



**Submission to the Healthy Prison Review of the
Alexander Maconachie Centre (AMC), 2019**

The Women's Centre for Health Matters acknowledges that the Australian Capital Territory is Ngunnawal Country, and acknowledges the Ngunnawal people as the traditional owners and continuing custodians of the lands of the ACT, and we pay our respects to the Elders, families and ancestors.

Submission to the Healthy Prison Review of the AMC, 2019

Women's Centre for Health Matters Inc.

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Introduction

The Women's Centre for Health Matters Inc. (WCHM) is a community-based not for profit organisation which works in the ACT and surrounding region to improve women's health and wellbeing. WCHM believes that health is determined not only by biological factors, but also by social, environmental and economic factors - the 'social determinants of health'. We acknowledge that the environment and life circumstances that each woman experiences have a direct impact on her health, and in many cases, women's poor health is rooted in social disadvantage.

WCHM is funded by ACT Health to understand the health and wellbeing needs of ACT women, and to consult with women about areas of service planning and delivery that impact on their health outcomes. We do this in a variety of ways including:

- conducting social research (research which gathers information about the attitudes, assumptions, experiences and views of women);
- working directly with women to seek their input, to get a better understanding of their needs;
- assisting groups of women who experience disadvantage, social isolation and marginalisation to contribute their views on issues affecting them and their need for services and supports;
- working across Directorates and sectors;
- advocating to influence change in health and wellbeing related services and policy to ensure responsiveness to women's needs and emerging issues; and
- through community development, capacity building, health promotion and information provision.

WCHM has had a particular focus on institutionalised women in the ACT since the AMC was opened. But we have been focussed again on the issues for the women during 2018-19 following the requests from women in the AMC to be more actively involved with them again following their movement from the low security cottages to the high security wing. Since September 2018, WCHM staff have visited the women at least once a week to:

- actively engage with them about their lived experience;
- work with them to seek their input about key issues affecting them, and to get a better understanding of their needs;
- empower them to contribute their views about their need for services and supports;
- provide them with access to supports, health promotion activities and information provision (including by introducing them to essential non-Government organisations who had not been involved with the AMC); and
- encouraging the system and services to be more responsive to their needs.

Response to the Healthy Prison Review

As an organisation that works to make the views of women known, WCHM welcomes the opportunity to provide a submission to the Review, given the Centre's focus on working with

and supporting the women in the AMC. In writing this submission WCHM has chosen to collate the key themes from our observations during our weekly visits with the women in the AMC over nearly 11 months, from the views and feedback shared with us by the women in the AMC during that time, and from input from services who have worked with women in the AMC or upon their release.

WCHM also supported the women in the AMC to contribute their own submission to the Review and collated another submission on behalf of community services which was identified from their feedback during a consultation forum.

WCHM believes that, despite the increased numbers recently, the small numbers of women prisoners in the AMC compared to the numbers of men and their new location in the AMC have been used to justify a lack of focus on the specific needs of women and has resulted in significantly limited responses being available to them.

We feel that it is essential that the views and experiences of the women feature strongly in submissions to the Healthy Prison Review because:

- there is a lack of understanding about the particular issues that exist for the women in the AMC because of their small number in comparison to the much larger population of men;
- the environment in the AMC (security, procedures, administration, activities and services, etc) has been based on the needs of, and responses which work for, the larger population of men;
- women experience the impacts and disadvantage created as a result of them being held in a prison (and in a building) with a higher level of security than is required – despite the majority of them being either on remand or servicing shorter sentences due to non-violent, property or drug related crimes;
- this means that often their issues when raised are not given the same priority as the men; and
- there is a lack of access to incentives for the women as well as to key services and options that are important to their rehabilitation and reintegration – because of the need to keep the male and female populations separate.

We understand that the population of women in the AMC fluctuates in terms of the numbers and profile of prisoners, and that this makes effective management of this smaller group more difficult.

But the specialised requirements and specific needs of women prisoners in the AMC need to be given consideration in the way that the AMC:

- designs and delivers services to the women;
- accommodates the needs of women in the AMC's current facilities and processes, and
- ensures that the custodial staff who work with the women are suitable (have the gender and trauma informed training and skills needed, understand and adapt to the complexities of working with the women, and want to work with the women).

PRINCIPLE 1: SAFETY

Detainees, even the most vulnerable, are held safely. Staff are able to work in a safe and supportive environment. Visitors feel safe when at AMC.

Overall the AMC focusses most on safety and security of staff, visitors and the women, and particularly in the early identification of women who may be at risk due to their offence type etc.

But we also noted a lack of understanding of what constitutes safety for women in the processes and responses by staff at times where the concerns of the women about their safety were dismissed or not listened to – and over a period of time. In particular this related to the proximity of the men and triggering of women with trauma backgrounds by incidents which appeared minor to staff but had an impact on many of the women.

Consideration needs to be given to women specific induction information/Handbook for the women once they are moved from the West wing, and to continue filling and maintaining the 'peer support' position which supported the women effectively as they integrated into the other wings.

There are a lack of incentives for the women because of their location in the AMC, and we observed that this often meant a focus on the use of disciplinary actions and loss of privileges for breaches of rules as the only response – which does not improve the behaviour of women. There appears to be a lack of consistency in how those are applied, and at times we observed all women being punished for the actions of one or a few.

Given that the majority of the women in the AMC have experienced trauma because of their backgrounds as victims of domestic and sexual violence, there appears to be a need for the AMC to set some requirements for the skills and attitudes required for those correctional staff who will be working with the women in the AMC. And to include - in the initial training that staff get - modules specific to the needs of women prisoners in relation to their trauma and which include effective strategies for working with them.

A. Early days in custody

Overall the women advised that they were treated with respect when being escorted to prison.

Women told us how daunting the arrival and initial period in detention was for them, but that the focus appeared to be mainly on managing the risk of suicide or self harm on arrival.

They advised that when first arriving in admission they were given access to phone calls and welfare calls.

They advised that the strip searches upon arrival were conducted in a respectful manner, and by women officers. But because the women experienced that most of the staff in the admissions area were men, most of them also spoke about having to wait until a female officer could be found. And many highlighted that there was no '*counselling offered following strip searches for women, particularly as many women have sexual assault backgrounds.*'

Women did not seem to experience a full initial check of their physical and mental health at admission. Most women spoke about a short health assessment being conducted upon

arrival and that it mostly relied on the newly arrived prisoner providing advice about their health issues and medications, including their allergies. Despite that disclosure, many of the women told us that, their allergies to specific foods and their dietary requirements (eg gluten free) did not appear to be known or passed on beyond the induction – and that this resulted in some adverse impacts for a few.

Many women told us that they did not see a doctor for a long time after admission – with a few waiting for several months, despite being told they would see a doctor within a week of arriving.

And women felt that their mental health appeared to be a secondary consideration at induction - apart from an immediate focus on suicide risk prevention.

Quite a few women also advised that despite advice at the induction about the medications they were taking in the community, 'It can take weeks for medications to come through.' This created issues for those who needed continuity of medication – especially for example for one woman who was diabetic, and others with arthritis or other chronic diseases.

In relation to induction, women identified the lack of a comprehensive induction process which was targeted to women. This was because the AMC relied on the AMC's standard induction information/handbook for prisoners to find out what they needed to know. But they told us that this contained information that related to all prisoners. As a result this meant it was misleading to the women because much of the content was not relevant to the women, and many of the options detailed in the information was not available at all to the women. In particular, there was misleading information about what work, education, vocational training or programs were available to them.

We also heard that the hard copy of the induction information did not seem to be given out at all times, and as a result many of the women advised us that they were not aware of the rules and procedures they needed to follow from the induction process. Most women told us they relied on and learnt from the advice of other women prisoners about the rules and procedures and how they applied to the women in the AMC – and also what was available to them.

One of the women (also a delegate) had focussed during her time at the AMC on developing a women specific Induction Handbook which focussed only on those things that were relevant to the women in the AMC, and included information about women focussed services and support that women could engage with and how to contact them. While this had been submitted to 'management' for consideration through the women's delegate meeting in early 2019, there had been no response at the time of this submission about the progress of the draft, or feedback / views provided about the proposed women specific induction kit.

During our discussions with the women we also highlighted a lack of alternative formal methods to provide the induction information to women with low literacy or who couldn't read.

WCHM noted that important advice/assistance that seemed to be missing from the induction process for women – apart from what was available to them in the AMC and what they needed to do - related to advice on connections past the first week's focus on immediate issues. For example how to preserve their housing/accommodation, and adequate information about the local assistance and services that might be relevant to them at this first point (especially the free community based legal services for those without legal support).

One good initiative which was introduced in the AMC recently was the creation of a 'peer support' position which enabled recognition of the need for a suitably skilled and empathetic detainee to meet the women as they arrived from induction and admission, and who could support new arrivals when they were scared or isolated. The women saw this as positive and benefitted from the peer support, but this position has now ceased because the woman involved has been released from prison and the training required to skill up someone into that position is not currently available.

In relation to arrangements for accommodation, women on remand and sentenced are accommodated together at the AMC and, because of the limited beds and increased numbers of women at one stage, the placements did not seem to take account of security risk assessments. This resulted in some women experiencing inappropriate placements which caused distress and potential risk - and in one case a women experienced significant bullying. Several of the women who had committed 'white collar' crimes, spoke of being placed with high-risk offenders which meant that they did not feel safe, secure, and free from traumatisation. And some women who were non smokers spoke of their experiences of placements with smokers.

Quite a few of the women spoke to us about the need for better consideration and consultation when allocating women to rooms and that more consideration needed to be given for women's mental health, and the risk of exposure to triggers because of pre-existing trauma.

But most of the women acknowledged that the placement system worked ok – *'you can't help who you have to get put with'* – and also advised that they later they could negotiate a change of needed. And most identified that they would ask the new 'peer support' position for advice and help, if they needed help.

B. Behavioural management

There is no capacity in the current arrangements for the women in the AMC to move from the higher security facility (that they are now housed in) to lower security facilities, as there is only the one accommodation option for women. And women in the AMC are not eligible to access the Transition Release Centre to help reintegrate as they get close to the end of their time in the AMC.

While there is an option for transition release apart from the TRC, the women advised us that they are experiencing significant difficulties in accessing that transition release prior to their release. Up until May only 2 sentenced women had been able to access transition release to spend a weekend at home in the two weeks prior to release, and these were both women serving time for 'white collar' crimes.

More recently several women who had served longer term sentences had submitted applications 9 months in advance (based on the policy) so they could ensure that decisions were made in a timely way for them to access this support for reintegration. After 9 months of waiting those women were advised they were not successful because the policy had since changed. Both women were not aware till then of a policy change, and had not been kept informed of the progress of their application during the long wait.

This raises several issues, including the timeliness of responding to applications and keeping applicants informed and updated on the progress of their application, but also about how the women are kept informed of any changes to the policies that impact on them. We

were advised that the Intranet is identified as the way prisoners should access policies etc, but there does not seem to be any communication to the women prisoners that there has been a change and encouraging them to check what the change is and how it impacts on them.

That makes it difficult for them to keep across any changes that impact negatively, except for checking every policy on the intranet regularly to see if there has been a change. It also puts in place an obstacle for those with literacy issues.

There are also a lack of incentives which would encourage the women to make positive choices and to engage in positive behaviours. Women feel that there are no levels of privilege for the women that reward their good behaviour and that women do not have incentives like the men do – in particular they highlighted the example of women not being able to move from cells into cottages like the men have access to.

The women advised us that at one point they were asked to identify a list of incentives for the AMC to consider, and they identified options such as access to longer visits, longer and cheaper phone calls, more inter-jail visits with partners and family members (currently they are only every 28 days – if they are approved), and more frequent family visits. But there has been no change since that time to put in place specific incentives for the women, and no response to their suggestions.

As a result, it appears to the women that the approach for poorly behaved detainees is the same as for well-behaved detainees. The women observed that this left disciplinary actions for breaches of rules as the only response – and that this did not improve the behaviour of women.

Women also told us that the loss of privileges was not consistently applied, and that it was often applied differently and was dependent on which staff observed any breaches.

WCHM staff noted that since September even the option of access to a grassed area at the back of the unit for fresh air and access (which should be a right) was not available for the women for many months and we advocated strongly for their access to the area – this resulted in improvements to that area including fencing and a garden bed and furniture etc. But we observed that access to this area was frequently withdrawn when it was used by the AMC staff as a punishment – and women were not rewarded with access even when they 'behaved'.

WCHM staff have also observed that there were many times when ALL the women had been punished for a breach by just one or two women – and several staff told us that this worked better because the poorly behaved detainees would experience the displeasure of the larger group which would contribute to a change in their behaviour. From our observation this put several women at risk of bullying or worse, and also unfairly punished the other detainees. A specific example which we observed several times was the removal of access for all the women to the outdoor grassed area because of a breach by one or two women.

C. Security

While overall the physical security of the women seemed to be managed well, there were several times when we observed the concerns of the women about their safety being dismissed or not listened to – and over a period of time.

One example we observed was where the women conveyed their concerns to staff over several days about their experiences of the conduct of one woman (who they felt was tackling them and sexually assaulting them in front of the guards). The women spoke about the many incidents which had been observed by guards and of the discomfort and trauma of the many women who experienced this – which was mostly laughed at and dismissed by the guards. Finally at a morning meeting in front of WCHM staff, all of the women highlighted the inappropriate behaviour and the lack of response they had received and its impacts on them - and this resulted in a response to manage the safety of the women.

Another issue for the women, and their perceptions of safety relate to the need for female prisoners presently to move to different parts of the male dominated areas of the prison. For example some access has been approved for the women to an oval that is adjacent to the men's blocks and women can visit the education block but must travel through the men's area.

Each time the female prisoners need to be escorted, taking up the time of prison officers. And each time there is the potential for contact with male prisoners. Because the majority of the women in the AMC have been victims of domestic or sexual abuse by a male (including offenders who are in the men's prison), WCHM heard that many of them found this contact unwelcome and distressing. When we raised this at higher levels with management, the response to WCHM is that some of the women encouraged that attention.

One example related to a woman who expressed her concerns about the proximity of the women's area to the courtyard where the male prisoner who had raped her outside the AMC was held. Several times she expressed her concerns about feeling unsafe and retraumatised/triggered every time she needed to be moved from the women's area to another area of the AMC. This was not addressed.

The women also told us that they were impacted by security issues which related to the number of times that staff were taken from the women's area when a security incident occurred in another area of the AMC.

D. Leadership and management of safety, resources and systems

A key safety issue mentioned by most of the women we have spoken to in the AMC was their concern about the proximity to the men in the AMC and the impacts on many of the women because of the unwanted attention or sexual harassment by male inmates when women were moving to other areas of the AMC. Those women with a background of sexual abuse found this quite traumatising for them and avoided going to the library or the oval for exercise etc because there were always male prisoners nearby.

Women in the AMC told us that when extra officers were needed in the men's areas, they were often taken from the women's area – which resulted in the women being locked in beyond the planned hours.

They also spoke of the lack of consistency in custodial staff and their frequent moving to other areas. They felt that many custodial staff did not have (or did not display) any understanding of women's trauma backgrounds and the impact that some of their responses might have in triggering some of the women – and they felt that the women's area required dedicated staff who really wanted to work with the women.

The women told us that the 'officers need to be trained to deal with people who have trauma history, DV, sexual assault, mental health etc' and needed to treat them with more respect and compassion.

The women attached great importance to their interactions with correctional services staff, and we observed that many of the staff displayed appropriate and respectful approaches to their management of the women, displayed positive interpersonal skills with the women, and had a good understanding of the women and their needs. And who wanted to work with the women because they had a good understanding of their issues and behaviours - and knew how to work with them and to handle issues appropriately.

Women also told us about others who openly spoke about how they hated working in the women's area because they were 'difficult', and who they felt contributed to bad behaviour by some of the women by not responding in appropriate and respectful ways.

WCHM staff noted clear differences in the attitudes and approaches employed by some staff, who openly stated to us that they did not want to be in the women's area, did not enjoy being there, and who also openly described to us that the women were 'difficult' and 'needy' - and that the men were much easier to deal with.

We observed that when these staff were on duty there were more likely to be incidents of misbehaviour or escalation of anger from the women. This usually related to the staff deliberately ignoring a woman's request, disrespecting them or not responding at all - we felt this was a way of emphasising to the women that they had the power and could choose whether they responded or not.

We noted that, as a result, the women experienced poor relationships with those staff and that the women showed emotion or bad behaviour as a result – when they were just trying to be listened to or asked a question. The women often needed to ask questions (such as why?) and to talk to work things out, some with some emotion, and we observed consistently better results from the staff who wanted to be there and handled them with respect and understanding.

It is well known that the knowledge, skills and emotional demands required for staff working with women prisoners is very different from those required for working with male prisoners. Given that the majority of the women in the AMC have experienced trauma because of their backgrounds as victims of domestic and sexual violence, there appears to be a need for the AMC to set some requirements for the skills and attitudes required for those correctional staff who will be working with the women in the AMC. And to include - in the initial training that staff get - modules specific to the needs of women prisoners in relation to their trauma and which include effective strategies for working with them.

It would also be more effective to use staff members who want to work with the female prisoners, who have good communication skills and patience, and who can be positive role models to the women. And who are trained to better understand and respond to women including an understanding of how victimisation and trauma affect these women's lives and their actions and responses.

The women had also experienced – and WCHM observed – a lot of change with the staff, which resulted in the loss of and movement to other areas of 'good staff' - *'staff who used to advocate for us have changed jobs and they don't fight for us anymore'*.

The creation of the Women's Coordinator role and the Women's Care Team when the women were moved from the cottages was a great opportunity to focus on better and more

gender focussed responses – while in the early days this resulted in some positive changes, more recently there has been a regular loss of staff with the right knowledge and knowledge of the women, and with the right understanding of how to work with the women.

Also the Case Worker position has not been supplemented beyond the one funded person since the move - despite the increasing numbers of women and their more complex issues and the fact that she also has to work with men in another area of the AMC too. This has resulted in many of the women advising that key supports and paperwork have not been available or completed in time for essential dates (eg court appearances, ACT Housing requests etc). While the women note that the current woman in the Case Worker position is extremely good with the women and has been consistent, they advised us that she is unable to keep up with the requirements for essential and timely provision of all the complexities and needs of the increased numbers of women. And that she needs support given she also works with a caseload of men, and has been moved from the Women's area recently to the administration building – so a lot of her time is used walking between buildings.

While there is a Program person allocated to the Women's team since the move from the cottages, this has also changed personnel frequently, also supports a caseload of men and is not backfilled when on leave.

And the women have advised that at times a male Program person has delivered some of the training and their experience of him was bad, and not conducive to good responses, as he lacked empathy with the women and 'always talks about himself' and uses examples of himself and his experiences to illustrate topics – which are not relevant to the issues that women face. He also does not appear to be trained in trauma informed approaches for the women.

PRINCIPLE 2 – RESPECT AND DIGNITY

Everyone is treated with respect as a fellow human being.

WCHM's observations and the content of our Submission highlight that there appears to be a lack of understanding about the needs of female detainees and that a one size fits all detainees approach is used. This results at times in ways where the women are not treated with equity, respect and dignity, because some of the policies and practices of the AMC are not appropriate for the women, the staff do not appear to be trained about the different needs of female detainees compared to men, and not all of the programs and activities are administered to ensure equity of access for women or appropriateness to address women's issues and needs.

A gender-responsive approach would include interventions and programs that address issues such as abuse, family violence, trauma, mental health and substance abuse – and not in isolation. Just addressing one need (eg drug use) does not address the inter-connection between their abuse histories and their mental health and physical issues.

There needs to be a better focus on gender-responsive approaches to interventions and programs and the delivery of women specific programs and responses.

In relation health,

WCHM believes it is important that health responses for women in the AMC be improved by:

- Providing specific women centred approaches to women's health care –that recognise the connection between their emotional, mental and physical health;
- Improving the responses to the health concerns and conditions that women have developed in response to trauma;
- Providing access to services that address women's mental health issues and build the women's coping strategies, including access to support for emotional and common basic mental health problems;
- Integrating with community sector health services for specific women's health needs (specifically sexual and reproductive health, dieticians, counselling and women specific trauma informed mental health responses); and
- Providing opportunities for health promotion and for women to improve their health by improving their nutrition and encouraging their participation in physical activity, and to participate in social activities.

A. Daily life

The key aspects of this principle are that staff are always fair and respectful in their day-to-day working with prisoners, and that living conditions are suitable and the environment is conducive to rehabilitation.

WCHM's observations are that performance against this principle is dependent on which staff are working with women day to day. Women told us, and we have observed over the many months we have been visiting, that:

- many times the issues raised by the women are dismissed based on the 'AMC' view of what happened – or are 'rewritten';

- the rules appear to vary according to which custodial officers are on duty;
- the rules are applied inconsistently by different officers;
- that some women have experienced disrespect from staff; and
- many of the women prisoners are not able to understand the reasons for certain rules.

There is a Monday morning meeting between the Women's Coordinator and the women where they can identify issues that have emerged in the last week. WCHM staff have been at those meetings since September and we have heard the same issues being raised for many weeks (or months) and not being addressed. While the Women's Coordinator tries her hardest to get these resolved they are often seen by the relevant/responsible AMC area as not an issue, not a priority or one which can wait – this contributes to the women feeling their needs are not being considered or their issues responded to.

And the issues are often also raised at successive Delegates Meetings but may also not be responded to despite being noted. When the issues have been taken up at higher levels externally, the 'rewritten' response is that the AMC has only just become aware of the issue.

Given this, WCHM is concerned about whether there are specific mechanisms for advising of the issues each time they are raised by the women, and if and how those issues are monitored for timeliness of responses in comparison to the issues for men. We are not sure if there are minutes/notes taken from the Monday morning meeting so that records are in place for the dates when issues are identified and notified to responsible areas. Or how the minutes from Delegates meetings are used to track satisfactory responses being put in place for issues raised.

In relation to living conditions, we have observed that at times the numbers of women (up to 51 at one time) has resulted in overcrowding which has impacted on meeting the women detainees' daily needs. For example, pressure has been put on toilet and shower facilities, causing access issues for women and maintenance problems through additional wear and tear. And a number of specific maintenance issues which arise from the recent increase in numbers in the women's area, from the specific issues that arise because women are using the cells (and that the cells and their maintenance are designed for men), and from the focus on responses to maintenance needs based on date of identification rather than the risk of the impacts to detainees.

The women have highlighted (and we have observed in our visits) significant issues relating to environmental standards which appear to take a significant amount of time to get responses for the women's area. We have heard the responses to the women that the items raised have been '*added to the list*' for maintenance but that with '*only two maintenance people in the AMC*' that the women need to wait.

In WCHM's view this has meant that several significant safety and environmental standards have not been prioritised (because responses appear to be based on the date notified) despite their significant impact on the women and their health etc.

- One example was the identification by the women – over a three month period - that their sanitary bins for tampons and sanitary pads were full but had not been emptied. WCHM observed that they had raised this issue regularly during that period at both Monday morning meetings, at Delegates Meetings and through the Official Visitor.

Despite this, action was not taken until WCHM, the Official Visitor and the visit by Minister Berry raised this issue to a higher profile than it had been given.

- Also during our visits WCHM staff have observed - and experienced - similar issues about problems with the air conditioning not working in the women's area in summer and problems with the heating not working in winter (in fact the cooling was on for several days). Again there had been a notification of these issues early but the processes in focusing on addressing issues based on date received rather than severity of the issues resulted in the women (and visitors such as WCHM etc) experiencing extremes of temperatures for more than a short time.
- And last but not least over a period of at least 3 months the women notified at Monday morning meetings, at Delegates Meetings and through the Official Visitor that the women's showers and toilets have not been working and have continually overflowed causing safety issues (no water to drink, no showers and can't flush the toilets at night). Comments included: *'Some of us have no water for our toilets!'; 'About 80% of us are having a water issue every day or every couple of days.'; 'Drains are blocked no cold or hot water (or both), toilets don't flush, in both wings.'* Again there had been a notification of these issues early but the processes in focusing on addressing the maintenance issues based on the date received delayed a response resulting in the women experiencing toilets and showers not working, and overflows of water in the cells.
- While this issue was addressed eventually, this same issue has reoccurred again a few weeks later (in June), and women are again waiting for the drains to be unblocked. *'They come in and fix one problem, and then another stuffs up.'* The women identified to us that the tool for unblocking drains is stored in the women's area but that no-one apart from the few maintenance staff are authorised to use them to address the issues early.
- The rooms of some of the women face the nearest men's area, and as recently as June their windows do not have a curtain, which means they can be observed by the men. This seems to be an issue that would be a priority to address but has not been.

Women have raised issues about the provision of clothing and the impacts on them because of the lack of appropriate clothing and the sizing of clothing which is based on the predominant numbers of men to be catered for. This resulted in – and we observed – inappropriate clothing options for women at times (such as male singlets with very low arm holes and a lack of small sizes to cater for very petite women). In addition the women put on significant amount of weight from when they first arrive due to medications and lack of exercise, and so the clothing allocated to them becomes too small quickly.

In relation to consulting with the women in the AMC about matters which affect them, there are processes in place including the use of women delegates, and the use of the Delegate meetings with management to highlight issues.

But WCHM's observations from the experiences of the women and the responses that we observed to the main issues raised in those processes, is that there is a lack of timely responses to those consultation processes and a lack of timely feedback mechanisms about progress – which means that some issues are raised repeatedly with no seeming responses (apart from a commitment at a point in time consultation to address them, which is not followed through).

Similar views were expressed to WCHM in relation to complaint handling. Women advised us that there were record keeping issues and that complaint paperwork often goes missing with no record of the complaint, that there is no feedback from complaints, that staff responses to a request for a complaints form is often bad, and that *'If you want to complain about an officer that's on, it's usually them that you have to give the form back to.'* Women advised that officers also try to talk them out of making a complaint.

As a result, women in the AMC told us they had limited confidence - from experience - that identifying maintenance issues, submitting complaints or raising issues at a higher level resulted in a timely outcome in the women's area. And that this mostly related to the fact that the women were located in the middle of a men's prison which impacted on appropriate and timely responses.

And in relation to their personal environment in their cells, we observed many times when the women's ability to 'personalise' their cells was restricted (we were told this was due to one of the women who was seen to be a hoarder, and because of the risk of drugs being hidden in cells in personal items. There is a need to clarify for the women what is allowed/suitable and encouraged as well as consistency in applying this.

B. Equity, diversity and faith

A key focus of this principle is that the specific needs of female detainees are met.

Overall the AMC environment has been based on the male offenders as the majority population combined with a focus on risk/security management. This has resulted in an environment and responses which can retraumatise many of the women.

Currently the responses to women in the AMC do not recognise the links between women's offending and violence against women, including sexual offending, child abuse and domestic violence. We know from a health survey of the women and our conversations with them that most of them are both victims and offenders, but the responses in the AMC focus on issues like anger management and alcohol/drugs responses.

A gender-responsive approach would include interventions and programs that address issues such as abuse, family violence, trauma, mental health and substance abuse – and not in isolation. Just addressing one need (eg drug use) does not address the inter-connection between their abuse histories and their mental health and physical issues.

This also highlights the need for consideration of delivery of women specific programs and responses - not by Corrections/AMC staff - but by community services with the specialist expertise and gendered knowledge. This because some of the specialist expertise and information required to manage these complex and interrelated needs will go beyond Correction's areas of responsibility and their expertise.

In addition:

- some of the current policies, processes and written material (eg at induction) do not recognise that men and women are different and require different policies, responses and environments;
- there does not appear to be gender sensitive risk assessment and classification for the women – including for placement assignments;

- there are times when the importance for women of respect and safety are not recognised by the AMC in the way it operates and responds to having a women's prison within a men's prison – especially given that many women within the AMC are victims/survivors of sexual and physical violence;
- the relational needs of women and their specific needs for appropriate responses and programs do not appear to be a key focus; and
- there is a lack of relevant responses for women to enable successful rehabilitation of women including access to programs to address socioeconomic disadvantage; access to reintegration options, and access to programs which understand the complexity of addressing female offending and rehabilitation.

Even basic procedures do not seem to consider the impact on women – for example the supply of and issuing of sanitary items to women in the AMC:

- *'Pads and tampons used to be kept in the laundry but not anymore, you have to ask the officers for them. Sometimes, they just refuse to give them to you.'*
- *'Some of the male guards won't even get them for you because they don't want to deal with it. And lots of us don't want to have to ask male guards for them anyway.'*
- *'I was asked why I had gone through so many, should I really have to explain that to them?'*
- *'We have no choice with the types of tampons and pads we get, no regular/heavy options etc'.*
- *'The original brand of sanitary pads used was very bad/cheap – had plastic lining causing many women to have skin reactions, rashes and blistering'.* While the delegates raised this and managed to get a better brand to address the issue, the process took over 6 months.

When issues about whether women's needs are being considered appropriately in the AMC's policies and procedures are raised, the AMC takes a narrow view and uses the example of the Women and Children Program Policy as proof. WCHM have also been advised that a Women Offenders Framework will be developed by Corrections/JACS. And a review of all the AMCs policies is currently underway but that is being undertaken by Corrections internally.

WCHM feels there needs to be a gendered analysis of policies, procedures and frameworks to determine if they consider the needs of the women prisoners, and that this should be undertaken with community representatives with the right expertise. And that the development of the Women Offenders Framework needs to be co-designed with gendered experts rather than taking the current approach which we have been advised will be to use the WA model.

C. Health, wellbeing and social care

A key expectation under this criteria is that primary and mental health care is delivered in a way that is sensitive to detainee needs – as women. Research shows that women prisoners generally have a wider range of complex health needs that stem from their experiences of sexual abuse and domestic violence, and their resulting mental health issues, use of drugs and alcohol and self harm histories.

WCHM conducted a health survey of the women in the AMC in late 2018 with the agreement of Corrections to understand more about:

- *their health and their health needs;*
- *their access to services, supports, and information (pre-imprisonment, in prison and post release); and*
- *the barriers they experience to maintaining their health and wellbeing.*

We received responses from approximately 1/3 of the female prison population at that time (16 women), and the results were for the purpose of informing Corrections, the AMC and relevant Ministers and were not made available publically.

The specific results (in confidence) confirm the complex health issues of women in the AMC and highlight the need for appropriate responses for the women:

- 76.9% had previously been physically, sexually or emotionally abused.
- When asked to self rate their physical health, **84.6%** of the respondents rated their physical health as **fair or poor**.
- When asked to self rate their mental health, **69.2%** rated their mental health as **poor or fair**.
- 61.5% had used alcohol in the 6 months prior to entering prison.
- 69.2% had used illicit drugs in the 6 months prior to entering prison (note that 3 of the respondents were imprisoned for 'white collar' crimes and noted no history of illicit drugs so that the percentages are much higher when removing those women – 85%).
- 76.9% were smokers.
- When asked if they were able to find services to obtain and maintain good health:
 - Prior to imprisonment – 69.2% said yes.
 - **During imprisonment – 30.8% said yes.**
 - After imprisonment – 61.5% said yes.
- 76.9% said they had access to a regular GP when they leave the AMC.
- When asked about their top health issues, **85% had chronic conditions**, with half of these having more than one condition, and **half identifying mental health issues**.
- When asked about the barriers preventing them addressing their health issues upon exit from the AMC, the key issues raised were:
 - *not being able to make appointments before leaving prison*
 - *waiting times for services*
 - *getting to the GP*
 - *no services that will take me on, no mental health plan*
- When asked about their sexual and reproductive health:
 - only 53.8% had easy access to sexual and reproductive health services in the community;
 - **61.5% said they had not had regular pap smear/cervical screening.**

The result that only 30.8% of the women said they were able to find services during imprisonment to obtain and maintain good health is significant, and much lower than the results for before and after imprisonment. And the high percentage of women self rating their physical and mental health as fair or poor is also significant, when combined with the high percentages who identified as having chronic conditions (half having more than one condition) and mental health issues.

Access to health services

Health responses in the AMC to address physical health, mental health and substance abuse issues and initiatives are led by Justice Health in the main health centre. Women told us that the location of the main health centre impacts on the women – because male

offenders are the majority population and because of the focus on risk/security management – and women advised us that this seems to contribute to delays in the women being able to access the main health centre. Women also felt the triage process seems to work against them getting access to the health centre.

The AMC has adapted women's access to some health responses so that the women are not disadvantaged – for example the doctor visits the women's area for an hour a week, and a counselling service is delivered by the Women's Health Service (WHS) in the women's area once a week. This counselling service is a good example of the delivery of a health service in the AMC that meets the specific needs of women and that is trauma informed. The women were all positive about the WHS counsellor.

But issues were identified with these two examples.

The WHS service is only contracted for 2 hours per week and this number of hours has not changed since WHS started delivering the counselling many years ago. A review of the need was undertaken by the AMC in 2018, and the service was cancelled during the period of the review (many months). This impacted adversely on the women – *'It's taken so long to get a counsellor back in that a lot of the girls have given up'*. And the number of hours was not increased despite the much larger numbers of women in the AMC compared to when the service first started.

The GP visits the women in their area on a Friday – but this is the same time as the women's visiting time with their family.

- *So of course if you have to choose between seeing you kids or seeing the doctor of course you're going to see your kids.*
- *If you get sick, you want to hope it's on a Friday or you won't get seen by anyone.*
- *The last couple of times I've been in to see the GP they haven't even had the right file up so they have no idea what I'm there for.*
- *They're never on time so they have even less time to see people.*

Women also spoke about the need for continuity of care:

- *The GPs who are currently coming are OK but they are definitely not dedicated.*
- *We never get to see the same people (GPs and Nurses) so there is no consistency. We really need a dedicated nurse practitioner.*
- *There is no follow up with any of the doctors and they don't keep proper records so when you go in next time, they have no idea what you're talking about.*
- *No continuity of doctor or follow up with tests or scans they recommend.*
- *We want to be able to see a doctor who we can build a relationship with so they know us and our history.*
- *We need dedicated nurses and a GP for the women, so we have some sort of continuity and we can build rapport with them, so they know our history and we don't have to go through it all over again.*
- *Because you get treated like shit by the nurses and doctors it makes you not want to access health services so you just put up with stuff.*

Women told us that access to nurses was limited to their attendance in the women's area three times a day to dispense medication.

In relation to access to health support, the women reported several barriers to accessing responsive healthcare services in prison, including a perceived lack of confidentiality, 'gatekeeping' behaviours from staff, and frustrations in the delays in getting an appointment

due the triage system (where the women feel their needs are not considered as urgent as the men's).

- *Having to wait in excess of 8 weeks to access mental health or see the GP is common place – women are often triaged and end up at the bottom of the list and the men are prioritised.*
- *Triage process with health doesn't work. One of the girls saw the doctor a few weeks ago about her leg, they filled out forms to get an xray, she hasn't heard anything since.*
- *The GP wanted to have an allergy review and blood tests done but nothing has been done.*
- *We never get the results from blood tests or other tests or scans. You just never hear back.*

Access to medications

The expectation in relation to medications is that there are 'safe facilities and procedures for the distribution of medication to detainees that reduces risk of incorrect dispensing and diversion.' From our discussions with women the focus seems to be on security processes rather than information provision and support to manage issues.

In relation to when they first arrived in the AMC – a difficult time for most - women told us about delays by the AMC in being able to establish communication with their general practitioner or psychiatrist, or to confirm existing prescriptions, which had led to disruptions to regular medications, or changes to their established medication practices. They also spoke of the impacts this had on some of their medical issues (such as for back injuries, mental health or chronic conditions).

While the nurses come to the women's area with medications three times a day most women told us they had experienced delays in their medication treatment, missed their medication completely if they were late being escorted back from a program or visit etc, or had received incorrect medications at times.

- *When prescribed medication by the GP there is often a long wait time before receiving meds.*
- *Mental health meds don't arrive on time each day, some people need to have their meds at specific times but they just come all together and if you're not around when the nurse is here you miss your meds.*
- *Meds aren't given at the right time for a lot of people for example one of the women is diabetic but her meds are given too close to meal times so she can't take them. Then they wonder why people's conditions aren't being managed properly.*
- *My meds are meant to be given in the morning but every day I get them in the afternoon.*
- *One of the girls who has schizophrenia is not OK, she has been unwell for three months or more. She can't get a review of her meds and they aren't given on time each day which is crucial to her managing her condition.*
- *Review of meds and changes to prescriptions don't happen in timely manner. Once you have had a review and if your meds are changed, it takes ages for them to process it and start you on your new meds.*
- *I need medication to help me sleep, it's not meant to be a supervised medication but they won't take it off the supervised list so I have to take it at 5pm. We don't get locked in till 6:30pm so I fight the tiredness and then they don't work by the time I'm ready to go to sleep. Not being able to sleep in here can be really bad.*

- *We are often given the wrong dose of our meds or for the wrong person. It really relies on the person checking their own meds each time.*
- *I was given Nurofen by one of the nurses even though I'm highly allergic to ibuprofen. It's written on my file, it was just lucky I checked it.*
- *They are always out of stock for migraine medication, I've been waiting weeks for them and they never have any.*
- *I'm still waiting for corticosteroids for my hip which has been dislocating on and off for the past 13 months. The GPs never look at your history.*
- *You can't even take your meds on your own, you have to do it out here in front of everyone. I don't have a drug problem.*
- *I was put on medication for mental health and they didn't check my blood pressure, one of the side effects is high blood pressure and I collapsed.*
- *I'm going to rattle when I leave here. I'm on so much more medication since coming in here. They keep medicating me for what they think I need but I'm going to have to go back to my GP and get a complete review of everything to sort it out.*

Women also told us that information about the benefits and risks of medications were not provided when their medications were changed:

- *There is no education being given about the medications we are given. No information sheets so we can read about the side effects etc.*

WCHM observed the visits by the nurses every Monday and noted that the focus was on security and dispensing medication rather than advice – and that there was a lack of privacy for a discussion with a nurse in those visits.

- *The nurses come 3 times a day but all they do is hand out medication, it's really just a dispensary.*
- *We have no access to the nurses, there is no privacy and the guards just stand over everyone while they take their meds.*
- *We don't get to talk to the nurses about our meds because ... we all have to get our meds at the same counter and there are all the women standing around and there is no privacy or time for the nurses to be able to talk about any issues.*
- *Often there are male nurses at the meds window, I don't feel comfortable talking to them about my issues.*
- *We need to have nurses come up one day a week for a few hours and be available if anyone needs to see them for minor issues that don't need the GP.*

Many of the women described the lack of empathy by the nursing staff, the limited privacy and confidentiality in talking to the nurses, as well as the lack of time to talk to a nurse given the delay it would mean to others waiting for their meds.

Women also spoke of the lack of access to normal over the counter medication or preventative items like vitamins and supplements via buy-up, and the need to wait to see the GP for these.

Sexual and reproductive health

In relation to their sexual and reproductive health, many of the women spoke of never having had a pap smear, and most of them advised that they were scared of the process and unsure of the process.

- *Girls in here are scared of having a pap smear.*

- *I was in a room with three nurses standing around me and it was really uncomfortable and hurt. Now I'm even more scared about having another one, it shouldn't be like that.*

And some of the women spoke about concerns that someone had been inappropriately touched by one of the doctors while having a pap smear. We were unable to confirm the truth of this, whether this was more than a rumour or find out who might have experienced this.

So WCHM invited women nurses from Sexual Health and Family Planning and the Women's Health Service to accompany WCHM to visit the women and run a session on sexual and reproductive health which helped to inform the women and to remove the stigma and misinformation about sexual and reproductive health issues. It was very well attended and very welcomed by the women, so we intend to do this again regularly (given the turnover of women in the prison) and to include a specific focus on the process involved in a pap smear and how it should be done, so that women may be less scared.

WCHM feels that this does highlight the need for a specific response for women for their sexual and reproductive needs with a provider who they would feel comfortable with rather than a Justice Health response. And especially given the results of the health survey which showed so many women did not have easy access to sexual and reproductive health services in the community, and that 61.5% said they had not had regular pap smear/cervical screening.

Research also shows that women who have been incarcerated bear a disproportionate burden of cervical disease, especially those with a '*sexual history containing high-risk behaviours, a history of abuse, ... and substance use histories*'.¹ Their histories influence whether they access screening or follow-up care, and they need extra support. To address this WCHM feels there is therefore the need for a specific women centred health service approach by a local women's specialist service.

Dental health

Accessing dental health was an issue for many of the women, and most of the women spoke of having dental health issues that were not addressed early by the AMC. WCHM staff noted that most women who finally gained access to the dentist ended up having their teeth pulled rather than filled:

- *There is no maintenance offered for dental, you just have to wait until you're in so much pain with something wrong before they will see you.*
- *I had a hole in my tooth before Christmas and they wouldn't give me anything, no antibiotics or pain killers and I still haven't seen the dentist about it. I was in so much pain.*
- *I had an abscess in my tooth, I needed antibiotics which the dentist prescribed. When I went to get my meds, I asked for the antibiotics and they said that it wasn't on my file so I didn't get them. Then (another woman) went up to get her meds and there were my antibiotics in hers and they wouldn't listen when she told them they weren't for her. Then I had to wait until the next night for them to sort out the file so I could get my antibiotics.*

¹ Kelly, Patricia J et al. "Cervical cancer screening among incarcerated women." *PLoS one* vol. 13,6 e0199220. 26 Jun. 2018, doi:10.1371/journal.pone.0199220

- *I have seen girls have 2 or 3 wisdom teeth removed under local anaesthetic and their mouth and face are swollen and bruised for days (normally would be done under a general anaesthetic).*
- *We've had girls in here in so much pain for weeks, then they just pull your teeth out when it gets really bad. One girl had 2 teeth pulled out before Christmas her face was so swollen, and they didn't give her any antibiotics or pain relief. She just had to wait until the nurses came in the afternoon and they gave her two Panadol.*

WCHM was unable to identify any evidence from the women that they had timely access to early dental checks, or advice and information about maintaining their oral health.

Mental health

In relation to mental health, it is expected that there is appropriate and adequate provision to meet the mental health care needs of detainees, and that there is a comprehensive mental health policy in place that includes strategies to prevent suicide and self-harm, including specific and specialised support to those at risk.

In our conversations with women about access to mental health support, the women felt their needs are not considered and or are dismissed. Wait times to access mental health are seen as too long and women have advised that the only way they get taken seriously is if they self harm.

- *I've been having a tough time and have been asking for ages to see mental health but nothing has happened. I had to slash up to get them to come and see me, now they want to work with me but I had to do that to get their attention. I've been in here asking for it for two years.*
- *I got told several times that my issues were not a priority unless I self harmed etc.*
- *I needed to see someone from Mental Health badly, but I didn't get seen. The officers get to choose who gets seen. I had to yell at the screws to get to see a doctor.*
- *I needed urgent help with my depression and PTSD flashbacks at one time – took 8 days to see CPSS, they referred me to mental health which took another few days and then post this session I got a letter stating that I could not see mental health as I had learnt some tools in previous counselling 'that should be sufficient' for me to help myself.*
- *Why if you are put on a PTO are you sent to prison and not sent to a mental health facility? The first time I came in I was on a PTO and then got out and kept coming back in here on a PTO, I had no proper treatment or support from mental health or no input into my treatment It just seems if you can have some say in your health treatment you get better outcomes.*

The majority of the women had experienced physical, mental and sexual abuse in their history and this has resulted in many of them having some form of trauma or PTSD. But they felt that the responses to trauma were very limited in the AMC. Women told us they were prescribed medication to overcome their symptoms and distress, rather than addressing the underlying reasons and trauma that led to their mental health problems.

- *Many of the women have PTSD and there is no help available for us. We are reliving our issues every day in here because there is no privacy, space or safety. There are so many triggers in here.*
- *We need continuity when dealing with trauma in here and outside.*
- *Counsellors don't like to delve into trauma when you're in here because you're already vulnerable, but this is the perfect time to do it.*

- *Most of the women in here have experienced trauma and there is no protection or support for that in here. Some of the guards treat you in here is so bad, it can be a trigger for anyone.*

Special health needs

Women identified the lack of access to timely supports such as optometrists, podiatry, physios and audiometry onsite as an issue. Some of these were outside referrals which took a long time to arrange and then required women to be escorted and in handcuffs.

- *I need to have my prescription in my glasses reviewed but the optometrist can't bring in his equipment to do proper tests so we can't get our prescriptions updated.*
- *An optometrist comes in monthly but he takes 6 months to see. And often he cannot even match current prescriptions or update our lenses.*
- *I had to have an old pair of glasses brought in with lenses over 2 years old when my glasses broke in here so my eye health went backwards!*
- *We don't have access to physio or podiatry. I have issues with my feet, I had to cut out my corns with a pencil sharpener blade.*
- *I had to wait 7 months to get orthotics.*
- *We aren't allowed to bring in health supports like orthotics from home, so we have to wait until we can get in to see someone in here and then wait again for anything to happen after that.*

Smoking support

The expectation is that appropriate intervention and support is provided to detainees to assist with abstinence and withdrawal. WCHM noted advice from the women that the only option provided to them was the use of nicotine replacement patches, which some of the women had experienced allergic reactions to.

Given the high percentage of smoking among the women, alternatives to assist them to quit smoking should be considered.

PRINCIPAL 3 – PURPOSEFUL ACTIVITY

Everyone is encouraged to improve himself or herself and is given the opportunity to do so through the provision of purposeful activity.

Overall, during our visits to the women in the AMC, WCHM did not observe that there was enough purposeful activity to suit all the women or activities that would benefit them, were focussed on improving their skills or their self esteem, or kept them busy so they were not bored. The reasons we were given for this were related to the 'small numbers' of women with a wide variety of needs, the lack of resources/staffing and the limited hours per day for the activities. That is why WCHM purposefully liaised with community services and others in the community to assist us on Monday mornings to provide information sessions and activities which would fill in the morning – there is an opportunity to supplement what can be done by AMC staff with experts from the community. We are pleased to hear that the new General Manager is looking at opportunities to extend the number of hours available because of the shifts for staff and perhaps freeing up more time for activities.

In relation to their access to learning and education, WCHM was not able to confirm from our discussions with women that there was a clear understanding by the education provider of the learning and skills needs of the women and there was a lack of focus on literacy and numeracy. In addition there needed to also be a focus for women on the provision of social and life skills, and employability type supports (especially given their lack of access to the TRC and a wider range of employment).

There were limited options for the women to improve their health and maintain their fitness with extremely limited access to structured physical education, fitness or sports activities which were relevant to the needs of women. This is caused in part by the location of the women's area in the middle of an otherwise male prison, and the lack of focus on planning for regular activities could be considered within the women's areas.

A. Time out of cells

There is an expectation in this criteria that the hours out of cells facilitates access to work, programs, services, recreation, and overall rehabilitation.

The women told WCHM staff that their out of cell hours were often impacted upon by the 2 hour lock down for staff to have lunch, increased lock ins when the AMC was short staffed (such as during school holidays), when medical escorts were needed, and when staff were taken from the women's area to cover issues in other areas of the AMC. Women also advised that when there were cultural days for the Aboriginal and Torres Strait Islander women and men detainees, they were locked in for extended periods.

These lock downs impacted on the already short number of hours available for purposeful activity – around 6 hours per day. And when lock downs occurred the women advised that programs were cancelled, and not rescheduled.

B. Education, skills and work activities

There is an expectation in this criteria that detainees 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.

WCHM recognises that sports, recreation and other activities are essential for maintaining and improving the physical and mental health of the women, and for their personal development. And are important to the women given that in their previous cottage environment they had access to gardens and ovals to walk, and to tennis and basketball courts.

Also sport and recreation activities are important given that most of the women experience weight gain due to:

- the carb heavy meals, high amounts of bread and large portions;
- the meds they are given; and
- 'sitting around with nothing to do'.

And access to planned recreational activities would assist to occupy women constructively given their restricted access to employment opportunities etc.

- *We need to have an exercise class every day, in the morning. Something for us to get up and do. We need routine.*
- *If you can start getting in a routine in here there is more chance that some of the girls will continue it when they get out of here.*
- *The worst thing for a drug addict is to have time on your hands. We need programs and education and work.*

Information sessions

Through a one-off Women's Grant, WCHM has been assisting with purposeful and relevant activity for the women by visiting the women in the AMC on a weekly basis since early September at the Monday morning meetings (and some Friday mornings). This included information sessions which were based on needs and interests which were identified by the women, and arts and craft activities.

The information sessions were mainly delivered by our partners in community services and we used Grant funding to reimbursement some of them to cover their costs. The sessions which were delivered included:

- Budgeting and managing finances (given that many women come to prison with unpaid fines, and this burden greatly hinders their capacity to manage their financial affairs when they leave prison);
- Sexual and reproductive health and menopause;
- My Health Record and how it works;
- Safety planning for domestic violence;
- Several sessions on emotional and mental health teaching mindfulness skills and self soothing;
- Parenting/ connecting with kids;
- What is the role of the Health Services Commissioner;
- Canberra Community Law – what free legal services are available for women and for what issues;
- How does Housing ACT/OneLink and access to housing apply for women in the AMC.

Art and craft activities

In relation to the art and craft activities, WCHM identified a volunteer who is an artist and who gave up her time to teach art to the women every fortnight for 2 hours for a few months.

And WCHM provided art materials based on the needs of the women, including paints and brushes, mindfulness art activity books, crayons, gel pens/textas, card making supplies (for Christmas), matchsticks and paddle-pop sticks, beads and craft materials for making dream catchers which have been used in planned activities by WCHM with the women.

The women have commented very positively about the information sessions and the access to art and craft activities, including to Minister Berry on a recent visit.

And as a result both Canberra Community Law and ACT Housing/Onelink have committed to regular monthly sessions over the next year (with Canberra Community Law being supported to do so through a one off Grant).

The women told us they needed more regular things to do, including some that they can do on their own without supervision – including arts and crafts because *'Staff are stingy with what they will hand out.'* Especially for weekends – *'The officers hate weekends, we hate weekends – we should have the opportunity to do things then.'*

And the women advised us that the art teacher doesn't come very often but when she does the activities that she brings to do are *'childish and degrading'*.

- *The art teachers give the boys good stuff to do, but not us.*
- *She doesn't come often (the art teacher), but when she does the stuff (for us to do) is stupid! Example: she'll bring a magazine, glue and a bowl.*

Recreation and sports activities

In relation to recreation and sports activities the women frequently discuss that when they were in the women's area they could walk around and exercise and do gardening etc and as a result they weren't so bored.

The women appear to have significantly poorer access to outdoor areas and physical activities than men in the AMC, and have frequently highlighted the lack of opportunities for them to improve their health through participation in physical activity. This is mainly as result of the location of the women's area within the male dominated prison.

When WCHM staff first started visiting there was no access for the women to sports activities or outdoor areas. *'One of the best things to do to help you keep your sanity is to walk, but there is nowhere to walk. Some of the women walk up and down the wings but it's not good enough. The women need space and fresh air to exercise.'*

But this has since changed to some degree, but slowly:

- Women can now attend a nearby oval once a week for an hour. But the oval is adjacent to the men's blocks and many of the women do not access the oval because of their concerns about the proximity of the men in that area.
- Access for the women to the gym has also now been organised - Wednesdays or Fridays- but women advise WCHM that it is not structured and the times conflict with work at the bakery and the SMART program.
- There is gym equipment available in the wings which we noted were used consistently over many months by several of the women who knew how to use gym equipment and who taught the other women. But those women have now left the AMC, the equipment is starting to rust, and the remaining women do not know how to use the equipment - and there is no support provided to teach them or to arrange the time to teach them. The women have also advised that the equipment in the west

wing doesn't work at all – so the women there do not get the opportunities to exercise.

Apart from these options, the only access to exercise is in the outdoor area behind two of the wings which the women are keen to access each day, but since the move from the women's area there have been significant issues in getting them access to the area:

- Originally the women were not allowed to use the area because they could be observed men in the adjacent block, but fencing has now been put up.
- Then the area was not maintained well and there were times when the grass was so overgrown that the women could not use it – or were not let use it because of this. But no priority was given to getting the area mown. *'We offered to mow the grass but were told we weren't allowed to that it was a job for the men. But no one came to do it.'*
- Women were given access to a vegetable garden in the outdoor area, and were assisted to prepare the gardens and plant the plants by the gardener - but then they were not allowed out there to maintain it without the gardener, and the gardener did not come back after the gardens were installed. As a result the gardens became overgrown.

While there has been great work done on improving the area (seating and shade and cameras to allow visibility of the area etc) there is still only occasional access to the green space, and WCHM has noted the lack of consistency in ensuring that the women can access this area regularly. The women told us:

- *We are meant to be able to access the grass area at the back of our cell block every day for a few hours in the morning and afternoon - I reckon we've been out there less than 30 times in over six months.*
- *We are always promised things and then have them taken away, like access to the ... the grass area. It depends on who the guards are that day, some say yes and others can't be bothered to do anything.*

More recently WCHM observed that - because of an incident involving 2 women using an unlocked gate to climb a low fence and visit a partner in the men's area – all the women were punished by denying them access to the outdoor area. After escalating the issue, WCHM was advised that this was because of delays in the procurement process for a fencing project to enable female detainees to access the rear 'garden' area of the unit unsupervised. But following our concerns they put in place supervised access to this area in the morning and afternoon, for at least 3 hours combined. We were advised that the times had been allocated to fit best within the structured day (i.e. they coincide least with the hours of work / education / programs).

At WCHM's first visit after this was put in place, the women advised us that the time allocated in the morning was 8.30a.m. which was not being used by the women it was straight after women were released from lockup in the morning (when they were preparing breakfast and showering etc) and also the temperature at that time was minus 1 to minus 4 during the first few days of the time allocation.

Based on the women's advice about their needs for exercise classes and yoga classes to try and keep fit, we also identified a suitably qualified volunteer, but after several months the process for approving her to come in to the AMC has not progressed.

Sport

There is a gap for women in being able to play sport/team games as the unit they are housed in does not have access to basketball courts etc like some of the men's areas.

In relation to the **education** aspects of this criteria there is an expectation that:

- All detainees 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.
- So far as practicable, the education of detainees is integrated with an Australian accredited education system, so that after their release they may continue their education without difficulty.

Education

Unlike the men, the provision of education for the women is not in classrooms or in the Education block. There are no face to face training sessions, and the learning is all self directed, and the women are provided with workbooks for completing their course work

- *We are just given booklets to fill out and left to it.*
- *What's the good in doing education one day a week or a fortnight?*

We were told that there are no literacy, language or numeracy basic assessments done prior to enrolment. The women advised us that the education resources and support materials are not adjusted to suit the learning styles or needs of the different women.

- Women also advised us that they don't get the certificates they are supposed to, that the completed workbooks go missing after the women hand them in to education or to officers, and that as a result they are often told they haven't completed all the course work. When they hand in the work, the women advised that they don't get a record of what they have done.
- *Everyone has different literacy levels and it's all self-directed which doesn't work for a lot of the women.*
- *Year 10 equivalent is not available here- - I really want to get my year 10 equivalent so that I can do other things in here.*

Women were concerned that the education offered is not recognised or accredited, so that their learning did not translate or give them accreditation in the community. In the case of one course - Vocation vocabulary – the women advised that they don't even provide enough electives to enable them to finish the course.

- *When you hand in something, you get no proof back, no records.*
- *I had to redo my handbook 3 times, by the 3rd time I wasn't motivated, I just gave blunt answers.*
- *Their records are poor and often wrong, we have to repeat modules because the data is not entered correctly into the VetTrack system.*

Women also told us that their education achievements were not recognised in the same way as the men.

- *The boys get to graduate and have a celebration with their family when they complete education – we just get given the piece of paper.*
- *Sometimes the staff don't print out and give you the certificates when you finish.*

Women also told us they were eager to learn other skills such as self-management skills; self-esteem, and life skills such as budgeting. WCHM thinks it is important that this type of

education and training should take place throughout a woman's sentence to prepare her and support her for release.

PRINCIPAL 4 : REHABILITATION AND PREPARATION FOR RELEASE

Everyone is enabled to maintain contact with their families and is prepared for release.

WCHM consistently heard from the women in the AMC that their rehabilitation and preparation for release was impacted adversely by their poorer access to 'real' work training and a variety of employment/ jobs in the AMC compared to the men, combined with no opportunities for work release or other contact with the community prior to release, except for home visits. This is despite the fact that most of the women pose a lower risk to the safety of the community.

A. Rehabilitation

There is an expectation in this criteria that:

- Case management plans are prepared for sentenced detainees soon after admission to a correctional centre.
- Based on an individual risk and needs assessment, detainees are provided access to a range of evidence-based programs (for sentenced detainees) and transitional/pre-release programs that match detainee needs.
- Detainees can access evidence-based criminogenic programs that meet their individual risks and needs.

From WCHM's observations, rehabilitation of the women seems to have a lower priority in the AMC than security and supervision. Because most of the women are victims as well they have specific gendered rehabilitation needs. Just addressing one need (eg drug use) does not address the inter-connection between their abuse histories and their mental health and physical issues. The offending profiles of the women and the circumstances of their offending behaviour also vary considerably to those of men, but there appears to be a limited availability of programs which are targeted at the specific needs of women.

- *All the programs focus on alcohol and drugs, there is no focus on your life and what led you to use drugs and alcohol, nothing on life experiences and nothing to support you through all that, or about how to be a woman and respect yourself and take care of yourself.*
- *I've done everything (programs & education) on offer in here but the courts don't see that as meaningful. That's all I have access to, so what am I supposed to do?*
- *There is only SMART and TOORA offered at the moment and they are really inconsistent.*

While there are a high percentage of the women who have drug and alcohol dependency issues, gender specific programs for the women need to target areas beyond just substance abuse and recognise the interrelatedness of trauma/victimisation, drug abuse, and mental health problems, and offer programs related to violent behaviour/offending, domestic and sexual abuse, safe relationships, managing grief and emotions, and personal development. Programs which address the issues that cause them to use drugs and alcohol, and which also support them with life skills for leaving prison.

There is also the need for ensuring the continuity of these programs so that they can access them on release into the community and ensure that the progress made during imprisonment

are continued post-release. Women told us they favoured the community-based delivery of programs rather than those delivered by AMC program staff.

- *The prison Drug and Alcohol program is so boring, you walk away from it and don't remember any of it. To be honest a lot of the girls just do it to tick the box and say they completed the program.*
- *RUSH is really good, it's 18 weeks and it's really interesting. We do drug and alcohol but we also do anger management and DBT. You always walk away with something that you can apply. Everyone can do it. It's really good because it continues when you get out too.*

Women advised us that their case management plans did not seem to impact on the day to day delivery of supports and programs to them while they were in the AMC.

Women told us that they don't get access to the same choice of programs as the men, and that what they do get is often inconsistent. There are a limited number of programs on offer to the women some of which are regularly repeated, which means that those women on longer sentences have done everything that is on offer. Some other programs are not delivered as frequently so some women miss out on these entirely.

- *I've done everything the jail has to offer, there is nothing left to do and I've been here 14 months.*
- *There are no courses to help you better yourself, just box checking!*

For some women the short time spent in custody and the often limited notice of an actual release date made access to programs difficult but there needs to be a focus on how to support some rehabilitation (especially those who are recidivists) for shorter termers so that women are not disadvantaged by their sentence length.

In relation to programs and rehabilitation services who work with women from the AMC or post release told us that:

- *The women need more access to programs and rehab that will benefit them when exiting – there needs to be continuity into the community.*
- *Many of the sentenced women don't have a release plan, certainly not a well prepared one. They are often released with no idea of what to do or where to go.*
- *Sentenced women's case plan is very much crisis response – AoD, not family and connections and self worth.*
- *A lot of women attend the programs time and time again, they don't get much out of it.*
- *Someone may be successful in a program while they are inside, but if they are not properly supported when they are released they will go back to old life and habits.*
- *There is no rehabilitation for women on remand. Remandees don't get case plans.*
- *Women on remand are just sort of put in there, not able to engage in programs or anything then end up being released from the courts when they go for sentencing with no plan or support.*

It is expected that:

- To the maximum extent possible, detainees 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.

- The organisation and methods of work in correctional centres resemble as closely as possible those of similar work outside correctional centres, to prepare detainees for the conditions of normal occupational life. Correctional centre labour should not be of an afflictive nature.

Preparing the women for employment in the community needs a focus on providing a variety of practical skills and improving their confidence to seek employment. This means ensuring access to training, jobs in a range of areas including through Release to Work opportunities, providing them with job seeking skills and assisting them to seek work if they have a history of unemployment.

WCHM's survey of the women found that:

- **61.5%** of the respondents had been in prison before, and
- **69.2%** had not been employed in the 6 months prior to them entering prison.

Yet apart from the positions for 5 women in the bakery for 3 days a week, and a few positions as baristas in the visits area, there is no program of employment related work or training that focuses on equipping them for employment on release.

Employment opportunities for women in the AMC are currently much more limited than for males, and the jobs available are not comparable in nature and scope to what are available for the men. While a majority of women are employed, apart from those in the bakery – and those who do the barista jobs in the visits area - the jobs relate to basic duties cleaning the wings which provide no scope for acquiring skills that will be useful upon release and are in demand in the employment market.

While it is understood that the women are also required to contribute to the running of the prison by performing the everyday tasks that need to be done, these jobs for the women form the only access for most of the women in the AMC to employment.

Everyday tasks in the wings do not provide meaningful employment or assist with skills relevant to employment on release from prison.

And the men get inequitable access to other service tasks within the prison that the women are never able to undertake including gardening (which could be done by the women in their own area, the laundry etc.

One example of a missed opportunity for teaching skills is when the women were promised that gardens would be put up in their new area after they moved out of the cottages, so they could grow veggies and use them for cooking. The gardens were built but since then, no-one has come up to do anything with them, and they have no supplies or tools so the women can't maintain them on their own and have not been trained to do so. The men get paid for maintaining gardens etc but the women aren't allowed to do it because it's seen as "men's" work.

Women have also told us that in recent months that there are many vacant jobs in the wing but that the AMC is taking significant time to go through the process of filling them after women leave them – meaning jobs don't get done and some women have no access to jobs or the income from those jobs.

- *Organising to get a job takes a long time – you have to have a fit to work certificate, a white card from Andre, then get the prison education/work system to get you the paper work and no copies are given to you for it they go missing.*

B. Preparation for release

There is a need for a tailored approach in the AMC to the design and delivery of pre release programs for the women which address their specific rehabilitative needs and to assist them with coping with daily life on release from prison. There should also be provision for post-release programs to support them moving back into the community.

The lack of transition options is also an issue for the women. The women in the AMC do not have the same (or similar) access to pre and post release programs focused on employment, or the opportunity to spend time in the Transition Release Centre.

As a result, instead of transitioning, the significant majority of the women are released directly from the AMC back into the community without the opportunity of a staged planned approach to independent living.

In our time visiting the women we have only seen 2 women get released for family visits (both women who had committed white collar crimes). And women told us that the process and time it takes to try and access the Transition Release is significant, and there are inconsistencies in how the decisions are applied.

Women told us:

- *We don't get the access to TRC like the men do, some women have had day or work release but it takes a long time to get an application approved.*
- *I had to wait 5 months to get approved (for the TRC), hopefully it'll be quicker. At the moment they are only worried about family visits not work release.*
- *There is no option for work release for women.*
- *We need to be able to do some charity work – the judge recognises charity work and giving – it's heartfelt and community minded. It's good for your conscience too.*

Given the complex challenges/disadvantage that the women face upon release, there needs to be investment in women focussed support for women in relation to transitioning and reintegrating into the community – especially in relation to reintegration initiatives that are gender-responsive and which respond to the different needs and risks for women upon return to the community, and extending to support for the first few days including access to employment/mentors etc.

And there needs to be a focus on the importance in the release planning for connecting women with their children.

- *It would be wonderful if there was something in place for them to start connecting with their children while they are in the AMC that would be carried on out in the community.*
- *Relationship building with women shouldn't be underestimated especially when it's about reconnecting with their children.*
- *It's really important for the women to be working with someone on how they are going to go about getting their children back in their care, while they are in the AMC.*

WCHM heard from the women that reuniting with their children (and staying connected with them) was a strong motivator for them leaving prison and staying out. But one of the issues that contributed to their recidivism was a gap in support for them as mothers to prepare well to reunite with their children and in regulating their emotions when working with CYPS to understand the parental issues. Many of them experienced emotional distress in engaging

with and understanding the expectations of CYPS system, and understanding how to address the parenting concerns raised by CPYS in an effective rather than emotional way. That is why WCHM has applied for a Grant for a trial project which will address this gap by designing, delivering and evaluating a ten week Parenting Program with the aim of improving the women's skills and confidence.

It is expected that:

- Detainees are encouraged, and as far as practicable, adequate opportunities must be provided, for detainees to be able to remain in contact with family members, friends, associates, community leaders and others by telephone calls, mail, email and visits.
- There is a sufficient number of telephones so that detainees can gain reasonable access and be able to speak for a reasonable time, without disadvantaging other detainees.
- As far as practicable, detainees are able to send and receive as much mail as they wish.
- Detainees have reasonable access to email and other technology where possible.

In relation to preparation for release, the services working with women highlighted the importance for women of connection and contact with the outside world and community organisations, and of building relationships with services so they can transition back in to the community and continue to engage with those services.

- *There's not a lot of scope for organisations to go into the AMC and just connect with the women on a human level, ask them what they need, what they want etc.*
- *There are opportunities to bring in community organisations to engage with the women so they start building relationships with them while they are in there, so they can link up with them again when they get out.*

Women in the AMC have raised issues with us about the costs of phone calls, and the lack of privacy of phone calls. This means there is a reliance on emails and mail to stay in touch, but women but the women told us they experience delays in getting mail and emails. We understand this was raised several times at the Delegates meeting.

- *Emails can take a long time to get through, or sometimes they just never arrive – this can cause issues with your family when there is no communication because of the delays by the jail.*
- *Minimal emails get through on the weekend (a staffing issue?)*
- *It takes about a week to get inter-jail mail.*
- *Phones are in the wings, and there is no privacy.*
- *The only private calls we get are welfare calls – sometimes the officers stay with you, sometimes they leave you alone.*

While the women appreciate the need for security requirements etc, they cannot understand why the IT system and staffing for clearance of these items do not enable a timely response and therefore affect the women's ability to communicate with their approved family and friends.

Conclusion

This submission highlights staff observations while visiting the women and the common themes from the experiences that the women conveyed as well as the feedback to us from some of our partners who provide community based services that support the women.

WCHM would be happy to expand further on the points made in this Submission as required.