

# Vulnerable populations - People exiting prison

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## Overview

Many prisoners experience significant challenges in reintegrating into the community after their release from prison. These challenges can be compounded by social disadvantage and complex needs related to drug and alcohol abuse, mental illness, acquired brain injury, homelessness and unemployment. Prisoners tend to have greater levels of mental health issues, increased alcohol consumption, tobacco smoking, illicit drug use, chronic disease and communicable diseases compared to the general population. Prisoners therefore have a substantial and complex need for health services and access to these services, as these major health matters can lead to long-term and significant chronic effects.

At 30 June 2016, there were 441 people imprisoned in the ACT. This number has more than doubled in the last 10 years, with 218 people imprisoned in the ACT in 2006 (Australian Bureau of Statistics, 2016). All prisoners in the ACT (males, females, remand and sentenced detainees from low to high security classifications) are accommodated at the Alexander Maconochie Centre (AMC). With approximately 4-8 sentenced prisoners released from the AMC every week.

Release from prison is a critical transition point for the person being released, as it represents a fundamental shift for the person transitioning. For people exiting prison, their support needs are greatest at this time because their needs are multiple, complex and ongoing. Transitioning can be a daunting experience made worse by the barriers they face when accessing support services in the community.

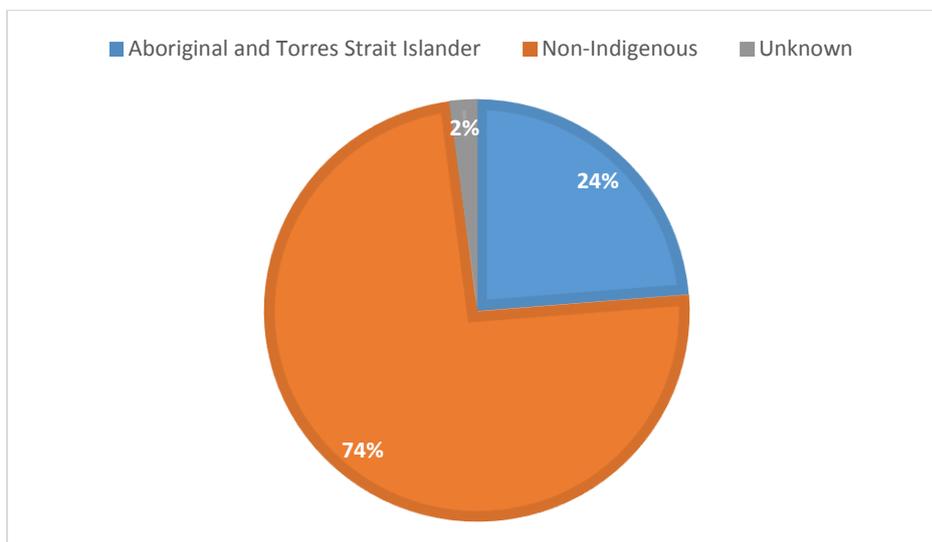
Research indicates that ex-prisoners are often characterised by chronic social disadvantage, poverty, poor physical and mental health, intellectual disability, poor education, substance abuse, unemployment and debt and a history of trauma (Borzycki and Baldry, 2003, Borzycki, 2005, Kinner, 2008). Detainees released to the community often experience homelessness, poor mental health and high rates of illicit drug use. Recidivism and premature death are significant risks in the months following release from prison (Baldry, 2007).

According to Ann Jacobs, director of the John Jay College of Criminal Justice in the United States, “a person’s successful re-entry into society can be viewed through how adequately they are able to meet six basic life needs: livelihood, residence, family, health, criminal justice compliance and social connections” (Ferner, 2015). People exiting prison often receive support that is insufficient or inappropriate, which can increase the likelihood of reoffending with potentially serious consequences for the safety and wellbeing of the individual and broader community. While there

has been increased attention and energy around the issue of post-prison transitional services in recent years, there remain significant gaps in service provision (Sotiri and Faraguna, 2016).

Of the 441 prisoners in the ACT at 30 June 2016, men accounted for 93% of prisoners and women 7% (Australian Bureau of Statistics, 2016). There has been an increase in female prisoners in the ACT in recent years with 31 female prisoners in 2016, up from 24 in 2014 and 2015, 15 in 2013 and 14 in 2012. At June this year female numbers had almost doubled in the previous six months. The prison has 29 beds for women, but there have been as many as 45 female prisoners at a time this year. Aboriginal and Torres Strait Islander people are overrepresented in the ACT prison system, accounting for around a quarter (24%) of prisoners, but representing less than 2% of the total ACT population.

**Figure 1: Population groups in prison in the ACT, 30 June 2016**

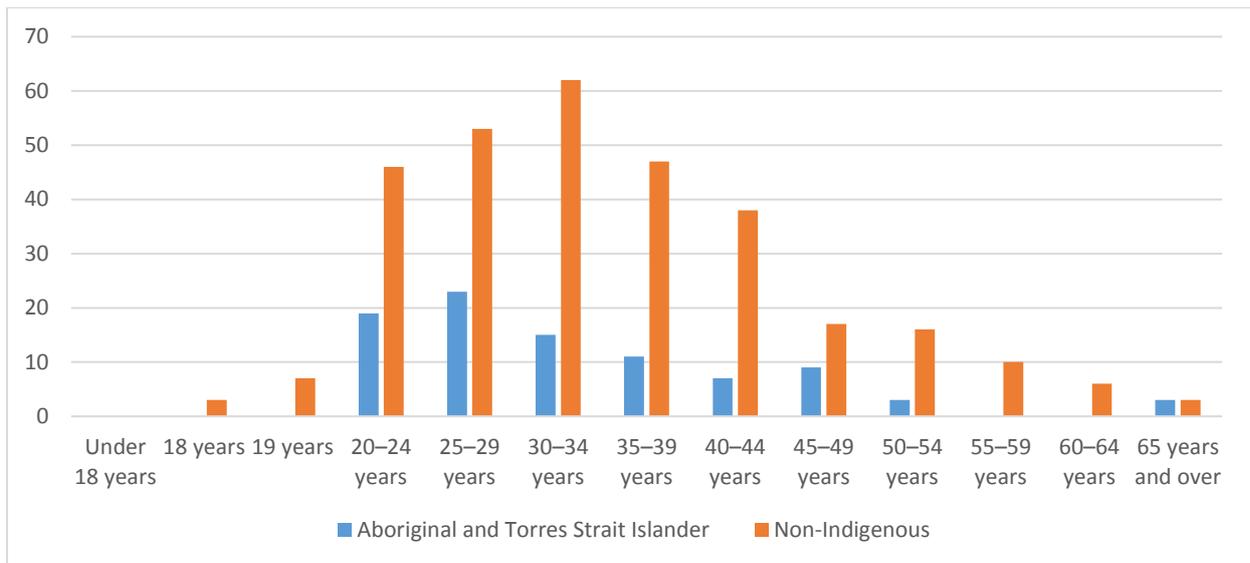


Source: (Australian Bureau of Statistics, 2016)

### *Prisoner age*

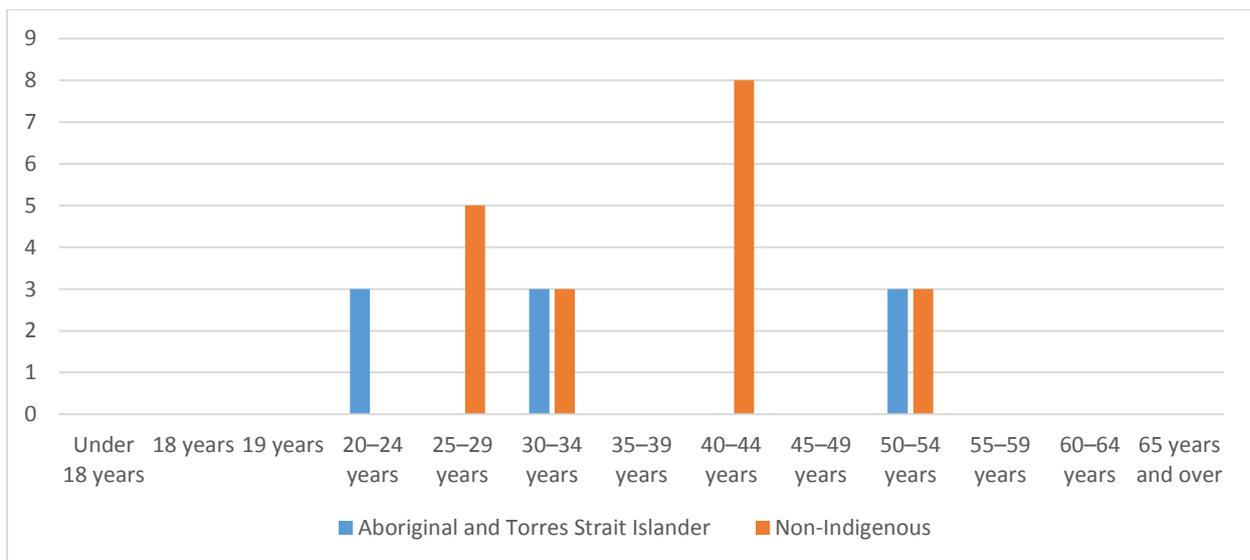
Approximately half (47%) of the male Aboriginal and Torres Strait Islander prisoners in the ACT at 30 June 2016 were aged 20-29 years, with a mean age of 33.2 years (Figure 2) (Australian Bureau of Statistics, 2016). Non-Indigenous male prisoners had a higher mean age of 35.9 years. Similarly, female Aboriginal and Torres Strait Islander prisoners had a younger mean age (32.9 years) than non-Indigenous females (38.2 years).

**Figure 2: Male age population groups in prison in the ACT, 30 June 2016**



Source: (Australian Bureau of Statistics, 2016)

**Figure 3: Female age population in prison in the ACT, 30 June 2016**



Source: (Australian Bureau of Statistics, 2016)

*Managing the transition process for people exiting prison*

To manage the transition process for people exiting prison, a model of Extended Throughcare is used at the Alexander Maconochie Centre (AMC) in the ACT to case manage offenders, with the aim of reducing the risk of recidivism and promoting the reintegration of offenders into the community. This model aligns with international best practice (ACT Government, 2011). A Throughcare model

providing pre-release transition planning has been in operation at AMC since it opened in 2009, but in 2011 it was identified that there was a need to develop this model to an Extended Throughcare Program to include post-release support (Griffiths et al., 2017).

The Extended Throughcare Program first commenced in the ACT in 2013, with the ACT Government announcing, in the 2017-18 budget, an extension of funding for the Extended Throughcare Program for the next four years (ACT Government, 2017b). The impact that extending Throughcare has had on the client group includes reducing the risk of reoffending and improving community integration, social and health outcomes of clients.

Case management in Extended Throughcare is person-centred and focuses on five core areas (Griffiths et al., 2017):

- Accommodation
- Health
- Basic needs
- Income/financial sustainability
- Community connections

The Extended Throughcare model in the ACT offers support to eligible clients for 12 months post release. Current eligibility includes those without an ongoing supervision order. A primary role of the Program and service provider staff is to help clients deal with government agencies and other services by advocating, negotiating or communicating on the clients' behalf.

The evaluation of the Throughcare model found return to custody episodes had reduced by 22.6% compared to the three years prior to the evaluation study period (Griffiths et al., 2017).

The program has had a particularly positive outcome for female Aboriginal clients, showing that this target group has been provided high levels of program access and has achieved relatively lower rates of returning to custody in comparison to national and ACT reported figures (Griffiths et al., 2017).

Participants in the program highlighted the problems faced when released from custody in relation to housing, social support, family, employment and likelihood of recidivism. Other participants highlighted the role that the program had played positively affecting their drug use by providing the type of general support that can act as an alternative to drug use (Griffiths et al., 2017).

Self-reports from clients during interviews highlight the success the program has had in contributing to the reduction in recidivism. For most of these participants, the material support provided by the program was the most important factor in reducing the possibility that they would reoffend. Other participants said that mental and psychological support was important in reducing the likelihood

they would reoffend. Some participants felt that while the program had helped to reduce the chance that they would reoffend, the onus was still on the individual to actively engage with the support on offer. Program uptake was strong for Aboriginal and Torres Strait Islander clients, particularly female clients, which indicates effective access to and targeting of the Aboriginal and Torres Strait Islander population (Griffiths et al., 2017).

While there are advantages to co-locating services, several clients were unhappy with the proximity of the Program offices to the Probation and Parole and Corrective Services offices due to negative associations with these other services, or lack of trust that their personal information would not be shared between services. Clients also highlighted areas where the Program could be improved, including further extending the duration of the Program and providing more information about the different services on offer (Griffiths et al., 2017).

The Program is developing a wide range of positive outcomes for clients with the overarching aims of reducing reoffending rates, improving community integration post-release, and improving the social health and outcomes of clients.

## Key Issues

### Mental health

Prisoner populations experience some of the worst health outcomes in the community in terms of mental illness, chronic disease, excess mortality and exposure to communicable diseases. Mental health problems are often a significant issue for prisoners prior to imprisonment and can increase aspects during their sentence, impacting their state of mind and wellbeing post-release which subsequently affects the way they settle back into the community. Mental health refers to emotional, psychological and social wellbeing which affects thoughts, feelings, actions, stress, relationships and decision-making. Mental health conditions include depression, anxiety disorders, psychotic disorders, and alcohol and other drug misuse.

Prisoners have a high prevalence of self-reported mental health issues (Australian Institute of Health and Welfare, 2013), which continue to affect them after release. Prisoners ever-diagnosed with a mental health disorder have been found to be more likely to experience substance use issues, crime, and poor health outcomes, up to six months post-release from prison (Cutcher et al., 2014).

Entering and leaving prison are often highly stressful for prisoners. A report produced by the Australian Institute of Health and Welfare (AIHW) on the health and wellbeing of prisoners shows that prison entrants (31%) were more likely than discharges (19%) to have a high or very high level

of psychological distress (Australian Institute of Health and Welfare, 2015). Female dischargees were around three times as likely as male dischargees to report very high levels of distress (19% compared with 6%). The most common issues entrants experienced distress about were family or relationships in the community, their current imprisonment and alcohol, tobacco and other drug issues, with discharged prisoners reported lower levels of distress on these three issues. Their upcoming release, and family and relationships in the community were the issues most likely to be causing them 'a lot' of worry for concern. Relationships in prison, physical health and mental health issues were of some concern to around 20-30% of both entrants and dischargees (Australian Institute of Health and Welfare, 2015).

### **Aboriginal and Torres Strait Islander people exiting prison**

Aboriginal and Torres Strait Islander people are more likely to reoffend and return to prison (Lloyd et al., 2015, Select Committee on Regional and Remote Indigenous Communities, 2010), with one study finding that 55% of Aboriginal and Torres Strait Islander prisoners returned to prison within two years (Willis, 2008). Most Aboriginal and Torres Strait Islander prisoners have previously been to prison. Furthermore, Aboriginal and Torres Strait Islander people are more likely than non-Indigenous people to be in and out of prison on remand or to serve multiple short sentences (Australian Bureau of Statistics, 2016, Baldry and Cunneen, 2014). This cycle of incarceration and institutionalisation contributes to the over-representation of Aboriginal and Torres Strait Islander people in prison and higher rates of recidivism (Lloyd et al., 2015).

If Aboriginal and Torres Strait Islander people are not able to access comprehensive health care and social support on exiting prison due to a lack of available services, they are more likely to return to the same environments that led to their imprisonment (Willis, 2008, Baldry and McCausland, 2009). The social and health determinants, such as employment, unstable housing, mental illness and drug and alcohol problems remain issues on release.

When interviewed for the evaluation of the Throughcare Program, a support worker from an Aboriginal-specific service provider mentioned that Indigenous clients often lacked the basic skills that would enable them to live fully independently (Griffiths et al., 2017). Maintaining supports post-release was considered particularly important for Aboriginal and Torres Strait Islander people exiting prison. Lloyd et al. (2015) found that the post-release period can be a significantly emotionally stressful time for Aboriginal and Torres Strait Islander people exiting prison, often involving the need to manage complex issues.

The ACT Government, in collaboration with Winnunga Nimmityjah, will be trialling a new approach to reduce incarceration of Aboriginal and Torres Strait Islander people in the ACT. It is hoped that this trial will prevent offending, ensure stable accommodation, improve school learning and identify employment opportunities. The trial is named 'Yarrabi Bamirr', which means "walk tall" in Ngunnawal and it is the first approach in the ACT to be based on justice reinvestment principles. Justice reinvestment aims to increase community safety and reduce reliance on prisons by redirecting resources away from jails to community led initiatives that target the sources of crime such as violence, homelessness and disadvantage in communities. The trial will place particular focus on families at risk, assisting them to become self-managing, healthy and safe. The government will measure the trial's results through changes in health, stable accommodation, improved school learning outcomes and employment opportunities (ACT Government, 2017a).

Primary health care can better meet the health care and social support needs of Aboriginal and Torres Strait Islander people transitioning from prison to the community. These people would benefit from immediate access to culturally-responsive community primary health care services (Lloyd et al., 2015). It is vital that interventions utilised within the primary mental health stepped care model (Next Step) are culturally appropriate. It is anticipated that this will result in improved service provision and clinical outcomes for Aboriginal and Torres Strait Islander people.

## Women exiting prison

There has been a growth in the numbers of women entering the criminal justice system, both in the ACT and nationally, which reflects a trend across western countries. Numbers of male prisoners have also grown, however the proportion of women prisoners has been growing consistently over the past two decades. In 2009, a paper was published in the ACT in relation to women's experiences in prison, providing insight into the impact that imprisonment has had on these women's lives (Wybron and Dicker, 2009). The women spoke about the way that prison had affected their ability to live a 'normal' life on the 'outside'. These women experience adverse psychological effects, such as dependency, passivity and lethargy (Wybron and Dicker, 2009). Research shows that women with a lived prison experience are more likely to have mental health issues, drug and alcohol problems and to have experienced physical, emotional and sexual violence than women in the broader community (Wybron and Dicker, 2009).

For many women, the immediate post release periods can be emotionally draining and very isolating. Many women have a range of appointments they need to maintain once they have re-entered the community, ranging from Centrelink, community based corrections, drug and alcohol and legal issues. Research suggests that post-release support for women is inadequate, particularly

in the areas of housing, health and welfare support (Segrave and Carlton, 2010). Women exiting prison are more likely to experience financial hardship as a result of debt as they are more likely to be sole parents on welfare services and require support at this time to address the issues which led to their offending behaviour (Stringer, 2000).

## Youth exiting prison

Although small in numbers, youth exiting the Bimberi Youth Justice Centre (Bimberi) in the ACT also experience transition issues when exiting the Centre. All young people at Bimberi have access to primary health care through services provided by Justice Health, Forensic Mental Health Services and through partnerships with community organisations. These services provide post release support by connecting young people to health services in the community for their ongoing care. The key priorities for ACT Forensic Mental Health Services and Justice Health is to ensure that young people have their individual needs met following assessment and are committed to offer ongoing care and support. As part of the Throughcare model young people are able to connect with their existing community services and supports whilst at Bimberi.

On an average day in 2015-16 there were 9 young people in detention in the ACT (8 males and 1 female) (Australian Institute of Health and Welfare, 2017). They, on average, spent 41 days in detention, with those who were sentenced spending longer (97 days) compared to unsentenced youths (26 days). On an average day there would be 5 youths in unsentenced detention and 4 in sentenced detention. Similarly to adults, Aboriginal and Torres Strait Islander youth are overrepresented in the ACT's youth justice system (community based and detention). In 2015-16, they were 13 times more likely than non-Indigenous young people in the ACT to be under supervision (Australian Institute of Health and Welfare, 2017).

Children of parents who have been incarcerated (particularly boys whose fathers have a criminal record) are more likely to also be in the criminal justice system (Goodwin and Davis, 2011).

Bimberi Residential Services (Narrabundah House Indigenous Supported Residential Facility) provides supported accommodation services to young Aboriginal and Torres Strait Islander men, aged between 15 and 18 years of age. Narrabundah House is a community based accommodation program that provides Aboriginal and Torres Strait Islander males subject to community based justice orders with supported accommodation in a safe, structured and inclusive environment.

Continuing to provide services, support and supervision for youth leaving facilities is important both for public safety and to ensure on-going, positive youth development. Many youth enter custody with physical, mental health, and substance abuse problems, yet few receive high quality treatment

or programming while in custody, which can exacerbate their problems (Mears and Travis, 2004). Appropriate transition planning can help arrange the services many youth need, such as stable housing (particularly for some youth who are homeless when released), continued education, employment and/or vocational training and continued mental health and/or substance use treatment.

Discharge planning should focus on helping youth with any or all of the following issues as needed: locating resources to secure education, employment, and/or vocational training, public benefits, family reunification, stable housing, assistance with resolving substance abuse issues, mastery of life skills, and learning how to create healthy, positive relationships.

The Junction Youth Health Service provides a good model of transition services for youth exiting prison in the ACT. They have a Youth Worker available to provide support, case management, referral and advocacy to young people aged 12-25 years and their dependants.

### **Financial stability / employment**

Unemployment is another social determinant of health, which is linked with a variety of poor psychological outcomes such as, mental health issues, drug and alcohol misuse, and criminal offending (Fergusson et al., 2014). Securing a stable employment opportunity is an especially difficult task for many prisoners after they are released. The proportion of prison entrants who were unemployed immediately prior to their imprisonment (30 days before) was 48% and a further 14% were unable to gain employment due to disability, age or health conditions (Australian Institute of Health and Welfare, 2015).

### **Institutionalisation – difficulty fitting back into society**

People exiting prison and returning to mainstream society are confronted with a range of personal, economic and social challenges which can deter them from becoming productive members of society. These challenges can minimise the likelihood of a successful and crime-free integration with the broader community.

When people are released from prison, they tend to find that their expectations for returning to normal life are not always realistic. Two of the biggest adjustment challenges are living with less structure and having fewer social contacts (Yeager, 2012). Prison life is extremely structured, and prisoners with long sentences become accustomed to it. While they may return to their home communities or families, their social networks may no longer exist or have changed which means they must rebuild or create new social networks.

People can experience difficulties securing stable accommodation following release from prison. Lack of affordable housing with lengthy waiting lists for public housing and frustration negotiating the process to access social housing is a common theme amongst people exiting prison.

Many prisoners also feel rejected by society once they are released. Prejudice, intolerance and stereotypes abound; this affects those who have used their time in prison effectively as much as those who have not.

## **Alcohol and other drugs (AOD)**

Entering prison can mean sudden withdrawal from drugs, and both detoxification and longer-term treatment may be required in prison. In 2006-2008, the ACT Corrective Services implemented a Drug, Alcohol and Tobacco Strategy (ACT Corrective Services, 2007). This acknowledges that ACT Health will have primary responsibility for the health of prisoners in the AMC. The action planned involved aiming to provide full access to health services and treatments that are available to the community to prisoners, detainees and remandees.

The AIHW state more than half (58%) of discharges reported risky alcohol consumption prior to prison and only 8% reported accessing alcohol treatment programs while in prison (Australian Institute of Health and Welfare, 2015). While it is beneficial for prisoners to have access to specific rehabilitation initiatives within the prison to support prisoners reduce their risky behaviours and assist in preventing people returning to prison for related offences, it is also important for ex-prisoners to continue to have access to AOD services that provide treatment and support of sufficient duration and intensity when they return back into the community.

## **Priorities**

### **Access to high quality, well-coordinated health care**

It is widely accepted that prisoners have greater health needs than many others in the general population and that the services available in prisons provide an opportunity for health intervention. Prisoner health issues (particularly mental health and substance use issues) affect not only those within the prison system, but also families and communities more broadly; and access to health services is pertinent both prior to imprisonment and post-release (The SPRINT Project Team, 2013, Kinner and Wang, 2014). Accessing health care post-imprisonment requires reapplying for a Medicare number as Medicare cards are frozen when a person enters prison. This creates an additional barrier to addressing health issues while managing competing priorities of re-establishing housing, employment and relationships with family and community.

People in prison experience increased rates of mental illness, substance abuse, and chronic and infectious disease (Australian Institute of Health and Welfare, 2013). These populations are also frequently adversely affected by socioeconomic risk factors for poor health, including lower educational attainment and higher rates of poverty. Given this, such populations are in clear need of significant health services. Particularly upon release from prison, former inmates may require substantial assistance in securing health care access.

Although health is a priority in the prison itself, prisoners aren't educated on the health resources out of prison. Some health facilities can be quite expensive. Transportation is a factor that limits access to health facilities, as many ex-offenders may not have a car or license due to contributing factors. In the ACT, a lack of bulk-billing GPs creates an additional barrier for this population.

Women exiting prison in the ACT have complex needs. These women need immediate access to a range of essential services, including support with health and mental health; drug and alcohol treatment; finding housing and accommodation; financial and social support; legal assistance; access to family violence and sexual assault services; skill development, education, training and employment; family reconciliation and rebuilding family relationships; parenting and relationship skills and childcare.

The ACT Health Women's Health Service (WHS) provides some specific support with the right expertise within the prison and many women continue to access WHS after release. The WHS provides services to women who have significant difficulty in accessing mainstream health services due to such issues as violence, abuse or neglect; language or cultural barriers; homelessness or risk of homelessness and/or identifying as being of Aboriginal and Torres Strait Islander origin.

It is difficult for these women to access bulk-billing GPs or relevant specialists who are 'prisoner friendly' and who are 'local'. This service operates from various locations across Canberra (Gungahlin, Belconnen, Phillip and Tuggeranong), which allows women to access it more easily (ACT Health, 2017).

As well as increasing access to primary health care to improve the health of those who have been in prison, improving the quality, continuity and cultural appropriateness of care is also needed (Carroll et al., 2017). This could be provided through a targeted outreach (or in-reach) service at a location where the ex-prison population tend to gravitate.

### *Strategy*

- Establish an out-reach primary health care service, preferably on the north and south side of Canberra (similar to the model operating for homeless people at the Early Morning Centre). One possible option for the south side is a clinic in consultation with specialist AOD care at Canberra Hospital.
- Organise an event for GPs and Allied Health Providers to raise awareness about the issues faced by people exiting prison and to develop strategies to address some of these issues in primary care.
- CHN has facilitated the development of an MOU between National Health Coop (NHC) and Justice Health which will result in people referred by Justice Health to NHC not being required to pay membership fees. The membership fee was seen as a barrier to access to primary care services for people exiting prison and other vulnerable populations.

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