Obstacles to Effective Support of People Released from Prison

Wisdom from the Field

The authors acknowledge and pay respect to the Bedegal people who are the traditional custodians of the land on which we work, to Elders past and present, and to all Aboriginal people within these boundaries.

UNSW
SYDNEY

Citation of this Report

Report Authors

Table of Contents

Executive Summary

Australia's prison population is booming. Over the last five years, the number of people in prison across Australian states and territories has increased by 40 per cent (Australian Bureau of Statistics [ABS], 2018). New South Wales (NSW) accounts for 32 per cent of Australia's total prison population and for the largest increases to Australia's prison population for all states and territories over recent years (ABS, 2018). There are currently over 13,400 people in NSW prisons, however this figure is based on a census which is a count taken at a particular time and which therefore fails to accurately show the far greater number of how many people flow in and out of prisons over the course of a year. Over the last 12 months, more than 19,000 people have left NSW prisons and returned to their communities (NSW Bureau of Crime Statistics and Research [BOCSAR], 2019). Notably, a significant number of these people will return: in 2017-18, for example, 51 per cent of adults released from prison in NSW returned to prison under a new sentence within two years (Productivity Commission, 2019). Research has established that people in prison have a range of social, health, economic, education and disability related needs (Baldry et al., 2006, 2015; Australian Institute of Health and Welfare, [AIHW] 2015; Australian Law Reform Commission [ALRC], 2018). Ensuring that people are adequately supported in their transition from prison to the community has significant human rights, social justice and community safety implications.

In NSW, there are a small number of not-for-profit community-based organisations providing post-release transitional support to people leaving prison. These organisations offer a range of different service models and supports including residential rehabilitation, therapeutic communities, mentoring support, intensive case management, counselling and holistic alcohol and other drug (AOD) interventions. The organisations delivering these services are only able to support a small fraction of the many thousands of people who leave prison each year.

This report arises out of a roundtable held at the Faculty of Law, University of New South Wales (UNSW) in 2018 with some of the key community sector organisations providing post-release support to people leaving prison in NSW. The roundtable was facilitated by members of the Rethinking Community Sanctions Project, which is an Australian Research Council Discovery Project at UNSW, led by Professor Julie Stubbs, Professor Eileen Baldry, Emeritus Professor David Brown, Melanie Schwartz (UNSW) and Professor Chris Cunneen (University of Technology Sydney).This report details the common barriers community sector organisations face in delivering effective transitional support to people leaving prison in NSW. The report focuses on four broad areas emerging from the roundtable: concerns relating to service referrals and exiting custody practices; the health needs of people leaving prison, particularly with regard to mental health disorders, cognitive impairment and substance addiction; housing instability and homelessness; and the need for long-term funding stability and strong evaluation frameworks. Some of these barriers are enduring and have long been identified as concerns for organisations working in this space (see Borzycki and Baldry, 2003), whereas others have emerged more recently in response to the changing post-release landscape in NSW.

The findings and recommendations of this report have particular relevance in the context of renewed government investment in strategies intended to reduce reoffending in NSW.[1] In 2016, the NSW Government announced it would spent $237 million over four years to reduce reoffending across the state (Elliot, 2016). The programs announced as part of the *NSW Reducing Reoffending Strategy 2016-2020* included multiple new projects focused on the provision of community-based post-release reintegration and diversion programs. In June 2019, it was announced that one of the key NSW Premier's Priorities is to reduce the 12-month rate of adult reoffending by 5 per cent by 2023 (NSW Government, 2019). It was also announced that the Reducing Reoffending strategy would be 'refreshed' and in the future would focus on a small group of people convicted of certain offences. It is not yet know what implications this more narrowly targeted approach to reducing reoffending may have for the funding of community-based post-release support services.

The findings of this report, in combination with an extensive body of literature, illustrate that addressing reoffending and reimprisonment requires a coordinated whole-of-government approach across justice, community and welfare services, housing and health. While it is not a task that can be achieved by one government department or agency working in isolation, a whole-of-government approach does not mean there shouldn't be a government agency leading this work. Emerging out of the findings of this report is clear recognition that Corrective Services NSW should not be the government agency leading efforts that aim to assist people to build pathways out of the criminal justice system. In order to break cycles of chronic disadvantage and imprisonment, community based services with expertise in working with criminalised populations must be appropriately funded and be adequately resourced to provide long-term support to people with complex needs, where necessary. The insights and recommendations highlighted throughout this report provide a clear call to action. We urge the NSW government and relevance departments and agencies with responsibility to implement the findings and recommendations in efforts to reduce imprisonment and enhance community wellbeing and safety.

---

1 There are a number of key NSW strategic plans and initiatives aimed at reducing reoffending, these include the Premier's Priorities; NSW Government's 10-year plan NSW 2021: A Plan to Make NSW Number One; NSW Department of Justice Strategic Plan; NSW Domestic Violence Justice Strategy and the NSW Police Crime Prevention Strategy.

Recommendations

Referrals and Exiting Custody Practices: Recommendations

1. **Appropriate community-sector-led throughcare for people leaving prison**

   1.1 Community sector organisations should hold primary responsibility for client referrals.

   1.2 Corrective Services NSW should facilitate and fund pre-release engagement by community sector organisations in order to establish trust and build rapport with people in prison prior to their release.

   1.3 Community sector organisations should be given flexibility to support people on a needs basis. Assessment criteria other than an LSI-R score should be taken into consideration in determining a person's post-release support needs.

   1.4 Corrective Services NSW should facilitate increased knowledge among their staff (including Community Corrections Officers) of the services available in the community for people subject to parole supervision as well as service eligibility criteria, so that they can provide correct and timely information about these options to people in prison prior to their release.

   1.5 Corrective Services NSW should only release people from prison at appropriate times. This means that people should not be released at weekends, at midnight and on public holidays. Rather than keeping people in prison for longer periods of time, people should be released from prison at the earliest possible opportunity at an appropriate time. If people must be released at an inappropriate time, community based services should be adequately funded to provide support to these people.

   1.6 Corrective Service Industries should improve post-release pathways to employment through provision of improved training opportunities in custody and by increasing the number of prisoners who are eligible for work release.

   1.7 The NSW Government should invest in the provision of community-based post-release employment programs for people with criminal records.

The Health Needs of People Leaving Prison: Mental Health Disorders, Cognitive Impairment and Substance Addiction: Recommendations

2. **Timely access to a range of community-based and in prison trauma-informed services to address the needs of criminalised populations**

2.1 Corrective Services NSW should ensure timely access to diagnostic services within prison to identify a range of mental health disorders, psychosocial disabilities and cognitive impairments. Corrective Services NSW should support and allow access for community based organisations to conduct independent diagnostics where they have capacity to do so.

2.2 The National Disability Insurance Agency (NDIA) should adequately resource services to enter prisons to ensure access to the National Disability Insurance Scheme (NDIS). Corrective Services NSW should ensure adequate mental health, disability and drug and alcohol support in prison.

2.3 Corrective Services NSW should address the mental health and cognitive disability and substance addiction throughcare needs of people exiting prison by ensuring people with complex support needs receive transitional support including targeted mental health care plans. More comprehensive medical and mental health histories should be provided to support community based organisations when a person leaves prison.

2.4 The NSW Government should appropriately fund services to ensure access to community-based treatment for people with substance addiction, particularly for people subject to bail and parole supervision orders, regardless of geographic location. Such services must be accessible to people living in regional, rural and remote locations.

2.5 The NSW government should provide funding to improve access for people leaving prison to holistic health services within the community, including to pharmacotherapies and psychiatry.

2.6 The NSW Government should ensure long-term funding of Aboriginal community owned and controlled on-country (or place-based) healing centres.

2.7 The NSW Government should respond to and implement Recommendation 11-1 of the Australian Law Reform Commission (2018) Pathways to Justice inquiry which recommends programs and services delivered to Aboriginal and Torres Strait Islander women within the criminal justice system, including but not limited to post-release services, should take into account their particular needs. Such programs and services must be developed with and delivered by Aboriginal and Torres Strait Islander women and be trauma-informed and culturally appropriate.

Homelessness and Housing Instability: Recommendations

3. The NSW Government should provide adequate access to safe and stable housing for people exiting prison in NSW

3.1 NSW Justice should reconsider from the 12-week residential model: the 12-week timeframe is too short to be able to adequately support people with complex support needs to build pathways out of the criminal justice system. For throughcare and post-release services to successfully support people on release and to reduce reoffending, services need to be funded to provide support beyond 12-weeks.

3.2 Corrective Services NSW should ensure facilitated access to the housing system for people in custody. Access to Link2Home and the Temporary Accommodation system should be embedded within the new Corrective Services NSW case management system.

3.3 The NSW Government should respond to and implement Recommendation 5-2 of the Australian Law Reform Commission (2018) Pathways to Justice inquiry which recommends State and Territory governments should work with relevant Aboriginal and Torres Strait Islander organisations to identify gaps in the provision of culturally appropriate bail support programs and diversion options, and develop and implement relevant bail support and diversion options.

3.4 The NSW Government should establish bail houses in NSW. Many organisations are unable to take people bailed directly to them, which results in the unnecessary imprisonment of people who are homeless or live in housing instability, because they are bail refused.

3.5 The NSW Government should fund inclusive and holistic women-specific services, including bail houses. These would assist in family reunification where safe and appropriate, particularly with children, and support women experiencing family violence to find safe and sustainable outcomes.

3.6 The NSW Government should fund post-release services and community housing providers to provide affordable supported housing (where appropriate as many as possible to be housing first) for people exiting prison into homelessness.

3.7 Aboriginal community owned and operated services should be established to support Aboriginal people in housing post-release.

Funding Stability: Recommendations

4. Appropriate funding of community-based post-release support services in NSW

4.1 Federal and state government funding contracts for community based services should be five years minimum.

4.2 Community sector organisations responsible for providing transitional accommodation should be adequately funded to provide aftercare and outreach support once clients complete the residential program.

4.3 Funding contracts should allow up to 20 per cent of total funding to be spent on organisational administration, management and clinical supervision, which are necessary for effective service delivery.

4.4 Small organisations should be subject to less demanding funding contract compliance criteria to lessen the administrative burden on staff and service delivery.

4.5 An independent evaluation of all services funded under the Corrective Services NSW Funded Partnership Initiative should be conducted. This evaluation should include appropriate outcome measures that are holistic and not just recidivism focused such as connection to community; improvements in social and emotional health and wellbeing; securing safe and stable housing; and engagement with education, employment or training. There should be Aboriginal input into all aspects of evaluation.

About the Participating Organisations

Community Restorative Centre

The Community Restorative Centre provides specialist support to people affected by the criminal justice system, with a particular emphasis on the provision of post-release and reintegration programs for people with multiple and complex needs on release from custody. All CRC programs aim to reduce recidivism, break entrenched cycles of criminal justice system involvement, and build pathways out of the criminal justice system. CRC works holistically to do this, addressing issues such as homelessness, drug and alcohol use, social isolation, physical and mental health, disability, employment, education, family relationships, financial hardship and histories of trauma.

CRC offers several specialised housing and transition support services, including the women's transitional and post-release service, the transitional Indigenous service and the Extended Reintegration Service. The Transitional Alcohol and Other Drugs (AOD) Project is the CRC's outreach-based Alcohol and Other Drugs counselling service for men and women with a history of involvement in the criminal justice system.

Glebe House

Glebe House is a therapeutic community that helps men transition to a life free from addiction. Their mission is to provide an inclusive, personalised service where men are treated with compassion and respect. Treatment assists clients to address their addiction issues, develop healthy relationships, build the capacity for independent living and reintegrate as productive members of the broader community. Glebe House provides treatment for men with complex needs, including substance dependency, secondary addictions, dual diagnosis and complex trauma, including physical, psychological and sexual abuse.

The Glebe House program consists of a 12-week residential component which is holistic in nature: yoga, Pilates, art therapy, sport, recreation and social activities are included in the structured timetable, as well as the requirement for clients to attend two 12-Step fellowship meetings per day. It is followed by open-ended, ongoing after care as clients become members of their Outreach community. The Outreach Community grows yearly, its members benefiting from continued support while giving back to the House and residents through mentorship.

Guthrie House

Guthrie House Co-operative Incorporated is a not-for-profit transitional service for women, including women with babies in their full-time care. Guthrie House is the only service of its kind that supports women who have a history of alcohol and other drug abuse and current involvement in the criminal justice system. Guthrie House's guiding principles include providing a safe space that operates with integrity and fairness for women to maintain a drug and alcohol-free lifestyle, designing services that are culturally-inclusive of people from a culturally and linguistically diverse background and the Aboriginal community, and which reflect dignity, respect, and diversity, and working with the strengths of the individual and help clients build on existing knowledge and skills while developing new ones.

Guthrie House offers a three-month residential program. Residents are assigned a case manager, who works closely with them throughout their stay. Residents who successfully complete the residential program have the option to participate in an aftercare program. Aftercare services include case-management support, referrals to services and advice on accessing support in the community, weekly home visits, support maintaining tenancies, housing and personal finances, assistance and support managing legal orders and/or court matters, assistance and support with Family and Community Services (now the Department of Communities and Justice) and Children's Court matters, support in developing strategies to repair relationships and assistance to re-integrate with family and access child visits.

The Rainbow Lodge Program

The Rainbow Lodge Program is a not-for-profit organisation based in Inner West Sydney operated by the Judge Rainbow Memorial Fund Inc. It is the vision of The Rainbow Lodge that all individuals who have experienced incarceration are supported to recover, rehabilitate and reintegrate into the community. Rainbow Lodge uses strengths-based, client-centred, harm minimisation strategies. The program provides support, quality programs, services and advocacy to men leaving custody in NSW who are assessed as homeless and at high risk of recidivism. Individuals are eligible if they have a medium high or high LSI-R, have at least 12 weeks of parole, are a male over the age of 25, have not committed offences against children, are at risk of homelessness and agree to The Rainbow Lodge's terms and conditions.

The Program consists of two phases: residential and outreach. During the residential phase, residents live on-site in a self-contained eight-bed house for a maximum of 12 weeks. During this time, residents are provided with case-management support, guidance, support with AOD addiction and dependency, advocacy and referrals to facilitate a transition from custody to independent living. During the outreach phase, ex-residents are supported for up to a further 24 months.

Women's Justice Network

The Women's Justice Network (WJN) is a grassroots community organisation committed to advancing the prospects and wellbeing of women and female youth affected by the criminal justice system. It is the vision of WJN that all women and female youth affected by the criminal justice system live free from violence and discrimination, benefit from adequate living standards, are treated with dignity and respect and are empowered to secure and preserve their individual rights. The WJN stresses that women and female youth leaving prison are less likely to re-enter prison and/or detention if they have appropriate social support and are part of a mentoring program upon their release.

The WJN Mentoring Program utilises a strengths-based and client-centred model that aims to encourage autonomy, support community reintegration and promote overall wellbeing. The mentoring program provides a gender-responsive social support and engages women in the community, providing a safe space that is non-stigmatised, fostering a positive self-identity, enabling every woman to live the life they deserve to, and supporting women vulnerable to reoffending to make choices that positively contribute to the community.

1. Referrals and Exiting Custody Practices

All but one of the organisations participating in the roundtable are funded under the Corrective Services NSW Funded Partnership Initiative (FPI), which was introduced in September 2014. The FPI provides funding to non-government organisations to deliver three types of transitional services to people under the supervision of Community Corrections NSW that are considered 'high-risk'. These services include transitional supported accommodation (12 weeks supported accommodation); initial transitional support (12 weeks support which may include assisting with accommodation needs, access to services, engaging in prosocial activities in the community and employment or education referrals); and extended reintegration support (12 months supported housing for people with complex support needs).

1.1 Referrals to community based services

The FPI introduced a new system whereby all referrals to services funded under the partnership are managed by NSW Community Corrections. This means that when a person is released from prison under the supervision of Community Corrections NSW, a Community Corrections Officer is required to make a referral through the Community Corrections portal. Prior to the introduction of the FPI, referrals could be made directly to post-release services, allowing organisations to link in with potential clients prior to their release. As one roundtable participant said *'we would go in, we would have brochures, we would tell men about the program and we would get referrals'* (Participant 2). Roundtable participants told us that the changes to referral pathways have resulted in significantly fewer referrals, and despite the high number of people leaving NSW prisons each year, some services are not reaching accommodation capacity: *'We only have 16 funded places a year… and we struggle to fill those beds. We do not get the referrals into our service, and this has been a constant issue'* (Participant 1).

```
When they switched to the portal, with the new
reforms, so that Corrections were having to
make the referrals, we didn't have a hit. Our
criteria are not stringent. And we couldn't
draw in 20 people. We were stymied, because
obviously we knew that we could go in and
get the referrals, but they all had to come
through, all 100 per cent of those, had to come
through the portal. (Participant 2)
```

Roundtable participants questioned whether Corrective Services are best placed to coordinate and manage a person's integration back into the community. In the view of participants, this process would be more successful if managed by community sector agencies themselves, which would allow them to engage with potential clients prior to their release from prison.

```
As an institution, referring is not what
Corrections are good at... So when it became
systemically their responsibility to do the
referrals rather than it being reliant on the
community sector to facilitate that, to go into
the prisons to make that happen, they didn't
know how to do it. (Participant 2)

I don't believe that Corrections or Justice
should be involved very much at all with
reintegration. I think they should allow access
and I think it should be the community sector
and housing services that actually take up the
responsibility. (Participant 2)
```

Roundtable participants told us that when they receive referrals through the portal, often the referrals do not fit the organisations eligibility criteria. For example, one abstinence-based service often receives referrals from Community Corrections NSW for potential clients who are not aware of this admission criteria. One organisation conducted an analysis of referrals it had received through the FPI portal which revealed that just 25 per cent of referrals to their services resulted in admissions; the vast majority of referrals (75 per cent) were declined because the person did not meet the admission criteria, provided positive results for drug use, failed to arrive for admission or were withdrawn by Corrective Services NSW. The effect of referrals falling through at the last minute has serious impacts on service delivery as it leaves beds vacant for significant periods before they can be filled (Glebe House, 2017: 11).

In response to the reduced number of suitable referrals, post-release organisations have made efforts to advertise their services in order to fill their beds, through circulating flyers to prison units and delivering presentations to Community Corrections staff. However, services rarely have the funding and staff resources required to do this adequately. Services increasingly rely on individual relationships with Corrective

Services NSW staff and, most often, clients come to learn of their service by word-of-mouth within the prison system.

```
Like, 'I just happened to hear about
[organisation] through' – usually word of
mouth, or, 'I happened to kind of share a cell
with somebody who told me that his brother
had…' - there's not a kind of consistent or
systematic distribution of information around
what it is that exists on the outside in terms
of the community sector. (Participant 2)
```

1.2 The importance of pre-release engagement

Prior to the introduction of the Community Corrections NSW portal system, services had more flexibility to conduct pre-release engagement via face-to-face assessments, which gave those in prison the opportunity to be appropriately informed about support options available to them in the community. Service providers often struggle to engage with clients pre-release due to barriers including limited facilitation of prison visits, limited access to telephone calls, and increases in unplanned prisoner movements due to prison overcrowding. The high numbers of people in prison on remand has also made undertaking pre-release engagement challenging. Currently, a third of the NSW prison population is on remand or are unsentenced, which is the highest figure nationally (ABS, 2018). These figures are higher again for women, at 43 per cent (Corrections Research, Evaluation & Statistics, 2019). People who are imprisoned on remand are held in full-time custody, usually in the equivalent of maximum security, and have reduced access to education or programs due to the uncertainty regarding their release date. This means there is little, if any time for pre-release planning.

```
A lot of the women that we deal with… they're
on remand for so long and then they get a
sentence and they get a week or they get
released straight from the court… It's just
madness. Unprepared, no preparation for
release. (Participant 4)
```

If pre-release engagement does not take place, clients are arriving at services without an understanding of where they are going to, and as one roundtable respondent mentioned, *'that's a really terribly and fearful way for someone to start their recovery. They have no concept of where they're going to or what the place is'* (Participant 1). Including and appropriately funding

pre-release engagement is crucial for effective service delivery. As we were told: *'if you get someone that's in the mindset where they want to change, you're already halfway there. Whereas if you just get someone thrown in there, they've just been chucked in, you've got to work so much harder'* (Participant 1). In a similar vein, roundtable participants spoke of the importance of opportunities for people in prison to build trust and rapport with non-judgemental service providers.

```
Guys who are back in jail call me… from time
to time, just to check in and say hello and
connect and say 'can I apply to come back
through [organisation] again and get it right
this time?' and I can feel on the phone… that
it's a connection they have and even two years
out I know they're going 'ah there's some hope
there, next time I've got an anchor, I've got
a grounding point and I've got someone who I
can trust or an organisation I can trust that
will help me do it better next time' cause I'm
not judging them, no one at [organisation] is
judging. Everyone makes mistakes and they're
back inside, but they've get another chance
with this… it's so important for them to feel
that they've got that partner. (Participant 1)
```

Community belonging, human connection and the development of positive social capital are crucial for desistance processes for people leaving prison. Roundtable respondents highlighted the importance of building social capital and connections in the community, and that without this investment it is not unusual for clients to express a desire to return to prison following their release. As one respondent told us, *'it's not uncommon for a guy that's come out of jail, coming to me… saying "look, I've had enough. I just can't cope. I'm so stressed out. Just dealing with life outside and I'm full of anxiety and you know what, I just want to go back to jail"'* (Participant 1).

1.3 Risk scores and reduced eligibility for post-release support

The Level of Service Inventory-Revised (LSI-R) was introduced in NSW in 2002, and is an actuarial assessment tool designed to identify a person's risk and 'criminogenic needs' which are said to be relevant to their likelihood of reoffending (Watkins, 2011). The theory underlying the LSI-R is that those with a 'high risk' of reoffending should receive higher intensity interventions

including increased supervision and monitoring (Watkins, 2011).

Prior to the NSW Going Home Staying Home reforms in 2014, post-release services were able to support potential clients with an LSI-R score of 'medium', but with new funding agreements introduced with these reforms, organisations are now limited to working with those who have a score of 'medium-high' and 'high'. While the LSI-R score is utilised in efforts to ensure only those who really require support are receiving it, there is concern amongst roundtable participants that the use of the LSI-R in this way translates to some people with significantly high needs - but a correspondingly low risk - unable to access vital community-based drug and alcohol treatment and services. A person's risk level can be reduced dramatically if they participate in prison-based programs, even though they may have spent many years in prison.

```
Now if a guy that has done ten years in jail,
if he's done some programs, he may have come in
as a high risk, by the time he's exiting, he's
considered a medium risk. So, he's actually
penalised, punished for that, because he can't
come to [service].(Participant 1)
```

From the perspective of roundtable participants, an LSI-R score does not necessarily accurately reflect the needs of people when it comes to service provision in the community, as the score is a risk assessment that makes sense within the context of a prison. The provision of services and support to people leaving prison should operate on a needs basis, not simply on a risk basis. As one respondent commented *'medium-risk people… still need lots of support holistically'* (Participant 1). Risk assessment scores are particularly problematic for Aboriginal and Torres Strait Islander people.

```
One of our clients said to us that the LSI-R
score 'does not help with what I need in the
community and is not inclusive of my Aboriginal
cultural perspectives'. The score does not
reflect the extent of the support necessary
from any one of the determinant factors.
(Participant 5)
```

1.4 Exiting custody practices

Facilitating readiness for life after release from prison has been a focus of discussion in both the academic and community sector for over 20 years. Even so, people in NSW continue to leave prison without some of the necessities required to successfully integrate into the community. Roundtable participants mentioned that clients have arrived at their services 'in their prison greens holding a rubbish bag containing the clothing they were incarcerated in.

```
In 2018… we have people leaving the prison gate
in their prison greens with plastic bags for
their scant possessions, no ID except their
release papers and that's all they've got… this
is just totally unacceptable for our national
identity as a country that values civics and
citizenship. And our Aboriginal clients are
more likely to be these men. (Participant 5)
```

Roundtable participants were also raised concerns regarding the timing of some prison releases, and the ways this can be detrimental for a person's transition back into the community. For example, some correctional centres allow people to elect the time they would like to be released, with some centres permitting releases in the early morning (i.e. after midnight). As one roundtable participant explained: *'You're setting that person up to fail. You know that nothing is going to go well if you are just on your own at a station in Bathurst at midnight waiting to get to Sydney'.* (Participant 2). In order to best support a person's transition back into the community, people should be released from prison at the earliest possible appropriate time.

1.5 The need for employment services in prison and supported pathways into employment

Research indicates approximately two-thirds of re-incarcerated people are unemployed at the time they commit an offence (Baldry et al., 2018). Roundtable participants spoke of the need for more employment-related services available in prison and supported pathways to employment following release. In NSW, it is the responsibility of NSW Corrective Service's Industry (CSI) to run pre-release employment programs, however in the experience of roundtable participants, these are rarely available to their clients. One community sector organisation that runs an in-prison release preparation employment program funded through NSW Justice told us:

```
When we first started… we had this massive push
back from CSI because they said 'we're already
doing that'… when we investigated it, there
was nothing happening but they were supposed
to be doing this for everybody who's in every
'working jail' who's got access to pre-release
employment information. Nobody we've met has
ever experienced it… (Participant 2)
```

People in prison are very rarely released with the skills required to navigate the job market. Roundtable participants spoke of the importance of in-prison job-readiness programs which cover the basics of writing resumes, job application processes and interviews. Roundtable participants spoke of the stigma and discrimination formerly incarcerated people experience when searching for employment, and the need to remove obstacles to employment such as criminal record checks, which can act as barriers to desistance:

Resumes are a huge thing, cause if you go to
employment services they've got a template
and anybody knows it's a Corrective Services
resume the minute you see it and just know its
chronological 'what have you done for the last
five years, oh you've been in jail… bye!' You
know? It's that kind of thing; we don't see
their skills. (Participant 7)

Less than one per cent of people in prison in Australia participate in work release programs (Baldry et al., 2018: 33). Roundtable participants explained that most work in prison, pre-release employment, and employment available following imprisonment (if such exists) is often unmonitored and unskilled labour and places people at risk of being exploited. This demonstrates the importance of advocacy in the training and employment sectors on behalf of people with criminal records. As we were told: *'they can't get jobs because of police checks… and if they do they get lower paid… employment and employers who exploit them in a lot of the cases and they don't get opportunities'* (Participant 7). The lack of meaningful work for people in prison is problematic because it's *'part of people's self-esteem and self-worth'* (Participant 7).

Referrals and Exiting Custody Practices: Recommendations for Reform

2. **Appropriate community-sector-led throughcare for people leaving prison**

   2.1 Community sector organisations should hold primary responsibility for client referrals.

   2.2 Corrective Services NSW should facilitate and fund pre-release engagement by community sector organisations in order to establish trust and build rapport with people in prison prior to their release.

   2.3 Community sector organisations should be given flexibility to support people on a needs basis. Assessment criteria other than an LSI-R score should be taken into consideration in determining a person's post-release support needs.

   2.4 Corrective Services NSW should facilitate increased knowledge among their staff (including Community Corrections Officers) of the services available in the community for people subject to parole supervision as well as service eligibility criteria, so that they can provide correct and timely information about these options to people in prison prior to their release.

   2.5 Corrective Services NSW should only release people from prison at appropriate times. This means that people should not be released at weekends, at midnight and on public holidays. Rather than keeping people in prison for longer periods of time, people should be released from prison at the earliest possible opportunity at an appropriate time. If people must be released at an inappropriate time, community based services should be adequately funded to provide support to these people.

   2.6 Corrective Service Industries should improve post-release pathways to employment through provision of improved training opportunities in custody and by increasing the number of prisoners who are eligible for work release.

   2.7 The NSW Government should invest in the provision of community-based post-release employment programs for people with criminal records.

2. The Health Needs of People Leaving Prison:

Mental Health Disorders, Cognitive Impairment and Substance Addiction

Research has consistently shown that when compared to non-imprisoned populations, those in prison experience significantly higher rates of mental health disorders, psychosocial disabilities (Butler et al., 2006; AIHW, 2015; JH&FMHN, 2017a, b), intellectual and borderline intellectual impairments (Baldry et al., 2013, 2015; Dias et al., 2013), acquired/traumatic brain injury (Durand et al., 2017) and substance use addiction related disorders (Fazel et al., 2006). As one roundtable participant explained *'pretty much 100 per cent of clients at [service] would fall broadly into that substance addiction, mental health complex needs category, including cognitive impairment and intellectual disability'* (Participant 2).

Many of those who are chronically entrenched in the criminal justice system also have significant trauma histories (Baranyi et al., 2018), with criminalised women experiencing high levels of violence and victimisation (Australian Institute of Family Studies, 2012; Stathopoulos and Quadara, 2014; Wilson et al., 2017). Imprisoned populations also have higher rates of comorbidity, including hepatitis C, chronic pain and mental health concerns (Larney et al., 2013; see also Fazel and Baillargeon, 2011). These rates are frequently higher for Indigenous people in prison, due to poorer health than non-Indigenous people in prison and coming from more socially disadvantaged backgrounds (Baldry et al., 2013; JH&FMHN, 2017a, b). Many of the problems faced by formerly incarcerated people are a continuation of problems experienced prior to prison (Kinner et al., 2009), and while an individual's health may improve during a period of imprisonment, it often sharply declines if they are released in the absence of holistic throughcare and support (Kinner and Wang, 2014). As a result of the compounding nature of these factors, the majority of those who are released from prison have 'complex support needs' (Baldry et al., 2013, 2015). All roundtable participants recognised the complex needs of their clients and identified several barriers to reintegration. These barriers are relevant to the health needs of prisoners during their period of imprisonment and in preparation for their release; at the critical throughcare stage; and once they are living in the community.

2.1 The need for greater access to health services within prison to prepare for release

Although prison can have harmful consequences and indeed exacerbate a person's physical, mental and emotional health and wellbeing, participants acknowledged that a custodial period does provide an opportunity for a person to receive health interventions that may be unlikely to occur in the community. Roundtable participants recognised the need for access to diagnostic services within prison in order to identify mental health and disability related concerns which can then allow people to receive appropriate care, treatment and support which starts in prison and continues once they are released. As one roundtable participant explained, *'It can be amazing when people are in prison that they get a diagnosis for the first time, but it's also really difficult to get a proper neuropsych assessment'* (Participant 2).

```
Whilst men and women are in prison there are
really important opportunities for specialist
diagnostics to occur with related case
management. Our prospective clients could be
linked in with specialist medical, disability
experts, Aboriginal clinicians, psychologists,
psychiatrists and occupational therapists who
could start the case management process in
readiness for them to exit custody.
(Participant 5)
```

Participants also spoke of the barriers people face in receiving diagnostic assessments. For example, even in circumstances where organisations have access to funding for independent neuropsych assessments, it is often difficult to carry out diagnostics in a prison environment due to institutional barriers.

We've got brokerage money through our Primary Health Network Funders... so we can pay for people to go in and do neuropsych assessments for people in prison, especially around cognitive impairment, but because the assessments take such a long time – you usually need at least four hours – the prisons won't let the appointments go for that amount of time. (Participant 3)

There is a disconnect between policy and practice in NSW regarding access to programs and therapeutic interventions in custody. While there is, on paper, a significant number of prison-based programs available to address the mental health and substance addiction needs of people in prison, in the experience of those working on the ground, rarely do their clients gain access to such services.

```
When you look at what's on paper in terms of
the suite of programs that are available, it
sounds like there's an amazing array of things
that people in prison can tap into. It's really
confusing because our clients come to us and
say they haven't seen anybody to support them
with their AOD and mental health. (Participant 2)
```

These experiences are in line with findings from the 2017 NSW Auditor General's report on therapeutic programs in prisons which found that Corrective Services NSW did not ensure timely access to programs for eligible prisoners. The Auditor General reported that 75 per cent of people in prison with a program need identified through an in-custody assessment reached their earliest release date without completing a program, resulting in many unnecessarily refused parole or held in custody longer than their minimum term (Auditor General of NSW, 2017: 3). Those who are held on remand or are serving short sentences (which is most women in custody) rarely receive access to any programs.[2]

While access to programs within prison was identified as an area of concern for roundtable participants, it was also recognised that many programs available in custody are unable to adequately meet the needs of people who are chronically disadvantaged. As one participant said: *'There's a whole lot of programs in prison that are not meeting the needs of people in prison… that are not dealing with any of the backgrounds or the reasons for why people are using drugs and alcohol or people's mental health'* (Participant 2). It was recognised that managing therapeutic programs within secure prison environments is inherently complex and difficult, and that without follow through in the community, programs are unlikely to lead to lasting change.

```
It's really complex in an institutional and
punishing environment like a prison to run a
therapeutic program. I think there's been some
amazing attempts... there's been some good
stuff out there as well but my concerns are
always with anything.... is that you expose
people to this, or you invite people to be open
and to be tender and to talk about what their
lives are actually like and then you sort of
put them back into an environment where it's
actually dangerous to be in that space or it
can be very traumatizing. I suppose essentially
all of these programs should be happening
outside of the prison environment.
(Participant 2)
```

When asked about good practice in-prison therapeutic programs for people with complex support needs, several roundtable participants referred to the recently dismantled Ngara Nuru unit at Long Bay Correctional Complex. Ngara Nura was an intensive medium-term (6 month) therapeutic and psycho-educational integration program involving daily group meetings, twice a week counselling and one-on-one sessions. One roundtable participant described it as a program *'where a large number of men have been able to start to really look at themselves and… they're starting to think, "Well maybe when I leave I need more support… in the addictions area… in my mental health… my trauma"'* (Participant 1). Ngara Nura provided a space within a custodial setting for people in prison address the underlying factors related to their addiction, prepare for release from prison and to connect with community based services. As one roundtable participant described:

---

2 The recent introduction of the High Intensity Program Units in several NSW prisons aims to address this gap by providing intensive programs and enhanced release planning to people serving short sentences (Corrective Services NSW, 2018).

```
[I]t had its own discrete wing, and it was
largely men who were coming towards the end
of their sentence, and they spent 16 weeks
with staff, whom they called by name… there
was a shift in that community from the general
population… they would go into this unit and
spend 16 weeks working on themselves a bit… and
it worked really well, and it worked because
we were able, as agencies, to go into that
space, and present and give people time to then
consider what they wanted to do, and they would
continue to connect with us, and they would be
supported by the staff, who were well-trained
staff in the area. (Participant 1)
```

Roundtable participants were disappointed that Ngara Nura was slowly 'diluted' over several years prior to being closed. For example, while it was previously located in a separate unit within the prison, it was eventually absorbed into the general population, and this meant *'that the whole isolating, discrete unit thing went out the window, and so there was a lot more drugs coming into the unit and a lot more peer pressure to use [substances]'* (Participant 1). We heard from participants that the decision to close Ngara Nura was due to a cost-benefit

analysis undertaken when the program was performing at its worst, and that *'if they had been taken when the program was thriving, the numbers would surely demonstrate that Ngara Nura was utilising an effective rehabilitation strategy'.* (Participant 1).

2.2 Access to the National Disability Insurance Scheme

The criminalisation and over-imprisonment of people with mental health disorders and cognitive impairment is an ongoing concern for organisations working with people leaving prison. Access to the NDIS for people with complex support needs who are in contact with the criminal justice system has been an ongoing issue (see Churchill et al., 2017). Roundtable participants reiterated the need for criminalised populations with mental health disorders and/or cognitive impairment to receive timely access and adequate and appropriate support to the NDIS. They also acknowledge the importance of referrals to their services containing information about whether a client is receiving an additional support package through the NDIS, because although most services are willing to support clients with more complex needs, without additional adequate funding and support from external resources they do not have the capacity to do so.

```
Example of poor practice:
No NDIS support
```

A gentleman arrived from custody [last week] and we were told that he would receive three hours a week through his NDIS package… The NDIS service provider drove him from custody to us, as part of the supported exit strategy. On arrival the service provider told us, 'Sorry, this person is now outside of our NDIS service provider's zone' and that we could not get a service from them. We had to go back to the NDIS website to find another service provider and care coordinator. This can be very disheartening for the client. The more predictability the exit process is from custody and start of the case management process, the better for the client. Without an NDIS report, an associated NDIS package and medical specialist's reports, the client's case management plan had to be redevised. (Participant 5)

2.3 The importance of throughcare

Throughcare has been recognised as a best practice principle in supporting people transitioning from prison to the community. In a criminal justice context, throughcare refers to treatment and support that commences in custody and continues after release into the community (Borzycki and Baldry, 2003: 2). All roundtable participants recognised the importance of throughcare and spoke of the need for an integrated case management system to link people in prison to individualised service provision pre-release to ensure continuity of care once they are living in the community.

> That perfect solution obviously would be if all inmates were case-managed, and part of that case management was 'Have you thought about what you would do when you leave? And maybe this is an option for you, and here's a raft of services, and this one does this, and this one does that, and this one does that. What do you think? Do you want to see someone?' (Participant 1)

Practically, this speaks to the importance of people in prison receiving targeted mental health care plans and appropriate medications in prison, which they can then follow and access once they are released. There is a need for holistic and long-term service delivery that addresses the complex needs experienced by people in prison – it is not adequate to address just one part of a client's need (i.e. housing) without also providing appropriate case management and counselling support (i.e. to address their underlying trauma, drug and alcohol addiction or mental health needs). The Extended Reintegration Service (ERS) was recognised as an example of good practice in holistically supporting clients that are considered to be high-risk and who have serious mental health diagnoses. At its heart, ERS is a collaborative program that involves several government departments and community services working cooperatively for the best outcomes for clients.

> I haven't found another example of where everybody sits around the table and shares information. It works for everybody. It's only two staff and 20 clients, but it does show you what you can do... once you share information and work cooperatively. (Participant 3)

```
Example of good practice:
Extended Reintegration Service
```

The Extended Reintegration Service (ERS) is a project funded through a partnership with CSNSW, Housing NSW, Mental Health Services, South Western Sydney Local Health District and the Community Restorative Centre (CRC). ERS provides post-release accommodation and cross-agency casework support to people with an LSI-R score of medium/high-high. Service providers work in collaboration with Community Corrections to link clients to services that address needs identified in their case plan, working together to reduce the risk of reoffending. These needs include accommodation support, AOD services support, mental health services, recreation/leisure activities, parenting activities, navigating Centrelink services, assistance with debt reduction, access to education and support, job search skills development, transport assistance, the development of family and household management skills, as well as culturally appropriate support for Aboriginal and Torres Strait Islander people and culturally and linguistically diverse groups. Support lasts for up to 12 months, made up of 3 months pre-release engagement and 9 months post-release support. The service receives adequate funding to cover the administrative cost of running the program and is successful in working holistically with clients to address their complex support needs.

Despite a policy rhetoric of throughcare within Corrective Services NSW, in the experience of those working to support people leaving prison, there is no integrated system which supports people at an individual level to transition back into the community. Roundtable participants highlighted that this gap between policy and practice makes it challenging for organisations to advocate on behalf of their clients: '*The difficulty with advocating in this space is very often that Corrections will say, "But we do that", but… the information that our clients give is that "we've never seen anybody. Nobody's ever talked to us about how to do this"*' (Participant 2).

The recent introduction of a new prison-based case management system may alleviate some of the concerns highlighted here (Corrective Services NSW, 2018). However, exactly how this new system is operating in practice is unknown at this stage, and while roundtable participants welcomed the new case management system, they expressed some concern that the system would be focused on ensuring people in prison have access to short-term EQUIPS programs, and less concerned with addressing throughcare and reintegration needs.

```
The case managers are purely now being based
in the jails focused on getting to know the
clients and to set up the case management
process through the system, to make sure they
get referred into the correct programs and
that they have as many touch points within the
system to access programs as possible.
So its case management inside the prison,
not transitional case management into
the community. (Participant 3)
```

2.4 Access to a diverse range of community based drug and alcohol treatment services

There is no 'one size fits all' approach to working with people experiencing addiction (NSW Legislative Council, 2018: 6), and therefore, diverse services to support people with addiction are necessary. This includes different programs and models of support including residential rehabilitation programs (both abstinence and non-abstinence based); withdrawal management (detox); drug counselling; medication and opioid treatment; and intensive outpatient and outreach services. In other words, there is a need for:

```
A variety of structures of detox and rehab
programs that are both residential and non-
residential. Options where there is a complete
prohibition of drugs to services operating from
a harm-minimisation framework. We advocate
drug health services for men and women exiting
custody that have options where they can
utilise medical, mental health and disability
services for stopping their addiction
behaviours including the provision for doctors,
psychologists and psychiatrists. There are so
many gaps at the moment. (Participant 5)
```

The importance of access to withdrawal management (detoxification) was recognised by all roundtable participants. There are very few detox services available in the NSW public health system, with long waiting lists in metropolitan areas and some regional communities with no detox options available at all (NSW Legislative Council, 2018: 9). In addition to the need for access to detox beds, respondents also spoke of the necessity for more residential rehabilitation options for people on bail. Funding requirements through Corrective Services NSW preclude services working with people subject to bail orders as it does not come within the remit of their funding agreements.

The need for diversity of community based services including those with skills in providing specialised support to people leaving prison was recognised by roundtable participants. The transition from prison to community based drug and alcohol treatment services is particularly challenging due to the divergence between prison culture and expectations within residential programs. By their very nature, prisons are highly punitive environments, characterised by violence, loneliness and isolation. In contrast, residential programs and therapeutic communities encourage clients to be trusting, to be emotionally vulnerable, as well as respectful of authority. In essence, they are expected to behave in a way that could be considered dangerous in a prison environment.

```
A lot of the time people have had just a
really impossible time, especially if you're
paroled straight from a prison environment to
a community where there's an expectation to
share so much of yourself, but in prison you've
got to hold everything so close… That big
disjunction between what's expected in prison
in terms of the culture of prison and what's
expected in some other services. ... They're
such different worlds and often people are
bouncing between the two but landing in prison
because that's the only place you don't get
kicked out of. (Participant 2)
```

People often leave prison on high doses of prescription medication which can be difficult to manage in the community. For example, one respondent told us:

```
One of the things that we find is that our
women come in on very high doses of methadone,
Seroquel and Avanza, often way too high than
they can cope with in the community. So the
three month period that they're with us you
spend most of that three months adjusting those
medications and getting them into the community
GPs to get them at the right levels so that
they can function. Often they won't know why
they're on Seroquel or Avanza.(Participant 4)
```

In recognition of the large number of people leaving prison on high levels of medication, participants spoke of the need for availability and access to pharmacotherapies from chemists or prescribing doctors. Roundtable participants also highlighted access to bulk-billing psychiatrists in the community as crucial.

2.5 The need for holistic, client-centred, trauma-informed and flexible community-based support

People in contact with the criminal justice system often have long histories of being failed by and excluded from the community sector as a result of their complex support needs. Exclusion from community sector agencies is *'both a reason why people go into prison and also one of the biggest barriers for our clients when they come out'* (Participant 2). Roundtable participants spoke of the importance of holistic, flexible and individualised community-based support for criminalised populations. In the absence of such support, many people end up being 'managed' by the criminal justice system.

```
There's many experiences of people being denied
services because of their needs. So a lot
of our clients are very used to being turned
away... They'll be told 'Well yes, we can deal
with your mental health but we can't actually
work with you until you've dealt with your AOD
issues. (Participant 2)
```

Roundtable participants spoke of siloed service provision and a failure of governments and some community sector agencies to acknowledge the compounding and interlocking nature of the needs of chronically disadvantaged people. As one participant noted, services are often set up in such a way that: *'Your impulsivity, your communication style, your drug and alcohol use is over here, your intellectual disability and your mental illness is over there, but they're not worked with together, which makes it difficult for the individual to comprehend'* (Participant 3). In the criminal justice system, drug and alcohol addiction *'is primarily seen as a criminogenic need rather than a health issue'* and as a result people are rarely *'treated as a whole'* (Participant 3). The need for services to be designed, funded and delivered in a way that allows organisations to work with them holistically was acknowledged by all roundtable participants. Similar findings were reported by the NSW Legislative Council (2018: 7) inquiry, which found holistic approaches to treatment with wraparound services - that address not only drug and alcohol addiction but

also assist with housing, education, employment, community engagement and mental health - are vital to rehabilitation.

The importance of holistic, individualised and gender-specific support for women was also highlighted. Women-specific services are crucial as they create *'… spaces that feel very safe for women'* and hold expertise *'to do with custody of children… to do with navigating FACS'* (Participant 2). Reconnecting with family and navigating the Department of Communities and Justice are a core part of post-release service delivery for women's organisations, as women's drug and alcohol addiction often *'comes back down to their disconnection from family and community and what incarceration does to them through that. It exacerbates the AOD and mental health stuff'* (Participant 4). To address this, *'rather than focusing strongly on AOD, we address their needs holistically. So we… do all the family stuff, and help them reintegrate. The AOD stuff works itself out, it really does because that's a coping mechanism for it'* (Participant 4).

People in prison have significant histories of unresolved trauma, and *'the prison system is not helping our clients heal from past trauma'* (Participant 5). The need for all criminal justice related services and supports to be delivered in a trauma-informed way was recognised by all participants. For Aboriginal and Torres Strait Islander people, services must be underpinned by culturally informed understandings of healing.

```
Many [service] clients know each other from
when they lived in boys' homes and foster
care arrangements in metro and regional NSW.
During this period of their lives many of our
clients have been subjected to institutional
physical and sexual abuse. Our clients have an
understanding that their abuse has resulted
in their traumatised behaviours and thoughts,
social isolation, mental health problems, drug
addiction, a higher chance of having acquired
brain injuries and cognitive impairments and a
very strong sense of marginalisation and self-
hatred. This can often lead clients to self-
harm and have suicidal ideation and behaviour.
This is particularly so for our Aboriginal
clients. (Participant 5)
```

2.6 Rehabilitation and detoxification services in rural and remote areas

There are significantly fewer health services available to people living outside urban regions. The NSW Legislative Council (2018) inquiry into the provision of drug rehabilitation services in regional, rural and remote NSW acknowledged the dearth of services available to assist people to break entrenched cycles of drug addiction and imprisonment.

Rehabilitation services in rural and remote areas are often limited (or non-existent): *'One of the key issues in terms of AOD is that in Broken Hill there is no rehab at all. There's nowhere to go to detox'* (Participant 2) and *"[In] Wilcannia with AOD... with mental health... there's just nothing in the town really for people to be able to access'* (Participant 2). The result of this is that people from these areas are required to travel long distances in order to access services: *'Our workers have to take people from Broken Hill to Dubbo or they have to take people from Broken Hill to Port Augusta in South Australia in order to get them into a rehab'* (Participant 2). People from rural and remote areas who are subject to community based orders are sometimes unable to access rehabilitation services as a result of the conditions of their order. For example, one respondent told us: *'in order for them to be able to do that [travel to a rehabilitation facility] they have to have permission from Parole often to leave, to transfer. If they've only got a small amount of time left on parole, they won't get that or if they're high risk, they won't get that'*

(Participant 2). The examples given by roundtable participants of the disconnect between court-ordered conditions of community based orders; the reality of service availability and access; and the needs of clients, is troubling:

> We support one woman that is a carer and she wants to do some sort of drug rehab, but she can't because she's on curfew. She's still on bail, she can't get to any program because she has to be home by 7 o'clock at night and that's when the program starts. (Participant 7)

> You'll have a circuit judge or magistrate that comes into town and appears to order everyone to attend rehab as part of their orders or conditions. People actually just can't get there and so then they're in breach. And if it's a court ordered sanction, then they just return to prison. (Participant 3)

Even in circumstances where people can access detox or rehabilitative services outside their home regions, other barriers to succeeding in such services remain. Attending these services means people are displaced from their local communities, placed in unfamiliar environments, and are required to travel very long distances, making it difficult maintain important family connections.

The need for on-country detoxification, rehabilitation and healing programs

We recently had a woman – and this is again not an uncommon thing – where she needed to go to rehab. We got her into [residential rehabilitation in Sydney]. She'd never left Broken Hill before. She'd never been away from her family or her kids before. She didn't have access to her kids and had never been that far away before. She got very distressed in the lead up to and anticipation of having to leave Broken Hill and anxious obviously about getting to Sydney, and she started using a lot more in the lead up to that flight. She got on the flight, and she was really distressed. Her family was really distressed. A worker picked her up in Sydney, took her to [residential rehabilitation facility] and she lasted 24 hours before we had to go and get her and take her back home because the whole thing was too distressing. So going to rehab or going to detox or going and trying to deal with any of that stuff off country can just be so impossible. For some people it's absolutely the right thing, but for a lot of people, especially if you've not left Broken Hill before it can be really difficult. Again, that was a court order that she needed to do. She needed to do rehab in order to avoid going to prison. So she ended up in prison and again, it's just crazy because she doesn't need to be in prison (Participant 2).

Participants spoke of the need for multi-purpose facilities in regional areas to provide detox, residential rehabilitation and outpatient services. This echoes Recommendation 2 of the NSW Legislative Council (2018: ix) inquiry into the provision of drug rehabilitation services in regional, rural and remote NSW, which called on the NSW Government to establish more detoxification services throughout regional NSW and to investigate the benefits of establishing multi-purpose facilities in regional areas.

2.7 The importance of embedding people with lived experience in service delivery and design

Roundtable respondents highlighted the importance of embedding people with lived experience - of addiction, recovery, mental health and incarceration - across all aspects of service delivery and design. As one respondent mentioned *'it's been really important for [service] to employ men and women with lived experience of all [those] big factors'* (Participant 5). People with lived experience can provide a deeper level of understanding and empathy and can act as role models for clients as they transition into the community. Not only should people with lived experience be encouraged and supported to act as volunteers and peer mentors within organisations but should also be embedded in senior management and leadership positions.

The Health Needs of People Leaving Prison: Recommendations for reform

2. **Timely access to a range of community-based and in prison trauma-informed services to address the needs of criminalised populations**

   2.1 Corrective Services NSW should ensure timely access to diagnostic services within prison to identify a range of mental health disorders, psychosocial disabilities and cognitive impairments. Corrective Services NSW should support and allow access for community based organisations to conduct independent diagnostics where they have capacity to do so.

   2.2 The National Disability Insurance Agency (NDIA) should adequately resource services to enter prisons to ensure access to the National Disability Insurance Scheme (NDIS). Corrective Services NSW should ensure adequate mental health, disability and drug and alcohol support in prison.

   2.3 Corrective Services NSW should address the mental health and cognitive disability and substance addiction throughcare needs of people exiting prison by ensuring people with complex support needs receive transitional support including targeted mental health care plans. More comprehensive medical and mental health histories should be provided to support organisations when a person leaves prison.

   2.4 The NSW Government should appropriately fund services to ensure access to community-based treatment for people with substance addiction, particularly for people subject to bail and parole supervision orders, regardless of geographic location. Such services must be accessible to people living in regional, rural and remote locations.

   2.5 The NSW government should provide funding to improve access for people leaving prison to holistic health services within the community, including to pharmacotherapies and psychiatry.

   2.6 The NSW Government should ensure long-term funding of Aboriginal community owned and controlled on-country (or place-based) healing centres.

   2.7 The NSW Government should respond to and implement Recommendation 11-1 of the Australian Law Reform Commission (2018) Pathways to Justice inquiry which recommends programs and services delivered to Aboriginal and Torres Strait Islander women within the criminal justice system, including but not limited to post-release services, should take into account their particular needs. Such programs and services must be developed with and delivered by Aboriginal and Torres Strait Islander women and be trauma-informed and culturally appropriate.

3. Homelessness and Housing Instability for People Leaving Prison

Access to housing is one of the biggest challenges for services providing support to people leaving prison in NSW. There was consensus among services that the availability of housing for formerly imprisoned people has reduced significantly, particularly over the last five years: waiting lists for public housing continue to grow, social housing is in increasingly short supply, and private rentals are very rarely financially viable for those dependent on welfare payments. This leaves few options for those who exit custody with no clear pathway to stable long-term housing.

There is no internationally agreed definition of homelessness, and there are fundamental difficulties in defining homelessness (ABS, 2011). Chamberlain and Mackenzie (2008) developed the cultural definition of homelessness which distinguishes between primary, secondary and tertiary homelessness:

- *Primary homelessness* is experienced by people without conventional accommodation, such as those sleeping rough or in improvised dwellings.

- *Secondary homelessness* is experienced by people who frequently move from one temporary shelter to another, including emergency accommodation, refuges and "couch surfing".

- *Tertiary homelessness* is experienced by people staying in accommodation that falls below minimum community standards, such as boarding houses and caravan parks.

According to Maslow's Hierarchy of Needs (Maslow, 1943), shelter is a physiological need required for human survival. According to service providers working on the frontline, this fundamental basic human need for safety and shelter is frequently not met for people leaving prison. A 'housing first' approach has been recognised internationally as important in addressing homelessness for vulnerable groups. However, as Bullen and Baldry (2018) highlight, implementation of housing first approaches are limited due to a lack of available and affordable long-term housing. In order to address this, governments must take steps to make housing more affordable. Bullen and Baldry (2018) suggest this could

be achieved by providing rental vouchers, more effectively prioritising access to social housing for vulnerable people and contracting more affordable housing.

3.1 Homelessness and the criminal justice system

> The issue of housing and homelessness for people coming out of prison is the number one issue that we, as an organisation, deal with on a daily basis with every single individual that we work with. We very rarely have a client that isn't homeless and we work with between 400 and 500 people leaving custody each year. (Participant 2)

Research has found that homelessness is more prevalent amongst those who have come into contact with the criminal justice system; it also lasts longer and is more likely to re-occur than for other homeless people (Bevitt et al., 2015, in AIHW, 2015: 28). It is also clear that access to safe and stable accommodation is critical in a person's successful reintegration following a period of imprisonment (Baldry et al., 2003, 2006).

> We would estimate conservatively that at least 4,000 people each year are released from NSW prisons with nowhere to live. (Participant 2)

In NSW alone, over 19,000 people are released from prison each year (NSW BOCSAR, 2018), however there are only 38 beds funded across NSW for this client group (Community Restorative Centre, 2019). The most recent NSW custody health survey found that 15 per cent of prisoners were in primary or secondary homelessness prior to imprisonment (JH&FMHN, 2017a: 29). In 2015, 31 per cent of prison discharges were expecting to be homeless (AIHW, 2015), and the number of people attempting to access homelessness services from custody in NSW has almost doubled from 2011-2012 to 2016-2017, growing from 1,121 to 2,176 (AIHW, 2018).

> There's just not enough or adequate post-
> release support services for men released from
> custody. In NSW, we have less than 50 intensive
> supported places providing adequate post-
> custody residential support that are situated
> within a handful of non-government services.
> Our service is inundated with referrals of
> individuals with no home to go to post custody
> and with high risk factors. We tell the parole
> officers who refer them to us that we cannot
> provide them case management and temporary
> accommodation support. Most of these people are
> subsequently referred to Link2Home and many
> become homeless. (Participant 5)

The figures highlighted above are likely to be conservative as they do not consider those who are 'couch surfing'. Many people coming out of prison rely on boarding houses or 'couch surf' with family and friends – neither of which provide adequate security of tenure, privacy and scope for a normal social life. However, as reported by some participants, even traditionally more affordable options such as boarding houses are now out of reach for their clients. As one respondent told us, *'most of our residents cannot afford boarding house accommodation except for some very unsuitable options. Boarding house and emergency accommodation shelters are the cheapest accommodation options in Sydney'* (Participant 5). Sydney is recognised as one of the most unaffordable cities in the world for housing, and it has been reported that less than 1 per cent of Sydney properties are rated 'affordable' for people on income support (Anglicare, 2019). The maximum weekly payment for Newstart recipients is $275 per week (Department of Human Services, 2018) and boarding houses in Sydney often cost upwards of $200 per week. This leaves little money to cover general living expenses such as food, transport, household bills and medication. Many people in prison have few personal possessions while in custody and face uncertainty of security of their home contents while in prison, often leaving without staple household items such as furniture and appliances.

Roundtable participants identified several barriers to housing for people coming out of prison in NSW, many of which have been highlighted in previous roundtables and inquiries (see Gilmour, 2018). These barriers include but are not limited to: income insecurity for people reliant on welfare payments; lack of employment for formerly incarcerated populations; difficulty in locating documents required to secure housing; a general lack of skills required to navigate the housing system and manage tenancies; limited services available to support people with complex needs, including mental illness, disability, problematic substance abuse and experiences of family violence (see Gilmour, 2018: 10-11).

A large proportion of people leaving prison have mental health, cognitive impairment, drug and alcohol addiction, and a range of other complex support needs. In order to address some of these underlying factors related to their imprisonment, people require a safe and stable home. Stable housing is also essential to breaking entrenched cycles of poverty and criminal justice system involvement (Hutchinson, 2018), and people who do not have stable accommodation following their release are far more likely to reoffend and return to prison (Baldry, 2006). Building pathways out of the criminal justice system that incorporate housing is critical for people who become trapped in cycles of homelessness and incarceration (Russell and Sotiri, 2018).

> The volume of men coming out to absolutely
> nothing... is not disconnected to increases
> in recidivism... the increase in prison
> population, combined with the absence of
> housing... pulls people back into that system
> quite dramatically.(Participant 2)

In NSW, almost all projects funded through Corrective Services NSW are based on a 'criminogenic needs' model that prioritises short-term interventions, based on the Risk-Needs-Responsivity (RNR) model of 'offender rehabilitation' (Andrews and Bonta, 1990). According to the RNR model, there are eight 'criminogenic needs' that predict recidivism. The Big Four are said to be the most salient in terms of their predictive value and most amenable to change through cognitive behavioural therapy interventions. These include a history of antisocial behaviour, an antisocial personality, antisocial attitudes or thinking, and antisocial associates. The remaining factors which make up the Central Eight are considered to have a moderate effect on reoffending and include family and marital circumstances, substance abuse, a lack of prosocial leisure and recreation, and low levels of education and employment (Andrews and Bonta, 2010: 58-59).

In the experience of roundtable participants, this increasingly narrow approach to 'what works' in reducing reoffending for people who have been to prison specifically fails to acknowledge the central role of housing in reducing crime, reimprisonment and enhancing community integration. This is perhaps most evident by Corrective Services NSW assertion that 'the criminogenic factors which have the strongest association with reoffending are not accommodation, substance abuse or employment, but the offender's antisocial attitudes' (Corrective Services NSW, 2015: 3).

[Corrective Services NSW] have said that
there is no evidence that homelessness is a
risk factor for imprisonment. So, it might
have some sort of relationship but there is
no causal relationship that is anywhere to be
found in the 'evidence'. That's really become
accepted within the policy framework of Justice
(Participant 2).

In the view of roundtable participants, if the fundamental human right and basic need of housing is not met, it is almost impossible to address other factors related to their imprisonment, such as substance addiction, mental health, or engagement with education or employment. Roundtable participants recognised that any housing that is provided must involve wraparound support for chronically disadvantaged people. Some highlighted Common Ground as an example as good practice in supporting chronically homeless people: *'Common Ground is a great way to provide 100 people who are homeless... with their drug, alcohol and mental health issues, and give them housing and some support'* (Participant 5).

3.2 Homelessness and housing instability for Aboriginal and Torres Strait Islander people leaving prison

Homelessness and inadequate housing are issues that disproportionately affect Aboriginal and Torres Strait Islander people, particularly those who are criminalised (Productivity Commission, 2016).The Royal Commission into Aboriginal Deaths in Custody (RCIADC) acknowledged the central role of housing in addressing imprisonment rates of Aboriginal and Torres Strait Islander people, noting that 'the appalling conditions in which many Aboriginal people live have long been a concern to government' and making several recommendations in relation to housing which have not been implemented (Johnstone, 1991: para 18.1.6, see also ALRC, 2018).

In 2015, over a quarter (27 per cent) of all Aboriginal and Torres Strait Islander prison entrants across Australia reported being homeless in the month prior to imprisonment (AIHW 2015). According to the NSW Justice Health & Forensic Mental Health Network Patient Health Survey (JH&FMHN, 2017b), 18 per cent of Aboriginal and Torres Strait Islander men were in primary or secondary homelessness in the 6 months prior to imprisonment, in comparison to 13 per cent of non-Indigenous men. These figures were considerably higher for Aboriginal and Torres Strait Islander women, over a quarter (28 per cent) of whom were in primary or secondary homelessness in the 6 months prior to imprisonment, in comparison to 17 per cent of non-Indigenous women (JH&FMHN, 2017b).

Figure 1

Percentage of people in NSW prisons who were in primary or secondary homelessness in the 6 months prior to imprisonment

2015 (JH&FMHN 2017b)

30%

18% — Indigenous Males
13% — Non-Indigenous Males
28% — Indigenous Females
17% — Non-Indigenous Females

0%
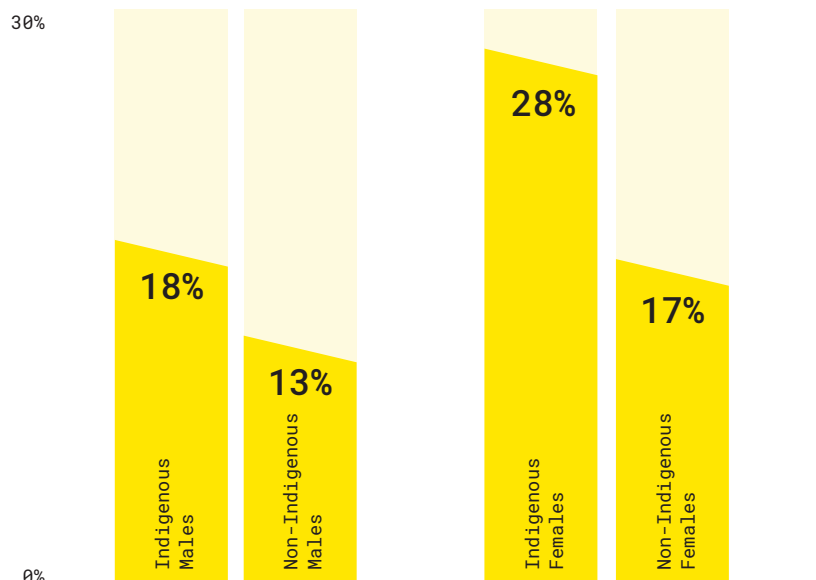
In NSW, there are only a small number of Aboriginal community controlled and owned organisations providing post-release support to Aboriginal and Torres Strait Islander people. The importance of a holistic, Aboriginal community controlled approach in providing post-release support was recognised by roundtable participants and is supported by research in this area (Baldry and McCausland, 2009; Baldry et al., 2015).
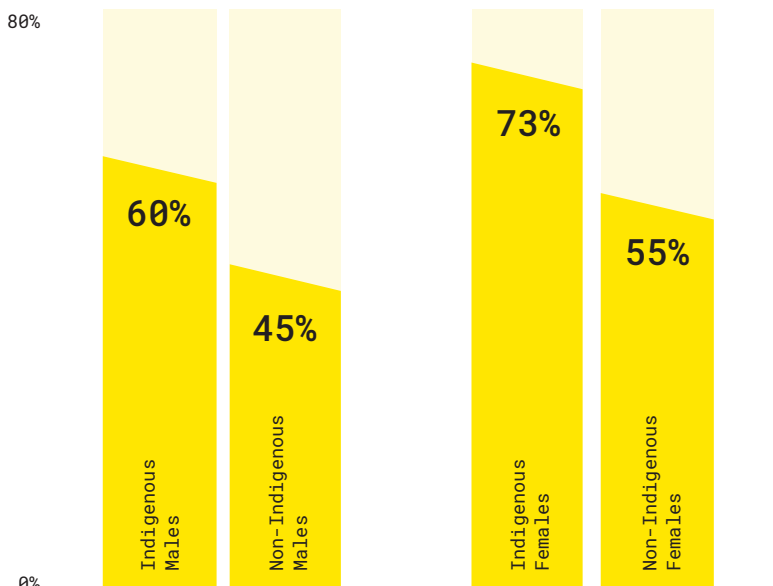
> We are a white organisation trying to run
> Indigenous services and we're doing it, maybe,
> kind of ok, I don't think we're doing it as
> well as what an Indigenous service in Broken
> Hill would be doing if they were properly
> resourced and properly supported. We're doing
> it because we've got the infrastructure to
> allow us to be able to do all the things
> that we're supposed to be doing as a white
> organisation in terms of employing Indigenous
> people, but we're not Indigenous, so… in terms
> of building trust and engagement with specific
> groups, that stuff is really critical.
> (Participant 2)

3.3 Access to housing for women leaving prison

The number of women in prison in NSW has increased significantly in recent years, and the growth in Aboriginal and Torres Strait Islander women has been particularly pronounced (Ooi, 2018). Aboriginal and Torres Strait Islander women currently account for a third of the total NSW female prison population (ABS, 2018). The issue of homelessness and housing instability following imprisonment is particularly acute for Aboriginal and Torres Strait Islander women (see Figure 1). Research by Legal Aid NSW (2015: 4) found that 86 per cent of Aboriginal women leaving prison had been homeless at some stage in their life, 22 per cent were homeless prior to incarceration, and just 12 per cent believed they had access to safe and stable housing on release. Women have specific post-release needs related to housing and homelessness, particularly if they are carers of dependent children, which the vast majority of women in prison are (Baldry et al., 2006; Baldry and McCausland, 2009).

Figure 2

Percentage of prisoners in NSW with dependent children under 16 years

2015 (JH&FMHN 2017b)

80%

60% — Indigenous Males
45% — Non-Indigenous Males
73% — Indigenous Females
55% — Non-Indigenous Females

0%

Most women in prison have experienced high rates of violence and victimisation leading to significant trauma histories (Stathopoulos and Quadara, 2014). These experiences are often tightly linked with mental illness, cognitive impairment and drug and alcohol addiction (Legal Aid NSW, 2015). Roundtable participants told us that women exiting prison are frequently at risk of returning to living environments where they are at risk of violence, because there are no appropriate and affordable alternative housing options available to them (Legal Aid NSW, (2015)). The need for safe and stable housing alongside individualised holistic throughcare and support was recognised as particularly imperative for women, who often exit prison in active addiction.

> There's much higher numbers of women who
> are in real active addiction and self-
> medicating with licit and illicit medication
> [and] without support attached to housing
> they tend to unravel faster than our male
> clients. So there's a need for holistic support
> and throughcare... if we're not addressing
> underlying issues then housing is sabotaged or
> unravels really, really fast and the addiction
> just continues to escalate. (Participant 3)

Roundtable participants told us that women with complex support needs are often excluded from women's refuges as a result of their criminal history, mental health or substance addiction. This reduces the already short supply of accommodation options available to women leaving prison. As one participant told us:

> '... if you've got any sort of mental health
> indicator or addiction issue... it's really
> hard [to find accommodation post-release].
> And if you've been kicked out previously, then
> you've got to beg... it's rough'
> (Participant 7)

Boarding houses are one of the few options available to women leaving prison, but in the view of respondents they are particularly inappropriate and are often unaffordable for their clients: *'a boarding house for anybody is horrendous, but particularly for a woman it is especially crude and dangerous'* (Participant 4).

3.4 Difficulties in accessing and navigating the housing system

Link2home is a 24-hour, statewide telephone service for people who are homeless or at risk of homelessness, providing information, assessment and referrals to specialist homelessness services, temporary accommodation and other services. Despite large numbers of people exiting prison into homelessness or precarious housing arrangements, people in prison do not have access to Link2Home nor to advocates able to assist them to call Link2Home. Limited access to phone calls or information and reliance on program staff within the prisons to facilitate requests often mean that people inside prison are not able to request accommodation assistance (Russell and Sotiri, 2018).

> People in prison can't call Link2Home, which is
> the central homelessness number. So, if you're
> homeless today and you're in the community
> and you go to a service.... a shelter or a
> crisis centre, saying 'I've got nowhere to live
> or stay tonight', then the worker will call
> Link2Home, which is the central number and
> ideally a place will be negotiated. They've got
> a massive database to list all the places you
> can go. People in prison can't do that.
> (Participant 2)

People who exit prison often require access to Department of Communities and Justice funded temporary accommodation (TA), which provides emergency accommodation for up to 28 days, usually in motels. Focus group participants expressed concern regarding the current operation of TA in NSW.

> Clients are put up in a dodgy hotel or motel
> for three nights. In order to gain another
> night in TA, they are expected to spend hours
> at a housing office for Housing NSW, describing
> the things they are doing to look for housing.
> It just makes no sense. It's a horrendous
> system… people often lose hope. They have just
> come out of prison and then they spend their
> whole day waiting there just so they can be
> secured one more night. (Participant 2)

3.5 '12 weeks is not nearly enough': The need for long-term, housing first, post-release support

Currently, almost all programs funded by Corrective Services NSW do not last beyond 12 weeks. Funding for medium-long term post-release support has been drastically reduced in favour of short-term casework. However, it was unanimous amongst roundtable participants that medium and long-term support is required for chronically disadvantaged people with complex support needs and histories of entrenched criminal justice system involvement. Concern over the unrealistic corrections-imposed time limits on the provision of post-release support has been raised as a concern in other jurisdictions, including Victoria (Carlton and Segrave, 2016).

Given what we know about the backgrounds of those who are in prison, turning a person's life around within a 12 weeks timeframe is, in many cases, unrealistic. Not only this, but when people are released from prison, they have a long list of tasks to complete and appointments to attend just to ensure they have the necessities to get by in the community. These can include (amongst others) obtaining doctors certifications, birth certificates and other forms of identification, income and bank statements, and proof of Aboriginality documents where necessary. Post-release organisations assist people to achieve these tasks alongside negotiating partnerships with community housing providers to organise housing nomination rights for their clients. Alongside this, they provide fundamental intensive one-on-one case management, drug and alcohol counselling and support, and prepare their clients physically, mentally and emotionally to be able to navigate life outside the prison system.

```
There's no research anywhere that would suggest
that 12 weeks is going to do anything. There's
research saying that a lot of reoffending
happens in that first 12 weeks and a lot of
post-release mortality and obviously the risks
are really big in that period, but there is
nothing to suggest that you can actually do
anything aside from just keep somebody alive
in that 12 weeks. You can't keep somebody out
of prison in 12 weeks. You need much longer to
work with people.(Participant 2)
```

A point of concern for roundtable participants was the incompatibility of short-term 12-week contracts with community housing provider requirements in NSW. For organisations to establish partnerships and gain nomination rights for their clients, they must be able to guarantee a minimum of 12-months of casework support to clients. In most cases, housing providers require organisations to engage in tenancy support management for 18-months to 2 years. These expectations are clearly incompatible with the 12-week funding constraint on services and make the process of finding housing for their clients following the 12-week residential phase a difficult task.

```
With the Going Home Staying Home reforms, at
the same time as the Corrections reforms,
we lost all specialist services for people
coming out of prison that were long term and
Corrections moved to a short term 12 week
model… We had 14 different Community housing
providers across the Greater Sydney Metro
region that we would get people into housing
with. All of those fell down because we weren't
able to guarantee the support… We were calling
all of our partners to say — 'look, if we
did this project and we were able to provide
12-weeks of support rather than 12 months or
longer, would you still consider retaining our
partnership?' All of them said, 'no way, of
course we can't do that, 12 weeks is not nearly
enough'. (Participant 2)
```

As a result, most organisations have had to rely on informal partnerships and agreements with social housing providers to secure housing for their clients. These informal partnerships are *'the work-around we've all landed with'* (Participant 2). Participants acknowledged that there is a great deal of goodwill in the community sector and a number of housing providers have made commitments to support people who are most in need: *'It really does come as a philosophical commitment on the part of the community housing or social housing provider to take on that group...Most of the time, that doesn't happen'* (Participant 2). Ensuring access to safe and stable housing should not be dependent on individual relationships between service providers and should instead be the responsibility of state governments.

3.6 The lack of housing in regional, rural and remote areas

The lack of housing in regional, rural and remote areas in NSW is a significant problem for people leaving prison. Public housing waiting lists in regional areas are especially long and the process of finding adequate housing can be extremely difficult. In some remote areas, finding suitable housing is almost impossible.

```
Well there just isn't housing… And if there
is any housing… the quality of the stock in
Wilcannia is just so terrible that, unless
you're living in one of the government houses
if you're a teacher at a school or a police
officer. If you're anybody else, I think
there's 300 houses and 900 people that live in
the town. The consequences of overcrowding are
a whole other thing. (Participant 2)
```

```
There's one housing provider… that hold a lot
of our people coming out of prison. But again,
a lot of [social housing provider] housing
in Broken Hill is on one street, which no one
wants to live on because it's 'dangerous'.
Everybody who comes out of prison lives on
```

that street. Having social housing spread in different parts of the community or places like Common Ground [is preferable], where it's a mixture of people that are receiving support services or other people that are paying affordable rent. (Participant 2)

Roundtable participants spoke of exploring other housing models which aren't reliant on housing providers, such as a community-controlled and managed social enterprise model in regional, rural or remote areas. An international example is the Green ReEntry program in Chicago. Green ReEntry provides transitional housing, life skills education and sustainable construction training for people recently released from prison. Models such as this can provide holistic support to people leaving prison, allow people to *'acquire skills, somewhere to live, and there would be amazing regeneration happening in their neighbourhood'* (Participant 2).

Homelessness and Housing Instability: Recommendations for Reform Appropriate community-sector-led throughcare for people leaving prison

3. **The NSW Government should provide adequate access to safe and stable housing for people exiting prison in NSW**

    3.1 NSW Justice should reconsider from the 12-week residential model: the 12-week timeframe is too short to be able to adequately support people with complex support needs to build pathways out of the criminal justice system. For throughcare and post-release services to successfully support people on release and to reduce reoffending, services need to be funded beyond 12-weeks.

    3.2 Corrective Services NSW should ensure facilitated access to the housing system for people in custody. Access to Link2Home and the Temporary Accommodation system should be embedded within the new Corrective Services NSW case management system.

    3.3 The NSW Government should respond to and implement Recommendation 5-2 of the Australian Law Reform Commission (2018) Pathways to Justice inquiry which recommends State and Territory governments should work with relevant Aboriginal and Torres Strait Islander organisations to identify gaps in the provision of culturally appropriate bail support programs and diversion options, and develop and implement relevant bail support and diversion options.

    3.4 The NSW Government should establish bail houses in NSW. Many organisations are unable to take people bailed directly to them, which results in the unnecessary imprisonment of people who are homeless or live in housing instability, because they are bail refused.

    3.5 The NSW Government should fund inclusive and holistic women-specific services, including bail houses. These would assist in family reunification where safe and appropriate, particularly with children, and support women experiencing family violence to find safe and sustainable outcomes.

    3.6 The NSW Government should fund post-release services and community housing providers to provide affordable supported housing (where appropriate as many as possible to be housing first) for people exiting prison into homelessness.

    3.7 Aboriginal community owned and operated services should be established to support Aboriginal people in housing post-release.

4. Funding Stability

Community sector organisations exist on limited resources and operate in increasingly complex funding environments, characterised by short-term funding cycles, high-levels of funding uncertainty, competitive tendering processes, growing funding reporting requirements and the 'marketisation' of community based service delivery (see Clancey and Westcott 2017; Productivity Commission 2016). These new modes of funding governance bring myriad challenges for service delivery. Funding in the post-release community sector is precarious and funding security remains the biggest threat to the future of existing drug and alcohol rehabilitation services (NSW Legislative Council, 2018). According to one roundtable participant: *'when we talk about funding stability… well, there is no funding stability'* (Participant 6). For post-release supports to be effective, stable funding is imperative so that long-term goals can be planned and achieved (Borzycki and Baldry, 2003).

4.1 Multiple funders and short-term contracts as a hindrance to effective service delivery

Every service provider attending the roundtable receives funding from more than one source, with some services funded by more than 15 separate bodies. The major funding bodies generally include NSW Justice, Corrective Services NSW, Department of Families and Communities (formerly FACS), NSW Health, and Federal Health, with some smaller grants acquired through local government initiatives and philanthropy. The enormous administrative burden of uncoordinated funding cycles can hinder quality service delivery for non-government organisations and roundtable participants spoke of the need for greater collaboration between funding bodies so that funding cycles can be aligned where possible.

Short-term funding contracts are a point of concern for all those working in the community sector, as they result in uncertainty for services, staff and clients, and impose a significant burden on an already stretched workforce to frequently reapply for funding, detracting from core service delivery activities (Productivity Commission, 2016; Legislative Council, 2018: 56). Short-term funding cycles mean that almost all community sector staff are employed on short-term contracts, making quality staff recruitment and retention difficult. The ongoing uncertainty amongst staff ripples out to all aspects of service delivery, affecting the overall performance of the organisation.

```
I've protected my staff a lot around the whole
funding thing in terms of being the father
figure that doesn't let them know quite how
uncertain things might have been in the last
few years, because I need my staff to feel like
they've got jobs going forward. (Participant 1)
```

Often, the decision to extend funding contracts for a further 12-month period are made 'at the eleventh hour', leading to further instability for service delivery.

```
Usually it gets right up to the line, like the
end of June, or sometimes beyond where the
[government department] will say 'just sit
tight, its coming any day now', but with our
[government department] funding we found out a
week before the end of the financial year that
we were going to get another years funding…The
staff are freaking out, understandably, because
they don't know if they've got a job. Our
finance people are freaking out because we're
not sure of how much we're going to have to pay
people at... it's not a pleasant way to run an
organisation. (Participant 2)
```

According to roundtable participants, minimum five-year funding contracts are needed to be able to deliver community based services effectively. This is also supported by findings of the NSW Legislative Council (2018) inquiry into the provision of drug rehabilitation services in regional, rural and remote NSW. Longer-term (such as five-year) contracts, with allowances for inflation, would ease the administrative burden and assist in the recruitment and retention of qualified staff.

```
We've actually had the same amount of funding
from [government agency] for six years now.
It's frozen, so we're basically 15 per cent
worse off funding from [government department]
and it's a struggle to keep it viable, so
additional funds to support the work that we
do, in terms of supporting men for much longer,
would obviously be hugely welcomed.
(Participant 1)
```

There are additional pressures on community sector organisations to demonstrate the ways in which services can be made self-sustainable beyond stipulated funding cycles. This brings up ideological tensions regarding the responsibility of government to provide social and welfare services versus the expectations placed on community sector organisations to find alternative funding resources. As one respondent told us:

'These are essential services – homelessness services, welfare services, support services for really vulnerable populations. Ideally it should be the responsibility of the State' (Participant 2).

Increasingly in the NGO sector, a US-model is pushing services towards utilising business managers, marketing strategies and fundraising activities, as services are encouraged (and expected) to seek out philanthropic and private sector funding. In the view of community sector organisations, their time would best be utilised delivering services.

```
Having long term sustainable funding is
important for staff commitment to working in
this important sector. Chasing funding for
short-term projects is not sustainable because
when programs finish it leaves a gap in service
delivery or burn out for the staff who try
and continue the same level of client service.
(Participant 5)
```

Some services have attempted to incorporate philanthropic funding models into their funding procurement practices with varying degrees of success. Evidently, it is challenging to fit philanthropic models with the post-release client group. As one roundtable respondent told us: *'it's hard to get philanthropic funding for what we do in a lot of cases'* (Participant 1). Moreover, philanthropic organisations tend to fund specific programs or activities, and while this is very helpful in the short-term, it does not provide organisations with long-term solutions. As one participant explained: *'a lot of the time… with philanthropic [funding], it's hard to get big amounts of money… actually getting a long-term commitment is really difficult'* (Participant 2).

4.2 The need for appropriate funding for outreach and aftercare

Community sector organisations are increasingly expected to provide support to people beyond the 12 week period for which they are funded. The result of this is that the extent and scope of service provision has expanded in recent years without sufficient corresponding funding. An example of this is the provision of aftercare programs offered by some services. Aftercare or 'outreach' programs are open-ended services offered to clients beyond the 12-week residential period. The purpose of aftercare is to support program graduates to resettle into the community smoothly, knowing that they have a stable support networks following their return to the community:

```
Our outreach program positively supports our
clients to maintain their accommodation, manage
their mental health and disabilities and to
build a sense of community connection. We
assist each client to build a bridge back into
the community. We do this with minimal funding…
which really stretches our small non-government
agency.(Participant 5)
```

With the loss of medium and long-term transitional support for people exiting prison, organisations are required to stretch scarce resources to be able to provide any form of outreach care, which they recognise as crucial in supporting people to build pathways out of the criminal justice system.

```
I would like to see aftercare, transitional
housing and reintegration support funded so
that we're not having to stretch our workers
who are only funded to be working for 12 weeks.
We want support for a year or more. That needs
to be funded. (Participant 2)
```

```
We want to continue to improve the quality of
our service for our clients. This requires
adequate funding and an acknowledgement that
aftercare outreach is an important component of
our service model. (Participant 5)
```

Outreach programs offer those who have completed the program to stay connected with their community of support. As one roundtable respondent commented *'we do it because we know that it gives our clients a chance to continue to build meaningful lives for themselves'* (Participant 5). Although services are generally only funded to provide services for 12-weeks post-release, they regularly continue to provide outreach services, recognising that it is a core part of post-release service delivery.

```
Our aftercare-outreach program is a core
component of our model. It is the safety net
of care and support after the initial twelve
weeks of temporary accommodation. Some of our
clients will need support for the rest of their
lives to remain in the community. Their level
of medical, mental health and impairment needs
deserves a sustainable community response.
(Participant 5)
```

An example of good practice: Outreach and
aftercare support

*In the last six months, three men have been back on a Tuesday to celebrate
10 years of sobriety. Two of them were in jail. So, for a guy that's just recently
out of jail and in stage one, in early days, to see a man that's sharing that this
is what he felt like 10 years ago, when he first came out and how scared and
now he's gone on to... get a proper job, and he's still clean and sober and feels
like a responsible member of society. That's huge. There's nothing I can do,
nothing I can say that's as powerful as the testimony of that man that keeps
coming back to give back to our service in that context. It's really powerful.*
(Participant 1)

4.3 The need for adequate funding for administrative work

Current funding models are inadequate to support the heavy administrative load involved in operating a post-release service. As one respondent told us, most funding tenders are quite prescriptive, and often stipulate that no more than 10 per cent of funding can be allocated to administration and management. Current funding arrangements do not allow organisations to employ clinical supervisors, which are considered an essential part of service delivery for organisations supporting clients with complex support needs.

> In an organisation like [service] it is
> impossible because we need to have managers to
> manage the programs, and nobody funds managers.
> We need admin staff to support the programs,
> nobody funds admins. We need to pay rent; we
> need to house 50 workers. (Participant 2)

Compliance for funding requirements impede effective service delivery. As Clancey and Westcott (2017: 165) found, 'in a contractual funding environment, there is increasingly a need to comply with stringent reporting and accountability requirements... and funding requirements can be a significant burden that draw resources away from service delivery'. Reporting and compliance for funding contracts is time-consuming and services do not receive adequate funding for the required administrative hours. Some services are required to navigate at least six different reporting portals, making compliance with contracts a demanding administrative process.

We're really appreciative of receiving funding
through both Family and Community Services and
Corrective Services. While most of our funding
comes through Corrective Services, most of our
compliances requirements are from FACS, and having
two funding sources results in a lot of extra time
spent on administration, compliance and tenders.
(Participant 5).

Smaller organisations are disadvantaged generally because they cannot shoulder the uncertainty of short funding cycles, yet they are also disadvantaged when faced with reporting requirements. Whether an organisation receives $50,000 or $5 million, the compliance requirements remain the same. These compliance requirements detrimentally affect the service delivery of smaller organisations: *'as a smaller organisation, we have had at times significant pressures on our small organisation to comply with contract requirements. These pressures can take away time from important staff support and client case management'* (Participant 5).

4.4 Funding and evaluation: measures of 'success' and 'failure'

Service providers are increasingly required to demonstrate their effectiveness without adequate resources to conduct independent evaluations of their services. For service delivery to improve, independent evaluations are required. Roundtable participants spoke of the need for evaluations to take a holistic approach to looking at 'outcomes'; to not simply focus on recidivism reduction but also look at reductions in offence severity, as well as other factors such as improvements in social and emotional health and wellbeing, engagement with training, education and employment, as well as connection to family and community. It is imperative that there is Aboriginal input into all aspects of evaluation and programs should be evaluated in a way that respects self-determination.

Because someone has gone back to custody for two or three months for a lesser matter and then resurfaced into the community, does that mean there's a service provision failure? Some of our referrals are particularly challenging. These individuals have spent their childhood in care, their youth in juvenile institutions and their adult life in prison. Even 6 months out of custody is a milestone for them. They may not want to engage in any other services. They have a highly institutionalised experience of life and expect to return to custody when it's too hard to manage in the community. We still try out best to engage these individuals with case management and to refer them to appropriate services and we still assist them to apply for and to be available for affordable accommodation opportunities. We just need deeper conversations about recidivism and building better pathways for these clients. (Participant 5).

Funding Stability: Recommendations for Reform The NSW Government should provide adequate access to safe and stable housing for people exiting prison in NSW

4. Appropriate funding of community-based post-release support services in NSW

4.1 Federal and state government funding contracts for community based services should be five years minimum.

4.2 Community sector organisations responsible for providing transitional accommodation should be adequately funded to provide aftercare and outreach support once clients complete the residential program.

4.3 Funding contracts should allow up to 20 per cent of total funding to be spent on organisational administration, management and clinical supervision, which are necessary for effective service delivery.

4.4 Small organisations should be subject to less demanding funding contract compliance criteria to lessen the administrative burden on staff and service delivery.

4.5 An independent evaluation of all services funded under the Corrective Services NSW Funded Partnership Initiative should be conducted. This evaluation should include appropriate outcome measures that are holistic and not just recidivism focused such as connection to community; improvements in social and emotional health and wellbeing; securing safe and stable housing; and engagement with education, employment or training. There should be Aboriginal input into all aspects of evaluation.

References

Anglicare (2019) Rental Affordability Snapshot 2019. Sydney: Social Policy & Research Unit, Anglicare.

Auditor-General of NSW (2017) Therapeutic Programs in Prisons. Sydney: Audit Office of NSW.

Australian Bureau of Statistics (ABS) (2018) Prisoners in Australia 2018, Cat. No. 4517.0. Canberra: Australian Bureau of Statistics.

Australian Institute of Family Studies (2012) Addressing women's victimisation histories in custodial settings. Canberra: Australian Institute of Family Studies.

Australian Institute of Health and Welfare (AIHW) (2015) The Health of Australia's Prisoners 2015. Canberra: AIHW.

Australian Institute of Health and Welfare (AIHW) (2018) Specialist Homelessness Services Annual Report 2016-17. Canberra: AIHW.

Australian Law Reform Commission (ALRC) (2017) Incarceration Rates of Aboriginal and Torres Strait Islander peoples, Discussion Paper 84. Sydney: Australian Government.

Australian Law Reform Commission (ALRC) (2018) Pathways to Justice – An Inquiry into the Incarceration Rate of Aboriginal and Torres Strait Islander Peoples. Sydney: Australian Government.

Australasian Therapeutic Communities Association (ATCA) (2016) 'Ngara Nura Program (Modified Therapeutic Community)', Justice NSW. Online. Retrieved from: http://www.atca.com.au/referrals/new-south-wales/ngara-nura-nsw/ (accessed 10 November 2018).

Baldry, E., Bright, D., Cale, J., Day, A., Dowse, L., Giles, M., Hardcastle, L., Graffam, J., McGillivray, J., Newton, D., Rowe, S., and Wodak, J. (2018). A Future Beyond the Wall: Improving Post-release Employment Outcomes for People Leaving Prison: Final Report. Sydney: UNSW Sydney.

Baldry, E., Clarence, M., Dowse, L., and Trollor, J. (2013) 'Reducing Vulnerability to Harm in Adults with Cognitive Disabilities in the Australian Criminal Justice System', Journal of Policy and Practice in Intellectual Disabilities, 10(3): 222-229.

Baldry, E. and McCausland, R. (2009) 'Mother Seeking Safe Home: Aboriginal Women Post-Release', Current Issues in Criminal Justice, 21(2): 288-301.

Baldry, E., McDonnell, D., Maplestone, P. and Peeters, M. (2006) 'Ex-Prisoners, Homelessness and the State in Australia, Australian and New Zealand Journal of Criminology, 29(1): 20-33.

Baldry, E., McCausland, R., Dowse, L. and McEntyre, E. (2015) A Predictable and Preventable Path: Aboriginal People with Mental and Cognitive Disabilities in the Criminal Justice System. UNSW: Sydney.

Baranyi, G., Cassidy, M., Fazel, S., Priebe, S. and Mundt, A. (2018) 'Prevalence of Posttraumatic Stress Disorder in Prisoners', Epidemiologic Reviews, 40(1): 134-145.

Bevitt, A., Chigavazira, A., Herault, N., Johnson, G., Moschion, J., Scutella, R., Tseng, Y., Wooden, M. and Kalb, G. (2015) Journeys Home Research Report No. 6. Melbourne: University of Melbourne.

Borzycki, M. and Baldry, E. (2003) 'Promoting Integration: The Provision of Prisoner Post-release Services', Trends & Issues in Crime and Criminal Justice, No 262. Canberra: Australian Institute of Criminology.

Bullen, J. and Baldry, E. (2018) '''I waited 12 months': how does a lack of access to housing undermine Housing First?', International Journal of Housing Policy, DOI: 10.1080/19491247.2018.1521187

Bullen, J., Whittaker, E., Schollar-Root, O., Burns, L. and Zmudzki, F. (2015) In-Depth Evaluation of Camperdown Common Ground: Permanent housing for vulnerable long-term homeless people. Final Report. Sydney: Social Policy Research Centre, UNSW.

Butler, T., Andrews, G., Allnut, S., Sakashita, C., Smith, N. and Basson, J. (2006) 'Mental disorders in Australian prisoners: a comparison with a community sample', Australian and New Zealand Journal of Psychiatry, 40(3): 272-276.

Carlton, B. and Segrave, M. (2016) 'Rethinking women's post-release reintegration and 'success'', Australian & New Zealand Journal of Criminology, 49(2): 281-299.

Chamberlain, C. and Mackenzie, D. (2008) Counting the Homeless 2006: Australia. Canberra: Australian Bureau of Statistics.

Clancey, G. and Westcott, H. (2017). "This rabid fight for survival": Small NGO manager's experiences of funding reform, Australian Journal of Social Issues, 52: 163-179.

Churchill, A., Sotiri, M. and Rowe, S. (2017) Access to the NDIS for people with cognitive disability and complex needs who are in contact with the criminal justice system: key challenges. Sydney: Community Restorative Centre.

Community Restorative Centre (2019) Service Count. Sydney: Community Restorative Centre NSW.

Corrections Research, Evaluation & Statistics (2019) Offender Population Report, September 2019. Sydney: Corrective Services NSW.

Corrective Services NSW (2015) Community Corrections Newsletter: April-June 2015. Sydney: Corrective Services NSW.

Corrective Services NSW (2018) Reducing Reoffending: A NSW State Priority. Custodial Case Management. Sydney: NSW Justice.

Department of Human Services (2018) Newstart Allowance: How much you can get. Online. Retrieved from: https://www.humanservices.gov.au/individuals/services/centrelink/newstart-allowance/how-much-you-can-get (accessed 21 December 2018).

Durand, E., Chevignard, M., Ruet, A., Dereix, A., Jourdan, C., Pradat-Diehl, P. (2017) 'History of traumatic brain injury in prison populations: A systematic review', Annals of Physical and Rehabilitation Medicine, 60:95-101.

Elliot, D. (2016) '$237m investment in reducing reoffending', Media Release, 31 August 2016. Online. Retrieved from: https://www.justice.nsw.gov.au/Documents/Media%20Releases/2016/237-Million-dollars-Investment-in-reducing-Reoffending.pdf (accessed 3 January 2019).

Fazel, S., Bains, P. and Doll, H. (2006) 'Substance abuse and dependence in prisoners: a systematic review', Addiction, 101(2): 181-191.

Gilmour, T. (2018) Pathways Home: NSW community housing's role delivering better outcomes for people exiting corrective services. Sydney: Housing Action Network.

Halsey, M. (2016) 'In search of desistance: notes from an Australian study', in J. Shapland, S. Farrall, and A. Bottoms (eds) Global Perspectives on Desistance. Abingdon: Routledge, pp. 204-221.

Hughes, M. (2010). Prison governors: short sentences do not work, The Independent. 21 June 2010.

Hutchinson, D. (2018) 'The Rainbow Lodge Program – A Quiet Achiever for over 50 Years', The Glebe Society Inc, Online. https://www.glebesociety.org.au/socialhistory/the-rainbow-lodge-program-a-quiet-achiever-for-over-50-years/ (accessed 18 March 2019).

Johnstone, E. (1991) Royal Commission into Aboriginal Deaths in Custody: National Report Volume 2. Canberra: Australian Government Publishing Service.

Justice Health & Forensic Mental Health Network (JH&FMHN) (2016) 2015-16 Year in Review. Sydney: NSW Government.

Justice Health & Forensic Mental Health Network (JH&FMHN) (2018) Our Network 2018. Sydney: NSW Government.

Justice Health and Forensic Mental Health Network (JH&FMHN) (2017a) Network Patient Health Survey 2015. Sydney: JH&FMH.

Justice Health and Forensic Mental Health Network (JH&FMHN) (2017b) Network Patient Health Survey – Aboriginal People's Health Report. Sydney: JH&FMH.

Kinner, S.A., Lennox, N., Taylor, M. (2009) 'Randomized Controlled Trial of a Post-Release Intervention for Prisoners With and Without Intellectual Disability', Journal on Developmental Disabilities, 15(2): 71-76.

KPMG (2015) Going Home Staying Home Post-Implementation Review. Sydney: KPMG.

Kinner, S.A. and Wang, E.A. (2014) 'The Case for Improving the Health of Ex-Prisoners', American Journal of Public Health, 104(8): 1352-1355.

Larney, S., Kopinski, H., Beckwith, C.G., Zaller, N.D., Jarlais, D., Hagan, H., Rich, J.D., van den Bergh, B.J. and Degenhardt, L. (2013) 'Incidence and prevalence of hepatitis C in prisons and other closed settings: Results of a systematic review and meta-analysis', Hepatology, 58(4): 1215-1224.

Legal Aid NSW (2015) Aboriginal Women Leaving Custody: Report into Barriers to Housing. Sydney: Legal Aid NSW.

Maslow, A.H. (1943) 'A theory of human motivation', Psychological Review, 50(4): 370-396.

NSW Bureau of Crime Statistics and Research (BOCSAR) (2019) New South Wales Custody Data Tables. Online. Retrieved from: https://www.bocsar.nsw.gov.au/Pages/bocsar_custody_stats/bocsar_custody_stats.aspx (accessed 26 August 2019).

NSW Government (2018) Reducing Domestic Violence Reoffending. Online. Retrieved from: https://www.nsw.gov.au/improving-nsw/premiers-priorities/reducing-domestic-violence-reoffending/ (accessed 28 January 2019).

NSW Government (2019) 'Ambitious targets at the heart of new Premier's Priorities', Media Release, 28 June 2019. Online. Retrieved from: https://www.nsw.gov.au/your-government/the-premier/media-releases-from-the-premier/ambitious-targets-at-the-heart-of-new-premiers-priorities/ (accessed 28 July 2019).

NSW Legislative Council (2018) The provision of drug rehabilitation services in regional, rural and remote New South Wales. Sydney: Parliament of NSW.

NSW Sentencing Council (2004) Abolishing prison sentences of 6 months or less: A report of the NSW Sentencing Council.

Ooi, E. (2018) 'Recent Trends in the NSW Female Prison Population', Crime and Justice Statistics, Issue paper no. 130, January 2018. Sydney: NSW BOCSAR.

Parsell, C., Petersen, M., Moutou, O., Culhane, D., Lucio, E., and Dick, A. (2015) Brisbane Common Ground evaluation: Final report prepared for the Queensland State Government Department of Housing and Public Works. Brisbane: University of Queensland.

Productivity Commission (2016) Overcoming Indigenous Disadvantage: Key Indicators 2016 – Report. Canberra: Australian Government.

Productivity Commission (2019) Report on Government Services, Section C: Justice. Canberra: Australian Government

Russell, S. and Sotiri, M. (2018) 'How we can put a stop to the revolving door between homelessness and imprisonment', The Conversation, 20 February 2018.

Stathopoulos, M. and Quadara, A. (2014) Women as offenders Women as victims: The role of corrections in supporting women with histories of sexual abuse. Sydney: Corrective Services NSW.

Trevena, J. and Weatherburn, D., (2015) 'Does the first prison sentence reduce the risk of further offending?' Contemporary Issues in Crime and Justice, Crime and Justice Bulletin, No. 187. Sydney: NSW Bureau of Crime Statistics and Research.

Ward, S. (2016) 'The Connections Program: a NSW integrated approach to care and engagement for prisoners with a history of illicit drug use', HIV Australia, 14(1): 32-34.

Willis, M. (2018) Supported housing for prisoners returning to the community: A review of the literature, Research Report 07. Canberra: Australian Institute of Criminology.

Wilson, M., Jones, J., Butler, T., Simpson, P., Gilles, M., Baldry, E., Levy, M. and Sullivan, E. (2017) 'Violence in the Lives of Incarcerated Aboriginal Mothers in Western Australia', SAGE Open, January-March 2017: 1-16.