



Seeing it Through

Options for improving offender outcomes in the community

19 December 2011

Prepared by the Social Policy and Implementation Branch
Chief Minister and Cabinet Directorate
ACT Government
Contact:
communityinclusion@act.gov.au
Ph: +61 2 6205 4711

Contents

Rationale 4

Policy context..... 7

 Person Centred Approach..... 8

Principles..... 9

Elements of an extended Throughcare model 10

 Strategic Governance..... 11

 Service Co-ordination..... 11

 Data and research 13

 Continuous improvements in service delivery 13

Staged implementation 15

Conclusion..... 15

Rationale

The Alexander Maconochie Centre (AMC) has been operational since 2009 and is the ACT's only adult correctional facility. The centre is named after Alexander Maconochie – a 19th Century prison reformer – who “saw no sense in punishing a criminal for his past without training him with incentives for his future”.¹

A model of Throughcare is used at the AMC to case manage offenders with the aim to reduce the risk of recidivism and promote the reintegration of offenders into the community. This is in keeping with international best practice. Throughcare “... places emphasis on the delivery of programs and services aimed at reducing re-offending behaviour and enabling successful integration into the community”.² Central to the concept of Throughcare is the principle of continuity of care and the seamless delivery of services.

While technically Throughcare in the Corrections context ends with the completion of mandated contact with ACT Corrective Services, it is generally understood that the support needs of offenders do not end with their release from prison or completion of community based order. In fact, their support needs are greatest at this time because their needs are multiple, complex and ongoing. Therefore, release from prison is a critical transition point for the individual being released, as transitions represent a fundamental shift for the person transitioning. For those with multiple and complex needs, transitioning can be daunting and exacerbated by the barriers they face when accessing support services in the community.

There is an extensive body of evidence which suggest that people with multiple and complex needs are at the extreme end of a continuum of need³, yet they “are seen to be particularly poorly served by services”⁴ and their needs are generally not being met by existing services.⁵ People with multiple and complex needs require long-term assistance and “are likely to require support from several different services to meet these needs”.⁶

Moreover, the months following release are an extremely high-risk period for premature death and for re-offending.⁷ The comprehensive body of research which details the current predicament faced by post-release prisoners when attempting to re-integrate back into the community, overwhelmingly details these substantial difficulties. It has been noted in the United States that “people getting out of prison, like soldiers returning from battle, often experience post-traumatic stress disorder. More than five hundred thousand people are released each year from state and federal penitentiaries and most are filled with fear and

¹ <http://www.cs.act.gov.au/page/view/859>

² The Corrections Management (General Operating) Policy 2009, Notifiable Instrument NI2009-

³ Scottish Executive Social Research, *A literature review on multiple and complex needs* (2007), 14.

⁴ *Ibid*, 9.

⁵ *Ibid*, 9-10.

⁶ *Ibid*, 7.

⁷ Baldry, E; Recidivism and the role of social factors post-release, precedent 81:4-7, 2007.

the numbness of alienation, rage and guilt⁸. Furthermore, the lives of many released prisoners are characterised by chronic disadvantage, poor physical and mental health, low educational qualifications and high rates of substance abuse. These are the same problems that brought many offenders into contact with the criminal justice system in the first place. Specifically, the four key high risk issues facing prisoners post-release are:

1. **Drug Use** – It is known that drug offences directly contribute to approximately 10 percent of all custodial sentences in Australia⁹. Upon leaving prison, the likelihood of a return to drug-use is high for many prisoners.
2. **Financial Resources/ Employment** – Sarno, Hearnden and Hough¹⁰ note that only 21 percent of prisoners on parole have employment, compared with 60 percent of the general population¹¹. In particular it has been noted that “women face immediate poverty upon release¹².”
3. **Accommodation** – Stable accommodation has continually been cited as a key aspect required for the successful long-term re-integration of prisoners following release from prison. This linkage has been firmly evidenced by studies undertaken in other jurisdictions within Australia such as Queensland¹³ and Victoria¹⁴. Not surprisingly, men who do not have the support framework of family or partners are often completely isolated in terms of ‘where to go’ once released from prison¹⁵. Similarly, research indicates that around one-fifth of all women leaving prison have no address to go to¹⁶, and these difficulties are compounded for women as a range of additional factors come into play, most particularly if they have children.
4. **Mortality** – Ex-prisoners have substantially higher risks of death than the general population. In particular, the first three months after release are a period of

⁸ Watterson, K. (1996) *Women in prison: Inside the Concrete Womb*, North Eastern University Press: Boston, 311.

⁹ Carcach, C. and Grant, A. (2000) Imprisonment in Australia: The Offence Composition of Australian Correctional Populations, 1988 and 1998 (no 164) *Trends & Issues in Crime and Criminal Justice*, Australian Institute of Criminology.

¹⁰ Sarno, C., Hearnden, I. and Hough, M. (2000) *Working their way out of offending: An evaluation of two probation employment schemes*, Home Office Research Study 218, Home Office Research and Statistics Directorate.

¹¹ Ibid, 1.

¹² Carnaby, H. (1998) *Road to Nowhere: A Report on the Housing and Support Needs of women leaving prison in Victoria*, Poola Foundation: Victoria.

¹³ The Post-Release Experience of Prisoners in Queensland

¹⁴ Ex-prisoners and accommodation: what bearing do different forms of housing have on social reintegration? - This study also found that the risk of reoffending is reduced when ex-inmates have: stable accommodation, close connections to family or the community, employment, and frequent contact with agencies or a particular person who provides tailored support services.

¹⁵ Aungles, A. (1994) *The Prison and the Home*, Institute of Criminology: Sydney.

¹⁶ Hamlyn, B. and Lewis, D. (2000) *Women Prisoners: A survey of their work and training experiences in custody on release*, Home Office Research Study 208: London, 79.

high risk. A recent study conducted in Western Australia¹⁷ found that released prisoners are at substantially greater risk of death and illness leading to hospitalisation or contact with mental health services (MHS) than members of the general population. They also have high levels of hospitalisation and contacts with MHS before imprisonment suggesting that their health problems are long-standing and related to long term social disadvantage. These differences were particularly marked in those under 30 years of age.¹⁸

It is crucial that offenders have basic infrastructure in place on release – housing and an income – and they are connected to the support and services that will promote reintegration rather than re-offending. For reintegration to be successful, the transition to independent living needs to be underpinned by continuity of care. This requires the development of case management plans centred on the individual offender’s identified needs and involving often a wide range of services including mental health, drug and alcohol, behavioural management, training and employment assistance.

This paper presents options for extending the Throughcare model in the community. An extension of the model is necessitated by the short sentences served at the AMC (on average 281 days in 2010-11) which provide only a brief window for intervention in the correctional setting. There are also high numbers of remandees at the AMC. Their participation in programs cannot be mandated and remandees are generally reluctant to take part voluntarily. The delivery of programs within the AMC is further complicated by the logistics of holding prisoners of all classifications in one facility; as well as men and women and the considerable number of protection orders between prisoners.

The costs of crime, imprisonment and recidivism are high for the Government and the community. A 2008 Australian Institute of Criminology Report put the cost of crime nationally at \$35.8 billion per year.¹⁹ The average daily cost per ACT prisoner in 2010-11 was estimated at \$334.76. This is coupled with growing prisoner numbers at the AMC.

¹⁷ Hobbs, M., Krazlan, K., Ridout, S., Mai, Q., Knuiman, M., Chapman, R. (2006) Mortality and morbidity in prisoners after release from prison in Western Australia 1995-2003 (no 164) *Research and Public Policy Series* Australian Institute of Criminology.

¹⁸ Mortality and morbidity in prisoners after release from prison in Western Australia 1995–2003. In those aged 20–39 years, mortality rates per 1,000 person-years were 4.5 in Indigenous female prisoners, 7.0 in non-Indigenous female prisoners, 7.9 in Indigenous male prisoners and 4.8 in non-Indigenous male prisoners. Compared with the corresponding group in the general population the relative risk of death (based on rate ratios) were 3.1 in Indigenous female prisoners, 14.0 in non-Indigenous female prisoners, 1.8 in Indigenous male prisoners and 4.0 in non-Indigenous male prisoners.

¹⁹ Rollings, K. 2008, *Counting the cost of crime in Australia. A 2005 update*. Research and Public Policy Series No 91, Australian Institute of Criminology

Policy context

A fair and safe community is an objective of the 2008 *Canberra Plan – Towards Our Second Century*. The successful reintegration of offenders in the community supports this objective. Given the complexity of offenders' needs and AMC operations, this requires high-level leadership and oversight and improved co-ordination of services.

Chief Minister and Cabinet Directorate in partnership with ACT Corrective Services, ACT Government Directorates and the Community Integration Governance Group (CIGG) have been working together since mid-2010 to develop options that can improve transitions to the community. This approach was endorsed in October 2010 by Policy Forum (a regular meeting of Deputy Director-Generals) and a Joint Government/CIGG Working Group (the 'Working Group') was formalised.

The Working Group's policy development has been occurring in the context of a number of reviews into ACT adult corrections and the Youth Justice system. The Justice and Community Safety Directorate commissioned a review of the first 12 months of AMC operations. The Knowledge Consulting report (the 'Hamburger' report) was tabled in the Assembly on 5 April 2011. A Taskforce has provided advice to Government on the 128 recommendation and will oversee the first year of implementation. A second Knowledge Consulting report covered governance of the urinalysis procedures. All five recommendations of this report were agreed by Government.

An 'Evaluation of drug policies and services, and their subsequent effects on prisoners and staff at the AMC', has been commissioned by the Health Directorate (HD) and conducted by the Burnet Institute (the 'Burnet' Report). This report was also tabled in the Assembly during the April sitting, with a Government Response tabled on 28 June 2011. The Burnet report had 69 recommendations on health policy and services in the AMC.

A high level, joint JACSD/HD group called the Alexander Maconochie Centre (AMC) Health Policies and Services Advisory Group has now been established. The role of the group is to provide high level advice to the Director General, Health Directorate in relation to the implementation of integrated health policies and services in the Alexander Maconochie Centre. The group also has a role in relation to monitoring the implementation of the supported health-related recommendations from the ACT Government's response to the Burnet Institute's External Evaluation of Drug Policies and services in the AMC.

Both the Hamburger and Burnet reports are concerned with prisoner well-being, service delivery and the effective operation of the AMC and reflect the need for improved co-ordination of services across corrections, health and other rehabilitative programs. While

the related recommendations are mostly focused in the institutional and operational level, both reports stress the need for co-ordination and integration of services to eliminate gaps in service provisions and effectively prepare detainee for return to the community, and the need for whole-of-government leadership. Evidence from other jurisdictions indicates the need for a client centric approach to service delivery to optimise the use of available resources. It is noted that this approach is not about creating new programs and services, but rather about better designed systems that match existing services to the individual and their needs and coordinate them more efficiently. The options presented in this paper aim to facilitate the necessary co-ordination across ACT Government and with its partner organisations in the AMC and the community.

The ACT juvenile justice system has been the focus of the Human Rights Commission's Review of Bimberi (Bimberi Review) and development of a Diversionary Framework. Given the high percentage of young offenders who 'graduate' to adult Corrections (68% of adult prisoners have had contact with a state or territory youth justice service according to the ACT Health survey of AMC prisoners in May 2010), changes to the management of young offenders have a flow-on effect for adult corrections. Improved options for diversion and integrated case management for young offenders may slow the drift from the juvenile to the adult system. The Bimberi Review emphasises the need for a person centric approach to build services around young people to meet their rehabilitative needs and the importance of continuity of case management after they leave detention to ensure Throughcare. Given the multiple and complex needs of young offenders, the Report strongly recommends a whole of government and whole of community approach to youth justice.

The options for implementing Throughcare and the principles that underpin an extended Throughcare model have been developed by the Joint Government/CIGG Working Group. They are based on a series of meetings including a half day workshop.

Person Centred Approach

There is a significant policy shift occurring, internationally and within Australia, to reorient human services to be person centred. The emerging theme is that of services being highly tailored and wrapping around a person/family to deliver meaningful outcomes for individuals, families, communities and Governments.

A person centred approach places a person at the centre of decision making within the service and support system. Planning, funding and the service system response are reoriented to respond to the needs and aspirations of the person. This has profound implications for service design and delivery.

In a person centred system, people are empowered and supported to direct their own lives by exercising choice and control over the supports and services they use. Rather than

‘fitting in’ with a service offering, the individual shapes the services and supports they use to suit their needs, circumstances and lifestyle.

A person centred approach is based on, and endeavours to give effect to human rights based social justice principles, in particular:

- Independence
- Empowerment
- Inclusion, participation and citizenship
- Consent
- Self direction through choice and control
- Respect for the role of the family/significant people in a person’s life

To achieve these principles services must be responsive and integrated in order to provide a more holistic response to a person’s needs. There is widespread recognition that specialist services cannot achieve outcomes in isolation, this provides further impetus for reform.

Characteristically an overarching framework for the provision of support to range of vulnerable groups requires:

- Improved access – including single entry point
- Early intervention
- Lifelong planning
- Increasing social participation
- Service planning – including provision of person centred services
- Support for carers (where they exist)
- Increased workforce capacity
- Increased access to Indigenous people

The social justice principles and requirements outlined above are mirrored in the work undertaken by The Working Group in their proposal for an extended model of Throughcare in the ACT.

Principles

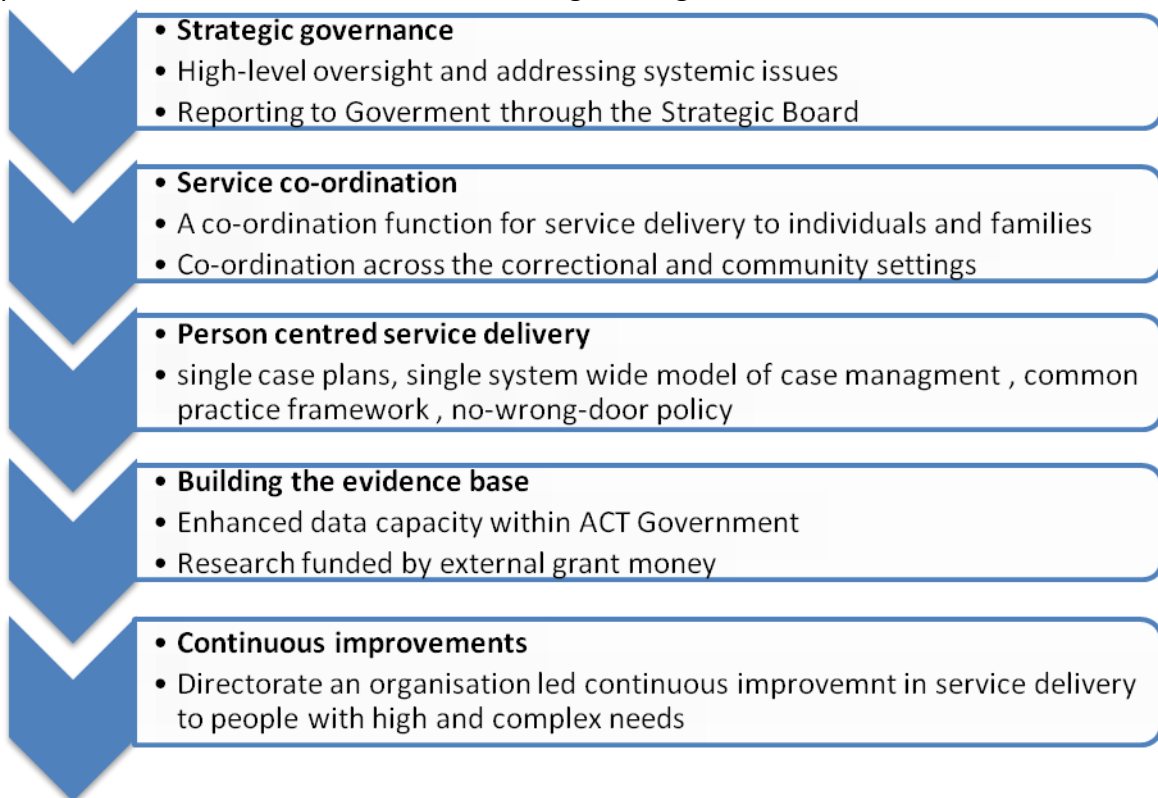
The Working Group has articulated five principles to underpin an extended Throughcare system. They support the vision of the 2008 *Canberra Plan* for a fair and safe community and the *Canberra Social Plan* 2011 that all people reach their potential, make a contribution and share the benefits of an inclusive community. The successful implementation of these principles relies on a person centred approach. The principles are:

1. The risk of recidivism is reduced through meaningful integration in the community.

2. People leaving the AMC need skills and resources to live independently in the community.
3. People receive the support and services that meet their needs and their families' needs.
4. This support and service delivery is co-ordinated and continuous across the corrections and the community settings.
5. The support and services meet the needs of the most marginalised offenders.

Elements of an extended Throughcare model

An extended Throughcare model is continuous across the correctional and community settings. It requires high-level, strategic governance of the system and co-ordinated service delivery system for individuals. The options presented in this section of the paper are premised on collaboration without 'over-engineering' the solution.



Strategic Governance

A shared commitment to the reintegration of offenders in the community can be made tangible by a high-level governance arrangement. It is recommended that responsibilities at the strategic governance level are to:

- identify and address systemic barriers and enablers in offenders' transition from corrections to independent community living;
 - ensure communication between Directorates and key stakeholders to provide the 'feedback loop' that stakeholders have been clear is currently missing;
 - 'think outside the square' and support innovation in the delivery of services to offenders; and
 - report to government on policy, service co-ordination and offender outcomes.
-

Options for the strategic governance function include:

- 1. the Strategic Board or a sub-committee of the Strategic Board; or**
 - 2. Policy Council (of Deputy-Director Generals); or**
 - 3. a high-level Working Group of ACT Government and CIGG Representatives.**
 - 4. an Inter-Directorate Committee**
-

It is important the governance function does not duplicate existing or proposed advisory bodies concerned with the AMC. This includes the Taskforce advising the Government on the implementation of the Hamburger reports and the proposed governance structure for the implementation of the Burnet report. Options one and two would need to develop mechanisms for community input, which may be facilitated through the service co-ordination function (described below).

At this stage, a secretariat function would need to be provided from current ACT Government resources.

Service Co-ordination

The Working Group agree that an essential requirement for an extended Throughcare model is a central point of co-ordination to broker service provision to offenders and their families.

The purpose of service co-ordination is to facilitate:

- an assessment of risk/need that can be used as the basis of ongoing service delivery;
- appropriate and effective program and service delivery within the AMC;

- service linkages prior to release and on return to the community including active outreach ('someone to yarn with');
- a co-ordinating function to oversee the service delivery and linkages; and
- reporting to the Governance Group on outcomes and issues.

Service co-ordination of this kind is highly dependent on co-operation across government and non-government organisations. Equally, it is important that services are broadly conceived to include housing, income and health; as well as those that support community inclusion and the economic prospects of offenders. To achieve the best outcomes, service co-ordination needs to be based on a person centric approach, with service delivery based on a single, comprehensive case plan for each client, a single system wide model of case management, a common practice framework and a no wrong door policy. Such service co-ordination principles are being actively considered in the Youth Justice area, following consultation on the Diversionary Framework and the Human Rights Commission's Review of Bimberi.

Options for service co-ordination include:

- 1. a funded Throughcare unit located within ACT Government to co-ordinate government and non-government service delivery to offenders; or**
 - 2. funded Throughcare brokers located with ACT Government and community organisations to co-ordinate government and non-government service delivery; or**
 - 3. funding a non-government organisation to co-ordinate government and non-government service delivery to offenders; and**
 - 4. an interim referral and assessment group of service providers.**
-

Improved co-ordination of quality services can be achieved through a dedicated Throughcare Unit located within ACT Government and working with community agencies and ACT Corrective Services. An alternative is a brokerage model whereby dedicated staff are employed in key government or non-government organisations and work closely with ACT Corrective Services program managers. A third option is to fund a non-government organisation to undertake this service co-ordination function. The first and third options have been used in Queensland and Victoria respectively. The brokerage model has been used in the ACT to work with extremely disadvantage job seekers and is currently being evaluated. The referral and assessment model is used in the ACT by the Turnaround program (managed by Community Services Directorate).

There are financial implications in enhancing the co-ordination of services and for options 1 through 3, a budget submission would need to be brought forward for consideration in

2012-13. In the meantime it is recommended that an interim referral and assessment group is established to facilitate better communication of offender needs and commence (more limited) co-ordination of service delivery. This group and the Governance Group can also advise on the most effective long-term arrangements based on the options above.

Data and research

The Working Group identified a stronger evidence base as a priority. This would require improved data collection and analysis capacity within Corrective Services, and the identification of what data is actually needed to inform more effective service provision. The ACT to date has not collected recidivism data, as the period of operation of the AMC has been too short. Corrective Services have indicated that they will start collecting recidivism data from 1 July 2011. In addition, CMCD will take the lead on identifying and applying for external grant monies to support research on offender needs in the community and their experience of service provision.

A noted key issue identified by the Working Group was information sharing. The Working Group overwhelmingly agreed that concerns about privacy and information sharing should not be a barrier to implementing a 'wrap around' person centred approach to service delivery in an extended Throughcare model. The Working Group proposed that an informed consent form would overcome the impediments that are currently experienced between ACT Government Directorates, the Commonwealth, and non-government service providers. This informed consent would ensure that a comprehensive single case management plan would be achievable and effective. While various objections may be raised about the risk information sharing poses to individuals and organisations, there is little doubt that without the sharing of information, case management, as a tool, cannot be effective for the individual because having to repeatedly 'tell their story' leads to gaps in care and other unforeseen risks. Informed consent will help to mitigate the risk of information incongruence that service providers continually operate against.

Continuous improvements in service delivery

Dedicated professionals and effective programs are the foundation of Throughcare. Continuous improvements by these individuals and programs make a significant contribution to reintegration. Three priority areas were identified by the Working Group for continuous improvements to support an extended model of Throughcare. They are: a more strategic approach to program delivery in the AMC; further work on common assessment and case management for clients with high and complex needs (which includes but is not limited to offenders) and exploration of diversionary and other options. These are in addition to the prioritisation of data improvements discussed above.

It is recommended at this stage that Directorates take the lead on these issues, in partnership with CIGG and the services that CIGG represents.

The Structure and Delivery of Programs within the AMC – Corrective Services and Health

A key finding of the Hamburger report is the critical importance of the custodial-health relationship. Health Directorate has overall responsibility for the delivery of health care services in the AMC and also funds a range of community organisations that deliver health care services in the AMC. Both the Hamburger Review and the Burnet Report recommend greater co-ordination of services within the AMC. Programs within the AMC can be progressively targeted, structured and ultimately accredited. A suite of accredited programs in the AMC could be jointly delivered by ACTCS and community organisations. Alternatively, core models could be delivered by ACTCS and elective models by the community, as part of a transition to community living. The organisations that provide these targeted services should be willing participants who have demonstrated that they can deliver for offenders and work in partnership.

Streamlining Common Assessment and Case Management – Community Services

The notion of case management can vary between organisations and sectors but the processes are similar. The agreed core requirement for the success of a Throughcare model is that case management covers the continuum across corrections and the community. More work needs to be done to avoid duplication of assessment (and to ensure the individuals and families do not have to tell their story repeatedly) and to design a system that ensures a person centred approach and connects each client with the support and services they need to successfully reintegrate into the community. As discussed before, the results of assessment could be shared with other agencies by way of an informed consent form. There is also scope for more joint training for organisations working within the AMC. The skills, capabilities and attributes of the people who work with offenders and their families should be a focus of training and professional development. Joint training can also break down silos and foster common purpose across services.

Investigation of Preventative and Diversionary Options – Justice and Community Safety and Community Services

Further work is occurring across ACT Government on a diversionary framework for young people (Community Services Directorate) and preventative and crime reduction measures (Justice and Community Safety Directorate) focussed on reducing locational and intergenerational crime.

Justice Reinvestment seeks to rebalance the criminal justice expenditure by deploying funding that would otherwise be spent on custody into community based initiatives which

tackle the underlying causes of crime.²⁰ Effective implementation of Justice Reinvestment involves the analysis of criminal trends and the factors driving criminal activity and ultimately prison population growth. This is undertaken with a view to effectively reallocating resources to address these causal factors.

Staged implementation

A governance structure could be in place within a month of consideration and agreement by Cabinet. An interim service co-ordination mechanism (the referral and assessment group) could be in place within two months. The continuous improvement projects can be commenced immediately.

Conclusion

The ACT is in a position to be a leader in the area of the reintegration of prisoners because:

- there is one new, human-rights compliant adult correctional facility;
- there is a strong and engaged community services sector with a track record of working collaboratively with government in this area;
- there are small numbers of prisoners exiting the prison at any one time;
- the short average sentence length means that service delivery to support rehabilitation and reintegration will be occurring primarily in the community if it is set up well at the AMC.

This paper recommends the establishment of strategic governance and co-ordinating mechanisms to ensure Canberra's prisoners do not return to the AMC but re-join the community. This not only optimises outcomes for offenders and their families, it benefits the whole ACT community.

²⁰ Criminal Law and Justice Weekly, Prison Reform: A New Approach (2009) <http://www.criminallawandjustice.co.uk/index.php?/Analysis/prison-reform-a-new-approach.html> Accessed 04/04/2011 from The Howard League, The Report of the Commission on English Prisons Today, *Do Better Do Less* (2009).