Chapter One - Introduction

1.1 Background
In July 2007 the Chief Minister of the Australian Capital Territory launched the Winnunga Report entitled: *You Do the Crime, You Do the Time. Best Practice Model of Holistic Health Service Delivery for Aboriginal and Torres Strait Islander Inmates of the ACT Prison*. The production of this Report resulted from one year’s research in anticipation of the Alexander Maconochie Centre (AMC) opening in Canberra in March 2009. Research partners in developing the Report with Winnunga Nimmityjah Aboriginal Health Service were - Muuji Regional Centre for Social and Emotional Wellbeing; Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS); the National Centre for Indigenous Studies at The Australian National University; the Healthpact Research Centre for Health Promotion and Wellbeing at the University of Canberra; The Connection ACT; and the Cooperative Research Centre for Aboriginal Health (CRCAH). The Report developed the Winnunga Holistic Health Care Prison Model for Aboriginal and Torres Strait Islander prisoners and their families (Poroch et al. 2007; Tongs and Chatfield 2007; Tongs et al. 2007).

The Aboriginal and Torres Strait Islander people’s holistic view of health and wellbeing (NAHSWP 1989: p. ix-x; Swan and Raphael 1995 Part 1:14; NACCHO 1993) was the prime consideration in developing the Winnunga Holistic Health Care Prison Model (see details of Model in Chapter Four) and the high incarceration rate of Aboriginal and Torres Strait Islander people.

The Report drew from Australian and overseas studies and recommended that further studies be undertaken to help overcome the lack of an evidence base for Aboriginal prison-related health issues in the ACT, and in Australia more broadly. A significant finding of the Winnunga prison health research study was that there was a glaring lack of information in the published literature, both nationally and internationally, about Indigenous peoples. More specifically this included information about Australian Aboriginal peoples, Aboriginal people in prisons, prison health, and effective interventions to improve health outcomes, to employ preventive health strategies, and to manage the cycle of incarceration. Consequently the Report’s recommendations regarding further research were to establish:

- a longitudinal study of Aboriginal people incarcerated in the Alexander Maconochie Centre, commencing with the opening of the facility;
- a cross-sectional study of juvenile justice and Aboriginal people prior to the opening of the Canberra Bimberi Juvenile Justice Centre in 2009;
- a study into effective preventative programs for youth that might reduce the number of offenders;
• a cross-sectional study of Aboriginal health in Police custody; and
• an evaluation/review on the efficacy of current sentencing options given the disproportionate Aboriginal incarceration rates.

This Winnunga Phase 2 Study of Aboriginal people’s needs while incarcerated in the AMC and when they are released together with the needs of their families was made possible through a National Health and Medical Research Council (NHMRC) Capacity Building Grant in Population Health and Health Services Research which was awarded in December 2010. The Grant is entitled ‘From Broome to Berrima: Building Australia-wide research capacity in Indigenous offender health and health care delivery’. The Winnunga Phase 2 study will make a significant contribution to this Australia-wide research.

The prime beneficiaries are the Aboriginal people incarcerated in the AMC and their families. The study findings will also assist ACT Corrective Services and the organisations which support Aboriginal people in the AMC to increase their knowledge of their specific needs in the AMC, when they are released, and in reducing recidivism.

The objectives of the Winnunga Phase 2 study are:

• To gain an understanding of the specific needs of the Aboriginal people in the Alexander Maconochie Centre (AMC) in the ACT and the needs of their families.
• To gain an understanding of whether the best practice Winnunga Model for the delivery of a holistic prison health care service (developed in the Phase 1 2007 Winnunga Study) is relevant to these needs.

The goals of this study are to answer three research questions. They are:

1. What are the specific health and social and emotional wellbeing needs of the Aboriginal people in the AMC and are they being met?

2. What are the specific health and social and emotional wellbeing needs required by the family when a family member is in the AMC and on release, and are they being met?

3. How can the health and social and emotional wellbeing needs of Aboriginal people in the AMC and their families be accommodated?

1.2 Contribution to Aboriginal and Torres Strait Islander Prison Health
The Winnunga Phase 2 study considers the whole of life view of Aboriginal people incarcerated in the AMC. Their families and the support organisations working in the AMC are also contributors in this study.

The study draws from the conclusions and recommendations of the 2007 Winnunga Phase 1 study You Do the Crime, You Do the Time. The Winnunga Holistic Health Care Prison Model was developed following a yearlong comprehensive study of a total of 78
respondents: 22 ex-prisoners, 17 family members of prisoners and ex-prisoners, and 39 representatives of health, justice and community support organisations. The Model recognised particular needs for:

**a) Post-Release Strategies** – These should be addressed as a priority at reception into prison where the focus of imprisonment should be release into an environment which provides support at the prison gate. The strategies should include accompanied transport and access to appropriate accommodation (for example, return to the family home, assisted living in a hostel, home units or houses, depending on the identified needs). Assistance must be provided in meeting Centrelink commitments, job training and gaining employment. In addition assistance in meeting parole commitments, keeping appointments, and mental health or drug and alcohol withdrawal rehabilitation commitments is crucial. The Winnunga Prison Health Service Team working with Elders and mentors in the community provide continuity of support in prison and in reintegrating into the community and the family. These strategies also include developing strong inter-organizational relationships with health, community and justice support organizations and systematic discharge planning with the AMC Health Centre.

**b) Prison Harm Reduction Strategies** - In the absence of diversion from prison, and based on public health principles, human rights, and the experience in six European countries the Winnunga Phase 1 study recommended introducing a needle and syringe program as part of a harm reduction strategy. Prisoners trained to provide safe tattoos, a trial air brushing tattoo program, voluntary testing (with informed consent) for hepatitis B and C, and HIV at entry into and exit from prison with appropriate counselling, and hepatitis B immunisation are important components of this strategy.

**c) Mental Health Strategies** - Transgenerational trauma is at the heart of Aboriginal incarceration. The Model addresses this by identifying that Aboriginal prisoners’ cultural needs could be met by programs such as the Marumali Healing Program, Listener Training, Link-Up assistance, family death and burial assistance, and Elder support in prison. These strategies, in conjunction with planning for release into a positive environment at the time of entry into prison, assist in addressing the negative impact of a Corrective Service environment and culture on inmates’ mental health. They also alleviate the fear of release and survival in the community.

The Phase 2 study will test whether the Winnunga Model is relevant to the needs of those incarcerated in the AMC and the needs of their families thus providing further knowledge and new understanding for use by the health and justice systems in the ACT as well as other jurisdictions throughout Australia.

**1.3 Study Overview**

Chapters Two and Three present the Theoretical Framework for the Study and the Study Methodology. Chapter Four presents the components of the Winnunga Holistic Health Care Prison Model. Chapter Five provides background to the AMC and the two ACT Government commissioned AMC reviews completed in December 2010 and March 2011. Chapter Six presents the findings of the interviews with Aboriginal people in the AMC. It addresses the Research Question:
• What are the specific health and social and emotional wellbeing needs of the Aboriginal people in the AMC and are they being met?

Chapter Seven presents the findings of the interviews with Aboriginal people in the AMC and their families. It addresses the Research Question:
  • What are the specific health and social and emotional wellbeing needs of the families of Aboriginal people in the AMC and are they being met?

Chapter Eight presents the perspectives of some AMC Support Organisations and they assist in making overall conclusions in considering the third Research Question:
  • How can the health and social and emotional wellbeing needs of Aboriginal people in the AMC and their families be better accommodated?

The Study’s recommendations are also included in this chapter.
Chapter Two – Theoretical Framework of the Study

2.1 Background – The Study’s Theoretical Framework
The theoretical framework for this study is mainly found in Aboriginal human rights, social and emotional wellbeing and organisational communication.

2.1.1 Human Rights and Treatment of Prisoners
The Alexander Maconochie Centre was named after the nineteenth century penal reformer who was commandant of Norfolk Island from 1840 to 1844. Alexander Maconochie’s contribution to penal reform in the humane management of prisoners and many innovations in penal practice were well ahead of their time. Giving his name to the ACT Prison honours his memory and the many humane reforms he introduced to a brutal prison system. It has set the tone for the ACT Prison to uphold human rights and to focus on prisoner welfare, rehabilitation and community safety (Stanhope 2004a,b; Barry 1967:185-186.

On 13 September 2007 the United Nations Declaration on the Rights of Indigenous Peoples was adopted by the United Nations National General Assembly. The Declaration sets out the individual and collective rights of Indigenous people, as well as their rights to culture, identity, language, employment, health, education and other issues. Australia, the United States and New Zealand voted against the declaration at the time, but on 3 April 2009 the Australian Government officially endorsed the United Nations Declaration on the Rights of Indigenous Peoples (UNHRC 2007).

The United Nations (UN) Standard Minimum Rules for the Treatment of Prisoners (UN 1955) stipulate that ‘religious beliefs and moral precepts of the group to which a prisoner belongs’ must be respected; ‘the rules will be applied impartially’ and ‘there shall be no discrimination on grounds of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status’. Regarding medical services in prisons, the Rules state:

22. (3) The services of a qualified dental officer shall be available to every prisoner.

24. The medical officer shall see and examine every prisoner as soon as possible after his [sic] admission and thereafter as necessary, with a view particularly to the discovery of physical or mental illness and the taking of all necessary measures; the segregation of prisoners suspected of infectious or contagious conditions; the noting of physical or mental defects which might hamper rehabilitation; and the determination of the physical capacity of every prisoner for work.
25. (1) The medical officer shall have the care of the physical and mental health of the prisoners and should daily see all sick prisoners, all who complain of illness, and any prisoner to whom his attention is specially directed (see http://www.ohchr.org/english/law/treatmentprisoners.htm).

2.1.2 Social and Emotional Wellbeing in Prison
For the purpose of this study the definition of social and emotional wellbeing in the National Strategic Framework for Aboriginal and Torres Strait Islander People’s Mental Health and Social and Emotional Well Being (DoHA 2004:3) is adopted:

Social and emotional well being problems can result from: grief; loss; trauma; abuse; violence; substance misuse; physical health problems; child development problems; gender identity issues; child removals; incarceration; family breakdown; cultural dislocation; racism, and social disadvantage. Care is effective when multi-dimensional solutions are provided, which build on existing community strengths and capacity and include counselling and social support, and where necessary, support during family reunification.

Social and emotional wellbeing problems are distinct from mental illness; however, the two interact and influence each other. The National Strategic Framework (DoHA 2004:3) states that in accurately diagnosing and providing treatment, mental health clinicians should take into consideration the impact of cultural and spiritual factors. The relationship between health and spirituality (and/or religion) has a long history. There are important tensions, particularly around the historical tendency of Western and Christian thinking to separate the physical from the spiritual, the landscape from persons, and persons from other persons. Unlike Western ideas about reality and religion – where there is a dichotomy between natural and cultural, material and spiritual, past and present, secular and sacred, subject and object - Aboriginal people identify rocks, trees or birds as representing their own being and not as things external to themselves. The demarcation between past and present in Western thinking is also lacking. The resistance to the colonising of Indigenous spirituality has been through ceremony, art and song (Edwards 1994).

2.1.3 Communication Between Support Organisations
Winnunga Nimmityjah Aboriginal Health Service is a community controlled primary health care service operated by the Aboriginal community of the ACT. It has been providing culturally safe and holistic health services to the Aboriginal and Torres Strait Islander community of the ACT and region for the past 22 years. Winnunga sees around 3,500 clients per year. Of those clients approximately 80% are Aboriginal and/or Torres Strait Islander and 25% live outside the ACT (Winnunga Annual Report 2009-10). Aboriginal Medical Services are unique in the holistic care they provide Aboriginal people. As a result Winnunga has significant interaction with other support organisations including those related to drug and alcohol, rehabilitation, domestic violence, Centrelink, accommodation, mental health and the justice system. Holistic
care involves communication among component parts. These include co-workers, clients and the support organisations in the decision making process (Miller 2003). Inter-organisational communication is a critical factor in promoting strategic collaboration. Czepiel (1975) considers that organisations interact with one another like other social groups. They conflict and also cooperate. Greer et al. (2006) note that each organisation is hierarchical and the policies, cultures and forms of each organisation cause difficulties in managing without authority, across organisational lines. Improving communication clarity and creating boundary spanners (organisational members who serve in roles that require exchange with the environment) to communicate and transform understanding across differences in expertise, organisational norms and time frames is crucial. This kind of program management means that solutions are collaboratively generated across organisations.
Chapter Three – The Study Methodology

3.1 Background - Methods
3.1.1 Ethics
This study follows the ethical guidelines of the NHMRC (2003; 2006; 2007) and was approved on 12 January 2011 by the ACT Health Human Research Ethics Committee. Informed consent and confidentiality rights were carried out prior to and following co-researcher training (described below), and each in-depth interview. This study adhered to the principles of biomedical ethics, namely respect for autonomy, beneficence, non-maleficence, and justice, plus attention to their scope of application (Beauchamp & Childress 2001).

The research project was endorsed by the Winnunga Board. The intellectual property rights will remain with Winnunga. Access to and use of the findings can be negotiated with Winnunga.

This qualitative case-study of the needs of the Aboriginal people in the Alexander Maconochie Centre examines their experiences of health and social and emotional wellbeing services and rehabilitation programs in the AMC. It also examines the health and social and emotional support their families require when a family member is in the AMC and on release.

Patton (1990) considers that case studies are particularly useful in understanding some special people, a particular problem, or a unique situation in great depth and where a great deal can be learned from a few examples of the phenomenon investigated. Case-studies are used very widely in medicine for the same reason.

3.1.2 Co-researchers
Two Aboriginal Health Worker co-researchers were trained in interviewing co-research techniques. This approach recognised the capacity to draw from their knowledge and experience of the community in the ACT and region, and provided a safe and trusting interview environment in partnership with the non-Aboriginal researcher.

3.1.3 Literature Review
In view of the comprehensive literature review carried out for the 2007 Winnunga Phase 1 Study the literature review mainly focussed on literature about the AMC. This encompassed the history of its opening in 2009, and the reviews of the AMC and associated submissions. Using multiple keyword searches of major electronic databases, manual searching of references in published and unpublished articles, reports and texts, certain issues of Aboriginal people’s prison health and wellbeing were revisited.
3.1.4 Interviews
The Aboriginal people who were on remand or sentenced were interviewed in the AMC. The timing of the interviews was arranged around the AMC’s routine over a period of three weeks. The family interviews were conducted in private homes or over the phone, and the support organization representatives were interviewed at their place of business or at Winnunga. None of the respondents has been identified by name. The researcher and one co-researcher were present at each face to face interview in the AMC; the co-researcher posed the interview questions while the researcher typed the answers on an IPad. The interviews averaged forty-five minutes each. All other interviews were conducted by the researcher.

3.1.5 Interview Instrument
Individual interview instruments were designed for each group, i.e. AMC respondents, their families, and the support organization respondents. (See Appendix A for Interview Questions, Informed Consent Form, and Research Study Information Sheet). The main ideas of the interviews were tested in pilot interviews to confirm the importance and meaning of possible patterns and to verify the viability of emergent findings. Corrections were made where necessary. The respondents’ generosity in recounting difficult experiences was acknowledged by the researchers in the interview process and subsequently, in the feedback to the study participants and community members. All Aboriginal respondents received a gift of $30.

3.1.6 Sampling
Purposeful sampling was used to carry out data collection of a total of 24 respondents: 12 AMC respondents (10 male and 2 female); 3 female family members and 9 representatives of support organizations. Six AMC respondents (1 female, 5 males) were in the 18-25 age range; 1 female and 4 males were in the 26-35 age range; and 1 male was aged 46 years. All were ACT/Queanbeyan residents. A personal letter from the Chief Executive Officer, Winnunga Nimmityjah Aboriginal Health Service (see Appendix B) describing the purpose of the request to interview participants was given to each Aboriginal person in the AMC. Of the thirty-five (35) males and three (3) Aboriginal females in the AMC at the time of sampling, twenty-eight (28) responded (2 females and 26 males). One male was released on bail during the course of the interviews. The 16 potential respondents who were not interviewed received a letter of explanation (see Appendix B).

Six AMC respondents nominated a family member who could be willing to participate in the study. However, difficulties were experienced in contacting three of these families. Six AMC respondents declined to nominate a family member for various reasons including illness in the family, they are not in contact with the family, or they would not like their partner to be interviewed in the study.
The exact number or type of interviews was left open in the realization that numbers change over time as data are discovered and interpreted. Consequently the samples were smaller, more purposive than random, and subject to change and investigative in nature. The point in the data collection where it became repetitive and no additional new information was being found was considered the time to finish data collection (Glaser & Strauss 1967). Regarding the AMC Study, this stage was reached after interviewing 12 respondents.

3.1.7 Analysis
The interviews were transcribed by the researcher as verbatim transcripts. The analytical technique used to make sense of the interviews was a thematic qualitative analysis. Explanations given by the respondents were related to predetermined themes and sub-themes relevant to the theoretical perspectives of the study and the research questions. The themes were:

AMC Respondents:
- Specific health and social and emotional needs in the AMC
- Family needs and welfare
- AMC support received in preparation for release.

Family Member Respondents:
- Family’s specific needs while family member is in the AMC
- Assistance provided to family member in the AMC
- Continuing support required when family member is released.

Support Organisation Respondents:
- Support provided to Aboriginal people in the AMC
- Support provided to their families.
- Support provided when person is released.

The report has been written using the respondents’ unedited interview material to elicit the key points leading to the findings and recommendations.

3.1.8 Capacity Building and Team Approach to the Study
Winnunga is the only Aboriginal Community Controlled Health Service delivering holistic health services for Aboriginal people in the ACT and region. The study provided opportunities for capacity building (Eade 1997) and participatory action research (Wadsworth 2001). The participatory action research approach to health ‘is based on reflection, data collection, and action that aims to improve health and reduce health inequities through involving the people who, in turn, take actions to improve their own health’ (Baum et al. 2006).

For this study it involved the Aboriginal co-researchers participating in a training session and the researcher subsequently working interactively with one co-researcher.
The co-researcher’s experience of Aboriginal social determinants which can result in incarceration is first-hand and profound, and this resulted in knowledge and skills being transferred in both directions. Best practice knowledge transfer approaches were also used which took into account cross-cultural complexity, Aboriginal knowledge systems, and understandings.

3.1.9 Limitations of the Study

The major limitations of the study were time constraints. After three weeks of interviews at the AMC, report findings from two ACT government commissioned reviews of the AMC were released and reported in the Canberra media. Consequently, it was considered that the Winnunga Phase 2 findings should be released as soon as possible. The release date was therefore brought forward to June 2011 instead of November 2011 as initially planned. Although this meant that the study interview sample was smaller than initially intended it was also found that no additional information was being found and the data was similar to the 2007 Winnunga Phase 1 study apart from specific data gathered about the AMC.

Chapter Four introduces the Winnunga Holistic Health Care Prison Model developed in the 2007 Phase 1 Winnunga Study. It provides a bench mark for the following chapters which provide perspectives of the AMC from two independent AMC Reviews, the Aboriginal people in the AMC, their families and some AMC support organisations.
Chapter Four – The Winnunga Holistic Health Care Prison Model

The Winnunga Holistic Health Care Prison Model addresses the needs of prisoners and ex-prisoners and their families, and manages the cycle of incarceration. The Model’s premise is that post release needs should be addressed as a priority at reception into prison, and the focus of imprisonment is release into an environment which provides accommodation, employment, health services, and reintegration into the family and community. The Model reflects the first contact with the justice system. It then takes into consideration the holistic care necessary for remandees and sentenced prisoners and their families (in prison and on release). The Model also shows that family, health and spirituality are the three supporting components of those incarcerated and on release into the community. At the centre of the Model is the need to develop a strong sense of identity which is crucial in coping with prison and community life. The ability to do this is dependent on the environment, safety, physical, psychological, and community support. Finally, health service coordination, and reintegration strategies into the community combine to manage the cycle of incarceration. The Model is in use in the Canberra Bimberi Juvenile Justice Centre. Members of the Winnunga Social Health Team regularly visit Aboriginal youth in the Centre and maintain that contact when they are released. Only a few of the recommendations in Sections 4.1.5 and 4.1.6 below have been taken up by the ACT and Commonwealth Governments namely establishing an Aboriginal-run Canberra Bush Farm and partially reinstating prisoners’ federal election voting rights.

4.1 Introduction

The Winnunga Phase 1 Study You do the Time, You do the Crime identified the need for culturally sensitive health programs that target early detection of chronic diseases and health promotion activities in prisons, just as the RCIADIC did 19 years ago (RCIADIC 1992). This means specific programs for physical, social and emotional wellbeing, primary care for diabetes, heart disease and other circulatory system diseases, respiratory diseases, women’s health including sexual health, maternal and child health, mental health, alcohol and drug programs, and testing for hepatitis B and C and HIV on entry and release from prison, with informed consent and appropriate counselling.

Particular note was made of the prevalence of health needs relating to substance abuse, mental health, communicable diseases, and women’s health. Study comparisons between Australian and overseas practices indicated the need for diversionary measures for those with mental health problems, and treating substance
abuse as a health issue as opposed to a law-enforcement matter. The study noted that early intervention with Aboriginal women (addressing lack of education and employment) and treatment for sexual and physical abuse, mental health, and alcohol and drug abuse problems would reduce contact with the criminal justice system.

The Winnunga Holistic Health Care Prison Model has three parts:

- **Part 1: Incarceration** – provides holistic care during incarceration and planning for release.
- **Part 2: Release from Prison** – provides post-release health service coordination, and family and community reintegration strategies.
- **Part 3: Managing the Cycle of Incarceration** – provides early family, and other intervention strategies.

Figure A illustrates the Winnunga Holistic Health Care Prison Model.

Source: Arabena, 2007
4.1.1 Part 1: Incarceration – Winnunga Holistic Health Care
Prison Model

Identity

Identifying as an Aboriginal person is difficult for young people, as they are often
unable to learn this culture from their parents. The consequences are that the struggle
over identity, together with cultural dispossession, is manifested in pessimism,
defeatism, poor self image and an inability to find a sense of belonging and acceptance
(Beresford & Omaji 1996: 127). The premise of the ‘Identity’ component of the Model
is that a prisoner’s sense of identity can be developed and nurtured in a prison
environment taking into consideration that the impact of the sentence can be positive
through pre-release planning, the important components of which are provision of
accommodation and reintegration into the family and community, promoting good
health and social and emotional wellbeing through community outreach, and
employment opportunities. This involves developing strategies around Aboriginal
prisoners’ sense of spirituality (taking account of cultural and rehabilitation programs),
prison environment and safety issues, physical and psychological support, and family
and community support as follows.

Spiritual/Cultural Needs in Prison

The spiritual/cultural needs of Aboriginal prisoners involve access to the Marumali
Healing Program, Ngangkari Spiritual Healing, listener training, Link-Up services, Elder
support in prison and on release, Aboriginal history/colonization/acknowledgement of
country and ancestors, peer education, Aboriginal life coaching/thinking about the
future, prison transitional accommodation and work release into the community, 12
step programs (relating to eating, drugs, sex, alcohol, smoking), and a range of physical
activities (e.g. guitar, yoga, music, cultural art, boxing, sport, gardening, meditation).
Throughcare while in prison includes programs relating to health promotion, adult
education, literacy and numeracy, vocational education and training including
hospitality, welding and spray painting, and driving licence training. Throughcare also
involves providing assistance in obtaining identification and Centrelink payments,
future accommodation and employment arrangements, and in keeping parole
commitments. This will require a Cultural Awareness Training package to be developed
for Corrective Services’ staff, and a Memorandum of Understanding (MOU) so that
access to these programs is not at the discretion of individual Corrective Services
Officers.

Winnunga Actions: Provide and coordinate Aboriginal Health Workers and Community
Elders and mentors for advocacy, and program coordination. Provide liaison and
brokerage through the Winnunga Social Health Team.
**Prison Primary Health Care**

Aboriginal prisoner health needs include culturally sensitive health programs that target early detection of chronic diseases and health promotion activities in prison. This means specific programs for physical and social and emotional wellbeing; primary care for diabetes; heart disease and other circulatory system disease; respiratory system disease; women’s health including sexual health; maternal and child health; mental health and alcohol and drug issues.

Based on public health principles and human rights, and the European experience in six countries (Lines et al. 2004) introduce a prison needle and syringe program as part of a harm reduction philosophy to also include:

- Routine voluntary testing (with informed consent) for hepatitis B (and immunization where relevant), hepatitis C, and HIV on entry to and exit from the Alexander Maconochie Centre;
- Appropriate counseling;
- Distribution of condoms/dental dams;
- Provision of bleach or other disinfectants;
- Substitution therapy; and
- Treatment and care for HIV/AIDS, hepatitis and tuberculosis, and antiretroviral therapy.

On 7 April 2011 the ACT Health Minister announced that the Government had agreed to undertake work on trialling a needle and syringe program at the AMC. This would include looking at potential models of needle and syringe programs (Media Release Katy Gallagher 2011).

Based on the Canadian Correctional Services’ initiative, introduce a pilot program to train inmates to provide safe tattoos to prisoners, with strict controls on the tattoo equipment so that it stays within the prison tattoo parlour. Also conduct a trial air brushing tattoo program.

**Winnunga Actions:** Provide and coordinate Winnunga Youths at Risk Program (air brush tattooing), Winnunga Medical Practitioners and Aboriginal Health Workers for health promotion.
**Prison Environment and Safety**

**Separation and Isolation**

- Personally imposed – involves peer counsellors;
- Institutionally imposed – involves advocacy policies to change system (e.g. Aboriginal Prisoners’ Advocacy Group); and
- Family imposed – involves family hostel accommodation, and transport and finance to support families visiting relatives, funds for telephone calls from inmates to families, and family withdrawal rehabilitation facilities at the proposed ACT Bush Farm.

**Safety**

- Involves a buddy system, dispute resolution, and protective behaviours.

**Winnunga Actions:** Provide and coordinate Winnunga Health Workers for advocacy and prison and family liaison.

---

**Psychological Effects of Prison**

**Transgenerational Trauma** alleviated by:

- Parenting Programs - involves healing, spirituality and skills enhancement;
- Anger Management, Grief and Childhood Trauma Programs - involves group work, counselling, and mentoring;
- Sexual and Domestic Violence Management Program - involves counselling, and restorative justice;
- An Indigenous space to be used on a needs-based access to include prisoners’ artwork and design of large murals guided by Winnunga Youths at Risk Program and teachers. This would provide added interaction with the community; and
- Elders’ Group and mentors – involves interaction with people who have experienced prison, drugs and alcohol misuse, sex offences, and is also a way of building self esteem, trusting relationships and throughcare on release.

**Winnunga Actions:** Provide and coordinate Aboriginal Health Workers and Community Elders and mentors for visits and delivering Programs including the Winnunga Youths at Risk Program.
Social Stresses/Trauma
First time/return prisoners – involves individual case management and coordination of services for resilience assessment, coping skills, psychological and psychiatric needs such as writing a diary/journal/sorry letter, and development of specific assessment tools. This also involves the development of a Corrective Services Information Complaints Process Package for Aboriginal prisoners.

**Winnunga Actions:** Provide Winnunga Psychiatrist, Aboriginal Health Workers and Aboriginal Mental Health Workers.

Racism/Colonization
This requires ACT Corrective Services developing policies for staff orientation and awareness about the Aboriginal culture and history, as well as cultural awareness training. This would involve penalties for ACT Corrective Services Officers who do not follow policy and a legitimate and formal complaints process for prisoners through the Ombudsman or tribunals.

**Winnunga Actions:** Provide Aboriginal Health Workers’ advocacy.

Family and Community Support
This requires a Memorandum of Understanding (MOU) around family access and family days, and is not at the discretion of individual ACT Corrective Services Officers. Other support mechanisms are:

- Family access to Winnunga Prison Health Service Team;
- Advocacy assistance for interstate prison visits including low cost accommodation;
- Policy on conjugal visiting rooms;
- ACT Corrective Services’ observance of RCIADIC recommendations on deaths in custody (RCIADIC 1992);
- Funeral and burial support;
- Winnunga outreach work such as carers’ support, home visits, school visits, medical health checks, and assistance with financial, educational, social, and relocation (for dysfunctional and at risk families) matters; and
- Production and supply of a Winnunga prison health information brochure.
**Winnunga Actions**: Provide a prison health information brochure. Provide and coordinate Aboriginal Health Workers’ advocacy and outreach. Provide a Winnunga Prison Health Coordination Officer to establish and maintain a prisoner and family database, and to strengthen the coordination of existing services.
4.1.2 Part 2: Release from Prison – Winnunga Holistic Health Care Prison Model

Identity

A sense of identity and belonging in the community on release is dependent on the success of the pre-release throughcare strategies (e.g. assistance with accommodation, employment, access to health services, identification papers, Centrelink payments, and parole commitments) developed on entry into prison. Similar to needs while in prison, integration into the family and community on release is dependent on spiritual/cultural needs, community primary health care, community environment and safety, psychological health, and family and community support.

Spiritual/Cultural Needs on Release

The spiritual/cultural needs of Aboriginal prisoners on release involve access to the following:

- Marumali Healing Program, and Ngangkari Spiritual Healing;
- the proposed Aboriginal Bush Farm (withdrawal rehabilitation facilities for families);
- the Aboriginal Cultural Centre on Yarrmundi Reach (under development);
- Boomanulla Sporting programs;
- Gugan Gulwan Aboriginal Youth Corporation’s programs;
- Winnunga’s mentoring programs through the Maintenance Program and Winnunga Youths at Risk Program – a combination of personal development and work ready skills including cultural art and music, boxing gym, mechanics’ workshop and supervised work experience; and
- Winnunga Women’s Gathering Support Group, Life Skills Program (including cooking), Positive Parenting Program, and Black Chicks Netball.

**Winnunga Actions**: Provide and coordinate Winnunga Programs, Aboriginal Health Workers’ advocacy and outreach.

Community Primary Health Care

Aboriginal ex-prisoner health needs include follow-up action for health conditions identified in prison. The Winnunga Healthy for Life initiative takes a whole of life approach to reduce the incidence of adult chronic disease through prevention and early detection of diseases, and to enhance the quality of life of people with a chronic disease. Other areas of assistance include mental health, alcohol and drug withdrawal rehabilitation, and access to programs which improve the health of mothers, babies and children.
**Winnunga Actions:** Provide and coordinate Winnunga Medical Practitioners, and Aboriginal Health Workers.

**Community Environment and Safety**
This involves the following:
- employment;
- accommodation;
- health services;
- assistance with parole obligations;
- assistance if taken into custody, and assistance with court appearances; and
- minimizing the incidence of suicide after release.

**Winnunga Actions:** Provide and coordinate Aboriginal Health Workers’ advocacy and outreach.

**Psychological Health**
**Transgenerational Trauma** is alleviated by the following:
- Positive Parenting Program – involves healing, spirituality and skills enhancement;
- Anger Management, Grief and Childhood Trauma Programs – involves group work, counselling, and mentoring;
- Sexual and Domestic Violence Management Program – involves counselling;
- Elders’ Group and mentors – involves interaction with people who have experienced prison, drugs and alcohol misuse, and sex offences, and is also a way of building self-esteem and trusting relationships.

**Winnunga Actions:** Provide and coordinate Winnunga Programs and outreach with Aboriginal Health Workers, and Community Elders and mentors.

**Social Stresses/Trauma**
This takes into account the after effects of prison life such as feelings of shame and stigma in the community and involves assistance in developing coping and resilience skills.
**Winnunga Actions**: Provide and coordinate Winnunga Medical Practitioners, Aboriginal Health Workers, Community Elders and mentors.

**Racism /Colonisation**

This involves identifying racism within the wider community, for example, in places of employment, in schools, support organizations, and the Police and justice systems.

**Winnunga Actions**: Provide and coordinate Aboriginal Health Workers’ advocacy.

**Family and Community Support**

The current lack of assistance to prisoners on release necessitates communication between the prison, external health care agencies and Aboriginal Health Services. This involves developing good organizational relationships and systematic discharge planning by the ACT Corrective Services health service providers. The recommended Winnunga Holistic Health Care Prison Model ensures that Winnunga, through the Aboriginal Health Workers, Community Elders and mentors, has continuity of involvement commencing with pre-release plans (developed on entry), thus ensuring that practical community assistance is coordinated through various support organizations.

This support commences at the prison gates on release with transport and access to nominated accommodation (i.e. return to the family home if appropriate, a short stay hostel, or assisted living in units or houses depending on the identified needs). Other practical needs are assistance with meeting parole commitments (i.e. keeping appointments, attending mental health or drug and alcohol withdrawal rehabilitation, men’s and women’s groups, parenting groups, Winnunga primary health care and social and emotional programs), Centrelink commitments, or starting a new job or job training.

In summary, on release ex-prisoners require housing and help during the following twelve months through outreach and advocacy assistance to keep parole and other commitments while they are adapting to life in the community. The proposed accommodation would be classified for high or low level outreach and could also offer homeless people opportunities to remain in this accommodation. This would curtail domestic violence and increase the opportunity to maintain commitments detailed...
above. Assistance in re-housing ACT families who have relocated to NSW to be closer to their relatives in NSW prisons will be required.

**Winnunga Actions:** Provide and coordinate Aboriginal Health Workers’ outreach and advocacy work. Coordinate Aboriginal Health Workers, Community Elders and mentors’ communication with the network of support organizations.
4.1.3 Part 3: Managing the Cycle of Incarceration – Winnunga Holistic Health Care Prison Model

Identity
Culture and identity are central to Aboriginal perceptions of health and ill-health. How Aboriginal people view wellness and illness is in part based on cultural beliefs and values. At the health service interface these perceptions and the associated social interaction influence when and why Aboriginal communities access services, their acceptance or rejection of treatment, the likelihood of compliance and follow-up, the likely success of prevention and health promotion strategies, and their assessment of the quality of care.

Stressors such as substance, emotional and physical abuse, poor school attendance, low levels of education, high unemployment with poor job prospects, difficulties finding accommodation, lack of parental involvement or control, poverty, and being young single parents with poor parenting skills, are the problems facing young Aboriginal people (HRSCATSIA 2001: 40-92). These stressors exist:

- where mainstream culture is dominant;
- when establishing their identity as Aboriginal people, whilst balancing their involvement in the Aboriginal and mainstream community; and
- in facing the challenges for young people coming to terms with who they are. Aboriginal youth are an apocalyptic generation who do not envisage a future; having a sizeable minority with no apparent social norms, and a deep-seated hostility to white society (HRSCATSIA 2001: 74).

Spiritual/Cultural Needs
This is about healing (for example, participating in the Marumali Healing Program or the Ngangkari Spiritual Healing), empowerment and building resilience. Setting goals, having role models and a good education, putting Aboriginality first, knowing the positives and how to attain them, and believing it is possible to attain one’s wishes, all contribute to a resilient life. Developing skills to obtain a Driving Licence helps assist in obtaining and attending work, and develops self-esteem. Playing sport assists in building support networks, self-esteem and respect.

Winnunga Actions: Provide and coordinate Winnunga Programs. Liaise with Boomanulla Oval, Gugan Gulwan, the Australian Federal Police, and other support organizations.
Community Primary Health Care
This involves participating in Winnunga’s Healthy for Life initiative which takes a whole of life approach to reduce the incidence of adult chronic disease through prevention and early detection of diseases. Community primary health care enhances the quality of life of people with a chronic disease, and mental health and alcohol and drug problems. It also involves improving the health of mothers, babies and children.

Winnunga Actions: Provide and coordinate Medical Practitioners, Aboriginal Health Workers and Midwifery Team.

Community Environment and Safety
This involves the following:

- the need for diversionary measures from the criminal justice system for those with mental health problems, and treating substance abuse as a health issue as opposed to a law-enforcement matter. A model for this is the NSW service which diverts people to mainstream mental health on bail where appropriate (Greenberg & Nielsen 2002).
- early intervention with Aboriginal women in redressing their lack of education and employment opportunities, and providing treatment for sexual and physical abuse.
- encouraging parental support, good school attendance and school retention rates, and increasing access to Aboriginal education officers and Aboriginal school teachers.
- access to Parents’ Groups, Men’s and Women’s Groups, Uncles/Nephews Programs, and Life Skills Programs (including cooking) can assist in maintaining families and family values.

Winnunga Actions: Provide and coordinate Medical Practitioners, Winnunga Programs, and Aboriginal Health Workers’ advocacy.

Psychological Health
Transgenerational Trauma
This involves programs which reverse the effects of harsh government policies of the past about segregation and stolen children which have affected Aboriginal people and have translated into feelings of distrust, shame, shyness, and experiences of prejudice. The provision of parenting programs for both partners can encourage attachment to
and a sense of responsibility for children. Children from 0-5 years of age need the grounding of good parenting to learn about discipline and self-esteem. In addition, the proposed Winnunga sport and recreation based program for drug users will encourage self esteem and general wellbeing. These programs assist in reducing juvenile detention which can lead to prison incarceration.

**Winnunga Actions**: Provide and coordinate Winnunga Programs.

**Social Stresses/Trauma**
This involves psychiatric/psychologist mental health assistance and counselling in developing coping/resilience skills.

**Winnunga Actions**: Provide and coordinate Winnunga Medical Practitioners and Aboriginal Health Workers.

**Racism /Colonization**
This involves identifying racism within the wider community, for example in places of employment, in schools, in support organizations, the Australian Federal Police, and the justice system. Cultural awareness training can help in these instances together with increased access to Aboriginal teachers and Aboriginal education officers.

**Winnunga Actions**: Provide and coordinate Aboriginal Health Workers’ advocacy. Provide liaison and brokerage through the Winnunga Social Health Team.

**Family and Community Support**
This involves the programs detailed in Part 2 of the Model and the Winnunga Youths at Risk Program which has the potential to take up to ten participants a year. The participants are youth at risk or are recommended through court orders. They carry out course work in one or a combination of activities, in their own time. At the same time Winnunga supports and improves the participants’ family environment – socially and emotionally. This program promotes self esteem and confidence, and automotive, cultural art, boxing and music skills, while maintaining a good family infrastructure. Winnunga’s ongoing contact with the motor industry assists in obtaining their
employment after training. Literacy and numeracy skills and obtaining a driving licence could also be developed in this type of learning environment.

**Winnunga Actions:** Provide and coordinate Winnunga Programs and Aboriginal Health Workers’ outreach.

### 4.1.4 Communication Strategies

The administrative arrangements included in the Model are that a communication network be established between Winnunga and other Aboriginal and non-Aboriginal organizations detailed below. This is essential for primary health care delivery as well as social and emotional wellbeing of prisoners, ex-prisoners and their families.

SCATSIH (2005) recommended that the prison risk assessment and management processes for self-harming behaviour (coming into custody, throughout prison life and on release), should incorporate partnership arrangements between the health and correctional authorities with appropriate sharing of information between jurisdictions. Consequently, this study recommends that Winnunga Aboriginal Health Workers formalize a communication process with the ACT Corrective Services including Aboriginal Liaison Officers, the ACT Health prison health staff of the Alexander Maconochie Centre, and other support organizations. For example, in the area of mental health, ACT Mental Health has given consideration to Winnunga Aboriginal Mental Health Workers being present during sessions between ACT Mental Health professionals and Aboriginal prisoners. Other partnerships with Winnunga would include The Connection, the Aboriginal Justice Centre, Gugan Gulwan Aboriginal Youth Corporation, CDEP, Shoalhaven Community Development Aboriginal Corporation, Aboriginal Legal Services, Circle Sentencing, Australian Federal Police Aboriginal Community Liaison, Boomanulla Oval, and relevant justice, health and community support organizations. Individual needs will vary in the extent to which people access the services of these support organizations.

### 4.1.5 Implications for the ACT Government

The implications for the ACT Government of the Winnunga Phase 1 prison health study were:

- allocating funding for Winnunga Nimmityjah Aboriginal Health Service to deliver the Winnunga Holistic Health Care Prison Model;
- allocating funding for a community-based hostel and units or houses for Aboriginal ex-prisoners and their families, and families visiting relatives in prison;
- allocating funding for the Aboriginal-run Canberra Bush Farm residential treatment centre for Aboriginal drug users and their families;
• allocating funding for a bus service to visit relatives in Cooma and Goulburn Prisons, and the Alexander Maconochie Centre;
• authorizing an MOU for guaranteed access by Aboriginal inmates to Education and Rehabilitation Prison Programs;
• authorizing an MOU for guaranteed family access visits and family days to the Alexander Maconochie Centre (AMC);
• authorizing Cultural Awareness Training for Corrective Services staff of the AMC;
• authorizing Cultural Awareness Training for Australian Federal Police Officers;
• establishing a Complaints Process for Aboriginal prisoners of the AMC;
• establishing an Aboriginal Prisoners’ Advocacy Group;
• authorizing routine voluntary testing (with informed consent) for hepatitis B (and immunisation where relevant), hepatitis C and HIV on entry to and exit from the AMC;
• establishing a needle and syringe program within the AMC; and
• authorizing increased Aboriginal teachers and Aboriginal education officers in ACT schools.

4.1.6 Implications for the Commonwealth Government

The implications for the Commonwealth Government of the Winnunga Phase 1 prison health study were:

• assuming the role of setting mandatory national standards for best practice in health service delivery in all prisons;
• specifying that Health Departments rather than Corrections deliver health services through Australia;
• 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; and
• Reinstating prisoners’ federal election voting rights rescinded with the introduction of the Electoral and Referendum Amendment (Electoral Integrity and Other Measures) Act 2006.
Chapter Five – The Alexander Maconochie Centre

5.1 Introduction to the Alexander Maconochie Centre
The Alexander Maconochie Centre (AMC) received prisoners in March 2009. It is managed by ACT Corrective Services within the ACT Department of Justice and Community Safety. It accommodates those who are sentenced to full-time imprisonment and remand. Its capacity is 300. Male, female, remand and sentenced prisoners from low to high security classifications are accommodated in an open campus design which has cell-blocks for males, domestic style 5 bedroom cottages for lower security including females (encouraging living skills), a Health Centre and Crisis Support Unit, a 14 bed Management Unit and a Transitional Release Centre.

The Sentenced and Remand Units are different from the cottage style accommodation having higher security and provide a communal rather than group house style. Prisoners enter the units first and earn cottage style accommodation privileges. For those on remand, lower risk prisoners are housed in remand cottages with higher risk housed in units. The Management Unit accommodates sentenced and/or remand prisoners. Two sections provide strict protection, one because of the nature of their offences and the high risk of serious assault, while the other is designed for prisoners on discipline/segregation. The Crisis Support Unit is a ten bed unit for prisoners assessed as being at high risk of self-harm or of harm to others or from others as the result of a mental illness or other mental condition. It is staffed by correctional officers allowing for close supervision of prisoners. The Unit is located close to the Hume Health Centre. The Unit Manager is a Psychologist who liaises with ACT Mental Health and the Hume Health Centre (ACT Corrective Services 2010).

5.2 The Hume Health Centre
The Hume Health Centre (ACT Government Health Information 2011) is managed by the ACT Department of Health and provides:

- Nursing-based primary health care (including health screening and comprehensive health assessment within 24 hours of admission, early identification, early intervention, treatment, blood-borne virus/STD screening, immunisation, health education, health promotion, referral and transfer of care and pharmacotherapies - withdrawal management and opioid treatment),
- Medical Officers (including general health assessment, early identification, early intervention, treatment, health education and health promotion services),
- After-hours Medical Officer on-call and recall services,
- Women's Health Services,
- Aboriginal Health Services,
- Dental Health Services,
• Specialist and Allied Health Services (including Liver Clinic, Orthopedic Specialist, General Physician, Dermatologist, Radiographer, Ophthalmologist, Physiotherapist, Dietician and Pathology Services),
• Forensic Mental Health Services (including mental health risk assessment within 24 hours of admission, ongoing psychological assessment, monitoring and management of remandees presenting with mental health issues, case management of remandees with diagnosed mental health conditions, interventions, referrals and consultations, Court liaison, Court assessment and community outreach service),
• After hours mental health crisis intervention, and
• A clinical pharmacy service.

Other buildings within the complex are the Education and Programs, Admissions and Visits Centres. This prison model is intended to encourage normal living. During week days ‘prisoners rise, shower, dress, have breakfast and leave their accommodation to undertake daily activities. They return to their units for meals between activity sessions’ (ACT Corrective Services 2010).

The ACT Corrective Services have introduced a throughcare model of case management where Probation and Parole officers maintain the primary case manager role when the offender is in the community and in custody. This encompasses training, education, rehabilitation, work experience opportunities and establishes post release community support networks before involvement by ACT Corrective Services has ceased (ACT Corrective Services, 2010).

Included in these rehabilitation measures is the Therapeutic Community (TC) in partnership with the Alcohol and Drug Foundation of the ACT (ADFACT) which recognises the high correlation between drug use, mental health and crime, re-offending and recidivism upon release. It provides a structured residential environment in the men’s and women’s locations with the collaboration of clinical and custodial staff. This facilitates management, healing and personal growth in an open and honest environment. This program offers transition to a community based managed accommodation facility within the AMC staffed by ACT Corrective Services. This is the Transitional Release Centre which is located ‘outside the wire’ and is a halfway house for people who are completing their sentences and are due for release and have met certain stringent criteria. It provides case management and support services with intervention for consolidating recovery and living skills and social, employment and education networks supported by ADFACT staff (ACT Corrective Services 2010).

5.3 AMC Visiting Arrangements
The contact, non-contact, family and professional AMC visiting times occur five times each day from Tuesday to Sunday. Each visit is dependent on the prisoner’s category and varies from 1 hour, 1.5 hours to 1.25 hours. Visitors can pre-order a barbecue pack during a contact visit subject to individual prisoner management and privileges arrangements. ACTION Buses provide a bus service from the Woden Interchange to the
AMC. There are dress standards and behaviour for visitors. Family and friends are able to deposit up to $100 per week into a trust account. There are Security Protocols for Visits which include an iris scanner and a range of other electronic scanners. Visitors or their vehicles may be searched and Passive Alert Detection dogs are also used in searches (ACT Corrective Services 2010).

5.4 AMC Official Visitors
Two Official Visitors (Aboriginal and non-Aboriginal) have been appointed to the AMC. They visit places in the AMC where detainees are located or are working or participating in an activity. In addition to these inspections they receive complaints from detainees about any aspect of their detention. They must investigate all complaints and then make recommendations to the Chief Executive or provide reports to the Minister (ACT Corrective Services 2010).

5.5 AMC Community Groups
The AMC Community Reference Group receives regular briefings from the AMC Superintendent and senior staff on the operations of the AMC and provides comment and advice to the Superintendent. It identifies gaps in the provision of services from the community sector and provides advice, and support regarding prisoner programs, rehabilitation and reintegration into the community and also in relation to partners and families of prisoners. It provides information about the AMC and its operation to community groups (ACT Corrective Services 2010).

The Community Integration Governance Group (CIGG) was formed late in 2009 to address the perceived lack of clear policy and coordinated service response for sentenced and remand prisoners in the ACT. The Group provided a submission to the AMC Review. It focused on the effectiveness of programs provided to AMC detainees aimed at assisting/facilitating rehabilitation (GIGG Submission to AMC Review 2010).

The Community Coalition on Corrections (CCC) was formed before the AMC opened. It is a coalition of organisations and individuals that have an interest in corrections and the AMC’s operation and performance. The Group’s main focus in its submission to the AMC Review was the incidence of mental illness and co-morbidity in the AMC and associated staffing concerns (CCC Submission to AMC reviews 2010).

The ACT Council of Social Services (ACTCOSS) is the peak representative body for not-for-profit community organisations, people living with disadvantage and low-income citizens of the ACT. The ACTCOSS submission to the AMC Reviews (ACTCOSS 2010) focussed on women due to their minority status within the AMC population. ACTCOSS considers that women receive less attention than male prisoners. The submission raised issues around throughcare, staffing, literacy/communication, programs and health including mental health, general health and drugs and family relationships. In particular the ACTCOSS submission noted that although current
policies may be quite sound, the day to day running of the AMC is not in line with aspects of the ACT Human Rights Act. It cited a lack of work experience programs, appropriate care or rehabilitation for those presenting with mental health or drug and alcohol issues, and inadequate systems to enable family visits.

Women and Prisons ACT (WAP) was formed in 2005. Its members include ex-prisoners and prisoners incarcerated in or involved in the ACT criminal justice system, representatives of various ACT Women’s Services and other interested women. WAP advocates for the human rights of all women incarcerated in or involved in the ACT criminal justice system (Cole, Moore and Williams 2010). Their concerns about the AMC were expressed in a Prison Forum in 2010 and summarised in the CIGG Submission to the AMC Review (CIGG Submission to AMC Review 2010). They concern women’s experiences in the AMC including transition issues, difficulties in negotiating throughcare pathways, and the way services are organised (or not) in relation to each other.

5.5.1 The Keith Hamburger Report (Knowledge Consulting)
On 5 April 2011 the ACT Attorney General tabled two reports into the operations of the AMC. The first, the Keith Hamburger Report (Knowledge Consulting 2011a) provided a comprehensive independent review covering a twelve month period from June 2009 to May 2010. The Attorney General’s media statement about this report (Media Release, Simon Corbell 2011) noted that the report had identified positive aspects of the AMC such as:

- No riots, fires or infrastructure failures
- A strong basis to provide for a human rights complaint facility
- Accommodation standards are high
- The services to detainees are generally of a high quality
- A good suite of programs and activities available to detainees
- Good induction processes
- Processes for throughcare appear to be sufficient to ensure quality of intervention and education programs
- Strong case management approach
- Therapeutic Cottage and Transitional Release Centre are excellent models
- No complaints about accommodation or visits from female detainees
- Female detainees gave positive feedback about dental services
- No evidence of a human rights culture problem
- No problems with Aboriginal and non-Aboriginal detainees sharing facilities, work and programs.

The Report noted that other positive aspects of the AMC regarding Aboriginal people were:
- An Aboriginal and Torres Strait Islander Working Group is working with Indigenous representatives to improve services for Aboriginal detainees; and
- Cultural awareness training is provided to ACT Corrective Services staff.
Aspects which require improvements to be made are:

- The lack of continuity of leadership in the AMC
- Lack of quality reporting systems for key performance data
- An inefficient staff roster system
- Restrictions in a range of detainee accommodation
- Insufficient detainee counselling services
- The complexity of the detainee disciplinary process
- Governance issues
- No specific Aboriginal programs available.

Section 24 of the Hamburger Report (Knowledge Consulting 2011a) is devoted to Aboriginal and Torres Strait Islander issues. Five Aboriginal detainees were interviewed in the study as well as the Aboriginal Liaison Officer. The Report noted that the AMC Aboriginal population at the time of its research varied between 36 and 42 and is over represented, comprising between 15% and 20% of the AMC population. Representatives from the Aboriginal Justice Centre (AJC) visit each Tuesday. A representative of the ACT/NSW Aboriginal Legal Service attends the AMC each week. Funding is available and processes are in place to appoint an Aboriginal Legal Aid liaison representative to undertake case management work.

Aboriginal respondents in the study did not report any major concerns about cultural sensitivity about food, racism by staff or other detainees. Their main issues were similar to those raised by non-Aboriginal detainees and dealt with throughout the Report. They were:

- Being cold due to heating problems in cells but heating in cottages sufficient
- Visit times with family too short
- Long waiting times to address specialist medical needs
- Price of food on buy up too high
- Lack of access to Aboriginal music, the gym and the oval
- Lack of ability of Elders to follow up issues
- No proper shoes.

The Report highlighted the lack of Aboriginal specific rehabilitation programs but noted they had access to arts and crafts three times each week (Knowledge Consulting 2011a).

The Hamburger Report (Knowledge Consulting 2011a) found that positive steps are being taken to reduce recidivism within the Aboriginal community. For example, the ACT Corrective Services Probation and Parole Unit uses Aboriginal Probation and Parole Officers for those Aboriginal people on community based Court and Parole Orders. These officers use more flexible reporting methods such as increased home and workplace visits, phone contact and supervision appointments at the AJC and
Winnunga Nimmityjah Aboriginal Health Service rather than in their office in Civic. This means that they can address other needs such as legal and health and social and emotional wellbeing in culturally appropriate environments. The Report found that following the introduction of these changes in September 2009 there has been a 79% reduction in breaches, thereby keeping offenders out of the legal system and the AMC. Those in breach of Community Based Orders are now referred to the AJC voluntary surrender program. Offenders attend Court without being locked up at the Police Watch House which reduces the time they spend in custody at the Watch House or the AMC for these breaches.

The Report also noted ACT Corrective Services’ support of the Ngambra Circle Sentencing Court. It provides reports for offenders, and a Probation and Parole Officer attends all Circle Sentencing Court sittings to offer advice and assistance to the Court and offenders. The ACT Corrective Services Cognitive Self Change Aboriginal Program has an Aboriginal program facilitator and is under evaluation. In addition ACT Corrective Services are in discussion with Aboriginal service providers about Community Service Order work being undertaken in more culturally appropriate reporting locations to reduce the amount of breaches and recidivism.

The Attorney General has formed a Task Force in response to this Report, comprising the newly appointed Executive Director of ACT Corrective Services, the AMC Superintendent, a member of the ACT Indigenous Elected Body, the non-Indigenous Official Visitor and the Northside Community Services Chief Executive. The Task Force will provide advice to the government for its formal response to the Hamburger Report (Knowledge Consulting 2011a).

Mr Keith Hamburger has also presented a second Report (Knowledge Consulting 2011b) which reviewed the governance and accountability procedures related to advice provided to government on the drug testing of detainees on admission to the AMC. The Attorney General commissioned this review following advice from ACT Corrective Services that they have not followed policy and procedures for drug testing on admission. Admission testing is used to provide baseline data on prisoner drug usage prior to admission. The Report found that the government was incorrectly advised about the extent of drug testing on admission, and provided recommendations to improve governance and data collection procedures. The AMC Task Force will also advise the government on an appropriate response to this report.

5.5.1.1 Working Group Report ‘Working Together’

The Hamburger Report (Knowledge Consulting 2011a) reported that a Knowledge Consulting researcher attended the Aboriginal and Torres Strait Islander Working Group which comprises the CEO ACT Corrective Services, community leaders, Elders and members of the Aboriginal Justice Centre (AJC). (ACT Corrective Services staff attend regular meetings and offer advice and direction to the AJC). The Aboriginal and
Torres Strait Islander Working Group has since prepared a Report entitled *Working Together* (Working Group 2010) which identifies gaps and makes recommendations in seven major areas of AMC service delivery. They are:

- Staffing
- Throughcare
- Housing
- Health
- Transport
- Peer Support
- Cultural Issues

The Report (Working Group 2010) found that a lack of resources and consequent inflexibility of service were the common themes throughout the abovementioned areas of service delivery. It considered that an efficient throughcare program would promote cooperation between all support services available to Aboriginal offenders and ex-offenders, and a Throughcare Officer position should be established to coordinate throughcare within ACT Corrective Services. The Report considered that this service should be funded to continue after ACT Corrective Services’ responsibility has ceased. In addition, Aboriginal specific positions should be established within ACT Corrective Services. Staffing Aboriginal Probation and Parole Officer positions including training positions was one of the proposed Aboriginal staffing areas highlighted. The Report also considered that funding for accommodation and health support on release would contribute to reducing recidivism.

The Report (Working Group 2010) recommended that ACT Corrective Services implements a trial prisoner peer support program by June 2011. This program would be targeted to people who have difficulty in adapting to life in an adult correctional institution. The program would provide guidance for people in the AMC to use their time to develop skills and attitudes that will guide them through the correctional system and equip them for life on release. Other Report recommendations related to Transport, and Cultural Issues.

5.5.2 *The Burnet Institute Report*

On 7 April 2011 the Minister for Health tabled the independent Burnet Institute Report (Stroove & Kirwan 2010) which evaluated AMC drug policies and services, and their subsequent effects on prisoners and staff within the AMC. The Minister also tabled the interim government response to the Report in the ACT Legislative Assembly. A final response will be tabled by 30 June 2011. The Minister noted that the Report had found that ‘most of the AMC detainees have complex health histories – 91% of surveyed inmates reported a lifetime use of illicit drugs, with two-thirds of those having a heroin addiction. Three quarters of respondents reported that their current prison sentence was related to drugs and 79% reported that they were affected by drugs when they committed the relevant offence’ (Media Release, Katy Gallagher 2011).
The Burnet Institute Report (Stroove & Kirwan 2010:54-55) noted that between June 2009 and May 2010 there was an average prison population of 184 (76 remand and 108 sentenced). The proportion of remandees incarcerated at the AMC increased from 39% in June 2009 to 47% in February 2010, declining to 42% as at May 2010. At any point in time about 25% of the AMC prison population was aged less than 25 years. The Report used data from the Inmate Health Survey (Indig et al. 2010) (conducted in May 2010 with AMC prisoners N=135) which found that most of the respondents were male (92%), born in Australia (84%). Their average age was 33 years and 17% identified as Aboriginal and Torres Strait Islander people. The Report also concluded that more than half (53%) of respondents were serving sentences of less than six months at the AMC, and women were under-represented in the AMC population and Aboriginal people were over-represented.

Other references to Aboriginal people in the AMC in the Report related to their case management arrangements. It considered that ‘the multiple service provider structure has fragmented the case management arrangements and obscured specific roles and this particularly affects individuals with specific or complex needs’. It concluded that as case management arrangements were the responsibility of a specific worker, this approach meant that there were not adequate resources to respond to the needs of the individuals concerned. Based on the Inmate Health Survey (Indig et al. 2010) showing high indicators of problematic alcohol consumption for Aboriginal prisoners, female prisoners and prisoners under the age of 25 years, the Report recommended therapeutic AMC programs be introduced which address tobacco and alcohol use (Stroove & Kirwan 2010:130-131).

The Burnet Institute Report (Stroove & Kirwan 2010) made 69 separate recommendations. In its interim response the government agreed to 10 recommendations; agreed in part to 1 recommendation; agreed in principle to 27 recommendations; and noted 31 recommendations. The government did not reject any recommendations outright. The recommendations related to:

- **Policy and Governance**
- **Supply Reduction** – Searching and urinalysis testing, searches of cells, use of SOTER machine.
- **Demand Reduction** – Case Management and Counselling, Healthcare, Detoxification and Pharmacotherapy, Therapeutic Programs, Educational, Employment and Recreational Programs.
- **Harm Reduction** – Throughcare and Transitional Support, Blood Borne Viruses, Tattooing and Piercing, Bleach Provision, Safer Using and Overdose Prevention, Needle and Syringe Programs.
As part of its interim response the government has agreed to undertake further work on trialling a needle and syringe program at the AMC. It has engaged the former MLA and ACT Health Minister Mr Michael Moore, currently CEO of the Public Health Association of Australia, to investigate potential models for a prison setting, barriers to implementation, and ways of overcoming them (Media Release, Katy Gallagher 2011).

The following two Chapters present the perspectives of Aboriginal people in the AMC and their families about their particular needs.
Chapter Six – Aboriginal People’s Needs in the Alexander Maconochie Centre

6.1 Introduction

This Chapter considers Research Question 1:

What are the specific health and social and emotional wellbeing needs of the Aboriginal people in the AMC and are they being met?

In the 2007 Winnunga Phase 1 Study 22 male and female ex-prisoner respondents provided their perspectives of prison health and social and emotional wellbeing they had experienced in a number of prisons, namely Belconnen Remand Centre in the ACT, and Correctional Centres throughout NSW including Goulburn, Cessnock, Long Bay, Lithgow, Metropolitan, Bathurst, Brewarrina, Glen Innes, Grafton, Junee, Kirkconnell, Mannus, Oberon, Silverwater, Parramatta, Berrima, Emu Plains, Kempsey, Mulawa (maximum security), Norma Parker (Parramatta), and Fairleigh in Victoria. The Study found that drugs and alcohol were the main reason for incarceration for male and female ex-prisoner respondents. Thirty-two percent of respondents had been in children’s homes with reporting from some males of sexual abuse in childhood. Recidivism was prevalent in both male and female respondents some of whom expressed the view that prison is not a place for rehabilitation. The older ex-prisoners wanted to become mentors. Aboriginal Liaison Officers were found to be crucial in maintaining family contact and prisoners’ welfare as the study found that males and females do not cope well in prison. Some shut down and do not see their families. For others, contact with families (visits and telephone conversations) is paramount. Females worry about their children who may be accommodated with relatives. Both genders appreciated the support of other Aboriginal prisoners. They reported awareness of drugs in prison and were fearful of sexual abuse, and were concerned about safety and self-harming which occurs in prisons. Male and female respondents’ access to prison health varied – females appeared more satisfied with the services while males objected to long waiting times for services.

The respondents were also asked to express their views on the services which should be included in the new ACT Alexander Maconochie Centre. Based on their experience of prison life they considered the following to be important: a prison needle and syringe program; HIV and hepatitis C testing; dental treatment; health counselling; education for employment; drug detoxification treatment; psychologist/mental health treatment; optical and epileptic treatment; counselling; Aboriginal prison staff; family contact and family days; contact with the Koori community; and on-call health care. Cultural needs
included The Marumali Healing Program which addresses the RCIADIC recommendations and has reduced recidivism in Victorian Prisons, training as listeners, cultural art, Elder visits and music.

6.1.1 Here I am Again – I Make Silly Mistakes That Lands Me Back in Prison
There were 7,584 prisoners who identified as Aboriginal and Torres Strait Islander at 30 June 2010 in Australia. This represented just over one quarter (26%) of the total prisoner population, compared with 25% at 30 June 2009. The Aboriginal and Torres Strait Islander prisoner numbers increased by 3% between 2009 and 2010 (ABS 2010).

The ABS 2010 Prisoners in Australia report (ABS 2010) also records that there were proportionally more Aboriginal people in prison than non-Indigenous prisoners with prior imprisonment. Almost three quarters (74%) of Aboriginal and Torres Strait Islander prisoners had a prior adult imprisonment under sentence, compared with almost half (49%) of non-Indigenous prisoners.

The Aboriginal and Torres Strait Islander population of the ACT is 4,000 (ABS 2006). In May 2011 out of a total of 242 prisoners in the AMC (227 male and 15 female) there were 37 Aboriginal people including 3 Aboriginal females, or 15.3% of the AMC population (AMC respondent). The 12 AMC Aboriginal respondents in the Winnunga Phase 2 Study provided perspectives of their health and social and emotional wellbeing needs in the AMC. Some respondents had been in the AMC since it opened and others had experienced several visits. None had participated in the Winnunga Phase 1 Study.

Fifty per cent of the AMC respondents reported they had been in Juvenile Justice Centres. Many could not remember the number of times they had been in prison. One male (24 years) thought it could be 60 times as he commenced committing crime at eight years of age. Their crimes were robbery, assault and domestic violence through alcohol, manslaughter, breaching a sentence, grievous bodily harm and two unspecified crimes. Although not asked, four respondents revealed their crimes were drug related.

6.2 Health Needs in the AMC
Eight of the ten male AMC respondents consult Dr Peter Sharp, the Winnunga Medical Director. He visits the AMC once every week except the fourth week in each month when he visits the Bimberi Juvenile Justice Centre.

The AMC respondent comments about Dr Peter Sharp included:

- Dr Pete does everything for me and I prefer to see him. I go to the doctor only when Dr Pete is there. I tell Dr Pete my problems and will not see the psychiatrist.
- I get good service with Dr Pete.
- I go to the Hume Health Centre and also see Dr Pete who is my GP. Dr Pete was disappointed to see me here – I know him since I was 13.
• 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 is giving me all I need. It helps me out a lot - always been there for me.
• Dr Pete is good. Without Dr Pete I would not go to the doctor because otherwise there is a lot of paper to fill out.

6.2.1 Health Needs Not Being Met in the AMC
One Aboriginal AMC respondent said he did know about Dr Peter Sharp’s visits but uses the Hume Health Centre. He has been waiting for his false teeth a long time. Another respondent commented that he had been to the dentist for the first time in his life and reflected that he had to go to prison to visit a dentist. However he had found there was a long waiting period for people not experiencing dental pain. The optometrist’s appointment wait time was shorter than the dentist’s and he was waiting to receive glasses. Other perceived needs which were not being met were:

• Doctors are not giving one respondent all he needs. He wants to be sent outside the AMC for help with a health problem. A certain medication has been cut off and he is required to pay for it and cannot afford the cost of it.
• One respondent experienced a long wait for medication and special food requirements after arrival in the AMC adding: They need more doctors on duty. This makes me angry – and people go off when they don’t get what they are entitled to.
• One respondent has been left in pain with an injury and is worried about another condition as he was not sent to the hospital for this.
• Doctors are not giving one respondent all he needs. He was taken off tablets and now cannot exercise in the gym.

One of the female AMC respondents uses the Hume Health Centre and also sees Dr Pete. She added: You don't get a choice to see a certain doctor - you are on a list. You have to fill in a form to see Dr Pete and then they bring in the form to tell you when the next appointment is. I have to see the doctor again but after I made the request I have not seen the doctor. I am in pain and I have been using ice packs. I was to see the doctor on Monday this week and I have not seen him yet. I will have to whinge to a nurse and I will have to keep on at them. The other female AMC respondent sees Dr Pete sometimes as well as other doctors in the AMC. She has been visiting the dentist and has been waiting for a dental plate for a long time. She has been three years without a dental plate. She worries about whether she will be able to continue to obtain her methadone medication when released.

6.3 Social and Emotional Wellbeing Needs in the AMC
The following male AMC respondent’s accounts about their social and emotional wellbeing needs in the AMC are presented in their own words.

• I have not seen any one from mental health and I have had no contact with other services. Art would be helpful. Makes time boring with nothing to do and there is a chance you get in trouble.
I use only Dr Pete who knows all the family - aunts, uncles, brothers, and mum. The Winnunga clinic does everything – everything else is shit. The AMC is a human rights prison but you do not get human rights here. The AMC is the opposite to what they make the community believe. The anklet I have to wear makes an ulcer on my anklebone. And it is hard to wash my legs. They could give you support and tell you there is a life out there.

In other prisons you can do paintings in your room but in the AMC you go to the art room once a week. All the boys go to the gym and this meets their needs. Should be more funding for Aboriginals for painting. There is hardly anything here. It is a white man’s prison. Other services do not happen in the AMC. The Therapeutic Community is a rehab. It is not much help in coping in the AMC. There should be a Koori welfare worker here. Winnunga visits would help. They try and send you to mental health and you talk to them and they ask if you want to kill yourself, and you will be put in a padded cell. I don't trust them. They are Indian and you can’t understand them. Last time I saw a Koori worker was Fred Monaghan from Gugan (Gugan Gulwan Aboriginal Youth Corporation).

There is nothing. They have art but I do not go no more. I did painting in the BRC. The Aboriginal Liaison Officer does not see me much at all. NAIDOC day is the only cultural activity in the AMC. We had a festival last year for NAIDOC which was good and my Mum came in.

I do not use the mental health services in the AMC. There is nothing happening by way of other programs. My needs are not being met. Winnunga coming in would give support to people. Would be good to talk about things when we don’t want to talk to a case worker. But people need to come when they say they will because family don’t care and can’t get transport.

There is no mental health or spiritual and cultural activities. I do not need mental health help and I do not want to go to the art room. A few people think they own the music room and I don’t go there. Weekends are difficult as I cannot call my partner on the phone and I can be locked down all weekend sometimes. Maximum security people can be out on the football oval while remand people are locked inside. [He was unable to attend a close family member’s funeral last year]. We need more visits from Dr Pete and Winnunga people visiting for a chat.

We had cultural activities during NAIDOC. The ALO organized it and it was OK. My needs are being met.

I have been having sleepless nights and can’t sleep. I don’t use many services. Fred Monaghan (Gugan Gulwan Youth Aboriginal Corporation) comes in once a week. Chris from Relationships Australia comes in but more frequently like twice a week would be good. Chris from Relationships Australia has been helping me but he agrees with me. I need good advice. Someone to tell me off. The counsellor from Winnunga does this. When I was in a prison camp before, I got back to culture, and did paintings, dance and dvds. It brought back feeling
when I was into my culture. I used to be shame when I was young but was proud of being a Koori there. The commissioner from Sydney came and I did the smoking ceremony dance of welcome. But here I am again. I make silly mistakes that lands me back in prison. I haven't seen mental health but if I need to I have to do some paper work. Chris from Relationships Australia helps but there is not much mental health help in the AMC. No they do not meet my needs. The guards make their own rules up. A couple of guards are good in the AMC but others follow protocol. Someone has been on remand here for 3 years.

The role of the Aboriginal Liaison Officer is crucial to Aboriginal people's welfare in the AMC. The respondents' references to the importance of culture reflects Aboriginal people's struggle over identity and cultural dispossession. This is manifested in pessimism, defeatism, poor self image and an inability to find a sense of belonging and acceptance (Beresford & Omaji 1996: 127). The premise of the Identity component of the Winnunga Model (at Chapter Four) is that a person's sense of identity can be developed and nurtured in a prison environment. The spiritual/cultural needs of Aboriginal people in prison can be accommodated through access to the Australian Marumali Healing Program. This is a prison program which heals the spirit and identifies a range of issues associated with the social determinants of Aboriginal health and the underlying issues contributing to over representation of Aboriginal people in custody. The Program has had significant success in prisons in Victoria in reducing recidivism (Peeters 2006). Other cultural activities include listener training, Link-Up services, Elder support, and a range of physical activities such as guitar, yoga, music, cultural art, boxing, sport, gardening and meditation. The social and emotional wellbeing needs continue below:

- I see mental health every fortnight and people from the Aboriginal Justice Centre. The mental health people are not Aboriginal but as long as they can help it is OK. I don't like to say things to white people. If I saw someone that I knew, I could talk to them more. The mental health service helps more than anything.

- A drug and alcohol person visits and the Aboriginal Legal Service visit otherwise there is nothing. I don't use any of them. We don't get drug and alcohol services for people on remand. The body suffers badly from alcohol and then the emotional things at being in prison. On remand is bad. We get medication but no help with psychological problems. There is no one to talk to but ourselves - others who are suffering. Somebody is needed to sit down and listen. Once you are sentenced and free of those dramas you train yourself and get into a routine and watch TV and push yourself to survive. Just a cup of tea makes my day and you make a friend for life. That is the support you need. You need visits more than once a fortnight and the same people every week. There are 40 people on remand and all suffering with the same sickness. Other than pain killers half are on methadone and half on other drugs. But physical pain is OK. But emotional pain is not OK. They need a little more support to help them through and they would not suffer as bad. They need visits for stress. It is good for wives to visit but they do not have cars or other relatives that have cars.
bus service from Winnunga for visits would be good. There is no support. Aboriginal people here all have their own problems. How can you support somebody else when you have problems yourself? If you are not strong-minded and help yourself you won’t get through. People say they are doing OK but there should be more. Without Winnunga I would not know where I would be. When my prison time is over I want to help young people. This is not the right place to be for a young healthy mind. You can ruin your mind in prison.

A female partner commented that her partner is very depressed because he has lost privileges in the AMC. She has observed that there is no help with depression and does not know how he will be helped and added: They have to grow while they are in prison. She thinks there must not be enough psychological assistance in the AMC because they reoffend. They put in a lot of head miles in there. But there is not enough professional help to act on, and build on, and change their life to be there for the family. They get out and they have the same people around them and the same environment. We will need counselling as a couple because going back into the family is difficult.

The following comments are two female AMC respondents’ perspectives about their social and emotional needs in the AMC.

Female No 1. Only mental health was offered and you get nothing if you have not got mental health – there are no psych services. It is harder for Aboriginal people to be able to talk to white people as they do not relate to Aboriginal people. There is nothing here like that for them. One staff member is Aboriginal but otherwise there is no one except when Fred (Fred Monaghan, Gugan Gulwan Youth Aboriginal Corporation) comes in once or twice a month. A girl came from Victoria is in here and has no ties here and no one to help and does not know the system and does not know how to contact outside organisations and there is no one to help them in here. There is a drug and alcohol course here and nothing else. It is four weeks, only one day a week. You have to be sentenced for this and you can do it in the last six months of the sentence and you can’t have bad urine while in here or you are in trouble with the officers. Only one person is in transition and you can only do the Therapeutic Community in transition as you have to be a model prisoner and not have any relapses, and do a twelve month sentence or be in the last six months of a sentence. Most people only get a six months sentence and they are let out the gate and there is nothing in here, and that is it, especially if they do not have a parole period.

The Burnet Institute Report (Stoove & Kirwan 2010) has recommended that the range of therapeutic programs in the AMC should be expanded and models of program provision should be reviewed to ensure equitable access to programs.

Female No 1 continues: I do not use any social and emotional services. First of all people see the psych to see where they are being housed when they come in and to see if you are in the right state of mind – whether you are crisis high needs. There is no follow up and people with mental illness don’t ask for help. Mental health here is you have to behave. If you show you have problems as I did, they gave me a high dose to knock me out and I got fat and stopped taking it.
You are allocated a case officer who is rotated around the prison and you are lucky to see them once a week. You put in a form to see them and sometimes it is not followed up. They have a big case load. There is only 14 girls and 240 men. They took all the programs off the girls and took away the table tennis table and basket ball rings and the visits area. And all these went to the boys. We have gym on Thursdays. We are meant to have a delegates meeting and for 5 months we don’t have a delegate as we lost her while she was in segregation. There is education on Wednesday. We learn Year 7 work and I am past this. I finished Year 11 and I feel I am teaching the class. I did a Barista course but they have taken work away from the girls. The girls do ground maintenance and bins. There is no work for the girls. There are 14 girls to share one job on bins.

Need more Winnunga people visiting and members of the Winnunga Social Health Team would be something to look forward to. We get happy when the fuckin chaplain comes and that is sad. He comes in 3 times a week and does meditation but I don’t do it because someone was talking and it put me off and I left. There is no Aboriginal cultural spiritual stuff. The Aboriginal Liaison Officer (ALO) has brought paints and boards in but we are not allowed to paint because there is no officer to watch. The ALO has suggested the prison pay a girl to look after the art and clean up and take responsibility if we have scissors. We get NAIDOC week and that is all out of the whole year and it is only for one day. People come to the visitors’ centre and mingled for an hour. One hour and it is all over. Two years ago dancers came in for 2 minutes and they had to leave. There is nothing through the week.

The family member of Female No 1 commented that she had not received any help in the AMC and when she rings the family she cries. I would like to see parenting courses at the AMC because mothers being absent from their children act like a sister to them when they come out of prison. They do not know how to act when they come together with their children. The AMC should have a play group and a parent day. They should have grief counselling. When siblings pass away when family are in the AMC they go wrong when they are released without grief counselling. They must see a counsellor on the outside as well, otherwise they will keep on grieving and go back to drugs all the time. Also there should be organised sport, arts and crafts and Aboriginal painting. They do not know how to speak the Aboriginal language when they are in prison all the time as they don’t use it. They need to learn Aboriginal languages in the AMC.

When they get out they generally have nothing – there is nothing. When they come out they feel shame about getting over it and taking a new route. But they go back to drugs – they need a house and a job. It is easier if they know about parenting otherwise they fly off the handle too quickly and go back to drugs as they don’t know how to parent. When she (the daughter) was out before she ran from the situation and thought her daughter was safe with me and had no responsibility. It is very hurtful.

Female No 2. I spoke to mental health when I first come in and now I don’t want to talk to them. When I get depressed I ring the Winnunga psychiatrist. She rang back but we were locked in. Spiritual things – the art lady comes and we do stuff but I keep to myself. Spiritual and mental health support needs are met yes and no.

The family member of Female No 2 commented that her daughter must have been helped in the AMC because she has come out and now is located in her own house through Toora assistance (Toora arranges accommodation for women in need). She has
her son back for sleepovers which will gradually increase, and her teeth were fixed before leaving the AMC. She considers her daughter is better equipped because she now has support. It is the first time in years that I feel I am finally getting my daughter back. I have missed her for years. It affects me, because my son died from drugs at 15 years. It was 11 years ago.

The reporting of mental health is high among this Study’s respondents and reflects the incidence of co-morbidity within the corrections population. The RCIADIC (1991) recommended that corrective services together with Aboriginal health services and other appropriate bodies review and report on the provision of health services to Aboriginal prisoners in correctional institutions. It also recommended that Aboriginal health services be involved in providing general and mental health care to Aboriginal prisoners. The social and emotional needs of the Aboriginal people in the AMC are reflected in the repeated comments contained in their stories such as: There is nothing here; There should be more; Makes time boring with nothing to do and there is a chance you get in trouble; I need good advice; There is no Aboriginal cultural spiritual stuff; I need a little more support; My needs are not being met.

6.4 Preparation for Release into the Community
6.4.1. Work Programs
One male respondent commented that he has received work in the AMC kitchen 4 days a week and is doing a Chef course one day a week through an external hospitality program. This will enable him to obtain similar work on release and to finish the hospitality Chef course. Other comments about preparation for release included:

- Need sports, education, work enrolment, and the drug and alcohol worker representatives working together with a case plan. If you give the boys respect they will give it back.

- Stop people forcing you to do programs that are not going to help and do other programs. People do cognitive skills courses and it is useless and will not stop people coming back. Drug and alcohol courses are no good. Need Certificate courses like welding, carpentry, forklift like they do in NSW prisons. I don’t know why these courses are not here but they are tight with money and don’t want to spend the funding.

- When we come out we have no jobs, no support, no education. We have to look forward to something when we come out.

- I receive no support now. I would like a licence program like a TAFE course. Who will drink drive if you have a licence? And the boys would like to get out and get a job instead of a laboring job for $100 a day and then they would have a go. If they have a job they won’t have to steal money or cars. I am not coming back. I have done my time and I am finished. I have no licence and a criminal record and have done nothing for the last year. What do I put on my resume?
The only course is the white card in the AMC so that I can work in the AMC and it does not count outside. We can work in the kitchen in the AMC or the sewing room. I will try and get an apprenticeship when I come out. It will be hard but then I can work for myself and help other boys get a job and not thieve.

The issue of offering TAFE courses in the AMC has been taken up in the Burnet Institute Report (Stoove & Kirwan 2010) recommendation that educational and employment programs should be expanded to include the attainment of more vocational qualifications and life skills programs such as cooking and parenting. The Winnunga Phase 1 Prison Health Study and this Phase 2 Study have found that the inclusion of attaining a driving licence would allow Aboriginal people to apply for a wider variety of jobs. Other respondent perspectives about preparation for release follow:

- Should be giving people jobs and accommodation all lined up ready to go to it. Should automatically happen. Work is most important if you are going to use drugs, and if you have a job you can support the habit. I did 12 months in the Therapeutic Community program and they did not support me. I want to get a good job at Wollies or Coles for $300 a week which is more than the dole. I won’t go through Centrelink but will go there myself.

- There is hardly anything in the AMC. You can’t get tickets for work and cannot fix up your resume. You can get a licence in some prisons.

- I was in transitional release but there were no programs for work on the way out. But I did not want to go to work while I was in transitional release because I was not ready and I needed support to help me with this. I got one grounds maintenance job but other workers were told that I was from prison and I couldn’t handle it. They could help me with getting a flat and a stable job when I get out and getting back into the community. When I got out before I was scared at night and couldn’t be with crowds of people.

- Being locked up makes them angry; should have a transition program where you can work and go out. Could have a bracelet on your leg and it would be good to work.

- Let support people in. Instead they turn them away. We are in lock down. They lie through their teeth. Work with them to come in here to make a change for prisoners and the guards. There were 50 organisations coming in at first and now there is no one. We had a separate visiting area from the boys and now we have visits with the boys. Someone used to bring out nail polish and face masks and they do not come any more. It was a front because when it first opened once the Minister came in the AMC and had a photo taken everything stopped. We used to have education everyday in our wing and now it is once a week.

- It is up to the person if you want to keep out of prison, but you need support and you have got to want it too.
• Get them a job, keep them busy. I work in the kitchen but am not getting training for a job when I am released.

• Get people ready to get out of prison and give them support. We get half a cheque from Centrelink and we are out on the streets. A halfway house would be good.

• I need more support. They want me to stop using drugs when I get out. I do crime not for drugs but for money. I never held a job in my life. I will persuade the Court next week that I am doing something in the AMC. When you are sentenced you can start on training for work in a minimum area in a cottage. I have been accepted into the Nexus program in Canberra when I get out (drug program). Someone from Winnunga will collect me and they write letters for the Court but I need an updated one. Habitat will help me find a job. But I need a licence.

These accounts reveal problems with the AMC case management system which were also found in the Burnet Institute Report (Stroove & Kirwan 2010), which recommended a holistic case management model staffed with suitably qualified individuals. The ACT Government has agreed in principle to these recommendations in the Interim Government Response (ACT Government, April 2011). The ACT Government has commenced work on strengthening the AMC case management system and working with other ACT Government agencies and the community sector to introduce better information sharing arrangements, and a clearer articulation of roles and responsibilities. The ACT Government has also sought Winnunga’s advice on the recommendations contained in the Burnet Institute Report for inclusion in the final government response due on 30 June 2011.

Winnunga considers that a holistic case management approach is important for Aboriginal people in the AMC. Following the Winnunga Model (at Chapter Four) this should commence on entry to the AMC and would encompass health and social and emotional wellbeing needs. Winnunga’s case management system is able to care for people with a disproportionate amount of chronic disease and complex social and emotional wellbeing needs, much of which can be prevented through a planned multi-pronged approach.

The Winnunga case management approach commences with working through a care planning program. This is developed in partnership with the person, the medical practitioner, nurses and Aboriginal health workers. This plan ensures that preventative services are regularly accessed such as dental checkups, blood sugar checks, blood checks as well as Winnunga’s social and emotional programs.

Aboriginal people’s social and emotional wellbeing needs would be cared for with regular programmed visits to the AMC from members of the Winnunga Social Health Team. The Team would consult with Dr Peter Sharp about the particular case
management requirements. The Winnunga Social Health Team members are skilled workers in the areas of:

- Mental health interventions
- Counselling services for Bringing Them Home
- Adolescent Health and Youth Detox
- Bereavement and loss support
- Help with ACT Housing, Centrelink, social and legal services, and parole commitments
- The midwifery program for antenatal care, birth support and post natal care
- Substance use program including an opiate nurse and a needle and syringe program
- Diabetes clinic
- Smoking cessation
- Art Classes
- Dietician
- Practice nurses

The Aboriginal health workers in the Social Health Team have reached Certificate 4 Aboriginal Health Worker standard. All Winnunga staff have been trained in Aboriginal mental health first aid and certain members are studying to be trainers of the program.

Once the connection is established through members of the Social Health Team visiting the AMC frequently and on nominated days this rapport will continue on release from the AMC. Planning for release with the Social Health Team on entry into the AMC, means that all matters such as accommodation, Centrelink payments and work prospects, arranging identification, and the social and emotional wellbeing aspects of reintegrating into the family are considered and arranged before release. Winnunga also cares for family needs while a family member is in the AMC. Meeting Probation and Parole representatives at Winnunga also establishes an ongoing connection with the other Winnunga services and programs on release such the Parenting Group and Womens and Men’s Groups.

In addition, there is scope for people on a community service order to join Winnunga’s home maintenance, and boxing and mechanics programs. There are currently seven participants in the mechanics program (one is a female). These students are included in Winnunga’s case management plan and Aboriginal health workers visit them on a weekly basis to build trust and rapport. This approach accords with the Hamburger Report (Knowledge Consulting 2011a) recommendations for Aboriginal people on community service orders.

**6.5 Conclusion**

Some of the concerns expressed by AMC respondents in this Winnunga Phase 2 Study, detailed below, have been addressed in the Interim Government Response (ACT
Government, April 2011) to the Burnet Institute Report recommendations (Stroove & Kirwan 2010).

1. Delays and the paper work necessary to consult a doctor in the AMC.
2. Delays in seeing a dentist.
3. Delays in receiving medication on entry to the AMC.
4. Uncertainty about consulting medical practitioners outside the AMC.
5. Reluctance to consult non-Aboriginal, non-Winnunga professionals for mental health assistance.

Regarding Point No 1, following the Hamburger Report (Knowledge Consulting, 2011a) and the Burnet Institute Report (Stroove & Kirwan 2010) recommendations, the ACT Government has:

- undertaken to reduce delays in accessing primary health care and is undertaking work to make it easier for people to self refer to the AMC health care services; and
- formed a Taskforce to oversee implementation of a new strategic and policy framework for drug related policy, services and counselling.

Items 2, 4 and 5 remain a concern for Aboriginal people in the AMC in particular following up on mental health after the initial assessment on entry. One respondent describes the situation thus: People with mental illness do not ask for help. The need is high as found in the Burnet Institute Report (Stoove & Kirwin 2010). The overwhelming consensus among this Study’s respondents was that they were reluctant to consult mental health professionals in the AMC through lack of trust, and in the absence of Aboriginal professionals or professionals from Winnunga. The importance of this is borne out in the RCIADIC (1991) recommendations that Aboriginal health services should be involved in providing general and mental health care to Aboriginal prisoners.

Similar circumstances exist when examining the social and emotional wellbeing needs of Aboriginal people in the AMC. Respondents observed that the case workers are non-Aboriginal, non welfare professionals and their staffing numbers are inadequate to cater for their needs. The Winnunga case management engagement with Aboriginal people in the AMC outlined above and in the Winnunga Holistic Health Care Prison Model (see Chapter Four, 4.1.1. Part 1, Incarceration) provides culturally appropriate rehabilitative programs within a trusting environment while preparing for release into the community.

Consideration should also be given to addressing the disparity in participation of programs between remanded and sentenced people in the AMC. People on remand are not eligible for throughcare programs and consequently they are released after long periods in the AMC without the benefit of rehabilitation programs only to return. Without this vital support there is no opportunity to rehabilitate in the AMC and to have a life outside. The Burnet Institute Report (Stroove & Kirwan 2010) also noted the differential access to programs depending on security classification and the negative
impact this has on release or bail. The Burnet Institute Report made particular mention of the affect this has on female prisoners. This is borne out in the female respondents’ accounts in this Study of diminishing access to programs, work opportunities and changed AMC living arrangements.
Chapter Seven – Aboriginal Family Needs

7.1 Introduction

This Chapter addresses the Research Question 2:

*What are the specific health and social and emotional wellbeing needs required by the family when a family member is in the AMC and on release and are they being met?*

When considering the fate of families of people in prison Foucault (1975: 268) wrote: *The prison indirectly produces delinquents by throwing the inmate’s family into destitution.* And Barry (1976) recorded in the Dictionary of Biography that Alexander Maconochie considered collective punishment on prisoners’ families unethical and unacceptable in our society.

The 2007 Winnunga Phase 1 Study found that families communicate with their relatives in prison through visits, telephone conversations and letters. They struggle economically when a family member is in prison due to the expense of visiting the prison and providing money for their family for ‘buy up’ and telephone use. Some respondents were not aware of financial assistance from Prisoners’ Aid to assist in visiting relatives in prison. Family members experience an added financial burden when caring for children while a mother is in prison notwithstanding Centrelink assistance. Should the arrangements for these children who are accommodated with relatives not be appropriate, the risk of their becoming homeless, not attending school, or turning to crime increases. Extreme stress is experienced within the whole family when a death occurs, particularly if the incarcerated family member cannot attend the funeral. Family support on release is also important. Increased service implications for Winnunga include increased outreach in the community, detoxification and withdrawal from drugs and alcohol, professional mental health and wellbeing assistance and counselling (see Chapter Four Winnunga Model, 4.1.2 Part 2, Release from Prison - Family and Community Support).

This Chapter presents the Winnunga Phase 2 Study respondents’ perspectives of family health and social and emotional wellbeing needs when a family member is in the AMC and when they are released. It includes the perspectives of three family members.

7.1.1 Perspectives of Family Needs

Two of the 10 male AMC respondents were not in contact with their family either by choice or they did not know how to contact the family. One respondent in this category
said that his family will not visit him. They just won’t come out. And our visit for the interview in May 2011 was his first since coming to the AMC in January 2011. He considers that his family do not care and cannot get transport to visit. Four other male respondents considered that their family was ‘doing OK’.

Other male respondents commented that they do not like family visits as it is too difficult to say goodbye; they are used to being in prison; and visitors do not always have the money for petrol. There are times when interruptions to family visits occur when visitors are banned from visiting for a time for inappropriate behaviour during a visit. There was an overwhelming consensus that the bus service from Woden Town Centre to the AMC and return was inadequate.

A further two male respondents reported that their family members were receiving medical and dental care from Winnunga. However one commented that the children do not visit him as he does not want them to say that Dad is in the AMC. He received some pot in the AMC and the guards blamed his wife for bringing it in. Ever since this event when his wife visits the sniffer dogs check her car for drugs. She used to visit all the time, and now visits only once a week or once a fortnight.

One male respondent reported that his wife has support agencies helping her and Winnunga is looking after the lawn at home. He added: It would be good if people from Winnunga would go and talk with her. She has a tumour. I try not to talk about this. Sometimes someone from Winnunga brings her to visit him as she does not have a car and it is difficult to use the bus. In any event his wife visits once a week and would come every day if she could. He considers that it would be better for him if he could see his family regularly.

Another male respondent said that his girlfriend needs someone to talk to and help in visiting him in the times when she does not have any money and commented that: Mum and Dad don’t care. My girlfriend was here today and she was five minutes late and was knocked back to have a visit. This has happened three times. She comes by bus. She tries to come once a week but it will be a while before she comes back, and I will not have any visitors before then. My girlfriend is pregnant and I would like to go to the birth – I am trying for this. She will need a lot of support.

One male commented that his children have received a thorough grounding in cultural and spiritual education. However, they need to go back home to the bush because they are experiencing a loss of spirit because they are in the city. His wife would rather be in the bush. She needs to visit her mother to talk even if she has passed on. Travelling to visit him in the AMC is difficult for his wife when she is alone, as one daughter is schizophrenic and needs her mother’s help and attention all the time as well as medical support. His wife receives assistance from the Winnunga Social Health Team. However she has to give all her attention to this child and the other children miss out. They
include a daughter who does not want to go to school and older male children who are constantly experiencing disappointment in their numerous attempts to attain certificates to help them find employment. They experience difficulty communicating with people in the school office and fulfilling the paper work requirements to sit the exams. About this aspect he added: When you have been let down and you want to do things you give up. We manage but it is a struggle. My wife has do the house and garden work on her own. The kids will help sometimes but she does the hard work. She has struggled a lot of the years while I have been locked away. The boys must keep going with education and will pass the tests. You need education to work. He will try to give his wife some money to connect a phone at home as he is working in the kitchen. He is putting $1 away each week for the children at Easter.

Another male respondent’s perspective of his family’s needs was associated with the difficulty of travelling to the AMC. His partner visits every Sunday and has to organise a lift. This arrangement is satisfactory as his partner works and his daughter is in day care. However, from his partner’s perspective, during interview she commented that she would like more support from the family in contributing to his ‘buy up’ money. Her mother collects her daughter from day care at times but she is not happy with her daughter’s situation. It is much easier to manage when her partner is not in prison as money is a problem without two incomes. She suffers anxiety and high pressure getting everything done and is medicated for this. She has a long working day and then collects her daughter from child care, and when her partner rings from the AMC and she has not arrived home he becomes stressed. She has a pending Court appearance.

One female AMC respondent said that it is difficult for her daughter who lives with her mother because she is not there for her. She is not able to see her daughter very often because of the distance her mother has to travel. She comes by car and money is a problem. Her mother misses her and has said: Since you have been in the AMC I have started to love you more. She drove in from the country for a visit and was five minutes late and was refused entry. The AMC respondent considers that there should be someone who automatically talks to visitors when they are turned away. Aboriginal people need each other more. Aboriginal people are needed to calm her down or find an alternative. From her mother’s perspective it is very difficult looking after her young granddaughter now as she has finished rearing four children and suffers ill health. It is stressful. I am doing it all over again. It is difficult to help with school work because the teaching is different now. I can’t wait for them to be put together [mother and daughter]. My daughter has made arrangements to live in a house with furniture.

The other female respondent said that members of her family are unwell and are suffering stress because she is in the AMC for the first time. Her brother has just come into the AMC. She and her sibling take drugs. Her family visited the AMC once and it was too distressing. I don’t want them to come back. It just breaks me that my son is going home and I am going back into the AMC Cottage. The family will be happier
when she is out of the AMC and are grieving for their children in the AMC. Every year one of my brothers is locked up and we thought this year it would not happen. When I was on drugs I did not worry about anything but now I woke up that it does matter. My son went into care. I have to get help. I did not know there was help but I have to look for it. [Another family member has custody of her small son and she is afraid that she will lose her place in his affections as his mother]. However, she does not want her son to come to the AMC to see the dogs and the security. She added: he was at the fence of the AMC and I saw him.

7.1.2 Communicating with Family from the AMC
The other means of communicating with family from the AMC apart from visits is through phone calls. The male and female respondents in the AMC who maintain regular contact with their families use the phone and in some instances this is daily use. Unfortunately, in many instances the family house phone has been disconnected through non-payment of accounts and they use a mobile phone. The cost can be $5 for 10 minutes which is prohibitive for those who do not have an AMC job and receive $15 each week for toiletries and personal purchases, and are dependent on family members to deposit money into their AMC accounts. Respondents considered that the AMC could introduce a system which operates in other prisons where the prison contributes 50 cents every week to phone accounts and increases the opportunity of contact with family. The other popular means of communication is letter writing. However some respondents spoke of a lack of money for stamps and envelopes and computer hire.

7.1.3 Provision of Organisational Support for Families
The AMC respondents considered that Winnunga and other support organisations could assist their family with financial management, outreach two or three times a week, or arranging a day out for their partner on pay day.

One male respondent said his partner consults the Winnunga doctors and Marymead while he is in the AMC. And when interviewed his partner said that Winnunga helps with the worry of her partner being in the AMC. She has been going to Winnunga for some years. She also seeks help from Directions. She has learnt you have to get help and she asks for this now.

One female said that her mother suffers stress. She goes to the Winnunga dentist and receives a disability pension and a family allowance payment for her daughter who lives with her mother, and she struggles on this amount of money.

The other female’s family member commented that when her children are in the AMC it is heartbreaking and depressing and alcohol is a problem. The family has not asked for social and emotional support but consult the Winnunga doctors and the dentist. They have no support and no friends – just the family.
7.2 Family Support Requirements on Release
The following accounts (1-10) indicate the AMC male respondents’ accommodation arrangements prior to coming into the AMC and the anticipated family circumstances and support required on release. The AMC female respondents’ accounts are numbered 11 and 12.

1. Was living in government housing prior to AMC. It was the first time in nine years he has been locked up. Will get a job in a kitchen near his accommodation which he has kept while in the AMC. He has been working in the kitchen and attending hospitality studies in the AMC.

2. Was living with a family member in government housing prior to the AMC. Will return to this accommodation and will try to help his family member’s drinking problem.

3. Was living with family member in government housing prior to the AMC. On release will live with wife in government housing. He is on the government housing list. I want my own place so if we have a row I don’t want to go home to Mum. I would like a two bedroom flat and the kids can come on weekends. I have been kicked out many times. He will find work with a family member and intends to participate in Winnunga programs on release.

4. Was in the AMC and was out for a couple of weeks and returned to the AMC. When released he will try to obtain government housing through the Men’s Centre. He will receive support from Directions and Winnunga.

5. Was living in government housing with family member. Too early to think about future accommodation arrangements. He will require a job and his own place. There is a rift in the relationship with his partner and child.

6. He has been in and out of prison with no proper accommodation since he was 16 years of age. It is too early to think about future accommodation. However he will require drug and alcohol assistance, counselling and a job.

7. Was living in Barnardos, then with family member in government housing. On release he will return to family member’s accommodation, and apply for a government flat. He will require help from Centrelink as he has never had a job. He has the white card for construction work in the AMC (one day of training).

8. Was in rehabilitation for 6 months, and then with wife in government housing. He would like his own place on release but too early to plan now. Otherwise he
will ask for help at Samaritan House. He will require ongoing support he has been receiving in the AMC from Relationships Australia, and drug and alcohol assistance from Winnunga. Most of all he wants to study at TAFE. He has been in rehabilitation in Sydney and wants to participate in the upbringing of his young child. He has an older child but he never sees her – *always locked up and under the influence*. The member of the family who looks after her is angry that he has not been there for her.

9. Was living with wife in government housing and will return there when released. On release he will require drug and alcohol courses, as much counselling as he can get to keep him out of prison, AA meetings, DA meetings, assistance from the Winnunga psychiatrist and the Winnunga Men’s Group.

10. Was living in government accommodation with his wife. On release would like a government flat. They have been living separately due to his behaviour towards the family - *but we are a family*. Won’t have anywhere go to when released so he will require government housing (he has to ring ACT Housing), and employment (has a white card certificate for construction). He works in the AMC kitchen and is doing a hospitality course. *When they gave me a start in the AMC kitchen it opened freeways for me.* On release he intends to take his certificates to Centrelink to obtain work.

11. Was moving from place to place staying with family before the AMC. Will be released soon and has arranged to live in a Toora ACT government house for women. She will need help from the Winnunga drug and alcohol worker for relapse prevention and all round support. She hopes that her daughter who has been living with her mother will live with her.

12. Was living in a car for over two years before coming to the AMC and was not in touch with her family. She would park it in different places. (Does not have a licence). Her son lives with a family member. She has completed an application for a government house through Barnardo’s. If this does not happen she will live in her car again. She will require assistance from Winnunga (primary health and psychological health) and other places such as Gugan Gulwan Youth Aboriginal Corporation for her mental health needs. *I need help from everywhere. It is a big what if. The ALO said she would keep in contact because I need support and I did not have it before. Now I know what I want and I have to ask for help. It has been hard to open up to people but I am doing this.*
7.3 Conclusion

The findings about the needs of families of people in the AMC were similar to those in the 2007 Winnunga Phase 1 Study which resulted in the Winnunga Holistic Health Care Prison Model (see Chapter Four, 4.1.1 Part 1, Incarceration, Family and Community Support). While AMC respondent accounts in this AMC Study indicated that assistance was provided to their families by various support organisations, there is a strong reliance on Winnunga medical and dental, and social and emotional wellbeing services. Winnunga’s case management approach means that the welfare of the whole family is considered. Family members’ health and social and emotional wellbeing needs are addressed in a holistic way with the result that the overall family environment is improved and recidivism minimised.

While coping alone in the community when a family member is in the AMC, young mothers can experience financial and psychological difficulties of bringing up children alone. Older women who are grandmothers also struggle financially and psychologically in caring for grandchildren in their care at a time when they are older than when they reared their family, and suffer illhealth. Parenting courses in the AMC would assist young mothers and fathers’ reintegration into the family unit on release. Some have lived apart from their children in prisons for a significant amount of time, so that they do not know how to communicate with their children as a parent. Introducing regular Play Groups and Parents’ Days at the AMC would also improve this situation.

There is a high rate of Aboriginal family members being turned away from visiting family members in the AMC due to their late arrival. Some family members travel as far away as Yass or travel by local bus over many hours and find this situation very stressful in the absence of counselling from the ALO or an Aboriginal staff member. There is also an overwhelming consensus from all respondents in the study that the ACTON Bus timetable is inadequate for visiting purposes. Some Aboriginal Community Controlled Services in New South Wales have the capacity to run a bus service to the local prison. Funding Winnunga to run a service would significantly improve family interaction.

The needs of families when a family member is released from the AMC are significant and complex as detailed in this Chapter. The Winnunga Holistic Health Care Prison Model comprehensively addresses these aspects (at Chapter Four, 4.1.3, Part 3 Managing the Cycle of Incarceration).
Chapter Eight – Accommodating Aboriginal People’s Needs in the AMC and on Release

8.1 Introduction

This Chapter addresses Research Question No 3:

How can the health and social and emotional wellbeing needs of Aboriginal people in the AMC and their families be better accommodated?

The Chapter presents AMC staff views and the perspectives of members of AMC support organisations that support Aboriginal people and their families. The socio-political context for this Winnunga Phase 2 Study can be found in the United Nations Standard Minimum Rules for the Treatment of Prisoners (UN 1955) and the United Nations Declaration on the Rights of Indigenous Peoples (UNHRC 2007). The fifth guiding principle of the landmark Ways Forward Report (Swan & Rahael 1995:13) states:

The human rights of Aboriginal people must be recognised and respected. The human rights of Aboriginal peoples which are globally endorsed and recognised in international law by way of instruments such as the United Nations Charter and the International Covenant on Civil and Political Rights must be respected by the agencies of all levels of Australian government. Failure to respect Aboriginal people’s human rights constitutes continuous disruption to Aboriginal well-being, resulting in increasing ‘mental health’. Failure to ensure human rights contributes to mental ill-health. Those specific aspects of human rights relevant to mental illness and United Nations Instruments for the Human Rights of the Mentally Ill must be specifically addressed.

The Study’s recommendations are also included in this chapter. They are made in the knowledge that the ACT Government is in the process of responding to the two independent Reviews of the AMC. However they address the needs as expressed by the respondents in the Study.

On 3 May 2011 the Attorney General announced a funding allocation of $7.2 million over four years to ACT Corrective Services (Media Release, Simon Corbell 2011). Included in this amount is funding for resourcing, efficient and effective data collection, and a feasibility study into future AMC correctional accommodation and facilities requirements identified in the Keith Hamburger Review (Knowledge Consulting 2011a).

In response to issues identified in two AMC Reviews a single position of Senior Manager, AMC Offender Services and Corrections Programs has been introduced to
encompass case management and programs. The AMC current case management planning process is now under review. This involves identifying case management requirements for specific categories of prisoners including those on remand who are often released without prior notice. For example, when an individual comes into custody they will undertake a range of assessments to identify areas of need, including physical and mental health, education and issues related to their offending behaviour. Support services and programs will then be identified to address those areas of need. The case plans will be regularly reviewed to monitor progress and adjust interventions and supports to take into consideration the complexity of the rehabilitative process (AMC staff respondent).

ACT Corrective Services undertakes pre-release planning to ensure appropriate community based supports are available for the individual as they return to the community. From January to March 2011 the average length of stay for a sentenced prisoner in the AMC was 5.9 months and 5.4 months for a remand prisoner. This highlights the importance of coordinating appropriate community based supports and services prior to release (AMC staff respondent).

Winnunga Nimmityjah Aboriginal Health Service increased involvement with the AMC is welcomed. However, it would be necessary, should Winnunga provide case management support to Aboriginal people in the AMC, that this be coordinated with AMC case managers and the pre-release case officer. Winnunga would also attend each pre-release case conference comprising families and support organisations (AMC staff respondent).

8.1.1 The Winnunga Holistic Health Care Prison Model
The Winnunga Holistic Health Care Prison Model (at Chapter Four) is relevant to the needs of the Aboriginal people in the AMC and their families. It is based on planning for release into a positive and highly supportive environment with the prospect of accommodation and employment, or training for employment at the time of entry into prison. It provides throughcare for remandees and sentenced persons. It concentrates on developing a sense of identity in prison through connection with the spirituality of the Aboriginal culture (Poroch et al. 2007). A recent Winnunga study commissioned by the then CRC for Aboriginal Health, which reviewed the connection between spirituality and Aboriginal people’s social and emotional wellbeing, is an important contribution to harnessing and better understanding Aboriginal spirituality. It found that spirituality helps Aboriginal people to cope, to be strong, resilient and determined, to come to terms with life’s problems and to resolve problems. The spirit also provides support and Ancestors provide guidance. Being on country helps to centre and to connect, which assists the coping mechanism (Poroch et al. 2009).

There is a tendency to regard Aboriginal people individually, outside their community and family affiliation, without taking into account their multifaceted, complex and
contradictory identities and experiences. The family formation is the central and abiding social and economic construct for Aboriginal people and related to self-conception of low self-esteem and the experience of racism. This is an important issue for mainstream service organisations communicating with the ‘other’, who do not trust mainstream services and limit the degree to which they utilise them (Collard & Palmer 1994).

The Winnunga Model recognises the strength of family and community in helping the cycle of incarceration. It supports all the family members’ primary health and social and emotional wellbeing needs and aims to replace the drug and alcohol culture activities that have resulted in incarceration with a positive and healthy life style (Poroch et al. 2007).

8.1.2 Aboriginal People’s Needs in the AMC
The mantra for many of the AMC respondents was: This time I am not coming back. Some had made a resolve to be role models on returning to the community and already had experience of speaking about prison life to Aboriginal children and other audiences. However the other mantra for many in the Study was: There is nothing happening by way of programs and we rarely see a case officer. Should be more staff. Every weekend is locked down because of short of staff. It is evident that Aboriginal people in the AMC need to participate in culturally appropriate rehabilitation programs. This results in trust and the will to be open to new possibilities for a better life. Without experiencing such understanding of their needs, their lack of identity and self esteem results in a mindset of: I may as well do this [drugs, crime]. I am nothing. I am out on a limb by myself (Support Organisation respondent). They also experience the barrier of societal condemnation and the message is: I am at an age when people think I can’t change.

Drugs, alcohol and crime preclude the experience of a normal life in the community. Without intensive outreach on release from prison it is evident from AMC respondents’ history of re-offending that the individual’s life will not improve. Respondents spoke about having had employment histories. However when they returned to drugs this way of life had ceased. Or they were attending numeracy and literacy courses while using drugs, and were unable to continue. They also reported on the incidence of drugs in the AMC. While in the AMC they require more drug and alcohol programs than are currently available such as counselling, relapse prevention, mindfulness, anger management and education about residential rehabilitation and the processes involved in applying for these alternatives (Support Organisation respondent). Another Support Organisation respondent noted that it would be helpful if all Aboriginal detox and rehabilitation agencies in New South Wales were added to the AMC telephone free list. The associated requirement for mental health programs has already been described in the Chapter Six Conclusions Section.

The literacy and numeracy education program is essential for Aboriginal people in the AMC. Without these skills filling out forms to consult medical professionals or to enter
a rehabilitation program is problematic for Aboriginal people. The Hume Health Centre is considering an alternative method of self referral by phone (Support Organisation respondent). Support organisation respondents in the study also noted that left alone, as they currently are, Aboriginal people in the AMC have difficulty in initiating interaction with organisations such as ACT Housing, Centrelink, Directions (Drug and Alcohol Programs), Toora Women’s accommodation and other support organisations.

Some AMC respondents reported that they use the AMC free phone list to contact Winnunga Aboriginal health workers for assistance. However, taking the initiative to contact Winnunga is not an option for others, as already mentioned. From the Winnunga Aboriginal health workers’ perspective it is not possible to form a good relationship by phone as face to face communication is required. It also follows that Winnunga attendance at AMC exit planning meetings with other support agencies is essential. An AMC position of exit officer would facilitate coordinating subsequent post release follow-up meetings not currently undertaken (Support Organisation respondents).

8.1.3 Participation in AMC Programs
Two respondents reported they had attended the literacy and numeracy AMC program and one respondent was able to secure the assistance of Toora women’s accommodation herself adding: *Not everyone is like me – I help myself a lot.* Another respondent works in the AMC kitchen and attends the AMC Chef classes once a week. This has given him the possibility of finding work in hospitality on release. Receiving work in the AMC kitchen and studying hospitality *opened up freeways* for another respondent. However many respondents were concerned (particularly females) that there are few opportunities to work in the AMC.

Respondents had also participated in the AMC music, computer and art programs. However they were concerned that the computer course and gaining the White Card were not recognised when applying for work. They reported that only TAFE accredited courses (which they had completed in other prisons) are recognised when seeking employment in the community. There is also high demand for a Driving Licence Course among Aboriginal people in the AMC. The attainment of this Licence can be a gateway to employment. However people on remand are not entitled to many of the rehabilitation programs with the result that: *They can get out with a green garbage bag and no one would know* (Support Organisation respondent).

8.1.4 Remand and Sentenced Categories
The ABS 2010 Corrective Services Australia Summary (ABS 2010) records that ACT and South Australia had the highest proportions of unsentenced prisoners (37% and 34% respectively). There is already a lack of accommodation space in the Hume Health Centre and the physical constraints of the AMC are a limiting factor for AMC employees (Support Organisation respondents). More diversion from sentencing and
redefining addiction and mental illness to come under the auspices of health, and not criminal justice offers the greatest hope for reducing the number of people deprived of liberty (Levy 2011). Support Organisation respondents at the Hume Health Centre noted that Dr Peter Sharp conducts a successful Winnunga clinic at the AMC each week and at times is accompanied by a medical student. They are of the opinion that it is essential that the Winnunga Social Health Team visit the AMC. Dr Sharp is currently the only conduit between his AMC patients and their families.

8.1.5 Family Needs When a Member is in the AMC
Chapter Seven and its Conclusion detail family needs while a family member is in the AMC. These needs revolve around the difficulties of visiting the AMC, communicating by phone with family members in the AMC to alleviate stress, and needs associated with primary health and social and emotional wellbeing. One Support Organisation respondent observed that the visiting centre at the AMC is not equipped for children. Toys are kept behind the guards’ desk and people are reluctant to approach the guards. In prisons in New South Wales Family Support spend time with children to curb their boredom and to give parents time alone during visits.

8.1.6 Family Needs on Release
A variety of intensive support is required by families when a member is released from the AMC (also detailed in Chapter Seven). Support Organisation respondents observed that one important aspect of returning to family life on release is that in some instances the partner has moved on. This necessitates providing intensive support to adjust to life in the community. A number of AMC respondents considered that because of their rate of reoffending and drug taking they would prefer to have separate accommodation to diffuse the situation in the family home.

8.2 Study Recommendations
This Study recommends that:

- 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 oversee 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, December 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 and Commonwealth Governments are addressed in the Executive Summary.
REFERENCES


CCC (Community Coalition on Corrections). (2010). *Submission to AMC reviews*. CCC. Canberra.


HRSCATSIA (House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs). (2001). *We can do it! The needs of urban dwelling Aboriginal and Torres Strait Islander Peoples*. Parliament of the Commonwealth of Australia. Canberra.


SCATSIH (Standing Committee on Aboriginal and Torres Strait Islander Health). (2005). *Guidance on Operational Standards for the Provision of Health Services to Aboriginal and Torres Strait Islander People in Custody*. Australian Health Ministers Advisory Council. Canberra


APPENDIX A: INTERVIEW QUESTIONS

- ABORIGINAL PEOPLE IN THE AMC
- FAMILY MEMBERS OF PEOPLE IN THE AMC
- AMC SUPPORT ORGANISATION REPRESENTATIVES

APPENDIX A:

- RESEARCH STUDY INFORMATION SHEET
- INFORMED CONSENT FORM
CONFIDENTIAL

PHASE 2 STUDY INTO HEALTH CARE FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE IN THE ACT
ALEXANDER MACONOCHIE CENTRE

Interviewer: ………………… Co-Researcher: …………………………………

Date of Interview:…………. Time Start: ………… Finish: …………………

Interviewee Name: …………………………………………………………………
Male/Female

Age: 18-25; 26-35; 36-45; 46-55; 56-65; 66 plus
Aboriginal or Torres Strait Islander: ……………………………………………………

Which mob do you belong to?

Were you interviewed in the Winnunga Phase 1 study in 2006?
Were you interviewed in the Inmate Health Survey in May 2010?
Were there any special reasons for not participating in the Survey?

The Interview has four parts:

Your own story of how you got to be in the AMC;
What are your specific health and social and emotional needs in the AMC and whether they are being met;
Your family’s needs while you are in the AMC and whether they are being met;
Support you receive in the AMC to help in finding work and settling back into your family and Community.
Interview Questionnaire

PART 1 – PRISON EXPERIENCE DETAILS

1. When did you come into the AMC?

2. When will you be released?

3. Can you tell us your story of how you got to be in the AMC?

4. How many times have you been in prison?

5. Which prisons were they?

PART 2 – SPECIFIC HEALTH AND SOCIAL AND EMOTIONAL NEEDS IN THE AMC

6. Which AMC health services do you use?
6A Do you use the Winnunga AMC Health Service?
6B Can you comment whether this service is giving you all you need?

7. Which AMC social and emotional services do you use including mental health, spiritual and cultural activities?

8. Can you comment on whether these AMC services meet your needs?

9. What kind of support do you receive from other Aboriginal or non-Aboriginal prisoners?

10. Are there any health and wellbeing services not provided to Aboriginal prisoners in the AMC?

11. How does this affect Aboriginal prisoners?

12. What services would you wish Winnunga and other support organizations to deliver to you in the AMC?

13. Can you comment whether an Aboriginal visitor program would help you in the AMC and on release?

14. How can AMC support services help in keeping people out of prison?
PART 3 – FAMILY’S NEEDS AND WELFARE

15. What are your family’s health and social and emotional wellbeing needs such as mental health, spiritual and cultural needs while you are in the AMC?

16. Are all these needs being met for your family while you are in the AMC?

17. Do you have any suggestions so that your family receives better support while you are in the AMC?

18. Can you comment about how easy it is for your family to visit you in the AMC?

19. What other means do you use to keep in touch with your family?

20. What are the difficulties you experience in keeping in touch with your family?

21. How can Winnunga or other organizations help you and your family when you are in the AMC?

22. What type of accommodation were you living in 12 months before coming to the AMC? (see options below).

23. What accommodation arrangements (if any) are in place for you when you leave the AMC? (see options below).

1 = Privately rented home
2 = Privately owned home
3 = Public housing
4 = Shared home (with friends or others)
5 = Lived with parents or other relatives
6 = Private hotel or rooming house
7 = Supported Accommodation
8 = Shelter or other temporary accommodation
9 = Other type of accommodation
10 = Had nowhere to live
11 = Not answered

24. What support will you and your family require when you are released?
PART 4 – COMPARISON OF AMC WITH OTHER PRISONS

25. The AMC is a human rights based prison. Can you make specific comparisons with the AMC and other prisons regarding:

- AMC education or rehabilitation programs aimed at obtaining employment on release.
- AMC Aboriginal and Torres Strait Islander cultural/spiritual programs.
- AMC programs to assist in coping with being in the AMC and coping with family crises.
- AMC programs to assist in reintegrating into the family and community life on release.

ANY OTHER COMMENTS OR QUESTIONS

THANK YOU – WOULD IT BE OK IF WE CONTACT YOUR FAMILY AND ASK THEM IF THEY WOULD AGREE TO BE INTERVIEWED AS PART OF THE STUDY?
CONFIDENTIAL

PHASE 2 STUDY INTO HEALTH CARE FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE IN THE ACT ALEXANDER MACONOCHIE CENTRE - FAMILY MEMBER INTERVIEW

Interviewer: …………………. Co-Researcher: …………………………………

Date of Interview:…………. Time Start: …………. Finish: …………………

Interviewee Name: …………………………………………………………………

Male/Female

Age: 18-25; 26-35; 36-45; 46-55; 56-65; 66 plus

Aboriginal or Torres Strait Islander: …………………………………………………

Which mob do you belong to? ………………………………………………………

Were you interviewed in the Winnunga Phase 1 study? ……………………………

The Interview has four parts:

Your specific needs while your family member is in the AMC.
Assistance provided to family member in the AMC.
Your communication with family member in the AMC.
Interview Questionnaire

PART 1 – FAMILY’S NEEDS WHILE FAMILY MEMBER IN THE AMC

1. Can you tell us what it is like for you when your family member is in the AMC?

2. What are the difficulties for you and your family when your family member is in the AMC?

3. What type of support do you receive from the AMC and the AMC support organizations?

4. Can you comment about this support?

5. What type of support do you receive from Winnunga and other support organizations?

6. Can you comment on the effectiveness of Winnunga’s and the other organizations’ support?

PART 2 – ASSISTANCE PROVIDED TO FAMILY MEMBER IN THE AMC

7. What help does your family member receive in coping with being in the AMC?

8. What sort of health services and programs for Aboriginal prisoners would you like to see in the AMC which may not be provided now?

9. Can you compare the health services and programs at the AMC with your experience of them in other prisons?

10. Can you tell us about your thoughts about whether your family member will come out of the AMC better equipped for life within the family?

11. Will this help them to stay out of prison?

12. What sort of continuing support would help the family when the family member is released?

PART 3 – COMMUNICATION WITH FAMILY MEMBER IN THE AMC

13. Could you tell us about visiting your family member at the AMC?

14. Are there other ways you keep in touch with your family member in the AMC?
15. How could communication with your family member in the AMC be improved?

16. How does the communication with your family member in the AMC compare with your experience of other prisons?

ANY OTHER COMMENTS

THANK YOU
CONFIDENTIAL

PHASE 2 STUDY INTO HEALTH CARE FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE IN THE ACT ALEXANDER MACONOCHE CENTRE – AMC SUPPORT ORGANISATIONS

Interviewer:…………………………….Co-Researcher ............................................................... Date of Interview:………….. Time Start: ………… Finish: ……………………………………… Interviewee Name: ………………………………………………………………………………… Male/Female

Age: 18-25; 26-35; 36-45; 46-55; 56-65; 66 plus

Aboriginal or Torres Strait Islander: ………………………………………………………………

Which mob do you belong to? ………………………………………………………………………

Were you interviewed in the Winnunga Phase 1 study? ………………………………………

The Interview has two parts:

The support services you provide for Aboriginal people in the AMC.
The support services you provide for Aboriginal families while a family member is in the AMC and on release.
Interview Questionnaire

PART 1 – SUPPORT ORGANISATIONS ASSISTING ABORIGINAL PEOPLE IN THE AMC

1 What are the support services which you provide to Aboriginal people in the AMC?
2 How many Aboriginal people access your services in the AMC?
3 What are the other services they access in the AMC?
3A Do they access Winnunnga medical services in the AMC?
3B Can you comment about the effectiveness of the Winnunga medical services delivered to people the AMC?
4 How good are Aboriginal people at looking after their health and social and emotional wellbeing in the AMC?
5 How are Aboriginal people assisted in coping with being in the AMC?
6 How are Aboriginal people assisted to make their way in their Community on release and eliminate return visits to the AMC?
7 Are there important support services not provided to Aboriginal people in the AMC?
8 How does this affect Aboriginal people?
9 What sort of additional support services would you like to see in the AMC?

PART 2 – SUPPORT ORGANISATIONS ASSISTING FAMILIES OF ABORIGINAL PEOPLE IN THE AMC AND ON RELEASE

10 What are the difficulties that families experience while a family member is in the AMC?
11 Is your organization able to support these families?
12 What sort of support does your organization provide to Aboriginal people and their families when they are being released from the AMC?
13 What sort of continuing support does your organization provide to Aboriginal families after their family member is released from the AMC?
14 Can you comment on Winnunga’s effectiveness in providing primary health care and social and emotional support to Aboriginal families while the family member is in the AMC and when released from the AMC.

ANY OTHER COMMENTS

THANK YOU
Information Sheet for Participants of Winnunga’s Study into the Health Needs of the Aboriginal and Torres Strait Islander People in the Alexander Maconochie Centre and their Families.

We invite you to participate in the research study into the needs of the Aboriginal and Torres Strait Islander people in the Alexander Maconochie Centre (AMC) and their families.

Winnunga Nimmitjyah Aboriginal Health Service is conducting individual interviews with people in the AMC, their families and AMC support organisations. The interviews will provide information about Aboriginal people’s experiences of health and social and emotional support they receive in the AMC.

The purpose of the study is to know how best to support Aboriginal people in the AMC and their families, and when they are released.

The research team conducting the interviews will ask about:
- The specific health and social and emotional needs of people in the AMC and whether they are being met.
- The support that people receive in the AMC to help in finding work and settling back into the family and Community.
- Families’ needs while people are in the AMC and whether they are being met.

The research team includes Aboriginal and non-Aboriginal researchers from Winnunga Nimmitjyah Aboriginal Health Service. All members of the research team are required to sign a confidentiality agreement prohibiting them from discussing the information you provide any time before, during or after the research study is finished.

If you agree to participate in the research we will record what you tell us. Possible adverse effects of the interviews may be emotional upset. The Winnunga Aboriginal Health Workers will be on hand to assist you and to provide counselling if this happens. All information provided during the interviews will be reported in a general way. People will not be individually identified or named. Only the research team will have access to the information which will be stored in a secure place at Winnunga. A gift of $30 will be presented to AMC participants and their families.
Members of the research team will present the findings of the draft report to the people who participated in the research to discuss the report and suggest changes. If you provided an in-depth interview we will ensure that you have the opportunity to clear your material before publication.

For further information about this research study you can contact Nerelle Poroch at Winnunga Nimmityjah Aboriginal Health Service, Phone 62846214.

Approval has been given by the ACT Health Human Research Ethics Committee. Should you have any problems or queries about the study and do not feel comfortable about contacting the research team, you may contact the ACT Health Human Research Ethics Committee Secretariat, Canberra Hospital, Yamba Drive, Garran ACT 2605 (Phone 62060846).
Winnunga’s Study into the Health Needs of the Aboriginal and Torres Strait Islander People in the Alexander Maconochie Centre and their Families

Participation Consent Form

Before you sign this form please be sure that you understand what it means to be part of this study and have read (or have had it read to you) the study information sheet. Please ask the research team member to answer any question you have. It is important to understand:

- The interview will take about 45 minutes. Its main aim is to find out the needs of the people in the AMC and the needs of their families.
- I do not have to take part in this research if I do not wish to.
- I can take a break, refuse to answer any questions or stop the interview at any time.
- I can ask any member of the research team or my support person to absent themselves when I am asked questions about particularly sensitive issues.
- Any report using this interview will only record a summary of what I have said and I will not be identified personally.
- All information collected for this study will be stored in a secure place. Only the research team will have access.
- A report will be produced as a result of the interviews.
- Possible adverse effects of this study may be emotional upset. The Winnunga Aboriginal Health Workers will be on hand to assist me and to provide counselling if this happens.
- Approval has been given by the ACT Health Human Research Ethics Committee. Should I have any problems or queries about the way in which the study was conducted, and I do not feel comfortable contacting the research team, I am aware that I may contact the ACT Health Human Research Ethics Committee Secretariat, Canberra Hospital, Yamba Drive, Garran ACT 2605 (Phone 62060846).
I have a copy of the information sheet.  

Yes  No

I agree to participate in the research study.  

Yes  No

I agree that the interview can be taped.  
I can switch off the recorder any time I choose and that any time I can ask for any part of the tape to be erased.  

Yes  No

I agree that my words not my name, can be used in the study report.  

Yes  No

To reimburse me for my time I will be given $30 which will be deposited into my account.  

Yes  No

Name of Participant (please print)........................................................................................................

Signature of Participant............................................................................................................................

Date: ................................................

Name of Witness (please print)...............................................................................................................

Signature of Witness.................................................................................................................................

Date: ............................................

Signature (Investigator)............................................................................................................................

Bank Account Details:

Name of Account

BSB Number

Account Number
APPENDIX B:

- LETTERS FROM THE CHIEF EXECUTIVE OFFICER, WINNUNGA NIMMITYJAH ABORIGINAL HEALTH SERVICE
Dear

Winnunga Nimmitjyah Aboriginal Health Service would like to interview you about your time in the Alexander Maconochie Centre and what you and your family need while you are in the AMC and when you come out.

If you agree to have a yarn to Winnunga workers for about 45 minutes we will be able to find out if the help you receive in the AMC is OK or if you need extra help or better help. This might be about all sorts of help with medical or mental health, drug and alcohol or dental services. Or it might be about the help your family needs while you are in the AMC and when you are released.

Winnunga workers will visit the AMC in March 2011 to talk to all the people who have agreed to yarn about these things. We will give a gift of $30 to each person who does this. Everything you tell us will be confidential and your name will not be shown in our report which we will write afterwards. The information which you give us for the report will help Winnunga to know what Aboriginal and Torres Strait Islander people in the AMC and their families need when they are in the AMC and when they come out.

If you decide to have a yarn about these things please give this letter to the nurses on the evening medication round by Tuesday 15 March or leave it in the Winnunga Box on the counter in the Medical Centre and we will then arrange a day and time with you. We hope to start interviews on Wednesday 16 March 2011.

Yours in the Struggle

(Signed J. A. Tongs)

Julie Tongs
Chief Executive Officer
Dear

I would like to thank you for your reply to my letter about being interviewed in the Winnunga study of the AMC.

Many Aboriginal and Torres Strait Islander people in the AMC said they would like to be interviewed. Unfortunately we were unable to interview everyone.

The reason is that we need to get on with writing the report and to print it so that it can be read with the other two reports which have been written recently about the AMC.

Thank you again for your interest in our study. You will be able to ring Winnunga to receive a copy of the report from Winnunga at the end of May 2011.

Yours in the Struggle

(Signed J. A. Tongs)

Julie Tongs
Chief Executive Officer