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Addendum

This report is dedicated to Dr Peter Sharp AM (25/12/1958-18/9/2011) who devoted 22 years of his short life to improving the health of Aboriginal and Torres Strait Islander people.

Winnunga Nimmityjah Aboriginal Health Service has been privileged as a result of his career choice. Dr Pete made invaluable contributions to developing Winnunga's services and in doing so to the health of Aboriginal and Torres Strait Islander people of the ACT and region.

His work as the Winnunga Medical Director followed the holistic approach to health care. This whole of life focus on Aboriginal health meant that his work interrelated with Winnunga's social and emotional programs.

Areas of particular concern to Dr Pete were alcohol, tobacco and other drug issues, and prisoners' health.

For over ten years Dr Pete visited the Goulburn and Cooma prisons, the Belconnen Remand Centre, the Juvenile Justice Centre and the ACT Alexander Maconochie Centre (AMC) after it opened in March 2009.

The comments from AMC respondents in this Study are a testament to the community's love and respect for Dr Pete. They include:

Dr Pete has been my doctor since I was a baby and Dr Pete visited me in Goulburn Prison. It helps me out a lot and he has always been there for me.

Dr Pete was awarded many times for his outstanding contribution to his profession and to the welfare of the ACT Aboriginal community.

However, the award he received during NAIDOC week in 2004 as the first non-Aboriginal person to be awarded for his commitment to Aboriginal Health, will remain a tribute of gratitude, love and respect from the Aboriginal and Torres Strait Islander people of the ACT and region forever.

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- The Aboriginal and Torres Strait Islander people in the Alexander Maconochie Centre and their families, for their generosity of spirit in openly and freely telling us their personal stories.
- ACT Corrective Services who gave Winnunga assistance and access to their staff and Aboriginal and Torres Strait Islander people in the Alexander Maconochie Centre.
- ACT Health who gave Winnunga access to their staff in the Hume Health Centre.
- The Alexander Maconochie Centre support organisation representatives for generously sharing their perspectives.
- The Winnunga co-researchers of this Study for their dedication to the wellbeing of the Aboriginal and Torres Strait Islander Community of the ACT and Region.

Without this support the Study would not have been possible.

Note:

The terms 'Aboriginal' and 'Indigenous' refer to the many different peoples and language groups who were living in Australia at the time of European settlement, including the Aboriginal peoples of the continent and the Torres Strait Islander people. This Study's use of the term 'Aboriginal' also includes the Torres Strait Islander people.

EXECUTIVE SUMMARY

The Winnunga Phase 2 Study followed the ethical guidelines of the National Health and Medical Research Council (NHMRC 2007, 2006, 2003) and received ethical approval from the ACT Health Human Research Ethics Committee on 12 January 2011. The Study was endorsed by the Winnunga Board (and owner of the intellectual property rights). There is scope to transfer this new knowledge and understanding to the health and justice systems in other jurisdictions throughout Australia.

Following the rationale of the 2007 Winnunga Phase 1 Study, *You do the Crime, You do the Time* (Poroch et al. 2007) the findings and recommendations of this Study are based on ‘the fundamental and ethical view that the penalty for a convicted person is the removal of their freedom for the period of their incarceration, and that their basic rights as human beings in our society must be preserved, and that collective punishment on their families is unethical and unacceptable in our society’ (Barry, 1967: 185-186).

This 2011 Winnunga Phase 2 Study *We’re Struggling in Here!* takes into consideration the findings of the ACT Government commissioned Knowledge Consulting (Keith Hamburger, 2011a,b) and the Burnet Institute (Stroove and Kirwan 2010) reports. Its findings are found in Chapters Six, Seven and Eight which address the Study’s three research questions (see pages 3 and 4). The associated recommendations are detailed below:

- The Winnunga Holistic Health Care Prison Model which incorporates Winnunga Case Management (delivered by the Winnunga Social Health Team) is adopted for Aboriginal people in the AMC.
- A Coordination Officer is included in the Winnunga Social Health Team to record details of each individual’s case management plan in the AMC and their families, and coordinate and oversight ongoing case management on release. This Officer would also coordinate communication strategies with other Aboriginal and non-Aboriginal support organisations involved in the case management, the ACT Government’s Aboriginal and Torres Strait Islander Working Group, and the AMC Exit Coordination Officer. It is important that Winnunga attend exit strategy meetings with all support organisations involved to assist in coordinating release into the community. In addition, participation in regular follow-up meetings to monitor and evaluate each AMC exit is essential.
- An Internet communication network of associated Aboriginal and non-Indigenous support organisations maintained by a nominated agency is established.
- A monitoring and evaluation program is established to assess the process, impact and outcomes of introducing the Winnunga case management approach in the AMC
- Aboriginal people on remand are given access to Winnunga case management and all other programs in the AMC available to sentenced persons.

- Aboriginal females who are in the minority in the AMC receive opportunities equal to the males regarding AMC work opportunities and access to services and programs.
- A telephone self-referral to the services of the Hume Health Centre and access to the Pharmaceutical Benefit Scheme are pursued.
- The employment opportunities in the AMC are increased, so that Aboriginal people have funds to regularly communicate with their families by telephone.
- Treatment for mental illness is delivered by Aboriginal professionals within the Winnunga case management plan in accordance with the RCIADIC (1991) recommendations.
- The spiritual needs of Aboriginal people in the AMC are addressed as detailed throughout the Winnunga Holistic Health Care Prison Model.
- Programs are introduced in the AMC such as the Buddy system (a RCIADIC 1991 recommendation), a Listener's Program, a Guide Dog Training Program, and other Programs that include animals.
- ACT Corrective Services increase the number of Aboriginal staff as recommended in the *Working Together Report* (2010), prepared by the ACT Corrective Services Aboriginal and Torres Strait Islander Working Group.
- The Winnunga home maintenance and mechanics programs are included in options for Community Services Orders.
- Aboriginal families visiting the AMC have access to a Winnunga bus service.
- ACTON Bus services to the AMC are more appropriately organised.
- Visitors who are turned away from visits through late arrivals receive counselling and advice about AMC rules delivered by an Aboriginal employee.
- A parenting program is introduced into the AMC suite of programs together with regular play groups and parent days during family visits.
- The ACT Human Rights Commission carries out a review of the AMC in January 2012 to evaluate the adoption of the AMC Reviews' recommendations.

Winnunga Nimmityjah Aboriginal Health Service also recommends the introduction of:

- Tobacco programs
- Pre and post-test counselling for blood borne virus testing
- Blood borne virus testing on admission, three months post admission and at discharge for all prisoners.
- Professional tattooing and piercing program

- Literacy and Numeracy Programs
- Provision of bleach and education on its use
- Needle and Syringe Program
- Provision of Naloxone on release from the AMC

as recommended in the Burnet Institute Report (Stroove & Kirwan 2010), and Winnunga membership of a proposed committee to oversight the welfare of the people in the AMC and on release.

The implications of these recommendations for the ACT Government are:

- Allocating funding for Winnunga Nimmityjah Aboriginal Health Service to deliver the Winnunga Holistic Health Care Prison Model, incorporating case management, to Aboriginal people in the AMC and their families, and on release.
- Allocating funding for Winnunga Nimmityjah Aboriginal Health Service to provide a bus service for Aboriginal families visiting the AMC.
- Allocating appropriate funding for half-way houses and ACT Housing accommodation for Aboriginal people on release from the AMC.
- Allocating funding for Aboriginal specific positions in ACT Corrective Services.
- Allocating funding for an Internet communication network of Aboriginal and non-Indigenous support organisations to be maintained by a nominated agency.
- Advancing the establishment of the Aboriginal-run Canberra Bush Farm residential treatment centre for Aboriginal drug users and their families.
- Authorising an MOU for guaranteed family access visits and family days to the AMC.
- Re-examining the Complaints Process for Aboriginal people in the AMC.
- Establishing an Aboriginal Prisoners' Advocacy Group.
- Evaluating the adoption of the AMC Reviews' recommendations in January 2012 by the ACT Human Rights Commission.

Implications for the Commonwealth Government resulting from the theoretical basis of this Study are:

- Assuming the role of setting mandatory national standards for best practice in health service delivery in all prisons.
- Allowing persons incarcerated by States and Territories access to the Pharmaceutical Benefit Scheme (PBS). Entitlements under the PBS and the Commonwealth Health Care Card should not change because of incarceration.
- Reinstating prisoners' federal election voting rights rescinded with the introduction of the Electoral and Referendum Amendment (Electoral Integrity and Other Measures) Act 2006.

In view of this Study's findings and the high rate of Aboriginal recidivism future research is necessary into effective restorative justice processes and a justice

reinvestment approach for Aboriginal young people, while examining the needs of the Aboriginal youth in the ACT Bimberi Youth Justice Centre and their families.

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LIST OF ABBREVIATIONS

AA	Alcoholics Anonymous
ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
ACTCOSS	ACT Council of Social Service Inc
ADFACT	Alcohol and Drug Foundation of the ACT
AIATSIS	Australian Institute of Aboriginal and Torres Strait Islander Studies
AIDS	Acquired Immune Deficiency Syndrome
AJC	Aboriginal Justice Centre
ALO	Aboriginal Liaison Officer
AMC	Alexander Maconochie Centre
BRC	Belconnen Remand Centre
CCC	Community Coalition on Corrections
CDEP	Community Development and Employment Program
CEO	Chief Executive Officer
CIGG	Community Integration Governance Group
CRCAH	Cooperative Research Centre for Aboriginal Health
DA	Drug Addicts Anonymous
DoHA	Department of Health and Ageing
GP	General Practitioner
HIV	Human Immunodeficiency Virus
HRSCATSIA	House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs
MOU	Memorandum of Understanding
NA	Narcotics Anonymous
NACCHO	National Aboriginal Community Controlled Health Organization
NAHSWPR	National Aboriginal Health Strategy Working Party Report
NAIDOC	National Aborigines and Islanders Day Observance Committee
NHMRC	National Health and Medical Research Council
NSW	New South Wales
RCIADIC	Royal Commission into Aboriginal Deaths in Custody
SCATSIH	Standing Committee on Aboriginal and Torres Strait Islander Health
STD	Sexually Transmitted Diseases
TAFE	Technical and Further Education
TC	Therapeutic Community
UN	United Nations
UNHRC	United Nations Human Rights Council
WAP	Woman and Prisons
Winnunga	Winnunga Nimmityjah Aboriginal Health Service