Joint submission to the

Independent Review of

the Alexander

McConachie Centre

From:

- **ACT Women and Prison Group (WAP)**
- **the ACT Women's Services Network (ACTWSN)**
- **Women's Centre for Health Matters**

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Introduction

The ACT Women and Prisons Group (WAP), the ACT Women's Services Network (ACTWSN) and the Women's Centre for Health Matters (WCHM) welcome the opportunity to provide feedback to the Independent Review of the Alexander McConachie Centre (AMC).

The group believes that the environment and life circumstances that each woman experiences impact directly on her health, and in many cases, poor health is rooted in social disadvantage. Women who have been institutionalised for any reason are at high risk of social, economic, political and legal marginalisation as well as isolation that extends beyond the institutionalised period.

The group has therefore chosen to structure our submission around three core themes—access to health care; access to services and social support; and rehabilitation of women prisoners— which are based on the 'social determinants of health'. The 'social determinants of health' acknowledge that health is determined not only by biological factors, but by a broad range of social, environmental and economic factors.

WAP, supported by the ACT WSN and WCHM, held a Prison Forum focussing on the issues for women prisoners in AMC to inform this submission to the Independent Review of the Alexander McConachie Centre (AMC) for ACT Corrections.

As the characteristics and needs of female prisoners are different from male prisoners, this response documents the issues raised at the Prison Forum and includes the views of other partners on the specific needs of, and issues facing, the women in the AMC. This is complemented with feedback gained through direct consultation with women prisoners in the AMC.

The ACT Women and Prisons Group (WAP) is made up of women with lived experience of prison, including ex-prisoners and those currently detained in the criminal justice system, as well as ACT women's services and other interested women. WAP advocates for the human rights of all women involved in the criminal justice system and provides emotional and practical support both during and after incarceration. WAP is modelled on the principles of peer support which includes values of reciprocity, mutual responsibility and shared experience all of which underlie core values of social inclusion.

The ACT Women's Services Network (ACT WSN) is a network of women working in organisations that provide services and support to women in the local (and in some cases regional) community, and who work collaboratively to improve services for women in the ACT. The Network provides a peak forum for women to share information and to develop responses to common issues. They provide women with a strong advocate that is able to identify gaps and emerging issues and influence policies and practice. They help to ensure that less women 'fall through the safety net' and that services are supported in providing effective and efficient service provision.

The Women's Centre for Health Matters Inc. (WCHM) is a community-based organisation that works in the ACT and surrounding region to improve women's health and wellbeing. WCHM focuses on groups of women who experience disadvantage and uses social research, community development, advocacy and health promotion to empower these women to achieve the highest possible standard of health and wellbeing.

1. Access to health services

1.1 Access and equity

- Female prisoners receive medication after the male prisoners and are therefore affected by the delays in the men's prison. If there is a lock down in the men's prison, the women receive their medication later than usual. In addition, the night rounds for the women can be as early at 15:00 in the afternoon. There are also reports that women's access to methadone is delayed as a punitive measure.
- Current suicide prevention measures include isolation and lock-up; there are also reports of over-prescribing of anti-psychotic medication.
- Benzodiazepine withdrawal programs are inadequate in the AMC, even where the drug has been used as a medication for mental health issues.
- There are only six beds for treatment of acute mental illness and often prisoners will be taken there and left for a long period of time.
- Women prisoners living in the cottages are encouraged to pool their income in order to purchase and cook food together. However, not all of the women know how to prepare nutritional meals and the cost of food in AMC means that they have to be in large group cottage for them to collectively buy reasonable amounts of nutritious foods. One group resorted to eating only toasted cheese sandwiches because they did not have sufficient food preparation skills. Many women also do not know how to cater to special needs diets such as celiac or diabetic. While the *Corrections Management (Provision of Meals) Policy 2009* states that 'Staff from food services will provide cottage prisoners with the required training and assistance to cook nutritious meals' there are reports that this training is not being adequately provided.
- Appropriate food not is available in appropriate quantities, such as milk and vitamins for pregnant women.
- The AMC is currently looking at the issue of where to house women with their children. There is a possibility that they could be housed in the high needs cottage; however, this restricts other women's access to the cottage and isolates the mother and child. Women prisoners who do not wish to complete the 'baby training' will be unable to be in the same space as the baby, yet there is no other space for them to go.
- The lack of staff in the AMC results in lockdown, which contributes to stress and anxiety among female prisoners.

- "Rovers" are responsible for accompanying prisoners to and from their appointments; however, the rovers are utilised when correctional staff are not available in other parts of the prison, meaning that prisoners are not taken to their appointments, and that health professionals who attend the prison are not able to see their patients.
- The women prisoners need to approach corrective service officers in the first instance to request health care; however, there is reluctance from them to go through corrective services officers for this purpose.
- Upon release a prisoner is supplied a medical information card and her GP is supplied her records. If she does not have a GP it is her responsibility to find one, and when she does find one, the GP has to call a number on her information card and retrieve her details.

1.2. Fragmentation of health services, health promotion and navigation

- Health services in the prison are delivered by a number of different agencies: Corrections Health provides primary health care; Corrective Services provides health promotion, prevention and counselling; and Forensic Mental Health diagnoses and treats mental health issues. With different agencies taking care of the health and wellbeing of prisoners there are substantial gaps in treatment and access to timely and appropriate services. It can be difficult for prisoners to understand which service they need to request for which health and wellbeing issue. It can also be difficult for the women prisoners to receive holistic care from one central source. In addition, health and wellbeing issues do not often occur in isolation and it is inappropriate that one service treats drug and alcohol dependency, another treats hepatitis, and another mental health issues, when these three issues can occur simultaneously.
- Women prisoners are briefed about the prison health system during their induction; however, due to the high levels of stress and anxiety experienced by the women prisoners during induction, they are often unlikely to remember the information given to them.
- It is common that women prisoners will initially not want to participate in programs, such as Hepatitis screening, and are not approached again once they have had time to adjust to prison life.
- The case managers within the prison who are employed to work in a therapeutic capacity with the prisoners are not succeeding at integrating the health and wellbeing needs of the women prisoners and ensuring appropriate and timely treatment.
- Many of the policies related to women's health remained in draft form after the prison opening and not all service providers are clear on which policies have been finalised and what the implications of the policies are for the women prisoners. There was misunderstanding about the status of the women and children's policy. There also appears to be a discrepancy between policy and practice.

Recommendations:

- *Services should collaborate/communicate regularly to provide holistic health care to women prisoners.*
- *Medication should be administered consistently everyday or when required and should never be denied as a punitive measure.*
- *Cooking/food preparation classes should be made available.*
- *Pregnant prisoners should be provided with appropriate clothing and foods to ensure they achieve the optimal pregnancy experience.*
- *Women should be able to begin treatment in remand or prison and continue the same treatment, without delay, when back in the community.*
- *Information should be delivered to women prisoners in a range of mediums and measures should be taken to ensure that they have understood the information they have received.*
- *The ACT Government should do more to communicate the status of policies affecting women prisoners.*

2. Access to services and social support

2.1 Access to legal and other approved support services

- The Human Rights Commission and the Ombudsman have full rights of access to AMC but do not have the resources to do so.
- There are problems with access to legal services, for example, Legal Aid information has not been given to women and take up is very low (this could be due to lack of information).
- If women are in prison for less than 90 days, the system does not alert AMC staff that Centrelink needs to be brought in. If Centrelink does not attend women exit prison without money and receive little support in attending the Centrelink office to secure payments.
- There are only 5 case managers for all prisoners (male and female) and as a result they have huge caseloads (55 people), they are frequently rotated through the prison, there is limited continuity, and case managers don't have the time to establish good relationships with the prisoners.
- Case managers are corrective officers; therefore, their ability to provide therapeutic and holistic case management is limited. The prisoners are also unlikely to trust them whilst they are employees of corrections. The AMC decided against the use of social workers, in preference for case workers (corrective service staff) and case managers. This was designed to redefine and expand the traditional role of corrective service staff; however, feedback indicates there are tensions between maintaining both the role of a corrections officer and a support worker.
- As the official AMC visitor is male, the women prisoners may be reluctant and/or uncomfortable to talk about certain issues specific to their needs as women (i.e. maternity, trauma, violence, sexual assault).
- AMC staff and prisoners need to start planning for release from day 1—in practice as well as policy. This should include women in prison for less than 90 days.
- When ex-prisoners are on parole they may be required to attend daily police checks, daily methadone and Centrelink—often without transport or a support person. If they don't fulfil all these requirements they go into breach.
- At the time of consultation there was still no 'throughcare' provider for women prisoners, or any information on when the tender process was to be finalised.

2.2 Social support

- Issues to be addressed at intake to include how to handle things like animals left at home and their care, outstanding bills which accumulate in their names in their absence.
- 100 points of ID for visitors is difficult for children as they don't have a driver's licence.
- The public transport system to the AMC is inadequate for families.

Recommendations:

- *Case managers should not be corrective services staff.*
- *Another indigenous case worker needs to be employed.*
- *The case management process should be long and comprehensive and should continue after the prisoner's release date.*
- *The rotation of case managers should be limited to provide more continuity in case manager's relationship with prisoners.*
- *The workloads of case managers should be reduced (e.g. one case manager for the women prisoners) so they are able to provide personalised support to women throughout their prison experience.*
- *Services assisting women prisoners in the AMC need to be regular and the same person.*
- *Legal-aid needs to be more proactive in AMC.*
- *ACT Corrective Services should establish a central directory of service providers and what they are doing needs to be established.*
- *Innovative approaches to short term housing/outreach/'throughcare' need to be funded (i.e. Inanna). Corrective Services and DCHS should set aside a number of supported accommodation properties, which are close to health services, where ex-prisoners can live independently.*
- *More services should be put on the free call list.*
- *Prisoners should have access to the official visitor via the free phone.*
- *There should be more initiatives to encourage visitation, for example, an AMC Expo.*
- *Women should have the option of a female official visitor. The female Official Visitor at Bimbiri would be happy to visit the women in AMC.*
- *Women prisoners should be made aware of peer support groups, such as WAP. Peer support workers are able to build a trustful relationship with each woman prisoner due to shared lived experience and maintain this post-release. This can lead to better connections with services because of communication and prevent recidivism.*

3. Rehabilitation of women prisoners

3.1 Access to education and training

- Training was originally not offered to women on remand, but women were often longer in AMC on remand than when they were sentenced.
- The training offered is very limited for the female prisoners compared to male prisoners as there are less of them. Currently, there is only OH&S, barista and hairdressing training. “Not much is offered and there is not much incentive” (woman with lived experience of incarceration).
- The training provider focuses on vocational training and is thus not very flexible to individual needs or differences in skills or ability.
- There is no system to assess the needs and education profile of women at induction in terms of training.
- Women often have numeracy and literacy issues but these are not identified upfront in a standard assessment.
- As women are encouraged to cook for themselves, cooking/food preparation classes would be hugely beneficial.
- The women also talked about the importance of art based programs in AMC.
- There were issues about the time taken to get things happening, and that there was resistance by the AMC to courses that used implements and tools.
- Activities such as library visits often clash with other compulsory activities.

Recommendations:

- *Prisoners on remand need to have access to programs.*
- *The education and training needs and competencies of women should be at intake by a standard assessment. Education officers should be employed to support women meet their needs including liaising with university staff and providing general guidance.*
- *Basic numeracy and literacy education/programs should be a priority. For example, Bimberi has a school in partnership with the Department of Education which focuses on numeracy, literacy and art. Last year the work was exhibited at NAIDOC.*
- *There should be no caps on the number of prisoners who engage in full-time study. Women should be able to attain professional qualifications.*
- *Work experience programs for women ex-prisoners (that are remunerated) need to be established to assist women in returning to the workforce.*

- *Real financial incentives need to be provided to women prisoners who do jobs inside prison—as opposed to the capping system currently in place.*

Conclusion

WAP, ACT WSN and WCHM believe that the educational, health care and social support needs of female prisoners are not being met. This submission has highlighted some key issues related to these 'social determinants of health' from the perspective of women prisoners in the AMC, including the lack of educational opportunities available to women compared to men; the need for basic literacy and numeracy issues to be addressed; and the deficiencies in the health care and case management systems at AMC, which are not conducive to adequate, holistic support. The group looks forward to the final outcomes of the review of AMC, and to contributing to further improve the status and health of women in the AMC.