR survey, this question was changed to use the term 'medication' rather than 'prescription' which was used in the 2022 and 2019 surveys.

1.1.3 Induction

STANDARD 7

Detained person induction is timely, accessible, appropriately targeted, and carried out in a respectful manner.

Induction is a crucial opportunity to provide information about supports and expectations at the AMC. It must be done in a disability-aware, and trauma-informed way, mindful of peoples differing capacity to absorb and process information (for example, if they have a disability, or are withdrawing from drugs). First days in custody is likely to be a time of anxiety, and importantly ACTCS' new Suicide Prevention Framework notes heightened risk at this time.

Nonetheless, more than two-thirds (68%) of detained people surveyed did not feel they were well-informed about their rights and responsibilities during induction (n=107). Similarly, 73% did not feel they were given enough information about routines and daily life at the AMC (n=110). These are similar results to HPR22.

In HPR22, we found that the formal induction process was not effective in familiarising detained people with rights, responsibilities and daily life at the AMC, and that formal induction processes were largely inaccessible for people with limited literacy, acquired brain injury or cognitive impairment. We recommended that based on expert advice, ACTCS introduce a suite of disability responsive induction materials (e.g. an induction video, Easy Read induction packs) (Recommendation 2), which was agreed to by government.

In 2024 ACTCS advised this recommendation was closed due to the establishment of the ACTCS Disability Reference Group, and ongoing work developing induction videos and an Easy English Handbook. As the Handbook has yet to be rolled out for detained people, OICS does not consider this recommendation to be closed. A February 2025 draft JACS internal audit of implementation of recommendations also concluded that the recommendation had not been fully addressed. In response to this draft report, ACTCS stated that induction videos are available at CTU since June 2023. and new reception videos were uploaded to PrisonPC in December 2024 in response to the JACS internal audit.

Peer support

Positive practice: Peer mentor and listener program

Peer Mentors and Peer Listeners are detained people trained and supported to provide peer support in their respective accommodation areas. Peer mentors and listeners can assist new detained people with accessing information and explaining processes and systems as well as building safety and pro-social connections between people in custody. They can also help detained people with a disability with day-to-day living, psychosocial support, provision of reasonable adjustments, and checking in on wellbeing. Peer mentors/listeners hold the role for one year, and it is considered a 'trusted' work position enabling working across accommodation areas. Peer mentor/listeners must complete an 8-week training program provided through AMC programs staff. Mentors/listeners receive ongoing supervision from a Supports and Intervention Unit clinician.

The Peer Mentor Program was first implemented in 2016 and represents positive practice. However, we found training is not always consistently delivered, and this may impact numbers of peer mentors. In 2024 there was only one training course offered to various cohorts (men's protection and mainstream, and women). From the 29 men who were eligible to participate, 13 detained people completed the training program and six were endorsed into roles. Alongside these 6 detained people there were already 6 people in peer mentor roles and they transitioned out as they either got released, were exited from the roles, or their 12 months were complete. ACTCS industries monthly summary of employment indicates an average of 7.42 peer mentors/listeners. If the intention is to have a peer listener per accommodation unit, then there needs to be more people appointed (as there are 17 regular accommodation units).

A peer listener told the Review Team about how he had raised concerns with officers when someone was not travelling well. He also talked about being able to show new detained people how things operated, including the rules, and assist with appeals.

While on site in April 2025, OICS was told there were no women peer mentors/listeners and no training had been offered to women in 2025.

The Review Team heard that Aboriginal and Torres Strait Islander people had been underrepresented in these roles. Data is not available on how many Aboriginal and Torres Strait Islander people are in peer mentor/listener roles. In OICS view some of the peer mentor roles should be identified Aboriginal and Torres Strait Islander positions to ensure appropriate representation.

As training and support are a significant investment, it would be sensible to allow people to continue in these roles beyond 12 months where appropriate. This may assist in addressing appropriate representation of women and Aboriginal and Torres Strait Islander people in these roles.

The program would benefit from tracking participation with Key Performance Indicators (KPI) to identify whether there is appropriate representation of Aboriginal and Torres Strait Islander detained people and women.

The Peer Mentor Program may be improved through some moments of structured engagement between new detained people and peer mentors/listeners, for example, at induction and first week in custody. At NSW's Macquarie Correctional Centre, for example, the peer mentor engages with newly detained people within the first week by taking them for a walk around the centre and having a milkshake with them at the cafeteria run by detained people.

Finding 1:

The Peer Mentor program at the Alexander Maconochie Centre represents good practice and is highly regarded by many detained people.

Finding 2:

Among the trained peer mentors and listeners, there is at times insufficient representation of Aboriginal and Torres Strait Islander peoples, and women.

Health induction

The health reception assessment process conducted by JHS is comprehensive and (as is recommended practice) conducted within the first 24 hours of a person's arrival in ACTCS custody. A Primary Health Nurse (PHN), and Mental Health Nurse (MHN) jointly undertake the assessment on the detained person and complete separate assessment tools.

All newly arrived detained people undergo a Rapid Antigen Test (RAT) for COVID and if positive are placed in isolation (health segregation is discussed further at section 1.2.4). Detained people also have a urine drug screening conducted with consent by JHS on reception, with the results used to inform therapeutic care (results are not passed on to ACTCS).

Detained people will be referred to the GP and/or specialist nursing and other services as clinically indicated at the time of reception. A verbal clinical handover is provided to the on-call GP on all new receptions by the PHN.

Notification forms are used to communicate to custodial staff any health concerns by way of noting signs or symptoms for COs to look out for. The JHS is in the process of updating notification forms to cover ISBAR (Introduction, Situation, Background, Assessment, Recommendation/read back) clinical handover processes.

The detained person is also requested to sign a *Consent to Release and/or Share Personal Information Form* which permits JHS staff to obtain collateral health information on a detained person from a community provider.

In addition, all detained people are reviewed by a PHN 3–5 days after reception where a more detailed health assessment is undertaken that includes pathology collection for blood born viruses (BBVs), sexually transmitted infections (STIs), biochemistry, full blood count and childhood and other vaccination status.

Footprint survey

Since HPR22, ACTCS has introduced the 'footprint survey' which is a detailed questionnaire completed through an in-person interview, designed to ascertain the detained person's needs, and any reasonable adjustments required, discussed further at section 2.5.6. The footprint survey also informs a detained person's classification and accommodation placement. A pilot to digitise the tool started in January 2025.

1.1.4 Accommodation assessments

STANDARD 8

Detained people are placed in the least restrictive accommodation environment possible in the circumstances taking into account security risk assessment, as well as individual detained person needs. Placement is regularly reviewed.

Security classifications

Each detained person in the AMC has a security classification (rating), which is based upon their reason for detention, and risks posed by and to the detained person. Policy requires detained people to be classified within 10 business days of their admission to the AMC.

Like other jurisdictions, the ACTCS expectation is that detained people will progress through security levels over time, aiming to be released from the least restrictive environment where possible (noting this is not always possible e.g. where people have short stays, people on remand are granted bail or released from court etc). There appears to be an assumption that minimum classification levels 'benefit from a wide [range of] rehabilitative opportunities'.[26] Minimum security classification is for 'detained people who require low supervision and security within a correctional centre, as they present a low risk to the safety of the community, as well as a low risk to the safety and good order of a correctional centre'. As at 31 December 2024, 36% of all detained people were minimum security (for women only, 31% were minimum). However, due to the nature of AMC being a 'one size fits most' prison, minimum security classification detained people in the ACT are subject to far greater restrictions at the AMC than many would experience in other jurisdictions that have access to purpose-built minimum security facilities. Such facilities include 'open' prisons, which also come with more opportunities for work, activity and reintegration measures. In the ACT, there is only the TRC which has maximum capacity of 20 (currently 15 due to one pod being used as office space) and women cannot access the TRC, which is discussed further at section 4.2.3.

In HPR22, we were concerned that the previous classification policy was affected by bias noting that Aboriginal and Torres Strait Islander peoples represented 27.5% of the AMC population at the time, but 41% of all maximum security classifications and only 15% of minimum security classifications. Part of the concern related to ACTCS' classification tools reliance on criminal history or noncriminal factors that were static and unchangeable (e.g. age at first offence or prior offence history) with limited consideration of any unique or individual issues that may be salient with respect to the prediction of future behaviour. This tool outweighed the systemic patterns of overrepresentation of Aboriginal and Torres Strait Islander peoples in offences charged, average longer sentence length for comparable offences, and a higher comparative likelihood of custodial sentences for the same offence compared to non-Aboriginal persons. This was highlighted in HPR22 in the Deadly Connections Community and Justice Services report.

In HPR22, we recommended ACTCS engage an independent Aboriginal and Torres Strait Islander expert(s) to review the security rating system to ensure that it is free of any cultural bias that could result in Aboriginal and Torres Strait Islander detained people being over-classified (Recommendation 3). The government response was to 'note' this recommendation. On the basis they were unable to identify an independent Aboriginal and Torres Strait Islander expert with experience in security classification tools ACTCS opted to conduct an internal review of the classification tool by a Senior Director that identifies as Aboriginal.

An updated Classification Tool and Offence Severity Scale has been introduced that includes separate tools for initial classification and classification review. The classification review tool includes a range of dynamic factors, reducing the reliance on the static factors which likely contributed to Aboriginal and Torres Strait Islander peoples being over-classified in the past. The new tool aims to address the impact of the way age and criminal history as a young person were considered factors on classification and also ensures that connection to culture is a pro-social factor determining risk.

ACTCS have undertaken significant work in response to this recommendation, although does not fully address it because the review was not conducted by an independent expert.

26 ACTCS Discussion Paper on Review of Classification.

The impact of the new classification tool on classification of Aboriginal and Torres Strait Islander detained people are mixed as indicated by the table below. Aboriginal and Torres Strait Islander people make up almost half of the maximum classifications in 2024, despite making up around a third of the total custodial population.

Table 3: Classifications

	Minimum Classification	Medium Classification	Maximum Classification
Aboriginal and Torres Strait Islander detained people (% of detained population)			
22% (point in time: 1 July 2019))	8%	24%	24%
27% (point in time: 30 June 2021)	15%	28%	41%
31% (point in time: 31 December 2024) (127 people out of total jail population of 406)	22% (32 people out of 146)	34% (68 people out of 202)	47% (27 people out of 58)
Non-Indigenous detained people (% of detained population)			
78% (point in time: 1 July 2019)	92%	76%	76%
73% (point in time: 30 June 2021)	85%	72%	59%
69% (point in time: 31 December 2024) (279 people out of total jail population of 406)	78% (114 people out of 146	66% (134 people out of 202	53% (31 people out of 58)

Source: ACTCS

This data indicates ongoing over-representation of Aboriginal and Torres Strait Islander people in maximum security classification.

Generally, women also pose lower risks than men and many factors that may accurately predict risk in men are not necessarily the same for women. Consequently, classification tools must reflect the unique characteristics of women.

Table 4: Detained people by security classification as at 31 December 2024

	Minimum classification	Medium classification	Maximum classification
Aboriginal and Torres Strait Islander women	2	5	2
Non-Indigenous women	3	3	1
All women	5	8	3

Source: ACTCS

It was not possible in the scope of this review to assess whether security classification decisions took into account the factors set out in the new *Corrections Management (Detainee Classification) Policy 2023* because it would involve analysing detained people's individual case files in depth. Nor did this review consider the classification of women in detail, although OICS notes that the majority of women as of 31 December 2024 were classified at the medium level (50%).

At a classification review meeting observed by the Review Team, the consideration of dynamic factors such as the detained person's behaviour was noted. Use of the new tools commenced in September 2024, and OICS encourages ACTCS to continue speaking to staff and detained people (e.g. through delegates meetings) about the effectiveness of these changes. We also encourage ACTCS to consider work undertaken in this area in other jurisdictions, particularly Canada.[27]

Finding 3:

While ACT Corrective Services has changed its classification system, the full impact of these changes remains unclear, particularly as Aboriginal and Torres Strait Islander people continue to be overrepresented in higher classifications.

During this review OICS heard from staff and detained people that they were uncertain how case notes and classification interacts with the Incentive and Earned Privileges (IEP) program. An example given was detained people remaining on the highest IEP level even when engaging in behaviour that would affect their classification level such as not attending programs or employment, and either providing urine samples that indicated drug use or not providing any urine samples at all. The IEP program is discussed further below at section 1.2.2.

Accommodation Placement

The *Corrections Management (Placement and Shared Cell Policy) 2025* requires that the safety, vulnerability and needs of individual detained people is a critical consideration for accommodation placement decisions, according to available information on risk factors relating to a detained person and their cell occupant. The policy states that detained people are to be placed in the least restrictive environment appropriate to ensure safety, security and good order. Allocation to shared cells is to consider the detained person's wishes, including the importance of family and kinship relationships, which may be particularly relevant for Aboriginal and Torres Strait Islander detained people. Cell placement decisions must consider any reasonable adjustments for people with disability or other additional needs. The policy acknowledges that in most accommodation areas detained people will share a cell and/or common areas with other detained people.

OICS also undertook a spot audit of some detained people's cell placement. The *Placement and Shared Cell Policy 2025* requires that where an Area Supervisor (CO2) recommends that the detained person be moved to another accommodation area, the Area Supervisor (CO2) must liaise with the relevant Area Manager (CO3) to determine the accommodation placement and seek approval of the recommendation. This is to be recorded in the detained person's placement assessment. If a detained person who identifies as Aboriginal and Torres Strait Islander requests to move cells or rooms, Aboriginal and Torres Strait Islander cultural status and kinship relationships must be considered. The policy suggests that advice may be sought from the Aboriginal and Torres Strait Islander Services Unit.

27 UN Office on Drugs and Crime, *Handbook on the Classification of Prisoners* (2020): Page 58 regarding women and page 61 regarding Aboriginal detained people.

OICS observed several instances of detained people who identified as Aboriginal and Torres Strait Islander being moved from cottage accommodation to a cell block without any documentation of consultation with the Aboriginal and Torres Strait Islander Services Unit (e.g. the Placement Assessment /case notes).

Finding 4:

The Aboriginal and Torres Strait Islander Services Unit is not routinely consulted when an Aboriginal and Torres Strait Islander detained person is assessed for an accommodation placement, as suggested by ACT Corrective Services policy.

Protection status

Survey responses from this review highlights the ongoing safety concerns for people on protection. Only 7% of people on protection reported they had *never* been bullied or threatened by other detained person, compared to 10% of mainstream detained people. Sixty-seven per cent of protection detained people believed they were *very likely or likely* to be assaulted by another detained person, compared to 57% of mainstream detained people and 31% of protection detained people said they *rarely or never* felt safe at the AMC, compared to 33% of mainstream detained people.

Despite these concerns, 46% of protection detained people agreed or strongly agreed that *strong efforts are made by staff to ensure safety and security*, compared to 38% of mainstream detained people. While protection detained people acknowledge staff efforts to help ensure their safety at the AMC more than mainstream detained people, they still self-report higher levels of threat, bullying, and perceived risk of assault.

HPR19 and HPR22 have both identified issues with the protection system. In response, the *Placement and Shared Cell Policy* and accompanying operating procedure have been revised several times. This policy now requires an Area Supervisor (CO2) or above to review the requirement for protection status when there is new information or a change in the detained person's circumstances. Detained people may request to be placed on protection or removed from protection, however there is no periodic review of protection status.

The proportion of detained people on protection has increased since 2019 (25%) to 37% (HPR22) to 46% as at 31 December 2024.

Men with Protection status

The placement for men on protection is generally determined by safety concerns, including the nature of a person's charges or convictions (particularly sex offences and offences against children), or threats arising from debts, gang affiliations, or other interpersonal conflicts.

Men on protection are accommodated across multiple units, some of which also accommodate mainstream detained people. This practice has become more prevalent following the strict separation of remand and sentenced detained people, further complicating efforts to maintain a safe and secure correctional environment for those on protection.

Dedicated protection units remain in use, but these are part of larger buildings that often include other wings of mainstream detained people. Other units continue to house both protection and mainstream populations, increasing the risk of exposure to verbal abuse, threats, and intimidation.

This arrangement remains unsatisfactory for both protection detained people and also for staff, who have a duty of care for ensuring their safety. The dual pressures of maintaining separation from mainstream populations and adhering to the separation of remand and sentenced detained people have made it even more difficult for ACTCS to manage protection placements effectively.

Women with protection status

The situation for women on protection at the AMC is unchanged since previous reviews and remains unsatisfactory. Women on protection continue to be accommodated in WR2, one of the three cottages within the WCC. WR2 contains five cells and is still used for multiple, conflicting purposes—including as the induction unit for women newly admitted to the AMC, disciplinary separate confinement, health-related segregation (such as COVID-19 isolation), and for women on protection.

As a result, women on protection are frequently subject to restrictive regimes, including more limited out-of-cell time, which is often contingent on the confinement of other women in WR2. This arrangement may at times compromise their safety, and access to rehabilitative opportunities.

Despite previous recommendations to expand the accommodation options for women in the AMC and a commitment by the ACT Government to examine the need for expanded secure accommodation for women as part of broader planning, no tangible progress has been made toward establishing a dedicated cell block or alternative accommodation for women on protection. An AMC 'master plan' that considers the needs of women has not progressed beyond an initial plan with no timeframe nor budgetary commitments. The continued lack of action underscores a systemic failure to address the specific needs of women at the AMC.

Detained people on remand

A change since HPR22 is the move to separately accommodate people on remand from sentenced people.

People held on remand are entitled to the presumption of innocence, which underpins the legal and human rights principle that they should be separated from convicted persons.[28] Section 44 of CM Act requires the Director-General to ensure this separation, although exceptions can be made in certain circumstances. While the AMC was initially designed to uphold separation based on legal status, it was soon abandoned after the facility opened.

In 2024, several people on remand at the AMC challenged their detention conditions in the ACT Supreme Court, arguing that detention alongside sentenced people violated their right to humane treatment under the *Human Rights Act*.[29]

Following this, ACTCS reverted to separating accommodation for most people on remand and those who are sentenced. In January 2025, the government updated the *Placement and Shared Cell Policy* to prioritize a detained person's legal status when determining accommodation placements.

28 See s 19 HR Act and s 44 of the CM Act.

29 For example *DPP v Alexander* (a pseudonym) [2024] ACTSC 161. Section 19 of the *Human Rights Act 2004* which requires that an accused person must be segregated from convicted people, except in exceptional circumstances.

In addition, the government amended s 44 of the CM Act to include an additional exception from the rule remand and sentenced people should be separated, if it was in the 'best interests' of the detained person. At present, people on remand may still mix with sentenced detained people in shared spaces such as programs, work, activities, and special purpose units like the CSU and health areas.

Impact of separating accommodation of remand and sentenced detained people

The AMC has experienced significant accommodation pressures over the review period, due to high numbers as well as different units being offline for certain periods due to remediation and maintenance. Accommodation at AMC is always complex due to different groups of detained people (men and women, protection and mainstream, all security classifications etc). The directive to separately accommodate remand and sentenced detained people has presented additional challenges for AMC operations including overcrowding in some units, and challenges with cohort management. It also produced what at times are illogical outcomes, for example a detained person on remand for a long period with good institutional behaviour and a lower risk profile being required to move to high security cell blocks on being sentenced due to no sentenced cottage bed availability. This works against general rehabilitative objectives of classification and incentives for good behaviour in the IEP.

Feedback from staff and detained people was generally that the move to stricter separation between remand and sentenced was impacting safety and heightening tension across the centre, particularly in certain units. An admission's staff member, for example, noted that accommodation pressures were impacting decisions about whether a detained person should be placed in a remand 'protection' unit or a remand 'mainstream' unit. They specified that previously a detained person may have been placed on protection because they were on protection during a previous custodial episode, but insufficient space in the remand protection unit meant they had to accommodate that person in the mainstream unit.

Staff and other stakeholders raised anecdotal concerns that there has been a rise in the number of assaults between detained people, which is somewhat borne out in the data. From January to March 2024, prior to the change in policy, there were a total of 25 assaults (between detained people, and detained people assaulting staff) reported in ACTCS electronic offender management system CORIS. There was the same total number recorded for January to March 2025, however a comparison on the types of assaults shows that there was a greater proportion of detained person on detained person assaults, and these were generally of a more serious nature. A significant proportion of assaults are occurring in one particular unit, accommodating remand mainstream detained people. There are limited alternative accommodation options for people in this unit without mixing them with people who are sentenced.

The move to separate accommodation areas based on legal status (i.e. separating remand and sentenced) has created operational and accommodation challenges and appears to have escalated tensions and violence in certain accommodation units, and between staff and detained people.

Finding 5:

The current arrangements of separating detained people's accommodation predominantly based on legal status has created challenges in accommodation placement and appears to have resulted in increase in tension and violence in some accommodation areas of the Alexander Maconochie Centre.

PILLARS

'CLICK' on Pillars to jump to content

1.2 Behaviour management

1.2.1 Use of force, weapons and restraints

STANDARD 14

Force is only used on detained people as a last resort, in accordance with the law. It is legitimate, proportionate, and never used as a punishment.

STANDARD 15

Instruments of restraint are only used when no lesser form of control would be effective to address the risks posed by unrestricted movement, and the use of restraints is proportionate in the circumstances.

STANDARD 16

Weapons are only used as a last resort when no lesser form of control would be effective to address the risks posed in the circumstances. The use of weapons is legitimate, necessary, proportionate, and subject to rigorous governance.

Table 5: Use of Force Incidents

Groups	Total 01/07/20 to 30/06/21	Total 01/01/2024 to 31/12/2024
Aboriginal and Torres Strait Islander men	34	34
Non-Indigenous men	31	55
Unknown men	n/a	1
All men	**64**	**89**
Aboriginal and Torres Strait Islander women	8	6
Non-Indigenous women	4	15
All women	**12**	**21**
Unknown	**n/a**	**1**
Non-indigenous transgender	**n/a**	**5**
All detained people	**76**	**116**

Source: ACTCS

ACTCS AMC and CTU staff survey	HPR19*	HPR22	HPR25
Felt adequately trained in the use of restraints	51% (n=74)	77% (n=91)	91% (n=66)
Felt adequately trained in the use of force	22% (n=72)	51% (n=92)	86% (n=66)
Felt adequately trained the use of chemical agents	11% (n=71)	59% (n=91)	91% (n=66)

* *Survey data for HPR19 did not disaggregate Justice Health and ACTCS staff, although the bulk of responses were from ACTCS staff (approximately 85%).*

The HPR25 staff survey shows a high proportion of staff feel well trained in the use of restraints, force, and chemical agents. Staff training was a focus in the ACTCS Blueprint for Change process.

In HPR22, we recommended ACTCS policies and procedures include a caution on the use of prone position restraint and other high-risk positions, and that use of force training adequately reflects this change. The government agreed in principle to this recommendation, noting that COs are currently taught how to restrain without using body weight on a detained person. In September 2024, ACTCS notified a new *Corrections Management (Use of Force and Restraint) Policy 2024* and accompanying operating procedure which note the risks in unsafely restraining a detained person for a prolonged period in a prone position.

Positive practice: ACTCS policies and procedures now note the risks in restraining a detained person in a prone position.

In November 2023, the ACT Supreme Court awarded damages to a formerly detained person who was injured during a use of force at the AMC in 2017.[30] In the wake of this decision, ACTCS advised the Inspector that the court's findings were informing ACTCS training and practices.

In relation to JHS involvement after a use of force, mandatory annual emergency procedure/CPR training for nursing staff includes education on the management of detained people following the use of restraint/munitions/chemical agents. Further, where OC spray is used, JHS staff undertake assessments on detained people after decontamination has taken place.

1.2.2 Encourage positive behaviours

STANDARD 9

The correctional centre regime encourages detained people to make positive choices and engage in positive behaviours.

STANDARD 10

The relationship between staff and detained people is positive and respectful.

30 *Palmer v ACT (No 2)* [2023] ACTCS 340.

PILLARS

'CLICK' on Pillars to jump to content

ACTCS Incentives and Earned Privileges Program

At the start of HPR22, the AMC lacked an incentives program. Unsurprisingly, survey results showed that 87% of detained people disagreed or strongly disagreed that there were rewards for positive behaviour. At that time, both detained people and staff expressed strong support for implementing an Incentives and Earned Privileges (IEP) system, highlighting that the absence of such a program failed to discourage poor behaviour or promote positive conduct. Staff also emphasized the importance of a consistent approach to both rewards and disciplinary actions.

In September 2022, ACTCS introduced the *Corrections Management (Incentives and Earned Privileges) Policy 2022* to promote pro-social behaviour among detained people. The HPR22 report found the policy to be sound and comprehensive but noted that its effectiveness would take time to assess. OICS suggested that ACTCS develop KPI's to monitor the policy's impact.

This review shows some signs of progress: nearly half of surveyed detained people agreed or strongly agreed that 'there are incentives/rewards for detained people to behave in a positive way.' Positive feedback included appreciation for the range of items that can be purchased and longer family visits for those on enhanced IEP levels.

However, challenges remain. Detained people report long delays in accessing IEP purchases—such as waiting up to 12 months for gaming consoles. ACT Council of Social Service Inc. (ACTCOSS) noted in a submission:

> While the IEP scheme has potential to encourage positive behaviour and rehabilitation, detainees report that incentives are either inaccessible or inconsistently applied. Delays in accessing approved items, limited availability of visits, and unstable access to gym and other privileges create a perception that the scheme is punitive rather than motivational.

Additionally, a 2023 internal review of classification revealed confusion among detained people about the distinction between IEP and classification. OICS also heard feedback from detained women and other stakeholders that the IEP program is oriented towards men, with few meaningful incentives available for women.

Women and IEP is discussed further at section 2.5.2.

Comment from detained people

> *"The enhanced behaviour program and living in the cottages seems like anyone can get it, even if the person mucks up and loses privileges over and over again. It doesn't seem fair to detainees that actually follow rules and make a proper go of it. Detainees do things that shouldn't be done and laugh about getting away with it."*

Comment from staff

> *"The IEP program and Activities is one thing, but it just replaces boredom with an Xbox and exercise. Which doesn't help them for when they get out and try to find a job."*

Finally, regarding the core purpose of introducing the IEP at AMC—to promote positive behaviour—the Review Team heard (and observed) detained people staying in bed until midday. One explanation commonly heard was that this was due to detained people staying up all night playing gaming consoles which are purchased as part of the IEP scheme. The absence of a structured daily routine with purposeful activity undermines the intent of the program (discussed in the conclusion to this report).

The Inspector welcomes that ACTCS is currently reviewing the IEP program and suggests the following changes should be considered by ACTCS:

- The IEP program must be part of a comprehensive strategy for detained people to undertake a structured day full of employment, education and rehabilitative activities. The IEP needs to feed into a structured day at the AMC to encourage people to get out of bed and promote general engagement.
- Ensure detained people have the opportunity to dispute claims (for example, as documented through case notes) that may have a negative impact on their progress in the IEP and other aspects of life in custody (negative case notes are further discussed at section 2.1.2).
- Assuming the recommendations from the review are evidence based and properly consider the views of detained people, a key focus should then be ensuring that implementation of any recommendations are properly resourced and actioned with a focus on ensuring consistency of application and meaningful and in-stock incentives.
- Consider re-establishing the family visits room in the visits centre at the AMC as an incentive, as these areas were previously provided for conjugal and other private family visits.

1.2.3 Adjudication and consequences for breach of rules

STANDARD 11

Any correctional centre disciplinary breaches and the consequences for breach are created under law or regulation and are clearly communicated to all detained people.

STANDARD 12

The system for determining whether breaches of correctional centre rules have occurred is fair, transparent, consistent, expeditious and accountable.

STANDARD 13

The consequences for detained people diverging from correctional centre rules, where proved, are always: established in law or regulation, appropriate, fair, consistent, and expeditious and are not cruel, inhuman or degrading.

Detained person survey	HPR19	HPR22	HPR25
Detained people who strongly disagreed or disagreed that			
They were informed about their rights and responsibilities on arrival at the AMC	64% (n=170)	66% (n=145)	66% (n=107)
They understood their legal entitlements as a detained person	70% (n=175)	74% (n=125)	65% (n=101)
The disciplinary process was fair (excludes detained people not subject to disciplinary process)	74% (n=90)	47% (n=73)	85% (n=52)
The disciplinary penalty they received was reasonable (excludes not guilty outcomes)	72% (n=87)	49% (n=73)	84% (n=55)
Segregation/Separate Confinement is used as a last resort at the AMC	41% (n=177)	38% (n=123)	54% (n=101)
AMC and CTU staff survey			
Reported that the AMC is 'poor' in prosecuting disciplinary charges on detained people	65% (n=104)	60% (n=91)	50% (n=125)

The Review Team heard from the external adjudicators appointed under the CM Act that disciplinary review processes had somewhat improved. Yet the 2024 staff and detained people surveys indicated significant room for improvement. The Review Team identified that further work is required in relation to disciplinary processes particularly relating to contraband finds and to ensure that operational security and procedural fairness are properly balanced.

Comments from staff

[What are the things you would like to see change at AMC and how might they be changed?]

> *"Consistency with discipline of detainees. Take into account what the CO1 charging is SAYING and reports case notes – not just the CASE NOTES history. I say this as we work in different posts /area ALL THE TIME". (Corrections Officer)*
>
> *"Custodial attitudes and behaviours towards detainees – there are a number of officers who are demonstrating characteristics of PTSD and they treat detainees poorly as a result. This leads to increase in violence and interpersonal conflicts. Studies from other jurisdictions reflect better rehabilitation rates when detainees are treated as people with a trauma informed approach. Disciplines are still necessary, but staff do not need to be unprofessional, unfair or nasty in their treatment." (non-custodial staff member)*

Comments from Detained People

> *"I've never seen so many disciplines in any other prison. It's all they care about here."*
>
> *"They punish and restrict based on security but don't understand or care that punishing us and restricting everything is actually a risk to security. A person who is in prison who can meet their needs for family contact, education, work and entertainment is must [sic] less of a risk than someone who has nothing and is angry all the time at their treatment."*
>
> *"Inmates are given disciplinary's, where-as others are given warnings for the exact same thing. There needs to be more consistency in this system, so us all inmates know were we all stand and know what to expect. ... There are allot of good officers here in the AMC, majority of the ones who are on the front lines everyday working with inmates... but the CO3/4's staying in the office's directing staff to search, charge, urine and treat inmates with no consistence at all makes no sense and also puts the front line GOOD officers in danger and in negative environments. The culture within the CO3/4's need to be REFORMED and looked into."*

The disciplinary process under the CM Act

There are a range of potential consequences for a disciplinary breach by a detained person set out in legislation, including no action, a warning or reprimand, or a penalty. If an administrative penalty is proposed, a CO must formally charge the detained person with a breach via a charge notice. The detained person may either accept the proposed disciplinary action, or seek a hearing. This can be appealed to the Assistant Commissioner Custodial Operations, with the final point of appeal being an external review by an adjudicator.

In 2024 there were 524 disciplinary allegations against detained people, with charges laid in relation to 503 of those (for all others either no action was taken or a warning was the only sanction). The most common offence was making, possessing, concealing, knowingly consuming or dealing with a prohibited thing.

Women were overrepresented in disciplines, as were Aboriginal and Torres Strait Islander detained people.

While representing 29% of the average prison population in the 2023–24 financial year and approximately 31% of detained people at 31 December 2024, Aboriginal and Torres Strait Islander people made up 41% of detained people alleged to have committed a disciplinary breach in 2024. Women were also overrepresented, with nearly 10% of disciplinary allegations made against women, who represented approximately 4% of the prison population at 31 December 2024.

Table 6: Proposed outcomes from disciplinary allegations

	Aboriginal and Torres Strait Islander total	Aboriginal and Torres Strait Islander Women	Aboriginal and Torres Strait Islander Men	Other Total	Other Women	Other Men	Other Transgender	TOTAL
Loss of Privileges (LOPs)	**138**	13	125	**198**	18	179	1	**336**
Separate Confinement	**32**	6	26	**42**	5	36	1	**74**
LOPs and Separate Confinement	**33**	2	31	**38**	2	35	1	**71**
Monetary Fine	**3**	0	3	**2**	1	1	0	**5**
Loss of Employment	**0**	0	0	**5**	0	5	0	**5**
Warning	**4**	0	4	**16**	0	16	0	**20**
No further action / nil	**6**	1	5	**7**	1	6	0	**13**
TOTAL	**216**	**22**	**194**	**308**	**27**	**278**	**3**	**524**

Disciplinary sanction: loss of privileges

A loss of privileges may result in:

- only 1 phone call and 1 virtual video visit per week
- prohibition of money being deposited into their account by family and friends (e.g. for use on phone calls, food buy-ups or activity buy-ups)
- prohibition of access to the gym, education and other activities; and
- limits on the ability to make purchases such as toiletries and food items.

Loss of privileges generally (whether combined with separate confinement or by itself) was by far the most commonly imposed penalty. The most common duration of loss of privileges was 7 days (170 occasions) followed by 28 days (145 occasions). The maximum penalty of 180 days was proposed on 16 occasions.

Disciplinary sanction: separate confinement

Separate confinement is the placement of a detained person in a cell, away from other detained people, for 3, 7, or 28 days. It is an administrative penalty for a disciplinary breach, pursuant to s184 of the CM Act.

The longest period for a person to be subject to various separate confinement orders was 85 days involving 8 different directions.

62% of separate confinement directions concerned detained people on remand (with the remaining 38% being sentenced).

46% of separation confinement directions made were directed to Aboriginal and Torres Strait Islander detained people.

The number of separate confinement orders reduced significantly from 503 orders for the 2020–21 year to 145 in the 2024 calendar year. This is positive, noting the harsh impact that separate confinement as a form of isolation can have on mental and physical wellbeing.

The overwhelming number of disciplinary allegations were accepted by detained people (448).

Detained people sought a disciplinary hearing on 71 occasions, with charges dismissed 17 times. For those where a charge was accepted or upheld, the most common penalty arising from a disciplinary hearing was 28 days loss of privileges (19 occasions). The most common charge that progressed to hearing was contravention of a direction made by a Corrections Officer (17 occasions). The maximum penalty of 180 days loss of privileges was applied on 7 occasions at a disciplinary hearing.

If a detained person is still unhappy with the outcome of a disciplinary hearing, they can request further reviews, including a final review by an external adjudicator appointed under the CM Act.

In 2024, four external review of disciplinary decisions were conducted, two of which concerned the maximum 180 days loss of privileges arising from the alleged possession of contraband. While only one decision was set aside, all four reviews suggested that the proposed penalty should be reduced.[31]

The written decisions by external adjudicators are well-reasoned and based on sound administrative law principles. It is a promising practice that ACTCS confirmed that each decision outcome is shared with the AMC's senior management and the investigating officer, the ACTCS litigation and policy areas, as well as the detained person. It is clear from the adjudicators' decisions that they are cognizant of the principles in the CM Act that a detained person should receive a proportionate penalty and one that should only in rare cases cause the person to have interrupted contact with friends and family. A person who has received relatively few disciplinary charges should not usually receive the highest penalty possible.

31 No detained person sought a judicial review of an adjudicator's decision under the *Administrative Decisions (Judicial Review) Act 1989* during the relevant period.

The Inspector suggests ACTCS could further support the work of adjudicators by:

- Ensuring they are provided a formal induction including a visit to the AMC.
- Consider alternative ways beyond writing in which submissions could be made by detained people e.g. via audio, video, or even through an Official Visitor.

The provision of body worn camera footage to adjudicators would also likely assist their deliberation of disciplinary charges (further discussed at section 1.4.2).

Responding to body scan anomalies

Since HPR22, ACTCS has installed x-ray body scanners at the AMC. This has reduced the need for strip searching and when operated by appropriately trained staff, should identify most but not all types of contraband concealed on (or within) a detained person's body. The installation of this technology was recommended by the Inspector in a previous review, and is a positive practice.[32] In order to operate the x-ray body scanners and interpret imaging, COs must complete a one day training on interpreting human imaging for security screening purposes. Staff told the review that it can be challenging initially, several staff members noting it 'takes a few months' or 'it takes 6 months' to become adept at interpreting body scan images.

A positive indication on a body scan may lead to a disciplinary penalty being imposed, and this has raised several issues.

Two of the disciplinary matters considered by adjudicators in the relevant period involved (directly or indirectly) the concealment of an item based on an anomaly on an x-ray body scan and a significant penalty (180 days loss of privileges). During the review period, an external adjudicator found a detained person was not provided procedural fairness through a disciplinary process including because they were not provided with a copy of the relevant body scan through the disciplinary process. Other issues with this process included different body scan images being provided to the adjudicator compared to those considered in the original hearing.

In another matter concerning a suspected drug overdose at AMC, both an internal ACTCS incident review and an OICS critical incident review found that the disciplinary penalties applied to several women in the wake of the incident did not comply with relevant legislation, policy or procedure.[33] Due to anomalies indicated on the body scans, some detained women were subjected to 180 day loss of privileges. A local procedure had been followed in applying this penalty, however this procedure was inconsistent with requirements set out in relevant law, policies and procedures. ACTCS has now amended this local operating procedure to address these inconsistencies.

32 OICS' *Critical Incident Review Use of force to conduct a strip search at the Alexander Maconochie Centre on 11 January 2021* made nine recommendations, including that human rights be explicitly considered before conducting planned forced strip searches and that ACTCS expedite the acquisition of body scanning technology that would obviate the need for strip searches in most cases. The ACT Government agreed to all nine recommendations.

33 OICS, *Critical Incident Review of a Suspected drug overdose, endangering life of a detained person at the Alexander Maconochie Centre 21 May 2024* (Report, May 2025).

Case Study: Procedural Fairness in Disciplinary and Segregation Decisions

During this review, the Inspector examined a case where a detained person was segregated and charged with contravening a direction, facing a proposed penalty of 180 days loss of privileges. The charge stemmed from an alleged failure to hand over contraband following an anomaly on a body scan. The individual contested the charge and was placed under segregation. The detained person returned a subsequent clear body scan and negative drug test. Nonetheless, his segregation was extended.

The documentation authorising the extended segregation was signed late and did not reference the clear scan, continuing to justify the segregation based on the original anomaly. Ten days after the clear scan, segregation was lifted, but the disciplinary process continued. At the hearing, the detained person argued he had no contraband and questioned how he could hand over something he never had. The charge was ultimately dismissed nearly two months after the clear scan and drug test—raising concerns about the fairness and timeliness of the process.

The Review Team is of the view that ACTCS must take steps to enhance staff capacity to interpret scans, given what is at stake. Inaccuracies from erroneously interpreting scans can undermine contraband detection, introduce unfairness into disciplinary sanctions, and pose health risks e.g. where an internally secreted drug package may go undetected.

A recent qualitative review of the use of full body x-ray scanners in NSW correctional centres concluded that the use of scanners had improved contraband searching in terms of operational ease and efficiency, and the dignity of detained people. The study noted tensions associated with use of scanners, including staff capacity to interpret scans but noted these could potentially be mitigated through continuous development of best practice in search policy, scan accuracy, and training opportunities for staff.

The Inspector suggests that ACTCS consider several strategies to improve the accuracy of interpreting body scans, for example:

- COs are provided additional training on how to read x-ray body scan images.[34]
- Consideration be given to retaining an external expert to analyse particularly ambiguous scans.
- As discussed at section 1.3.12, ACTCS explore the use of Artificial Intelligence (AI) to assist COs interpret images.

Finding 6:

ACT Corrective Services would benefit from measures to enhance capability in interpreting x-ray body scan images to identify contraband.

34 The NSW Custodial Inspector has noted similar issues with staff not being confident about interpreting body scan images and has recommended further refresher training – see for example *Inspection of Wellington Correctional Centre* (Report, 2022). This was also a recommendation of the independent Electronic Security System review of AMC, CTU and ACTCS head office, provided to ACTCS in October 2024.

Further, despite some changes to local operating procedures at the AMC, there remains inconsistency in the proper application of the disciplinary process particularly the obligations to provide procedural fairness.

In light of these issues, at a minimum, the Inspector suggests that a detained person should be given the opportunity to see and make submissions about an x-ray body scan that allegedly shows they are concealing an item. This may actually lead to more efficient handling of disciplinary allegations, as detained people may be less inclined to seek a review of the decision if contraband is clearly evident on a body scan.

Finding 7:

ACT Corrective Services would better fulfill its obligation to provide procedural fairness in disciplinary processes if detained people were able to see x-ray body scan images that allegedly show contraband concealment, in the disciplinary hearing in addition to at the point of the second scan.

Referral to alcohol and drug support

The *Corrections Management (Drug and Alcohol Testing in Correctional Centres) Policy 2022* and *Corrections Management (Drug Testing (Urine)) Operating Procedure 2022* require that detained people with a confirmed positive result must be referred to the Alcohol and Other Drug Treatment Team for assessment, evaluation, and access to supports/treatments. However, a 2025 OICS critical incident review of a suspected drug overdose found these referrals had not been made. That review recommended ACTCS ensure policies are followed to ensure detained people who test positive for illicit substances, refuse to be tested, or are involved in suspected drug-related incidents are referred to AOD services.[35] The Inspector is also aware of other instances of apparent lack of referral to drug and alcohol support.

Interaction with the criminal legal system – rule against double punishment

A detained person must not be criminally prosecuted for conduct that is both a disciplinary breach and a criminal offence, if an administrative penalty has been imposed (s 155, CM Act). This protects against being punished twice for the same conduct (the rule against double jeopardy).

In February 2025, the ACT Magistrates Court permanently stayed a criminal prosecution against a detained person because the detained person had already served 28 days of separate confinement for allegedly assaulting a CO—illustrating the legal risk of imposing administrative penalties before considering criminal charges.[36]

In reviewing records, several matters raised concern about risk of appropriate processes to avoid double punishment. This may indicate confusion about segregation (not a penalty) and separate confinement (an administrative penalty subject to s 155, CM Act). For example, in 2024 a disciplinary matter was referred to police after the disciplinary process had begun. Had the disciplinary process resulted in a penalty, the prosecution could not have proceeded.

35 OICS, *Critical Incident Review of a Suspected drug overdose, endangering life of a detained person at the Alexander Maconochie Centre 21 May 2024* (Report, May 2025).

36 *Police v Keir* [2025] ACTMC 3.

Another case concerned a detained person being placed in investigative segregation and then separately confined the same day (as a disciplinary sanction) for an alleged assault. It is unclear from the paperwork if this was a deliberate action knowing that no criminal prosecution would be possible. The investigative segregation was never formally revoked, but presumably overridden by the separate confinement decision. The detained person was not separately confined in the Management Unit, but instead, due to 'a history of psychological trauma', was accommodated in a cell in the Special Care Centre (SCC). It does not appear at the time the isolation began that the cell had properly been designated for such a purpose under the CM Act, but this was eventually done 16 days after the detained person had served the period of (potentially unlawful) separate confinement.

1.2.4 Segregation

STANDARD 17

Placement of detained people in separate confinement and segregation must only be undertaken on limited grounds strictly proscribed by law, based on a demonstrated need, and carried out in the least restrictive way and for the shortest possible time.

STANDARD 18

Where detained people are subject to segregation or separate confinement, they are treated with respect and dignity, and have meaningful opportunities to leave the unit and/or earn privileges.

Detained person survey	HPR19	HPR22	HPR25
'Disagree' or 'strongly disagree' that segregation/separate confinement is used as a last resort at the AMC	59% (n=177)	62% (n=125)	54% (n=101)

Segregation is separation of a detained person from other detained people for reasons not including discipline. The CM Act provides for four types of segregation orders being on the grounds of:

- safety and security
- protective custody
- health – commonly in the review period to address COVID-19 transmission risks
- investigative.

As segregation is a restrictive practice that can have significant impacts on people's mental and physical wellbeing, there are safeguards provided for in the CM Act and policies,[37] including a requirement to:

- Complete a formal segregation direction, with appropriate paperwork.
- Inform the detained person of the segregation direction and invite them to sign the form and/or seek a review.

37 *Corrections Management (Management of Segregation and Separate Confinement) Policy 2020* and the *Corrections Management (Segregation) Operating Procedure 2019*

- Review of the direction after 3 days (by a Senior Director), 7 days (by the Assistant Commissioner Custodial Operations) and 21 days (by the Commissioner).
- For segregation on safety and security, investigation and health grounds, conduct a multi-disciplinary meeting every 7 days to consider the detained person's health and wellbeing, and the effect of segregation on the detained person. A segregation exit plan must also be developed and considered at each review.
- Revoke a segregation direction if there ceases to be justification for continuing with the direction.

In assessing detained people's records, OICS unfortunately identified several instances where these safeguards were not properly applied.

Segregation directions in 2024

Between June 2022 (e.g. the data period in which HPR 2022 ended) and 31 December 2024, there were more than 700 different segregation directions made. In briefly reviewing segregation records from 2022 onwards, OICS identified many instances where necessary safeguards were not being followed. For example, the requirements for accurate record keeping and regular reviews. These were most acute in the period from 2022 to early 2024.

Millington v Peach – segregation safeguards not complied with.

In the 2025 judgement of *Millington v Peach* relating to events from 2020, the ACT Supreme Court identified several breaches of relevant provisions of the CM Act and related policy and procedure regarding the transfer of a segregated detained person to NSW, which in turn infringed rights under the HR Act.[38] Mr Millington, while held at the AMC on remand, was segregated due to his assumed involvement in a riot. Due to a lack of evidence, the segregation order was revoked, however in a separate incident, it was alleged that Mr Millington threatened a Corrections Officer and he was again placed in segregation. On the same day Mr Millington was released from segregation, the then ACTCS Commissioner decided to transfer Mr Millington, along with other detained people involved in the riot to prisons in NSW. On 9 December while still at the AMC, Mr Millington was again placed in segregation. He sought a review of both the segregation and interstate transfer decisions. However, no review ever occurred and he was transferred to NSW, and upon his arrival he was placed in segregation for two months based on his alleged involved in a 'major incident'. The Court found ACTCS had failed to conduct any review prior to his transfer contrary to the procedural requirements of the *CM Act.*[39]

In response to a draft of this report, ACTCS noted that significant work has been undertaken since 2020 to improve processes around interstate transfer.

38 *Millington v Peach (No 2)* [2025] ACTSC 21

39 Not only because Mr Millington sought a review, but also because under s 90(5) of the CM Act, ACTCS must review a segregation direction made on the grounds of safety and security if a detained person is to be transferred to another correctional centre for more than 1 day. This includes because under s 95, a detained person who is subject to a segregation direction under part 9.2 or part 10 of the Act continues to have that direction up to 3 days after the detainee is transferred.

Table 7: Segregation

	Segregation – Health	Segregation – Investigative	Segregation – Safety & Security	Segregation – Protective Custody	Grand Total
Aboriginal and Torres Strait Islander	**81**	**25**	**43**	**1**	**150**
Women	10	3	8		21
Men	71	22	35	1	129
Non-Indigenous	**161**	**38**	**63**	**3**	**265**
Women	19		6		25
Men	142	38	51	3	234
Transgender			6		6
Unknown	**6**			**1**	**7**
Men	6			1	7
TOTAL	**248**	**63**	**106**	**5**	**422**

Source: ACTCS

Due to the high volume of directions, this review focused on those issued in 2024, especially those of longer duration. For segregation occurring in 2024:

- As of 5 June 2025, the longest single instance of segregation was at that time 317 days, but the detained person remains segregated on safety and security grounds so that period will likely increase.
- The longest contiguous continuous segregation for one person (involving 3 different forms of segregation) is ongoing at 5 June 2025, totalling 398 days beginning in 2023.
- The longest period of segregation for a detained woman was 45 days on safety and security grounds.
- Of all people segregated, 62% were on remand and 48% sentenced, which is likely due in part to concerns about COVID transmission for newly arrived detained people.
- The median period of segregation overall was 5 days.
- The median period for detained men was 5 days and for detained women was 4 days.
- The most common form of segregation was health segregation.

Review of data and paperwork raised several issues of concern:

- Cases where there was no evidence of the required segregation reviews being undertaken, or if they were done, reviews were signed off by requisite senior management several days after the deadline, with no apparent consequence for staff involved. This meant sometimes the Assistant Commissioner Custodial Operations or Commissioner had signed the review documentation, after a subsequent review had already extended or revoked the segregation.

- Cases where it appears segregation directions were never revoked, the detained person was simply moved from the Management Unit to another accommodation unit and again mixed with other detained people.
- While sometimes health staff attend segregation review meetings, in many cases the Inspector found records indicating only ACTCS staff in attendance, contrary to the requirement that a 'multidisciplinary team' review segregation directions on a weekly basis.
- In relation to one direction, CORIS records suggest no formal review documentation was prepared. Rather, a CO entered a case note to say they had told the detained person that their segregation had been reviewed and it was continuing. No evidence is therefore available that this was approved and reviewed.
- Confusion about segregation type, with the type of segregation being recorded differently on various forms, and changing from commencement and through the review process. This was particularly apparent from segregation arising from anomalies found on body scans where it was unclear if the detained person was on a health segregation or a safety and security segregation.
- The Supreme Court's decision in *Millington v Peach* identified failure to meet segregation review requirements. Documents reviewed for HPR25 identified what appeared to be similar issues with detained people transferred interstate. On at least two occasions in 2022, detained people were transferred interstate with no evidence in their CORIS files that the mandated review of the segregation direction had taken place.

It is promising to note some improvements in compliance with policies and procedures over the past 12 – 18 months. This may be the result of prioritisation by senior management at the AMC, including the role of certain non-custodial staff completing appropriate paperwork, prompting CO compliance when gaps are identified, and convening on regular segregation reviews. This prioritisation must continue to the point where a culture of compliance is embedded in custodial practice at all levels.

Independent review

A detained person may also ask that their segregation is reviewed by an external adjudicator. No detained people sought such a review during 2024. The Inspector's consideration of segregation directions selected at random also identified questions about how and when detained people are provided copies of segregation directions and information about how to seek a review. While the initial segregation direction template form states that a detained person may seek a review within 7 days by an external adjudicator, in several instances the forms reviewed by the Inspector indicated a copy had not been given to the detained person via a tick box titled 'refused to sign'.

A common reason provided for a form not being seen or signed by a detained person was that the detained person was being segregated due to 'COVID protocols', 'COVID outbreak' or 'COVID risk'. On one occasion, a case note from a corrections office referred to a detained person being 'put in isolation' because his cell mate was symptomatic and they were awaiting a PCR result. No further information was provided as to when this period of 'isolation' ended or what the lawful authority for it was. Even with the risk of COVID, ACTCS should identify ways to provide a copy of the direction to the detained person.

In some cases the detained person's signature was also not on the form with no further explanation provided on the form (e.g. the 'refused to sign' tick box was not ticked, and no other comments noted). With poor record keeping like this there is little evidence to demonstrate a detained person has been provided the form and had their rights to a review explained to them.

It is also apparent from the records that it is common for a detained person not to be present for the review of their segregation. In such cases, a copy of the segregation review document should also be given to them, along with a form to seek an external review of the ongoing segregation if they choose, although it is unclear if this occurs.

Official Visitors suggest that detained people are also confused about the use of the term 'review' as opposed to appeal' which is used for disciplinary charges, providing this example:

> A detainee on safety and security segregation tried to appeal (as this is the language used for charges) but was told that there was no appeal process, without offering an adjudicator review. Internal reviews do occur weekly however this does not consider the detainee's perspective on the original reasons for the segregation, or what could be put in place for them to be able to safely return to normal accommodation.

Given some detained people are being held on segregation for many months, it is important that they are provided the opportunity to seek external consideration of their separation from other detained people.

Finding 8:

ACT Corrective Services did not comply with legislation, policy and procedure concerning the segregation of detained people during the review period, including ensuring that a detained person is provided procedural fairness for any segregation decision.

Recommendation 1:

Within 6 months, ACT Corrective Services amend its segregation policy and procedures to automatically require a further review with a multidisciplinary team, chaired by the Commissioner, if a detained person is segregated for more than 60 days.

X-ray body scan anomalies and the role of health staff

When anomalies are identified on an x-ray body scan, the *Corrections Management (X-ray Body Scanner Search) Operating Procedure 2023* provides that ACTCS may consider placing the person on health segregation, although this isn't required in every case. We understand a practice in some cases to be placing the detained person on health segregation in the CSU. Under legislation, in order to be segregated on these grounds a health segregation direction must be made. The Director General of the Justice and Community Safety Directorate (JACS) (or delegate) can make such a direction if they believe on reasonable grounds, the separation is necessary or prudent to:

- assess the detained person's physical or mental health
- protect anyone (including the detained person) from harm because of the detained person's physical or mental health, or
- prevent the spread of disease.

Presumably, the rationale for health segregation in this scenario is that internally secreted contraband may pose a significant risk to the health of detained people, e.g. rupture of drug containers etc. Accommodation in the CSU would provide a greater level of observation to assess the detained person's physical health. Therefore, health segregation could be mandated in the operating procedure for all cases of anomalies. In response to a draft of this report, ACTCS noted

that the health risk is higher for contraband ingested as opposed to inserted into the rectum or vagina. ACTCS suggested that a mandated approach would provide too little allowance for the varying levels of experience or confidence in understanding the x-ray scan images.

Justice Health Services' role is to provide therapeutic services to detained people (as set out through a doctor appointed under s 21 of the CM Act). Therapeutic health practitioners must not be involved in non-therapeutic matters. The World Health Organization's Health in Prisons guide notes that prison '*doctors should not collude in moves to segregate or restrict the movement of prisoners except on purely medical grounds*, and they should not certify a prisoner as being fit for disciplinary isolation or any other form of punishment' (emphasis added).[40]

Further, the CHS Procedure *Health Management of Clients Subject to Health Segregation or Disciplinary Separate Confinement* states that CHS staff cannot make a segregation direction, it must be made by the Director General of JACS or delegate. That decision maker must have regard to any advice from JHS, but CHS notes this 'is limited to the provision of health information, regarding the need for isolation, and must be directly related to the criteria'.

The Review Team is concerned that there may be a lack of clarity in roles, in that COs are looking to JHS nurses to advise about implementing health segregation, including the duration of health segregation (rather than seeking relevant health advice to inform monitoring once the segregation decision has been made e.g. ongoing health risks/concerns). This is based on conversations with staff, but also reflected in some forms completed by JHS nurses which implied the decision to segregate was being made by JHS nurses, including entries such as:

- 'client to remain in CSU until advised by Health'
- 'can be moved from CSU'
- symptoms to look for: 'suspected package'.

This would appear to involve JHS nurses in the decision making process to segregate a detained person.

While health professionals can provide general advice about changing needs arising from a health condition or risk it is not for therapeutic health staff to determine the duration of segregation particularly when at the outset that segregation is based on a COs' interpretation of an x-ray body scan. It is worth noting that JHS staff (rightly) do not view the x-ray body scan images.

Health segregation due to COVID

Preventing the spread of disease (such as COVID-19) is a valid ground for health segregation. However, review of segregation documentation revealed examples of health segregation to reduce risks of COVID-19 transmission where policy and procedure were not followed. This includes a detained person being segregated for 17 days due to a positive COVID-19 test without a review within that period. The order revoking the segregation direction made it clear that no earlier review had taken place, but no explanation was provided nor did the situation appear to have been questioned by senior corrections staff signing off on the order.

Further, it seemed in June and July 2024, several detained people were segregated in their cell for multiple days due to a positive COVID test, but no proper segregation direction was made or reviewed. While many of these directions may have been based on advice from JHS, it was only in some cases that the policy was followed in ensuring that the weekly segregation review meeting included a multidisciplinary team. For several reviews of health segregation on COVID-19 grounds, there were no health staff present at the review meeting.

40 Health in Prisons, A WHO guide to the essentials in prison health 2007:36.

Case study – prolonged health segregation on COVID-19 grounds

A detained person was segregated on 2 July 2024 due to a 'COVID outbreak'. He was not provided a copy of the direction. No review took place until 16 July – a week late according to the policy. That review noted health advice that the detained person could be released due to showing no further symptoms on 7 July. The – *Corrections Management (Management of Segregation and Separate Confinement) policy 2020* requires that a relevant senior manager revoke health segregation immediately when advised by JHS. It is unclear when the detained person left segregation, but potentially this could have been several days after the risk of COVID-19 a transmission had passed according to health advice. Again, in breach of the policy, the review was not signed off by a relevant senior manager until 23 July, more than 2 weeks after JHS advised to end the segregation.

At times during the review period, the Inspector understands it was ACTCS policy for detained people with suspected COVID-19 to undergo health segregation in the Management Unit for days. Although ACTCS advised the practice has changed, during the OICS April 2025 inspection, detained people still believed disclosing flu-like symptoms would lead to automatic segregation for days in the management unit. It is imperative that ACTCS and JHS clearly communicate to detained people if, and how, they will be segregated due to suspected COVID-19 (or other infectious illnesses). A key consideration in communicating these policies is that detained people experiencing respiratory symptoms are not deterred from seeking medical attention.

Previous recommendations by the Inspector and Coroner about segregation in the Management Unit

Usually, detained people who are segregated or receive a separate confinement disciplinary penalty are accommodated in the high-security Management Unit, although this is not always the case. The Management Unit is a freestanding single storey unit at the AMC with 14 cells designed to accommodate one detained person each (i.e. the design capacity of the unit is 14). The unit is rectangular in shape with seven cells on each side of a 'dayroom' and a fully enclosed officer station with windows on three sides looking out into the dayroom. Each cell has a door to a small outdoor yard (about 2.5m wide x 3.5m long), fully bricked with a mesh roof. There is no exercise equipment in the yards and no rain protection from the mesh metal roof. Each cell is fitted with a CCTV camera in the corner of the cell and in the outdoor space that can be viewed on a screen in the unit's officer station.

Cells in the Management Unit have a shower and toilet in a corner closest to the door. A bench with a basic mattress is along one side of the wall and a TV behind a polycarbonate case fixed to the top wall. There is no desk or chair or place to store belongings or other items.

In the Critical Incident Review *Death in custody at the Alexander Maconochie Centre on 1 February 2022*, OICS noted flaws in the construction of the rear cell door in the MU that allowed a detained person to slide a sheet under a horizontal rail and create a hanging point. Most regrettably, this risk had been identified and reported by AMC Facilities Management staff in 2015 but had not been addressed. There was also another unaddressed design fault with the rear cell doors that had been identified in 2020 which although not related to the death, raised serious concerns about the safety of the doors and ligature points. In the review OICS recommended:

> That immediate action be taken to ensure the rear cell doors in the Alexander Maconochie Centre Management Unit do not present any foreseeable risks of ligature points and are in accordance with relevant cell safety standards consistent with the use of the unit.[41]

41 At the time writing of this report the ACT Government had not responded to the recommendations of the death in custody review, noting this matter is before the ACT Coroner.

OICS also recommended that ACTCS develop a Suicide Prevention Framework.

At the conclusion of a subsequent coronial inquest, the coroner made similar recommendations:

- External consultants be engaged to assess the safety of the rear doors in the Management Unit in light of the evidence in this inquest; and the outcome of that review be published.
- A Suicide Prevention Framework for ACTCS be developed as a priority; it gives expression to the need for suicide prevention to be accepted as shared responsibility at the AMC; the terms of the Victorian Framework be considered in that process; and an attempt be made as to assess the efficacy of the introduction of the Framework in the Victorian Prison system and reflect those learnings in the process of developing the framework document to apply at the AMC.

The implementation of previous recommendations is a spotlight topic for this review. In March 2025, ACTCS published its suicide prevention framework. The Inspector welcomes the completion of this recommendation.

Regarding an expert review of the rear doors of the Management Unit, ACTCS advised it was undertaken in late April 2025 but the report was not completed at the time of writing.

1.3 Security

STANDARD 20

Detained people are managed within a structured and transparent system that provides for graduated levels of restriction and security according to the risks posed by the individual detained person.

STANDARD 21

The physical environment is one where risks to security are identified and mitigated.

STANDARD 22

There are effective procedural security measures with continual monitoring of operational performance to ensure risks to security are identified early, treatment strategies are implemented and detained people' safety and freedom of movement are optimised consistent with the need for security and good order.

STANDARD 23

Dynamic security measures and particularly detained person and staff interaction is at the forefront of security strategies.

1.3.1 Physical security of the AMC

Views of staff

> *"Xray in reception has very minimal training for officers how to identify prohibited items. Such as explosives and drugs. It is not in accordance with Xray training required in other jurisdictions and business such as Border Force etc. Plus, we have trucks entering the jail with food and equipment on a daily basis, that do not get searched adequately due to size, manpower and resources. My suggestion is that everything is brought in by stores on pallets that are more adequate to search, plus an x-ray machine for pallets of food etc. All deliveries are taken to stores first externally from the prison. Everything that enters the centre such as equipment and food should be x-rayed, and trucks should not be allowed to enter."*

The Inspector's Standards, and ACT's human rights framework require that security measures are the least restrictive necessary to ensure secure detention, with graduated levels of restriction and security according to the risks posed by individual detained people. Security encompasses physical security (the fences, cameras etc), procedural security (searching, headcounts etc) and dynamic security (effective interaction between staff and detained people) and incorporates appropriate gathering and use of intelligence. Importantly treating detained people with humanity and dignity is fundamental to ensure safety and security in prison:

> [G]ood practice in prison management has shown that when the human rights and dignity of prisoners are respected and they are treated fairly, they are much less likely to cause disruption and disorder and to more readily accept the authority of prison staff.[42]

The AMC's physical design infrastructure is a maximum security facility with a secure perimeter. Within the perimeter, the facility design incorporates areas with lower security cottage style accommodation.

A spotlight topic of this review was how the AMC responded to the use of illicit drugs in the centre, and the AMC's security is relevant to reducing the supply of drugs. In September 2025, a man was arrested allegedly attempting to smuggle contraband including drugs and nicotine patches over the perimeter fence via a drone.

Physical and procedural security

ACTCS recently commissioned a full security review to support the development of a current and future state technology security roadmap. This included an independent Electronic Security System review of AMC, CTU and ACTCS head office, with the report provided to ACTCS in October 2024. This was a comprehensive, technical and in-depth report, with recommendations. This review identified entirely foreseeable security flaws including vulnerability posed by aging assets and vulnerabilities that have been exploited several years ago in very public breaches but still not rectified. The ACT Government must closely consider the independent security review's findings.

42 UNODC, *Handbook on Dynamic Security and Prison Intelligence*, 4.

Finding 9:

Investment in upgrading security at the Alexander Maconochie Centre is long overdue, as identified in a recent independent security review.

The Review Team engaged with management, staff, detained people and former detained people about current policies, procedures and practices and including security weak points. The team observed several procedural security practices. This included the ingress of staff, visitors, contractors, and detained people to the centre and searching practices at different times (weekend visits, staff shift change, during deliveries etc) and different entry points (gatehouse, sally port, visits centre etc), as discussed in the following sections.

Camera coverage of external perimeter fence

A security measure requiring urgent attention is the limited camera coverage of the perimeter fence. Multiple security incidents since the AMC was commissioned have highlighted this weakness, including the 'hole in the fence' incident in 2020. Further work must be done to enhance monitoring of external threats (e.g. suspicious activity outside the fence, contraband being thrown over the fence). The use of AI in monitoring cameras (i.e. AI screening for potentially suspicious activity, for COs to then review) could significantly enhance security capability and would help address the incidence of false alarms set off by kangaroos. This supports a recommendation in the independent security review.

Limited gradation in security restrictions

The AMC was built as a maximum security facility (perimeter fence etc), but accommodates detained people of maximum, medium and minimum security classifications. The intent was for cottage style accommodation generally for minimum security classification, with medium and maximum classification detained people accommodated in cell blocks. Broadly consistent with the Standards, the *Corrections Management (Detainee Classifications) Policy 2023* notes that detained people should be managed with the minimum restrictions necessary to ensure their secure detention, but mindful of individual risks posed to safety and good order of the centre. Beyond accommodation, some lower security classification detained people may have further access to certain programs etc, such as the transitional release centre or program. However, life for minimum security detained people in the AMC is far more restrictive than in minimum or medium security detention in other jurisdictions.

Notwithstanding the existing infrastructure limitations of AMC, more can be done in the ACT to fulfil ACTCS stated policy objective. In particular, stakeholders including the Sentence Administration Board suggested detained people should be provided with more opportunities to leave the AMC earlier in their sentence. Day or weekend release for appropriately screened people on minimum security classification would have significant reintegration benefits including connecting with family and support networks and developing opportunities for work and education.

Armoury practices

The review was made aware of significant concerns raised by several staff members through 2022 and 2023 regarding practices in the armoury (including accounting for and storage of controlled items including OC spray, handcuffs, batons etc), and the process for seizure, control and disposal of controlled substances (specifically drugs). The Inspector is also aware of several reviews conducted in relation to these or related matters in recent years, including one by the Justice and Community Safety Directorate in 2019 and another by a member of ACT Police in late 2023 (that is independent from ACTCS).

From the material considered it is clear to the Review Team that there were deficiencies in practices in these areas. It was beyond the scope of the review to conduct any sort of in-depth assessment of armoury, and controlled item practices. However, we note that the 2023 review identified several important improvements that have subsequently been made, with further work continuing. For example, the Review Team understands that there are now dedicated armoury staff positions, as well as improvements to storage and accountability, and a new armoury to provide better physical space for storage. Once changes are fully implemented, it would be appropriate for ACTCS to conduct a further independent review of whether all relevant obligations under law are being met in relation to seizure, storage and disposal or controlled substances and that the new armoury arrangements are also meeting necessary standards.

1.3.2 Searching of detained people and visitors

STANDARD 26

All searching is lawful and proportionate, and carried out in a manner that is respectful of the inherent dignity of the person being searched.

STANDARD 27

Searches of detained person cells and their property are carried out in a professional and accountable way and appropriately recorded.

STANDARD 28

Searching of visitors and their property are carried out in a professional and accountable way and are appropriately recorded.

According to the CM Act, every person entering a correctional centre is subject to person and property searching (s111). Other than detained people, searches of people are limited to 'a scanning search, frisk search or ordinary search'. A person who refuses to be searched may be refused entry to a correctional centre (s148).

Searches of cells may be conducted randomly or on suspicion that contraband may be secreted in the cell/cottage. While searches are necessary, they are an intrusion into the 'home' of detained people and must be conducted in a professional manner which takes into account the rights and privacy of detained people.

Detained person survey				
	All of the time	Most of the time	Rarely	Never
Staff conduct cell searches with respect for my property	10% (n=139)	47% (n=139)	28% (n=139)	15% (n=139)

The HPR22 staff survey revealed that 26% (n=92) of COs did not feel that they were adequately trained in searching procedures. In a positive outcome, for HPR25 this result decreased to 15% for searching procedures generally (n=66), although the number of staff who felt comfortable with the use of x-ray body scanning technology was significantly less (see below).

AMC has a Searching Program, which provides an overview of:

- who will be searched (e.g. detained people, visitors, staff)
- where (e.g. gatehouse, visits area)
- how (frisk, physical, metal detector, etc)
- required frequency
- the legal basis for the search.

The Review Team saw limited evidence that the Searching Program was fully integrated into operations in a dynamic way including through compiling, analysing and reporting on search outcomes to inform strategic approaches and validating data and ensuring quality control (e.g. through compliance spot checks). ACTCS advised in relation to a draft of this report that senior staff have commenced monitoring and reporting on searching to the Assistant Commissioner, Custodial Operations and in the Monthly Security Committee meetings. Further, as discussed below, the implementation of a comprehensive drugs strategy must consider searching of staff.

Finding 10:

Although a searching program is in place at the Alexander Maconochie Centre, there is a need to strengthen its operational effectiveness through systematic analysis of search outcomes and quality assurance processes.

1.3.3 Strip searching

STANDARD 30

Strip searching of detained people is only carried out on reasonable grounds, carried out in the least restrictive manner, and is respectful of detained person dignity.

Detained person survey	HPR19	HPR22	HPR25
Strip searches are carried out with due sensitivity and respect 'most of the time' or 'all of the time'	54% (n=177)	70% (n=140)	63% (n=104)

There are several grounds for conducting a strip search at the AMC.

1. On admission – amendments to the CM Act made in 2023 provide that ACTCS may strip search a detained person as part of their admission to the AMC without the CO having to undertake an individualised risk assessment to assess the risk of them concealing an item.[43]
2. If a CO 'suspects on reasonable grounds that the detained person has a seizeable item concealed on the detained person' (s113B, CM Act).
3. If it is considered 'prudent' (s113C, CM Act) but only if all four criteria are met:
   - the person was recently unsupervised
   - they may have had the opportunity to obtain a seizable item
   - a scanning search is unavailable or ineffective
   - a frisk or ordinary search is unlikely to detect the item.

In HPR22, OICS noted that 'ACTCS does not specifically record whether searches were conducted under subsection 113B or 113C of the Act.' This is an important distinction because a strip search under s113C must be justified (four criteria above) while a strip search conducted under s113B does not require any factual conditions to be satisfied, but instead relies on the CO forming a view on 'reasonable grounds' (they must be able to point to some basis for forming that view). The s113B power is open to abuse and should be properly monitored by ACTCS.

ACTCS advised OICS for HPR25 that "searches are not recorded as based on what section of the searching policy the search was based on. While this information may be recorded in CORIS, it is not easily extractable." Our concerns from HPR22 therefore remain.

Further, across several types of searches as set out below (strip, body scan, cell, K9), ACTCS was not able to provide all relevant data.

43 *Corrections and Sentencing Legislation Amendment Act 2023.*

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Table 8: Strip searches, 2020–21 compared to 2024

Persons	01/07/20 to 30/06/21			1/1/24 to 31/12/24				
	Aggregate Population*	Total Strip Searches	Total searches per person average*	Aggregate Population*	Strip searches (AMC)	Strip Searches (CTU)	Total Strip searches	Total searches per person average
Aboriginal and Torres Strait Islander men	229	1105	4.83	293	37	97	134	0.46
Non-Indigenous men	816	2591	3.17	741	82	267	349	0.47
Unknown men	15	20	1.31	38	0	20	20	0.53
All men	**1060**	**3716**	**3.51**	**1072**	**119**	**384**	**503**	**0.47**
Aboriginal and Torres Strait Islander women	60	209	3.50	36	10	11	21	0.58
Non-Indigenous women	78	151	1.94	66	10	20	30	0.45
Unknown women	2	1	0.49	4	1	0	1	0.25
All women	**140**	**361**	**2.59**	**106**	**21**	**31**	**52**	**0.49**
Non-Indigenous Transgender	0		0	3	6	0	6	2
Missing Data	0		0		4	15	19	
All detained people	**1200**	**4077**	**3.40**	**1181**	**150**	**430**	**580**	**0.49**

Source: ACTCS – it was noted that 19 separate strip search occurrences removed from the data-set due to missing data entry. Most usually the data missing was about the person's demographics (PID, gender identity). The majority (15) of the excluded records were from CTU.

** Aggregate Population – numbers used include daily state data provided as part of the HPR data for 2020–21, and point in time data from 31/12/2024. In addition all admissions across the period were included in the total. This provides a number which gives how many detained people were in the AMC on average and could be subjected to a strip search, plus any admissions coming into AMC which can be strip searched as per s 70 of the CM Act. In some instances the daily state population has been rounded to whole numbers, but the total search per person fractions have been calculated using the original number.*

In 2020–21, ACTCS conducted 4077 strip searches (3716 men & 361 women). In comparison, there were 580 in the 2024 calendar year, most of which (430) occurred at CTU (which does not currently have an x-ray body scanner). The introduction of x-ray body scanners including at CTU should obviate the need for the 2023 amendments referred to above (that allow detained people to be strip searched as part of their admission to the AMC without the need for an individualised risk assessment), and the mandatory review of the amendments in 2025 are an opportunity to repeal them.

Nonetheless, Aboriginal and Torres Strait Islander women continued to be over-represented in the number of detained people strip searched *at the AMC (ie, not including searches at CTU).*

- 48% of strip searches conducted on women were of Aboriginal and Torres Strait Islander women (39% of all women detained).
- 31% of strip searches conducted on men were of Aboriginal and Torres Strait Islander men (30% of the total detained men).[44]

There were two detained people who identified as transgender in the period, subjected to a disproportionately high number (6) of strip searches. While this data set is small, it is worth noting that transgender individuals are at increased risk of abuse, humiliation and ill-treatment during strip searches and there is good practice guidance at minimising risks of this during searching.[45]

Finds from strip searches

Below tables are the number of strip search occurrences (not number of detained people), by location for the 2024 calendar year period.

Table 9: Finds from strip searches at AMC

	Nil found	Contraband Found	Total
First Nation	**37**	**10**	**47**
Women	9	1	10
Men	28	9	37
Non-First Nation	**86**	**12**	**98**
Women	10	0	10
Men	70	12	82
Transgender	6	0	6
Unknown/not stated	**1**	**0**	**1**
Women	1	0	1
Missing data			**4**
TOTAL	**124**	**22**	**150**

Data source: ACTCS

44 Excluding data where no demographic information was captured.
45 Association for the Prevention of Torture *Towards the Effective Protection of LGBTI Persons Deprived of Liberty: A Monitoring Guide* (2019).

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Table 10: Finds from strip searches at CTU

	Nil found	Contraband Found	Total
First Nation	102	6	108
Women	10	1	11
Men	92	5	97
Non-First Nation	281	6	287
Women	20	0	20
Men	261	6	267
Unknown/not stated	20	0	20
Men	20	0	20
Missing data			15
TOTAL	**403**	**12**	**430**

Data source: ACTCS

At AMC, only 15% of searches found any form of contraband. OICS random assessment of these indicated that many finds involved either or both an anomaly on a body scan and/or COs identifying that an item had been passed to the detained person by a visitor or another detained person.

At CTU, only 3% of searches found any form of contraband, likely due to these being part of the admissions process and not based on intelligence.

Only two strip searches of women found any contraband (out of a total of 52 searches across AMC and CTU). The Jumbunna Final Report noted received submissions with 'powerful testimonies' about women's experiences of strip searches at the AMC including 'multiple participants' describing 'male guards being involved in forcibly removing clothing, creating new layers of institutional trauma'. For women the experience can be particularly traumatising 'because of the association that many (First Nations) women in prison have with prior experiences of violence and in some cases sexual assault'.[46]

1.3.4 Drug detection dog searches

For this review, ACTCS identified drug detection dogs (known as the K9 unit) as a key part of its drug supply reduction efforts. The below table shows the outcomes of K9 (trained dog) searches of detained people for the 2024 calendar year period. ACTCS advised that it does not record K9 searches of visitors, contractors or staff. While OICS observed K9 searches of visitors, we understand that at the time of the review no K9 searches had been conducted of staff for a significant period (years). As a minimum, ACTCS must ensure record keeping of all K9 searches conducted including any indications by the K9s and what outcome flowed from that. Further, it is unclear why K9 were not until May 2025 used for searching all types of people coming into the centre, including staff (searching is discussed further below).

46 Jumbunna Final Report, 344.

Table 11: K9 Detained person searches in 2024

	Negative	Positive	Grand Total
Compliance	8	0	**8**
Intel-led	23	0	**23**
Missing	117	3	**120**
Movement	114	1	**115**
Random	268	5	**273**
Routine	315	12	**327**
Tactical Response	3	0	**3**
Target	49	5	**54**
TOTAL	**897**	**26**	**923**

Data source: ACTCS

1.3.5 Cell searches

As well as searches of detained people, cell searching is a primary way that contraband is discovered. In 2024, only 16% of cell searches identified contraband.

Table 12: Cell searches in 2024

	Negative	Positive	Grand Total
Intel-led	11	5	**16**
Investigation	1	0	**1**
K-9	10	0	**10**
Movement	2	0	**2**
Random	80	10	**90**
Routine	9	0	**9**
Target	85	3	**88**
Missing Data			**21**
TOTAL	**198**	**18**	**237**

1.3.6 X-ray body scans

X-ray body scanner at AMC

Positive Practice

Since HPR22, ACTCS has installed x-ray body scanning technology at the AMC, which has reduced strip searching and has the potential to more effectively identify contraband concealed on (or within) a detained person's body. The government has also indicated that it will install new x-ray body scanners at the courts to potentially further reduce the need to strip search on admission. The installation of this technology was recommended by the Inspector in a previous review and is a positive practice.[47]

The below tables show the number of body scans at AMC, at admission or other times, for the 2024 calendar year period.

47 OICS' *Critical Incident Review Use of force to conduct a strip search at the Alexander Maconochie Centre on 11 January 2021* made nine recommendations, including that human rights be explicitly considered before conducting planned forced strip searches and expediting the acquisition of body scanning technology to reduce the need for strip searches, all of which . The ACT Government agreed to all nine recommendations.

Table 13: Admission x-ray body scans

	Negative	Positive	Total
First Nation	279	69	348
Women	22	4	26
Men	257	65	322
Non-First Nation	501	91	592
Women	35	7	42
Men	454	83	537
Transgender	12	1	13
Unknown/not stated	25	1	26
Women	1	0	1
Men	24	1	25
TOTAL	**805**	**161**	**966**

Table 14: Non-admission x-ray body scans

	Negative	Positive	Total
First Nation	259	5	264
Women	9	0	9
Men	250	5	255
Non-First Nation	615	10	625
Women	10	0	10
Men	604	10	614
Transgender	1	0	1
Unknown/not stated	6	0	6
Men	6	0	6
Missing data			116
TOTAL	**880**	**15**	**1011**

Data source: ACTCS

Like strip searching, 2024 data indicates Aboriginal and Torres Islander women were over-represented in the number of women being required to undergo an x-ray body scan after admission. Despite representing approximately 39% of all detained women, 47% of body scans of women other than at admission involved Aboriginal and Torres Strait Islander detained women (n=19).[48]

48 Excluding searches where demographic data was not recorded.

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Success of x-ray body scanning

As set out at sections 1.2.3 and 1.2.4 (segregation and discipline), the Inspector is concerned about discipline and segregation directions arising from anomalies on body scans. Despite these reservations, records indicate the x-ray body scanner has been used to successfully identify contraband including drugs, as well as (and importantly) reducing strip searches which is inherently degrading and is often ineffective at identifying contraband.

Nonetheless, anecdotal reports from different sources suggest detained people are aware of ways to minimise detention. Several stakeholders expressed concerns to OICS that the opioid buprenorphine, which is available in easily dissolved strip that a user places under their tongue, may be cut into small strips and hidden on a person in such a way as to not show up on an x-ray body scan. In addition staff noted that it takes significant experience to effectively interpret scans, and even then, at times body scans may be inconclusive. Improvements to the interpretation of x-ray body scan images is discussed at sections 1.2.3 and 1.2.4 (segregation and discipline). Therefore, the use of the x-ray body scanner must be supported by other efforts to reduce contraband supply.

1.3.7 Contraband

Prohibited items sign at AMC

STANDARD 25

Effective systems are in place to detect and confiscate weapons, illicit substances and other contraband introduced, manufactured, carried or secreted by detained people, visitors, staff or others.

Contraband is a generic term for a 'prohibited thing' under s81 of the CM Act. Contraband finds typically include drugs, drug-related paraphernalia, mobile phones and weapons. The table below shows total number of contraband finds broken down by item type, but should be interpreted with caution as it does not include data on the total number of searches conducted.

Table 15: Selected contraband finds at the AMC[49]

Item	Finds 2018	Finds 2021	Finds 2024
Drug-related			
Alcohol (brews)	11	45	12
Illicit & non-prescribed drugs	55	47	22
Other drug/suspected drug	45	90	37
Drug paraphernalia	145	45	Not provided
Total Drugs	**256**	**227**	**71**
Weapons & tools			
Shivs	32	31	Not provided
Other weapon	31	30	Not provided
Tools	19	0	Not provided
Total Weapons	**82**	**61**	**17**
Mobile phone-related			
Phones	49	31	Not provided
Phone chargers	38	27	Not provided
SIM or SD card	36	19	Not provided
Total Mobile phones	**123**	**77**	**14**
Total Smoking related			**114**
Total Tattoo equipment			**6**
Other			**105**
TOTAL	**461**	**365**	**393**

Source: ACTCS

The data shows a significant decline in contraband finds for drugs, weapons and mobile phones, although the overall contraband finds was actually above that in 2021. The high number of finds classified as 'other' or left blank by ACTCS makes further analysis of this data difficult.

Mobile phones in the AMC remain a significant problem noting both data and anecdotal reports which indicate that they are being used to arrange contraband deliveries/drops. It is unclear why there is a significant reduction in mobile phone contraband finds in the data for 2024 compared to previous years. Corrective Services NSW has been trialling mobile phone jammers at various prisons since 2015. OICS understands there may be some sensitivity in using this technology at the AMC given the proximity of the Toll SouthCare Rescue Helicopter base and ACT Rural Fire

49 The items are some of the various types of contraband found at the AMC. They were selected for this table for reason of their relevance to safety and security.

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Service, and further, with appropriate approvals, senior staff are able to use phones in the jail for work purposes.

The use of illicit drugs at AMC is a spotlight topic of this review. In a submission to this review, Alcohol, Tobacco and Other Drug Association ACT (ATODA) notes that approximately 45 per cent of people in custody in Australia have reported that their alcohol, tobacco and other drug use (ATOD) use contributed to their current detention and there is a close relationship between illicit and injecting drug use and imprisonment.

A prison drug strategy should consist of three elements:

- Supply reduction strategies to restrict availability and access to drugs and provide information to monitor effectiveness and inform demand and harm reduction strategies.
- Demand reduction strategies aimed at preventing or delaying drug use.
- Harm reduction strategies to reduce the negative consequences associated with drug use and reduce other related risk factors. Drug treatment programs may reduce both demand and harm.[50]

For much of the review period, ACTCS did not have a comprehensive, published drug strategy for AMC. In October 2025, ACTCS and CHS released the *Alexander Maconochie Centre Drug and Blood-borne Virus Strategy 2025–2030*. In implementing this strategy, the ACT government must work in partnership with health service providers and other key stakeholders to consider the findings of this review (as discussed at section 1.3.11).

Drug supply is considered in this section, and is also relevant to physical security discussed at section 1.3.1.

In relation to demand, a primary tool in reducing drug seeking behaviour must be ensuring detained people are engaged in meaningful activities each day, discussed further at Chapter 3.

Reducing harm associated with the use of illicit drugs is discussed at section 2.9 (substance use and treatment).

There is significant concern amongst several stakeholders about drug use in AMC. Julie Tongs the Chief Executive of the Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga) which operates a health service at AMC stated she was "deeply concerned about the level of drug use in the prison and the nature and range of the drugs that are available".[51]

Fifty-six percent of detained people who responded to our survey question strongly agreed or agreed that it is easy to get illicit drugs in the AMC. Thirty-five per cent strongly agreed or agreed it is easy to get needles/syringes (it is worth noting this does not equate to accessing clean/new syringes). Positively 74% detained people who responded strongly disagreed or disagreed that it is easy to get alcohol at the AMC (n=102).

Further, 79% reported that they had never been stood over to bring contraband into the AMC.

50 As ACTCS notes, these three pillars of drug harm minimisation are set out in national and territory alcohol and other drug policy frameworks.

51 *Our Winnunga Community Health Newsletter* June 2025.

Comments from Detained people

> *"Most detainees are incarcerated due to drug related crimes, for our addictions. Once in prison if we ever produce a positive urinal analysis we are punished severely. I strongly believe that this is an injustice."*
>
> *"This place is just a sespool [sic] for drugs."*
>
> *"I am SO surprised how much drug use goes on in here and there should be way more random urine tests and it seems like most of the time the officers don't want to find anything because it will create more work. I think officers know who gets up to questionable behaviour and it seems to be let go."*

The presence of drugs in prison is not unique to the ACT, it occurs in many other prisons around the world. However there is more that can be done to reduce the supply of illicit drugs in AMC through expanded searching, as part of implementing a comprehensive drug strategy.

Anecdotally, detained people told the Review Team that drugs are passed among detained people commonly at the AMC. Even in the Management Unit, drugs and drug taking paraphernalia (e.g. needles) can be passed through gaps in doors. The Review Team also saw a case note on CORIS which described how a detained person implied in a conversation with a CO that detained people may try to be moved to the CSU so that they can collect drugs brought in by recently arrived detained people, transferred there due to an anomaly on a body scan.

Tobacco as contraband

STANDARD 101

As far as practicable, the correctional centre provides and promotes a smoke-free environment on public health grounds, with appropriate intervention and support provided to detained people to assist with abstinence and withdrawal.

In HPR22, we noted that the ACT and Western Australia were the last jurisdictions allowing smoking in adult prisons in Australia. At that time, 59% of surveyed detained people at the AMC (n=128) were smokers—much higher than the national average of 14%. ACTCS staff reported that smoking sometimes seemed encouraged, such as offering cigarettes on admission or using smoking breaks to de-escalate tensions.

In August 2023, the AMC became smoke-free. Leading up to this, OICS, with input from the ACT Human Rights Commission, conducted a National Preventive Mechanism (NPM) visit to assess the transition. This included surveys, onsite discussions, and consultations with JHS and Winnunga staff. OICS found the planning for the smoke-free transition appropriate, with collaborative efforts to provide Nicotine Replacement Therapy (NRT) and support. However, structured daily activities to combat boredom and support smoking cessation, especially for new admissions was recommended.

In HPR22, 70% of detained people who smoked said they would quit or were unsure if they would quit if they had access to free support. Some detained people reported that nicotine patches caused side effects and were misused to create faux cigarettes. Holistic planning should include alternative stress relief strategies and address contraband risks.

Currently, on admission, detained people at risk of withdrawal receive nicotine lozenges as part of a 12-week cessation program from JHS. This is aimed at supporting detained people to overcome nicotine dependence through a comprehensive approach that may include NRT, counselling, behavioural therapy, and support services. Despite this, many feel unsupported and frustrated by forced quitting, especially given smoking is legal in the community and for some may relieve stress in the stressful environment of prison.

In the HPR25 detained people survey:

- **57% of detained people (n=103)** reported they usually smoked tobacco.
- When asked if they felt supported to quit smoking:
  - 37% said it was not relevant
  - 43% answered no
  - 18% answered yes (n=103).
- When asked about access to NRT if needed:
  - 46% answered no
  - 17% answered yes (n=102).

Tobacco has become contraband, with anecdotal reports indicating a single cigarette costs $25 and NRT lozenges are being used as currency. Detained people have created 'tea-bacco' and 'lozzie-bongs' from lozenges.

Opinions from detained people on the AMC smoking ban were divided in our survey:

Critical Perspectives

> *"Stupid idea. It is legal and often used all the more in stressful situations, like being locked up."*
>
> *"I relied on tobacco and then NRT to cope with my mental health. I am at a loss without them."*

Smoking cessation support

> *"They should have made NRT available for purchase."*

Unintended consequences

> *"The only thing that banning smoking of tobacco in the AMC has done is create more problems. It has created a black market for tobacco and the banning of nicotine patches means that people trying to quit can't get the help they need to do so."*

> *"It's good that they're trying but all its done is created a more unhealthy habit of people smoking lozenges and tea and smoking patches and there is no option for non smoking people to be put into a non smoking cell or to be matched up with a non smoker so a lot of the time your stuck in a cell trapped with others that are smoking garbage and when you bring it up with officers they tell you its up to you to stop them smoking which leaves you with either sucking it up or getting into a punch on over it."*

Supportive Perspectives

> *"I'm glad the AMC is now smoke free, I feel better for quitting and have saved money."*
>
> *"Taken in total [it] is a good thing. Everything revolved around smokes before that... Health benefits e.g. less cardiovascular disease, lower risks for cancer, and overall fitness/wellbeing are also undeniable."*
>
> *"Personally it was good for me because I wanted to quit anyway and it forced me to quit very quickly.*
>
> *"Positive for me as a non-smoker."*

In focus group discussions, detained women also shared their concerns and frustration with the NRT program at the AMC, particularly the cessation of NRT being available for purchase through buy-up following the end of their 12-week NRT provision upon admission to AMC.

Comments from women about NRT

> *"They only supply you with 12wks of NRT so after that your expected to just have nothing, which is hard and than when new detainees come into the centre they can be pressured into giving NRT over"*
>
> *"Bring back smoking please I'm too stressed and lozenges aren't for long enough either 12 weeks just isn't cutting it."*
>
> *"I like that we have cleaner areas but I don't like that health controls our lozenges because sometimes when you have a craving or feeling stressed you don't have them available which turns into impulsiveness."*

In a submission to this review, ATODA stated:

> ATODA would like to re-emphasise and recommend the 2022 Review's findings that detainee knowledge of NRT needs to be improved and adequately supported, and that there needs to be a greater variety of NRT options due to the potential side effects of some types of NRT such as patches. These measures are particularly pertinent given that the 2022 Detainee Survey identified a large proportion of detainees who smoked and would consider giving up smoking with free and appropriate support....ATODA recommends that the AMC engage with specialist ATOD services and other stakeholders through an inclusive process to design a comprehensive suite of ATOD and related programs to meet specific needs

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Finding 11:

The current approach to smoking cessation and access to Nicotine Replacement Therapy is not fully meeting the needs of detained people.

1.3.8 Drug and alcohol testing of detained people

The *Corrections Management (Drug and Alcohol Testing in Correctional Centres) Policy 2022* requires the Assistant Commissioner Custodial Operations to establish a drug and alcohol testing strategy that includes:

a) mandatory testing of detained people on admission

b) randomised testing

c) program testing

d) targeting testing based on reasonable suspicion

e) assessment and compliance testing.

During the review period, when asked about its approach to drug and alcohol at AMC, ACTCS did not provide a formal testing strategy. Instead, it shared a brief document prepared for the review entitled 'AMC approach to drug harm minimisation', which highlighted random and targeted drug testing as key tools. In October 2025, ACTCS and CHS released an *Alexander Maconochie Centre Drug and Blood-borne Virus Strategy 2025–2030*.

1.3.9 Searching of visitors and others at the Gatehouse

Sally port at the AMC

The Review Team identified significant weaknesses in the AMC's contraband detection framework, particularly in relation to metal detector searching of visitors and staff. This accords with an independent review of ACTCS security systems, commissioned by ACTCS in 2024 which rated screening/contraband detection as 'very poor'. At the time of the review (May 2025) the Roto-turn metal detector in the gatehouse was out of service, which left a single walk-through metal detector as the main point of access for all visitors and staff. The Roto-turn is a high security revolving door equipped with metal detection capabilities – if metal is detected the door will stop, and a person will have to exit and remove any metal and re-attempt access. The Roto-turn had been 'end of life' since 2010 with it not being possible to source replacement parts. Funding was approved in the 25/26 ACT budget to replace the Roto-turn. The Review Team notes that more comprehensive scanners are used in other areas of public life, for example at airports.

Roto-turn metal detector at the AMC (out of service)

The reliance on a single walk through metal detector for ingress in the prison is an unacceptable weakness that is made significantly more vulnerable through inconsistent staff adherence to procedures. The Review Team observed some gatehouse staff vigilantly screening visitors and staff, but this was inconsistent.

AMC operates a process for senior staff to pre-approve certain items for entering the centre (e.g. certain electronic devices). We observed that these items were sometimes, but not always, recorded in the log book.

Vehicles entering the AMC (for example, delivery trucks) must be searched at the sally port. Based on observations, OICS suggests increased vigilance is needed in physically searching the internal areas of trucks entering the centre as this is a risk point for the introduction of contraband.

During our onsite visit an incident occurred that highlighted weaknesses in procedures at the sally port. A detained person working outside of the perimeter fence in the AMC stores brought contraband items through the sally port. They hid the contraband in a piece of clothing and put this to one side when stepping through a metal detector. They then retrieved the contraband and entered the prison. The detained person almost made it back to their accommodation unit with the contraband items but were stopped by an alert CO who asked to see what they were carrying.

Finding 12:

The security arrangements for the sally port at the Alexander Maconochie Centre need improvement.

The Inspector considers the AMC's vulnerable gatehouse is a significant and avoidable security flaw. This exemplifies why ACTCS and the ACT Government must closely consider the independent security review's findings and recommendations in relation to lifespan of security and systems infrastructure. The review included a roadmap for implementation but significant investment is urgently needed into addressing these issues.

1.3.10 Testing and searching of staff

STANDARD 27

Searching, screening and testing of staff is done in a manner that is respectful of staff privacy, and in accordance with clear guidelines.

While the AMC Searching Program (referred to at section 1.3.2 refers to searches of staff, data, observations and anecdotal information considered by the Inspector indicates very limited searching of staff takes place. In general, however, staff report in principle support of being searched.

ACTCS AMC and CTU staff survey	HPR19*	HPR22	HPR25
'Agree' or 'strongly agree' that it is reasonable for staff to be subjected to occasional searches when arriving for work	97% (n=115)	95% (n=153)	95% (n=124)
Responded that they have been subjected to a PAD (sniffer dog search)	32% (n=115)	50% (n=153)	30% (n=125)

ACTCS AMC and CTU staff survey	HPR19	HPR22	HPR25
The most recent time you were subjected to any kind of search was in the last:	(n=113)*	(n=153)	(n=124)
3 months	74%	22%	19%
6 months	4%	23%	8%
12 months	4%	16%	2%
More than 12 months	5%	14%	22%
Have not been subjected to a search	13%	25%	48%

MHJHADS and Winnunga staff survey	HPR19*	HPR22	HPR25
'Agree' or 'strongly agree' that it is reasonable for staff to be subjected to occasional searches when arriving for work	n/a	93% (n=14)	96% (n=25)
Responded that they have been subjected to a PAD (sniffer dog search)	n/a	29% (n=14)	12% (n=25)

MHJHADS and Winnunga staff survey	HPR19*	HPR22	HPR25
The most recent time you were subjected to any kind of search was in the last:		(n=14)	(n=25)
3 months	n/a	21%	0%
6 months	n/a	36%	0%
12 months	n/a	0	12%
More than 12 months	n/a	0	16%
Have not been subjected to a search	n/a	43%	72%

Note: These searches are in addition to normal scanning searches conducted on all people entering a correctional centre.

* *Survey data for HPR19 did not disaggregate Justice Health and ACTCS staff, although the bulk of responses were from ACTCS staff (approximately 85%).*

Searching of staff

Searching of correctional staff is a core part of correctional centre operational practice, however AMC's limited searching of staff has been concerningly deficient. Nearly half of all staff surveyed stated they had never been subjected to a search (beyond entry metal detector search). ACTCS advised that beyond the usual entry scans 'there are no additional searches of staff in the past three years'. This matter requires urgent attention.

Our observations at the gate house indicated that sometimes staff ingress was treated in a more informal manner, for example, bags not being checked or the x-ray screen not being monitored. For example, at times the metal detector indicated the presence of metal, but gatehouse staff did not require the person to empty their pockets or remove metal on their body and re-screen.

While ACTCS policy generally requires that staff and authorised visitors are permitted to take one clear plastic bag only into the correctional centre along with clear plastic food and drink containers, OICS heard that on occasions opaque food and drink containers have been used by staff, including thermoses that are metal and could conceal other metal items within them. Opaque or metal food containers are an obvious mechanism through which contraband can be introduced – a thermos, for example, may be waved through without checking the contents.

The lack of greater staff searches is particularly concerning as for much of the review period, including when the Review Team was onsite at AMC, the Roto-turn scanner was broken, meaning all staff and visitors entered via a more rudimentary metal detector. This Roto-turn appears to have been AMC's primary search method for staff. Regardless of the veracity of claims made in the community and media about how contraband enters the prison, such a reduced focus on basic accountability measures has the potential to erode confidence in the security of the centre.

We suggest that correctional centre staff should be subject to routine and random searching. ACTCS told the review that staff searches were reinstated in May 2025.

Approaches to searching staff in other jurisdictions

In **New South Wales**, 'all persons entering a correctional centre are subject to routine and random searches, and may be subject to a targeted search, on entering and/or exiting a correctional centre or complex. Staff and visitors who refuse to submit to a search may be refused entry to the centre, and a staff member may be subject to disciplinary action. Staff and visitors must not be pat or strip searched, but may be asked to surrender any bag or container and remove outer clothing such as coat, hat or shoes, or make available for inspection and search any room, locker or vehicle that is under the staff member's control at the centre.'[52]

If contraband is found during the search of an employee, they can be detained until appropriate authorities attend. Sanctions may include notifying the police. There is a specific offence of trafficking and the unlawful removal of property.[53] Other potential responses include disciplinary action, police action and referral to the NSW Corrective Services Professional Standards Committee.

In **Victoria**, all persons (including visitors, staff and contractors, with the exception of judicial officers) entering a maximum-security or medium-security prison must remove their coats and jackets for x-ray examination or hand scan by gatehouse staff. All persons entering prisons (other than judicial officers), must expect that their property and vehicle, if this is on prison property may also be searched.[54]

In 2015 the Victorian Independent Broad-based Anti-Corruption Commission (IBAC) in *Operation Ettrick* found several corrections officers at Port Phillip Prison were using illicit drugs (though found no evidence that the officers were trafficking drugs into the prison), and highlighted the lack of a staff drug testing regime in Victoria's publicly run prisons. The Victorian Department of Justice and community Services, in response to an IBAC recommendation to implement random and targeted drug testing of corrections officers and other persons with regular access to prisoners noted 'random testing will initially be introduced for high-risk roles, such as Security and Emergency Services Group, Emergency Services Group and General Duties staff who are licenced to access firearms, and that more broadly staff will be subject to targeted testing.'

In **Queensland**, staff members may be searched at any time the staff member is at the facility or prior to the staff member entering a corrective services facility.[55] An ion scanning device is prescribed as the apparatus to be used in a scanning search of a person, along with a corrective services dog.

In **Western Australia** and **South Australia**, staff may be subjected to a search by a prison dog.[56] As part of a evaluation of the practices, policies and procedures of the South Australian (SA) Department of Correctional Services, the SA Independent Commission Against Corruption noted in 2021:

> While currently PADD dogs are only used for visitors, recent amendments to the Correctional Services Act will clarify the use of dogs to search staff. In my view that should occur...It is not clear to me why Ion scan devices are not also used on staff. I would expect that where such access controls are available at a site they should be used on every individual entering the prison environment.
>
> ....
>
> I do not doubt that most officers responsible for access screening do so with all due diligence and attention. But I think there are some who, for various reasons, do not screen staff with the same level of rigour that might be imposed upon a visitor. Access control is fundamental to safety and good order in the prison environment. Those responsible for screening must discharge their duty with all due care and attention. Any person entering a prison ought to be subject to the same rigorous screening process as is applied to visitors. Correctional officers have a duty to ensure that occurs.

52 NSW Custodial Operations Policy and Procedures (COPP) 17.3 Stop, detain and search visitors and staff.
53 *Crimes (Administration of Sentences) Act 1999* No 93 (NSW).
54 Commissioner's Requirement CR-1-2-3 Strip searching.
55 Section 173 of the *Corrective Services Act 2006* (QLD).
56 Section 49A of the *Prisons Act 1981* (WA); Section 86B of the *Correctional Services Act 1982* (SA).

Suggested changes to staff searching

In a submission to this review, ACTCOSS suggested that ACTCS improve searching procedures for staff including trialling x-ray body scanning of staff, contractors and visitors:

> limiting their use to detainees ignores the documented reality that contraband does not enter prisons solely through detainees. Investigations in multiple jurisdictions have found that staff, contractors, and visitors also contribute to the flow of illicit substances and prohibited items into correctional facilities, making a targeted approach ineffective in fully addressing the issue.[57]

Three-quarters of staff who responded to the HPR25 survey (n=124) felt it was reasonable for staff to be subject to an x-ray body scan when arriving for work.

It is clear that staff at ACTCS are willing and ready to accept more thorough accountability and security measures, which would also have the benefit of enhancing public trust in integrity of COs, and enhance staff confidence in each other. Several COs who spoke to the Review Team raised the need for improving integrity measures.

For several years, there has been considerable community discussion and media reporting about drug use among detained people and staff while not on shift.[58] During this review a range of allegations were again put to OICS concerning:

- Recreational drug use by staff in their personal time.
- Drugs being thrown over the AMC perimeter fences and then being retrieved by detained people without being intercepted by staff, due to failure (deliberate or inadvertent) to adhere to appropriate procedural security measures (policies, procedures etc).
- Gaps in physical and procedural security known to staff and detained people that remain unaddressed.
- Staff interacting with former detained people in their personal time.

The Inspector does not have the legislative mandate, full suite of investigative powers, or resourcing (with a staff of 3) to properly evaluate the veracity of these claims, including because many reports concerned allegations that happened several years ago. Where appropriate, the Inspector referred these allegations to other entities.

Nonetheless, these allegations are noted here as they remain matters of significant concern to some members of staff. Some staff felt matters that occurred several years ago were not adequately dealt with at the time leading to a lack of accountability for alleged improper conduct. Others raised concerns that integrity controls were not and still remain insufficient. We recognise that raising integrity matters with an external agency is something not done lightly. We acknowledge staff commitment to integrity. This report makes recommendations informed by the information that was shared with us.

The ACT Integrity Commission over several years conducted "Operation Magpie", investigating alleged drug trafficking and abuse of public office by COs. The operation was discontinued with no findings of corrupt conduct.

57 ACTCOSS cites the Western Australian Crime and Commission report which found COs smuggling contraband into prisons in exchange for money or favours.

58 For example Belinda Strathorn, 'Prison staff shock: alleged drug parties and cover ups' *City News* (11 May 2022); Belinda Strathorn, 'Drug claims: "I'm so glad this had come to surface"' *City News* (27 July 2022); Hugh Selby, 'It's time to shine light on the prison's dark side' *City News* (1 February 2025).

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Effectively implemented integrity improvements including alcohol and other drug testing measures suggested below, as well as broader integrity issues discussed at section 1.5.6 will be foundational steps in rebuilding staff and public confidence.

Random and targeted alcohol and other drug testing

Section 136 of the CM Act provides for a regulation to be made about testing staff for alcohol and other drugs. No such regulation has been made. The *Corrections Management (Drug and Alcohol Testing in Correctional Centres) Policy 2022* is also silent as to searching of staff.

Alcohol and drug testing of staff should be introduced as a matter of public safety and integrity. Testing can assist to ensure staff are properly able to physically perform their duties (which may include driving escort vehicles), but also as an integrity check. If staff have inappropriate associations in the community (for example, in order to obtain illicit substances) there is an undermining of professional standards, and compromised ability to perform their role with integrity and independence. A summary of testing of staff for alcohol and other drugs is include at Appendix 2.

Responses to attending work under the influence of alcohol or drugs

A key consideration in any targeted or random drug and alcohol testing of staff is clearly understood consequences following a positive test result. In addition to sanctions, there should be consideration of counselling and other supports for staff. The staff member's human rights under the HR Act must also be considered, including their right to privacy and reputation.

The ACT Public Sector Correctional Officers Enterprise Agreement 2023–2026 governs the employment of ACTCS Corrections Officers and includes a specific provision relating to alcohol and drugs:[59]

> M29 – Alcohol and Other Drugs in the Workplace
>
> M29.1 Where the head of service or their delegate has concerns that an employee may be affected by alcohol and/or other drugs, they may direct the employee to be relieved from duty on personal leave. Arrangements will be implemented in relation to the whole of government drug and alcohol policy.

This does not provide sufficient clarity as to how a positive alcohol or drug test in a high-risk environment, such the AMC, is to be managed.

Approaches to positive alcohol or drug tests in other jurisdictions

Under **New South Wales** policy, should any member of staff return a blood alcohol concentration result above 0.02% or return a test result indicating drug(s) in their physiology, the staff member is stood down from their duties for the remainder of the shift / contracted hours. The member of staff is only entitled to leave without pay in these circumstances. NSW Corrective Services also employs a dedicated Staff AOD Counsellor, whose role is to educate, advise and counsel staff. Following any member of staff returning a positive alcohol and/or drugs, a workplace risk assessment is conducted by the Staff AOD Counsellor.

59 ACT Public Sector Correctional Officers Enterprise Agreement 2023–2026. ACTPS-Correctional-Officers-Enterprise-Agreement-2023-2026.pdf

Any member of staff, who:

- fails a breath and/or urine test but who has not tested positive for alcohol and/or drugs within the preceding 3 years may be required to undergo counselling and/or rehabilitation;
- fails a breath test and/or urine test and who has tested positive for alcohol and/or drugs within the preceding 3 years will be subject to disciplinary action. The Commissioner may also refer the staff member to an approved medical assessor for the purposes of determining his/her fitness to remain

In either case, the Commissioner has the discretion to take disciplinary action and refer the matter to the CSNSW Professional Standards Committee.[60]

In **Victoria**, *Commissioner's Requirements: Conduct and Ethics* states that any illicit drug use by correctional employees either during or outside work hours has the capacity to seriously compromise their effectiveness in the correctional environment (e.g. in case managing substance abusing prisoners or offenders, or by making them more vulnerable to pressure to introduce contraband) and to retain public confidence. The responsible Manager must address reports of illicit drug use promptly.

In **Western Australia**, a positive test result for alcohol (while on duty) or certain drugs may result in a referral to the employee welfare unit, the imposition of managerial inventions, initiate disciplinary action, initiate action to end employment and/or revoke permits to do high level security work. Additional measures are set out for particular drugs.[61]

1.3.5 Wastewater testing

OICS initially raised the issue of wastewater testing for drugs with ACTCS in 2023, noting that it is done in some other jurisdictions and can provide valuable data on drug use patterns (for example, what types of drugs are being used), volumes (how much of each drug is being detected) and trends over time. It can provide a more comprehensive picture of drug use, in addition to existing information gathered from data on urine testing or contraband seizure.

Wastewater testing is undertaken in all Western Australia prisons[62] and some Queensland prisons, as an objective of the Queensland Corrective Services' (QCS) *Drug and Alcohol Strategy 2020–2025*.

AMC conducted an initial wastewater test in May 2025. Initial results found the presence of amphetamines, methylamphetamine and digested methadone (the latter likely due to prescription methadone). The Inspector welcomes AMC's decision to begin wastewater testing and recommends it continues to do so on a regular basis as part of a comprehensive approach to responding to drug supply. The results are likely to be most valuable to compare trends over time.[63]

60 CSNSW Employee Alcohol and Other Drugs Policy and Procedures (17 May 2012): (which applies to all CSNSW staff).
61 *Prisons (Prison Officers Drug and Alcohol Testing) Regulations 2016* (WA).
62 Western Australian Department of Justice, Western Australian Prisons Drug Strategy 2018–2021, 9.
63 This was also a recommendation of the final report of the Jumbunna Institute's *Independent Review into the Over-Representation of First Nations People in the ACT Criminal Justice System*.

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1.3.11 A comprehensive alcohol tobacco and other drug strategy

STANDARD 104

Correctional centre systems have a comprehensive and integrated drug strategy that seeks to prevent the supply of drugs into the correctional centre, reduce the demand for drugs and minimise the harm arising from drug use in correctional centres through education, treatment and enforcement.

For much of the review period, ACTCS did not have a published comprehensive and integrated drug strategy for the AMC.

The Inspector welcomes that in October 2025, ACTCS and CHS published an *Alexander Maconochie Centre Drug and Blood-borne Virus Strategy 2025–2030*.

In implementing strategy, the government should consider the Recommendations and Findings of this report and engage with relevant stakeholders including those in the community sector to ensure it meets its goals. In particular, Recommendation 3, 4, 10, 16, 22 and 30 and Findings 5, 9, 10, 11, 12, 19, 23, 37, 44, 45 and 46.

Recommendation 2:

Within 18 months, the ACT Government, in implementing its recently released AMC drug strategy, work with Winnunga Nimmityjah Aboriginal Health and Community Services and community stakeholders to respond to the findings of this review, particularly in relation to supply, demand and harm minimisation.

Recommendation 3:

Within 18 months, ACT Corrective Services introduce more rigorous searching and integrity measures for the Alexander Maconochie Centre such as requiring anyone who enters the Centre to undergo a more thorough electronic scan; and increased searching and alcohol and drug testing of Alexander Maconochie Centre staff. Relevant policies should include detail of what support and sanctions will be applied to an Alexander Maconochie Centre staff member who tests positive to alcohol or illicit drugs while on duty.

1.3.12 The use of Artificial Intelligence

This review has identified areas where either limited staffing capacity or the need for specific expertise are factors in security issues, for example, assessing x-ray body scan images for concealed contraband and monitoring CCTV for the introduction of contraband. In other areas, backlog on key administrative tasks such as assessing quarantined emails and attachments for safety and security purposes significantly impacts detained people's contact with the outside world (see section 4.2.1). This is not a reflection of the individual staff involved, but inherent in the complexities of operating a jail in a small jurisdiction, particularly at a time when so many activities in the broader community are reliant on technology.

While in its infancy in correctional environments,[64] Artificial Intelligence (AI) is either currently being used, or has been identified as a potential tool, in assisting COs discharge these sorts of functions. AI systems are designed to operate with varying levels of automation, and include many relatively commonplace systems that may not have been previously widely recognised as employing AI, including: computer vision (where computers are able to identify and understand objects and people in images or videos).[65]

Detained people's phone calls are monitored by AI in the United States (New York and Alabama).[66] In the United Kingdom, security cameras monitored by AI are used to detect suspicious behaviour of anyone entering a prison to assess for smuggling contraband.[67]

Outside the prison environment, AI is increasingly being used in assisting diagnosis from medical imaging,[68] suggesting a possible role for AI in interpreting body scans for the presence of contraband. Important considerations include consent, data security, transparency, review and oversight, avoiding bias and other safeguards.

The introduction of AI has potential benefits for detained people and staff, and its use should be considered further subject to appropriate safeguards including human involvement and transparency about how AI decisions are made.

Recommendation 4:

Within 18 months, ACT Corrective Services consider the use of Artificial Intelligence (with appropriate safeguards) to assist in decision-making including the interpretation of x-ray body scan images, identifying the entry of contraband and delays in releasing quarantined emails between detained people and their personal contacts.

1.4 Safety

1.4.1 Detained person safety

Detained person survey	HPR19	HPR22	HPR25
Reported feeling safe for 'most of the time' or 'all of the time'	67% (n=178)	70% (n=138)	65% (n=109)
Thought it was 'likely' or 'very likely' that they would be assaulted by another detained person	60% (n=178)	53% (n=141)	63% (n=107)
Reported being bullied by another detained person sometimes or often*	51% (n=178)	45% (n=138)	60% (n=108)
Reported being assaulted by another detained person sometimes or often*	34% (n=179)	25% (n=138)	37% (n=108)
Reported being stood over for their medication by other detained people sometimes or often	18% (n=180)	12% (n=138)	15% (n=106)

* *This was expressed as 'most of the time' in HPR19 survey.*

64 Imandeka et al, 'Unlocking the Potential of Smart Security and Surveillance Technology in Prisons: A Brief Review' *Revue d'Intelligence Artificielle* Vol 38 (3) June 2024, 755–763, 755.
65 Australian Parliament Select Committee on Adopting Artificial Intelligence (Final Report, November 2024), 4.
66 Chris Francescani, 'US prisons and jails using AI to mass-monitor millions of inmate calls' *ABC News* (25 October 2019).
67 Cara McGoogan, 'Liverpool prison using AI to stop drugs and weapons smuggling' *The Telegraph* (6 December 2016).
68 https://pmc.ncbi.nlm.nih.gov/articles/PMC10740686/

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OICS comments on survey results

There has been a small decline in detained people's perceptions of safety for 2025, compared to results from HPR19 and HPR22.

Table 16: Detained person-on-detained person assaults (rate per 100 detained people)

Year	Serious assault	Assault
2011–12	1.55	15.84
2012–13	2.63	3.76
2013–14	2.41	5.43
2014–15	3.21	12.56
2015–16	0.75	16.92
2016–17	3.59	15.72
2017–18	2.32	16.02
2018–19	3.31	9.09
2019–20	1.80	13.07
2020–21	1.22	8.28
2021–22	0.26	5.66
2022–23	1.80	5.66
2023–24	0.51	12.86

Source: Rates data, ROGS 2025, Table 8A.18. ROGS notes that the data is not comparable across jurisdictions. Raw data, ACTCS.[69]

A detained persons' sense of safety includes cultural safety, as well as more universal understandings of the concept. For Aboriginal and Torres Strait Islander peoples, this concept of safety is centrally connected to wellbeing, and is discussed further at section 2.5.1 (Aboriginal and Torres Strait Islander detained people).

The data shows an increase in assaults in the 2023–24 year (albeit serious assaults have fluctuated over previous years and most recently reduced).

As noted at section 1.1.4 (accommodation), since January 2025 ACTCS has been separating detained people in accommodation areas based on legal status (remand / sentenced). Prior to this, detained people on remand and sentenced would be mixed in accommodation areas where their safety (or other consideration) was seen as more paramount than legal status.

69 According to ROGS, assaults in custody is defined as the number of victims of acts of physical violence committed by a detained person that resulted in physical injuries reported over the year, divided by the annual daily average detained person population, multiplied by 100 (to give the rate per 100 detained people). Rates are reported for two measures:

- assaults against another prisoner by seriousness of impact
- assaults against a member of staff by seriousness of impact.

'Assaults' refer to acts of physical violence resulting in a physical injury but not requiring overnight hospitalisation or ongoing medical treatment. 'Serious assaults' refer to acts of physical violence resulting in injuries that require treatment involving overnight hospitalisation in a medical facility or ongoing medical treatment, as well as all sexual assaults.

It may be that this change in accommodation considerations is a factor for detained people reporting they feel less safe than in previous surveys. Detained people and staff put forward this theory to the Review Team.

While ROGS shows a reduction in serious assaults in the 2023–24 financial year, this may continue to fluctuate. From January to March 2024, prior to the change in policy, there were a total of 25 assaults reported in CORIS. There was the same number recorded for January to March 2025, however a comparison on the types of assaults shows that there was a greater proportion of detained person on detained person assaults, and these were generally of a more serious nature. Many assaults and incidents are occurring in Sentenced Unit 2, where only remand (mainstream) people are held.

Sexual coercion and violence

In the HPR19 and HPR22 survey's of detained people we asked '(have you been) sexually harassed or sexually assaulted by other detained people?'

Responses	HPR19 (n=180)	HPR22 (n=138)
Never	81% (146)	75% (104)
Rarely	9% (17)	11% (15)
Sometimes	6% (11)	9% (12)
Often	3% (6)	5% (7)

For HPR25, we split this into two separate questions:

Have you been sexually harassed by other detained people?

Responses	HPR25 (n=107)
Never	54%
Rarely	13%
Sometimes	17%
Often	16%

Have you been sexually assaulted by other detained people?

Responses	HPR25 (n=108)
Never	71%
Rarely	13%
Sometimes	7%
Often	8%

ACTCS has a duty of care to keep detained people safe, including from sexual coercion and violence. In HPR22, we identified the lack of a guiding framework to prevent and respond to sexual coercion and violence in the AMC. We recommend a strategy to prevent, track and respond to incidents of sexual coercion and violence in the AMC, which was agreed in principle. The recommendation was repeated in an OICS November 2023 Critical Incident review into an alleged sexual assault of a detained person at the AMC (see call out box). This recommendation was agreed and implemented.

Positive approach to sexual violence and coercion

In November 2023 OICS tabled a critical incident review into an alleged sexual assault of a detained person at the AMC. This review focused on how ACTCS and JHS responded to the reported sexual assault. The review again highlighted the lack of policy framework for both ACTCS and JHS in the areas of reporting and response to sexual assault in the AMC generally, and a lack of staff training for ACTCS and JHS specifically on responding to reported sexual assault in a custodial setting.

Detaining authorities have a positive obligation under the HR Act, interpreted according to international human rights law, to take effective measures to prevent assault including sexual assault. Examples of effective measures may include policy, procedure and staff training. The report noted other jurisdictions that had an explicit 'zero-tolerance' approach to sexual assault in prisons including making this clear in messaging to all detained people, staff and visitors.

This critical incident review recommended that ACTCS report publicly on outcomes arising from its commitment made in the Government Response to Recommendation 7 of HPR22, by its deadline of 31 December 2023.

ACTCS has undertaken considerable work to address these recommendations, including developing a strategy on ACTCS responses to sexual coercion and violence which included a stakeholder engagement process. The *ACT Corrective Services Sexual Coercion and Violence Strategy* was published on 17 February 2025.

The *ACT Corrective Services Sexual Coercion and Violence Strategy* lists actions to be commenced in 2025 to improve ACTCS' ability to effectively prevent, respond to and monitor (report about) instances of sexual coercion and violence at the AMC. A guidance document to support staff in responding to disclosures of sexual coercion or assault has also been developed. OICS will continue to monitor this issue, noting that the Strategy is a promising first step but requires concrete action on the ground.

Nonetheless, during focus group discussions for HPR25, women raised serious allegations with the Review Team about staff handling of sexual assault and harassment allegations within the women's cohort. Women shared that disclosures made about incidents of alleged sexual assault and harassment are reportedly not taken seriously by some COs, leaving victims feeling unsafe and unsupported. This is particularly distressing in light of an ongoing investigation into an alleged sexual assault by a detained woman, which has apparently heightened anxiety and fear among the women.

While OICS acknowledges the considerable work that has gone into developing this strategy, it is crucial that momentum is maintained to ensure the project progresses beyond its initial stages. The value of the strategy lies not in its existence alone, but in the extent to which its intentions are embedded into practice and translated into meaningful action.

1.4.2 Staff safety

STANDARD 38

There are appropriate staffing levels to ensure the correctional centre functions effectively, and the manner of appointment is mindful of both security of tenure and the need for flexibility for management.

Staff survey	HPR19	HPR22*	HPR25
Rarely or never feel safe at work	25% (n=113)	24% (n=185)	10% (n=153)
Thought it was likely or very likely that they would be assaulted by a detained person	62% (n=115)	52% (n=180)	42% (n=153)
Expressed some level of fear about experiencing a serious injury at work	85% (n=114	80% (n=180)	71% (n=150)
Reported being seriously injured at work, including being on stress leave	32% (n=115)	25% (n=179)	30% (n=152)
Reported being told by a doctor that they are at risk of developing a serious stress-related illness	34% (n=115)	36% (n=180)	37% (n=154)

* *Results from HPR22 have been updated to include survey results for MHJHADS and Winnunga staff, which are also included in HPR25 results.*

We also asked ACTCS staff only about their views of staffing levels.

ACTCS AMC and CTU staff survey	HPR19	HPR22	HPR25
Are there enough staff in their workplace to ensure staff safety (answered 'no')	60% (n=108)	81% (n=165)	67% (n=127)

OICS comments on survey results

> *Generally, in 2025 ACTCS staff reported feeling safer. At the same time detained people reported feeling marginally more unsafe than the previous two surveys*

PILLARS

Table 17: Detained person-on-officer assaults (rate per 100 detained people)

Year	Serious assault*	Assault*
2011–12	-	0.77
2012–13	-	0
2013–14	-	0.60
2014–15	-	0.88
2015–16	-	0
2016–17	-	1.80
2017–18	-	1.05
2018–19	-	0.41
2019–20	-	2.25
2020–21	0.24	1.46
2021–22	-	0.51
2022–23	-	0.26
2023–24	-	4.37

Source: Rates data, ROGS 2025, Table 8A.18. Raw data, ACTCS.

** These are ROGS definitions which may not reflect the personal opinions of staff i.e. what constitutes a 'serious assault'.*

The data on detained person-on-officer assaults is likely to be far more accurate than detained person-on-detained person assaults given that one would expect officers to report any assault on them. However, the objective seriousness of the assault may vary. For example, OICS saw one reported assault on a staff member that described a detained person throwing a paper cup at the officer.

It is noteworthy that while staff report feeling safer, there was a considerable increase in assaults (but not serious assaults) by detained people on staff in 2023–24. In response, ACTCS advised that there has been an increased focus on addressing occupational violence across the JACS portfolio over the past 12 months, resulting in COs being encouraged to report all assaults and incidents. The increase could be due to a rise in the reporting of assaults (rather than necessarily an increase in assaults themselves).

Staff also raised concerns about inadequate night shift staffing.

Views of staff

> *"Just to sum up from my experience when you turn up to a shift if we see the roster being filled especially on a night shift the mood in the room lifts and everyone is happy. All we ask for is just enough staff nothing more nothing less on a given shift so we can carry out our duties safely, effectively and efficiently."*
>
> *"[The thing I would like to see change at the AMC/CTU is] Just providing adequate amount of staff especially on night shift. At present, according to the roster on a night shift 10 CO1's and 1 CO2 is required. But from my experience 9/10 shifts that I have done there is always short of staff. Most of the times 2 staff short on night shift. Then there's occasions of detainees taken to hospital during night shift which leaves the staff on the floor in a very dangerous and extremely vulnerable position to respond should an incident occur. There was an instant where there was 3 CO1's short on the beginning of the shift and about 9.00pm at night a detainee had to be escorted to hospital. This left with 2 staff in Master Control Room and 2 staff in CSU/ Management which left with one CO1 doing all the observations in 5 other areas which even if hourly observations it is humanly not possible to do it on time as you know the 5 areas are spread around the centre.*
>
> *Also consider about a major incident occurring and it would leave with 2 staff to respond I know of several occasions where I have put myself as available for Over time shifts and the centre was short of staff and never got a text message for the shifts. When discussed this with my colleagues they had similar experiences. I predominantly do night shifts so I am talking from my own experience.*
>
> *So all I ask is provide us with bare minimum staff(in my opinion 10 CO1 and a CO2 on night shift is not enough staff. Also there should be a provision for people to be called in should there be a hospital escort or any such incidents. This can be mitigated by having an on call list on top of overtime list."*

Night shift staffing was an issue identified in a 2025 OICS Review of a Critical Incident of a suspected drug overdose involving a detained woman at the AMC. That review, included a recommendation that ACTCS ensure that AMC night shift is sufficiently staffed overall to ensure that the WCC post is staffed by at least two COs during night shift. The government did not agree to this recommendation.

Further, rostering is being considered by the ACT Auditor General in a 2025 Performance Audit.

Staff raised concerns about outdated officers' stations in Remand Unit 2 and Sentenced Units 1 and 2. A 2021 fire and disturbance in Remand Unit 1 revealed serious safety issues, including that the design of the officer's stations were not compliant with the Building Code. In an OICS critical incident review of the incident, the Inspector recommended upgrading all four officer's stations, but only one has been improved so far, leaving ongoing safety risks for staff.[70]

70 OICS, *A serious fire at the Alexander Maconochie Centre on 12 May 2021* (CIR 02/22).

PILLARS

'CLICK' on Pillars to jump to content

Officers station

Body worn cameras

Body worn cameras (BWCs) are worn on the outside of a person's clothing and collect visual (and usually audio as well) of what the wearer sees and hears.[71] In the ACT, BWCs are worn by ACT police officers and in other jurisdictions, by corrections officers.[72] However, they are not currently used at the AMC.

The Western Australian (WA) Inspector of Custodial Services has found that BWCs offer a cost-effective way to increase surveillance and improve staff safety, and:

- improve gaps in CCTV coverage
- address the lack of audio on CCTV
- de-escalate potential incidents
- increase transparency and accountability of incident reporting
- record evidence from interviews incidents and cell searches
- protect staff against allegations of misconduct and complaint[73]
- allow use of footage for training purposes and identification of trends.[74]

Similar findings have been made by the New South Wales (NSW) Inspector of Custodial Services in recommending Corrective Services NSW expand the use of BWCs.[75] The ACT Ombudsman has also expressed support for the introduction of BWCs at the AMC.[76]

71 See further *Surveillance Devices Act 2010*.

72 BWCs are used in several jurisdictions, including Queensland, Victoria and the United Kingdom, which also has human rights legislation. Queensland policy permits BWCs to be used by all correctional officers in particular situations, whereas the Victorian policy confines their use to specific teams within Victorian Corrective Services.

73 The NSW Inspector of Custodial Services has noted that 'We regularly hear that custodial staff welcomed the roll out of body worn cameras because they provide protection against vexatious complaints' in *Inspection of Shortland Correctional Centre and Cessnock Correctional Centre* (Report, 2023), 34.

74 Office of the Inspector of Custodial Services (Western Australia), *2021 Inspection of Hakea Prison* (Report, March 2022) 31. In response to the WA Inspector's recommendations for their introduction, the Western Australian Government has commenced rolling out body worn cameras across Western Australian prisons, although not all facilities currently use them – see Office of the Inspector of Custodial Services (Western Australia), *2024 Inspection of Hakea Prison* (Report, February 2025) 21.

75 Inspector of Custodial Services (NSW) *Inspection of the Metropolitan Remand and Reception Centre* (Report, February 2024).

76 Evidence to Select Committee on Estimates 2025–2026, ACT Legislative Assembly, Canberra, 24 July 2025 (Iain Anderson)

There are legal and other implications to consider in introducing BWCs at AMC.[77] The views of staff,[78] and detained people must be considered.

The Explanatory Statement to the Corrections Management Bill considered the right to privacy under the HR Act in terms of monitoring of detained people. The Explanatory Statement also envisaged that the AMC would 'have extensive closed-circuit cameras.' Reflecting this, current legislation already provides for visual monitoring of detained people, staff and visits at the AMC via a network of CCTV cameras (which do not capture audio).

Use of force procedures also require staff to record 'planned' uses of force on a handheld camera, which does include audio, however several critical incident reviews conducted by OICS have noted that this is not always appropriately utilised, is more cumbersome, and has limited application. In contrast, BWCs generally record at all times (and then delete) a rolling amount of footage prior to when the user activates the camera.

As well as consideration feedback from key stakeholders and a proper lawful basis for their use, prior to introducing BWCs, ACTCS would also need to ensure:

- Clear processes are provided and explained for detained people to complain about unreasonable recordings, including a facility for detained people to access recordings of themselves.
- Clear expectations as to when staff should activate BWCs.[79]
- Audit logs for edits and redactions must be automatically created.
- Footage is protected from unauthorised internal and external access, and consideration given to how long footage is required to be retained under territory law.
- A clear communication strategy about their use.
- A comprehensive training package and adequate resourcing so that staff can be supported and encouraged to use BWCs fairly and consistently.
- Monitoring systems are developed to assess the ongoing impact of BWCs on safety and relationships.
- Independent evaluation is conducted into whether the introduction of BWCs has met its purpose.

In light of potential safety and accountability improvements for staff and detained people, they should be considered for AMC.

Recommendation 5:

Within 18 months, in consultation with key stakeholders, including staff, unions and detained people, and subject to appropriate safeguards and appropriate lawful basis, ACT Corrective Services introduce body worn cameras to improve accountability of operational practices.

77 For example if their use can be demonstrated to be a reasonable limitation on rights (e.g. right to privacy and reputation) under the *Human Rights Act 2004*, and how it interacts with other ACTCS obligations under the *Information Privacy Act 2014, Workplace Privacy Act 2011, Surveillance Devices Act 2010* and the *Corrections Management Act 2007.*

78 Including as required under the *Public Sector Management Act 1994*, enterprise agreements and other industrial obligations.

79 See for example ACT and Commonwealth Ombudsman, *Use of force by ACT Policing: more to do to lessen harm* (Report, June 2025) Recommendation 10 regarding ensuring ACT Policing update its guidelines on BWCs to set out requirements for when BWCs must on in full audio and visual recording mode.

PILLARS

'CLICK' on Pillars to jump to content

1.5 Leadership and management of safety, resources and systems

STANDARD 31

Each correctional centre has a strategic management plan in place, which is reviewed and revised as required.

STANDARD 32

Correctional centres regularly review and evaluate their own performance against their plans.

1.5.1 ACTCS strategic and performance planning and evaluation

The need to rebuild ACTCS leadership after a decade of flux

There has been a decade of leadership flux at senior executive and operational levels of ACTCS. There have been seven permanent or acting leaders of ACTCS (referred during that period as either Executive Director or Commissioner) in the last 10 years, and five Assistant Commissioner Custodial Operation roles (or equivalent) leading AMC operations over the same period. At the time of writing, almost all senior operational leadership positions at AMC were being filled on a temporary basis. Such regular leadership changes and temporary filling of senior positions has deeply impacted AMC's workplace culture.

With the appointment of a permanent Commissioner in early 2025 after a significant period of acting appointments, there is an opportunity to build a consistent culture across the organisation. However, this will only be realised with certainty around operational leadership. During most of 2025, the role of Assistant Commissioner Custodial Operations – the most senior operational role – was being temporarily filled for an indeterminate period. This was because the substantive position holder had been stood aside pending the outcome of a review precipitated by an ACT Integrity Commission report, that made adverse findings about that person, but no finding of corrupt conduct. These staff are getting on and doing the job despite uncertainty but the jail desperately needs *permanent*, visible, operational leaders. This will have a cascading impact to provide for certainty in other operational senior leadership roles.

In summary, the Inspector concludes the culture at the AMC since HPR22 has predominantly been reactive rather than one with a well-understood clear vision.

The vision in the previous *ACT Corrective Services Strategic Plan 2019–2024* was for ACTCS to be recognised as the leader in the provision of effective corrective services which positively changes lives, reduce re-offending and prevent future victims.

The Strategic Plan's mission was to contribute to community safety through safe, secure, decent and humane management of detained people; and providing sustainable opportunities for rehabilitation and reintegration. However, the strong emphasis in the Strategic Plan on utilising time in custody as an opportunity for positive interventions, rehabilitation, and reducing reoffending has simply not been demonstrated by priority actions and significant outcomes on the ground in the AMC. Over the period since the last HPR, efforts to drive strategic approaches that help detained people improve themselves, such as introducing a broad range of relevant vocational education options, open up more meaningful opportunities for work, and introduce

non-criminogenic programs has not succeeded in overcoming inertia. There is no doubt that there are complexities in custodial settings and government bureaucratic processes to consider – but strong leadership driven by a shared vision, and a can-do team culture has been lacking.

In April 2024 several senior ACTCS staff at head office and operational levels visited Macquarie Correctional Centre (Macquarie) in Wellington NSW, a maximum security prison that was developed based on an operating philosophy of 'desistance'.[80] This prison is known for its busy day involving for each detained person, structured time for work, education, recreation, community connections and pursuing interests. The model includes a focus on building on detained person's strengths, abilities and interests including an opportunity for them to propose and lead different activities, clubs, mentoring etc. The Inspector understands that the purpose of the visit by ACTCS staff was to observe the elements of success at Macquarie and consider, notwithstanding some stark operational differences between the centres, what ideas could be applied to the AMC. The 'study tour' approach is to be applauded. ACTCS staff reported noteworthy initiatives and micro-initiatives at Macquarie (that in the Review Team's view could potentially be replicated at the AMC). These included a detained person led podcasting studio and editing suite, an extensive café run by detained people catering for visits and staff lunches, a greenhouse that provided produce for the jail, extensive horticulture in the grounds, and a positive feel created by elaborate murals done by detained people. Other initiatives included groups led by detained people such as Narcotics Anonymous, model building, and a detained person-led basic literacy and numeracy education mentoring program.

However, despite the enthusiasm at the time among senior ACTCS staff, the Inspector is not aware of any new ideas progressed or implemented as a result of this visit. This is unfortunately emblematic of the many ideas, pilots, reviews and temporary initiatives that have been tried at the AMC since it opened, but are not continued. The Inspector acknowledges that significant projects have been implemented since the last review including the AMC going smoke free (discussed in detail at section 1.3.7), and separating remand and sentenced detained people's accommodation (discussed at section 1.1.4 (accommodation)). These were complex projects, for the most part successfully executed, but both were reactive in nature. The ACT was one of the last jurisdictions to go 'smoke-free' in response to the risk posed by smoking and second-hand smoke. The remand/sentence separation was prompted by litigation initiated by a number of detained people regarding their accommodation placement as a person a on remand at the AMC and consequently the risk that people on remand might be granted bail due to non-separation.

In 2025, ACTS replaced its previous Strategy Plan with the ACTCS Strategy Priorities 2025–27, which now sit under the JACS Strategic Plan, noting it is 'refocusing on our core legislative responsibilities in relation to correctional practice and human rights'.

Staff culture has improved marginally, from a very low base

Of the ACTCS staff who responded to the HPR25 survey, 48% reported that they have used the Employee Assistance Program (EAP). Of those that hadn't, the following reasons were given by ACTCS staff:

80 Desistance, as described by Bachman et al. (2016), involves offenders reframing their past criminal selves, developing prosocial identities, and reconciling their current identities as good people, leading to increased prosocial behaviour and emotional stability. Through effective rehabilitation and reintegration programs in correctional centres, the criminal justice system can support offenders in their journey towards desisting from crime and leading law-abiding lives. Vaughn, S., Ramirez, M., & Tietz, C. (2024). Enhancing Offender Rehabilitation Through Co-Designed Controlled-Environment Agriculture in an Australian Maximum Security Prison. *The Prison Journal, 104*(5), 594–622. https://doi.org/10.1177/00328855241278262 (Original work published 2024)

Reason	HPR19** (n=115)*	HPR22 (n=109)*	HPR25 (n=91)*
Never had to use EAP	64%	47%	51%
Concerned about the confidentiality of EAP services	29%	22%	35%
Concerned about negative consequences from management for using EAP	29%	14%	23%
Concerned about co-workers judging for using EAP	16%	10%	11%
Concerned about losing job because use of EAP	20%	9%	7%
I don't think that EAP provides a useful service for corrections staff	Not asked	26%	21%
Other	14%	15%	10%

* *Staff may have given more than one reason. N in this context is the number of respondents, not number of answers.*

** *Survey data for HPR19 did not disaggregate Justice Health and ACTCS staff, although the bulk of responses were from ACTCS staff (approximately 85%).*

Note: results from HPR22 have been updated to include survey results for JHS and Winnunga staff, which are also included in HPR25 results.

Comments on survey results

> *There was an increase in staff being concerned about confidentiality breaches or other negative consequences from using EAP. Staff responses to the sorts of wellbeing support they would like remained steady, although there was a greater interest in responses to the HPR25 survey for anonymous hotline reporting, and less interest in online resources.*

Matter (staff want)*	HPR19 % (n=103)**	HPR22*** % (n=144)	HPR25 % (n=131)
Staff stress management training	83	72	63
Training in how to deal with PTSD or trauma	80	73	75
Training in personal nutrition and exercise	67	54	51
Confidential links to counsellors or therapists	64	57	54
Online/digital resources related to health and wellbeing	54	52	38
Anonymous hotline for reporting matters of concern that I become aware of	69	58	70
Other	10	15	9

* *Staff may have given more than one reason. N in this context is the number of respondents, not number of answers.*

** *Survey data for HPR19 did not disaggregate Justice Health and ACTCS staff, although the bulk of responses were from ACTCS staff.*

*** *Results from HPR22 have been updated to include survey results for JHS and Winnunga staff, which are also included in HPR25 results.*

Comments from staff

> *"A more collaborate working relationship with all agencies at the AMC & CTU. We are heading in the right direction with the 20/40 all staff meetings [Director, culture change] holds each month. It brings all staff together; this is a positive move and makes a big difference to understand other areas role in the bigger picture."*
>
> *"Due to the broader process of performance management where it is challenging, time consuming and takes a significant toll... If there was a strategy that would mean a real warning if that behaviour does not change or empowering the HR and integrity teams to be able to take quick and real action, that may assist."*
>
> *"Toxic work culture, there is a lot of misogyny and sexism from staff and detainees. To fix this there needs to be more of an emphasis on women-oriented opportunities and also education for the men working here on how to appropriately engage with women in the workplace. The toxic work culture is also related to specific cliques that form in the jail, and it would be good to see the separation of those for the benefit of the jail overall."*

At the time of HPR22, AMC and CTU were in the very early stages of the *Blueprint for Change* program which was established by the then Minister for Corrections with the objective of improving safety and wellbeing of COs. An oversight Committee was established through 2021–2024 with a project delivery team. Funding totalled $29.1 million over 4 years.

During this review, it was positive to observe efforts being made to communicate across teams – for example, at an all-staff level through the new 20/40 meetings (involving all staff working at AMC), custodial leadership (10/20 meetings), and regular multidisciplinary forums such as the Intensive Case Management Group (ICMG), High Risk Assessment Team (HRAT), and Transitional Release Assessment Panel (TRAP).

Nonetheless, the AMC has faced allegations that an unnamed group of COs engaged in serious misconduct dating back to 2022 and prior. As noted below, the ACT Integrity Commission over several years conducted "Operation Magpie" investigating alleged drug trafficking and abuse of public office by COs. The operation was discontinued with no findings of corrupt conduct, although it appeared to the Review Team that many COs who had been involved in the investigation were not aware that the investigation had been discontinued (although its discontinuation is noted on the Integrity Commission website). Perceptions exist that these issues remain unaddressed which, in the Review Team's view has an ongoing legacy that is continuing to impact AMC custodial culture. There remains a deep division among some staff, which could be described as factionalism. Matters raised with the Review Team relating to culture discussed below (merit in advancement, integrity issues) for some staff is deeply intertwined in this factionalism, though it should be noted not all staff identified factionalism as a concern. For those that did, the concerns are deeply held. For example, some COs described the environment as 'toxic', stressful and deeply problematic. Some opined that things were slowly improving compared to 3 years ago but not all with concerns held that view.

Integrity training for staffed is discussed further below at section 1.5.6.

Vital role of non-custodial staff under resourced and supported

The Review Team identified the support needs of non-custodial staff as requiring further development and investment. A number of non-custodial staff raised with the Review Team their concerns about a lack of support from line managers and senior managers which significantly impacted their wellbeing, and coupled with high workloads and staff vacancies, contributed to risk of burnout. The organisational structure of the Offender Reintegration Unit resulted in senior management being physically distant from staff 'on the ground' at AMC, which contributed to staff not feeling adequately supported. This is discussed further at section 4.1.1 (case management).

The AMC's culture is in a fragile state, in need of certainty and visible leadership based on integrity

Despite some positive potential in the AMC's current leadership and culture, the Inspector is concerned about the fragility of the present situation. Improvements must be cemented through permanent appointments as a priority to bring certainty and allow for concrete strategic planning to be completed and implemented.

As discussed throughout this report, the AMC faces several operational pressures, not least from increasing numbers of detained people and constraints resulting from separating remand and sentenced detained people in the accommodation areas. The lack of education, activities and sufficient programs is at crisis point and must be prioritised and funded.

The early positive indications, if cemented and then built upon, are essential to deliver on what the AMC needs most: purposeful activity (discussed in detail in Chapter 3) because without a doubt, operational leadership is an essential precondition for this.

Finding 13:

The Alexander Maconochie Centre requires stable, visible leadership with permanent appointments to key roles.

1.5.2 Health services strategic and performance planning

Across MHJHADS and Winnunga staff at the AMC, in response to the HPR25 survey, 40% reported that they have used the EAP (n=25). Of those that hadn't, the following reasons were given:

Reason	HPR19**%	HPR22 (n=16)*	HPR25 (n=18)*
Never had to use EAP	Not disaggregated	67%	63%
Concerned about the confidentiality of EAP services	Not disaggregated	8%	13%
Concerned about negative consequences from management for using EAP	Not disaggregated	17%	13%
Concerned about co-workers judging for using EAP	Not disaggregated	0%	0%

Reason	HPR19**%	HPR22 (n=16)*	HPR25 (n=18)*
Concerned about losing job because use of EAP	Not disaggregated	8%	6%
I don't think that EAP provides a useful service for staff	Not asked	33%	6%
Other	Not disaggregated	0%	13%

* *Staff may have given more than one reason. N in this context is the number of respondents.*

** *Survey data for HPR19 did not disaggregate Justice Health and ACTCS staff, although the bulk of responses were from ACTCS staff (approximately 85%).*

Since HPR22 there have been some developments in regard to strategic planning for health services by the JHS and Winnunga, which continues to be a work in progress.

The *JHS Model of Service, Justice Health Services, Alexander Maconochie Centre and Bimberi Youth Justice Centre* was released in January 2025. This Model of Service (MOS) aims to provide a comprehensive framework for staff who deliver healthcare services within the AMC and the Bimberi. The MOS has been developed as an evidence-based framework for describing the right care, at the right time, by the right person/team and in the right location across the continuum of care, ensuring that AMC and Bimberi clients receive high-quality, safe and evidence-based care throughout their time in custody.

It is a fairly comprehensive document that details the services provided to the detained population and how they are coordinated within JHS and in conjunction with ACTCS. There is also reference to Winnunga's role at the AMC and how their services interface with JHS services.

The JHS is part of the Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) division within the Canberra Health Services and is involved in strategic planning undertaken within the Division. It was reported to OICS that the MHJHADS division is strongly focused on mental health service planning and delivery as this is the largest component (and budget) of the division. It was felt that this may at times be detrimental to JHS and the importance of their health service planning requirements especially relating to primary and chronic health care.

The *ACTCS, JHS and Winnunga AMC Health Services Governance Committee's* Terms of Reference states the Committee is responsible for providing oversight and leadership to deliver health services to detained people and drive the implementation of strategic priorities in line with the ACT Detainee Health and Wellbeing Strategy.

Key health performance indicators

JHS reported their current key performance indicators (KPIs) included:

- Reception Assessment within 24 hours of reception
- Pregnant Woman Care Plan developed within 3 weeks of reception
- Falls Risk Screening Assessment completed within 24 hours of reception.

These KPIs are the only KPIs tabled at the *ACTCS, JHS and Winnunga AMC Health Services Governance Committee* meetings. There are no additional health related KPIs reported on to this Committee or other Committees/meetings within MHJHADS/CHS.

Occasions of service data is collected, e.g. occasions of GP service, number of specialist appointments, but this is not reported and/or reviewed at any committees/meetings.

There is a significant level and variety of health care funded for and provided at the AMC, which should have accountability data collection connected to it. For example, it is important to demonstrate the number of specialist outpatient appointments attended as well as, from a detained person safety and quality and clinical risk mitigation perspective, the number of specialist appointments cancelled and the reason for this.

The number of specialist and medical imaging appointments being cancelled due to a lack of ACTCS staff is an ongoing and significant problem raised by JHS staff despite it being raised at numerous joint committees and operational meetings. Data is collected by JHS on numbers and reasons for appointment cancellations however this is not being formally reviewed at joint committee meetings to demonstrate the seriousness of the issue.

Timely access to care and continuity of care are important aspects of health service delivery which need to be monitored. A number of jurisdictions have long established KPI reporting related to health care which could be adopted at the AMC. The reporting includes the timeliness of reception assessments, waiting times for GP, nurses, specialists service appointments by triage priority, timeliness of pregnancy tests for newly admitted women, review of a detained person upon return from an emergency department presentation, hospitalisation or specialist appointment attendance, review of chronic care plans, metabolic monitoring and discharge/release planning, etc.

Finding 14:

There is insufficient reporting and formal evaluation of health related key performance indicators.

Recommendation 6:

Within 18 months, the ACT Government expand and report on key performance indicators relating to the delivery of health care at the Alexander Maconochie Centre, including some unique to Mental Health Justice Health Alcohol and Drug Services and/or Winnunga Nimmityjah Aboriginal Health and Community Services which are jointly developed with ACT Corrective Services. This should include outcomes against the ACT Detainee Health and Wellbeing Strategy and waiting periods.

1.5.3 Emergency management

STANDARD 33

Effective emergency management and incident response plans are in place, including evacuation plans.

ACTCS emergency management

There has been a significant improvement from HPR19 and HPR22 in relation to emergency management. This assessment is supported by survey results, with staff reporting feeling much more adequately trained to respond in emergency situations compared to previous years.

ACTCS AMC and CTU staff survey	HPR19	HPR22	HPR25
Felt adequately trained in a "loss of control" situation	11% (n=109)	21% (n=147)	43% (n=119)
Felt adequately trained in emergency response (fires, natural disasters, etc.)	48% (n=108)	56% (n=147)	67% (n=145)

In 2020 OICS highlighted in a Critical Incident Review of a *Riot and serious fires at the Alexander Maconochie Centre on 10 November 2020*, a parlous state of affairs regarding incident management, with 11 of the 13 recommendations from that review about emergency management and incident response. The review identified issues with the *ACTCS Emergency Management Framework* and related policies and procedures as well as the lack of staff training and poor access to staff equipment.

Relevant policies (e.g. Emergency Management, Code Red [fire], Code Grey [detainee disturbance or riot]) and operating procedures have been updated. The capacity of ACTCS to prevent and respond to fire hazards has improved drastically, noting significant work from the Fire Protection Officer. The *ACTCS Emergency Management Plan* has been updated. Equipment now appears fit for purpose and more organised and accessible. In 2024, 35 staff were trained in emergency management and associated courses including the negotiator course (with generally very positive feedback), and an inter-agency emergency scenario training (involving ACT Fire and Rescue and ACT Police) has been carried out. The uplift in emergency management equipment was due to Blueprint for Change funding which has now expired, so ensuring maintenance is considered and budgeted for is important. The Emergency Management Plan places responsibility for emergency management education and exercises on Senior Management Group AMC and the Capability Development Unit. The Executive and Incident Management Team have a minimum training requirement of 2 exercises every year, but does not specify how many practical exercises v desk top exercise are involved. 'Exercises' may include a full field exercise/simulation which may be highly resource intensive but provide the most practical opportunity for learning, all the way down to a 'discussion exercise'. It will be important to ensure sufficient practical training.

Finding 15:

ACT Corrective Services has made significant improvements in emergency management and incident response preparedness in the last three years.

Health and emergency management

As identified in the HPR22, MHJHADS does not have its own specific Emergency Management Plan for AMC. Instead it relies on the AMC and broader Canberra Health Services (CHS) Emergency Management Plans. Staff of MHJHADS working at AMC are required to undertake annual mandatory training in fire drills and cardiopulmonary resuscitation (CPR) and also undertake disaster management training.

Custodial staff are required to maintain annual reaccreditation in CPR and assist in the resuscitation of a detained person during an incident. Health staff working at AMC reported COs are always actively involved in the resuscitation of a detained person when JHS staff assume coordination of the incident. In recent critical incident reviews, ACTCS staff have administered first aid to detained people in a timely way once they had access to the detained person (i.e. after hours once the cell or unit door was opened), although in one recent critical incident review the Inspector was concerned that ACTCS waited for JHS staff to arrive before first aid was administered.[81]

The JHS has a number of emergency response bags which are located in each of the accommodation units and are checked and securely tagged each week and after use during an incident. In addition, there are also two emergency trolleys which are also brought to an incident if required. ACTCS and JHS have automated external defibrillators (AEDs) and JHS is responsible for maintaining both agencies' AEDs,including having them serviced by a Biomedical Engineer.

In a health emergency, ACTCS policy requires relevant COs to call an ambulance if required. Senior MHJHADS staff reported there has been an improvement in COs contacting the ACT Ambulance Service (ACTAS) and requesting an ambulance attend the Centre. This has been following the implementation of training of COs and the provision of a prompt sheet to guide the staff in their response.

1.5.4 Record keeping, incident reporting and response

STANDARD 34

Any incidents that occur are appropriately internally recorded, analysed and any lessons learnt are identified. Relevant staff are involved in this process and outcomes are disseminated.

STANDARD 35

The correctional centre keeps up-to-date, well-organised, secure and permanent records of key information.

ACT Corrective Services

A serious lapse in critical incident reporting occurred in 2024 when a suspected drug overdose that resulted in a detained person being transferred and admitted to hospital was not reported through official channels.[82] This incident revealed failures in following incident reporting policies, including the lack of notification to senior staff and the absence of required documentation. The review found that poor record keeping, particularly in the use of the CORIS offender management system, has contributed to ongoing issues with incident reporting and data reliability.

81 OICS, *Critical Incident Review of a Suspected drug overdose, endangering life of a detained person at the Alexander Maconochie Centre 21 May 2024* (Report, May 2025).

82 OICS, *Critical Incident Review of a Suspected drug overdose, endangering life of a detained person at the Alexander Maconochie Centre 21 May 2024* (Report, May 2025).

Concerns around incident reporting and record keeping are not isolated, with deficiencies identified across various operational areas. As discussed at section 1.3.6, for this review, ACTCS advised that data was removed from x-ray body scan and strip searching datasets due to improper entry. Further, as discussed at section 2.7.2, OICS, the ACT Coroner and the Integrity Commission have all criticised ACTCS for inadequate record keeping in the area of observations of detained people. Analysis of segregation records discussed at section 1.2.4 also reveals incomplete records.

A 2024 internal audit of CORIS (that was introduced in mid 2022) identified poor record keeping. It noted that stakeholders across ACTCS highlighted concerns with the completeness and reliability of information and data in CORIS. Such deficiencies undermine accountability, hinder oversight, and raise concerns about legislative compliance including with the *Territory Record Act 2002*. While the internal audit identified some positives in the use of CORIS (including its broad functionality and its auditable record of all data entry), the review also noted that data was at times being recorded in separate spreadsheets instead of CORIS. This too echoes findings of a previous OICS' critical incident report, which found multiple systems and documents were being used to record accommodation unit-specific operational risks.[83]

The Review Team observed the important role of compliance checks in promoting consistent compliant record keeping, including compliance spot checks. While ACTCS has developed an implementation workplan to address record keeping issues, the timeline for completion remains unclear, and consistent, system-wide improvements are still needed to ensure AMC operates as a mature and accountable correctional facility.

Finding 16:

Record keeping and incident reporting practices across multiple areas at the Alexander Maconochie Centre fall short of expected accountability standards.

Recommendation 7:

Within 6 months, ACT Corrective Services take further steps to improve culture amongst Corrections Officers to fulfil crucial reporting and record keeping obligations including in relation to observations, critical incidents, searching and segregation.

In its critical incident review of the suspected drug overdose, OICS recommended that ACTCS immediately ensure consequences for staff not complying with legislation and ACTCS policy.

Historically, ACTCS has elected to conduct internal reviews of certain incidents, which have been rigorous and considered and have identified opportunities for continual improvement. Since HPR22, OICS is aware of ACTCS only undertaking two internal reviews, but notes the value that internal reviews can bring as an opportunity for reflective practice.

83 OICS, *Review of a critical incident: a serious assault of a detained person resulting in admission to hospital at the Alexander Maconochie Centre on 13 December 2023* (Report, August 2024).

PILLARS

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Justice Health Services

Incident reporting

As reported in HPR22, MHJHADS use the Riskman system to report health related incidents. Senior MHJHADS staff told OICS that their staff are fairly proactive at reporting incidents. The reported incidents are investigated by the managers and reviewed at the MHJHADS Clinical Governance Meeting.

Some MHJHADS staff advised that some of the reported incidents could have been prevented had COs assisted nursing staff in managing an escalating detained person. The example given was of nursing staff advising a detained person that a prescribed medication had been ceased and/or changed, resulting in the detained person's behaviour escalating. Corrections Officers did not intervene and attempt to deescalate and/or remove them from the location. As a result, MHJHADS staff reported that the detained person continued to be threatening and abusive to nursing staff. This was documented by MHJHADS staff and similar occupational violence incidents in Riskman.

Similar issues in HPR22 led the Inspector to find that MHJHADS staff feel ill-equipped in communicating with challenging detained people and de-escalation techniques; and that there is currently no agreed position on a zero-tolerance approach to aggression and threats of violence towards health and custodial staff at the AMC.

Record keeping

MHJHADS uses the Digital Health Record (DHR) which is the Canberra Health Services (CHS) DHR used by all CHS inpatient and community health services. MHJHADS staff reported that there are advantages to sharing the health record with other health providers within the CHS as it allows them to access health information, discharge summaries, pathology and medical imaging results, etc.

Winnunga's health staff at the AMC use the electronic health record (EHR) in operation at the Winnunga Health Service in the community.

Both service providers conduct a written and verbal 'handover' of detained people when their care is transferred between the providers. This includes a weekly clinical handover meeting where new clients of the providers are discussed, and discharge summaries are provided by the GPs to the respective receiving GP team. In addition, at the time of a medical emergency, JHS will provide a clinical handover to Winnunga if the incident involves one of their clients. The Review Team acknowledges the work of JHS and Winnunga in establishing communication and clinical handover systems to improve the sharing of information regarding care of detained people. However, this could be further enhanced. Both JHS and Winnunga clinical staff were of the view that this would bring significant benefits.

Finding 17:

New clinical handover processes between Justice Health Services and Winnunga Nimmityjah Aboriginal Health and Community Services have improved information sharing since the last review, however, opportunities exist for further improvements.

Recommendation 8:

Within 6 months, the ACT Government and Winnunga Nimmityjah Aboriginal Health and Community Services identify options for improved mutual information sharing to enhance continuity of care and minimise risks in areas of intersecting care, such as Code Blue responses and the management of At-Risk detained people

Reviews of deaths in custody

Senior MHJHADS staff advised that the CHS does not conduct Root Cause Analysis (RCAs) or equivalent reviews of all deaths in ACTCS custody. This is quite unusual considering such deaths must be reviewed by the ACT Coroner. Root Cause Analysis (or equivalent) reviews are common contemporary method of reviewing critical incidents in health settings nationally and internationally, including in Australian correctional environments. It may be that the direct cause of death is not identified at the time of the RCA/or equivalent. However, a significant number of systems issues can be identified resulting in recommendations to rectify and/or improve the systems issues which, from a safety and quality perspective, have benefited other detained people. It may also provide a more timely identification of risk within clinical setting than awaiting consideration of matters by a coroner.

Senior health staff told OICS that deaths at the AMC are discussed at the MHJHADS *Morbidity and Mortality* (M and M) meeting. While OICS acknowledges there is some review of the clinical management of patients' deaths, M and M meetings do not routinely identify systems issues which RCAs or equivalent address.

Finding 18:

While there are strong incident management processes within Mental Health Justice Health Alcohol and Drug Services, there are no formal reviews conducted of all deaths in custody.

Recommendation 9:

Within 6 months, Mental Health Justice Health Alcohol and Drug Services commit to conducting Root Cause Analysis or equivalent reviews for all deaths in custody.

1.5.6 Staff training and integrity

STANDARD 39

All staff have the necessary knowledge, skills and authority to work in a prison, and are trained to the highest standards of professional competence, integrity and honesty.

STANDARD 40

The learning and development needs of staff are regularly assessed and addressed so that all staff are fully equipped to perform their duties.

ACTCS staff general training

AMC and CTU staff survey	HPR19*	HPR22	HPR25
Felt adequately trained in a "loss of control" situation	11% (n=109)	21% (n=147)	43% (n=119)
Felt adequately trained in CPR/first aid	85% (n=108)	79% (n=146)	71% (n=114)
Felt adequately trained in staff self-care, such as dealing with stress	24% (n=109)	29% (n=147)	53% (n=152)
Felt adequately trained in detained person case management	29% (n=99)	21% (n=148)	43% (n=120)
Felt adequately trained in the management of detained people with mental health issues	30% (n=105)	27% (n=148)	35% (n=120)
Felt adequately trained in the management of detained people with drug issues	30% (n=107)	21% (n=148)	43% (n=145)
Felt adequately trained in occupational health and safety	45% (n=109)	43% (n=148)	54% (n=145)
Felt adequately trained in awareness of particular detained person needs	48% (n=107)	57% (n=148)	74% (n=145)
Felt adequately trained in emergency response (fires, natural disasters, etc.)	48% (n=108)	56% (n=147)	67% (n=145)
Felt adequately trained in suicide prevention	49% (n=107)	38% (n=148)	51% (n=120)

ACTCS use of force and searching training

AMC and CTU staff survey	HPR19	HPR22	HPR25
Felt adequately trained in the use of chemical agents	11% (n=71)	59% (n=91)	91% (n= 66)
Felt adequately trained in the use of force	22% (n=72)	51% (n=92)	86% (n=66)
Felt adequately trained in the detained person disciplinary process	30% (n=73)	26% (n=92)	39% (n=66)
Felt adequately trained in the use of batons and shields	Not asked	41% (n=92)	29% (n=66)
Felt adequately trained in the use of restraints	51% (n=74)	77% (n=91)	91% (n=66)
Felt adequately trained in searching procedures	64% (n=73)	72% (n=92)	83% (n=66)
Felt adequately trained in the use of body scanners**	n/a	n/a	27% (n=66)
Felt adequately trained in interpreting body scanner images**	n/a	n/a	12% (n=66)

* *Survey data for HPR19 did not disaggregate Justice Health and ACTCS staff, although the bulk of responses were from ACTCS staff (approximately 85%).*

** *9% of respondents suggested the question was not applicable to them.*

MHJHADS and Winnunga staff only:

Staff survey	HPR19*	HPR22	HPR25
Felt adequately trained in awareness of particular needs of detained people (e.g. relating to Indigenous status, disability, culturally and linguistically diverse backgrounds)	n/a	57% (n=14)	80% (n=25)
Felt adequately trained in management of challenging and unpredictable behaviours	n/a	50% (n=14)	72% (n=25)
Felt adequately trained in management of self-harming behaviours	n/a	71% (n=14)	56% (n=25)
Felt adequately trained in trauma informed care	n/a	35% (n=14)	72% (n=25)
Felt adequately trained in treatment for detained people with drug and alcohol dependency, including skills in addiction medicine	n/a	79% (n=14)	72% (n=25)
Felt adequately trained in responding during or after an emergency situation/critical incident within the AMC	n/a	71% (n=14)	72% (n=25)
Felt adequately trained in staff self-care, such as managing your physical and mental health and wellbeing	n/a	43% (n=14)	52% (n=25)
Felt adequately trained in workplace health and safety	n/a	57% (n=14)	92% (n=25)

* *Survey data for HPR19 did not disaggregate Justice Health and ACTCS staff, although the bulk of responses were from ACTCS staff (approximately 85%).*

Comments on survey results

> *There were significant improvements in perceptions of being appropriately trained, although with lower numbers of ACTCS respondents. Issues with interpreting body scanner images are discussed at sections **1.2.3** and **1.2.4** above.*

Comments from staff

> *"Nepotism."*
>
> *"Favouritism is rife with Senior Management. There are more senior managers doing overtime at CTU than CO1 staff because they are mates with the Senior Director. Senior managers bully staff, and rosters and leave is never allocated fairly."*

AMC's approach to integrity issues

Serious allegations relating to integrity and staff conduct at AMC has been raised for several years, including in the media. The ACT Integrity Commission over several years conducted "Operation Magpie" investigating alleged drug trafficking and abuse of public office by COs. The operation was discontinued with no findings of corrupt conduct. The Review Team heard from several operational staff that were concerned about what they perceived is a lack of accountability and/or closure in relation to these matters.

PILLARS

'CLICK' on Pillars to jump to content

Corrections environments present unique and heightened risk of corruption because they are closed environments generally out of public view, where there is a significant power imbalance between staff and detained people. This system is vulnerable to exploitation. Integrity risks may include introduction of contraband (by detained people, visitors, staff and contractors) inappropriate relationships, unfair or arbitrary decision making, excessive use of force etc. As the comments above touch on, 'nepotism', particularly in relation to benefiting from staff promotion (discussed further at section 2.2.1 (workplace grievances) or access to overtime shift opportunities was also a key integrity concern COs raised with the Review Team in relation to integrity. This review did not consider staffing rosters and overtime noting that the ACT Audit Office is currently conducting a performance review into overtime at AMC, but relevant information that the Inspector became aware of has been shared with that office.

All ACTCS staff are ACT public servants and relevant integrity standards applicable to all ACT public servants apply to staff at the AMC. That said, the unique nature of corrections environment demands a fit for purpose integrity system and process at the AMC.

ACTCS had in place an Integrity Unit that from 2021–2024 sat under ACTCS Corporate Services. It comprised of one position, the Director of Integrity, Risk and Fraud Corruption. This 'unit' became a repository for many types of complaints and concerns from workplace grievances and misconduct allegations (discussed further at section 2.2.1), to corruption allegations. ACTCS staff told the Review Team, that over several years they sought to raise concerns with the Integrity Unit or other entities, but perceived that these complaints went 'nowhere' because they never heard back about outcomes. Trust and confidence in integrity systems at the AMC amongst staff and the ACT community is low.

In 2024 a review of ACTCS Integrity processes was carried out by the Quality Assurance Team within ACTCS on the request of the acting Commissioner, with input from JACS on the terms of reference. This review focused on the Integrity Unit's policies and processes compliance with ACT Public Service guidance. It did not consider how the Integrity Unit was operating in practice. It found that the governance arrangements developed by the unit were not needed and in some respects went beyond what was permitted by the ACTPS guidance. The Integrity Unit was disbanded following of the outcome of the review.

The Integrity Review noted that correctional environments may give rise to particular integrity and corruption risks, but recommended allegations of inappropriate behaviour or alleged misconduct be promptly referred to relevant managers.

The AMC custodial operations staffing model currently lacks direct personal supervision of front line operational staff (CO1s) by specific allocated managers (discussed further at section 2.2.2). Therefore, expecting COs to report concerns to their manager under the current arrangements is unlikely to be fully effective.[84]

84 It is noted that the ACTCS Ethical Conduct Policy in part 7 does contemplate external reporting options including the ACT Integrity Commission.

The integrity review does acknowledge that ACTCS staff may report directly to the ACT Integrity Commission and recommended that:

> ACTCS consult with People and Workplace Strategy and the Senior Executive Responsible for Business Integrity Risk related to fraud and corruption to confirm and document agreed arrangements for recording, reporting, monitoring and appropriately sharing relevant data in relation to integrity related matters managed by ACTCS and associated risks. These arrangements should be aligned with ACTPS policy frameworks and legislative obligations and avoid duplication where possible.

Improving staff integrity processes, providing alternative channels where reporting to managers is not feasible, and communicating the changes to staff must be a priority of the highest order to improve AMC's culture in light of the issues discussed throughout this review.

Conflicts of interest

ACTCS has an Ethical Conduct Policy, informed by the ACT Public Service Code of Conduct. Specific guidance as to how conflicts of interest should be managed in a correctional environment include:

10.1 Staff must not engage in an intimate or sexual relationship with an offender.

10.2 Staff are strongly discouraged from commencing a personal, social, or commercial association or relationship with an offender, even when the staff member is not in direct professional contact with the offender.

10.3 A Conflict of Interest Declaration must be submitted when:

a) a relationship exists or develops between a staff member and an offender

b) a relationship is identified as existing or developing between another staff member and an offender

c) an association/relationship exists or develops between a staff member

and a:

i) visitor to a correctional centre

ii) family member of an offender.

10.4 Where an association or relationship has been initiated by a current offender and not reciprocated by the staff member, a Conflict of Interest Declaration must be completed. An Intelligence Report must also be submitted.

10.5 Where an offender is a family member, the following restrictions must apply to the staff member:

a) visits can be permitted under the Visits Policy

b) special visiting arrangements can be implemented

c) contact arrangements between the staff member and the offender may be implemented by the General Manager Custodial Operations [sic – old title for Assistant Commissioner, Custodial Operations] and

d) where required, the General Manager Custodial Operations [sic] must ensure that the officer is not delegated decision-making powers relating to the offender.

10.6 Where staff have a reasonable cause to believe another staff member may be in, or have had, a relationship with an offender, staff must submit an Integrity Report via email to ACTCS-Integrity@act.gov.au.

This policy may need to be amended in light of the recent review of the Integrity unit, and would also benefit from a broadening of scope. Further, during this review, OICS heard concerns about immediate family members of ACTCS staff forming personal connections or associating with current and formerly detained people. The Inspector suggests this should also be contemplated as a potential conflict of interest issue in the policy (noting that conflicts of interest may be actual, potential or perceived).

Finding 19:

The approach to identifying and responding to integrity issues at the Alexander Maconochie Centre in place over the review period is not fit for purpose.

Recommendation 10:

Within 18 months, ACT Corrective Services update relevant policy and develop clear guidelines for staff, including about:

a) how to report integrity issues
b) how to raise issues relating to workplace misconduct and expected responses
c) what constitutes a conflict of interest.

These guidelines should be communicated to staff through a variety of channels, and managers should be responsible for ensuring their team are aware of them.

1.5.7 Policies and procedures

STANDARD 42

The correctional centre has clear, comprehensive, internally consistent and up to date policies and procedures on all relevant areas. Policies and procedures are Notifiable Instruments and are available on the ACT Legislation Register.

STANDARD 43

Operational practices reflect policies and procedures.

Previous HPRs have been extremely critical of outdated policies and procedures, and lack of transparency (for example, fully or significantly redacted documents). There have been significant improvements, but some work still needs to be done.

- In HPR19 and HPR22, OICS noted lack of transparency in that the *Corrections Management Policies and Operating Procedures 2017 (No 2)* is essentially a list of fully redacted policies and procedures that are not individually identifiable on the ACT Legislation Register. This was repealed on 26 March 2024.
- In OICS previous review of the CTU and HPR22 we noted that the *Corrections Management (Functions, Court Transport Unit) Policy 2008* was woefully out of date. This policy was repealed in January 2023.
- Until this year, the *Corrections Management (Receiving Prisoners from Watch-House, Court Transport Unit) Operating Procedure 2008* was in force, 17 years after it was notified, with outdated language such as 'Quamby', which was a youth detention centre that closed in 2008. This was repealed and replaced on 30 June 2025.

Justice Health Services

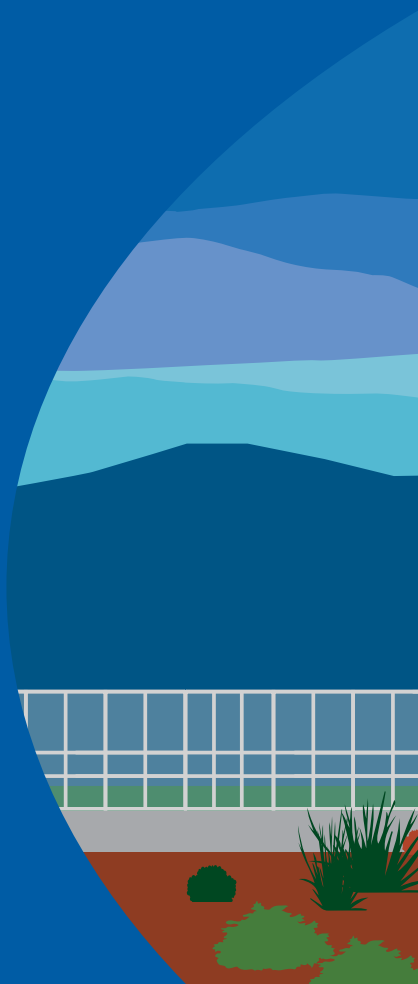
Positive practice: JHS has undertaken substantial work in the development new policies, procedures and other documents to inform its work at the AMC.

In HPR22, OICS recommended that the current approval process for JHS policies within CHS be reviewed with the aim of streamlining it and making it more efficient.

Since the last HPR there appears to have been substantial work conducted by JHS in the development and/or review of operational policies and procedures, guidelines, and business rules relating to health service provision at the AMC. The documents are well written, comprehensive and address many of the operational requirements associated with health service delivery at the AMC.

Finding 20:

There have been significant developments in Alexander Maconochie Centre specific policy and procedures by Justice Health Services.



CHAPTER 2: PILLAR 2
Respect & Dignity

Chapter 2: Pillar 2 – Respect & Dignity

2.1 Respect and dignity of individuals

Staff and detained people treat each other with respect and dignity.

ACTCS AMC and CTU staff survey	HPR19*	HPR22	HPR25
Believed that staff and detained people get on 'generally well'	52% (n=115)	29% (n=154)	45% (n=121)
Feel that they have dealt very effectively with a detained person's problems (HPR19/HPR22)/needs (HPR25) 'most of the time'	49% (n=110)	42% (n=140)	47% (n=117)
Reported that working with detained people all day is a strain on them 'most of the time'	51% (n=111)	15% (n=140)	11% (n=115)
MHJHADS/Winnunga staff survey	**HPR19***	**HPR22**	**HPR25**
Believed that health staff and detained people get on 'generally well'	Not disaggregated	64% (n=14)	48% (n=25)

* *Survey data for HPR19 did not disaggregate Justice Health and ACTCS staff, although the bulk of responses were from ACTCS staff (approximately 85%).*

Detained person survey	HPR19	HPR22	HPR25
'Agree' or 'strongly agree' that most staff treat them fairly and with respect	Not asked*	69% (n=135)	70% (n=107)
'Agree' or 'strongly agree' that most staff are 'interested and concerned' (HPR22)/care (HPR25) about their needs	Not asked*	32% (n=135)	44% (n=107)

* *Similar questions in HPR19 & HPR22 surveys but different answer options – not directly comparable.*

The survey results indicate improved perceptions of positive relations between detained people and staff compared HPR22, where staff in particular had low perceptions of positive relations.

Positive practice: Since the last review, ACTCS has implemented training on 'Five Minute Interventions' (FMI) offered to all AMC staff (including non-custodial). This program seeks to build a rehabilitative environment by training staff to use everyday conversations with detained people as opportunities for meaningful interactions that 'inspire hope and motivate change'. The Review Team observed a FMI session and heard staff feedback, most of which was very positive. In the past two years, 85% of custodial and non-custodial front-line workers at the AMC and 76% of CTU staff members have received training in FMI.

2.1.1 Staff perspective

Staff told the Review Team that they believed that their skills in dynamic security and building rapport with detained people through positive interactions was their best resource to ensure the security of the centre and the safety of both staff and detained people. This sentiment was generally supported by detained people.

Comments from staff

[The most satisfying thing about working at AMC/CTU is]

> *"The unknown aspect each day brings. Having some Detainees make a positive change based on the conversations we have with them."*
>
> *"The ideal of making a change to detainees future. I say ideal as confronting behaviours causes problems to officers as they are not supported up the structure, i.e. charges downgraded to placate Detainees. This supports negative behaviour while they transition to understanding their offending, and changing thought processes."*

[Something that could be improved]

> *"Unprofessional and inappropriate behaviours by staff being managed/pulled up. These behaviours often slide and then become acceptable. Also, there are some amazing and capable staff in the agency, and there are other staff on the other end where they do not do their work and others will have to undertake extra work to make up for their lack of contribution."*

2.1.2 Detained people's perspectives

Comments from detained people

> *"Most staff are caring, just doing the best they can."*
>
> *"[Officer] comments are sexually offensive, racist, religiously inappropriate and homophobic and body shaming. Only about 2 or 3 officers I've met have been appropriate at all times, most will let comments slip and it is a form of bullying. Just because we are detainee's [sic] it doesn't mean we should allow this."*
>
> *"There is lots of inconsistencies with officers."*
>
> *"Feels like staff constantly pass you off, lots of them have a 'it's not my job' attitude."*
>
> *"There are a few good officers who would break their backs to help."*

Detained people who engaged with the review were ready to acknowledge many staff that were professional and caring in their approach. However, concerns were raised about some staff behaviour including that some officers provoked reactions to justify restrictive measures and misuse rehabilitative supports like phone calls and visits as punishment.

Concerns were raised about COs recording only negative case notes in CORIS, while positive behaviours go undocumented or lack detail. Consistency, fairness, and accuracy of case notes are important in the operation of a jail. The Integrated Offender Management Framework calls for Custodial Case Management that includes recording case notes 'around motivational and meaningful interactions.' The simple example of writing up a case note on a detained person's behaviour (whether it be positive or negative) may have far reaching consequences, for example, in relation to classification, IEP, suitability for parole etc.

During this review, detained people raised concerns that they were not informed of negative case notes or given a chance to respond, undermining natural justice. This was also raised by community organisations.[85] Unlike Queensland Corrective Services policy guidance on how case notes (positive and negative) should be recorded, including action taken by the staff members to address the issue and the outcomes achieved, ACTCS lacks detailed guidance on how COs should prepare case notes.[86] This is an identified gap. In its submission to this review ACTCOSS suggested that ACTCS 'implement a transparent case note policy at AMC that requires staff to immediately share any negative behavioural report with the detained person'. ACTCOSS notes that this is inherent in the current IEP policy, but detained people don't necessarily agree that it currently occurs. OICS has noted more positive case notes in CORIS over time but has not assessed fairness or consistency of case noting generally.

Finding 21:

There is a lack of consistency in case noting, including limited means for procedural fairness where an adverse case note is made about a detained person.

Finding 22:

ACT Corrective Services does not provide clear guidance for staff on how they should record case notes.

2.2 Management and staff respecting and supporting each other

STANDARD 41

The correctional centre is a safe place for staff to work. Staff are supported, and have avenues to raise and address grievances that affect them in a timely and effective way.

85 National Network of Incarcerated and Formerly Incarcerated Women & Girls; ACTCOSS.
86 There is a case notes policy for community corrections and offender reintegration staff.

Management processes

ACTCS AMC and CTU staff survey	HPR19*	HPR22	HPR25
Strongly disagree or disagree that it is usually clear who has delegated authority to make decisions	51% (n=111)	62% (n=141)	61% (n=117)
Strongly agree or agree that they have found it hard to keep up with all the changes that have occurred at their work area	76% (n=108)	82% (n=141)	64% (n=117)
Strongly disagree or disagree that management make changes to the way they do things when it is needed	78% (n=110)	72% (n=141)	61% (n=117)

* *Survey data for HPR19 did not disaggregate Justice Health and ACTCS staff, although the bulk of responses were from ACTCS staff (approximately 85%).*

Management relations

ACTCS AMC and CTU staff survey	HPR19*	HPR22	HPR25
Strongly agree or agree that management treats them with respect and dignity	77% (n=108)	64% (n=140)	65% (n=117)
Strongly agree or agree that they are trusted to accomplish their work objectives	71% (n=112)	52% (n=142)	66% (n=116)
Strongly agree or agree that they are comfortable to go to their supervisor with suggestions or concerns about operational matters	71% (n=111)	68% (n=138)	60% (n=112)
Strongly agree or agree that they know exactly what their supervisor expects of them	69% (n=111)	70% (n=141)	66% (n=117)
Strongly agree or agree that their supervisor asks their opinion when a work-related problem arises	63% (n=111)	56% (n=142)	59% (n=116)
Strongly agree or agree that they often receive constructive feedback from their supervisor about their work performance	56% (n=110)	35% (n=141)	38% (n=117)
Strongly agree or agree that their hard work will lead to recognition of them as a good performer	45% (n=110)	42% (n=142)	30% (n=117)

* *Survey data for HPR19 did not disaggregate Justice Health and ACTCS staff, although the bulk of responses were from ACTCS staff (approximately 85%).*

PILLARS

'CLICK' on Pillars to jump to content

ACTCS staff who reported putting in a grievance or complaint about a work related matter felt that the matter was dealt with	HPR22	HPR25
Completely Fairly	12% (n=50)	0% (n=37)
Partially Fairly	35% (n=50)	24% (n=37)
Not fairly at all	53% (n=50)	75% (n=37)

MHJHADS and Winnunga staff survey	HPR19*	HPR22	HPR25
Strongly agree or agree that management treats them with respect and dignity	n/a	71% (n=14)	92% (n=24)
Strongly agree or agree that they are trusted to accomplish their work objectives	n/a	93% (n=14)	82% (n=22)
Strongly agree or agree that they are comfortable to go to their supervisor with suggestions or concerns about operational matters	n/a	79% (n=14)	92% (n=24)
Strongly agree or agree that they know exactly what their supervisor expects of them	n/a	86% (n=14)	83% (n=24)
Strongly agree or agree that their supervisor asks their opinion when a work-related problem arises	n/a	79% (n=14)	88% (n=24)
Strongly agree or agree that they often receive constructive feedback from their supervisor about their work performance	n/a	64% (n=14)	79% (n=14)
Strongly agree or agree that their hard work will lead to recognition of them as a good performer	n/a	79% (n=14)	75% (n=24)

* *Survey data for HPR19 did not disaggregate Justice Health and ACTCS staff, although the bulk of responses were from ACTCS staff (approximately 85%).*

MHJHADS/Winnunga staff who reported putting in a grievance or complaint about a work related matter felt that the matter was dealt with	HPR25
Completely Fairly	75% (n=8)
Partially Fairly	25% (n=8)
Not fairly at all	0% (n=8)

In HPR22, no health staff reported putting in a grievance or complaint about a work matter at the AMC.

Views from staff

> *"All these surveys that staff have access to are great ways to make staff feel supported and feel they have a say in their workplace. I feel very supported in my role here at AMC and I feel there are many great avenues and platforms here in ACTCS that staff can easily access and consult staff with."*

[The thing I would like to see change at the AMC/CTU is]

> *"Transparency in EOI Have unbiased individuals conducting EOI. Who is getting what position is already known before an EOI is even conducted. And the outcomes have only served to validate that certain people are being placed in certain positions by management ie cronyism."*
>
> *"The way incompetence of staff is managed. Staff are just not managed, and it is often well known when some staff are lazy and not suited for the job, but it appears to be in the too hard basket and these staff continue to work in this environment to which I think is extremely unsafe for others. I do not trust these officers to protect me."*
>
> *"I would like EOI processes followed specifically in merit lists being adhered to and not having senior officers put people in positions as they see fit. People held accountable for their actions."*
>
> *"The toxic culture between staff, management and non-custodial."*
>
> *"As a former CO of 15 years workplace culture is getting better but still lags far behind. EG, staff are promoted to management positions with little to no training in people skills or team management skills, director of cultural change is addressing this and many other issues but there is a way to go."*
>
> *"Definite paths to promotion if skilled appropriately."*
>
> *"Fair selection process for promotion. One that has a fair balance of skills and experience. Current system only helps people who can write selection criteria. This is an issue at all ranks. People are being overlooked in roles despite years of experience acting in roles by staff who have less experience. .... NSW corrections have a better promotion system which balances experience and skill, based assessment selection better. We have been haemorrhaging staff since I started and opportunity for promotion has been an issue for a large part of this."*

2.2.1 Workplace grievances

The ACTCS Integrity Unit review is discussed at section 1.5.6 (staff training and integrity). Staff raised concerns with the Review Team about a range of grievances that often encompassed both integrity and workplace issues at the AMC. How AMC responds to integrity concerns is discussed further at section 1.5.1.

Workplace grievance concerns raised by staff included:

- recruitment policies not being followed
- recruitment policies and practices not being suitable to filling vacancies as they did not adequately test the applicants for job readiness
- certain staff being unfairly assisted to apply for positions
- the fairness of how training and other opportunities are provided to certain staff.

A significant concern held by some ACTCS staff was that promotion and advancement opportunities for COs and non-custodial staff were not made in accordance with the ACT Public Service's merit and equity principle which requires employing a person in a job who is best able to do the job in all the circumstances.[87] OICS identified two strands to these concerns. First, some staff noted simply that favouritism determined promotion outcomes regardless of the recruitment methodology. A second strand centred on concerns that the process for promotion and higher duties (e.g. written application, interview, referee report) was not fit for purpose for senior operational roles, in that it rewarded an ability to write a good application and interview well rather than those who were 'best able to do the job in all the circumstances on the floor' in the AMC.

A significant proportion of staff surveyed lacked confidence in recruitment: in response to the question 'overall, how effectively do the following Human Resources processes operate at the AMC/CTU?' for recruitment, 39.7% responded they were 'mostly ineffective' with 14.9% selecting 'mostly effective' (n=121).

A review of ACTCS Integrity processes conducted by the ACTCS Quality Assurance Team in late 2024 suggested that ACTCS-specific arrangements to manage alleged inappropriate behaviour and alleged misconduct were not required as arrangements that cover the ACTPS already exist. The review noted that ACTCS need to create greater awareness for its employees and ensure that the ACTPS processes are followed. This review made five recommendations, largely focussed on ensuring ACTCS staff have clear guidance and processes for reporting inappropriate employment behaviour or misconduct, which aligns with ACT public service requirements.

Finding 23:

There is a very low level of staff confidence in policies, practices and accountabilities relating to raising workplace grievances and allegations of misconduct.

87 *Public Sector Management Act 1994* s 8(4).

2.2.2 Reporting structures for correctional officers lack accountability and performance management frameworks

Current custodial operations workplace structures are such that CO1s do not report directly to a line manager and so there is no single officer responsible for their performance. This creates an environment where there is no direct *ongoing* supervision and accountability for lower ranking officers by more senior staff. This was considered by the evaluation of the *Blueprint for Change* program, established to improve safety and wellbeing of COs, which noted 'the operational environment also limits opportunities for feedback and a consistent manager, and managers are not empowered to manage unplanned leave'. The evaluation found recent changes to operational structure was 'rectifying' some of these issues. The Inspector understands that the Staff Officer position is one of those structural changes, which provides oversight of staff matters including leave. Nonetheless, the Blueprint for Change evaluation concluded further systemic leadership improvements were needed.

The HPR25 staff surveys suggest ongoing staff concerned about their relationship with their supervisor despite the Blueprint for Change process. For example, the number of staff who "strongly agree" or "agree" that they often receive constructive feedback from their supervisor has dropped from 56% in 2019 to 38% in the most recent survey (noting that it was at its lowest level in HPR22 at 35%). Similarly, the number of staff who strongly agree or agree that their hard work will lead to recognition as a good performer as dropped from 45% in 2019, to 42% in 2022 and dropped again to 30% in the 2025 survey. The number of staff reporting that they know exactly what their supervisor expects has also dropped from 69% in 2019 and 70% in 2022 to 66% in this survey.

Views of staff

> *"It would be great to implement staff supervision by CO2's as well to check in and follow up on their CO1's from certain areas on a monthly or 3 monthly basis."*
>
> *"[A thing I would like to see changed is] a meaningful commitment from management to actually champion and lead with regards to best practice. We all want documentation, record keeping, case management practices, strengths based approaches for working with detainees and staff supervision to improve within ACTCS, but when limited training is provided and ACTCS, and in particular Custodial Operations Management (from CO3's to the GM) show no interest in providing supervision to their staff or leading with regards to any of these factors, why should we ever expect CO1's or CO'2s to do anything differently. A Custodial Ops SD [senior director] recently told me they had never had supervision during their time with ACTCS, so why should we expect SD's provide supervision to the CO4's, the CO4's to the CO3's and further?"*

Finding 24:

The lack of direct manager-staff reporting lines for Corrections Officers is undermining staff supervision, professional development and accountability.

2.3 Daily life

2.3.1 Living conditions

STANDARD 45

Where detained people are accommodated in cells, these cells have sufficient space and comforts to meet detained people' daily needs, afford them adequate privacy, fresh air and natural light.

STANDARD 46

Detained people are accommodated in single cell accommodation unless they request to share a cell with another detained person.

STANDARD 47

The correctional centre's built environment is the least intrusive on detained person liberty as possible in the circumstances; meets all relevant health, safety and environmental standards; considers special needs of detained people; and is conducive to rehabilitation.

STANDARD 48

Every effort is made to ensure that cells, accommodation units and places of detention overall, do not exceed design capacity ("overcrowding"). However, if overcrowding occurs detained people are not disadvantaged in their rights and privileges.

Doubling up' is not portrayed as increased design capacity.

STANDARD 49

Detained people have access to clean toilets and ablution facilities and may access them, in privacy from other detained people, staff and security cameras and as far as possible, at a time of their choosing. Correctional centre environments comply with good public health practices with respect to environmental health and personal hygiene.

STANDARD 50

Detained people are held in a safe environment where security is proportionate to risk and not unduly restrictive.

Accommodation of remand and sentenced detained people

When the AMC opened in 2009 it was envisaged that remand and sentenced detained people (men and women) would have separate accommodation units. Hence names were given to units such as 'Sentenced Cottage 1 and Remand Cottage 2'. This strict separation was abolished soon after opening.

In 2025 ACTCS has sought to re-introduce general separation of remand and sentenced detained people. However, although AMC has reverted to separating accommodation based on legal status, the name of the unit does not necessarily signify how it is used. For example, during the review period, sentenced detained people on protection were held in Remand Unit 1.

In our opinion, ACTCS needs to rename all the units with simple descriptors (e.g. Unit 1), or another naming system (many other prisons in Australia use botanical names for units, e.g. Boronia, Wattle, Acacia etc.). A more straightforward naming system would reduce confusion or risk of mishearing, for example, responding to Code call in response to incidents (there are six units starting with 'sentenced', four with 'accommodation', three with 'remand', three with 'special' and three with 'womens).

The current accommodation units at AMC:

- **Remand Unit (RU) 1**
- **Remand Unit (RU) 2**
- **Remand Cottage (RC)**
- **Accommodation Unit (AU) East**
- **Accommodation Unit (AU) North**
- **Accommodation Unit (AU) South**
- **Accommodation Unit (AU) West**
- **Special Care Centre (SCC) East Wing**
- **Special Care Centre (SCC) North Wing**
- **Special Care Centre (SCC) West Wing**
- **Sentenced Unit 1 (SU1)**
- **Sentenced Unit 2 (SU2)**
- **Sentenced Cottage (SC) 1**
- **Sentenced Cottage (SC) 2**
- **Sentenced Cottage (SC) 3**
- **Sentenced Cottage (SC) 4**
- **Womens Remand Cottage (WRC) 1**
- **Womens Remand Cottage (WRC) 2**
- **Womens Sentenced Cottage (WSC) 1**

Capacity and double bunking

The 'double bunking' (adding a top bunk in a cell designed for one person) in many of the units remains an acute breach of OICS Standards. Double bunking in most units is a legacy of ACT Treasury's woefully inaccurate modelling of ACT prisoner numbers at the time the AMC was designed. It was envisaged based on ACT Treasury Modelling that 375 beds would provide adequate capacity for 40 years, but five years into operation, more accommodation was required leading to addition of 86 beds across two new units and double bunking in most existing units. As noted in 2019, double bunking 'impacts in a very practical way on detained people, particularly during lock-ins: only one detained person has a place to sit upright, detained people have to share shelving designed for one and share the single computer terminal, there is less space to move around, and detained people must use the toilet and shower in close proximity to their cell-mate: something which may be highly degrading.'

Detained people also report capacity pressure in cottage accommodation is growing, with up to seven detained people sharing communal kitchen and bathroom facilities including a single toilet.

In 2019, the concept of a reintegration centre was floated, with the Executive Summary of the government documentation noting:

> Since opening, the AMC has been consistently crowded, resulting in detainees being housed in sub-optimal accommodation, constraining participation in rehabilitation, education and health programs. In addition to not achieving the desired outcomes for detainees, these capacity constraints have resulted in operational inefficiencies with regard to access arrangements and rehabilitation services.

The proposal for a reintegration centre was later dropped, and there has been no increase in bed capacity. The development of a Master Plan for AMC that would provide additional bed capacity has commenced but not yet been funded.

Maintenance and general cleanliness

The general state of cleanliness in cells in particular remained at levels commensurate with HPR19 and HPR22, which is unsatisfactory overall.

Accommodation unit cell

Detained people are responsible for maintaining cells in an acceptable state, with COs also having a role to encourage cleanliness, and ensure there is not excess property etc. While it does not excuse the responsibility of detained people to keep cells clean, the impact of double bunking, and limited meaningful activity makes this more challenging. Double bunking creates difficulties in cell cleanliness and fire risks from too much property in the cell, particularly when the cell was designed with space for one person. In other jails, detained people get up, tidy their cell and go to work, activities, programs during the day, returning later in the day.

The level of vandalism and property damage by detained people remained disturbingly high, a matter rightfully causing staff significant frustration and posing WHS risks including risk of electrocution. In particular there are safety risks to staff and other detained people from vandalism and damage to electrical outlets and tampering with kettles (often done to create a spark to light wicks or 'tea-bacco' cigarettes). The Review Team reviewed many Safety Alerts sent to staff which were important to alert front line staff to these risks. The Review Team heard that staff feel that they lack the capacity to do anything more than react to damage. In the Review Team's view, the prevalence of this vandalism is contributed to by a lack of structured day, but also it speaks to the need for consistent standard setting across all COs and appropriate and fair consequences for damage.

A hygiene issue noted in HRP22 concerned birds coming into units and nesting above cooking facilities and defecating on hot plates and other cooking areas. OICS and Official Visitors continue to raise this issue with ACTCS in the intervening period. Recently, ACTCS has undertaken some measures to stop ingress of birds, though installation of PVC strip curtains, plugging gaps where birds roost, and cleaning some walls and surfaces. Nonetheless, OICS is concerned that these measures have not completely resolved the issue.

Fire safety

Fires in prisons are particularly dangerous including because exits can be hard to access in custodial environments, there are limitations around fire detection and suppression measures (e.g. avoiding ligature points in cells etc). Enhanced fire suppression strategies since HPR22 were noted, including additional short term smoke hoods to assist staff in the event of an emergency which can assist with extracting detained people from smoke filled environments and a specialised fan for removing smoke from confined environments.

During this review, OICS heard that there is a proliferation of property in detained people's cells that increases the risk of harm from fires in cells. This increased property may be partly due to increased options to purchase items, including through the IEP scheme (discussed further in the next section). Another factor is detained people being gifted or inheriting property from those who leave custody. It was put to us that a lack of regular, consistent, appropriate cell inspections results in cell property proliferating without challenge. It was also noted that the Very Early Smoke Detection Apparatus (VESDA) alarms systems are regularly blocked by detained people to avoid detection of improvised cigarettes being smoked in cells. This presents a serious health risk to detained people and staff and vigilant cell inspections are required to address this issue.

Finding 25:

The general standard of cleanliness, along with the level of graffiti and property damage in many areas of the Alexander Maconochie Centre, is unacceptable.

2.3.2 Buy-ups

STANDARD 54

Detained people can access for purchase a reasonably wide-range of products which are comparable in price to such items as they are available in the local community.

All detained people have access to three regular buy-ups: canteen (weekly), grocery (weekly), and the activities (monthly) buy-ups. Detained people living in cottage accommodation also access the cottage buy-up and are required to self-cater for all their lunches and dinners. Cottage buy-up (self-catering) is discussed below.

Comments from detained person focus group

> *"There should be a form that allows detainees to suggest food that could be added to the buy up form."*
>
> *"Due to the amount of medications that the gaol prescribe result in significant weight gain, there should be more healthy options available, E.g. manshake/ladyshake that gives 7 servings or more rather than 3."*
>
> *"More options for quality food and fresh produce."*

Detained person survey	HPR19	HPR22	HPR25
Described the **quality** of the food available on buy ups is 'good' or 'okay/fair'*	59% (n=176)	66% (n=127)	59% (n=103)
Described the **variety** of food available on buy ups as 'good' or 'okay/fair'*	45% (n=174)	47% (n=128)	46% (n=103

** This option for this question was changed for HPR25 from 'fair' to 'okay'.*

2.3.3 Food and drink

STANDARD 56

There is a varied, healthy diet. Meals meet medical, religious cultural, and dietary needs and preferences.

Detained person survey	HPR19	HPR22	HPR25
Described the **quality** of food served from the central kitchen as 'good' or 'okay/fair'*	50% (n=172)	46% (n=128)	48% (n=103)
Described the **variety** of food served from the central kitchen as 'good' or 'okay/fair'*	50% (n=165)	45% (n=128)	50% (n=103)

Detained person survey	HPR19	HPR22	HPR25
Reported that food choices 'usually' take account of special needs	54% (n=143)	37% (n=126)	34% (n=101)
Reported that the amount of food served from the kitchen was insufficient	68% (n=157)	67% (n=127)	58% (n=101)
Suggested the fruit and vegetables provided at the AMC rarely or never taste fresh*	n/a	n/a	78% (n=102)

* *This question was changed for HPR25.*

Canteen purchases

In May and June 2025, detained people contacted OICS to advise they were unexpectedly being charged higher prices from the canteen for their purchases, for example, an increase in the price of AMC bakery goods e.g. breakfast bars had increased from $1.80 to $3 per bar, and muffins from $1 to $1.50. When one detained person contacted the AMC Detainee Finance Team to enquire why the charge was higher than anticipated, the response, viewed by OICS, was unapologetic, requesting that they 'ensure that the officers are printing the most recent version of the canteen purchase order form for you to complete'. The detained person was not aware of and had not viewed the updated price list when making the order. The response from ACTCS is disappointing as it places responsibility on the detained person, as the consumer, to investigate if the 'advertised' price is correct. This would not be an acceptable standard in the community. Given ACTCS sets fixed rates of pay for employment and only some detained people have the option of family and friends putting limited additional money in their account, any price change can cause significant impact.

Self-catering

Comments from detained people

> *"We need to be able to buy more things to make life bearable. The stuff on IEP was a good start but you need to get enhanced to buy it which takes at least three months and then none of it is available because of "out of stock." (written submission)*

Across all HPRs to date, OICS has raised concerns about self-catering allowances not being adjusted for inflation.

Since at least 2011, detained people in AMC's self-catered units received a $50 weekly food allowance, which was not adjusted in line with inflation, and we noted in HPR19 was inadequate. Following a recommendation in HPR22 to increase the allowance and then adjust annually in accordance with the Consumer Price Index, ACTCS increased the allowance incrementally to $70 by 2023, exceeding inflation-adjusted estimates. However, no annual reviews occurred in 2024 or 2025 due to 'staffing gaps' and so the current allowance remains unchanged from 2023, as have the prices charged. ACTCS noted that when the Senior Director Detainee Services role is filled permanently the food allowance will be reviewed as soon as possible. Importantly, this review should assess real purchasing power parity for detained people (i.e. looking at the cost of goods against the self-catering allowance because if the basket of goods available for purchase increases at a greater rate than the allowances there will be a decline in real purchasing power).

2.4 Consultation and complaint handling

STANDARD 58

There are mechanisms in place for consulting with detained people about matters which affect them.

STANDARD 59

Grievance processes are user-friendly for detained people with low-levels of literacy, or for detained people with a disability that impacts on their ability to make a complaint.

Detained person survey	HPR19	HPR22	HPR25
Reported that they had put in an internal complaint	49% (n=170)	48% (n=126)	54% (n=98)
Of those that reported the questions as 'relevant' (e.g. had put in a complaint), said that their grievance or complaint was 'not at all' dealt with fairly	64% (n=83)	77% (n=86)	71% (n=56)

Complaints are an important way to address grievances, and in a prison it is crucial that complaint handling systems are fit for purpose, including that measures are put in place to protect against reprisals or retribution. Data from the survey indicates a significant lack confidence in the complaints processes at the AMC. Of the detained people who had not made an internal complaint, the most popular reason given was 'I think it would be useless' (35%).

2.4.1 Internal complaints

ACTCS internal complaints

The *Corrections Management (Detainee Requests and Complaints) Policy 2019* sets out the complaints process, including timeframes for recording and responding to complaints. Detained people must receive a written notification acknowledging receipt of their complaint within two business days and a response to their complaint within 20 business days. The internal complaints process is heavily reliant on a written process (via a request form colloquially known as a "bluey"), although the option of making a verbal complaint is outlined in the complaints policy. For no apparent reason other than additional bureaucracy, a detained person must actually complete two forms to make a complaint – first filling out a form to request a complaint form.

OICS has noted previously that the 'bluey' system lacks confidentiality, accountability and creates risks of reprisals, especially for serious complaints. HPR22 highlighted issues regarding confidentiality but structural barriers to maintaining confidentiality appear to be still apparent in the complaints policy.

For HPR25, similar to HPR19 and HPR22 we again found persisting distrust in the bluey system, with detained people concerned that they are not passed on to relevant people for action, and frequently never hearing anything further after submitting a bluey. The shortage of computers across the prison compared to previous reviews has limited options to submit online complaints via PrisonPC.

The inadequacy of internal complaint handling has been raised in multiple Official Visitors (OV) quarterly reports. In particular OVs have been highlighting concerns that complaints are not being adequately dealt with at the lowest possible level, i.e. handled by CO1s on the units. The OV's spoke of a need to encourage a culture of resolving issues at the lowest level possible. This is time consuming for OVs and an inefficient process causing tension and frustration in the units. An OV asked a detained person if they had made an internal complaint first before raising with them, only to get the response: 'No I haven't as I need this to be resolved.'

The *Detainee Requests and Complaints Policy No D28* require complaints to be stored in both the detained person's electronic record and custody file. However, this raises confidentiality concerns if serious allegations are disclosed—such as staff assault or misconduct, inappropriate relationships, inappropriate use of force etc—which should not be broadly accessible. The policy should clearly exclude certain complaints from general filing and ensure secure handling. While other reporting channels are available (e.g. integrity reporting via PrisonPC email), the complaints process must account for sensitive matters being reported.

We were advised that the ACTCS Quality and Risk Management Unit has commenced a review of complaints management as part of their Assurance Plan. This will consider and make suggestions about improvements to the way complaints are received, recorded, managed and responded to, including detained person complaints.

It will be important that as part of this process, there is consideration of ways to promote complaint resolution at accommodation unit level, and that where complaints are made, confidentiality can be assured.

The introduction of in-cell tablet technology may assist this situation somewhat, but that will depend on whether the current system is simplified considerably.

Recommendation 11:

Within 6 months, ACT Corrective Services review the complaints management system for detained people, including consideration of:

a) strategies to ensure issues are resolved at the lowest possible level
b) measures to adequately protect the confidentiality of complainants in sensitive and serious matters
c) whether complaint responses are timely.

Detained person delegates

Each accommodation area at AMC has a Delegate, which is a paid job that meets with ACTCS and MHJHADS monthly to raise issues, concerns and suggestions on behalf of detained people. Minutes are usually taken by ACTCS staff and circulated to delegates. Delegates can self-nominate or be nominated for the position by their peers or AMC staff and are employed for a maximum 12-month term.

This is a crucial regular meeting for the jail and if run effectively has the potential to significantly contribute to the smooth running of the prison including enhancing the wellbeing of detained people, reducing the volume of complaints, and improving staff / detained person relationships. Some key features of effective delegates meetings include strong commitment from senior management, accountability for commitments made at meetings, and clear communication about progress against commitments, or reasons proposals or request are declined or delayed.

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Detained peopled raised with OICS frustrations that many issues brought to the forum do not get adequately addressed or resolved.

Review of minutes from delegates meetings noted several long-standing action items with no progress recorded from meeting to meeting and, dismissal of items without reasons being minuted. For example the need for replacement laundry baskets and washing bags for the women's cottages was raised in the March 2024 women's delegates meeting, and the minutes of the July 2024 women's delegates meeting had this as an ongoing action item with the most recent update being 'to follow up'. An enquiry was made at the men's delegate's meeting if chicken and steak could be added to the canteen buy-up, with the minutes indicating a response of 'no' with no reason noted.

Detained people raised dissatisfaction about cancellation of meetings, and minutes not being circulated in a timely manner, or at all. One detained person noted to us

> It is seen as a free $200 per month [monthly wage for delegate position] because they hardly even hold the meetings and when they do they just ignore everything. In 2024 more than half of the delegate meetings were cancelled ....No one even knows what happens in the delegate meetings because they don't send the minutes out. The last ones they sent were in March 2024.

An example noted by the Review Team was that due to cancellation of the December 2024 male delegates meeting, time sensitive questions relating to Christmas meal provisions, queries regarding purchasing Christmas gifts for loved ones and information about visits bookings for the Christmas/New Year period went unaddressed. The minutes from the January 2025 meeting also noted that there had been no agenda or minutes sent out to the delegates since August 2024.

Although all units are supposed to be represented, representation may be patchy, for example, at one point only half of the delegates positions were filled. We heard that delegate approval can be a lengthy process, in some cases taking months. Opportunities to improve the turnaround for these approvals ought to be explored to assist in making the delegates meetings more effective and representative of the various units.

There are three delegate positions for detained women, including an identified Aboriginal or Torres Strait Islander position. ACTCS reports difficulty filling these roles due to uncertain length for people on remand and short sentences, with often only one position filled—sometimes by the same person for both roles. Given the three separate women's cottages, diverse representation is important, especially ensuring the Aboriginal delegate can reflect the experiences of Aboriginal and Torres Strait Islander women.

An effective delegates forum offers significant potential. Introducing accountability measures—such as KPIs overseen by the Senior Director Detainee Services—could drive improvement through a data-informed approach. Useful indicators might include meeting frequency, delegate numbers (disaggregated by gender and Aboriginal and Torres Strait Islander status), delegate approval timelines, and categorised response times to action items.

Finding 26:

The detained person delegates meetings are not currently realising their potential as a forum for constructive engagement, considering ideas, and informally resolving issues of concern.

2.4.2 External complaints

External oversight bodies can receive complaints from detained people (and in some circumstances their families). OICS works closely with these bodies in order to understand systemic issues raised by complaints, and refer any individual matters brought to OICS attention.

AMC oversight agencies that receive complaints from detained people

ACT Human Rights Commission – receives complaints including alleged unlawful discrimination and human rights breaches as well as the provision of health services at the AMC.

Corrections Official Visitors (OVs) – assist and protect the rights of people in the AMC by investigating complaints, listening to concerns, and finding resolution to issues that are identified.

ACT Ombudsman – receives complaints relating to 'maladministration'. May also conduct own-motion investigations, make recommendations and publish reports.

ACT Integrity Commission – receives complaints about serious or systemic corrupt conduct at AMC.

Detained person survey	HPR19	HPR22	HPR25
Did not know about the prison Official Visitors scheme	52% (n=179)	38% (n=123)	25% (n=101)
Did not know how to contact an Official Visitor	55% (n=179)	36% (n=121)	23% (n=101)
Did not know what the ACT Ombudsman does at the AMC	60% (n=179)	48% (n=123)	55% (n=101)
Did not know how to contact the Ombudsman	49% (n=177)	32% (n=122)	36% (n=100)
Did not know what the ACT Human Rights Commission does at the AMC	61% (n=176)	52% (n=123)	51% (n=101)
Did not know how to contact the Human Rights Commission	49% (n=178)	36% (n=123)	33% (n=101)

2.5 Equity and diversity

STANDARD 60

Correctional centres and services take active steps to prevent and address discrimination including on the grounds of status as an Aboriginal and/or Torres Strait Islander person, race, sex, religion, ethnicity, nationality, cultural and linguistically diverse background, gender identity, sexuality, intersex status, disability, health condition, age, political conviction, irrelevant criminal record and other grounds in the Discrimination Act 1991 (ACT) and relevant Commonwealth discrimination laws.

Correctional centres and services take active steps to prevent unlawful vilification.

STANDARD 83

The distinct cultural rights of Aboriginal and Torres Strait Islander detained people, also protected in the Human Rights Act 2004 (ACT), are met.

2.5.1 Aboriginal and Torres Strait Islander detained people

The Review Team included a cultural adviser, Queensland Inspector of Detention Services' *Senior Advisor – Engagement*. This team member led engagement with Aboriginal and Torres Strait Islander detained people and staff during the two week onsite period, and some engagement with community stakeholders.

Data about experiences in custody

Just over 2% of the ACT population identifies as an Aboriginal and/or Torres Strait Islander person.[88] According to nationally reported figures, in 2023–24, 29% of detained people in the AMC identified as Aboriginal and/or Torres Strait Islander, up from 27.8% in 2017–18. According to more recent ACTCS data, in 2024, Aboriginal and Torres Strait Islander people comprised approximately 32% of the average AMC prison population. Aboriginal and Torres Strait Islander people in the ACT are 29 times more likely to be imprisoned compared to non-Indigenous people (in 2024).[89] The ACT over-representation of First Nations imprisonment is higher than the national rate of over-representation and the ACT has the highest rate of any state or territory in Australia.[90]

Furthermore, in 2024, 62% of Aboriginal and Torres Strait Islander men in prison in the ACT had been previously imprisoned.[91]

In recent years, approximately half of all Aboriginal and Torres Strait Islander people in the AMC are on remand compared to national average of 41%.[92] The percentage of Aboriginal and Torres Strait Islander women detained on remand has doubled when comparing 1 July 2021 to 1 July 2024.

Table 18: Remand and Conviction status of Aboriginal and Torres Strait Islander people

	1 July 2021				31 December 2024			
	Remand	Convicted	Total	% Remand	Remand	Convicted	Total	% Remand
Women	4	7	11	36%	7	2	9	77%
Men	36	54	90	40%	56	66	122	46%
Total	40	61	101	40%	63	68	131	48%

Source: ACTCS

88 ABS (2023), Estimates of Aboriginal and Torres Strait Islander Australians.
89 ABS, *Prisoners in Australia 2024*, Table 17.
90 Jumbunna Final Report, lxv.
91 ABS, *Prisoners in Australia 2023*, Table 29 and ABS, Prisoners in Australia 2024, Table 29
92 For example according to ACTCS population date, on 30 June 2025, 57 detained Aboriginal and Torres Strait Islander people were on remand (46%), and 67 were sentenced. See also Jumbunna Institute, *Independent Review into the Overrepresentation of First Nations People in the ACT Criminal Justice System* (First Report, 14 August 2024) vi.

Protection status

As at 31 December 2024, Aboriginal and Torres Strait Islander people comprised approximately 31% of the AMC prison population (n=406) and 31% of detained people with a protection status (n=186). There were no women on protection, and one (non-Indigenous) transgender person on protection.

Security classification

Aboriginal and Torres Strait Islander detained people continue to be overrepresented in maximum security classification. As at 31 December 2024 they made up 47% of all maximum security classifications despite making up 31% of the AMC population. This is discussed further at section 1.1.4 (classification).

Use of Force incidents

In the 2024 calendar year, Aboriginal and Torres Strait *men* were overrepresented in use of force incidents, being involved in 36% of all use of force incidents and made up 30% of all detained men at the AMC. However, in contrast, Aboriginal and Torres Strait Islander *women* were involved in 31% of use of force incidents but made up 39% of detained women at the AMC over the same period.

Strip searching

The introduction of x-ray body scanners has resulted in a significant reduction in strip searching since the last review (see further section 1.3.3). However, Aboriginal and Torres Strait Islander women continue to be over-represented in the number of detained people strip searched at the AMC.

- 48% of strip searches of women were of Aboriginal and Torres Strait Islander women (39% of the total population of detained women).
- 31% of strip searches conducted were of Aboriginal and Torres Strait Islander men (30% of the total population of detained men).[93]

Finding 27:

That in 2024, Aboriginal and Torres Strait Islander women were over-represented in the cohort of detained people who were strip searched at the Alexander Maconochie Centre.

Segregation and separation orders

Detained people can lawfully be separated from others for the purposes of health, investigative or safety and security segregation (discussed further at section 1.2.4) or separate confinement arising from a disciplinary breach (discussed further at section 1.2.3).

93 Excluding searches where demographic information was not collected.

In 2024 there were a total of 422 segregation directions made in relation to 279 people (i.e. some people were subject to multiple segregation directions). Aboriginal and Torres Strait Islander people accounted for 36% of all orders (150 orders), likely an overrepresentation given that approximately 32% of the average AMC population identified as an Aboriginal and Torres Strait Islander person. There were 146 separate confinement orders made arising from alleged disciplinary breaches. Aboriginal and Torres Strait Islander peoples were overrepresented in these sanctions too, with 46% of orders applying to them.

Finding 28:

That in 2024, Aboriginal and Torres Strait Islander detained people were over-represented in the cohort who received separate confinement directions.

Return to prison

When all detained people are included, the percentage of detained people release from prison in the ACT who returned to prison within two years is lower than the Australian average. In the 2023–24 year, Aboriginal and Torres Strait Islander detained people were again more likely to return to prison within two years of release (44%) compared to the non-Indigenous rate of 31%.[94]

Strategic approach

Building 'greater cultural competency and deliver culturally responsive service' is one of ACTCS' six Strategic Priorities for 2025–27. Since HPR22, ACTCS has released the *Be the Change We Seek: Aboriginal and Torres Strait Islander Framework*. This is a new document that seeks to build on ACTCS 'commitment to addressing the over-representation of Aboriginal and Torres Strait Islander people in the ACT criminal justice system' by 'examining factors that support Aboriginal and Torres Strait Islander clients in their healing, rehabilitation and reintegration'.

The Jumbunna Final Report found that despite the extensive discussion of cultural safety in *Be the Change we Seek*, 'there is minimal evidence provided of how this is achieved within the custodial setting'.[95] ACTCS advise a Cultural Model of Care is currently being developed, which will acknowledge the prevalence of complex trauma among Aboriginal and Torres Strait Islander detained people and the need for culturally safe practice. The Jumbunna Final Report recommended:

> ACTCS develop an AMC specific Cultural Safety Action Plan to implement specific programs and procedures including cultural programs, cultural plans and staff training, in line with the commitments to cultural safety within the ACTCS *Be the Change We Seek*.

The Inspector endorses this recommendation.

94 Productivity Commission (2025), *Report on Government Services 2025,* Table CA.4.
95 Page lxvi

The HPR22 identified the need for a fundamental change in the care and treatment of Aboriginal and Torres Strait Islander detained people in the AMC. That review recommended ACTCS create a senior level Aboriginal identified head office position, reporting directly to the ACTCS Commissioner, to lead and drive policy and operational approaches to reduce the disadvantages of Aboriginal and Torres Strait Islander detained people (Recommendation 11). This recommendation sought to improve practices so that 'distinct cultural rights of Aboriginal and Torres Strait Islander detained people, also protected in the HR Act, are met' (Standard 83). We recommended this senior role would also encompass liaison with ACT Aboriginal and Torres Strait Islander stakeholders and play a key part in increasing Aboriginal and Torres Strait Islander staff employment opportunities in ACTCS.

In response to this recommendation, ACTCS created a Senior Director (SOG A) Cultural Services position reporting to the Assistant Commissioner Offender Reintegration. This role is responsible for the provision of strategic review, planning, advice and guidance regarding policy, program delivery and reporting relating to the over-representation of Aboriginal and Torres Strait Islander people in the criminal justice system. There is a particular focus on working in partnership with clients, services and community groups to support successful reintegration back into the community and reducing recidivism. Outputs and activities include codesigning the Intensive Case Management (iCAN) program pilot with the community organisation, Yeddung Mura, working on the cultural model of care, and establishing the Aboriginal and Torres Strait Islander, Operations, Programs and Services Committee.

Without discounting these outputs, the SOG-A level of the role did not meet the intent of the recommendation. The Jumbunna Final Report recommended that the ACT Government establish an Assistant Commissioner (Aboriginal and Torres Strait Islander) for Correctional Services. The Inspector endorses this recommendation.

AMC-based supports for Aboriginal and Torres Strait detained people

The Aboriginal and Torres Strait Islander Services Unit is based at AMC with 4 FTE Aboriginal Liaison Officers (ALOs) who provide culturally specific support to detained people within the AMC. This unit seeks to provide culturally safe spaces for both detained people and staff.

According to induction information, an ALO:

- can, with consent, liaise with family and other services
- support applications for a welfare call
- work with case managers or reintegration officers to develop and monitor case plans
- support referrals to culturally specific programs and services
- support engagement in culturally specific events and activities such as NAIDOC family day
- support applications for Sorry Business.

Detained people reported difficulties accessing ALOs due to reliance on requests through COs, which they say are not always passed on. They suggested a more accountable system, such as paper or computer-based request forms. The Inspector supports having multiple accessible avenues for detained people to request ALO support.

Detained people (both men and women) reported ALOs do not come to the units as much as they did previously, and that they primarily see ALOs when they attend art programs. During the onsite component of this review only one of the ALO staff positions was filled.

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During the review period all AMC ALOs were women, which means there wasn't a male ALO available to address Men's Business. This issue of ALOs being the appropriate gender to provide cultural support was identified (and addressed) in HPR19 in relation to the then lack of female ALOs. The government accepted OICS' recommendation that there be an identified female ALO position so that needs of Aboriginal and Torres Strait Islander detained women (Women's Business) could be appropriately supported. The same is also true of detained men.

Finding 29:

That during the review period there were no male Aboriginal Liaison Officers, which limited the ability of the Aboriginal and Torres Strait Islander Support Unit to provide a full range of culturally appropriate supports.

Some detained people noted they did not see a difference between officers and support staff such as ALOs and caseworkers. In cases where support staff had previously worked as COs, they felt those staff continued to take an approach based on compliance. A degree of perceived independence from the operational aspects of the custodial system appeared to be valued.

The Jumbunna Final Report reflects that 'cultural support plans have been a feature of child protection systems and some juvenile justice systems for First Nations children and young people for some time. Cultural support plans recognise that cultural connection is a protective factor from contact with the criminal legal system.' In light of this, it recommends ACTCS:

> Introduce cultural support plans for all First Nations people in custody (remand and sentenced), developed by ACTCS in partnership with an appropriate First Nations organisation (such as Yeddung Mura and Winnunga), and their families and communities (where appropriate)

Detained people comments in focus groups about cultural support and ALOs

> *"I don't even know who it is [the ALO] these days"*
>
> *"Haven't seen [them] in months."*

Cultural safety for Aboriginal and Torres Strait Islander detained people

During this review, Aboriginal and Torres Strait Islander detained people continued to report similar concerns about cultural safety as those discussed in HPR22. For example, some Aboriginal and Torres Strait Islander detained people told the team's cultural advisor that they feel there is a lot of discrimination, and that they do not feel safe to discuss or practice culture, leading to views from some people that the AMC is a 'racist jail'. A general lack of cultural safety was also identified by the Jumbunna Final Report, which recommended that the ACT Government conduct independent, targeted reviews of systemic racism within ACTCS (and other agencies), and that JACS establish a Cultural Safety Plan as a priority. The Inspector endorses this recommendation.

Detained person survey	HPR19	HPR22	HPR25
Identified as being an Aboriginal and/or Torres Strait Islander person	25% (n=180)	28% (n=116)	32% (n= 97)
Aboriginal and Torres Strait Islander detained people who reported being discriminated against by other detained people **sometimes or most of the time** because of their status as an Aboriginal and/or Torres Strait Islander person.	30% (n=46)	45% (n=33)	59% (n=34)
Aboriginal and Torres Strait Islander detained people who reported being discriminated against by staff **sometimes or most of the time** because of their status as an Aboriginal and/or Torres Strait Islander person.	30% (n=46)	53% (n=32)	60% (n=35)
Aboriginal and Torres Strait Islander detained people who reported that their needs as an Aboriginal and Torres Strait Islander person were **never or rarely** met at AMC.	43% (n=42)	49% (n= 37)	49% (n=39)

Understanding culture – staff training and cultural competency

Approximately 7% of ACTCS staff identify as an Aboriginal and/or Torres Strait Islander person.

The Review Team heard from independent stakeholders that there needs to be more cultural awareness training and a practical understanding about the experiences of Aboriginal and Torres Strait Islander people to improve the cultural competency of COs. An example given was that some COs treat all detained people the same without any consideration of cultural factors that may impact on how they engage with staff or how they behave on a particular day. One detained person stated that to him 'we are loud, proud, and talk with our hands, but if we start doing that, they think we are being aggressive and tell us to stop, or they will lock down the unit.'

In HPR22, we noted that 59% of staff had completed mandatory cultural awareness training, which was also a compulsory part of new recruit training. For this review, ACTCS advised that in 2024, 30% of AMC staff had completed the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) core cultural learning module 1, and 28% had completed module 2. As at 30 June 2025, this had risen to 84% across both modules.[96] AIATSIS Core Cultural Learning modules are in addition to the JACS mandatory Aboriginal and Torres Strait Islander Cultural Awareness training.

Connection to community

Two key activities to support connection to community are visits from community Elders and Yarning Circles run by community. ACTCS provided some data indicating these two activities occurred, albeit infrequently. Many detained people we spoke to had not participated and/or were not aware of them occurring at all.

ACTCS advised that Yeddung Mura are contracted by First Nations Justice Branch (JACS) to provide Yarning Circles in the Community but not in the AMC. Nonetheless they had facilitated 16 yarning circles between August and December 2024, although these were attended by a total of 68 detained people (just over half of the number of detained people who on average identify as Aboriginal and Torres Strait Islander) and took place in the programs room or informally in the accommodation units.

96 AIATSIS Core Cultural Learning – Corrective Services Modules 1 and 2. Inclusive of AMC/CTU Correctional Officers, AMC non-custodial and offender reintegration staff.

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Yarning circle at AMC

Detained people the Review Team spoke to could not recall elders being in the centre and were unsure if this occurs at all. The basis for ACTCS Elder and Community Leader Visitation Program appears sound, including, importantly, compensating Elders /Community Leaders for their time in visiting. However, they note that they are finding it challenging to find enough Elders and Community Leaders to participate, making the program reliant on a few individuals. Some Elders find it difficult to visit AMC due to past traumas related to the Stolen Generations. In 2024, there were 12 visits involving six Elders and Community Leaders, totalling 21 individual visits. As at April 2025, there had been no visits during 2025.

Nonetheless, some detained people expressed positive feedback about cultural support provided by Winnunga staff at AMC, and Yeddung Mura.

In terms of culturally appropriate space for connection to community and other cultural activities, like in HPR22, detained men and women reported the yarning circle on the oval is never used. The AMC art room provides an opportunity to decrease boredom and increase pro-social activity that is culturally responsive. However, as reported in HPR22, detained people again told us they had very limited opportunity to access the art room. There had previously been an Aboriginal man ALO who facilitated these sessions, however there were no male ALOs at the time of the review and the opportunity for meaningful cultural interactions were not available. Detained women do not have the same access to the cultural art room or opportunities for cultural engagement with the Aboriginal and Torres Strait Islander Services Unit as the men do.

Cultural safety and Sorry Business

Sorry Business may be understood broadly as cultural practices and obligations observed by Aboriginal and Torres Strait Islander peoples associated with death and grief. *Be the Change We Seek* notes 'incorporating culturally defined priorities, such as Aboriginal and Torres Strait Islander kinship meaning of family and connection, and the obligations inherent to kinship ties including Sorry Business' is critical.

In relation to deaths in the community, in recognition of the special significance of funerals to Aboriginal and Torres Strait Islander peoples, the 1991 report of the *Royal Commission into Aboriginal Deaths in Custody* (RCIADIC) recommended that Corrective Services 'give favourable consideration to requests for permission to attend funeral services and burials'. Detained Aboriginal and Torres Strait Islander people shared with the Review Team concerns that in order to attend 'Sorry Business' (for example, a funeral) they must demonstrate they are 'immediate family'. They feel this is a misunderstanding of the broad way Aboriginal and Torres Strait Islander peoples understand 'family'. The *Corrections Management (Escort) Policy and Operating Procedure 2017 No.2* provides that a detained person may be escorted out of the AMC to attend the funeral of a 'family member'. Family is not defined. The policy does not appear to have been updated since March 2017. It would benefit from being updated to reflect culturally relevant dimensions of 'family' for Aboriginal and Torres Strait Islander detained people.

An alternate option to escorting a detained person to a funeral, s 205 of the CM Act permits the Director-General to give a full-time detained person a written permit (a local leave permit) to be absent from a correctional centre for any purpose. The examples provided include for compassionate reasons. There does not appear to be a policy or procedure that sets out how this discretion will be exercised, although cultural rights of Aboriginal and Torres Strait Islander people as protected in the HR Act would presumably be a factor in decision making.

Sadly, there have been a number of deaths in custody in recent years, including several Aboriginal and Torres Strait Islander detained people. Sorry Business must be considered in relation to these deaths, which may include, for example, smoking ceremonies of an area where a person has passed, considering leave to attend funerals or supporting people within the AMC to watch livestreamed funerals consider visit opportunities, and facilitate cultural support services such as by Elders visiting. The Review Team heard mixed feedback from detained Aboriginal and Torres Strait Islander peoples about cultural support after a death in custody. For example, one concern was raised that the smoking ceremony felt rushed and they didn't feel they were given opportunity to participate fully in Sorry Business.

Detained women told the Review Team that following the recent deaths of Aboriginal and Torres Strait Islander men both in the AMC or the community, they didn't feel like they were properly notified or supported. While detained women were provided the opportunity to watch the funeral of a person who had passed, this was a recording after the event, not the live stream, in a separate area to the viewing by men who were permitted to watch the live stream funeral. Detained women reported that they considered it more culturally appropriate to watch a livestream of funerals with detained men, something that previously was permitted.

Detained people felt intra-jail visits with family were particularly important when dealing with grief or loss. A detained person told the Review Team 'you have to jump through so many hoops and wait for months just to get a one hour visit with a family member in the same jail. It shouldn't be so hard, especially during Sorry Business.'

On the other hand, some detained people did acknowledge that support was provided after a recent death in custody. For example, the community organisation Yeddung Mura visited the AMC on the day after a detained person passed away. Staff from the service reportedly spent several hours in the accommodation unit speaking to detained people.

The ACTCS Framework *Be the Change We Seek* notes:

> Aboriginal and Torres Strait Islander concept of the family and kinship systems is both a system of reciprocal obligation but also one within which behaviour is shaped and regulated. The way that ACTCS defines 'family' affects policy and practice of the visiting rights, rights to information and rights to communicate of clients held in AMC. The use of a Western concept of nuclear family restricts and damages fundamental cultural ties and connections.
>
> Strategies that enable a culturally inclusive approach to 'family' for Aboriginal and Torres Strait Islanders are required to limit these consequences. Further to this, the concept of social and emotional wellbeing and healing is central to the design of effective programs and services.

It is important that these principles are embedded in all relevant policies and procedures – and even more importantly, in operational practice.

Recommendation 12:

Within 18 months, ACT Corrective Services review its policies and procedures for allowing detained people to attend funerals, particularly ensuring:

a) there is guidance as to how the discretion to grant local leave permits is to be exercised
b) the term 'family member' is defined appropriately for Aboriginal and Torres Strait Islander peoples
c) detained Aboriginal and Torres Strait Islander women are given equality of opportunity to attend funerals in person, or at livestream events with men where appropriate.

Culturally responsive or culturally relevant programs

Programs are discussed at section 4.1.2 of this report. There are limited programs at AMC specifically for Aboriginal and Torres Strait Islander detained people. The Jumbunna Final Report considers the need for culturally specific program, noting:

> Cultural-based programs and particularly those run by First Nations services are favoured by First Nations prisoners. The availability of these programs is directly related to prospects for rehabilitation and reductions in re-offending: connection to culture is a 'protective factor' is reducing re-offending.[97]

The Jumbunna Final Report discusses available programs and services, and notes in their consultations those 'most frequently mentioned in a positive light were almost all Indigenous-specific … several of these offered in AMC have been discontinued'.[98] Over the past 5 years several programs have also been discontinued:

- Culture and Land Management (CALM)
- The Incarcerated Family Engagement Program – which fostered identify, culture, connection and resilience amongst Aboriginal and Torres Strait Islander detained people
- Women's Trauma Counselling

97 *Final report of the Jumbunna Institute's Independent Review into the Over-Representation of First Nations People in the ACT Criminal Justice System*, 318.
98 Ibid, 359.

- Elders Music Expression
- Time to Work Employment Services (TWES) – this program was federally funded and ACTCS may make referrals to its replacement: Reconnection, Employment and Learning (REAL)
- Worldview – this program integrates wellbeing, mentoring and employment opportunities aimed a reducing recidivism and breaking the cycle of intergenerational disadvantage.[99]

Further, the iCAN pilot program is an intensive case management in partnership with Yeddung Mura, which was noted to have very positive feedback in the Jumbunna Final Report, including being described by one stakeholder as a 'gamechanger'. However, at the time of this review, we heard that capacity was limited in practice. The Jumbunna Final Report recommended:

> The ACT government provide increased funding for Aboriginal and Torres Strait Islander specific cultural programs at the AMC.

The Inspector endorses this recommendation.

The Jumbunna Final Report also noted Aboriginal and Torres Strait Islander women feel many of the cultural issues at the AMC particularly acutely. Specific issues impacting First Nations women in prison include higher rates of having experienced physical, emotional and sexual abuse; a greater likelihood than non-Indigenous women of being a parent; intergenerational trauma arising from race based colonial practices (for example, stolen generations); and the need for a holistic concept of social and emotional wellbeing that includes 'connection to land, culture, spirituality, family and community'.

The Jumbunna Final Report recommended:

> ACTCS provide suitable cultural, therapeutic and training programs and activities for women and specifically First Nations women.

The Inspector also endorses this recommendation.

2.5.2 Women

STANDARD 56

The specific needs of detained women are met.

Access to health care for detained women is discussed at section 2.6.9.

Previous reviews found that the conditions and treatment of women in AMC was falling far short of expected standards. Disappointingly, there has been little improvement.

In 2022–23, on an average day there were 27 women in AMC, making up 7% of the jail. Despite being accommodated in an area purpose built for women (the 'Women's Community Centre, or WCC') in terms of equality of opportunity to access programs, activities, work, and services that are gender responsive, women are missing out. The experiences of detained women at the AMC are discussed in relevant sections throughout this report. However, several issues are highlighted below. In this section we do not refer to quantitative data collected via our survey of detained people due to the sample size being too small to provide statistically significant results (n=7).

99 Question Taken on Notice (153) for Select Committee on Estimates 2025, ACT Legislative Assembly, Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026.

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WCC staff

The Women's Treatment Team consists of a director and three women's case management officers who work only with the women.

Positive practice: Since the last review, ACTCS has rostered a permanent CO2 , and an additional CO1 on the Women's post. These staff, and the consistency of staffing has been well received by detained women.

Detained women in focus group discussions gave positive feedback about COs rostered to WCC, describing staff as 'supportive' and 'fair'. Senior staff acknowledged improvements to staffing in the area including that staff genuinely wanting to work with the women but also highlighted challenges in managing the large WCC area with only three COs. Further, as identified in HPR22 and a 2024 OICS critical incident review, the WCC post is not always staffed at night.

Since HPR22 the responsibility of the women's area has moved from Assistant Commissioner Custodial Operations to Assistant Commissioner Offender Reintegration. The four positions in the Women's Treatment Team are non-custodial staff reporting to the Assistant Commissioner Offender Reintegration. The logic behind this is not clear to the Review Team. Since the last review, ACTCS introduced *Walking with Women on the Pathway to Change Framework* which aims to provide a gender-responsive and individualised service delivery model for women in custody and community corrections with a focus on rehabilitation and reintegration – this may have driven the change. However, the effectiveness of this transition appears uncertain. The Review Team heard from senior staff that over the past couple of years, things in the women's area have felt "chaotic" and that there had been attempts to "fix" various aspects of service delivery to women in the AMC, however they felt that these had been band-aid fixes and there needed to be more of a focus on longer term solutions.

The Women's Treatment Team holds meetings twice a week with detained women. The Review Team was informed that all staff members in the Women's Treatment Team are trained to deliver the EQUIPS suite of programs for sentenced women. However, it does not appear that these programs are delivered to women on a regular basis, with ACTCS reporting that in the 2023–24 financial year there was only 1 EQUIPS program run for women (EQUIPS Foundations) with 7 women commencing and 5 women completing the program. No EQUIPS Addiction, Aggression, Domestic and Family Violence or Maintenance programs were held for women in this period.

Detained women reported limited access to staff and support services at AMC. They rarely see ALOs, restricting cultural support, which an ALO confirmed was due to limited capacity. Activities Officers also attend infrequently, leading to missed sessions or unsupervised gym use, which some women reported not feeling confident to use the WCC gym equipment unsupervised. Compared to men, women had less access to the oval and team sports.

At the time of the review there were no peer mentors available to provide lived-experience guidance to newly arrived women, and only one delegate currently representing the women, reducing diversity of representation.

Family contact

Women in the AMC reported significant challenges in maintaining relationships with family members and partners held in the men's section of the prison. They described restrictive and punitive barriers to intra-jail visits, such as requirements for extensive disciplinary-free periods with no negative case notes and no positive drug tests. They spoke about how calling out to male relatives often resulted in negative case notes or even disciplinary charges. The Review Team witnessed this when a woman was reprimanded and told they would have a negative case note written up for calling out to her boyfriend who was working in a nearby part of the men's prison. Communication between detained men and women was reported as limited, with email contact prohibited and delivery of handwritten letters dependant on individual officers' discretion. They shared concerns that family members with prior detention histories are frequently denied visitation access, causing emotional distress and negatively impacting post-release outcomes.

Incentive Earned Privilege (IEP)

Detained women expressed concerns that the Incentive Earned Privilege (IEP) scheme offers few meaningful rewards and is applied inconsistently. Reviews often rely on negative case notes and officer discretion, making progression difficult—especially for women on remand or serving short sentences. Many incentives, such as gym access, accommodation options, and expensive items such as TVs, gaming consoles and radios, are geared toward men. Women also face financial barriers, with limited access to higher-paying prison jobs and less external support from family putting money in their AMC accounts compared to men, making IEP rewards even less attainable. Further discussion of the IEP is at section 1.2.2.

The Review Team notes that the Women's Treatment Team had been working with the women's delegate to devise an additional list of more meaningful incentives for detained women, for example, a women's IEP Enhanced purchase list including a memory foam pillow, a doona, quilt cover and a gem art craft kit.

Women are accommodated in cottages regardless of their security classification or IEP status, so unlike men, progressing from a cell block to a cottage is not an incentive. Under the Enhanced IEP scheme, detained people should have access to extended family visits. However, this has been inconsistently offered to women, with the justification that visits were shortened due to low numbers. Women have raised this issue repeatedly in delegates meetings, yet no adequate action or response has been provided. Maintaining strong connections with their children while incarcerated is a major protective factor for both mother and child/ren, not only in reducing rates of recidivism, improved mental health and wellbeing outcomes but can also have a significant positive effect on reunification following her release from prison.[100] Ensuring the extended family visits for women are protected through the IEP would certainly act as an incentive for many women to achieve and maintain enhanced status.

100 Stephanie C Kennedy, Annelise M Mennicke and Chelsea Allen, '"I took care of my kids": mothering while incarcerated' (2020) 8(12) *Health and Justice* <https://healthandjusticejournal.biomedcentral.com/articles/10.1186/s40352-020-00109-3>.

Programs, education, employment and reintegration

There is generally one session per week for women dedicated to 'education' and one other session dedicated to 'library and education'. Recently a small 'women's library' was established in WCC. Although this improves accessibility to a small collection, this may not meet the needs of all women for whom accessing the main library was valued. Offerings on the program timetable may be only relevant to a few women, so a day with several activities may not translate to women being busy. Unfortunately ACTCS do not disaggregate education and programs by gender making it difficult to ascertain women's access. Certain programs, such as the Certificate II in Construction Pathways has been offered to women in the past but not recently due to 'insufficient numbers'. Additionally, program cancellations are poorly documented—for example, the ACCESS program was simply marked "cancelled by AMC" on 17 January 2024.

Concerns noted at section 3.2.1 about lack of any basic literacy and numeracy program, were raised by the women as a pressing concern.

Community organisations raised with the Review Team delays and challenges in having access and programs approved through the Programs and Services Committee process (discussed further at section 4.1.2). For approved programs, logistical issues raised included delays in accessing WCC, women not aware of sessions, challenges with AVL contact, and sessions not being widely promoted to women or only announced once providers are onsite, reducing program time.

The WCC programs and education timetables suggests that the 1 hour Aboriginal Art session with the ALO's was scheduled only 9 times during the 2024 calendar year. Through discussions with women at the AMC it is clear that women continue to feel bored and desperate for engagement.

There are 40 distinct types of employment roles for men and 12 distinct roles for women, however many only occupy a few hours per week and do not develop skills or align with vocational development. Women currently have access to two days per week in the AMC bakery with six positions available. Bakery, delegate and peer mentor positions are considered a trusted work position and women on remand or with a recent disciplinary offence may not be eligible. In practice, trusted work positions particularly some of the women's delegates, and peer mentor roles are at times vacant due to the relatively high 'churn' of women through the centre.

Women have expressed a strong desire for access to recreational spaces like the ovals. Women are currently unable to access the AMC oval due to its location in men's section of the prison as previously women exercising in that area resulted in verbal abuse from men's units. The WCC is a relatively large space, offering significant potential for outdoor recreation and physical activity. However, exclusion zones around the perimeter fence line severely limits access and use of this space, restricting opportunities for meaningful engagement and outdoor health and wellbeing activities. It is positive to note recent fit out of the smaller women's gym with exercise machines and free weights within the WCC. Support from Activities Officers is essential for women to be able to utilise this space appropriately and use equipment safely.

Women do not have access to the 20 bed minimum security Transitional Release Centre (TRC) located outside the perimeter fence. The Review Team understand a proposal for one five-bed TRC pod for women was rejected. Very few women have accessed the Transitional Release Program (TRP). More on women's experiences of the TRP can be read at section 4.2.3 of this report.

Recommendation 13:

Within 6 months, ACT Corrective Services expand opportunities for women detained at the Alexander Maconochie Centre to access education, programs, employment and other meaningful activities, including significantly lowering the threshold for how many women must be enrolled for programs and education to run.

Accommodation

Comment from women about accommodation

> *"I've contemplated putting myself in CSU just to get a break from what's happening in the yard."*

The current accommodation options for women at the AMC are not adequate to manage the diverse and complex needs of detained women. Women in custody often present with a range of vulnerabilities, including histories of trauma, mental health conditions, and varying levels of risk and protection requirements. Despite this, the existing infrastructure lacks the flexibility to appropriately separate and support different cohorts, such as women on protection, those subject to segregation or separate confinement, and others requiring specialised care.

This issue was highlighted in HPR22, which recommended that ACTCS urgently expand women's accommodation within WCC to provide more flexibility in accommodating the different cohorts of women. Without such expansion, the AMC risks compromising the safety, and rehabilitation prospects of detained women, as the current arrangements do not allow for appropriate responses to individualised needs.

The government 'noted' this recommendation, indicating that the need for expanded secure accommodation will be examined as part of broader planning. Although initial stages of AMC Master Planning have commenced, the absence of a clear timeline or financial investment means that meaningful improvements to women's accommodation remain uncertain. The recommendation from HPR22 remains relevant and is critical to a safe and rehabilitation focused environment for women.

Recommendation 14:

Within 18 months, ACT Corrective Services expand women's accommodation within the Women's Community Centre precinct in order to provide more flexibility in accommodating the different cohorts of women (e.g. women on protection, segregation, separate confinement orders).

2.5.3 Detained people with children

Women and young children

The AMC was designed to allow detained women to live with their young children, with a dedicated mother-and-child room in the women's precinct. The *Corrections Management (Women and Children Program) Policy 2015* outlines the process for women to apply for this arrangement. Women who are primary care givers for a child under four years of age are eligible to apply to participate in the program. However, no woman has ever been granted entry into the program.

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The limitations of the program were noted by the ACT Human Rights Commission in a 2014 report.[101] The Commission considered that to appropriately implement a women's and children program at the AMC, additional resourcing would be required to facilitate children's access to activities in the community and access professional support to meet their developmental needs while residing in a prison. Where such resourcing wasn't feasible, the Commission suggested that ACTCS offer women the opportunity to be transferred to a suitable facility in New South Wales where their children could reside with them.

No such additional resourcing has been provided, nor have mothers been transferred interstate to access programs and facilities there.[102] Stakeholders to this review suggested the women and children program is effectively not running.

Separately, the now repealed *Corrections Management (Private Family Visits) Policy 2010* provided that eligible detained people could apply to have private family visits, which included detained people having private family time in a specially designed self contained area adjoining in the visits space. The objectives of the policy included that eligible detained people have 'the opportunity to spend extended time with family members in a private, domestic setting located within the visits centre. These visits will take place under reduced supervision'. The policy recognised that such visits support detained people to identify themselves as parents and partners, and to develop strategies to maintain these roles during and after imprisonment. That policy was repealed in 2014 and has not been replaced. Despite this, there have been examples in the past of the self-contained room being used for breastfeeding mothers to have extended contact with newborns, with appropriate supports.

Beyond these, it appears ACTCS has no other written policy or procedure for how the AMC works with JHS and Child and Youth Protection Services for the care and management of pregnant women and their newborn babies. Despite the *Women and Children Program Policy 2015,* at present there is no will or drive in government that suggests a woman will be permitted to have a baby or young child reside with her at the AMC in the foreseeable future. Furthermore, there is no clear process about how other facilities, such as the visits areas, may be used to accommodate contact between newborn babies (or young children) and their mothers.

The Victorian Coroners Court recently recommended that the prison health service there investigate additional psychological support for women who give birth in custody, or proximate to their remand into custody, including automatic referral to custodial mental health services for assessment where their newborn is removed from their care while incarcerated.[103] This is a recognition of the profound trauma a detained woman losing ongoing contact with a newborn child is likely to experience.

Given the inability for a newborn child to be accommodated at the AMC, the Inspector considers broader reform is required.

101 ACT Human Rights Commission, *Human Rights Audit of the Conditions of Detention of Women at the Alexander Maconochie Centre* (Report, April 2014).

102 The *Corrections Management (Women and Children Program) Policy 2015* was updated to state that 'ACT detainees will need to meet the NSW Corrections program entry requirements but if successful will receive support from ACTCS in terms of assisting with periodic visits from significant others to Emu Plains and facilitating weekend leave when the detainee qualifies.'

103 *Finding into death with inquest of Calgaret, Heather Idda Simone* [2025] VicCorC (28 July 2025) Recommendations 1 and 2.

Recommendation 15:

Within 18 months, the ACT Government consider options to enable women to maintain connection with their children in the community rather than being detained at the Alexander Maconochie Centre, including reform to bail and sentencing laws, home detention, and electronic monitoring.

Shine for Kids

SHINE for Kids (SHINE) has been a long-standing specialist service provider at the AMC, delivering family and parenting programs to remand and sentenced detained people since 2011. SHINE's programs support detained parents and their children through a social and emotional model that promotes reintegration and family restoration. This includes supported visits for children in out-of-home care, community-style playgroups for preschool-aged children, and a supported playgroup for fathers. The Bringing Up Great Kids program helps parents reflect on their own upbringing and develop positive parenting strategies, and child/parent activity days are designed to foster bonding through shared meals and activities.

In December 2024 the contract between ACTCS and SHINE expired (having reached the maximum possible contract extension period). A new tender process has commenced but as at July 2025 no outcome had been reached, leaving a significant gap in services. ACTCS staff have stepped in to support families where possible e.g. through organised family visits, however this has been an additional workload for staff, who are also not the service delivery experts.

The absence of SHINE's programs is strongly felt by detained people, AMC staff, and SHINE staff.

The contract transition has been poorly managed by ACTCS. Given the contract end date was known to all parties, it is a deeply disappointing situation for children and detained people that there is a prolonged gap in service delivery. It is unclear if it was ineptitude in contract management or some other reason.

There is demonstrated value in having an independent specialist provider deliver family and parenting programs which are evidence-based, inclusive, and emotionally supportive in a custodial setting. ACTCS cannot replicate this support using in-house resources. A timely return of such services is essential to restore family connection and support rehabilitation.

2.5.4 Young detained people

In 2023–24, people aged 18 to 24 year olds, accounted for approximately 20% of all people charged with an offence in the ACT.[104]

The HPR25 survey of detained people asked whether they had ever been incarcerated in a youth detention centre anywhere. Of the 95 respondents, 17 (18%) answered 'yes'. A supplementary question asked whether the detention centre was Bimberi, to which 10 respondents answered 'yes'. The survey results do not mean that people came to the AMC directly from a youth detention centre but only that they had experienced youth detention at some time.

104 ABS (2025) "Recorded Crime – Offenders 2023–24" – Table 15.

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Analysis by OICS of young people discharged in the last 5 years from Bimberi indicates that as at 31 December 2024:

- There were 65 people in the ACT aged 18–25 years old had who been detained at Bimberi as a young person and then at the AMC or CTU as an adult, excluding the 2 whose only experience of adult custody was a direct transfer from Bimberi to AMC.
- The median time between release from Bimberi and entry into adult custody for these 63 people was 616 days, with the shortest being 17 days (excluding direct transfer).
- The average time between release from Bimberi and entry into adult custody was 782 days (excluding direct transfer).
- The average age for a subsequent entry into adult detention after release from Bimberi was 19.3 years old (excluding direct transfer).

Of the 58 detained people at the AMC aged 18–25 in custody on 7/1/2025, 27 had previously spend time at Bimberi (47%).

Young people (particularly for those in custody for the first time) may be particularly vulnerable in an adult custodial setting, e.g. to standovers, coercion, intimidation and violence. Some prisons in other jurisdictions have a specific unit for young detained people. This would be challenging at AMC due to the size of the facility and the existing number of detained person cohorts (including the small number of women may result in unintended isolation for the young woman). The separation of remand and sentenced detained people further increases complexity.

We noted in HPR22 there is no policy or procedure specifically dedicated to managing young detained people at the AMC, and found that there are no protective mechanisms incorporated into ACTCS policy or practice for young people entering custody that may be particularly vulnerable due to age and immaturity.

ACTCS young offenders program

ACTCS has identified the rehabilitation of young detained people as a priority and reviewed the needs of this cohort as distinct from older detained people. The Offender Reintegration Unit and programs officers developed a 10-week program for young men aiming to build coping skills, increase employability, develop financial literacy, first aid and road safety skills, encourage behavioural change through education about substance use and access to agency supports. The program was non-criminogenic and was available to eligible participants regardless of their legal status. The AMC Programs Unit delivered two pilot rounds of the program, with the first commencing in October 2023 with 12 detained men aged between 19 and 25 years; and the second pilot commenced in March 2024 with 17 detained men aged between 18 and 25 years. A total of 17 detained people (60%) completed these programs, with the majority of those who left during the program being released from custody prior to the completion of the program. ACTCS evaluated each session of the pilot program, with positive participant feedback. One of the unique features of this pilot program is the use of external agencies and module facilitators to deliver sessions, allowing for flexibility and bespoke content with a potential benefit of developing linkages with community-based organisations that may assist on release. OICS spoke to one of these external facilitators who also had very positive feedback. Despite the apparent success of this program, there is currently no plan for the program to recommence in 2025. This is disappointing.

JHS approach

Young people at AMC are provided health services as clinically indicated. Because young people have a relatively higher propensity for risk taking behaviours, there is a particular focus of health services on harm minimisation education and assessment of risk. Young people are offered testing for Blood Borne Viruses (BBV) and Sexually Transmitted Infections (STI) and education regarding the harms of alcohol and other drug use. The majority of health promotion education with young people is undertaken on a one-on-one basis by health staff. There are no formal health literacy programs delivered to young people at the AMC.

Recommendation 16:

Within 6 months, ACT Corrective Services implement a program for young detained people that includes health literacy programs provided by health promotion service providers

2.5.5 Older people

AMC's population is ageing. While between 2022 and 2024, the proportion of older detained has remained steady,[105] according to ACTCS data the number of people aged over 65 in raw terms increased from 18 to 23 from July 2022 to July 2025. As the ACT population ages, this trend is likely to continue.

Australia's prison population is aging. Between 2009 and 2019 the percentage of those aged over 45 years increased from 18% to 22% of all persons in custody. Over the same period, the number of older prisoners in Australia grew from around 5,300 to 9,600—that is, a growth of 79%.[106] An aging population at the AMC presents an increased need for services to accommodate mobility, auditory, visual-spatial and other related needs. These issues were identified by academics in 2020.[107]

Time in prison has a significant impact on health, with research indicating that incarcerated people exhibit premature biological aging. One study found that every year of exposure to incarceration is associated with a 2-year reduction in life expectancy.[108]

The growing number of older detained people, many incarcerated later in life for historical crimes, poses significant challenges. The ageing population at AMC was evident during the review. Several men in their 80s and 90s were housed together in the SCC, a single-level unit designed for easier access and support. While these individuals generally expressed satisfaction with their care, COs noted they are not trained to meet the complex needs of this cohort.

Reduced mobility was common among older detained people, especially in the protection cohort, with many requiring assistive devices like walking frames. One protection unit is two-storey with two beds in each cell (including top bunks), which poses challenges. While the SCC is better suited for older detained people and people living with disabilities, its capacity is limited, and most cells are double-bunked. Cottage accommodation requires some independent living skills which may not be an option.

105 In 2022, 3.3% of detained people were aged over 65 and 24% were aged over 45. In 2025, 3.4% were aged over 65 and 25% were aged over 45: ABS, *Prisoners in Australia* 2024 and 2022, Table 4.

106 AIHW, *Health and Ageing of Australia's prisoners* (Report, 2020).

107 Isabella Jackson, Caroline Doyle and Lorana Bartels, 'An Awful state of affairs for you': managing the needs of older prisoners – a case study from the Australian Capital Territory' (2020) *Current Issues in Criminal Justice* 32(2) 243.

108 Kaiksow FA, Brown L, Merss KB (2023) Caring for the Rapidly Aging Incarcerated Population: The Role of Policy *Journal of Gerontological Nursing*, March 49(3):7–11.

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The Review Team's clinical reviewer noted that older people have access to all required aids to assist them with ambulation and activities of daily living, and there is access to health services. However, a prison environment that is not designed around needs of older people does not promote the concept of 'Aging in Place", which refers to providing an environment for older people to live independently for as long as possible, with the provision of in reach services as required.

Finding 31 and Recommendation 17 below responds to this conclusion.

2.5.6 Detained people with disability

STANDARD 84

The specific needs of detained people with a disability are met.

Almost 2 in 5 (39%) people entering prison reported that a long-term health condition or disability affected their participation in activities, education or employment.[109] People with disability are over-represented in all stages of the criminal legal and child protection systems and are more likely to be arrested, questioned and detained for minor infringements of public order.[110] As discussed further below, 20% of detained people inducted at AMC in the period June to December 2024 identified as having a disability.

Detained person survey	HPR19	HPR22	HPR25
Identified as having a disability	30% (n=165)	31% (n=116)	25% (n=97)
Reported that their needs as a person with a disability are 'rarely' or 'never' met	72% (n=71)	72% (n=54)	26% (n=105)
Reported being discriminated against by other detained people 'sometimes' or 'most of the time' because of their disability (of those who reported the question applied to them)	28% (n=71)	37% (n=52)	41% (n=32)
Reported being discriminated against by staff 'sometimes' or 'most of the time' because of their disability (of those who reported the question applied to them)	39% (n=72)	39% (n=57)	32% (n=37)
Reported receiving a Disability Support Pension before entering custody	Not asked	Not asked	7% (n=96)
Reporting receiving services through the NDIS before entering custody	Not asked	Not asked	3% (n=97)
Reported their NDIS services continuing in AMC (of those who answered yes to receiving services)	Not asked	Not asked	60% (n=5)

109 Australian Institute of Health and Welfare (2022) *The health of people in Australia's prisons* 37.
110 Jumbunna Institute Final Report, 21.

The ACT Government has developed appropriate frameworks and policy commitments to address the needs of AMC detained people with a disability in the Disability Justice Strategy 2019-2029 and ACTCS Disability Framework, which builds on the Disability Action and Inclusion Plan 2021-2023 and Disability Action and Inclusion Plan 2024-2026.

One of the deliverables from this framework was the appointment of a Disability Liaison Officer (DLO) to the AMC's Supported Interventions Unit. This full-time position supports detained individuals with disabilities or aged care needs by helping them access support payments for when they exit detention (National Disability Insurance Service or Disability Support Pension), coordinating with case managers and medical staff to identify and address needs, arranging allied health services, and advocating for improved facilities and access. A key focus is enhancing service delivery through Justice Health Services. The DLO maintains a caseload of detained people with disabilities and monitors their needs and the services provided. We noted in HPR22 that this (then) newly-created role was having a significant impact in supporting people with a disability in the AMC. We remain convinced that this role is vital, though unfortunately it has been vacant episodically in recent years.

Nonetheless, as discussed in HPR22, we found that the formal induction process was not effective in familiarizing detained people with rights, responsibilities and daily life at the AMC, and that formal induction processes were largely inaccessible for detained people with limited literacy, acquired brain injury or cognitive impairment. We recommended that ACTCS introduce a suite of induction materials that meet the needs of detained people with a disability (e.g. an induction video, Easy Read induction packs) and are relatable for the diverse detained person population (Recommendation 2). However, this recommendation has not been fully implemented.

ACTCS identification of detained people with disability

In HPR22, we discussed that identifying detained people with disability, and capturing, collating and analysing data on disability at the AMC required improvement so that appropriate supports, reasonable adjustments, and release planning can be identified and provided. There have been some improvements since HPR22.

The AMC induction screening assessment seeks to identify detained people presenting with intellectual or physical disabilities which triggers further assessment and referrals for services. This screening includes the *Footprint Survey* which is a question-based screening tool which collects information about a detained person's disability including identifying urgent needs. The survey requires staff to also consider how a detained person presents. If a detained person exhibits slow or unclear speech, slow movements, poor co-ordination, obvious problems with concentration or any other signs of disability or illness then staff should refer them to the Supports and Interventions Unit (SIU).

For example, in June to December 2024, the Footprint Survey recorded 20% of detained people at induction who reported a disability. The most common identified disability was recorded as 'mental health' (14%). Urgent needs relating to physical disabilities identified included seeing (6%), hearing (4%), walking (10%) and recent fall (4%). Other common urgent needs were concentrating (17%), remembering (15%) and understanding others (4%). Almost 10% of those inducted identifying reading and writing as an urgent need.

ACTCS advises JHS via email of any new detained people identified at induction as having a disability. Additionally, a disability assessment, chronic disease assessment, and falls risk assessment is conducted by the JHS admissions nurse as part of the detained person's health reception assessment. This includes the CHS Falls Risk Assessment Tool and the Census Questions on Disability Endorsed by the Washington Group. This questionnaire helps to identify cognitive, speech, hearing, sight, self-care, and mobility difficulties and allows for early identification of disability support needs and timely referral to the SUI and/or the JHS Complex Care Team (CCT) for further review. It also allows for the JHS reception nurse to make immediate clinical decisions regarding accommodation needs.

The JHS CCT are also responsible for providing support to detained people with disabilities and for coordinating any requirements for prosthetic or other aids to assist eligible detained people with mobility or activities of daily living. For example, disability aids such as hearing aids, prescription glasses, mobility aids and shower chairs etc.

However, routine screening for neurodivergent conditions is not undertaken at AMC. While a diagnostic neuropsychological assessment can be sought through JHS or from external agencies, where a need is identified; the routine screening for attention deficit hyperactivity disorder (ADHD), intellectual disability and learning disorders, and autism spectrum disorder (ASD) is not undertaken.

People with neurodivergent conditions including ADHD, ASD, speech and language difficulties, tic disorder and brain injuries are likely to be overrepresented in prison populations.[111] For example, an estimated prevalence of ADHD is between 21% and 45%.[112] The 2016 ACT *Detainee Health Survey* found 19% of detained people screened positive for ADHD symptomology. A Victorian study found 42% of detained men and 33 % of detained women had an acquired brain injury in comparison to an estimated prevalence rate of 2% within the general population.[113]

The unfamiliar and austere environment of prison can be particularly challenging for people with neurodivergent conditions for example due to 'banging metal doors and gates, strange or loud sounds, smells and unnatural lighting'. In a recent report on current issues and good practices in prison management, the UN Special Rapporteur on Torture noted:

> The behavioural response of neurodivergent prisoners to such environments can be misconstrued by staff as aggression, indifference or intoxication, leading to the unfair treatment or punishment of such prisoners. The Special Rapporteur notes that the threshold for what constitutes ill-treatment may be lower for neurodivergent prisoners.[114]

For people with ADHD illegal amphetamine use is common in the community and there is a risk this will continue in the AMC. The prescription of medication at AMC to manage ADHD is discussed at section 2.6.

111 United Nations Special Rapporteur on Torture, *Current issues and good practices in prison management*, A/HRC/55/52, 20 February 2024, 19.

112 A Grimley, A and L and Bartels, 'The need for speed? Exploring the risks and benefits of pharmacological treatment for adult ADHD in prisons' (2024) 31 (6) *Psychiatry, Psychology and Law* 1131–1151 <https://dx.doi.org/10.1080/13218719.2023.2260861>

113 M Jackson, G Hardy, P Persson, and S Holland, 'Acquired brain injury in the Victorian prison system' *Corrections Research Paper Series, Department of Justice* (4 April 2011).

114 United Nations Special Rapporteur on Torture, *Current issues and good practices in prison management*, A/HRC/55/52, 20 February 2024, 19.

There is an emerging awareness of the need for reasonable adjustments for this group of detained people. For example, some prisons in the United Kingdom have introduced quiet spaces, sensory items ,visual aids and modified regimes. Furthermore as of May 2024 there were Neurodiversity Support Managers in place at 105 publicly owned prisons and young offender institutions in the UK.[115]

ACT Corrective Services' Disability Action and Inclusion Plan 2024–2026 includes one commitment that specifically references neurodiversity: 'Investigate the feasibility of developing a quiet space for individuals experiencing heightened states (e.g. neurodiverse clients, individuals with certain emotional, sensory, or physical attributes or vulnerabilities).' Other commitments are relevant, including in relation to screening, disability responsive training and reasonable adjustment although in the Review Team's view there is a need for more specificity in relation to the needs of people with neurodivergent conditions.

The Special Rapporteur on Torture recently called for prison authorities to include neurodiversity screening as part of individual assessments, sentence planning and rehabilitative programming. This would provide an opportunity better support in prison and post release.[116]

Recommendation 17:

Within 6 months, ACT Corrective Services prioritise commitments made under its Disability Action and Inclusion Plan 2024–2026 as they specifically relate to detained people with neurodivergent conditions including screening tools, reasonable adjustments and other supports.

Accommodation

The Assisted Care Unit (ACU) provides specialised support services to sentenced or remanded detained people and is a 19-bed wing of the SCC accommodation unit This unit is for detained men identified as having complex needs that mean they cannot be accommodated elsewhere and/or they may be vulnerable to abuse from other detained people. Services are provided by allied health staff from the Supports and Interventions Unit (SIU). Women do not have access to the ACU or an equivalent unit. In some cases, supports are being provided by other detained women, or COs which is not a suitable or sustainable situation. The Review Team heard that some women may either request placement in—or be placed in—the Crisis Support Unit (CSU) or the Management Unit, based on how they are presenting. These units accommodate all genders and are more austere environments.

The AMC is not designed or resourced with staffing profile to adequately care for detained people with significant disabilities. This is particularly evident for detained people that face challenges related to activities of daily living (ADLs), i.e. eating, showering, dressing, toileting, etc. An example was given of a previous detained person with a significant disability who was incarcerated at the AMC for an extended period of time and required ACTCS to contract carers to attend the Centre to assist the detained person with their ADLs.

115 His Majesty's Inspector of Prisons, 'Four years on: Neurodiversity in prisons' blog, 23 July 2025; L Finer, 'Understanding and supporting the needs of neurodivergent people in prisons is a human rights issue' Penal Reform International Expert Blog, 20 July 2024; United Nations Special Rapporteur on Torture, *Current issues and good practices in prison management*, A/HRC/55/52, 20 February 2024, 19.

116 United Nations Special Rapporteur on Torture, *Current issues and good practices in prison management*, A/HRC/55/52, 20 February 2024, 20.

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Also, at the time of the review it was noted there was a detained person with a significant disability that had to be accommodated long term in the CSU due to the specialised bed required not fitting in other accommodation areas. This person had carers, funded by the NDIS, attend the AMC to assist with their ADLs. Corrections Officers also played a role with some supports and adjustment. The CSU is not an appropriate long term environment including for those with a disability. The CSU is supposed to be for detained people in acute mental health crisis, but is currently used for a range of other purposes. It is not an environment that encourages or supports privacy nor maintain a detained person's independence and it does not allow the detained person easy access to programs, education, and rehabilitation.

Custodial Mental Health (CMH) service staff also reported one of their great challenges in providing services was the lack of a 'therapeutic-style' accommodation area for the placement and management of detained people who display challenging behaviours. They advised that while the CMH team can provide expert advice to the SIU on how a detained person with challenging behaviours could/should be managed, the ability to implement a successful management plan is hampered because there is not a dedicated unit for detained people such as this with specially trained custodial staff. The CMH staff interviewed stated the CSU by its design did not provide a suitable therapeutic environment for detained people who display challenging behaviours, exacerbated by a lack of consistent COs (which can result in inconsistent management of detained people).

Finding 30:

The Alexander Maconochie Centre does not have suitable accommodation options for people with complex health or disability needs including for older detained people.

Recommendation 18:

Within 18 months, the ACT Government publish a strategy for accommodating detained people with complex needs arising from health, disability, limited mobility, and advanced age that currently cannot be suitably accommodated at the Alexander Maconochie Centre.

National Disability Insurance Scheme

For people with a disability, including those receiving support from the National Disability Insurance Scheme (NDIS), the transition to the AMC can result in detained people experiencing a drastically reduced level of disability support compared to what they are receiving in the community. This leads to distress, exacerbates disability, and causes changes in behaviour. We noted in HPR22 that the then new roles of DLO based in AMC, and the National Disability Insurance Agency (NDIA) Justice Liaison, have provided some impetus in supporting people with a disability in custody through identification of cases and advocacy and inter-agency communication.

It was pleasing that at mid-2025, there were 15 detained people in AMC receiving assistance through NDIS funding. While onsite we observed one detained person with significant physical disabilities receives daily care through NDIS funded allied health carers attending the centre from the community.

Nonetheless, in a submission to this review, ACTCOSS has identified administrative barriers to the provision of services at AMC by external agencies across health, legal and reintegration support.

ACTCS could consider training COs on the needs of ageing detained people or those with disability.

External medical escorts – transport

A standard prison van with compartments is generally used to transport detained people to medical appointments. On advice from health, and based on a risk assessment, ACTCS may use alternative vehicles such as a sedan.

With the ageing population at the AMC, there is going to be an increasing number of aged and frail detained people who will require wheelchair assistance to attend medical appointments and court. It is also a work health and safety consideration for staff that they use appropriate techniques for vehicle to wheelchair transfers, for example. Some jurisdictions have introduced electric wheelchairs for use by escort teams when moving detained people to and from medical appointments. This reduces the need for staff to 'push' the wheelchair for a detained person. It is important that ACTCS and JHS consider the ongoing health and care requirements for this cohort including their transport and movement requirements within the AMC and when they attend appointments/court.

Finding 31:

ACT Corrective Services lacks an electronic wheelchair which can be operated by escorting Corrections Officers when taking detained people to medical appointments and court.

2.5.7 Detained people from a culturally and linguistically diverse background

STANDARD 68

Detained people from culturally and linguistically diverse backgrounds have fair and equitable access to services, activities, employment, and education including those relating specifically to their status.

STANDARD 97

Health service delivery is culturally appropriate and responsive to a diverse range of needs.

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ACTCS was unable to provide OICS a list of detained people from culturally and linguistically diverse backgrounds. Some data was provided from the Footprint Survey that indicated from June to December 2024 that the following proportion of detained people were from a cultural heritage that indicated they may not speak English as a first language:

European	14.9%
Asian	3.5%
African	3.1%
Middle Eastern	2.4%
South American	0.0%
Other	1.2%

Further, when asked about urgent needs, detained people answered:

Being understood	2.7%
Understanding others	3.9%
Reading/writing	9.8%

Nonetheless, this is indicative only and it does not appear the Footprint Survey currently specifically asks about those detained people who speak English as a second language. It is troubling that ACTCS is not recording those detained people who may require assistance communicating in English. ACTCS advised that Translating and Interpreting Service (TIS) National are engaged at times, however this seems predominantly to facilitate legal services and medical services, and is restricted to specific locations at the AMC.

In relation to health services, JHS advised that interpreter services are used during interactions and consultations with staff including reception assessment, GP consultations, specialist nurse consultations, and psychiatry reviews. Health promotional information and information about health service operations are available to detained people in various languages.

Outside of the health area, the Review Team were aware of some detained people with limited or non-speaking English language using printed prompt cards with common themes to communicate with their peers and staff. Further facilities, such as books in own language and email accounts are also available to individuals in their living area.

This is often not sufficient. In internal documents, ACTCS has acknowledged that day to day communication with detained people's peers are often limited due to the language barrier, causing frustration and limitation with communication. This is also a barrier for staff and agencies working in their area, not always having a full understanding of the needs of the person with their language restrictions. Documentation for programs that is not printed in the individuals own language is also an area of disadvantage for the person. It may prevent people in ACTCS care being able to engage in their sentence management plan to challenge behaviours against their offence due to the language barriers.

The Inspector is aware of detained people whose communication (other than in relation to health) relied on translation being provided by other detained people, or the assistance of an external visitor. This is not acceptable.

Positive practice but for inordinate delay in implementation: iPads to support interpretation and translation

A pilot project at the AMC is due to trial the use of iPads as translation devices to support detained people who face challenges communicating in English. The iPads can translate spoken and written English into the detained person's preferred language, enhancing accessibility. Consideration has been given to ensuring that the iPad's do not replace authorized interpreters when required. Security measures are in place to restrict the devices to translation functions only, and detained people will have access to them during the core day, returning them at final lock-in.

This apparently relatively straightforward project has been beset by inordinate delays (18 months+) for reasons not clear to OICS. ACTCS provided comment on this draft that 'reasons for the delay included the need for a security assessment of the device, and security issues identified in the first device as a result of the assessment'.

Finding 32:

While the full implementation of tablet devices for detained people with limited English may assist in translation and interpretation, ACT Corrective Services currently has insufficient mechanisms in place to assist detained people who require assistance communicating in English.

2.6 Health wellbeing and social care

Health services at the AMC are provided by Canberra Health Services (comprising of Justice Primary Health Services (JHS) and Custodial Mental Health Services (CMH)) and Aboriginal Community Controlled Health Organisation Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga). They all operate out of the Hume Health Centre (HHC) within the AMC.

Detained person survey	HPR19	HPR22	HPR25
Reported that it was 'difficult' to get **general medical services** when needed	82% (n=179)	84% (n=130)	69% (n=106)
Reported able to get **over-the-counter medication** when needed 'most of the time'.	20% (n=170)	24% (n=129)	37% (n=105) (10% said never and 26% said rarely)
Reported that **medication** was 'never' or 'rarely' provided in a timely way	58% (n=167)	45% (n=130)	40% (n=105)
Reported that it was 'difficult' to get **specialist medical services** when needed	86% (n=173)	88% (n=129)	81% (n=106)
Reported that it was 'difficult' to get **psychological services** when needed	72% (n=166)	71% (n=129)	65% (n=105)
Reported that it was 'difficult' to get **dental services** when needed	87% (n=167)	66% (n=128)	75% (n=78)
'Disagree' or 'strongly disagree' that on arrival at the AMC their **urgent health matters** were dealt with	57% (n=166)	62% (n=145)	70% (n=111)

PILLARS

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2.6.1 Basic healthcare

STANDARD 87

Health care services in prison are at least equivalent to those in the community, provided independently of the prison service and meet the needs of detained people in an environment that promotes dignity and maintains privacy.

STANDARD 92

The correctional centre is staffed with sufficient number and range of health professionals, with appropriate qualifications to ensure the standard of health care available to detained people is equivalent to that of the general community.

Both the primary health and custodial health teams are well resourced for prison health services.

Primary health services run from 7.00am to 9.30pm, seven days a week, with a GP on call for COs to consult after hours. Winnunga operate similar nursing and GP services at the AMC. Specialist services, such as critical care and AOD staff operate Monday to Friday. Health staff can have direct access to detained people from 7.00am to 11.45am and 12.45pm to 5.30pm (subject to operational requirements of the jail). Health service clinics (such as GP, AOD, psychiatry, etc.) are scheduled from 8.30am to 5.30pm and can occur during this period apart from during the COs lunch break which runs from 11.45am to 12.45pm. These are very good hours of access to detained people by health staff compared to other jurisdictions with similar cohorts.

General Practitioner services at the AMC are led by the JHS Clinical Director and made up of predominantly visiting medical officers (VMOs). All of the VMOs are Opioid Maintenance Treatment (OMT) prescribers or undertake the training when working at AMC. The AMC is very well resourced with GP services, especially when compared to other jurisdictions, with an average of 2 full time GP staff undertaking clinics each day. There are currently a number of women VMOs who work at the Centre, an improvement since HPR22.

The CMH service is part of the Forensic Mental Health Service (FMHS), led by a manager responsible for the AMC CMH Court Liaison Service and Community FMHS Team. The CMH workforce consists of mental health nurses, psychologists, social workers and occupational therapists. There is also a part-time consultant psychiatrist and a full-time psychiatric registrar.

JHS staff culture and attitude to prescription medication

The Review Team found that most health staff were passionate and respectful in their care for detained people. Interactions were generally polite and professional, with names used appropriately during handovers and greetings. However, a few staff members referred to detained people by their last name only, which appeared disrespectful. The issue was raised with senior staff, and it was emphasized that detained people should always be addressed with dignity, avoiding the use of last names or identification numbers alone.

A number of health staff also raised concerns about the GP team culture, as well as the attitude of some GPs towards detained people, which could influence their provision of care to them. Examples of concerns raised included:

- inconsistent prescribing practices, particularly with pain medications
- some GP's are 'too harsh' towards detained people and 'inflexible' with their prescribing
- lack of clinical leadership resulting in inconsistent clinical management of detained person's health issues
- GPs not working as part of a team with some members of the nursing team
- GPs refusing to adhere to JHS policy, procedure and guidelines
- some GPs being rude to administrative staff responsible for rostering
- some GPs not being respectful towards the nursing staff, particularly primary health nurses, including yelling and being abusive. It was reported two nursing staff had recently resigned due to the abusive attitude of some of the GPs.

Comments from detained people

> *"I don't like that health controls our [NRT] lozenges because sometimes when you have a craving or feeling stressed you don't have them available which turns into impulsiveness."*
>
> *"Health care is not what legislation says it should be. We do not receive the same or equal health care as the community"*

Views in stakeholder submissions

> *"Numerous examples of healthcare being withheld have come to my attention. Of greatest concern:*
>
> *– medications to manage neurological conditions being largely unavailable (for example, ADHD, pain, and ORT medications);*
>
> *– mental health medication being changed without notice or simply ceased"*
>
> *"We have also identified cases of delays in medication delivery and medication changes without informing detainees (such as due to the medication being on non-approved lists)."*

Official Visitors raised concerns about delays in the recommencement of medication prescribed in the community after a detained person's admission at the AMC, or detained people no longer being prescribed long-term medication at all with no suitable substitute. This was particularly so in relation to attention ADHD and pain medication.

PILLARS

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The prescription of medication was also an issue raised in complaints data provide by JHS to OICS for this review. While noting that pharmacological treatment for ADHD remains controversial in prison environments due to concerns about diversion and misuse, ACTCOSS advocated in its submission to this review that the detained people have access to the full spectrum of ADHD treatments at AMC as any risks could be controlled:

> Long-acting stimulant medications significantly mitigate this risk, and correctional health services already manage other controlled substances safely. Additionally, research suggests that untreated ADHD presents a greater risk of drug-seeking behaviour and self-medication with illicit substances.

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

In its submission, Justice Reform Initiative (JRI) cited Swedish research which examined 25,656 people with ADHD and found a 32% reduction in offending among men during medicated vs non-medicated periods and this rose to 41% among women. MHJHADS staff told the review they are aware of an increasing number of detained people entering the AMC from the community on ADHD medication and/or requesting ADHD medication. The CMH team advised they were developing a protocol for the assessment and treatment of detained people with an ADHD diagnosis and were collaborating with the GPs on the protocol. The need to screen detained people on admission for needs arising from neurodivergent conditions is discussed at section 2.5.6.

Senior health staff reported they were committed to addressing these issues, through improved clinical leadership and support for the GP team.

The Review Team was unable to consider the prescription of pain, ADHD and other medication at the AMC without assessing individual client records and undertaking significant work beyond the scope of this review. Nonetheless, this review records these issues given the prevalence of stakeholders raising such concerns with the review.

Finding 33:

There are concerns about how certain medications, particularly those for attention deficit hyperactivity disorder and pain, are prescribed at the Alexander Maconochie Centre.

Physical environment

The Hume Health Centre (HHC) at AMC was built for 255[117] detained people but has consistently operated beyond capacity, with limited expansion. In HPR22 we found health service spaces inadequate and recommended resuming refurbishment plans and improving short-term access through satellite clinics. While the government supported the recommendation, it didn't commit to infrastructure upgrades. This review confirms ongoing capacity issues, and it is pleasing that the 2024–25 ACT Budget includes funding for two new satellite health clinics at AMC.

117 See the introduction to this report.

Lack of health equipment and cancelled escorts resulting in long imaging delays

The lack of necessary equipment is also impacting on the provision of timely access to some health services. For example, there are no permanent ultrasonography and basic x-ray facilities at the AMC. Further, the dental suite does not have a Orthopantomograph x-ray machine (OPG), specially designed to take dental panoramic scanning x-rays of the upper and lower jaw. An OPG is considered a standard piece of diagnostic equipment in a modern dental facility. The absence of an OPG in the AMC means detained people have to attend hospital to have an OPG undertaken, which has lengthy delays for these types of x-rays to occur, thus delaying dental treatment.

Every health escort also takes resources of (usually) 2 COs to conduct the escort which can have a flow on impact across the AMC (for example, not being able to staff certain posts which may impact on delivery of activities, programs etc).

Clinical staff noted concerns about the delay in detained people obtaining medical imaging services. The greatest demand for ultrasonography was for liver ultrasounds to detect cancer. It was reported some detained people can wait days to weeks for a CT, MRI, ultrasound. Justice Health reported that as of 9 May 2025 the number of medical imaging appointments outstanding were 54 for x-rays; 105 for ultrasounds; 18 for CT scans and 12 for MRI scan.

This issue is exacerbated by the frequent cancellation of medical escorts by ACTCS which results in detained people waiting concerning lengths of time for access to these services. This is unacceptable as there is a real risk that a detained person's health condition will deteriorate while waiting for an investigation.

As a temporary solution to improve access to ultrasonography and basic x-ray, JHS working with The Canberra Hospital (TCH) established temporary ultrasonography clinics conducted onsite at the AMC mid year and were also negotiating an increase in x-ray appointments at the hospital.

Finding 34:

The lack of medical imaging services at the Alexander Maconochie Centre is impacting on the timeliness of medical care.

Recommendation 19:

Within 6 months, the ACT Government consider the feasibility of including medical imaging facilities when developing the Alexander Maconochie Centre satellite health clinics.

Health Facilities – standard of cleaning

Health staff were critical of the standard of cleaning of the health facilities, which is ACTCS' responsibility. The cleaning of the HHC by a commercial cleaner was described as ad hoc, and excludes parts of the HHC including the Winnunga area. It was noted that the existing satellite clinics in several accommodation units and medication administration rooms are never cleaned by a commercial cleaner or detained person sweeper.

On inspection the standard of cleanliness of the HHC, satellite clinics and a number of medication administration rooms was unacceptable including visible dirt and mess on the floors and surfaces. The detained people and non-detained people areas in the HHC were tolerable in cleanliness however the satellite clinics and medication administration rooms were dirty. Issues included floors and sinks not being clean, and carpets not vacuumed.

Despite ACTCS acknowledging the issue, no improvements have been made, leaving health staff to perform extra cleaning, which the Inspector deems unacceptable.

The National Safety and Quality Health Service (NSQHS) Standards states:

> Many healthcare associated infections are preventable and infection prevention and control practices which include environmental cleaning are recognised as an essential part of an effective response to infection control and antimicrobial resistance.[118]

The health service organisation should have the processes to maintain a clean and hygienic environment.[119] MHJHADS as part of the CHS is accredited against the NSQHS Standards and is required to meet the requirements of all of the standards to achieve and maintain accreditation.

Finding 35:

The standard of cleaning of the health facilities at the Alexander Maconochie Centre is unacceptable.

Wait times

There are four categories of waiting times for detained people to access appointments JHS at the AMC (not including CMH services):

- Category One – immediately, but at least within 24 hours
- Category Two – within 3 days
- Category 2a – this is a specified review period of a detained person by a clinician/specialty and a detained person is required to be booked in for a review by the clinician/specialty as close as possible to the specified timeframe, e.g. review the detained person within 7 days
- Category 3 – within 3 weeks
- Category 4 – the most suitable time and ideally within one month.

Justice Health Services advised they couldn't confirm wait times due to changes to the Digital Health Record (DHR), which will improve reporting. If delays persist, alternative monitoring should be used to ensure timely health care access for detained people.

118 Australian Commission on Safety and Quality in Health Care (ACSQHC), National Safety and Quality Health Service (NSQHS) Standards, Standard 3-Preventing and Controlling Healthcare-Associated Infection.

119 Standard 3, Item 3.11.

Patient flow

HPR22 identified that the AMC was well resourced with health services for the detained population, however, the efficient and effective use of the resources and services were hampered by the ability to move detained people to the Centre. It is disappointing to find these issues remain.

The HHC is considered a two CO post on week days, and one CO post on weekends and public holidays. Health staff told OICS that when there are staff shortages, one of the weekday COs is usually removed and deployed elsewhere. We were told the reduction of COs has a significant impact on the number of detained people's appointments occurring each day.

Rostering data analysed by OICS for the period 4 July 2024 to 24 April 2025 confirms that the requisite number of COs are not regularly rostered to the HHC on weekdays. For weekends and public holidays one CO was generally rostered on the post. However, for week days in the same period, which equated to 206 days, there were 166 days where only one CO post was filled. In other words, during this nine-month period only one CO post was filled 81% of the time. This consistent and entrenched reduction in custodial staffing levels appears to be directly contributing to the high levels of appointments not occurring within the HHC.

Justice Health Services reported that on a 'good' day, with experienced and/or motivated COs and, a full complement of COs on duty at the HHC post, 90 detained people can attend appointments in the HHC. However, on a 'bad' day only 40 appointments will occur. We were told this is very frustrating for JHS and Winnunga staff who are required to have to reschedule the appointments.

Justice Health Service data on HHC appointment attendance for GP, primary health nursing, dental and psychiatry services for the period 1 July 2024 to 31 March 2025 clearly demonstrates the extent of appointment non-occurrence. The table below provides a summary of the number and percentage of appointments not occurring.

Table 19: Hume Health Centre appointment attendance for the period: 01.07.24–31.03.25

Service	Total No. of Appointments Scheduled	Total No. Appointments Occurred	Total No. Appointments Not Occurred	% Not Occurred	Average/ Month Not Occurred
General Practice	3516	2246	1270	28	141
Primary Health Nursing	12115	7339	4776	39	531
Dental	3407	558	2849	84	317
Psychiatry	781	461	320	41	36

The absence of a documented joint agreement between JHS, Winnunga and ACTCS on detained person movements and maximum numbers in the HHC may be contributing to this outcome. The situation results in inconsistency of CO processes and health staff being reliant on the experience and motivation of COs organising detained person movements. The number of appointments being cancelled at the HCC is unacceptable.

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Process for requesting to see medical staff

In HPR22 we noted it was common for detained people to request access to health services by asking nurses during medication rounds. We found this process lacked privacy and confidentiality and recommended that JHS ensure that when detained people self-refer during medication rounds, it is done in a manner that protects their privacy.

It is pleasing to report improvements in self-referral options. Detained people can now also complete a self-referral form themselves, or it can be completed by the nursing staff when they are administering medication in the accommodation units. The nursing staff triage the referral for the respective service as clinically indicated. Further improvements to make the form more accessible were underway, including an ability to be emailed directly to JHS by detained people who have access to Prison PC.

Allied Health

There is some allied health services provided onsite at the AMC, which include a weekly physiotherapy clinic and monthly optometry clinic. Detained people who require access to podiatry services are referred to the CHS Podiatry Clinic and the wait times for these services are quite lengthy. Telehealth/virtual care is currently used for some allied health and diabetic educator appointments.

2.6.2 Infection Prevention and Control

STANDARD 91

All appropriate precautions are in place to reduce the risk of a detained person's exposure to infection and disease. Where exposure occurs, strategies are in place to limit the impact and prevent future occurrences

COVID-19 management

The management of COVID-19 has significantly changed at the AMC since the HPR22. Rapid Antigen Tests are undertaken on all new admitted detained people at the AMC as part of the Health Reception Screening Process.

If a detained person displays symptoms of an Acute respiratory infection (ARI) and/or tests positive to COVID-19 the current policy is that they will be isolated in a single cell or accommodated with individuals with the same respiratory pathogen. The period of isolation is dependent on the respiratory illness, but is usually 5–7 days. This form of health segregation, and detained people's concerns with identifying their symptoms, is discussed in detail at section 1.2.4 (segregation).

Blood Born Virus and Sexually Transmissible Infection management

In HPR22 we noted that detained people could only get condoms and water-based lubricant by requesting them from a nurse or doctor and recommended that 'condoms, water-based lubricants and dental dams be made freely available in the units so detained people can access them without having to make a request to staff' (Recommendation 14). This was agreed in principle by government.

ACTCS advised several options had been trialled to make condoms and dental dams available including in the accommodation units in the WCC, and access via delegates in the men's accommodation areas. However, it was ultimately determined these could only be supplied in the health building, library, program areas and through JHS nursing staff in accommodation areas (previously these items were only available from the HHC).

During this review OICS was only able to identify condoms, lubricant and bleach sachets being freely available in HCC. On inspection, they were not available from the library. The Inspector considers this recommendation has not been implemented.

How the AMC minimises harm from substance use, including an outbreak of hepatitis C in 2025, is discussed at section 2.9 (Substance use and treatment).

2.6.3 Dental care

STANDARD 89

Detained people are provided with dental treatment and care to the standard equivalent to others in the ACT in the public health system.

Detained person survey	HPR19	HPR22	HPR25
Reported that it was 'difficult' to get dental services when needed	87% (n=167)	66% (n=128)	75% (n=104)

Dental services are provided 3 days a week at the AMC by the CHS Oral Health Unit. Detained people self-request to dental services via the nursing staff. The referral is sent to the Oral Health Unit and they determine the priority for the appointment. The Oral Health staff reported the efficiency and effectiveness of a dental clinic at the AMC was dependent on how skilled the COs were at facilitating detained person access to the HHC. It was reported on a 'good' day, 6–8 detained people can be seen which would be for a mix of assessments and treatment. On a less than ideal day, the dental staff can wait up to one hour between patients.

Health staff reported it was not uncommon for detained people to present with dental abscesses, which are managed for the majority of the occasions by the GPs.

It was reported there were a number of detained people requiring faciomaxillary (face and jaw) x-rays due to impacted wisdom teeth and because of the delay in detained people attending medical imaging appointments it was further delaying clinical intervention. Data provided by JHS indicates that from 1 July 2024 to 31 March 2025, only 16% of scheduled dental appointments were attended by detained people.

2.6.4 Urgent, emergency and specialist services

STANDARD 90

Where detained people require urgent, emergency or specialised health services they can access required services in a timely way.

Access to emergency services

The on-call JHS GP can provide clinical advice to nursing staff and advise custodial staff on the management of a detained person after hours. It is the on-call GP who determines whether they attend the AMC to review a detained person or request they be sent to hospital.

When detained people require access to emergency care, they are transferred to the Canberra Hospital via ACT Ambulance Service.

It is positive to report that since HPR22, JHS now has access to the same electronic health record which allows JHS visibility of any care and treatment provided to detained people at hospital.

Specialist health services – wait times

Detained people are referred to external specialist appointments as clinically indicated. Specialist outpatient services are accessed via hospital. In HPR22, we recommended JHS expand the use of telehealth for a greater range of specialist service consultations. During this review, health staff reported appointments are provided either in person or via telehealth/virtual care, however the use of telehealth/virtual care is dependent on the agreement to its use by the specialty service. Telehealth/virtual care is currently used for endocrinology, some allied health and diabetic educator appointments.

Data was requested from JHS on the average length of wait time by specialty/service. They advised they were unable to provide the wait time data due to reporting limitations. The Inspector is concerned that Justice Health does not have mechanisms in place to work with hospitals to monitor wait times for specialist health services. Other jurisdictions have established specialist service wait time monitoring systems to ensure clinicians are aware of wait times for all specialties, to assist them in managing patient acuity and clinical management escalation processes.

In addition, some jurisdictions who also experience lengthy wait times for specialist services have undertaken projects to expand the use of telehealth/virtual care for more specialist appointments. The success of these types of projects have usually been because they have assigned health staff to the project to work with the external health service providers to increase the use of telehealth/virtual care. In one jurisdiction, they, like the AMC, had lengthy wait times for cardiology appointments. They have worked with the external service providers and have successfully commenced telehealth/virtual cardiology appointments, significantly decreasing the wait times.

External medical escorts – delays due to staff shortages

There is an operational allocation of three escorts per day for external medical appointments however, the appointments are regularly cancelled and rebooked due to CO staff shortage. We heard that when AMC is short staffed, escort teams for medical appointments will be reduced to meet the shortage.

We heard from health staff that the lack of COs for medical escorts was the most common reason for detained people's external medical appointments being cancelled and rebooked. Both JHS and Winnunga were concerned that when an appointment is cancelled and requires rebooking it results in the detained person being moved further down the wait list.

Health staff also noted COs are often late to attend appointments which for some services results in the appointment being rescheduled. The Review Team did not consider data on timeliness of medical appointment attendance, nor any reasons for late attendance.

There are issues of CO staff shortages across jurisdictions. However, if solutions cannot be identified to improve specialist and medical imaging appointments attendance, there is a significant risk that a detained person's health conditions will deteriorate, with potentially catastrophic outcomes such as serious morbidity or in the worst-case scenario, death.

Example of a delay in specialist treatment for a detained person

It was reported a woman was admitted to the AMC with tendon damage to one of her fingers, and because it had occurred recently it was considered an acute injury and required prompt surgical intervention. The woman was booked for an urgent x-ray/scan of her finger however, due to CO shortages, there was a delay in the x-ray/scan occurring. The woman was then reviewed by the TCH Surgical Team and was booked for surgery. The woman fasted and attended TCH on two consecutive days waiting for the surgery, which did not proceed due to other patients on the surgery list being considered a higher acuity. Because of the delay in treatment, the surgical team advised the 'window' for intervention and management of the woman's tendon injury as an 'acute case' had been missed and she would now have to be placed on their waitlist for ongoing management of the tendon damage. This is a less-than-ideal outcome for the detained person.

Other examples of cancelled appointments in the four weeks prior to the site visit included for oral/maxillary appointments, plastics, orthodontist, podiatry, neurology and MRI. Reasons for the appointments being cancelled included COs not available or arriving late. One detained person had been booked and re-booked three times for a medical imaging appointment and the appointment was again cancelled due to a lack of escort staff.

Specialist and medical imaging appointments – data analysis and reporting

For this review OICS requested data from JHS on specialist services and medical imaging occasions of service for a period across 2024–25. Justice Health Service advised it was not possible to source the activity data from the DHR electronic health record system and required manual data collection, which the Inspector was grateful to receive. The following assumptions have been made of the data provided:

Of the 870 specialist service, medical imaging and allied health appointments that were scheduled:

- almost 50% of the appointments were attended
- around 12% of the appointments the detained person refused to attend
- approximately 10% of appointments were cancelled for that day due to ACTCS operational issues, e.g. no escorting staff available
- an estimate of 6% of appointments were cancelled for that day by TCH
- nearly 20% of appointments were required to be rebooked.

This broadly demonstrates the level of appointment attendance, cancellation rates and type and rebooking requirements. It appears only half of all appointments are attended. More analysis is needed to identify the improvement and efficiency changes necessary to ensure the right detained person attends the right appointment at the right time.

The data indicates the high level of appointment rescheduling undertaken. In one extreme case it was reported JHS administrative staff were required to move a detained person's external appointment 20 times before they attended the appointment.

The Review Team was told that waiting times and cancellation rates by type and number are currently not being reviewed jointly at senior levels of JHS, Winnunga and ACTCS. Greater transparency and shared accountability of this issue is needed, including shared identification of solutions to decrease the number of external medical appointments being cancelled.

Finding 36:

There is a lack of readily available data on external specialist appointment wait times and cancellation rates, contributing to insufficient oversight by senior management of Mental Health Justice Health Alcohol and Drug Services, Winnunga Nimmityjah Aboriginal Health and Community Services and ACT Corrective Services.

2.6.5 Health promotion and education programs

STANDARD 94

Correctional centres have in place an evidence-based health promotion and education program responsive to a detained person's needs and typical health profile. Detained people are supported and encouraged to optimise their health and wellbeing

Detained people are provided one-on-one basic education on preventative health measures such as BBV, STI, as well as gender specific health conditions. Some detained people are provided one-on-one AOD education. No formal education programs are conducted by JHS staff.

Other jurisdictions health and correctional providers have worked together to facilitate improved access to health promotion information for detained people. In one jurisdiction detained people can access a health education/health promotion portal via their approved tablets which contains a variety of health information targeting younger and older detained people, women, detained people from multicultural communities, LGBTIQ+ detained people and Aboriginal and Torres Strait Islander people.

In relation to health promotion for young detained people(see section 2.5.4 and **Recommendation 16**). We recommend a young offenders program continue on an ongoing basis and include formal health promotion programs focused on improving health literacy.

Finding 37:

While health promotion programs are provided one-on-one at the Alexander Maconochie Centre there are no formal health education programs conducted.

2.6.6 Continuity of care on release

STANDARD 95

Health services promote continuity of care on release or transfer.

General Practitioners reported difficulty linking detained people following their release from AMC to community GPs, especially those that bulk bill. The cost of GP services was reported as a barrier to follow-up care after release.

Detained people who are clients of CMH, especially those on Psychiatric Treatment Orders (PTOs), are linked back into their usual community mental health service or are referred to another mental health service.

Aboriginal and Torres Strait Islander detained people are referred to Aboriginal Controlled Community Health Organisations (ACCHOs) if they consent for this to occur and with their consent a copy of their discharge summary is sent to the ACCHO.

Justice Health Services advise detained people released from court to contact a health service in the community and have them arrange for a release of information to be signed by the detained person and sent to JHS to permit the sharing of health information with the community service provider.

For detained people released from AMC, the usual procedure is that the CHS Pharmacy provides detained people with seven days discharge medication via attendance at the HHC prior to attending Admissions, from where they are released from custody. However, as the case study below, observed during onsite inspection illustrates, this may not always occur. This highlights the need for continual evaluation and assessment.

Case study: Receiving medications on release from AMC

The Review Team observed the release of a detained person from the AMC, including attendance at the HHC to collect their discharge medication and prescriptions. On arrival at the HHC they were told that their discharge medications had not been prepared in time and that they would have to return to the AMC the following day to collect the medication. Unsurprisingly the detained person was not open to the idea of returning. The possibility of providing additional prescriptions for the missing medications was discussed with the GP, to which they reluctantly agreed. This unfortunate confusion resulted in the detained person's release being delayed, causing them considerable frustration and the potential to have left without required medications.

2.6.7 Clinical governance

Clinical governance systems and processes have significantly improved since the last review. The JHS was successful in achieving ACHS accreditation against the National Standards in 2024 as part of the accreditation of the CHS.

Since HPR22, formal clinical handover processes have commenced within JHS as part of nursing shift changes, the handing over of care between clinical teams within JHS, the handing over of care between the JHS and Winnunga and the handing over of care to external health service providers.

The JHS senior staff advised they were in the process of updating clinical handover practices and intend to introduce the internationally used ISBAR (Introduction, Situation, Background, Assessment, Recommendation/read back) process for clinical handover. This is a good initiative by the JHS.

Senior staff also advised work has been undertaken to improve the clinical management of 'the deteriorating patient' with the introduction of the 'Between the Flags' method of assessing, monitoring and managing a detained person who is clinically deteriorating. This process is designed to provide flags and prompts on when, how and who to escalate the management of a deteriorating patient within a health service to ensure prompt intervention and ideally better patient outcomes. This is another excellent initiative by the JHS.

Positive practice: JHS has improved clinical handover with the introduction of the ISBAR process, and the 'between the flags' method for managing a deteriorating patient within a health service.

2.6.8 Palliative care

STANDARD 99

Detained people receiving palliative care are treated with dignity and respect, and to maximise their level of comfort.

The JHS Complex Care Team (CCT) manage and coordinate palliative care and end of life requirements for detained people at the AMC. The CCT work closely with the CHS Palliative Care Team and the GP in the management of a person with a terminal illness. The length of time a person stays at AMC at the end of life considers their support and palliation requirements. When it is considered a detained person should no longer remain at AMC they may be transferred to a Palliative Care Unit within the ACT. The CM Act provides for 'local leave directions' for a detained person to reside at appropriate places for this purpose. This has occurred several times in the review period. The CM Act also provides for 'local leave permits' for up to three months (and on the advice of a doctor appointed under s21 of the CM Act) for the purpose of receiving long term medical treatment or palliative care, but this has not occurred in the review period.

JHS has developed and released a Guideline for End of Life and Palliative Care for detained people at the AMC. Voluntary assisted dying (VAD) legislation commenced in the ACT on 3 November 2025 and the guideline discusses the option of VAD. The guideline states that it does not fall within the capacity of the AMC to provide for the administration of the VAD substance and the client, if not eligible for compassionate early release, will require transfer to a CHS inpatient facility. While it is important that there has been some consideration of access to VAD for detained people to date, it is unclear if the implementation of the guideline will fully reflect the principle of equivalence in health care. For example, community-based VAD enables patient choice to 'die in place', and it is unclear how an application for compassionate release to access VAD would be considered.[120]

2.6.9 Women's access to health care

STANDARD 69

Detained women feel safe and respected during their first days in custody.

120 The Correctional Service Canada has a published Guideline 800-9: Medical assistance in dying which sets out in greater detail the procedures for how VAD operates in prisons in Canada.

STANDARD 73

Health care services meet the complex needs of detained women in a safe and dignified environment

STANDARD 74

Gender specific health care services are available at least equivalent to that in the community including health promotion information, mental health care, and alcohol and other drug services.

STANDARD 75

Pregnant and postnatal detained people are adequately supported and treated with dignity and respect. Their health care needs are met by services and support at least equivalent to that in the community.

STANDARD 79

Detained women are prepared for their release.

As discussed in HPR22, access to gender responsive healthcare remains a significant area of concern for many women, with reports from detained women and through submissions from external advocacy groups highlighting systemic gaps and inadequacies.

All women who come into custody have a routine reception assessment and follow-up review as is undertaken for all newly detained people. In addition, a woman's pregnancy status is determined as well as concerns around their alcohol and other drug use as a priority as they may require urgent clinical intervention, e.g. pregnant woman who have been using drugs may be fast tracked onto the Opioid Maintenance Treatment (OMT) program to decrease the risk of miscarriage of their pregnancy.

Women have access to female GPs and other clinicians and specialist nursing staff are experienced in working with detained women. Nonetheless, women reported inconsistent access health care, and felt concerned about timely access to a doctor after hours, when there is no JHS staff on site.

One of the most notable examples of a gap in gender-responsive healthcare for women is the CSU, an issue raised in HPR22 which remains unchanged. The CSU is intended to offer a more therapeutic accommodation option for detained people experiencing acute mental health crisis, however the CSU is instead viewed as a place of last resort by women due to the harsh physical environment and the presence of male staff and detained men, which can be retraumatizing for women.

Comment from detained woman

> *"You can also go to CSU but it is disgusting and there are men around."*

2.6.10 Health services for Aboriginal and Torres Strait Islander detained people

STANDARD 98

Physical and mental health services are responsive to the needs of Aboriginal and Torres Strait Islander detained people

Currently more than 100 detained people at the AMC identify as Aboriginal and Torres Strait Islander. The ACCHO health service, Winnunga, through GP and nursing staff, provides primary health services and medication administration at the AMC. There are also staff within the social services team who provide support services to Aboriginal and Torres Strait Islander detained people and assist them in maintaining links to their family and a psychologist who provides group and individual programs to detained people.

Provision of services

The hours of operation of the Winnunga health service mirror the JHS PHN hours, i.e. 7.00am to 9.30pm, 7 days a week with a GP on call 24 hours a day. Services provided by Winnunga include:

- Primary Health Nursing Clinics
- GP Clinics three times a week
- Nurse Practitioner clinic once a week
- Chronic disease management
- AOD – withdrawal management and OMT
- Public Health – BBV/STI screening and management, Hepatitis Treatment and vaccinations
- Psychology
- Psychiatry via telehealth
- Medication provision and medication administration.

Winnunga currently has a maximum case load of 50 detained people, and detained people can self-refer or be referred to Winnunga. Detained people referrals are triaged with priority given to women and detained people with longer sentences. While Winnunga does not have accurate data, it advised that detained people typically wait between four weeks to 12 months to become a Winnunga client. Winnunga staff also advised they would like to have a larger case load however this is challenging with current staff resources and the size of the present health facility space.

Governance Arrangements between Winnunga, JHS and ACTCS

The *ACT Corrective Services, Justice Health Services, Winnunga Nimmityjah Aboriginal Health & Community Services AMC Health Services Governance Committee* was established to provide oversight and leadership to deliver health services to detained people of the AMC and drive implementation of strategic priorities in line with the ACT Detainee Health and Wellbeing Strategy. The Committee is both a strategic and operational meeting which is meant to monitor performance and identify and manage risk relating to health service provision at the Centre. The review understands this forum has not always been productive, but during this review the three organisations spoke positively about the meeting.

The Winnunga Health Service MOU was commenced in 2018 and to date has not been reviewed. The MOU states it is meant to be reviewed yearly.

Relationship between Winnunga and JHS Staff

In HPR22, we commended the implementation an on-site Aboriginal and Torres Strait Islander health service at a correctional centre providing a seven-day service. We noted communication at all levels of the organisations between ACTCS, Justice Health and Winnunga was sub-optimal and recommended an independently chaired working group to address working relationships. This was agreed in principle but the proposed response was merely to progress the government's existing strategy to hold joint forums between JHS, ACTS and Winnunga to improve relationships.

Both Winnunga and JHS staff, at various levels of each organisation, advised the relationship between the two organisations had significantly improved. It was felt there was good camaraderie between the teams and a mutual respect for each other's roles and responsibilities. JHS advised they invite the Winnunga nursing staff to any in-service training being provided to the JHS nursing staff. Winnunga and JHS staff also reported JHS staff often sought expert advice from Winnunga staff on how best to work with Aboriginal and Torres Strait Islander detained people.

The Review Team notes a significant improvement in the sharing of detained person health information between Winnunga and JHS. A weekly clinical handover meeting between Winnunga and JHS takes place where new clients of Winnunga are 'handed over' by the JHS and Winnunga clients returning to the care of JHS are 'handed over' by Winnunga. Additional handovers take place when required. In addition, the GPs also provide discharge summaries as part of the clinical handover process. Both Winnunga and JHS staff were very complementary of the introduction of the handover processes and believed it has improved information sharing and detained person care as well as decreased clinical risk.

Provision of Health Care to Aboriginal and Torres Strait Islander detained people by the JHS

The JHS is responsible for the provision of health services to Aboriginal and Torres Strait Islander detained people at the AMC who are not clients of Winnunga. This means, on average the JHS is required to provided culturally responsive health care to more than half of the Aboriginal and Torres Strait Islander population at the AMC.

JHS staff are required to undertake Aboriginal Cultural Safety training. The JHS Chronic Care Team conduct Aboriginal Health Checks on all Aboriginal and Torres Strait Islander detained people, as much as possible, with the assistance of an CHS ALO. However, JHS do not have any dedicated identified positions within their staffing plan.

Demand for ALOs in MHJHADS is significant and an ALO is not routinely scheduled to provide a regular service at the AMC, instead their attendance is requested on a case-by-case basis.

Senior health staff shared the view that a dedicated JHS ALO position is needed due to the high numbers of Aboriginal and Torres Strait Island people, and Winnunga's maximum caseload of 50 detained people.

In our 2024 Healthy Centre Review of the Bimberi Youth Justice Centre, we noted positive feedback about the relatively recent presence of the JHS ALOs at Bimberi, but concluded the team requires further resources to continue engaging regularly with the Centre.

The Jumbunna Final Report recommended that the ACT government develop a First Nations health model of care for the AMC, initially undertaken by Winnunga and negotiated with the ACT Health and Community Services Directorate to be incorporated into the Winnunga contract to provide services to the AMC with appropriate additional funding for Winnunga.

Finding 38:

There have been some improvements to the provision of health care to Aboriginal and Torres Strait Islander detained people since the last review, however not all health needs are being met due to a waiting list for clients to be seen by Winnunga Nimmityjah Aboriginal Health and Community Services and limited availability of Justice Health Service Aboriginal Liaison Officers to attend the Alexander Maconochie Centre.

Recommendation 20:

Within 18 months, Canberra Health Services expand the capacity of Aboriginal Liaison Officers to attend the Alexander Maconochie Centre and Bimberi Youth Justice Centre more regularly, including considering dedicated Justice Health Services Aboriginal Liaison Officer positions in order to provide more culturally appropriate health services to Aboriginal and Torres Strait Islander people at the Alexander Maconochie Centre and Bimberi Youth Justice Centre.

2.7 Medicines optimisation/pharmacy

STANDARD 106

Medication is safely provided to detained people.

Nursing staff generally attend the accommodation units in the morning and at lunch time to administer medication. In June an evening medication round was introduced to improve the efficacy of nighttime (Nocte) medications which were previously delivered in the afternoon. This initiative is a positive practice.

Finding 39:

The introduction of an evening medication round to improve the efficacy of nighttime medication is a positive development.

In HPR22 we recommended JHS review as a priority the way medication is transported around the AMC to provide a more secure method of transport. This recommendation has been only partially implemented.

A number of lockable medication trolleys have been purchased to store medications in some of accommodation units. However, these are not being used across all of the medication administration areas and some medications are still transported by nursing staff to the CSU and cottages in trolleys which are not lockable.

2.8 Mental health and psychosocial disability

STANDARD 102

The correctional centre provides sufficient services to meet the health needs of detained people with mental illness, psychosocial disability, neurological and developmental disorders, trauma, personality disorders and comorbidities.

In HPR19, we raised concerns about lack of clinical psychologists at the AMC, noting that only one psychologist was available for the entire detained person population. We recommended that ACTCS urgently commission an independent expert to determine the appropriate number of general practice psychologists and develop a plan to meet minimum staffing levels within a year. The government 'agreed in principle' to this recommendation. Concerns about mental health supports were again raised in a 2022 Auditor-General report on mental health services at AMC which made 19 recommendations addressing strategic, operational, and clinical improvements, with only one not agreed by Government. In HPR22, OICS urged the government to prioritise these recommendations, particularly those aimed at expanding psychological support beyond CMH. The ACT Legislative Assembly's Public Accounts Committee's Inquiry report in 2023 echoed this, recommending that the government meet the mental health needs of all detained people.

Despite the quality of the service provided by CMH, we remain concerned about mental health supports including sub-acute mental health needs.

2.8.1 Custodial Mental Health (CMH)

The CMH service at AMC has two teams:

At Risk/Induction Team	Clinical Management Team
A team of mental health nurses (MHN) who are responsible for the assessment and management at risk of self-harm and suicide and crisis/acute presentations of detained people with mental health conditions. The At Risk/Induction Team will manage a person in an acute presentation, including the commencement of medication and/or transfer of detained people to other facilities for treatment under the *Mental Health Act 2015* (MHA). The At Risk/Induction Team MHNs are also responsible for conducting the Mental Health Reception Assessments on all newly admitted detained people.	Mental health nurses, social workers, psychologists and psychiatrists who provide holistic ongoing case management and review of detained people with moderate to severe mental illness. The Team work with ACTCS to assist them with strategies to manage detained people within an accommodation unit. The Team also works with the ACTCS Specialist Intervention Unit (SIU) (discussed further below) in the joint management of the detained person at the AMC. The Clinical Management Team are responsible for discharge planning requirements for detained people with moderate to severe mental illness.

PILLARS

Detained people who require involuntary treatment under the Mental Health Act (MH Act) do not receive this within the AMC and are transferred to the Adult Mental Health Inpatient Unit (AMHIU), under the escort of COs. They remain as an inpatient and then return to the AMC. Less often, detained people are transferred to Dhulwa Secure Mental Health Unit (Dhulwa), which is a 17 bed Secure Inpatient Unit for the ACT and accommodates civil, forensic and correctional patients.

MHJHADS staff advised OICS that there is usually no wait for a detained person to be able to be transferred to a mental health facility for treatment under the MH Act. This compares well to other jurisdictions, where detained people can wait days to weeks for treatment.

Work was also occurring between the AOD Team, GPs and the CMH on the assessment and review requirements for detained people on medication for a serious mental illness who were being assessed for commencement onto OMT. The plan is to include psychiatry assessment in the initial OMT assessment process due to the potential risks from medications interactions and complications. This is a good clinical practice initiative.

2.8.2 ACTCS psychological and mental health supports for detained people with lower risks and needs

Research consistently reports the elevated mental health needs of those in detention, higher rates of diagnosed mental health disorders, chronic incidence of trauma associated behaviours, and significant rates of substance related emotional dysregulation.[121] Other needs may include detained people with psychosocial disabilities, neurological or developmental disorders, personality disorders and associated comorbidities.

ACTCS is primarily responsible for psychological support services for those detained people who do not present with crisis/acute mental health needs. This is provided through the Supports and Intervention Unit (SIU) which was established several years ago from two other units amalgamating, and operates under the Supports and Interventions Model of Care.

In HPR22, we found that the previous iteration of the SIU was grossly understaffed due to inability to fill positions. This resulted in a reactive approach and significant unaddressed need for detained people with mild to moderate mental health conditions. We recommended ACTCS work with the SIU to refine a recruitment and retention strategy for that team, and fund reasonable costs associated with efforts to reach full team capacity.

This recommendation was noted. The government suggesting that the new SIU would allow an increased breadth of service provision across the AMC, providing multidisciplinary support and therapeutic interventions to detained people with disability, complex care and mental health related needs. The SIU staffing has expanded to 12 positions.

Despite the formation of this team, this recommendation has not been properly implemented. The Inspector remains particularly concerned about the lack of professional psychological qualifications within the SIU. During the review period, the SIU comprised 10 FTE allied health staff (not 12 as reported). This included one psychologist, one intern psychologist and a DLO.

121 G Baranyi, S Fazel, S Langerfeldt and A Mundt, A, 'The prevalence of comorbid serious mental illnesses and substance use disorders in prison populations: a systematic review and meta-analysis' (2022) 7(6) *The Lancet Public Health* 557 – 568; H Liu, T Li, L Liang and W Hou, 'Trauma exposure and mental health of prisoners and ex-prisoners: A systematic review and meta-analysis' (2021) 89 *Clinical Psychology Review* <https://doi.org/10.1016/j.cpr.2021.102069>; S Fazel, A J Hayes, K Bartellas, M Clerici and R Trestman, R, 'Mental health of prisoners: prevalence, adverse outcomes, and interventions' (2016) 3(9) *The Lancet Psychiatry* 871–881; G Wilton and L A Stewart, 'Outcomes of Offenders With Co-Occurring Substance Use Disorders and Mental Disorders' (2017) 68(7) *Psychiatric Services* 704–709 <https://doi.org/10.1176/appi.ps.201500391>

The recruitment and appointment of psychologists within ACTCS at AMC has been problematic in the past. A lack of supervision, recognition of qualifications, and inappropriate placement on an allied health pay scale have also contributed to burnout and poor retention. ACTCS risks further attrition if psychologists at the centre are not paid commensurate with their qualifications which are recognised by other government agencies.

The ACTCS SIU psychologist accepts referrals for individual psychological treatment services directly from detained people, staff, and at times family members of detained people. The psychologist is also rostered to undertake intake assessments once each week. Services provided include:

- individual trauma counselling
- treatment of symptoms of anxiety and depression
- treatment for detained person behavioural problems associated with interpersonal and relationship difficulties, communication and empathy, and anger/domestic violence
- substance abuse relapse prevention.

This is an onerous workload for one psychologist who provides specialised clinical services with limited supervision and support. There is a high risk of burnout for a professional placed in this situation.

Registration requirements require that psychologists are supervised by another psychologist, and ACTCS meets this requirement through an interstate psychologist on a monthly basis. The cost of this external supervision is borne by the ACTCS. This arrangement is in place despite there being a senior psychologist employed by another part of ACTCS in the community corrections area, who also attends the AMC regularly. As set out above, there are also onsite psychologists employed by CHS. It is noted they are employed under a clinical enterprise agreement.

As discussed in HPR22 women's access to appropriate gender-responsive mental health support also continues to be raised as an ongoing issue. Women reported to the Review Team that while the support they receive from the SIU is generally good, they felt that available access did not meet the demand for the service. These gaps continue to be particularly troubling given the high prevalence of trauma, substance use disorders and mental health conditions among incarcerated women.

Finding 40:

The staffing for provision of sub-acute psychological services at the Alexander Maconochie Centre is inadequate.

Recommendation 21:

Within 18 months, ACT Corrective Services assess whether the Supports and Intervention Unit is meeting its objectives to support detained people including their mental health needs and reasonable adjustments for disability; and ensure it is staffed appropriately, including the requisite number of psychologists for that service.

Crisis Support Unit

The Crisis Support Unit (CSU) is intended to accommodate, support, and treat detained people for short periods of time, who are acutely unwell and at significant risk of harm should they remain in other AMC accommodation units. It is an austere environment that is likely to escalate and trigger a person experiencing mental health crisis rather than provide a sensory environment conducive to recovery and de-escalation of behaviours of concern. There is no visual privacy from staff and very little privacy from other detained people. Other detained people can also hear noise from other cells even if they cannot see into the cell.

The CSU is staffed by COs rather than medically trained or specialist mental health or disability support personnel. Corrections Officers who work in the CSU are not provided any additional specialist training for working with people at risk of self-harm or suicide apart from their initial officer training and annual suicide training.

In HPR22 we found that the CSU is not fit for its intended purpose and recommended:

> That ACT Corrective Services and Justice Health commission an independent joint review of the Crisis Support Unit (CSU) that addresses the purpose of the CSU; placement/admission criteria and the process for approval and review of placement and removal from the CSU; resource requirements (i.e. psychological and custodial staffing); custodial officer training requirements; and clinical/therapeutic interventions provided to detained people placed in the unit.

The government agreed in principle to this recommendation, suggesting addressing this recommendation would require a psychiatrist or expert in the design of service systems in psychiatric care to undertake the review and make realistic and achievable suggestions in the context of the AMC. The government added such a review would not be sourced easily across Australia.

Instead, the government's most recent advice to OICS is that the development of the model of care for CSU has been included in the *Detainee Health & Wellbeing Strategy Action Plan* with a completion timeframe of December 2026. Further, ACTCS was working on an internal review of the CSU but it was not finalised during the review period. The lack of visible change to CSU environment and model of care during the onsite visit was frankly disheartening.

In addition, since the introduction of x-ray body scanners at AMC it is being used to accommodate detained people suspected of concealing contraband after a body scan.

A detained person told the Review Team

> *... having read the 2022 review I can clearly see the issues I reported have been known about since 2022, possibly even earlier. Not one recommendation has been implemented in the CSU... Of all the units that have issues within the AMC the CSU is a must for change. 90% of those sent to the unit are in a mental health crisis and currently the unit only exacerbates their conditions.*

Detained women told us that it is considered a place of last resort by women due to the harsh physical environment and the presence of detained men, rather than a place of safety for women experiencing mental health crisis.

During this review, senior CMH staff also expressed concern to OICS that some detained people transferred under the MH Act to mental health facilities are often discharged back to the AMC earlier than they should, especially from AMHIU. It was believed the reason was due to a pressure for inpatient beds and a misconception by AMHIU staff that the AMC had a suitable facility for the ongoing management of the detained person. Senior CMH staff advised most detained people are placed in the CSU on return to the AMC, which they strongly believed is an unsuitable environment for a detained person with an acute mental illness to be accommodated for a protracted period.

Finding 41:

As raised in Healthy Prison Review 2022, the Alexander Maconochie Centre's Crisis Support Unit is not fit for purpose for placement of detained people (particularly women) who are at risk of self-harm or suicide for the same reasons which were raised in Healthy Prison Review 2022.

Observations by Corrections Officers

Observations of detained people are a key safeguard to protect life, safety and wellbeing. While required to undertake observations, COs are required to complete an observation form, contemporaneously recording the time of observation, including what they observed the detained person doing. Observations must be conducted in person, not by camera.

In HPR22 we noted that COs were concerned about being responsible for detained person health observations in the accommodation areas, particularly after-hours when there are no health staff onsite (noting that there is an on-call Medical Officer after-hours). Corrections Officers reported that they are not medically trained and feel that the responsibility of monitoring someone for health reasons is perceived by some staff to be a huge burden. The Review Team heard similar sentiments during this review, noting that ACTS observations have been a focus of several other reviews in the interim.

In a *Critical Incident Report into the death of Luke Rich at the AMC on 1 February 2022*, the Inspector found observations on the day of a detained person's death were deficient including because observations were not recorded contemporaneously. A subsequent coronial inquest in Mr Rich's death also found that observations of him leading up to his death were poorly recorded in a form that was tolerated, if not officially condoned by ACTCS. The Coroner recommended that ACTCS publish guidance to staff, pursuant to s 14 of the CM Act, that addresses, in light of the findings of this inquest:

a) the purposes of detainee observations

b) how observations are to be recorded

c) the role that CCTV is to play in the observation process

d) what is to be done when cameras are intentionally covered by detainees.

The government agreed to this recommendation, acknowledging the scope for increasing the quality and utility of detained person observations and the need to make related guidance available to staff.

PILLARS

In November 2024, ACTCS notified a new *Corrections Management (Risk Alerts) Policy 2024 (No 2)*[122] and accompanying *Corrections Management (Detainee Observations) Operating Procedure 2024*. Under the *Risk Alerts Policy 2024*, detained people who present a risk related to the welfare, safety or security of themselves and/or others may be assigned an observation regime. This may be assigned based on one or several risk alerts, which includes (but is not limited to) Suicide and/or Self-Harm (S), Psychiatric (P), Welfare (W), or be related to a Custodial Management function, such as observations due to the detained person being newly arrived in custody. The new policy and procedure stresses that if observations cannot be conducted in the assigned observation interval, this must be noted on the detained person's observation form, the Area Supervisor notified, and a case note recorded in CORIS.

A coronial recommendation from the inquest into the death of Luke Rich directed ACTCS to provide guidance on what should happen when CCTV is deliberately covered. In practice, detained people often cover cameras in monitored cells using items like food labels or wet toilet paper. While current policy states that observations should not rely on CCTV, the Detainee Observations Operating Procedure *2024*, in place since October 2024, requires that day shift supervisors remove visual obstructions prior to ceasing shifts, and that if an observation cannot be made due to a visual obstruction, observing staff should report and record the issue, seek to make verbal contact with the detained person, and seek to resolve the obstruction as soon as possible. Assessing whether this being adhered to in practice was beyond the scope of this review, although these policy changes implement the recommendations of the coronial inquest.

Nonetheless, in January 2025 the ACT Integrity Commission tabled its *Operation Falcon* report which considered falsified records concerning the observation of a detained person on 16 October 2020. That report found that a CO omitted to conduct mandatory medical observations and falsified four entries on the observation form. The report also found an Official Visitor was misled about the non-compliance.

The Assistant Commissioner Custodial Operations at the time the matters occurred is no longer employed by ACTCS, with an acting appointment in place from early 2025 to present.

ACTCS has sought to put in place compliance checks for observations. The AMC Compliance Team was at the time of review based onsite at AMC and consisted of three full-time equivalent staff. While on site the Review Team observed the AMC Compliance Team undertaking 'spot checks' on how staff were undertaking observations. This included retrospectively checking completed observation forms as compared to CCTV footage (that should show staff checking on the relevant cell at the time of the observation).

The Compliance Team's instruction guide on observation compliance sets out a process for when non-compliance is identified. This includes notifying senior management when a CO has been found in non-compliance on multiple occasions. Policy states this may result in formal counselling under the ACT Public Sector Correctional Officers Enterprise Agreement. The Review Team is unclear if this has occurred, but observed some efforts at senior management level to drive change in observation and record keeping practices.

122 Updated again in December 2024.

While positive that the Compliance Team was effectively identifying and communicating deficiencies to staff, these compliance checks revealed instances of non-compliance. The Review Team's assessment is that although steps have been taken, consistent focus is needed to further achieve the expected standard for conducting observations. For example, compliance checks identified staff noting on observation forms 'in cell' when the policy requires more detail, or instances where nightshift supervisors had not signed off on observation records. As discussed at section 1.5.4, this review also notes a poor adherence to record keeping practices in a variety of areas.

During this review, discussions with COs, survey comments and CORIS case notes suggest that COs may lack clarity or confidence in their role in undertaking observations. For example, the new framework removes medical observations and instead has a welfare observation category. The *Risk Alerts Policy 2024 (No.2)* describes welfare observation as where a detained person has a health condition that requires treatment or diagnosis, including known or suspected conditions that have not been confirmed. COs expressed concerns that the new welfare observation is simply a renaming of the previous medical observation, and that welfare observations should be undertaken by qualified health staff.

Finding 42:

Recent efforts by ACT Corrective Services to clarify expectations of required standards for observations and compliance with them have improved practices, however ongoing work is required.

2.8.3 Information sharing between MHJHADS and ACTCS

MHJHADS and ACTCS have joint procedures for assessing and managing detained people at risk of self-harm or suicide, with mental health triage provided during business hours and interim monitoring by COs after hours.

When a detained person is assessed by a mental health nurse and given a Suicide 'S' rating they are placed on an Interim Risk Management Plan. At a daily High Risk Assessment Team (HRAT) meeting attended by ACTCS and CMH staff, each detained person on a Risk Management Plan is considered, to determine their ongoing placement, intervention and management requirements. The HRAT committee would benefit from inclusion of Winnunga staff when Winnunga clients at risk of suicide or self harm are considered.

Finding 43:

The High Risk Assessment Team would benefit from Winnunga Nimmityjah Aboriginal Health and Community Services becoming a member of the group.

2.8.4 The broader mental health system

The review notes two emerging issues regarding the detention of people requiring mental health treatment, care or support.

Firstly, the *Mental Health Act 2015* and *Crimes Act 1900* provide that a court may find a person not guilty of a serious criminal offence because of 'mental impairment'. In such circumstances, the ACT Supreme Court must order the person to be detained in custody for 'immediate review' by the ACT Civil and Administrative Tribunal (ACAT).[123] The ACAT may then review the person's detention (within seven days) and then either release the person (subject to conditions) or make mental health or forensic mental health orders in relation to the person. If the ACAT does not order the person's release, they must review their detention at the AMC at least monthly.

As identified by the Chief Psychiatrist in preparing a set of recommendations for reform in 2024, the ACAT may decline to order the release of the person, with the effect that the person remains in prison having regard to the relevant criteria, including that detention is regarded as a last resort and only ordered in exceptional circumstances. The Chief Psychiatrist had identified several issues with these provisions including:

a) There are no stated criteria or mandatory considerations for ACAT when deciding what conditions to impose under section 180(4), notwithstanding the significant restriction of a person's human rights if the person remains detained at the AMC.

b) The Mental Health Act does not contain the same safeguards upon the review of a person's continued detention under that provision as it contains about reviews of detention under forensic mental health orders.

The current situation may result in a person being detained for an indeterminate period at the AMC, after being found not guilty by a court, if ACAT does not make a decision under s 180 of the MH Act either to release or not release the person. This includes situations where the secure mental health facility, Dhulwa, considers the person requires a level of security which it cannot provide (e.g. high security). As a result, the person continues to be detained in a non-therapeutic environment (the AMC) despite being found not guilty. The only limit to that period of detention would be the nominated sentencing term the court would have imposed had the person been found guilty.[124] In such a situation, a person found not guilty by way of 'mental impairment' would spend the same amount of time at the AMC as if they had been found guilty; but potentially without the specialist mental health care they need, and in circumstances where they would not have access to rehabilitation opportunities of a sentenced person. This is an untenable situation, a significant limitation on the rights of the detained person and creates an unreasonable expectation on AMC staff in such circumstances.

Stakeholders also raised concerns about the lack of clarity about how and when detained people are transferred to Dhulwa. For example, AMC staff noted that there were detained people at the AMC who were significantly unwell, but COs were not appropriately qualified, trained and supported to provide day to day management and care. It was outside the scope of this review to consider this matter in further depth, but OICS remains concerned about this situation for detained people, AMC staff, and AMC operations.

123 *Crimes Act 1900* Part 13.
124 *Crimes Act 1900* ss 301–305.

2.9 Substance use and treatment

STANDARD 104

Correctional centre systems have a comprehensive and integrated drug strategy that seeks to prevent the supply of drugs into the correctional centre, reduce the demand for drugs and minimise the harm arising from drug use in correctional centres through education, treatment and enforcement.

STANDARD 105

Systems to test detained people for the presence of illicit substances are used in ways that comply with relevant standards to ensure the integrity of the testing procedures and the results.

Comments from detained people

> *"People who give up on themselves turn straight back to drugs so help them to feel like they matter to the government !!!"*
>
> *"Detainees should be given assistance when positive to ensure they can stay away from drugs (mentoring or mental health sessions, relapse prevention plans etc) and not be punished even further for our own substance issues."*

2.9.1 Drug taking at the AMC

Section 1.3 (security), discusses the implementation of comprehensive drug strategies that prioritise reducing supply of and demand for ATOD while applying a harm minimisation approach. Having earlier discussed ways in which supply and demand can be reduced, this section focusses on harm minimisation, a term we interpret broadly to include minimising immediate harm to physical health, as well as reducing the harm of ongoing drug use to all aspects of people's lives.

There is a strong link between complex trauma and addiction. People with substance use disorders require trauma-informed care. Supporting and treating a detained person's trauma is key to their wellbeing, recovery, and rehabilitation.

The prevalence of drugs in custodial settings is widely documented. The HPR25 detained person survey found 56% of detained people reported 'it is easy getting illicit drugs in the AMC'. Detained people told us that while access to drugs is common in other prisons they have been to, drug seeking in AMC is more prevalent, something they attributed to boredom. This is discussed further in the conclusion, particularly the lack of a structured day at the AMC.

Comment from formerly detained person

> *"I've known guys who have come in who just smoke a bit of weed, and they leave on the needle."*

Overdose in a custodial setting poses a particularly serious risk to life. Nationally, since 2016, there have been 14 deaths in custody attributed to drug overdose in prison.[125] In the ACT, since 2016 there have been 2 deaths in the AMC that (at the time of writing) a Coroner has found attributable to drug use/overdose (noting several deaths in custody are currently being considered by the Coroner). Coronial inquests into those deaths made several recommendations about minimising both the supply of and demand for illicit substances at the AMC. For example, the Inquest into the death of Steven Claude Freeman recommended the introduction of a structured day of activities for detained people (discussed further at the conclusion to this report). Further, Jumbunna Final Report recently recommended ACTCS introduce a structured day and purposeful activities in the AMC as a matter of high priority,[126] as well as noting:

> While attempts to control the supply of drugs into the AMC should be maintained, we recommend urgent attention by the ACTCS to focus on the demand side of drug use through improvements to programs, training, education and a structured day to alleviate the boredom in the AMC and to provide for daily routines and meaningful activities.[127]

In May 2025, OICS published a Critical Incident review of suspected drug overdose in the AMC. Since that time the Inspector is aware of at least two further incidents involving a detained person experiencing a 'near miss' episode due to suspected drug overdose.

Injecting illicit drugs in prison poses broader risks than just overdose including the risk of blood borne viruses (BBV) such as Hepatitis C (HCV), human immunodeficiency virus (HIV) and other infections from sharing needles. Prisons remain a critical barrier in Australia to the elimination of HCV, as highly effective anti-viral treatment is available and has seen a dramatic reduction of HCV prevalence in the community.

It is good practice that non-government organisation Hepatitis ACT regularly attend the AMC to provide information about liver health, hepatitis, and harm minimisation. In early 2025, they undertook voluntary mass finger prick Point of Care Testing for HCV at the AMC, where it was found six of the detained people who presented for testing were HCV positive. Those detained people were then fast tracked for the HCV treatment. The Review Team is aware of detained people sharing contraband needles and tattooing equipment in accommodation units. Hepatitis ACT's submission to this review noted that the sharing of injecting equipment remains potentially life-threatening including beyond the risk of infection of HCV, HIV or other blood-borne viruses:

> While non-blood-borne virus injecting-related infections and injuries are commonplace in the context of needle re-use and sharing, including in the AMC, novel outbreaks of Burkholderia cepacia (invasive life-threatening infections) have been reported in multiple prisons in Queensland and subsequently Western Australia. These highly antibiotic-resistant environmental bacteria cause serious infections of bones and joints, heart valves and severe limb-threatening soft tissue infections among people who inject drugs who are exposed. Treatment requires prolonged and costly hospital stays, repeated surgeries and high-cost, toxic antimicrobial agents. This reminds us that the risks and harms of injecting drug use are various and simply testing and treating people for hepatitis C infection is insufficient.

The HCV outbreak and the associated risks with needle re-use and sharing exemplify the importance of the AMC having a robust harm minimisation framework in place.

125 See University of Queensland's The Deaths in Custody Project at https://www.deaths-in-custody.project.uq.edu.au/
126 Page lxvii.
127 Page lxvii

2.9.2 Harm minimisation at the AMC

Needs identification

The *Corrections Management (Drug and Alcohol Testing in Correctional Centres) Policy 2022* commits ACTCS to following a model of harm minimisation in its approach to managing the use of ATOD at the AMC. Further, the policy notes that drug and alcohol use is primarily a health issue and should be dealt with through appropriate therapeutic approaches, equivalent to services available in the community. Testing must not be directed on a punitive, harassing, or coercive basis.

Detained people in need of support for AOD use may be identified through the ACTCS Footprint Survey, administered to all detained people within five days of a person entering the AMC. If a detained person discloses through the Footprint Survey that AOD contributed to their arrest, the Induction Officer should refer the detained person to the JHS AOD Treatment Team. The detained person is asked by the AOD team to complete an Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), which measures the risk of harm from current use of ATOD. The outcome of this assessment will inform how ACTCS develop a treatment pathway for a detained person. The Inspector understands that ACTCS plans to integrate the ASSIST tool into the Footprint Survey. This support relies on voluntary disclosure of ATOD use. People can also self-refer after induction.

Detained people may also be identified through the case management process, although as discussed at section 4.1.1, this team faces capacity constraints.

During the 2023/24 financial year, 36 per cent (or 232) detained people who completed the Footprint Survey identified that drugs contributed to their arrest. A further 17% (or 107) identified alcohol has having contributed to their arrest.

Health services

The JHS AOD team is AMC based and provide alcohol and drug assessments, OMT programs, smoking cessation and NRT, withdrawal management, brief interventions, education and training.

Winnunga and JHS GPs may prescribe OMT. Justice Health Service GPs are responsible for commencing patients on OMT. The GPs work closely with the AOD Team in the assessment and management of detained people who are withdrawing from alcohol and/or other drugs.

Winnunga also provide AOD services to their clients. To date, Winnunga clients have not been able to commence on OMT (e.g. Buvidal) but had to transfer back to JHS for initiation and stabilisation then transfer back to Winnunga for ongoing management of OMT. However, the Review Team understands plans are advanced for Winnunga clients to be able to commence OMT. This is a good outcome for detained person care and Winnunga and JHS should be acknowledged for achieving this improvement.

At the time of the HPR25 site visit JHS was responsible for 94 detained people on OMT of which eight were on OMT (Methadone) and 86 on OMT (Buvidal or Sublocade). Winnunga was managing 22 detained people on OMT (Buvidal).

Drug withdrawal on admission

Canberra Health Services has a Guideline for managing AOD withdrawal at AMC and Bimberi, where JHS nurses conduct initial assessments to ensure any immediate medical concerns are addressed, including substance use screening. A GP then reviews the assessment and creates a therapeutic AOD care plan for the next 24 hours or until further medical input or review can be obtained. This may include prescribing medication as needed to manage withdrawal symptoms.

Detained people told the Review Team about experiences of withdrawing from drugs of dependence on arrival at AMC. This included both withdrawal from illicit drugs, and where a drug prescribed to them in the community had not yet been prescribed at the AMC. A common sentiment was that they received little or no support to 'detox', for example, having to deal with symptoms such as nausea, vomiting, diarrhea, pain, and other symptoms without any medication to help alleviate their symptoms. They referred to an informal rule that a detained person would not receive any medication for AOD withdrawal within their first four days at the AMC. As discussed at section 1.1.2 (Reception and Admission), more than two-thirds of detained people surveyed for HPR25 disagreed or strongly disagreed that health issues they perceived to be urgent were addressed during admission.

Comment from previously detained person

> *"The way they treat you when you come in, withdrawing from drugs, they give you nothing. Feels intentionally cruel. It's torture"*

A submission from ATODA stated:

> ATODA is additionally aware of a human rights and health-related issue concerning opioid maintenance therapy (OMT) upon admission and induction. There have been reports of people receiving OMT as daily sublingual buprenorphine [in the community] not receiving their treatment for up to four days after admission and consequently being given the long-acting injectable buprenorphine (LAIB), which can make them considerably unwell if they are unfamiliar with it. People requiring OMT who enter the AMC must have their appropriate medication given to them from their first day in custody.

The CHS Guideline provides that 'Sublingual Buprenorphine-Naloxone (Suboxone) preparation is the first line approach for management of opioid withdrawal', although the guideline also states that 'commencement of Suboxone can be complicated by the risk of precipitated withdrawal if Suboxone is commenced while opioids are still circulating in the blood stream'. The Guideline provides that OMT dosing will not occur on the day of admission into the AMC. This is due to the risk of overdose, as detained people may not fully disclose their recent substance use. The Guideline is clear that prescribing Suboxone for the purpose of opioid withdrawal is at the discretion of the treating medical officer in consultation with the Justice Health Nurse Team Leader and, when possible, with the AOD team. In relation to withdrawal from stimulants, the Guideline notes that currently there are no standard guidelines for stimulant type substance withdrawal (e.g. amphetamines, methamphetamines and cocaine). It is a matter for the AMC health professionals to determine in each situation the appropriate treatment including medication to prescribe for detained people in their care.

Importantly, as ATODA noted '[p]eople entering AMC who are coping with ATOD withdrawals deserve to have access to appropriate medical and psychosocial supports when being admitted and inducted'. Such support is critically important not only for the wellbeing of detained people

when they first arrive at the AMC, but also because detained people experiencing withdrawal are more likely to engage in drug seeking behaviour either to obtain the previous illicit substance they have used, or to self-medicate for their symptoms of withdrawal.[128] Given the feedback to this review, it would be befitting for MHJHADS to evaluate how its guideline on AOD withdrawal is being applied in practice at the AMC including speaking to detained people in detail about their experiences, as well as other key specialist stakeholders.

Finding 44:

Detained people report suffering significant adverse experiences when withdrawing from alcohol and other drugs at the Alexander Maconochie Centre.

ATOD programs

ACTCS can run several programs aimed at assisting detained people with substance use disorders.

- The Self-Management and Recovery Training (SMART) program is an educational and therapeutic program for people with substance dependencies to cope with urges and cravings, develop motivation to remain abstinent, manage lapses and relapses and focus on a drug-free life post release. From January – June 2025 eight groups had commenced (completions unavailable at time of writing). The program is available to detained men and women who are either on remand or sentenced.
- EQUIPS addiction, designed for substance users who wish to explore their drug use patterns and establish strategies and supports to manage their addictions (see section 4.1.2). During the 2023/24 financial year, 7 EQUIPS addiction groups were run at the AMC with 73 detained people commencing the program and 59 completing it.

From time to time, Alcoholics Anonymous and Narcotics Anonymous support groups are run at the AMC.

In 2024, Toora Women Inc ran a trial eight-week Phoenix program to help women learn skills needed to live free from AOD . Twenty-one detained people commenced the program and 10 completed it.

Also in late 2024, ACTCS engaged Directions Health Services to run a program called ADAPT which aimed to provide detained people with education on the impact of substance use and strategies for change. Between October to December 2024, eight ADAPT groups were run with 54 detained people commencing the program and 41 completions. Neither of these programs are currently offered to detained people.

Canberra Health Services may also at times offer programs and one on one counselling through the Alcohol and Drug Service.

In mid-2025, ACTCS finalised an 'AOD Programs and Interventions Pathway for Male Detainees'. The Pathway aims to improve ACTCS' screening processes and provide adaptive AOD services and interventions. A similar document is being prepared for women, which will also address health and wellbeing as well as sexual and reproductive health. The women's pathway is due to be finalised at the end of 2025.

128 This is acknowledged in the CHS Guideline: 'Although not usually life-threatening, the risk of relapse and overdose post an opioid withdrawal can be extremely high.'

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Solaris Therapeutic Community

A Therapeutic Community (TC) is a residential rehabilitation program within a correctional facility which aims to help detained people address substance use disorders and support recovery. Residents learn by helping each other, taking on increasing responsibility, and becoming role models for newer members. The AMC operates the 'Solaris Therapeutic Community', a 16-week program for detained men who are on remand or sentenced, operating out of one of the accommodation units. Solaris is co-facilitated by Karralika Programs Inc, a non-government organisation.

In the 2023–24 year 75 men enrolled in the Solaris program and 29 exited the program. Of those leaving prior to completion, 16 were released from the AMC, 9 were asked to leave due to breaching the program rules, and 4 chose to leave. There was an overall completion rate of 35%, with a slightly higher percentage of Aboriginal and Torres Strait Islander men completing the program (38%).

Detained women do not have access to a TC or similar. In their submission ACTCOSS noted:

> With no equivalent to the Solaris program for men, women are left without structured treatment pathways. A gender-specific rehabilitation service must be established to provide women with tailored support, particularly given the unique challenges they face, including higher rates of trauma, domestic violence, and caregiving responsibilities.

Lack of access to Solaris is another example of women missing out of important opportunities for rehabilitation opportunities and programs.

Naloxone

Naloxone is a drug that can temporarily reverse opioid overdose and has limited negative side effects but can be lifesaving in case of a drug overdose if an ambulance does not arrive in time. In HPR19 we recommended that ACTCS and JHS examine the feasibility of making Naloxone available for administration after-hours in case of a drug overdose (including a trial of nasal Naloxone if feasible), supported by appropriate training in administration of the drug.

ACT Corrective Services has fully implemented that recommendation. Naloxone is available for both JHS nurses during regular hours and COs after hours (when there are no medical services onsite), which is an excellent practice and a leading approach in Australia.

Positive practice: Naloxone is available for both JHS nurses during regular hours and COs after hours (when there are no medical services onsite), which is an excellent practice and a leading approach in Australia.

Justice Health Services provides Naloxone on release for any detained person on the OMT program. This is part of their discharge medication pack. Prior to leaving AMC the AOD team undertakes harm minimisation education including a 'how to' on the use of Naloxone nasal spray. In other jurisdictions, Naloxone is routinely provided to all detained people in their property on release.

In a recent critical incident review, OICS recommended that ACTCS consider providing detained people with direct access to Naloxone (so they can administer it to other detained people), as well as basic first aid training periodically including on cardiopulmonary resuscitation (CPR). The government did not agree to this recommendation.

Finding 45:

As recommended in a recent critical incident review by the Office of the Inspector of Custodial Services, ACT Corrective Services should consider making Naloxone available to detained people.

Provision of bleach

In custodial environments, bleach may be used as a harm minimisation measure, for detained people to 'clean' needles and syringes to reduce the chance of BBV transmission from injecting drugs or tattooing. Australian harm reduction experts have acknowledged bleach as part of a broader harm reduction strategy but emphasised that bleach alone is insufficient. The 2023 Harm Reduction in Prisons Working Group consensus statement stresses that evidence-based approaches like needle and syringe programs (NSP) and opioid agonist therapy are more effective and should be prioritised.[129] Bleach has in theory been available in the AMC for many years, but availability and accessibility has waned and the responsibility for who provides bleach has recently changed. During the review period Official Visitors noted that a number of detained people in different areas of AMC reported sharing used needles without cleaning because they have been unable to access bleach sachets. The Inspector understands after the outbreak of HCV in early 2025, it was JHS that made bleach available to detained people in that unit. From May 2025, JHS formally became responsible for providing bleach, during medication rounds. The reason provided for this from ACTCS was 'concerns about hoarding, use for general cleaning and use in adulterating urine samples'.

In absence of a full range of harm minimisation measures including NSP, it is imperative that bleach is readily available and accessible – ideally freely on the units. Needing to ask for bleach is a barrier for detained people who are concerned that their request will then mean they are more likely to be searched for contraband.

Finding 46:

During the review period, bleach has not been consistently available to detained people at the Alexander Maconochie Centre for harm minimisation relating to blood borne viruses, despite requirements for its provision.

Additional programs and support

In its submission to the review, ATODA proposed stronger in-reach and throughcare support for people detained at AMC. ATODA recommended appointing a coordinator from an ATOD service to assess individuals pre-release, link them with appropriate ACT ATOD services, and provide immediate post-release support, including meeting them at the gate and maintaining contact for two weeks. The coordinator would also facilitate preparatory group work and collaborate with AMC staff. ATODA further suggested increasing referrals to peer-led services to help with navigating healthcare, housing, and employment. The Review Team supports this proposal, noting that better community linkages for people exiting AMC could reduce reoffending.

129 Consensus Statement: Strengthening Injecting-Related Harm Reduction in Prisons, March 2023 <https://www.unsw.edu.au/content/dam/pdfs/ada/sprc/research-reports/2022-09-uploads/2023-09-strengthening-injecting-related-harm-in-prisons-consensus-statement.pdf>.

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A needle and syringe program is needed at the AMC

Needle and syringe programs (NSPs) have been operating in the general community in Australia since the late 1980s when introduced to curb the rapid spread of HIV among injecting drug users. Australia was one of the first countries globally to implement NSPs as a public health response to BBV, and they have since become a cornerstone of the National Harm Reduction Strategy. The provision of clean needles to detained people at the AMC through a NSP has been discussed since before the AMC opened (see text box).

At the international level, prison-based NSPs have been recommended by the United Nations Office on Drugs and Crime,[130] UNAIDS and the World Health Organisation. Currently, prison-based NSPs operate in eleven countries. The right to humane treatment when deprived of liberty, protected in s 19 of the HR Act, encompasses a right to equivalent health care in prison to that provided in the community (where needle and syringe exchange is widely available).

In the last decade there have been significant advancements in treatment for HCV through development of direct acting antiviral medications. In 2016 these were listed on the Pharmaceutical Benefits Scheme (PBS) and there has been of a rapid decline in cases in the community. However, prisons remain a key transmission site for HCV. Even when people 'clear' the virus, they can be re-infected through sharing needles in prison. Australia is not on track to meet its target of eliminating viral hepatitis by 2030 in large part due to transmissions in prison. Aboriginal and Torres Strait Islander people are disproportionately represented among those living with HCV in Australia. Both the Australian Government's Fifth National Hepatitis C Strategy and the draft Sixth National Strategy cite detained people as a priority population. The draft Sixth strategy states that 'there are heightened risks for transmission in custodial settings due to an ongoing failure to offer an equivalence of care to people in prison (including comprehensive access to evidence-based harm reduction including sterile injecting equipment as means of prevention) and there is a need for more 'equitable access to successful preventative measures for all priority populations, with a focus on sterile injecting equipment through needle and syringe programs'.

Some history of NSP and AMC

In 2007 the ACT Human Rights Commissioner recommended that an NSP be piloted in the AMC. A 2011 report by the Burnet Institute found evidence of injecting occurring in the AMC with used syringes and noted strong support among most stakeholders for the introduction of a trial NSP at the AMC.

In 2012, then Chief Minister, Katy Gallagher MLA, announced that the implementation of the draft *Strategic Framework for the Management of Blood-Borne Viruses in the Alexander Maconochie Centre 2012–2014* would involve further 'targeted consultation' as part of finalising the framework and the implementation of a NSP. That work included the release of former ACT Health Minister Michael Moore's *Balancing Access and Safety: meeting the challenges of blood borne viruses in prison* report, which examined how an NSP may be safely introduced in the AMC based on experiences in other jurisdictions. That didn't result in an NSP at the AMC. The ACT Human Rights Commission repeated the recommendation in its 2014 *Human Rights Audit on the Conditions of Detention of Women at the AMC.*

In 2016, ACTCS staff voted against a proposed model of an NSP at the AMC. There is limited information on the public record about the reasons for staff voting down the proposal. The Inspector understands the primary obstacle to the introduction of an NSP has been resistance from some COs and their union the CPSU, based on ethical and safety concerns (See for example Knowledge Consulting, *Independent Review of Operations at the Alexander Maconochie Centre* (Report, 2011) 165.

130 See also https://www.unodc.org/documents/hiv-aids/2017/ADV_PNSP_REV_FEB2015with_cover1.pdf

Recent research also suggests that introducing and expanding an NSP that covered half of people who inject drugs in Australian prisons by 2030 would significantly reduce the incidence of new HCV infections and hospitalisations with injection-related bacterial and fungal infections. For each dollar spent on the program, about $2.60 in health care costs would be saved.[131]

Stakeholder submissions raising NSP

The call for submissions noted that 'drugs and harm minimisation' was a spotlight topic but did not seek views on an NSP. Several submissions were in support of an NSP:

- In previously committing to implement a needle and syringe program (NSP) at the AMC, the ACT Government adopted an evidence-based policy position in favour of prison NSP. It is unclear whether and on what grounds the ACT Government has adopted any contrary policy position. The failure to ensure the many people who inject drugs in the AMC have access to preventive health programs and products on an equivalent basis to those available in the ACT community appears to contravene important human rights obligations and ACT Standards for Adult Correctional Services. – ***Hepatitis ACT***
- Harms from a lack of clean needles and syringes include increased risk of blood-borne viral transmission, increased risk and rates of Hepatitis C transmission, and increased risk of bacterial infection and sepsis. NSPs reduce the rate of BBV transmission among detainees who inject drugs and improve referral to appropriate ATOD treatment. NSPs in custodial settings have not resulted in serious, unintended consequences, despite concerns. Access to harm reduction supports, such as peer-led services and ATOD education, would benefit the AMC detainees' ATOD-related health issues as well. – ***Alcohol, Tobacco and Other Drug Association, ACT***
- ACTCOSS reiterates the urgent need to pilot a Needle and Syringe Program (NSP) within the AMC. NSPs are a proven harm reduction mechanism that reduce the transmission of blood-borne viruses, protect detainees' health, and enhance staff safety by reducing hidden needle use and associated needle-stick injuries. It remains unacceptable that preventable and curable diseases, such as hepatitis C, continue to be transmitted within the AMC, posing a risk not only to detainees but also to the broader ACT community. Blood borne virus reduction targets within the whole of the ACT community will be very difficult to reach without action in the prison. Prisons act as reservoirs of infection and better identifying blood borne diseases in the prison is well-understood to improve health in the broader community. With national data showing around 13% of prison discharges reporting using a needle or other injecting equipment that had been used by someone else while in prisons, the AMC requires the immediate implementation of an NSP pilot to safeguard detainee and staff health and align correctional health practices with established public health standards. – ***ACT Council of Social Services***

No submissions indicated a position against an NSP.

It is crucial that ACTCS, the CPSU and COs are key stakeholders in exploring such a program, and the safety of COs is a crucial consideration. There are used needles currently circulating at the AMC. Contraband needles are currently part of the risk environment that COs face on a daily basis, including when conducting cell searches.

131 F Houdroge, S Colledge-Frisby S, N Kronfli, et al. 'The costs and benefits of a prison needle and syringe program in Australia, 2025–30: a modelling study' (2025) 222 *Medical Journal of Australia*, 396–402 <https://www.mja.com.au/journal/2025/222/8/costs-and-benefits-prison-needle-and-syringe-program-australia-2025-30-modelling>

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The recently released *Alexander Maconochie Centre Drug and Blood-borne Virus Strategy 2025–2030* states:

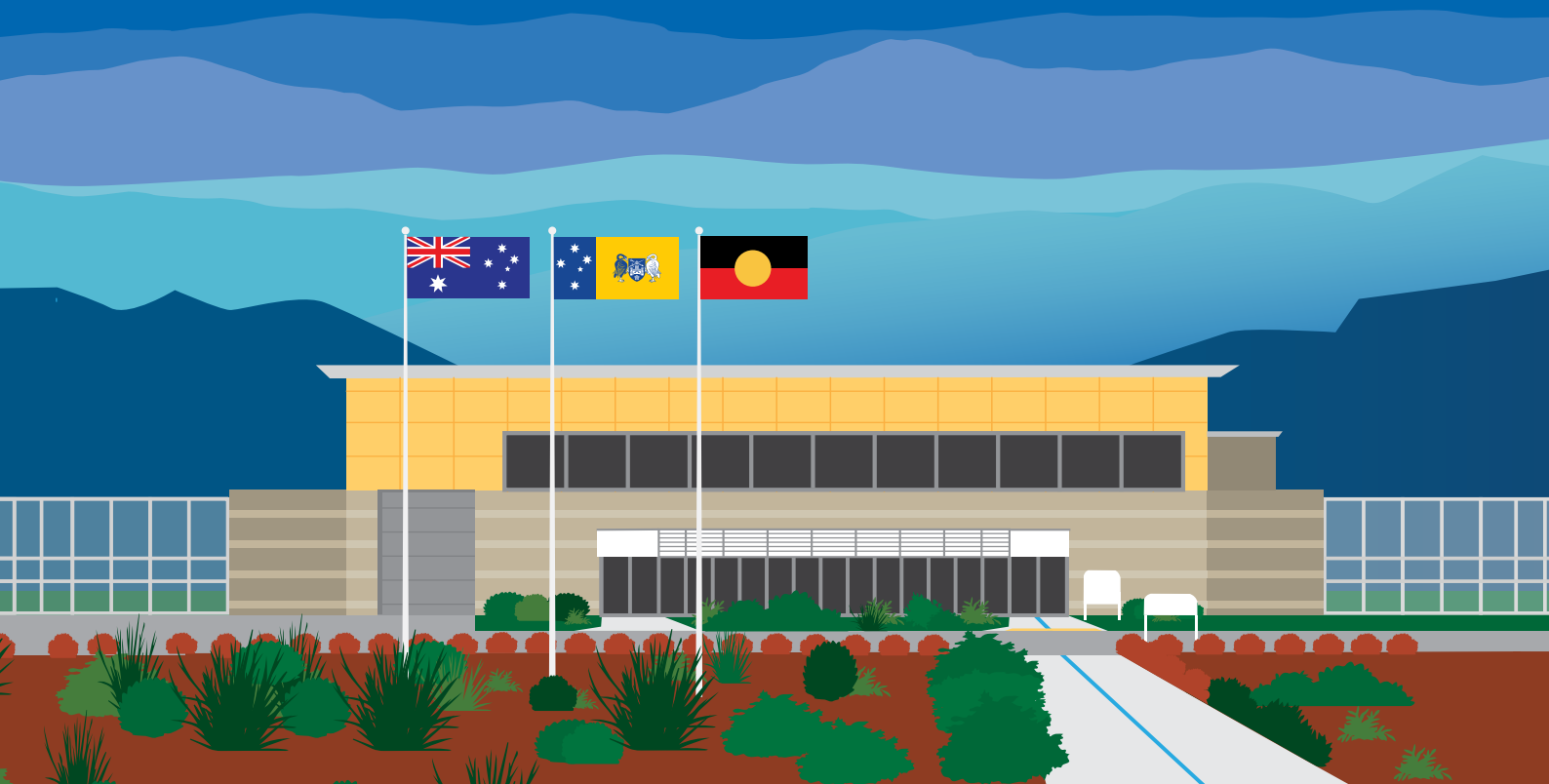
> Needle and syringe programs (NSP) and tattooing and piercing programs are outside the scope of this Strategy due to complex and extensive policy and funding considerations. ACTCS and CHS understand the literature demonstrates the significant harm minimisation effects of NSPs in community settings and their positive impact on reducing BBV transmission in at least some international custodial settings.
>
> However, noting that establishing a NSP at the AMC would be a first for any Australian custodial setting, there would be significant work to be undertaken before this could realistically be implemented. Such planning would require extensive research, staff and community consultation, exploring resourcing issues and budgetary considerations. Therefore, in the interests of moving forward with the Drug and BBV Strategy and commencing our service response, these issues will continue to be investigated separately and may be introduced into a later Strategy as appropriate.

The Inspector welcomes this acknowledgement of the evidence base and considers that an NSP should be part of the AMC's approach to BBV and drug use. Without such a program, in light of clear evidence of HCV transmission occurring in the AMC, there are real concerns that ACTCS is not upholding detained people's right to receive health care equivalent to that in the community, where they can access clean needles.

Recommendation 22:

Within 3 years, the ACT Government commit to introducing a needle and syringe program at the Alexander Maconochie Centre, and through the process engage closely with staff, particularly Corrections Officers and the union.

CHAPTER 3: PILLAR 3
Purposeful activity



Chapter 3: Pillar 3 – Purposeful activity

Comment from staff

> *"[One thing I would change at AMC/CTU is] have more things to do for detainees – Utilising partnerships with other directorates in ACT Government."*

Comments from detained people

> *"Offer genuine education pathways, employment pathways and reintegration. Then support detainees that make the way for themselves."*
>
> *"[To help better prepare me for return to the community the AMC could provide] meaningful activity."*
>
> *"The AMC do f*** all to help anyone prepare for getting out of jail."*

This pillar refers to the time detained people spend out of their cells engaged in constructive and meaningful activities. This includes:

- social interaction and time in open air
- education and training (including vocational education)
- employment
- programs, both criminogenic (aimed to target offending behaviour) and non criminogenic
- recreational and physical activities.

3.1 Time out of cells

STANDARD 110

The hours out of cells facilitates access to work, programs, services, recreation, and overall rehabilitation.

In HPR19 and HPR22, ACTCS was not meeting its benchmark of 9.5 hours out of cell per day for secure custody prisoners. ACTCS has reduced this benchmark to 9 hours out of cell per day (see *Corrections Management (Core Day) Policy 2023*), but it is positive to report an increase to 10.2 hours out of cell per day. This is the highest average time out of cell per day in Australia – this is positive, but the opportunities for rehabilitation this affords are being squandered due to lack of things to do when detained people are not locked in.

Table 20: Out-of-cell hours (secure custody prisoners) 2023–24

Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
2023–24	7.6	9.6	7.6	8.8	8.5	7.2	10.2	8.2	8.2

Source: ROGS 2025, Table 8A.13

3.2 Education (including vocational education and training)

STANDARD 112

All detained people are informed about and able to access further education and vocational and continuing training relevant to their needs and interests, and encouraged to participate in them.

Comments from detained people

[To help me better prepare for a return to the community the AMC could provide]

> *"More education options"*
>
> *"More adequate education offering Certificates III and above in various different fields to meet individual needs and goals. Also a High Risk Work Licence program to offer short courses in things like; Forklift Licence, Scaffolding, Dogging, Rigging etc."*
>
> *"Include more courses that are available from CIT. There are many other courses not available that should be. i.e. Hospitality cert 2 and 3 should be available so people can go out and work picking up glasses or serving food. There are courses here, but when only allowed to study 1 hour a week, it makes a 1 year course 3 and a 4 year course 8."*
>
> *"More Education, especially in certain fields like ICT. Programs for remand people like sentenced detainees relevant to alleged charges."*

Prior to 2021, ACTCS contracted education services at the AMC to a private Registered Training Organisation (RTO). Data (see table blow) showed consistently high participation in education with over 70% of detained people enrolled, more than twice the national average. It is important to note this data set records *participation* in education, not completion of a course/certificate etc – which is not reported in national data and will be far lower, including due to high rate of people on remand with short stays in custody.

Table 21: Detained people in education and training (per cent of eligible detained people)

	ACT	National
2023–24 total	35.7%	25.7%
2022–23 total	24%	26%
2021–22 total	11.5%	23.9%

Table 22: Type of education and training in 2023–24 (per cent of eligible detained people)

Type	ACT	National
Pre-certificate Level 1 courses	0.4%	6.7%
Secondary school education	–	1.6%
Vocational Education and Training	31.7%	17.3%
Higher education	3.6%	1.4%
2023–24 total	**35.7%**	**25.7%**

Source: ROGS (2025) Corrective Services 8A Table 8A.11

3.2.1 Education still in a holding pattern

At the end of 2021 the contracted education provider did not exercise the option to extend their contract at its nominal expiry date. At this time COVID-19 was also impacting access to detained people at the AMC and they ceased provision of their services several months early. However, expiration of a contract was a foreseeable event that ACTCS clearly had not adequately planned for, nor did they respond effectively.

The education contract was re-tendered but ultimately failed to result in any contract being awarded. The government noted 'the tender process was appropriately terminated when it became evident that value for money for the government could not be achieved.' The interim approach was to engage multiple RTOs to deliver specific courses, 'while a longer-term plan is developed'. Three years later, and this plan has still not been finalised.

In 2024 there were three RTOs delivering specific courses outlined in the table below. The basic literacy and numeracy program is not currently available—a concern repeatedly raised by detained people. This gap is unacceptable. Access to foundational education is a basic need and has a huge potential to assist with some of the most fundamental requirements on release such filling in forms for housing, job applications etc. Detained people told the Review Team that they often informally rely on peers to help with forms, letters, and legal documents. Peer-support such as tutoring programs in jail offer great potential but should sit alongside relevant program offerings. Access to basic literacy and numeracy programs must be urgently addressed.

Due to the current fragmented approach with multiple providers there is no unified student information management system to record detained person education data. Information is manually recorded and ACTCS was unable to provide basic demographic breakdown of information about education (e.g. how many were women, identified as Aboriginal or Torres Strait Islander etc). This is sub-optimal as it does not provide an evidence base to strategically drive education improvements in AMC, a key part of efforts to reduce reoffending.

Feedback from detained people and staff in HPR19 provided mixed assessment about the quality and impact of the education on offer, as illustrated in the table below.

Detained person survey	HPR19	HPR22	HPR25
'Agree' or 'strongly agree' that they are aware of the education options available to them at the AMC	56% (n=174)	41% (n=123)	42% (n=100)
'Agree' or 'strongly agree' that the education options at the AMC meet their needs	23% (n=171)	18% (n=124)	25% (n=100)
'Agree' or 'strongly agree' that they feel a sense of achievement by participating in AMC education programs	43% (n=170)	34% (n=122)	59% (n=99)

As a 'point in time' snapshot, as at 31 December 2024, there were 105 detained people enrolled in vocational training with qualifications specified (approximately one quarter of detained people). This included eight detained people participating in tertiary distance education (see below).

The data paints a concerning picture: participation of detained people in education dropped precipitously from 2020–21 to 2021–22 reducing by 83.2%. This equates to a scenario whereby for every 100 detained people who participated in education in 2020–21, there were only 17 the following year. This staggering outcome should have prompted urgent remedial action at the highest level of ACT Government. It did nothing of the sort.

This has led to a deplorable outcome of reduced opportunities for detained people. It has also let down the ACT community due to missed opportunities to reduce reoffending.

Participation in education has ticked up in 2023 and 2024, but latest ROGS data has education participation still at less than half the levels from 2021. The piecemeal approach of outsourcing education courses on a small cluster basis is not efficient or effective at reaching the majority of detained people. The Review Team is particularly concerned about the lack of options for women and the lack of disaggregated data is disappointing. We heard that women have very few education options, for example they are unable to participate in the Certificate II in Building and Construction due to insufficient numbers for a group. We also understand that private RTOs are attempting to address this inequity through seeking grants and putting forward proposals to ACTCS to increase women's participation. This is positive but should be driven by ACTCS.

OICS is also aware of the existing external training providers at times facing significant challenges in course delivery. This includes insufficient support from ACTCS staff (e.g. key AMC staff contacts being away with no alternatives in place to facilitate access to the jail, training materials, detained people etc), and insufficient organisational support in driving participation including identifying eligible detained people. We were informed by providers and detained people that on many occasions COs would incorrectly tell them education was not on, so they would miss participation.

Some staff also noted that some detained people lacked motivation to participate – a common example given was that for people with access to gaming consoles, staying up late at night playing games led to lack of routine, sleeping during the day and not being motivated to participate in education.

While *participation* as an indicator for prison education is important (noting the value participation has in providing purposeful activity, skill development, and pro-social activity), education *completions* may be a useful performance indicator in relation to reducing reoffending as it provides a qualification that may assist in gaining employment on release. In the 2024 calendar year:

- 20 detained people completed a certificate level course
- 1 detained person completed a higher/distance education course.

PILLARS

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A number of stakeholders, including the Sentence Administration Board, noted concern regarding the lack of educational opportunities for detained people in 2025. ACTCS staff further noted that the Work Development Program offered by Access Canberra which allows detained people to reduce driving-related fines through participation in educational courses, was previously available through AMC education. However, due to the current absence of an education provider at the AMC, valuable initiative such as this are no longer accessible. Providing detained people with opportunities to reduce or eliminate debt prior to release can play a significant role in reducing the risk of reoffending.

Table 23: Courses on offer in 2024, with enrolment, completion, withdrawals and hours taught

	Enrolled	Completions	Total hours taught	Waiting list as at August 2025
Course descriptors				
Apply infection Prevention and Control Procedures*	60	33 (55%)	26.5	
FSK Foundation Skills*	299	173 (58%)	169	
Provide First Aid*	97	90 (93%)	93.5	58
Responsible Service of Alcohol*	76	71 (93%)	33	78
Prepare and Serve Espresso Coffee*	98	47 (48%)	335.5	18
Use Hygienic Practices for Food Safety*	110	88 (80%	62	42
Certificate II in Cookery*	210	86 (41%)	305	
Certificate II in Bakery*	234	107 (46%	166	
Safe Food Handling	9	7 (78%)	18.75	48
Safe Work Practices	62	57 (92%)	66.5	88
Certificate III in Business	17	16 (93$)	155.5	25
Cert II in workplace Skills	2	0	14	
Certificate II in Construction Pathways	129	10 (8%)	235.5	
Course in Asbestos Awareness	61	29 (48%)	27	48
Prepare to work safe in the construction industry (White Card)	129	47 (36%)	71.5	43
Course in crystalline silica exposure prevention	122	53 (43%)	45	49
Distance Education	97	2 (2%)	0	

* *Discontinued in February 2025 as well as a course on Responsible Conduct of Gambling (RCG).*

** *There was a total of 780 hours lost in 2024 due to lockdown.*

Source: ACTCS and Question Taken on Notice (153) for Select Committee on Estimates 2025, ACT Legislative Assembly, Inquiry into Appropriation Bill 2025–2026 and Appropriation (Office of the Legislative Assembly) Bill 2025–2026.

Some former detained people reported discovering after release that certificates they had completed while at AMC (e.g. asbestos awareness, white card) did not appear on their student record, via their Universal Student Identifier.

Accredited vocational skills training leading to qualifications that would assist employability (particularly through nationally recognised qualifications) are lacking at the AMC. For example, the AMC does not offer suitable Vocational Education and Training (VET) courses with certificates in hairdressing/barbering/beauty, information technology, metalwork and welding, horticulture/landscaping, motorcycle and bicycle mechanics, customer service. Beyond the Certificate II in Building and Construction, there are no offerings in building trades such as carpentry, painting, tiling, plastering and flooring. Detained people nearing release are also not connected with educational institutions or trade campuses, in order to maximise currency and the equivalency of education/qualifications completed. While ACTCS staff run the AMCs micro industries (bakery, kitchen, laundry, recycling), no ACTCS staff are qualified trade instructors, so unlike other jails, working in a jail industry does not lead to vocational certificate (although detained people can obtain a Certificate II in baking).

Impact of successful participation in vocational education

One RTO is providing a Certificate II in Building and Construction, and has successfully assisted 15 detained people in the past 4 years secure employment on release. This course is delivered by a trade instructor who comes into AMC, and a staff member who provides support to assist in finding community-based employment on release.

OICS viewed some testimonials from detained people in AMC that had completed this course, and as illustrated by the feedback below, the benefit is not just attaining a certificate, but the impact on self-esteem, wellbeing, communication skills, and confidence to desist from reoffending on release.

"This construction class that I have been a part of is the first opportunity I have had to open my brain up and actually learn something that I can take with me to help me on the outside. Since I have been in custody I have felt like I have been getting dumber by the day because we do not have nothing to exercise the brain."

"We appreciate … running the construction course in the AMC and giving us the extra skills we need to gain employment in the construction industry. There's not many skill based course in the AMC and to have the construction course was a welcome change. … unfortunately with TRC being unutilised and the system to get out there being flawed we may never be able to use our new skills until released. Thanks again [facilitator] for the time and effort you put in to help us gain valuable skills for the future."

3.2.2 Tertiary education

In 2023–24, 3.6 per cent of detained people were enrolled in higher education in the AMC (via distance education), above the national average of 1.4 per cent. This translates to between 10–14 detained people studying at any one time. This is positive, but it should be noted that AMC was designed as an education prison and ACT is the only jurisdiction without a commercial prison industry.

In HPR22, we noted challenges for tertiary students effectively participating in their education including accessing course material, conducting online/database research, and meeting course requirements (e.g. participating in tutorials and online forums, accessing essential course software). We recommended ACTCS devise and implement a strategy to remove barriers for meaningful participation in distance tertiary education, with timeframes for implementation.

ACTCS agreed in principle to this recommendation, noting it had recruited a full time Senior Education Officer to support distance education students and was working to introduce stand-alone computers that have the capacity to hold specific educational or course related software required for detained people to complete required units.

During this review there were 13 detained people engaged in tertiary studies (two undertaking the Tertiary Preparation Program). We heard that difficulties with access to computers, and to required websites persisted. The Education Officer must access the relevant university portal and print out materials individually for each student. Students completing tertiary studies are allocated one hour each week of Education Officer time. This would appear to be an inefficient arrangement and cumbersome for staff and students alike. Other jurisdictions also provide distance tertiary education, and there would be benefit in considering any learnings that can be gleaned from experiences in other prisons.

Official Visitors also report computer storage space becoming another barrier. PrisonPC (computers used by detained people at AMC) cannot access most web resources (only a few 'whitelisted' websites) so detained people undertaking tertiary studies need to store documents, video recordings of lectures, articles and other course materials on their hard drive. However, PrisonPC computers have insufficient storage space with few options to extend this. This hampers study and has been a factor in some detained people pausing or terminating their studies.

Finding 47:

Barriers remain for efficient and effective student access to distance tertiary education in the Alexander Maconochie Centre.

3.2.3 Education – governance and staffing

ACTCS established the Detainee Education Industry & Rehabilitation Program Board (DEIR) in January 2025. During the review period, the DEIR's Terms of Reference were pending finalisation. The program board is chaired by the Assistant Commissioner, Custodial Operations and ACTCS expects the DEIR will provide unified direction for short – and medium-term approaches to vocational education and training pathways for detained people, an industries plan and associated programs, and rehabilitative activities at the AMC which will form part of the structured day. No discernible impact was noted during the review, and it remains to be seen whether the DEIR can drive the significant change needed.

The AMC currently have 2FTE allocated to education – a SOG C and an ASO6 position. The Review Team heard that education staff are particularly crucial to facilitate links between detained people and external providers (e.g. those doing distance tertiary education and participating in training by external RTOs operating in AMC). We heard that at times there have been significant operational challenges for detained people connecting with the education provider, for example, when education staff are away or not on hand to facilitate necessary supports.

The Inspector understands that ACTCS underspent its education budget in 2023/24 financial year and repurposed the funding to other areas.

3.2.4 The way forward

In 2022, the AMC desperately needed a plan for education. That need remains acute. The current approach is piecemeal when what is needed is a strategic approach that considers labour market needs and opportunities, the profile of detained people at AMC (demographic information, skills and education background etc) and tailors education offerings accordingly (noting the constraints of the prison). The benefits include enhancing prospects of employment on release for detained people, contributing to reducing skills shortage in the community, and giving detained people purposeful activity during their time in custody. The Review Team was told that the DEIR board has just been established, and an education plan is being developed. The limited progress since the last review is simply not good enough. The delivery of education must be prioritised.

Technical and Further Education institutions (TAFE) deliver vocational education in prisons across Australia. They bring a particular focus on practical skills and job readiness, and have experience with inclusive education, have the capacity for flexible, modular learning (e.g. short courses, micro credentials, competency based training etc). Importantly, there is the throughcare value, providing the possibility of continuity of learning post release which can help bridge the gap between incarceration and reintegration.

The ACT has its own TAFE – the Canberra Institute of Technology (CIT). It seems that CIT delivering a significant part of vocational education and training in the AMC is an obvious synergy. We have noted above some of the good results from committed RTOs currently delivering certain courses – it is important that decisions to drive education forward does not discard what is working in seeking to find a way forward that addresses current deficiencies.

Finding 48:

Education in the Alexander Maconochie Centre is limited, fragmented, lacks community integration and falls significantly short of the standards expected in a rehabilitation-focused custodial environment.

Recommendation 23:

Within 6 months, ACT Corrective Services work with the Canberra Institute of Technology to fund and deliver vocational education and training within the Alexander Maconochie Centre. This should include consideration of the role that private Registered Training Organisations may play, as well as consultation with detained people, business and industry experts to devise a strategic approach to offerings that provide pathways to employment.

3.2.5 Library

STANDARD 114

Sufficient and appropriate resources are available for detained person education and training at suitable times for them to be used, including access to a library of recreational, educational, cultural and information resources.

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The AMC has a small library within the education building which provides an important service to detained people. It has books in audio and graphic format, large print, Easy Read, and Plain English. The library also has magnifying devices for vision impaired detained people. The library is no longer big enough for a prison the size of AMC and there are no chairs and desks to sit and read books and magazines. See below for examples of libraries in reasonably comparable prisons elsewhere.

Previously ACTCS had a librarian within the education team, whose role included printing information from the internet, as well as a mobile library services (taking books etc to people on accommodation units) which was highly valued by many detained people. However, that position no longer exists and library support is an employment position occupied by one or more detained people. While the employment role of library support is a meaningful work position for detained people within the prison there are inherent limitations – e.g. accessing internet for materials and procuring resources. The Review Team is of the view that further support by ACTCS Education staff is necessary and it should be part of a staff member's role with clear expectations as to scope and time commitment.

There is a weekly timetable for detained people to access the library based on accommodation area. Detained people's access to the library is reliant on the Education post being filled by a CO. Detained people raised concerns with the Review Team about access to a broader range of materials in the library including:

- Insufficient material particularly books, including non-fiction books to assist with formal and self-guided study (e.g. foreign language books).
- Aboriginal and Torres Strait Islander detained people reported they would appreciate more materials concerning Aboriginal and Torres Strait Islander culture in the library.
- Access to up to date AMC policies and procedures either electronically (via Prison-PC although it was noted these are hard to locate on Prison-PC) or printed in the library.

Previously the library accepted donations including books and DVDs, however this practice has been discontinued, apparently due to contraband entering via DVD cases, although the ban applies to all potential library material including books. Detained people told us this significantly reduced the amount of material being added to the library's catalogue, particularly as there is no funding available to purchase new items.

3.3 Employment

STANDARD 118

To the maximum extent possible, detained people can access a range of productive employment including in the day-to-day operations of the centre, which provides them with the opportunity to acquire skills that will be useful upon release and are in demand in the employment market.

Detained person survey	HPR19	HPR22	HPR25
'Agree' or 'strongly agree' that they are able to do paid work at the AMC that they find meaningful	49% (n=169)	53% (n=121)	56% (n=100)
'Agree' or 'strongly agree' that the work they can do at the AMC will help them get a job when they get out	Not asked	20% (n=123)	18% (n=100)
'Agree' or 'strongly agree' that they get enough money from work or unemployment benefits in the jail to meet their needs in the AMC	13% (n=172)*	20% (n=122)	29% (n=101)

** Different answer options in 2019 and 2022 surveys. The 13% response in 2019 was for 'usually' or 'always'.*

Comment from staff

> *"They need more engagement in the form of work. The real world does not have you sleeping in till 11am. Or getting paid a days wages for 10mins of 'work'."*

Based on the data, the ACT performs well nationally with 89.2% of detained people in the ACT employed (the second highest of any Australian jurisdiction).[132] However, it is important to delve more deeply and examine the types of jobs that are being done (e.g. menial jobs v's jobs that are more meaningful or develop skills), how much time these jobs take up for people each week, and the wages paid for these jobs. The true picture behind the data is a dismal one of mostly menial jobs for a few hours a week or less, for very little pay (discussed below). In the Inspector's view, very few employment roles are improving prospects of employment on release or contributing to a reduction in reoffending. While there are ostensibly a range of different employment roles for detained people (40 distinct types of roles for men and 12 distinct roles for women), the roles available are often for insignificant periods of time and do not often promote meaningful opportunities for self-development and improvement. Some roles (e.g. commercial kitchen, maintenance, bulk stores) are six hour shifts per day on 3–5 days a week.

Bread baked by detained people

132 Productivity Commission (2025), *Report on Government Services 2025*, Part C, Section 8, Table 8A.10.

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PILLAR 1 Safety PILLAR 2 Respect & Dignity PILLAR 3 Purposeful activity PILLAR 4 Rehabilitation & Release

There are up to 14 employment roles in accommodation units but these mainly consist of cleaning ('sweeper') and although ACTCS lists these positions as 2–6 hours per day, 7 days a week, in reality they are far less, some detained people describing it as little as an hour a week. There was an average of 89 people employed as 'Area Sweepers'. However, the Inspector considers that none of these roles could be said to seriously satisfy clause 14.3 of the *Corrections Management (Human Rights Principles for ACT Correctional Centres) Direction 2019*, which states:

> Detainees should be encouraged and have the opportunity to **access work of a useful nature** (preferably developing skills that can be used upon release) that is fairly remunerated. (original emphasis)

An example of pay for different roles at AMC are as follows:

Role	Weekly wage
Accommodation Unit – Leading Hand	$36.00 – $50.40 depending on role
Delegate	$50.40
General Unit Sweeper	$36.00
Barber	$36.00
Grounds Maintenance	$36.00
Kitchen & Bakery	$50.40 – $71.82 depending on role
Laundry & Textiles	$36.00 – $71.82 depending on role
Cottage Bins	$51.30 – $71.82 depending on role
Activities Sweepers	$36.00 – $71.82 depending on role
Court Transport Unit Vehicle Cleaner	$51.30
Therapeutic Community Program Participant	$43.20
Pension (65+ years old / self-referred / only receive if not working)	$35.70
Unoccupied/unemployment benefit	$15.30

Detained people who are not undertaking paid work, fulltime program or education are classified as unemployed and receive an unoccupied/unemployment benefit – currently $15.30 per week. Detained people who have confirmed attendance at a program, including education, receive pay. It is positive to note that detained people participating in NAIDOC Week activities and preparation receive additional payments to their usual remuneration. Detained people who are 65 years or older are eligible for a payment equivalent to a pension if they elect not to work.

ACTCS rates of pay are broadly commensurate with other Australian jurisdictions. The national minimum wage is currently $948 per week for adults, though it is noted that certain costs anticipated to be covered in the community are not faced in jail (however, some detained people may still face ongoing costs in the community such as rent, utilities etc while in detention).

In 2023, the UN Independent Expert on Modern Forms of Slavery investigated work conditions for incarcerated people and made several recommendations including enhancing labour law protections and paying incarcerated people national minimum wages.[133]

There is a compelling argument for raising wage rates, including fair compensation for work and avoiding labour exploitation, providing sufficient funds to meet rising costs that arise within the prison (telephone calls, buy-ups etc), helping detained people save for costs associated with reintegration on release such as rent etc. This is particularly important for detained people that do not have friends or family members in the community putting money into their account, as people without financial means in AMC are more susceptible to standover and risk of violence etc from incurring a debt in the jail.

Finding 49:

Wages paid to detained people at the Alexander Maconochie Centre are significantly below community standards.

3.4 Industries

Comment from detained person

> *"The lack of industries is a structural shortcoming that contributes to inactivity, boredom, and lessens the economic options (and prison pay) that can be implemented in the Centre."*

The ACT is the only jurisdiction in Australia that does not operate a commercial prison industry (that supplies goods or services e.g. laundry for the community). Current industries in AMC include a commercial kitchen, bakery and laundry and recycling facility which supply internal demand only.

An Industries Plan does not currently exist but may be developed as a part of the work of the new DEIR Program Board.

The largest industry at AMC is the kitchen, which employs an average of 31 men for either three or four days per week, for six hours per shift. Women do not have access to kitchen jobs. The kitchen provides meals for detained people and for the staff cafeteria.

Speaking with detained people in more substantive roles in the bakery, kitchen, laundry and recycling, it was clear that many valued the opportunity of working while at AMC even if it was still for a short duration. A detained man working in the laundry was particularly appreciative of the opportunity to spend the day productively and seemed to work well above the average time of most. Opportunities exist for expanding the laundry – for example, for a period the laundry assisted a community-based crisis housing charity with their linen but the charity is no longer operating.

133 Tomoya Obokata, *Report of the Special Rapporteur on contemporary forms of slavery, including its causes and consequences*, UN Doc A/HRC/57/46) (19 July 2024).

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There appear to be opportunities to expand many of the industries at AMC. For example, bakery operations could be expanded to provide baked goods to Bimberi Youth Justice Centre. The bakery provides a range of bread and other baked products (sweets etc) with detained people being guided by a qualified baker. The Review Team understands that it is possible for detained people to obtain a Certificate II in Baking within a year but it is not currently possible to advance to a Certificate III or IV – although not without complexity (noting apprentice wages and need for practical aspects), advancing this qualification is an area of opportunity that AMC could develop with the right supports in place. The Review Team was shown, for example, the sourdough culture that is some 25 years old, and observed fresh loaves being removed from the oven during our inspection. Similarly, a butcher could be established to supply meat for the kitchen and buy ups.

Nonetheless, consistent feedback from various stakeholders was that the formation of ideas for how to expand industry at AMC is not difficult but the more challenging aspect is the implementation. There have also been a number of previous review recommendations made aimed at improving industry in the AMC. Challenges to addressing these recommendations cited included protracted procurement processes, and frequent change in leadership positions meaning change may not be driven and followed through.

The Review Team considers these challenges are not insurmountable. The AMC should consider expanding existing industries to the maximum extent possible, including if capacity supports it, supplying community-based contracts.

Finding 50:

As found in previous Health Prison Reviews, until ACT Corrective Services converts detained people job numbers to Full Time Equivalent it is difficult to assess the extent of meaningful employment at the Alexander Maconochie Centre.

Why employment opportunities matter

In the last six months of 2024, just over 60% of detained people newly admitted to the AMC were unemployed prior to being incarcerated. In reality, unemployment (or significant underemployment) effectively continues while these detained people are in custody at AMC despite its nominally high level of employment.

Further, the lack of education at AMC, particularly vocational education that will lead to employment on release (discussed at section 3.2) hampers efforts to gain work on release.

In HPR19, OICS recommended that ACTCS explore the feasibility of providing a modest multi-purpose industries building in the AMC, to which the government agreed to explore options. The rationale for this recommendation was to provide flexible options for employment and vocational education. A multipurpose space could:

> accommodate [a] metal shop but be of a flexible design to allow for other transient projects. We would not envisage a need for high value capital equipment, but rather the sort of basic tools and equipment that might be found in a simple workshop.
> ...
> Other industries that may involve limited capital costs worth exploring include road traffic controller courses, forklift tickets (if an appropriate flat area could be used), pallet assembly, and so on.

There has been no progress on this recommendation. ACTCS told OICS during this review that an AMC Masterplan Final Report, endorsed on 31 October 2024, outlined the long-term infrastructure plan for the centre including a Reintegration Project with specific reference to a new multi-storey industries building, which would be available to 'all suitably classified detainees'. However, to date no funding has been committed to progressing the Masterplan.

Recommendation 24:

Within 18 months, the ACT Government finalise and fund the Alexander Maconochie Centre's strategic infrastructure plans including creating a multipurpose industry building as previously recommended.

3.5 Meaningful activities

STANDARD 111

Detained people have reasonable access to a range of sports, recreation and cultural activities suited to their interests, preferences, and special needs and conducive to the full development of their human personality.

Comments from detained people

"Boredom and having nothing to do all day is bad for mental health."

"The lack of productive activity, combined with the detainees' history of poor application, low education and employment, has entrenched a culture NOW such that even when Education is offered, it is not pursued as valuable. Human motivation tends to the path of least resistance, and so detainees struggle with the endemic boredom and find little initiative to find ways to break it outside of gaming or physical recreation, say. Their motivation is not triggered by anything, save to earn their Enhanced and do programs for Parole. Their work ethic is not required, developed, or maintained over hard years of prison."

"NSW jails have ipads you can use in your cell until 10pm even for phone calls! This [sic] excuse for a jail is just a place to rot in boredom. Contact with family and friends is not a priority at all for the AMC safety is not a priority at all."

Detained person survey	HPR19	HPR22	HPR25
Reported they were bored most of the time because there are not enough productive things to do	64% (n=174)	79% (n=124)[134]	64% (n=102)

134 COVID-19 restrictions may have contributed to this increase (lockdowns, staff absences, etc).

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3.5.1 Sport and recreation

It is positive to see that Recommendation 22 from HPR22 (increase the staffing profile of Activities to include two additional full-time dedicated Activities Officer positions and increase the hours of operation to be in line with other areas of the Alexander Maconochie Centre) has been implemented, with the Activities staffing profile now comprising eight COs working 12-hour shifts, seven days a week. That is reflected in the detained person survey which found an improvement from previous HPR surveys on whether detained people were able to exercise outdoors most of the time.

Detained person survey	HPR19	HPR22	HPR25
Reported they were able to exercise outdoors as much as they wanted to **most of the time**.	Different question asked	25% (n=123)	36% (n=102)
Reported they were able to exercise outdoors as much as they wanted to **sometimes**.	Different question asked	32% (n=123)	30% (n=102)
Reported they were **rarely** able to exercise outdoors as much as they wanted to.	Different question asked	30% (n=123)	15% (n=102)
Reported they were **never** able to exercise outdoors as much as they wanted to.	Different question asked	11% (n=123)	17% (n=102)

Detained men are scheduled to have regular access to gym and physical exercise sessions. Across all accommodation areas, detained people are allocated two one-hour gym or indoor sports sessions per week and access to the outdoor ovals, coordinated by AMC Activities Officers. Those on the Enhanced IEP scheme are entitled to additional gym sessions, including daily access to free-weights and cardio sessions. However, when the centre is short staffed, units may not be able to access the recreation facilities. Detained people accommodated in the Management Unit and Crisis Support Unit do not have access to the gym or oval. Fixed exercise equipment has recently been removed from fully-enclosed courtyards outside accommodation units, and an outdoor area near cottages. This results in extremely limited in-unit exercise options (skipping rope, resistance bands, chin up bar and small fully enclosed yard). ACTCS advised that the equipment in the unit courtyards was a temporary solution while the multipurpose centre/gym was being constructed in 2016/17. This equipment was recently removed for safety reasons. There were issues with this being indoor equipment used in outdoor areas and not being maintained. Further, equipment was vandalised and had been used in incidents for barricades, weapons, and property/security systems damage. ACTCS also received lawsuits regarding injuries sustained from the use of damaged equipment.

It now even more imperative that detained people can access the gym regularly but further consideration should be given to physical recreation opportunities within accommodation units.

In HPR22, we recommended that ACTCS fund the expansion of the contracted health and recreation provider to allow for more programs and activities including on weekends and afternoons. That contract was not renewed and no alternate providers have been engaged. This has led to a lack of qualified personal trainers and reduced structured health and wellbeing sessions being offered to detained people as well as the removal of the dedicated female activities staff member. This gap has negatively affected the uptake and effective use of fitness facilities and equipment. The dedicated female activities officer was making headway in addressing gender disparities in access to activities but this support has ceased – women do not have access to the multi-purpose activities building and have reported a lack of guidance in the WCC gym, which has contributed to reduced participation in gym and physical activities.

The Review Team was told that staffing shortages often result in activities being cancelled. Activities Officers raised concerns about the challenges of managing a physically large post and safety concerns when staff are removed from the post due to short staffing, which is a valid concern. It appears that despite some improvements, there remains a need for better support and resourcing to ensure consistent and safe delivery of physical activities and recreation programs at the AMC.

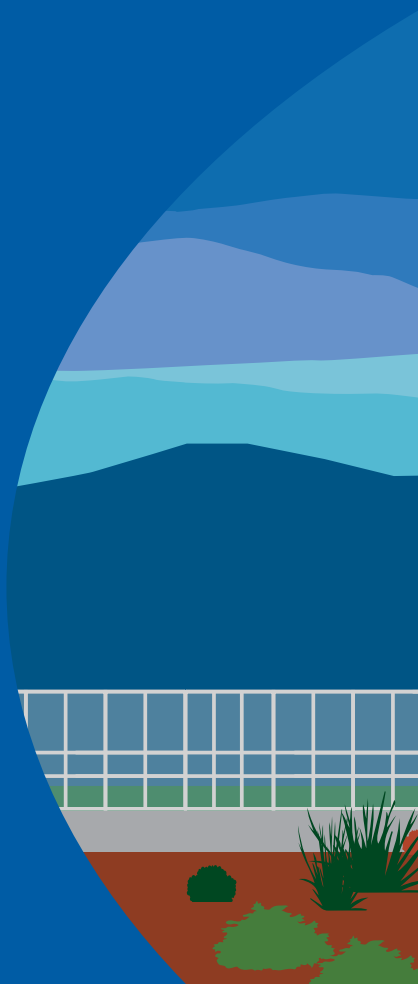
Further, while a variety of sports and recreational activities, including Oztag, volleyball, pickleball, badminton, football, and indoor soccer, have been facilitated, these team sport activities appear to be offered on an ad-hoc basis. At the time of the review, weekly music classes led by a local musician were also on offer to a small number of detained people. This is an excellent initiative and further music/band/singing opportunities should be promoted. Other prisons have bands that can perform at prison events/special occasions and is an excellent example of pro-social opportunities that can broaden skills and enhance wellbeing, with fairly limited resourcing or space requirements.

Finding 51:

The lack of qualified personal trainers detracts from detained people using gym equipment safely and effectively, as well as planning exercise programs, and facilitating fitness and sporting activities.

3.5.2 Using skills and experience available within the detained people population

An idea put forward by detained people to the Review Team is that ACTCS could engage detained people in meaningful activity by utilising and building on existing skills and experience of peers at the AMC. This is a model used in other jurisdictions. For example, one of the principles of the Macquarie Correctional Centre in NSW is to provide detained people 'genuine opportunities to use skills to help other inmates'. This could be as simple as a basic introduction to a trade. Providing paid opportunities for detained people to share and 'teach' other detained people would provide meaningful activity for both the 'teacher' and students and would be consistent with the peer mentor program already in place.



CHAPTER 4: PILLAR 4
Rehabilitation and preparation for release

Chapter 4: Pillar 4 – Rehabilitation and preparation for release

4.1 Rehabilitation

Comments from detained people

> *"I don't know as I have never felt prepared to return to the community any of the times I have been released."*
>
> *"Do programs that actually work, I have seen people come back(majority) for same or other crimes. They seem to know how to work the system. They came in do programs get out because of the programs. They are doing it to get out quicker. And the facilitators? They are hopeless, they just need the numbers to keep their jobs. So if you see from both sides, nothing is working is it? Another thing is when a facilitator of programs talk to you about the programs you are doing, we know they are talking from because of what a book tells them to do, they don't have an experience of being one of us to understand us, they are already judging us."*

[To help me better prepare for a return to the community the AMC could provide]

> *"Offer more programs for more things."*
>
> *"More programs to address your offences while on remand."*
>
> *"Better Integration programs ready for release."*

4.1.1 Assessment and case management

STANDARD 115
Case management plans are prepared for sentenced detained people soon after admission to a correctional centre.

STANDARD 137
From the beginning of a detained person's sentence, consideration is given to their future after release and they are encouraged and assisted with maintaining or establishing relationships with people or agencies outside the correctional centre which promote their reintegration and the best interests of their family.

STANDARD 138

Prior to completion of their sentence, necessary steps are taken to ensure the detained person's graduated return to life in society. This may be achieved, depending on the case, by a pre-release regime.

Detained person survey	HPR19	HPR22	HPR25
Reported that they have a Case Manager*	67% (n=123)	74% (n=90)	90% (n=101)

* *Staff have now returned to the title of Case Managers (at HPR19 their titles had just changed to 'Sentence Management Officers' – SMOs). Case Managers deal with both remand and sentenced detained people.*

Comments from staff

> *"I also would like Offender Reintegration to demonstrate a focus on actually providing evidenced, accredited and meaningful support for detainees. At the time of writing there are reports AMC Case Managers have case loads in excess of 80 detainees, due to a consistent approach over more than 5 years of having the Case Managers focus on just keeping everything running rather than providing meaningful work, leading to poor staff retention and hiring. With case loads that high detainees [sic], Case Managers should not be expected or criticised for not being able to provide meaningful support for detainees. Offender Reintegration is expected to be the key part of ACTCS for addressing offender recidivism and rehabilitation, however at this point it seems to mostly have morphed into a PR machine, which releases schemes and projects such as IOM [integrated offender management] which seem good on paper but mean nothing and provide for no change in practice, while also seeming to have as many staff at the SOG [senior officer grade] levels as they have at the ASO [administrative service officer] levels in order to support this shift of focus."*

Case Management at the AMC is governed by the *Corrections Management (Case Management) Policy 2022* and the associated Operating Procedure. The Case Management Unit at AMC sits within the Offender Reintegration branch, and reports to the Assistant Commissioner Offender Reintegration, who is nominally based at ACTCS head office, not the Assistant Commissioner Custodial Operations, who manages the AMC.

The role and functions of case managers at the AMC are spread across three units. There are three case managers attached to the Induction Screening Unit (ISU), who assess detained people initially upon reception/induction to AMC. Detained people are then transferred to another case manager from the Case Management Unit after five days, who is required to develop a case management plan within six weeks (Case Planning). The substantive staffing for the Case Management Unit is 8 FTE, which includes the manager position, who is responsible for reviewing case plans.

There are also two case managers who service the Transitional Release Program (Pre-release case management), and detained people serving sentences of less than six months will be allocated directly to a Reintegration Case Manager.

The Review Team's interactions with staff throughout this review delivered a consistent message. Case management teams were chronically short staffed. High caseloads, recruitment and promotion decisions perceived to be non-transparent, and a lack of backfilling when staff take leave were identified as key grievances. It was noted as a concern that the most senior management had minimal in-person presence at AMC.

The ACT Government's recruitment freeze through the first half of 2025 impacted case management capacity and workloads as detained person numbers increased but staffing within the Case Management Unit decreased (due to challenges in filling vacancies in a timely way). There was a process to get approved exemption from the recruitment freeze but we heard this did not result in timely exemptions that alleviated pressure.

As case management staff are spread across three separate units the team leaders of each unit have little capacity to allocate staff according to evolving or changing needs. This 'siloed' approach appears to limit agility to respond to workload across the whole Case Management Unit.

An example of a recent impact of staffing pressure is the suspension of Case Planning for detained people on remand. In December 2024, a decision was taken to only prepare plans for sentenced detained people. Nonetheless, case managers must still support this group of approximately 180 individuals, in terms of assisting them with referrals and liaison or family support, which requires considerable resources. One case manager working with detained people on remand has a current case load of 74, which is excessive and places an unreasonable expectation on staff, posing a high risk of burnout.

As discussed further at section 4.2.3, AMC has recently initiated a reintegration pilot program with three community based case managers who work from the Magistrates Court and ACTCS head office. These roles are designed to assist detained people at the point of release from court, who would otherwise not be supervised on parole or other orders. Given the pressure on AMC-based case managers, this pilot program does seem to be 'widening the net' of its service offering, and while a sound throughcare initiative for government more broadly, it should not come at a cost of case management services for detained people in custody. To be clear, if a review of the reintegration pilot is positive it should be continued as a means to provide needed support and reduce reoffending but urgent attention is required to address caseloads within AMC as well.

Finding 52:

Excessively high caseloads for case managers, and for many a perceived lack of support poses high risk of staff burnout and limits the case manager's ability to adequately meet the needs of detained people.

Recommendation 25:

Within 6 months, ACT Corrective Services take steps to ensure that the Case Management Unit staff caseloads and managerial support are appropriate, mindful of the nature of detained people's needs and prevention of staff burnout. This should include consultation with staff, consideration of other jurisdictions, and appropriate funding for required number of case manager positions.

4.1.2 Interventions/programs

STANDARD 116

Based on an individual risk and needs assessment, detained people are provided access to a range of evidence-based programs (for sentenced detained people) and transitional/pre-release programs that match the detained person's needs

STANDARD 117

Detained people can access evidence-based criminogenic programs that meet their individual risks and needs.

Detained person survey	HPR19	HPR22	HPR25
'Disagree' or 'strongly disagree' that they are aware of the range of programs available to them at AMC	57% (n=177)	62% (n=125)	58% (n=101)
'Disagree' or 'strongly disagree' that they have access to programs that meet their needs	76% (n=174)	83% (n=124)	69% (n=102)
'Disagree' or 'strongly disagree' that programs help them to address their offending behaviour (as a sentenced person)	66% (n=151)	72% (n=124)	45% (n=99)
'Disagree' or 'strongly disagree' that programs help them to prepare for release	71% (n=170)	80% (n=120)	68% (n=100)
'Disagree' or 'strongly disagree' that they feel a sense of achievement by participating in programs	59% (n=169)	63% (n=121)	52% (n=97)

The delivery and referral of sentenced detained people to programs is informed by the *Corrections Management (Programs and Interventions) Operating Procedure 2022* and *Referral Process to Corrections Programs*. For sentenced people, their case manager must identify possible interventions to address their criminogenic risks and encourage them to participate in programs and interventions that will optimise their readiness for release. A particular focus is on assisting detained people applying for parole.

The *Corrections Management (Custodial Case Planning) Operating Procedure 2022* relates to people on remand and notes that they must be presumed innocent (so are not suited for criminogenic programs). The Operating Procedure suggests that case manages should oversee detained people on remand engage in 'brief non-criminogenic interventions where available'.

Some programs are delivered inhouse by ACTCS Programs Unit staff, and others delivered by external providers. The ACTCS Programs and Services Committee was set up since HPR22 as an advisory body to inform program and service selection at AMC.

4.1.3 Corrections program offerings

Programs delivered by the Corrections Programs Unit (CPU) are listed in the AMC Program Compendium which provides a descriptive overview of the program, criteria, and intensity.

The key programs are the:

- 'EQUIPS' (Explore, Question, Understand, Investigate, Practice/Plan, and Succeed) – a suite of 5 programs (sentenced detained people only)
- Brief Intervention Programs (BIPs) encompassing five 1.5 hour sessions usually run over two weeks covering readiness for group based psychoeducational programs, healthy relationships, alcohol and other drugs, thrive (improvement of general wellbeing) and making my way (identifying goals)
- SMART Recovery Programs
- A suite of Sex Offender Programs
- Solaris Therapeutic Community.

The SMART Recovery program, Solaris Therapeutic Community and other AOD programs are discussed in further detail at section 2.9.2 (harm minimisation), and the Young Offender Reintegration Pilot Program is discussed at section 2.5.4.

Table 24 outlines sessions run, participants enrolled and completed, and number of sessions in the 2023/24 financial year for ACTCS delivered programs. Overall there were 508 programs completed by detained people but this alone does not tell much of a story as programs vary in duration and intensity (number of hours per week), and this number does not provide insight into how many unique people completed programs (some detained people will have completed multiple programs).

Table 24: BIPs and SMART programs run in 2023/24

Course	Groups	Participants started	Participants completed	Ongoing	Sessions held in the FY	Non-attendance/ Exited
BIPs	**2**	**16**	**16**	**0**	**10**	**0**
Men	1	8	8	0	5	0
Women	1	8	8	0	5	0
Aboriginal and Torres Strait Islander people	n/a	7	7	0	n/a	0
SMART	**48**	**288**	**288**	**0**	**48**	**0**
Men	24	146	146	0	24	0
Women	24	142	142	0	24	0
Aboriginal and Torres Strait Islander people	n/a	112	112	0	n/a	0

Table 25: Sex offender programs run in 2023/24

Course	Groups	Participants started	Participants completed	Ongoing	Sessions held in the FY	Non-attendance/ Exited
Prep						
All	**2**	**18**	**10**	**8**	**17**	**0**
Aboriginal and Torres Strait Islander people	n/a	0	0	0	n/a	0
MISOP[135]						
All	**2**	**16**	**6**	**10**	**61**	**0**
Aboriginal and Torres Strait Islander people	n/a	1	1	0	n/a	0
HIGH[136]						
Overall	**0**	**0**	**0**	**0**	**0**	**0**

Table 26: EQUIPS programs run in 2023/24

Course	Groups	Participants started	Participants completed	Ongoing	Sessions held in the FY	Non-attendance/ Exited
EQUIPS Foundation[137]						
All	**7**	**65**	**53**	**0**	**140**	**12**
Men	6	58	48	0	120	10
Women	1	7	5	0	20	2
Aboriginal and Torres Strait Islander people	n/a	21	14	0	n/a	7
EQUIPS Addiction[138]						
All	**7**	**73**	**59**	**0**	**140**	**14**
Men	7	73	59	0	140	14
Women	0	0	0	0	0	0
Aboriginal and Torres Strait Islander people	n/a	26	18	0	n/a	8

135 The Moderate Intensity SOP is a derivative of the high intensity program, covering the same treatment areas relating to criminogenic needs identified as applying to most sex offenders.

136 The High Intensity SOP is an evidenced-based, intensive, resource manual guided intervention program for adult male sexual offenders who have been assessed as having a high risk for recidivism and recommended to undertake the program.

137 EQUIPS Foundation is a general therapeutic program available to all offenders who meet eligibility criteria, regardless of their offence type.

138 EQUIPS Addiction is designed to address the addictive behaviour of program eligible offenders and to provide participants with a pathway to support services for addictive behaviours.

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Course	Groups	Participants started	Participants completed	Ongoing	Sessions held in the FY	Non-attendance/ Exited
EQUIPS Aggression[139]						
All	**2**	**14**	**13**	**0**	**40**	**1**
Men	2	14	13	0	40	1
Women	0	0	0	0	0	0
Aboriginal and Torres Strait Islander people	n/a	4	4	0	n/a	0
EQUIPS Domestic and Family Violence[140]						
All	**2**	**17**	**17**	**0**	**40**	**0**
Men	2	17	17	0	40	0
Women	0	0	0	0	0	0
Aboriginal and Torres Strait Islander people	n/a	1	1	0	n/a	0
EQUIPS Maintenance						
All	**1**	**11**	**3**	**0**	**10**	**8**
Men	1	11	5	0	10	7
Women	0	0	0	0	0	0
Aboriginal and Torres Strait Islander people	n/a	5	3	0	n/a	2

ACTCS Programs for women

Women have extremely limited access to programs. This amounts to systemic discrimination. Women cannot access Solaris Therapeutic Community, the Transitional Release Centre (only one woman completed the alternative Transitional Release Program in 2024), or any sexual offender program. Women were not included in the Young Offenders Reintegration Pilot Program.

For other programs available to women, participation and completion is limited. For example, during 2023–2024 only eight women completed the Brief Interventions Program (BIPs), and 5 women completed an EQUIPS program (women only have access to one of the five EQUIPS programs on offer) compared to eight BIPs completions and 140 EQUIPS completions from men. The Review Team saw limited evidence that this lack of access was being addressed in any meaningful way with alternative modes of program delivery such as one on one sessions.

139 EQUIPS Aggression program is designed to increase participants' ability to manage difficult life events and minimise aggressive behaviour.

140 The EQUIPS Domestic and Family Violence program is based on CBT principles and strategies for behaviour change.

ACTCS Detained people on remand

The BIPs are specifically cited in the *Corrections Management (Custodial Case Management Remand) Operating Procedure 2022* operating procedure as suitable for people on remand. However, BIPs is currently delivered to sentenced people only. These programs were last offered to detained people on remand in August 2024.

While the relevant Operating Procedure also refers to 'six self-paced booklets that detained people can complete on their own', these are no longer available to detained people.

It appears the only ACTCS-delivered programs currently available to detained people on remand are SMART Recovery and Solaris, given the Young Offenders Pilot Program has ceased.

ACTCS programs for sex offenders

ACT Corrective Services received a suite of sexual offender programs (SOP) from another jurisdiction, including program manuals and facilitator training. The intent was for the ACTCS Programs Unit to deliver these programs at AMC as needed. These include four sexual offender programs (High Intensity Sexual Offender Program (HISPO), Moderate Intensity Sexual Offender Program (MISOP), Preparatory Program, and the Deniers Program) but just two of these programs are being delivered. AMC does not deliver the HISOP or the Deniers Program.

ACTCS programs staff must travel interstate to receive training, and this is not available to all relevant staff. This has resulted in the staff facilitating a sexual offender program not being trained in delivering that program.

ACTCS offers the SOLID program, a modified sexual offender program, which is designed for detained people with an identified intellectual disability. However, this is only offered based on individual need and the Review Team was not aware of the program being offered to anyone in the review period.

The lack of staff training and limited delivery of programs is concerning given the community concern about addressing sexual offending behaviour.

Finding 53:

Some facilitators delivering certain specialist programs have not been trained to deliver those programs, including sex offender programs.

Recommendation 26:

Within 6 months, the Alexander Maconochie Centre ensure staff delivering programs are fully trained to deliver those specific programs prior to commencing as the facilitator.

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ACTCS staff training and support

The Review Team heard morale of programs staff is affected by frequent leadership changes, unclear processes for acting roles, and limited professional development opportunities. It is concerning that only half of the team is trained to deliver EQUIPS, and SOP facilitators lack formal training, raising concerns about program efficacy. We heard that an emphasis on meeting KPIs is prioritised and impacts ability to be responsive to individual needs including related to limited literacy or language barriers. Staff spoke of frustration that successful pilots had not been continued, for example, the Young Offenders program (discussed at section 2.5.4). Staff identified key priorities to enhance operations, including expanding training and professional development, prioritising staff onboarding and retention, and increasing staff input in program delivery.

Programs and interventions from external agencies

ACTCS provided OICS with a register of programs and interventions provided by other parts of ACTCS, or external agencies, which may be available to both sentenced and remanded detained people. These included, with their average frequency:

Program	Provider	Frequency	Available in April 2025
Aboriginal Artefacts Program	NGO: Gugan Gulwan Aboriginal Corporation	Weekly	Yes
A.D.A.P.T (Alcohol Drug Awareness Harm Prevention Training)	NGO: Directions Health/ Meridian	Ad hoc	Yes
Coming Home living skills program	NGO: Toora	Weekly	Yes
Emotional Literacy and Healthy Communication	NGO: Conflict Resolution Service	No longer offered as trial concluded in April 2024.	No
Culture and Land Management (CALM)	'Education provider'	No longer provided	No
Family Engagement Program	ACTCS	On request	No
Financial Literacy	TBC	Not currently provided	No
Healthy eating strategies to support people with hepatitis	Hepatitis ACT	Monthly	Yes
Shine for kids	TBC	Not currently provided	No
New Beginnings (Preparation)	ACTCS	Not specified	Unknown
Pathways from prison	NGO: Toora	Fortnightly	Yes
Program of Behavioural Change	NGO: Kairos	Not specified	Unknown

Program	Provider	Frequency	Available in April 2025
Let's Talk About	ACTCS	Ad hoc	No
Well Aware	NGO: Well Aware	Not specified	Unknown
Sexual Violence Legal Service Outreach	Not specified	Not specified	Unknown
Financial Counselling and Capability	NGO: Care Financial	Quarterly for women	Yes
Road Ready	NGO: Ascent Training	Ad hoc	No
Sexual health education program	NGO: SHFPACT	Ad hoc	No
Healthy eating	NGO: Nutrition Australia	Weekly	Yes
Cultural Program for men	NGO: Yeddung Murra	Weekly within term	Yes
Music Group	NGO	Weekly	Yes

It is clear many of these programs have either ceased or are not routinely offered at the AMC. Further, some programs such as Care Financials' financial counselling program for women, are funded only on a short-term basis, meaning many non-government organisations (NGOs) are left to absorb the cost of delivering programs at the AMC.

In its submission to the review, ACTCOSS noted barriers faced by non-government organisations seeking to provide programs at the AMC:

> Community organisations play a crucial role in supporting rehabilitation and reintegration, yet many face significant hurdles in delivering services at the AMC. Service providers consistently report that bureaucratic obstacles, lack of clear communication, and last-minute changes prevent them from running programs effectively...These unnecessary administrative roadblocks hinder detainees from accessing legal, financial, health, and behavioural support, ultimately weakening their rehabilitation outcomes.

Several NGOs reported challenges engaging with the Programs and Services Committee process to be approved as a service provider at the AMC, including delays in processing applications. This may explain why many of these programs are not being provided regularly.

Finding 54:

The ACT Corrective Services Programs and Services Committee does not appear to be effectively facilitating the delivery of programs by external providers at the Alexander Maconochie Centre.

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

Access to legal advice

The Programs and Services Register includes an entry suggesting that Legal Aid ACT visits AMC on request to provide Legal Aid to detained people with child custody matters, driving offences, immigration and passport matters, Australian Taxation Office matters or addressing general enquiries. Further, that Canberra Street Law operates a monthly drop-in clinic for women and Canberra Community Law Clinic operates six sessions for detained people on legal literacy every few months.

Nonetheless, the Jumbunna Final Report noted that unaddressed civil law matters can contribute to further criminalisation, particularly tenancy, housing debt, hire purchase agreements (including cars), child support, social security, family law, discrimination and children's services. While noting there is a funded financial counselling service for women detained people, the Jumbunna Final Report recommended that ACT Legal Aid in cooperation with Aboriginal Legal Service NSW/ACT and Mulleun Mura, establish a regular civil law clinic in the AMC, noting that implementation may require additional ACT Government funding for the respective services. The Inspector endorses this recommendation.

Conclusions

In the Review Team's view, there are insufficient programs in terms of range, frequency, and accessibility, particularly for women and people on remand (almost 40% of detained people at any one time).

Stakeholders including detained people, the Sentence Administration Board, Canberra Community Law and the Official Visitors identified a lack of criminogenic programs available at AMC which impact detained people's capacity to demonstrate that they have addressed their offending behaviour and are a reduced risk post release.

Many stakeholders called for further programs to provide living skills. For example, ACTCOSS noted:

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

In its submission, Care Financial noted (citing the ACT Government's *Walking with Women* report):

> Prosocial connections are a critical component of the principle of rehabilitation and that these connections can be strengthened through the 'development of life skills that address criminogenic needs, such as financial literacy and management.'

A submission from Prisoners Aid suggested further funding is needed for 'beneficial programs, such as yoga and mindfulness ones, in the prison'.

Similarly, the Jumbunna Final Review concluded:

> It is difficult to see the AMC facilitating rehabilitative outcomes for Aboriginal and Torres Strait Islander people. The difficulties in accessing programs due to restrictions (for example, protection inmates) or not being offered, the lack of relevance of and suitability of programs, and the absence of literacy programs were all matters raised by people we spoke with both inside and outside the AMC.[141]

In light of the lack of access to programs at the AMC, particularly for Aboriginal and Torres Strait Islander detained people, the Jumbunna Final Report recommended that the ACT Government provide funding to increase programs within the AMC. These include literacy and numeracy programs, offence specific and offence related programs suitable for Aboriginal and Torres Strait Islander people. The Inspector endorses this recommendation.

Finding 55:

There is a discrepancy between the programs that are listed in the ACT Corrective Services programs compendium and contemplated in relevant procedures, compared to the number and range of programs actually regularly delivered.

Recommendation 27:

Within 6 months, ACT Corrective Services expand the suite of criminogenic and non-criminogenic programs at the Alexander Maconochie Centre to ensure all detained people, regardless of gender or legal status, have equitable access to programs that meet their assessed risks and needs. This should include the sourcing and implementation of:

- A high-intensity violence program for men assessed as high risk.
- Full access to EQUIPS (or equivalent) programs for women to address diverse needs.

4.2 Preparation for release

4.2.1 Contact with the outside world

STANDARD 120

Detained people are encouraged, and as far as practicable, adequate opportunities are provided, for detained people to be able to remain in contact with family members, friends, associates, community leaders and others by telephone calls, mail, email and visits.

The HPR25 survey of detained people asked about the importance of various forms of communication in maintaining relationships with family and friends, with results emphasising the value of different ways they stay connected with their loved ones.

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Detained person survey	HPR19	HPR22	HPR25
Reported that **video visits** are 'very important' to maintaining relationships with family and friends	Not asked*	71% (n=116)	85% (n=95)
Reported that **postal mail** is 'very important' to maintaining relationships with family and friends	65% (n=169)	66% (n=114)	75% (n=96)
Reported that **email** is 'very important' to maintaining relationships with family and friends	91% (n=171)	94% (n=119)	92% (n=97)
Reported that **phone contact** is 'very important' to maintaining relationships with family and friends	89% (n=174)	93% (n=120)	94% (n=96)

Maintaining or re-establishing contact with family, friends, and loved ones is widely recognised to play a critical role in supporting rehabilitation and preparing detained people for successful reintegration back into the community after a period of incarceration. Regular communication with loved ones can help reduce feelings of isolation, support mental health and wellbeing, and provide motivation for positive behavioural change, contributing to improved outcomes both during their time in custody and after release.

The Inspector recognises contact with the outside world is a fundamental right and a key factor in reducing risks of reoffending. The Inspector's Standards for Adult Correctional Services emphasise that detained people should be encouraged and supported to maintain these connections through accessible and equitable means such as phone calls, mail, email, and visits. However, feedback from detained people at the AMC highlights a significant gap between policy and practice, with many reporting barriers that hinder their ability to maintain meaningful contact with their support networks.

Opportunity to vote

On 3 May 2025, a Federal election was held. Voting is compulsory for all Australians aged over 18 in Federal elections, however there are different rules for detained people. Confusingly, there are different rules for Federal and local ACT elections.

At the Federal level, detained people serving sentences of less than three years are eligible to vote. For local ACT elections, all detained people remain eligible to vote.

The Inspector's Standards emphasise that detained people should not be excluded from the community while incarcerated and their right to participate in the democratic process should not be forgotten. Further, voting remains compulsory for detained people eligible to vote.

Reviews by the NSW and Tasmanian Custodial Inspector in recent years have identified barriers to detained people voting and noted low levels of participating in voting.[142] At the last ACT local election, only 43 votes were cast out of a prison population of 400.

142 Inspector of Custodial Services (NSW), *Inspection of Shortland Correctional Centre and Cessnock Correctional Centre* (Report, 2023), 7, 51–52; Inspector of Custodial Services (Tas), *Overcoming barriers to voting in prison* (Report, 2025).

During this review, issues were raised by detained people about access to voting information for the Federal election. The Australian Electoral Commission (AEC) is responsible for administering federal elections. Their website includes the following information for detained people about voting:

> Eligible prisoners can vote in-person with AEC staff if a mobile polling team is visiting the facility. Ask prison staff if this is occurring at the facility. If a mobile polling team is not visiting during an electoral event, prisoners will need to vote by mail.

A mobile polling team visited the AMC to facilitate voting for the Federal election. However, we understand that information about the mobile polling station was sent by email to all detained people asking them to nominate that they wished to vote. Using email only as a means of disseminating this information raised several issues. Some detained people reported that they did not receive the email and not all detained people have ready and regular access to a PrisonPC.

Further, other detained people reported confusion about the process to nominate to vote. While it is positive that the AEC provided a mobile voting option at the AMC, there are several improvements that could be made to the current dissemination of information about voting. For example, in response to the Tasmanian Custodial Inspector's report, the AEC indicated it would welcome the opportunity for the AEC phone number to be added as a free telephone call for detained people. Providing more information around the AMC via posters and flyers about upcoming elections would also assist. Ideally, detained people would be supported to vote not only in person at a mobile station, but also if necessary via postal votes, or if possible, telephone. Embedding the process for detained people voting in procedure would also assist a consistent process for each election.

Finding 56:

Detained people did not have sufficient opportunities to vote at the recent Federal election due to email being the primary means of raising awareness.

Access to telephones and establishing telephone accounts

STANDARD 122

There is a sufficient number of telephones so that detained people can gain reasonable access and be able to speak for a reasonable time, without disadvantaging other detained people

Comments from detained people

> *"The new phone system is more than four times more expensive for local calls and the connection is really bad."*

Phone in an accommodation unit

Recommendation 26 of HPR22 was that if ACTCS could not negotiate a cheaper cost-per-call rate with a telephone provider, the cost of calls be subsidised to a level broadly commensurate with the cost of landline calls in the community.

This recommendation was agreed and in 2022, ACTCS initiated a project to upgrade the Detainee Telephone System (DTS), which included revised call rates from the service provider. However, ACTCS later identified that the updated rates were not immediately applied, resulting in detained people being overcharged. In May 2024, call charges were adjusted to accurately reflect the rates charged to ACTCS. ACTCS committed to issuing full refunds to all affected detained people, with reimbursements to be deposited into their AMC trust accounts. For people no longer in custody, OICS understands that efforts were made to contact them and arrange refunds. However, OICS heard of ongoing concerns including inconsistencies with which refunds were calculated and managed.

While ACTCS worked through the refund process, phone calls were made free for detained people from May to December 2024. Detained people were advised that new call rates would apply following the DTS upgrade, in line with the updated service provider contract. Due to reduced call costs, the weekly $20 COVID-19 related phone credits—introduced to offset the suspension of in-person visits—were discontinued.

ACTCS advised OICS in July 2024 that recommendation 26 of HPR22 was addressed "after the renegotiation of call rates with the service provider which resulted in a significant decrease in call costs to a cost broadly commensurate with the cost of landline calls in the community, and approval of a plan to implement these reduced call costs to detainees."

Under the revised service contract, mobile call costs for detained people dropped from $5 to $1.87 per 10 minutes—a positive step toward community parity. The new call cost for a local landline call is $1.87 for 10 minutes (18.7 cents/minute). The Review Team received conflicting information about the changes to landline call costs during the review period. Prior to the revised contract, the Review Team was told by some that the cost of a 10-minute local call was 40 cents total, meaning the revised cost is considerably more. However, it was also put to the Review Team that the previous cost was 35c per minute (e.g. $3.50 for a 10 minute call), meaning the cost of a 10-minute call has reduced.

Regardless, the current local call cost is not commensurate with local call costs in the community. This cost was raised as a concern by detained people, especially for those without external financial support. International calls remained prohibitively expensive, reportedly up to $10 for 4 minutes for some destinations, limiting contact with family for some people. In contrast, Western Australia charges a flat rate of 85 cents for any 10-minute call.[143]

In short, despite ACTCS considering the recommendation in HPR22 being implemented, detained people continue to face major barriers to accessible and affordable phone calls, highlighting the need for further reforms to ensure equitable contact with the outside world.

Under s 47 of the CM Act, the Director-General (delegated to the Commissioner) is required to assess whether charging for phone calls is reasonable before determining any cost. However, there is limited evidence that this assessment has been properly documented or aligned with the obligation in s 47, or the corresponding obligations in the HR Act to properly consider the right of detained people to maintain contact with family and friends.[144] Only after these foundational issues are addressed can ACTCS reasonably justify current call costs, not merely on a cost-recovery basis, but also in terms of community equivalence and fairness.

The cost of prison phone calls is an Australia wide issue, with independent review reports and advocates calling for prison phone calls to be made free. Further, technology currently available, like Voice over IP (VOIP) whether through tablets or otherwise, has the potential to further reduce the cost to government.

Maintaining contact with the outside world and support networks whilst in jail is not only a fundamental right but also a proven contributor to rehabilitation and reduced reoffending. OICS recommend that phone calls be free. Phone calls may take a significant proportion of prison wages (currently $36–$72 per week). Free calls removes financial barriers that disproportionately affect those without external support. The planned introduction of tablet technology is an important development on the horizon and an opportunity to enhance access to phone calls but should be fast tracked to address infrastructure limitations of existing physical phones: in some areas there are two telephones for a unit of almost 40 detained people, that can only be accessed when the unit is unlocked.

143 Under the revised contract, international call rates vary from country to country so while this is an example of one call.
144 Under the right to humane treatment when deprived of liberty (s 19) and the right not to have a person's privacy, family, home or correspondence interfered with arbitrarily (s 12).

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Positive practice: since HPR22 detained people are now permitted to add up to 20 contacts to their email and contact list, a significant increase from the previous 10 contacts.

Detained people reported inconsistencies in accessing urgent or welfare calls, especially on weekends, including some COs being unwilling to facilitate the calls. While certain organisations are on a free-call list, detained people noted difficulties relating to incorrect numbers programmed into the DTS, including at one point, the Official Visitors. Furthermore, the 10-minute time limit was reported to be insufficient for getting assistance with more complicated matters.

Timely establishment of phone and email contacts after a person has arrived in custody is important given it is a high risk time, including for suicide and self-harm. We heard many concerns about delays in getting this set up and errors such as wrong numbers being added to phone accounts. The Review Team understand short staffing in the AMC's Executive Support team may have contributed to delays. However, contingencies must be in place to ensure staff absences do not compromise setting up important contact between detained people and their support networks in the early period of detention.

Access to email and establishing email accounts

STANDARD 124

Detained people have reasonable access to email and other technology where possible.

Comments from detained people

> *"It sometimes takes months for them to clear the blocked emails, if ever. It's actually really dangerous because it causes relationship breakdowns and could block someone from reaching out for help. For example, if someone wrote an email to their loved one saying they had thoughts of self-harm, the email would get blocked and no one would ever know. That would have been an opportunity for support or to inform the prison to check on them but instead they just get no response."*

The Prison PC system was originally set up such that almost all detained people would have access to a PC either in their cell or reasonable access in common areas. However, there has been a significant reduction in PC availability. Computers are being destroyed by detained people and replacement has not been 1:1 over previous years leading to a chronic shortage in many areas of the jail. This results in some detained people having limited access to email and other information available on Prison PC. Inability to access Prison PC email in a timely way may result in detained people not being able to stay in contact with loved ones, missing out on information (for example, how to vote in the Federal election this year, as noted above; or contacting professional services). As a result, access to computers has become a form of currency within the centre, with some detained people reporting that using another person's in-cell computer can cost upwards of $5 per use. OICS acknowledges that vandalism and damage to equipment present ongoing challenges for ACTCS in maintaining and replacing computers. However, progressing the implementation of in-cell tablets (discussed in this section below) would go a long way to addressing many of these issues.

Email communication is further impeded by delays and blockages in the quarantine system, with no clear or timely resolution process. The AMC's Executive Support team are primarily responsible for assessing quarantined email attachments. As at April 2025, ACTCS confirmed that staffing shortages within that team had led to a significant backlog of over 2,000 emails awaiting clearance. An AMC Executive Support staff member had been tasked with prioritising clearing this backlog.

Additionally, detained men and women shared with the Review Team that they are not permitted to email each other, even in cases where they are family members or co-parents. Aside from non-contact orders in place, no such restriction should exist. This restriction significantly impedes the ability to maintain familial relationships and manage essential parental responsibilities. Detained men and women reported that they were allowed to write letters to each other in the prison, however the process described of conveying the letter was that it was provided directly to any CO on shift and was reportedly often not reaching intended recipients.

Artificial Intelligence could potentially be used to undertake some of this screening and is discussed further at section 1.3.12.

Finding 57:

Ageing infrastructure and delays in system upgrades are significantly hindering detained peoples' ability to stay connected with their families and friends. Additionally, the cost of phone calls still remains a barrier to maintaining these essential relationships.

Ordinary mail

STANDARD 123

As far as practicable, detained people are able to send and receive as much mail as they wish.

Positive practice: There have been improvements in the delivery of physical mail at the AMC.

Based on concerns we heard during the last review, a HPR22 recommendation was for ACTCS to commission an independent audit of the AMC paper mail system. This recommendation was completed, with the review meeting the recommendation that it assess whether mail services available to detained people were as comparable to community standard, within the constraints of a custodial environment, including timeliness, reliability, and cost. The audit made 14 recommendations aimed at enhancing the consistency and transparency of these systems.

While the Review Team again heard reports from some detained people about delays in the delivery of postal mail, it was encouraging to note improvements in both the timeliness and confidentiality of legal correspondence, including improvements in the delivery of communications from the Sentence Administration Board (SAB) to detained people ahead of their hearings. Members of the SAB shared with the Review Team that most of their mail gets through to detained people within two–three weeks via Australia Post or alternatively they can often get documents to detained people more quickly via the case managers.

Finding 58:

There have been improvements in timely and reliable access for detained people to physical mail.

Visits

STANDARD 126

Detained people receive the maximum opportunity for visits as is operationally viable, and access to visits is afforded on a non-discriminatory basis.

STANDARD 127

Conditions for visits are the least restrictive possible in the circumstances.

STANDARD 128

The visits area is clean, safe and comfortable, meets diverse needs, provides appropriate facilities (including for children of various ages), and is as far as possible pleasant for visits to take place i.e. the visits area should not resemble a prison environment.

STANDARD 129

Visitors are always treated with respect and dignity, and are never subjected to humiliating or degrading treatment.

Visits area prior to recent changes

Visits area with new furniture

Detained person survey	HPR19	HPR22	HPR25
Reported that in-person visits were 'very important' to maintaining relationships with family and friends	91% (n=172)	93% (n=117)	89% (n=96)
Reported that they were not happy with the visits program at the AMC	55% (n=163)	66% (n=115)	64% (n=98)
Reported that the visits area set up is 'not good at all' for family visits**	14% (n=170)	29% (n=118)	33% (n=96)
Reported that AMC staff treat visitors 'not good at all'**	25% (n=169)	31% (n=118)	32% (n=95)
Reported that the visits area set up is 'not good at all' for video visits**	Not asked*	35% (n=117)	33% (n=96)

* *Not available in 2019.*

** *In previous surveys this was described as 'not at all well'.*

Comments from detained people

> *"We need to be allowed to kiss and hold hands during visits. They have left the COVID rules in place and lots of staff play God and use these to give us a hard time during visits."*
>
> *"The squad [security team] is at the visits often and it makes everyone really uncomfortable"*

PILLARS

The AMC visits centre was designed for a jail with 255 detained people but has not been expanded despite AMC regularly accommodating more than 400 detained people. In HPR22, we urgently recommended expansion of the visits area. The government noted this recommendation, suggesting an examination of the need for an expanded visits area will be undertaken as part of broader planning. The Review Team is not aware of any planning to expand the visits centre.

While new furniture was installed in the area in mid-2025, this recommendation remains necessary and unimplemented. Corrections Officers noted the current space is inadequate to safely and securely manage visits. Some visits sessions (particularly on weekends) may have up to 75 visitors making it a very challenging environment to manage particularly given that COs consider visits a high risk for the introduction of contraband. However, some of the weekday visits sessions observed during the onsite period had far fewer visitors. It was observed that staff monitored visits in a respectful manner.

Standard visits are 45 minutes, with visits for people on Enhanced IEP being 90 minutes long. Formerly detained people suggested that regardless of IEP status, the families of all detained people should be able to visit for a minimum of one hour.

Food options at visits include coffee/tea (though it was noted that detained person barista position is not available for all visit sessions) and basic food items. The term 'café' is deliberately not being used here as it would create an inaccurate impression. This is a missed opportunity for a more hospitable and normalised environment for detained people and their families to foster pro-social connection, as well as the chance for detained people to develop skills in hospitality running a café (as occurs in many other prisons). The outdoor area has the remnants of what used to be a play area for young children, however it is not fit for purpose.

The visits booking system continues to be challenging and overly confusing for many detained people and their visitors, particularly those with older relatives or don't speak English as their first language. In mid 2024 ACTCS trialled a new visit booking system, whereby detained people became responsible for booking their visits rather than their visitors booking the visit through AMC Executive Support. However, the trial was unsuccessful with both detained people and their visitors indicating that they were unhappy with the new system. AMC Executive Support have since reverted back to the original booking system which appears to be working acceptably.

Proposed improvements – in-cell tablet technology

ACTCS has been exploring the introduction of in-cell tablets since at least 2023, but progress has been slow, with the project yet to reach the tender stage. Individual tablets offer significant benefits, including more flexible and cost-effective access to audio and video calls, improved opportunities for education and vocational training, and stronger support for rehabilitation and reintegration. They could also streamline internal processes by enabling digital forms for appointments and service requests, improving efficiency across custodial, case management, education, and health services

Several other Australian jurisdictions have implemented or are trialling in-cell tablets including NSW introducing in-cell tablets in a select number of facilities, and Victoria trialling tablets and email access for detained people in some minimum-security facilities. Tasmania and Queensland have also committed to introducing tablets and internet-based services for education and rehabilitation programs. Former detained people who were familiar with the use of tablets in other jurisdictions also noted that the personal accountability that came with having a tablet assigned to a detained person, with the requirement that the detained person had to pay for repairing any damage, was also an important factor in reducing damage.

Recommendation 28:

Within 6 months, ACT Corrective Services increase the capacity for detained people to contact friends and family for free via computers, telephones and/or in-cell tablets.

4.2.2 Parole hearings

In December 2024, the Ombudsman released a review into ACT Corrective Services' implementation of the recommendations from its 2020 report into practices around parole and preparation for release. The review concluded that ACTS had implemented six of the seven outstanding recommendations, with the one remaining recommendation partially implemented.

The Jumbunna Final Report noted reforms are needed to the parole process to increase the likelihood of successful parole applications for Aboriginal and Torres Strait Islander people, improve the compliance with parole requirements and reduce the amount of time spent in prison. Recommendations included:

- Ongoing review by ACTCS and informed by the Sentence Administration Board as to whether Indigenous detained people are receiving the support they need within the AMC to apply for parole.
- The ACT government commit to providing legal assistance for Indigenous applicants for parole.
- A process be established to facilitate the participation of relevant ACCOs in providing support to Indigenous applicants during parole hearings.

With the work of the ACT Ombudsman and Jumbunna Institute in mind, and the jurisdiction of OICS being focussed on the treatment of detained people at the AMC, the Inspector did not undertake a comprehensive review of parole hearings.

However, in discussions with stakeholders it is apparent that detained people remain generally unprepared for their parole hearings. The lack of meaningful opportunities for programs, education and employment is a common issue identified through the SAB process.

Prior to detained people being eligible for parole, suggestions were made to the Review Team by stakeholders including the SAB that detained people should be provided with more opportunities to leave the AMC earlier in their sentence. Day or weekend release for appropriately screened people on minimum security classification would have significant reintegration benefits including connecting with family and support network and develop opportunities for work and education. This would be relevant information for parole consideration and promote reintegration.

4.2.3 Transitional release

STANDARD 138

Prior to completion of their sentence, necessary steps are taken to ensure the detained person's graduated return to life in society. This may be achieved, depending on the case, by a pre-release regime

The Reintegration Unit encompasses case management, reintegration programs, the Justice Housing Program, and the Sentence Administration Unit.

Reintegration case managers work between the AMC and the community and commence work with sentenced detained people from six months prior to their release. Detained people who receive a short sentence of less than six months will be referred directly to reintegration case management. Women's case management sits with the Women's Treatment Team; however the reintegration team offer a drop in clinic once per week for women in WCC.

Reintegration pilot

A new reintegration pilot commenced in July 2024 focusing on people on remand. A case manager based at the court reviews daily court lists to identify individuals likely to be bailed on any given day. The program provides immediate post-release support, including ensuring people are released with proof of identity documentation, access to Centrelink crisis payments and reinstatement of regular payments, mobile phone with credit and data, clothing, accommodation assistance, and essential items like grocery vouchers and bus tickets. Support can continue for up to a year post-release, offering a more holistic and responsive reintegration pathway. OICS understands that this program is not specifically funded, rather the Reintegration Unit have incorporated this work as part of business as usual and are prepared to absorb the cost in the absence of additional funding due to the obvious need for such supports for people on remand. As discussed at section 4.1.1, while this is a welcome initiative, it is taking resources away from an already overstretched case management team at the AMC.

Support for women on release

During the review period, ACTCS in partnership with Women's Justice Network (WJN) initiated a pre-release/post-custody mentoring pilot for women at the AMC, offering outreach and individualised support. Feedback from the one woman who was accessing the program at the time of our on-site visit shared that WJN has provided more consistent and meaningful support than internal reintegration offerings, and highlighted the value of community-based, gender-responsive approaches to women's reintegration. However, despite the support provided, lack of employment opportunities remained a significant barrier to this woman's reintegration and preparation for her release.

Support for Aboriginal and/or Torres Strait Detained People on release

Yeddung Mura has been delivering programs including mentoring, Yarning Circles, and chaplaincy services for Aboriginal and Torres Strait Islander detained people at the AMC for 13 years. Yeddung Mura, is also a 'Throughcare' provider, including engagement with their program can be a court ordered condition of parole. Strengthening referral pathways and improving communication around release dates would enhance their ability to deliver timely post-release support. A more efficient process for approval of programs by the Programs and Services Committee would be welcomed. It was also noted that scheduling of Yeddung Mura programs often conflicts with ACTCS programs, limiting participation by detained people who are required to choose between competing programs.

During this review, OICS spoke to the Incarcerated Services team at Services Australia, which seeks to assist detained people in accessing Australian Government payments and services pre-release. It advised the ACT is now virtually the last jurisdiction not to provide a free call to their team for detained people.

Transitional Release Centre and Program

Comments from detained people

> *"AMC has been better than I expected, and the opportunity to be a participant at TRC is also really good. If we were actually managed on a case by case basis at the transitional centre, I believe our experiences with transitioning back into society would be much better, and we would be more successful with our goals for release."*
>
> *"The option of engaging with TRC prior to parole is a critical aspect of an inmate's ability to reintegrate back into society, particularly for those that can identify with an component of institutionalisation due to their incarceration period.*
>
> *While I appreciate that there are certain factors that need to be considered I think the emphasis on eligibility should be assessed on a needs basis and this would obviously include inmates who are or have been problematic during their incarceration period. Although challenging this is what the program should ideally be targeting to assist the inmate upon re integration and reduce potential for recidivist behaviour. TRC should not be a reward it should be a need. Programs such as these are subject to review and often there is a need to satisfy KPI's for attendance and success rates which can lead to 'easier maintenance' inmates dominating the cohort of selection to satisfy these KPI's. The success of TRC should be viewed more openly as a program that targets institutionalised, potentially problematic prisoners and provides them with the opportunity and motivation to finally start to get their act together as they progress to living in society.*
>
> *It is very difficult to 'switch off' the prisoner persona required to survive in here at the drop of the hat and sometime behaviours seen as not supportive of a TRC option is due more to the environment than the desire and a change such as TRC may provide just the impetuous needed to see that change prior to being released into the community."*
>
> *"I have received so much more support from [person's name] at the Women's Justice Network than I have from TRP."*

Transitional Release at the AMC seeks to support sentence people reintegrate into the community prior to their release date through facilitating access to community-based activities and employment. For men, this is primarily facilitated through placement in the Transitional Release Centre (TRC), a cottage outside the AMC perimeter fence. The TRC's design capacity in 20 beds, however due to one pod being repurposed into staff offices, the current maximum occupancy is 15 detained people.

Detained women are not eligible for placement in the TRC. Eligible sentenced women can apply for the Transitional Release Program (TRP), which participants engage with from their regular accommodation within AMC.

To be eligible for TRC and TRP, the applicant must have completed relevant criminogenic programs, and have no outstanding charges.

Since HPR22, the Transitional Release Assessment Panel (TRAP) has been introduced. This assesses the suitability of TRC and TRP applicants, and makes recommendations to the Assistant Commissioner Custodial Operations. This collaborative process supports consistent and transparent decision-making for transitional release and is a positive initiative.

HPR22 highlighted underutilisation of the TRC and TRP and recommended public quarterly reporting of occupancy, which was rejected by government. The average daily population of TRC for 2023–24 year was 10 (on average, 8 non-Indigenous and 2 Aboriginal and Torres Strait Islander people). In 2024–25 this increased to 12 (on average 11 non-indigenous and 1 Aboriginal and Torres Strait Islander person).

The total number of detained people that were accessing leave for the 2024 calendar year as part of the TRP was 21. Of these 21 detained people, two identified as Aboriginal, 20 identified as men, and one identified as a woman. These 21 detained people accessed leave 339 times during the 2024 calendar year. This excludes leave for work crews.

We heard from both detained people and staff that securing meaningful work opportunities for individuals in the TRP and TRC remains a challenge. During the onsite period in April 2025, we understand that only two of the possible 15 detained people at TRC had secure employment outside the AMC. It appears there are several contributing factors to this, including:

- The dedicated employment specialist staff role is not filled and therefore ACTCS staff support is sub-optimal and puts greater burden on detained people and their case managers to locate employment opportunities.
- Many employment roles do not meet TRCs suitability criteria (for example, we heard that roles that require movement between job sites, common in trade roles, are often not supported; and hospitality work is largely unavailable due to restrictions on detained people accessing licensed premises).
- An onus is placed on employers to meet certain requirements which make engaging a TRP participant potentially burdensome (for example, the requirement for multiple sponsors at a workplace, each required to undergo police checks).
- Detained people and other stakeholders raised concerns that the inability for TRP participants to use the phone and internet makes applying for jobs difficult and dependent on additional support.

While community service work crews have occurred, they offer limited skill development and do not create strong pathways to employment after release.

Some TRC participants shared with the Review Team that instead of promoting independence, they must rely on staff for basic reintegration tasks such as managing finances, securing housing, accessing education, and arranging employment.

Restrictive rules around approvals for weekend leave create frustrations and mistrust rather than strengths-based engagement with the program.

Detained people in the program feel this reliance perpetuates the helplessness experienced by people while in prison and extends it into the community, leaving detained people ill-equipped to navigate life after release. This runs counter to the intent of a transitional release program, which should be empowering detained people to do thing themselves, to build their own pro-social connections and reintegration supports for release.

Comment from detained person

> *"[To help better prepare me for return to the community the AMC could offer] more work and programs that can actually be used in the community as well and TRC program overhauled as detainees like myself who are institutionalised and in and out our whole lives don't get the opportunity to do TRC program…I've done over 12 years in here now I still have over 3 yrs till parle [sic] I need to be out their [sic] to get my shit together so I can reintegrate properly and have a chance of actually doing well."*

Confusion over rules in TRC

Detained people and their families also reported confusion over what activities are permitted for detained people residing in TRC, further compounding the challenges in meaningful participation in transitional release.

For example, detained people have been charged with disciplinary offences arising from family using the internet to assist them seek employment. It was unclear to the Review Team what jurisdiction ACTCS has to regulate the use of the internet by detained people's family living in the community. Detained people and their families reported that a punitive response to these efforts undermined the transitional release process and failed to adequately consider how the present restrictions and lack of dedicated ACTCS employment support require detained people to rely on external help.

The 'rules' for residing at TRC are set out in a document titled 'Transitional Release Program Rules', which detained people are required to sign. At least one detained person has been subjected to disciplinary charges arising from an alleged breach of these rules, in that he brought a prohibited item into TRC. However, it was unclear if the detained person was ever shown the list of prohibited items attached to the program rules, and made no effort to conceal the alleged contraband (being physical money). The Review Team understands that ultimately these disciplinary charges were dismissed, although in the period between charge and dismissal, the detained person's participation in transitional release was cancelled and they returned to the secure area of the AMC.

The Review Team considers it imperative that detained people are provided procedural fairness while at TRC, and that relevant rules (and alleged breaches of them) be evidence-based, clearly explained to detained people in advance and consistent with the overall intention of transitional release.

Access to physical activity and exercise

The TRC was not designed with exercise equipment or facilities, and due to movement restrictions and operational limitations, detained people accommodated at TRC cannot access community gyms or recreational activities outside work hours. Detained people told the Review Team that early evening lock-ins mean even if on-site facilities were available, they couldn't use them during the week. Physical activity is essential for health and wellbeing, and a solution is needed, for example, by extending unlock hours and installing exercise equipment on-site, or by revising policies to allow access to community gyms.

Women in TRP

Many women at AMC are on remand or receive 'time served' at sentencing. Consequently, few women are eligible for TRP. During the review period there was just one woman eligible and engaged with the TRP.

The inability for women to access accommodation outside the perimeter fence imposes additional barriers to participating in approved TRP leave, including more frequent body scanning / strip searching on return to the AMC. It also increases the risk of standover by other detained women to bring contraband into the prison.

Finding 59:

The Transitional Release Program at the Alexander Maconochie Centre represent a critical mechanism for meaningful reintegration and preparation for release. However, it is not achieving its potential in terms of the number of people it is reaching, and persistent barriers and low risk tolerance are limiting outcomes for those found suitable for the program particularly in accessing employment.

Finding 60:

Women face structural discrimination through inability to access transitional release accommodation outside the jail.

Recommendation 29:

Within 6 months, ACT Corrective Services remove unnecessary barriers to reintegration for detained people assessed as eligible for the Transitional Release Program and identify strategies to better identify and support employment pathways.

Access to housing on release

The Review Team notes anecdotal reports from detained people and service providers which indicate that the shortage of affordable housing across the community is acutely felt by detained people leaving custody, despite the Justice Housing Program. For example, we heard multiple reports of detained people falling into homelessness after a few nights in short term accommodation. This is a significant barrier to successful reintegration and reducing recidivism, but is beyond the scope of this review to examine in detail.

Working with vulnerable people checks

The WWVP scheme has the important aim of protect vulnerable people in the ACT by requiring background checks. Those who have been convicted of a disqualifying offence are automatically excluded from the scheme.[145]

During this review, several stakeholders raised concerns that people exiting custody who had applied for Working with Vulnerable People registration were facing significant delays in processing times. The Review Team is aware of former detained people waiting many months, and in one case a detained person waiting over 18 months for an application that is still pending. A person can engage in a regulated activity or service while an application is pending if they are supervised by a person holding a general WWVP registration.[146] However, this may still limit formerly detained people from taking up job opportunities. Furthermore, the formerly detained person cannot lodge an appeal until a decision is made. Hence they are in limbo for a crucial period where finding employment is a key success factor that enhances ability to desist from crime.

To prepare for reintegration and job-readiness it would be advantageous for detained people to have the opportunity to apply for registration while still detained where it might be a pre-condition for sought after employment. The National Network of Incarcerated and Formerly Incarcerated Women and Girls (The Network) has found formerly detained women across Australia 'face immense barriers' to obtaining registration to work with children, even when their charges have nothing to do with children.

> Many who apply have convictions that stem from surviving poverty, violence, homelessness or substance use. These are routinely read by the system not as evidence of structural harm or survival, but as fixed indicators of unsuitability. Criminalised women — especially Aboriginal and Torres Strait Islander women — already face steep hurdles when applying for a clearance after prison.

The Network suggests this can have a particularly devastating effect for women, who are then prevented from working in childcare, disability support, aged care, health, education and community service – "sectors where their lived experience is not only valuable but also often essential".

Concurrent sentences in ACT/NSW

The Review Team have, over several years, been aware of cases where detained people complete an ACT sentence only to be arrested immediately on release from the AMC or ACT Courts and extradited to NSW on outstanding charges. Having outstanding charges pending whilst serving time in the ACT is not conductive to rehabilitation, and should be addressed.

This was also noted in the Jumbunna Final Report which stated that '...the solution requires cooperation between ACT and NSW authorities'.

145 *Working with Vulnerable People (Background Checking) Act 2011* s 17.
146 *Working with Vulnerable People (Background Checking) Act 2011* s 15.

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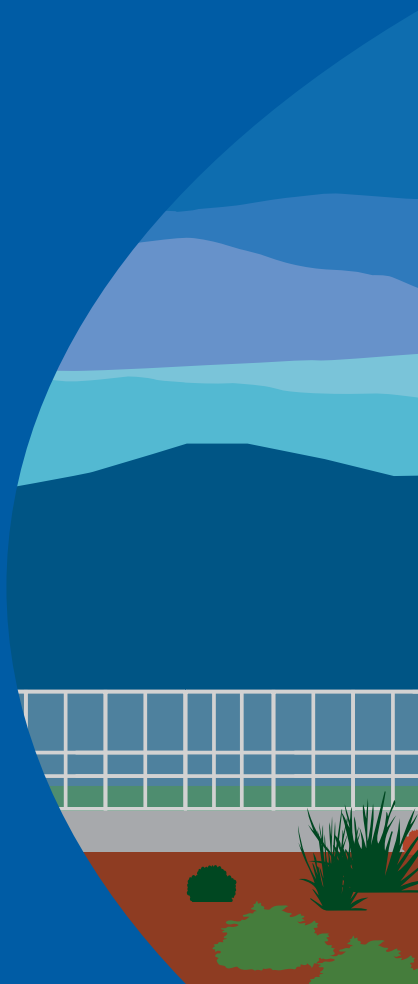


OVERALL CONCLUSION – the prevailing need for a structured day

Overall Conclusion – the prevailing need for a structured day

Throughout this report, we have identified areas of positive practice, but also where improvements could be made. If our recommendations for change could be summarised into one recommendation, it would be that detained people are not offered (or compelled) to fill their days with productive, meaningful, rehabilitative activity.

Detained people, staff and the Jumbunna Final Report shared similar sentiments:

Comments from detained people

> *"If this place was truly a human rights prison, there would be more change when it comes to addressing the underlying issues that everyone raises, not only for the inmates, but for the correctives staff so we could all feel better cared for as a whole. The issues with AMC never seem to go away, they only seem to get worse, or swept under the rug, not a proud pin in the chest of the ACT government. Actually listen to the requests of the inmates and staff so we can make a real change here and stop allowing this to continue to be a bigger and bigger disgrace of a facility."*
>
> *"More programs relating to my offending more courses that give qualifications for release TRC program should be used for people that actually need it to get them on the right track and in routine to help them stay out.*
>
> *"The shortcomings of the AMC reinforce the detainees' underlying view that not only is the gaol inefficient, poorly organised and DEEPLY inconsistent (witness the withdrawal of privileges/purchases available now)... but any claim that there is an emphasis on detainees' rehabilitation and disadvantage is only rhetoric. We are being housed, and punished, first and foremost. Ranking officers have little emotional investment on whether we have stimulation, activity, incentives and variety as we are sentenced and serve our lengthy terms. Yet that lack of attention had a contributing role to the fires, riots and general disorderly attitudes which received such negative attention (and required costly repairs).*
>
> *"I could use driving instruction. I could use more relevant work tickets. Fitness Cert III or IV, Traffic Control, Concreting, Fencing, Floristry, Interior design, all of these barely scratch the surface of what could be on offer. I could benefit from relationships and parenting classes. I need more employable skills. I could benefit from a support network so I don't feel isolated and unwelcome by the community. I would benefit from money of my prison earnings being put aside in a trust fund for release."*

> *"Offer actual daily course/programs – not so called rehab but actual things, more Building, barista, cooking, Tafe type stuff – English, poetry, philosophy discussion groups etc etc."*
>
> *"Provide more meaningful courses and certificates, create industry at AMC."*
>
> *"We need more structure and stability stable sentence detainees quite often are been uprooted losing stuff we work hard for. All because of operations or management issues... Also you can throw everything you want at us to help us rehabilitate but if this does not continue out in the community like housing, work & Programs. Then it's a waste of effort in the first place. we need more support out their [sic] then in jail. And we just don't have that."*

Comments from staff

> *"Making meaningful industries and workshops that imitate the workforce outside should be a number one priority. This can give trade certificates and other really important qualifications that could assist heavily in finding employment for a lot of the Detainees when they get out."*
>
> *"I strongly would like upper and middle management to change, introducing people that will make positive changes for all staff and detainees. Simple things like gainful skills and accredited training to motivate detainees rather than leaving them locked up in accommodation units."*

Jumbunna Final Report

Many detainees and ex-detainees we spoke with reflected the long recognition of boredom and the lack of a structured day in the AMC. The effects of boredom are multifaceted, potentially increasing the likelihood of conflict among detainees and with staff, negatively impacting on self-worth and motivation, increased drug use and diminishing the likelihood of rehabilitation and preparedness for release.

These comments reflect that the necessary changes at AMC aren't about solely focussing on incentives, or more programs, or additional education, or an industries building, or greater employment or more opportunities for transitional release. It is about all these things. It is about a sustainable, embedded, properly funded set of permanent initiatives.

Formerly detained person's reflections of experiences in AMC and NSW jails

Experiences interstate

- Working five days a week in various positions in the jail whether it was packing headsets for Qantas or chopping them into pieces in the back dock and smashing them with a hammer.
- Working in the kitchen making hundreds of sandwiches for everyone on their lunch break .
- Mowing lawns weeding gardens and planting flowers to keep the grounds looking beautiful so we had something nice to look at.
- Or working in the commercial nursery planting seeds and watching the seedlings grow.
- Education was great it was five days a week with the option for alternative education on Wednesday when the meditation teacher came out to the jail.
- Access to the library five days a week if you chose education.
- It didn't matter what you did. You got some satisfaction from it. You saw results for the work you did and you got paid for it so you had money for buy up.
- You're up by seven, bed made, and at your door for muster.

In comparison, she reflected on her time at the AMC (noting she was incarcerated interstate before COVID-19 and in the ACT after COVID-19):

- With almost no programs and no education provider no real structure to the way anything happens and very few jobs. It really feels like the women are shoved in a corner in AMC and forgotten about.
- We do have the activities, staff who come down and run some fitness activities and some healthy cooking classes which is always a nice break in a somewhat boring week. Good food is good for the soul.
- When it comes to jobs, when we were in SCC [a different unit in the jail that women were accomodated in] we had the bakery from memory I think it was seven days a week but that was quickly reduced to 2 days and the other five given to the boys.
- There are yard jobs available wiping down the desks in the office station or wiping the tables in the Community Centre that's almost never used and of course you could take the bins out once a week or work with the hairdresser also once a week.
- You never earned much money in jail, doesn't matter what jail you're in, but at least in New South Wales women have the ability to earn enough to support themselves. In the ACT with weekly pay for a woman being $35 [see section 3.3 for current AMC wages] it's barely enough to get shampoo and conditioner let alone anything else you might need.
- There is a very good reason I always say that doing jail New South Wales was better than doing jail in the ACT. In New South Wales 90% of my time was occupied whether it was working Monday to Friday or education Monday to Friday either way you were occupied and you didn't have a choice.

For first time in custody, it should be an opportunity to stay out when they get out. For those that have been cycling in and out of custody, coming to AMC must be the opportunity to break the cycle.

Put simply, the AMC must develop a daily framework that provides purposeful activity and preparation for release activities that keep detained people busy for at least eight hours a day, with short breaks to engage with recreation, contacting the outside world and leisure. Evidence for this change would be detained people feeling safer, staff feeling more secure and less detained people milling around accommodation units through the day. A spotlight topic of this review was the use of ATOD at the AMC. Our findings are consistent with those of the Jumbunna Final Report that a structured day is critical to reduce drug seeking behaviour:

> While attempts to control the supply of drugs into the AMC should be maintained, we recommend urgent attention by the ACTCS to focus on the demand side of drug use through improvements to programs, training, education and a structured day to alleviate the boredom in the AMC and to provide for daily routines and meaningful activities, including work.

The overarching benefit of a structured day would be the AMC achieving the objectives and goals the government has set for it, including reductions in recidivism and the over-representation of Aboriginal and Torres Strait Islander peoples.

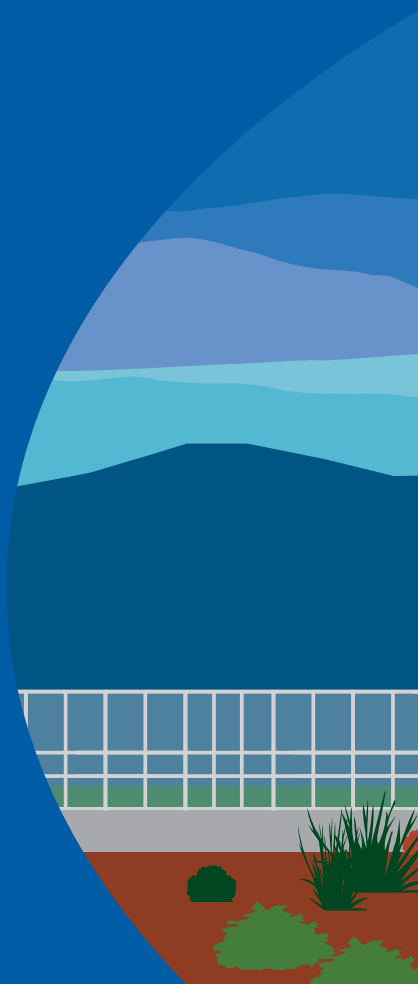
This has been a common recommendation made to ACTCS since the AMC opened, yet the lack of a structured day remains. The reasons for this are complex, and include that the Centre opened with an over-emphasis on education (which is not currently being delivered) and with ACT Treasury grossly underestimating the bed numbers required.

For change to be achieved, support is needed not just from ACTCS, other oversight bodies and the non-government sector, but also the Chief Minister, Treasury and Economic Development Directorate, other ministers and ultimately the broader community demanding that the ACT Government do better. Prisons operate in challenging environments, but the need to engage detained people in meaningful and purposeful activity is universal and non-negotiable. It is something many other prisons simply do better than the AMC.

We again repeat a recommendation made in several previous reviews. We are hopeful on this occasion there is an appetite across government for change because if the government itself is not capable of that, how can we ask it of detained people?

Recommendation 30:

Within 18 months, the ACT Government fund and ACT Corrective Services implement a structured day with purposeful activity in the Alexander Maconochie Centre, as an overarching strategy to promote rehabilitation, reduce reoffending, improve the motivation and wellbeing of detained people, and reduce demand for illicit drugs.



Appendices

Appendix 1: Status of HPR22 and related coronial recommendations

Report		Recommendation	Govt Response	OICS considers implemented?
HPR2022	1	That ACT Corrective Services re-design the use of the admissions area to ensure intake interviews with detainees can be done in privacy, and detainees are not able to observe officers' computer screens in the officer area.	Agreed in Principle	No. No change has been made to the relevant aspect of the admissions area.
HPR2022	2	That drawing on experts in disability, ACT Corrective Services introduce a suite of induction materials that meet the needs of detainees with disability (e.g. an induction video, Easy Read induction packs) and are relatable for the diverse detainee population.	Agreed	Partial – not until detainee handbook reviewed and updated. This position has been affirmed by a 2025 draft JACS internal audit of implementation of recommendations which also concluded that the recommendation had not been fully addressed
HPR2022	3	That ACT Corrective Services engage an independent Aboriginal and Torres Strait Islander expert(s) to review the security rating system to ensure that it is free of any cultural bias that could result in Aboriginal and Torres Strait Islander detainees being over-classified.	Noted	Partial – OICS agrees that ACTCS have undertaken significant work in response to this recommendation, however this work does not fully implement the recommendation because the review was not conducted by an independent expert.
HPR2022	4	That ACT Corrective Services define what a 'cohort' is at the Alexander Maconochie Centre and develop a strategy to reduce the number of cohorts based on minimising rather than avoiding every possible risk, so that more detainees can mix (for programs, visits, recreation, etc.)	Not Agreed	N/a – The issues contemplated by this recommendation have been altered by the strict separation of remand and sentenced detained people, introduced since HPR22.
HPR2022	5	That ACT Corrective Services amend relevant policies and procedures to ensure there is a caution on the use of prone position restraint and other high-risk positions, and that Use of Force training adequately reflects this.	Agreed in Principle	Yes – new policies and procedures note the risks inherent in restraining a person in a prone position

Report		Recommendation	Govt Response	OICS considers implemented?
HPR2022	6	That ACT Corrective Services develop and notify a body scanner procedure which makes clear that detainees detected carrying an object are given every opportunity to surrender the object before a strip search is conducted.	Agreed	Yes – the Operating Procedure requires prior to conducting an x-ray body scanner search, the officer operating the scanner must make the following declaration: "I am now going to conduct an x-ray body scanner search on you. Before I commence, is there any item on or in your person that you shouldn't have?"
HPR2022	7	That ACT Corrective Services consult with key stakeholders to develop a strategy to prevent, track and respond to incidents of sexual coercion and violence in the Alexander Maconochie Centre.	Agreed in Principle	Yes – ACTCS has published a Sexual Coercion and Sexual Violence Strategy
HPR2022	8	That the Blueprint for Change Oversight Committee or relevant part of the Justice and Community Safety Directorate consult with the Office of the Inspector of Correctional Services about the nature (and funding) of monitoring of the Committee's recommendations.	Noted	n/a – The blueprint process has been completed.
HPR2022	9	That a dialogue be initiated between detainee representatives and senior operational staff, facilitated by an appropriately independent individual, to identify factors contributing to a decline in detainee–staff relationships and opportunities for improving it.	Noted	Partial – During this review, both staff and detained people cited examples of staff and detained people treating each other with respect and dignity. The Five Minute Intervention training is also a positive development.
HPR2022	10	That ACT Corrective Services increase the weekly detainee self-catering allowance to align at least with calculations derived from the Reserve Bank of Australia inflation calculator for the period of 2010 to 2020 and ensure that the allowance is adjusted annually in accordance with the Consumer Price Index.	Agreed	Partial – ACTCS increased the allowance incrementally to $70 by 2023, exceeding inflation-adjusted estimates. However, no annual reviews occurred in 2024 or 2025.

Report		Recommendation	Govt Response	OICS considers implemented?
HPR2022	11	That ACT Corrective Services create a senior level Aboriginal identified head office position to lead and drive policy and operational approaches to reduce the disadvantages of Aboriginal and Torres Strait Islander detainees, and potentially, those people under community-based orders. This position should report directly to the ACT Corrective Services Commissioner.	Agreed in Principle	No – While OICS agrees that the new Senior Director of Cultural Services role is important for improving the experiences of Aboriginal and Torres Strait Islander detained people, a SOG A position is not sufficiently senior to meet the intent of the recommendation. This is reflected in the findings of the final report of the Jumbunna Institution's Independent Review into the Over-Representation of First Nations People in the ACT Criminal Justice System which recommended that the ACT Government establish an Assistant Commissioner (Aboriginal and Torres Strait Islander) for Correctional Services.
HPR2022	12	That ACT Corrective Services urgently expand women's accommodation within the Women's Community Centre precinct in order to provide more flexibility in accommodating the different cohorts of women (e.g. women on protection, segregation, separate confinement orders).	Noted	No – Although initial stages of AMC master planning have commenced, the absence of a clear timeline or financial investment means that meaningful improvements to women's accommodation remain uncertain. OICS is of the view that the recommendation from HPR22 remains relevant and that addressing this recommendation is critical to ensuring a humane and effective custodial environment for women.
HPR2022	13	That condoms, water-based lubricants and dental dams be made freely available in the units so detainees can access them without having to make a request to staff.	Agreed in Principle	No – it remains an issue of concern that these items can only be received on request (other than in the health building).

Report		Recommendation	Govt Response	OICS considers implemented?
HPR2022	14	That plans to refurbish and expand the Hume Health Centre that were suspended due to COVID-19 be resumed, or a new feasibility assessment for Health Centre expansion and refurbishment be conducted. In the interim, Justice Health (in consultation with ACT Corrective Services) must review the functionality of the Hume Health Centre as a matter of priority to determine if there is any way of improving patient access and capability in the short term. The use of the satellite clinics should also be reviewed to see if there is any way their use could be increased.	Agreed	No – The HHC does not have sufficient current capacity for the JHS and Winnunga to provide services to the detained population. Satellite clinics within the Centre are used to maximise health service delivery however, this is still not sufficient.
HPR2022	15	That Justice Health ensure that when detainees self-refer to Justice Health during medication rounds, it is done in a manner that protects their privacy.	Agreed	Yes – there have been improvements in self-referral practices.
HPR2022	16	That relevant policies and practices are changed to ensure that non-smokers are never compelled to share a cell with a smoker. This should not await the planned smoking ban at the Alexander Maconochie Centre.	Noted	N/a – the AMC is now smoke free.
HPR2022	17	That Justice Health expand the use of telehealth for a greater range of specialist service consultations.	Agreed	No – During this review, health staff reported appointments are provided either in person or via telehealth/virtual care, however the use of telehealth/virtual care is dependent on the agreement to its use by the specialty service. Telehealth/virtual care is currently used for endocrinology, some allied health and diabetic educator appointments.
HPR2022	18	That the ACT Government engage an independent third party to convene and chair an urgent senior level working group between Justice Health, Winnunga and ACT Corrective Services to address the working relationships between the three entities in relation to the provision of culturally appropriate health care in the Alexander Maconochie Centre.	Agreed in Principle	Partial – the relationship between Winnunga and JHS has improved. Nonetheless, this review identifies further improvements could be made, noting that the recommendation from HPR22 has not been implemented.

Report		Recommendation	Govt Response	OICS considers implemented?
HPR2022	19	That ACT Corrective Services and Justice Health commission an independent joint review of the Crisis Support Unit (CSU) that addresses the purpose of the CSU; placement/admission criteria and the process for approval and review of placement and removal from the CSU; resource requirements (i.e. psychological and custodial staffing); custodial officer training requirements; and clinical/therapeutic interventions provided to detainees placed in the unit.	Agreed in Principle	Partial – ACTCS advised OICS an internal review has been undertaken. OICS was consulted as a stakeholder in this review but has not seen the results.
HPR2022	20	That Justice Health review as a priority the way detainee medication is transported around the Alexander Maconochie Centre to provide a more secure method of transport.	Agreed	Partial
HPR2022	21	That ACTCS, as a priority, devise and implement a strategy to remove barriers for meaningful participation in distance tertiary education, with timeframes for implementation. The strategy should also include immediate or interim steps that are to be taken so detainees enrolled in education currently can access course requirements.	Agreed in Principle	No – ACTCS agreed in principle to this recommendation, noting it had recruited a full time Senior Education Officer to support Distance Education students and was working to introduce stand-alone computers that have the capacity to hold specific educational or course related software required for detainees to complete required units. Nonetheless, we find that this recommendation has not been properly implemented.
HPR2022	22	That ACT Corrective Services increase the staffing profile of Activities to include two additional full-time dedicated Activities Officer positions and increase the hours of operation to be in line with other areas of the Alexander Maconochie Centre (e.g. 12-hour shifts, seven days per week).	Agreed	Yes – with the Activities staffing profile now comprising eight dedicated Custodial Officers working 12-hour shifts, seven days a week.

Report		Recommendation	Govt Response	OICS considers implemented?
HPR2022	23	That ACT Corrective Services fund the expansion of the contracted health and recreation provider hours of operation to allow for programs and activities to be scheduled on weekends and afternoons.	Noted	No – That contract was not renewed and no alternate providers have been engaged
HPR2022	24	That ACT Corrective Services commit to and fund a multi-purpose industries building. This follows from a recommendation made in the Alexander Maconochie Centre Healthy Prison Review 2019 (Recommendation 65) to explore the feasibility and cost of providing a modest multi-purpose industries building, that was accepted by the ACT Government but not implemented.	Noted	No – not implemented.
HPR2022	25	That ACT Corrective Services work with the Specialist Communities Team to refine a recruitment and retention strategy for that team, and fund reasonable costs associated with efforts to reach full team capacity.	Noted	Partial – the Specialist Communities and Specialist Interventions Teams have been amalgamated and are now called the Supports and Interventions Unit (SIU). ACTCS advised this was to allow an increased breadth of service provision across the AMC, providing multidisciplinary support and therapeutic interventions to detainees with disability, complex care and mental health related needs. Nonetheless, this review identifies improvements for this team
HPR2022	26	That if ACT Corrective Services cannot negotiate a cheaper cost-per-call rate with a telephone provider, the cost of calls is subsidised to a level broadly commensurate with the cost of landline calls in the community.	Agreed	No – detained people continue to face major barriers to accessible and affordable phone calls, highlighting the need for further reforms to ensure equitable contact with the outside world.

Report		Recommendation	Govt Response	OICS considers implemented?
HPR2022	27	That an independent audit of the Alexander Maconochie Centre's paper mail system is conducted to determine if mail services for detainees (e.g. timeliness, reliability, costs) are as close as equivalent to those in the community as possible for a custodial environment.	Agreed in Principle	Yes – ACTCS commissioned an independent audit of the AMC paper mail system to assess whether mail services available to detained people, including timeliness, reliability, and cost are as comparable as possible to community standard, within the constraints of a custodial environment
HPR2022	28	That, as a matter of urgency, the ACT Government commit to increasing the size of the Alexander Maconochie Centre visits area to cater for realistic numbers of mainstream, protection and women detainees.	Noted	No – Unfortunately, while new furniture was installed in the area in mid-2025, this recommendation remains necessary and unimplemented
HPR2022	29	That ACT Corrective Services report publicly on a quarterly basis on the current occupancy of the Transitional Release Centre and Transitional Release Program against capacity, starting January 2023.	Not Agreed	Partial – TRC average daily population is available on the ACTCS' new population app, a self-service data capability developed by the ACTCS Strategic Data and Reporting (SDR) team
Coronial Inquest 12/7/2008 DIC in CTU	2	Greater information sharing between justice agencies regarding 'at risk' prisoners including protocols and procedures ACTP informing Custodial Officers a prisoner's sustained threats of suicide while in ACTP custody.	Agreed	N/a – The issues that gave rise to this recommendation have changed in the intervening period, but in March 2025, ACTCS published its suicide prevention framework. The Inspector welcomes the fulfilment of this recommendation.
Coronial Inquest 27/5/2016 DIC AMC Overdose	1	ACT Government review the then existing practices and to remove inconsistencies in policies and procedures relied upon by correctional services officers so as to ensure prisoner safety and welfare checks through musters and headcounts which require eye contact and facial recognition to be complied with. The extent of compliance with those procedures, given their purpose is to ensure the safety and well-being of a detainee, should be evaluated and tested periodically to ensure they are effective and practical and minimise complacency through their routine application.	Agreed	Partial – ACTCS have undertaken changes to policies and procedures for observations, however it remains unclear if the organizational culture change regarding observations sought by the Inspector's previous critical incident recommendations, and those made by the Coroner and Integrity Commission, have become embedded.

Report		Recommendation	Govt Response	OICS considers implemented?
Coronial Inquest 27/5/2016 DIC AMC Overdose	2	The ACT Government consider the viability or effectiveness that a daily structured compulsory physical education and training session might have on a prisoner focusing on the prisoner's well-being and rehabilitation coupled with drug rehabilitation counselling. Any consideration of such a course would need, I acknowledge, to be factored into current alcohol and drug support programs within the AMC and the various sentencing periods for detainees.	Agreed-in-principle	No – the AMC still has not implemented a comprehensive structured day for detained people.
Coronial Inquest 27/5/2016 DIC AMC Overdose	3	The ACT Government should ensure that minimising the infiltration of illicit substances into custodial facilities remains at the forefront of screening technology.	Agreed	No – OICS considers the government could take further measures to prevent the supply and demand of illicit drugs at the AMC.
Coronial Inquest 27/5/2016 DIC AMC Overdose	4	ACT Health should consider obtaining either by consent from a prisoner or through reliance on legislation, a prisoner's medical records and all relevant reports from alcohol and drug perspective created prior to incarceration for incorporating into a detainee electronic medical file for the purposes of an AMC induction or prior to any assessment for access to pharmacotherapy treatment. Further, for detainees who are placed onto pharmacotherapy programs, such as the MMP, that in the interest of the health and safety of the detainee and his or her wellbeing, information of this type should be shared with ACT Corrective Services conducting prisoner headcounts and musters for the very purpose of determining a detainee's location, safety and well-being. Equally, any independent urinalysis results undertaken by ACTCS should be placed on the detainee's medical record to enable medical staff to have a complete picture of the detainee's use of illicit substances compared to those substances, if any, prescribed through the Hume Medical Centre.	Agreed	Yes – the Inspector understands these recommendations have been implemented although this area was not a focus of this review.

Report		Recommendation	Govt Response	OICS considers implemented?
Coronial Inquest 27/5/2016 DIC AMC Overdose	5	The ACT SOP's should be reviewed and the focus should be on prescribing individualised treatment setting out the parameters for commencement doses of Methadone for instance be anywhere from 5 to 20mg with the ability to increase daily on medical review only.	Agreed-in-principle	N/a – The issues that gave rise to this recommendation have changed in the intervening period (e.g. the prescribing of methadone at the AMC is now less common)
Coronial Inquest 27/5/2016 DIC AMC Overdose	6	The SOP should be reviewed to ensure that those who have only recently commenced on the Methadone program not be allowed to self-prescribe increases for a set period of time to ensure they are in a physiological sense, capable of accommodating the increased amount of Methadone. Further and in the alternative, the ACT Government should consider whether not it is even appropriate to allow such increases to occur for a Schedule 8 drug	Agreed-in-principle	N/a – The issues that gave rise to this recommendation have changed in the intervening period (e.g. the prescribing of methadone at the AMC is now less common)
Coronial Inquest 27/5/2016 DIC AMC Overdose	7	ACT Justice Health Services to consider whether or not adopting the National Guidelines to replace the ACTOMTG and incorporating random urinalysis or blood tests where there is no objective medical history of opioid dependence prior to placement on to the MMP	Agreed	Unknown – not a focus of this review.
Coronial Inquest 1/2/2022 DIC AMC Hanging	1	I recommend that ACTCS publish guidance to staff, pursuant to s 14 of the Corrections Management Act 2007 (ACT), that addresses, in light of the findings of this inquest: a) the purposes of detainee observations; b) how observations are to be recorded; c) the role that CCTV is to play in the observation process; and d) what is to be done when cameras are intentionally covered by detainees. b) Dangers represented by Rear Cell doors of the Management Unit.	Agreed	Yes

Report		Recommendation	Govt Response	OICS considers implemented?
Coronial Inquest 1/2/2022 DIC AMC Hanging	2	I recommend that: a) external consultants be engaged to assess the safety of the rear doors in the Management Unit in light of the evidence in this inquest; and b) the outcome of that review be published.	Agreed	No – ACTCS advised during this review that the external review was undertaken in late April 2025. ACTCS has not yet received the report from the consultant.
Coronial Inquest 1/2/2022 DIC AMC Hanging	3	I recommend that: a) a Suicide Prevention Framework for ACTCS be developed as a priority; b) it gives expression to the need for suicide prevention to be accepted as shared responsibility at the AMC; c) the terms of the Victorian Framework be considered in that process; and d) an attempt be made as to assess the efficacy of the introduction of the Framework in the Victorian Prison system and reflect those learnings in the process of developing the framework document to apply at the AMC.	Agreed	Yes – In March 2025, ACTCS published its suicide prevention framework. The Inspector welcomes the fulfilment of this recommendation.

Appendix 2: Testing of staff in other jurisdictions for alcohol and other drugs

The following is based on publicly available policy, procedures and guidelines:

In **NSW**, senior management may direct a member of staff to whom they supervise to undergo an alcohol test. Further, NSW policy provides for random testing in the form of all members of staff presenting for duty on a particular day being required to provide an alcohol breath test. In relation to drug testing, an Assistant Commissioner may authorise drug testing in any Corrective Services NSW workplace on any member of staff where there is a suspicion of the use of a prohibited drug. Members of staff may also be randomly selected for urine testing for drugs.[147]

All members of staff involved in a critical incident must undergo a breath test for the purpose of testing for the presence of alcohol. Members of staff are also required to provide a non-invasive sample for the purpose of testing for the presence of other drugs. AOD testing must be completed as soon as practicable after a critical incident, and prior to relevant staff leaving the work location.[148]

In NSW, there is an obligation on staff to report any member of staff who reasonably suspects that another member of staff may have an AOD issue to his/her manager. Such a report need not be in writing; however the manager should create a written record.

In **Western Australia**, an approved person may require selected prison officers working within, or visiting, a work area to submit to an alcohol test or a drug test or both. Targeted testing for alcohol or drugs may also be carried out if there is credible information, intelligence or suspicion that a selected prison officer may be affected or impaired by alcohol or drugs, while on duty; or taken or ingested drugs at any time.[149] An approved person may also require all prison officers or contract prison officers working within a common work area, and any visiting prison officer or contract prison officer at the work area at that time, to submit to an alcohol test or a drug test or both

The Chief Executive Officer may direct in writing that certain circumstances give rise to compulsory alcohol and drug testing of particular prison officers or contract prison officers, including when involved in a critical incident, working in a high risk business unit, and when an officer is completing competency training with weapons.

In **Queensland**, in response to the Crime and Corruption Commission's *Taskforce Flaxton*, Queensland Corrective Services under both its *Anti-Corruption Strategy 2020–2025*, and *Drug and Alcohol Strategy 2020–2025* has committed to implementing a workforce drug and alcohol testing framework for corrections officers.

In **South Australia**, correctional officers are required to submit to breath analysis and drug screening and may be required to provide a biological sample for the purposes of a blood test, urinalysis or oral fluid analysis to test for the presence of alcohol or drugs.[150]

In the **Northern Territory**, a prison General Manager may direct any person who enters a facility to undergo an AOD test including staff.[151]

147 *Employee Alcohol and Other Drugs Policy and Procedures* (17 May 2012).
148 Employee Alcohol and Other Drugs Policy and Procedures (17 May 2012).
149 Under the *Prisons (Prison Officers Drug and Alcohol Testing) Regulation 2016.*
150 See Part 7A of the *Correctional Services Act 1982* (SA), *Correctional Services (Drug and Alcohol Testing) Variation Regulations 2020*; and SA Department of Correctional Services *Policy 59 Workplace Drug and Alcohol Policy.*
151 See sections 37 and 145 of the *Correctional Services Act 2014* (NT).

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