

INCORRECTIONS:

Investigating prison release practice and policy in Queensland and its impact on community safety

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in association with:

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Foreword

Prisons – and what goes on in them – are one of the major forgotten tragedies in our society. Too often our society acts as if prisons and their populations are not part of our society. Not only is this an inaccurate perception, it may lead to policies and practices which are in no-one's interests – prisoners, their families, their victims, or the rest of us.

A fundamental and disturbing fact is that in Queensland, incarceration rates and numbers have increased alarmingly in recent years, while in the same period, the numbers of prisoners on open (as opposed to high or medium) security classification, together with releases to community supervision (such as home detention, release to work or parole) are markedly declining. Moreover, outside the Northern Territory, Queensland has the highest rate of recidivism (60%) which may suggest that released prisoners are less well prepared for life in the wider community than they are in other jurisdictions.

This Research Report focuses on one aspect of prison policy and practice – **how the release of prisoners is managed and what impacts this management may have**. This is a critical focus because it is premised on the reality that 99.9% of prisoners will one day return to life on the outside, to become members of the community alongside the rest of us, as justice requires that they should. A corrections system that fails to provide proper preparation for release and adequate supervision of prisoners released into the community invariably fails as a correction system. Not only does faulty release practice and policy threaten the human rights of prisoners as well as victims of crime, it contributes to recidivism and undermines community safety.

This Report describes what an appalling and damaging experience prison can be in Queensland, and how, paradoxically, the violence and dehumanising practices associated with Queensland prisons threaten one of the Government's primary objectives in its corrections system, namely, community safety.

That said, this Report is a constructive document. It explores at length, best practice for the release of prisoners and makes significant and detailed recommendations for improvements to the Queensland corrections system.

Among its 50 recommendations, the Report calls for:

- a comprehensive inquiry into corrective services by an independent person or body;
- a serious application of the principle of “throughcare” in sentence management aimed at genuine rehabilitation;

- the development of better targeted and resourced programs to enable progress through the corrections system;
- enhanced and better resourced partnerships with community based agencies working with prisoners and their families;
- greater transparency and public accountability of the prison system at all levels.

The Report is written to enhance public understanding and support on these matters. In particular, it is a major and helpful resource for public officials – elected and non-elected – who are concerned about the gap between rhetoric and on-the-ground reality in these matters and who may support reform of the Queensland correction system. We are under no illusions that this goal will only be achieved if there is a political will at Cabinet level to take the Report seriously. If this does not happen, we believe that, in the near future, serious problems with implications for public safety and this State's human rights record are inevitable.

The project which led to this Report was initiated by the *UnitingCare* Queensland Centre for Social Justice. It was prompted by anecdotal feedback to the Centre from prison chaplains and a range of prison support groups. These groups – whose services have been utilised by thousands of Queensland prisoners and their families – have provided to the researcher detailed intelligence as to the practice in Queensland of the correction system and its impact on the release of prisoners.

Though direct access to prisoners or corrections staff was denied by the Director-General of the Department of Corrective Services, a wide range of persons made submissions and participated in focus groups. Given the high degree of correlation between them, we are confident that the stories conveyed in the course of the research, paint a picture which conforms to any reasonable person's view of the social reality confronting prisoners around their release.

The financial resources which have enabled this research to proceed were provided by the *UnitingCare* Centre for Social Justice, Catholic Prison Ministry, Boystown, Smarter Jails = Safer Society, Lifeline Community Care, together with matching funding from the Queensland University of Technology. We wish to note with sincere appreciation the thorough, scholarly and committed work of the QUT Researcher whose Report this is, Tamara Walsh, and her senior colleague from the QUT Faculty of Law, Professor Brian Fitzgerald. We also want to thank those who have served on the Project Reference Group:

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Executive Summary

1. Introduction

Under s3 of the *Corrective Services Act 2000* a number of purposes of corrective services are listed, including community safety, crime prevention, humane containment, supervision, rehabilitation and recognition of special needs. However, it is clear from the Department's procedures, Ministerial Guidelines, media releases and annual reports that the goal of community safety is considered paramount.

The Department relies on increased expenditure on physical security infrastructure, and lower rates of escape and assaults, as evidence of its commitment to community safety. However, physical containment alone will not achieve this goal. Since the majority of prisoners will be released back into the community at some time, corrective services must be committed to ensuring that the causes of prisoners' offending behaviour are addressed and remedied. Only then will they re-enter the community with the capacity to live independently and in a law-abiding manner.

In 1988, a large-scale review of corrective services was conducted, culminating in the 'Kennedy Report'. This report described the corrective services system as completely ineffective at rehabilitating prisoners, and noted that as long as this was the case, community safety would not be assured. The report recommended a complete overhaul of the system, with an emphasis on 'correction'. It recommended that offenders be diverted away from the prison system where appropriate via alternative sentencing options, that prisoners have access to rehabilitative programs, and that all prisoners be gradually released back into the community.

Many reforms flowed from this report, yet in recent years, it seems that any gains that were made in the early- to mid-1990s have been significantly eroded. Kennedy's description of the prison system in 1988 accords closely with the comments of today's ex-prisoners and prisoner service providers. The system now, as in 1988, does not seem to be doing much 'correcting'.

The prison population in Queensland is rapidly escalating. Indeed, it rose by 11% between 2002 and 2003. The Indigenous imprisonment rate is high, with 22.7% of the prison population in Queensland identifying as Indigenous, and women now comprise almost 7% of all prisoners. Recidivism rates are high, at around 60%, and the vast majority of prisoners are serving sentences of 12 months or less. These statistics suggest that whatever measures the Department is taking to promote community safety are not proving successful. This report argues that the only way community safety can be achieved is to ensure that prisoners who enter the prison system are 'corrected' by the time they exit it.

2. Best practice in prison release

The majority of prisoners come from extremely disadvantaged backgrounds. Many are poor or homeless, under-educated or illiterate, and chronically under- or unemployed. Many are Indigenous, experience poor physical and mental health, and are often addicted to alcohol or other drugs (see Ross 2003; UK Social Exclusion Unit 2002; Boryzycki and Baldry 2002). Prisoners have high treatment needs upon their admission to prison, and prison generally has the effect of exacerbating their marginalisation (Ogilvie 2001; Larivee 2001; NSW Select Committee on the Increase in Prisoner Population 2000). It is therefore of prime importance that prisoners receive treatment, care and support upon their release, and throughout the course of their imprisonment in preparation for release, if they are to be successfully reintegrated into the community.

Over-riding best practice principles

A large amount of literature in relation to the transition management of prisoners has emerged over the past decade, and there is widespread international agreement on best practice principles. Five key best practice principles may be distilled from the literature. They are:

1. The importance of throughcare

Throughcare represents a consistent and progressive case management approach to prisoner rehabilitation which begins when a person is admitted to prison, continues throughout the period of their imprisonment, and ends some time after release, once the person is able to live independently in the community. Since the vast majority of prisoners will be released at some time, prisoners should be assisted to prepare for their release from the day they enter the prison system if community safety is to be promoted. Incarceration should be viewed as an opportunity to address prisoners' needs to ensure they are 'corrected', restored and prepared for life in the community (US General Accounting Office 2001; Ward 2001).

The key component of a successful throughcare system is case management, where prisoners are allocated a specific worker who is dedicated to ensuring that they receive the treatment or services they require while in custody and upon their release (NSW Department of Corrective Services 2001). Ideally, the case manager should not have a supervisory or disciplinary role in the prisoners' correction, but rather should be the central contact point for prisoners and their families, brokering services and providing support (Boryzycki and Baldry 2002). Best practice suggests that all prisoners should receive case management, regardless of the length of their sentence, both during their incarceration and after their release for as long as necessary in the circumstances (Lightfoot 2002).

Successful case management requires thorough periodic assessment of prisoners' needs so that they may be successfully targeted (Lightfoot 2002; Victorian Homelessness Strategy 2001b; McCall 1998). Assessments should form the basis for a case plan, which outlines the services each prisoner should receive (Her Majesty's Prison Service 2002; Ashford and Cox 2000; Walters 1998). Programs addressing prisoners' needs and facilitating personal development should be available to all (Her Majesty's Prison Service 2002; Lightfoot 2002; Travis, Solomon and Maul 2001), and such programs should be participatory and skills-based, rather than theoretical in nature (Vennard and Hedderman 1998). Further, a whole-of-government approach should be taken to service delivery to prisoners. Partnerships should be developed with government and non-government organisations in the community to ensure that a holistic approach to 'correction' is taken (Ogilvie 2001; Ward 2001; McCall 1998).

Best practice suggests that throughcare should form the backbone of all correctional systems if 'correction' is to take place.

2. The need for holistic aftercare services

The immediate period after release, particularly the first 30 days, is a time of immense stress for prisoners. Many prisoners suffer from 'gate fever' prior to their release which may manifest itself in severe anxiety or depression (Castellano and Soderstrom 1997), and a disproportionately high number of newly released prisoners die as a result of suicide or drug overdoses within their first few weeks on the outside (Biles, Harding and Walker 1999; Pereira 1999; Davies and Cook 1998). This is also a critical period in a prisoner's rehabilitation, as prisoners are at a high risk of recidivism during this time (see Larivee 2001; Meisal 2001).

Prisoners are often forced to start their lives again from nothing when they are released (Anscombe 1999). Many prisoners lose all their belongings when they are imprisoned, in addition to their family, social support networks and their dignity (Ross and Ryan 2003). They must go through a substantial period of readjustment which may include reuniting with family members and children, finding housing and negotiating their way through the job market. For many, everyday activities such as operating ATMs, using a mobile phone and catching public transport will need to be learned or re-learned, and the isolation and loneliness they experience may be overwhelming (Lightfoot 2002).

Aftercare services are therefore central to the successful reintegration of prisoners into the community. Prisoners need a central point of contact where they can obtain assistance in relation to housing, welfare support, practical assistance, job search, educational courses, and social and treatment services. Best practice suggests that the most effective method of delivering such a service to newly released prisoners is through a drop-in centre. Such centres exist in many jurisdictions throughout the world (see Fretz 2002; Ashford and Cox 2000; Wiebush, MxNalty and Le 2000; Josi and Sechrest 1999). Alternatively, a toll-free telephone number may be set up to provide

prisoners with the advice and assistance they require after their release (see Wignall 2002).

There is some evidence to suggest that aftercare services contribute to lower recidivism rates. One study found that 39% of young offenders who received aftercare services re-offended, compared with 73% of those who did not receive such services (NACRO 2003).

3. The need for pre-release transitional programs

Best practice suggests that as part of their throughcare and/or aftercare, prisoners should have the opportunity to participate in a pre-release transitional program where they can receive information and advice in relation to the key difficulties they will face on release.

Successful transitional programs assist prisoners to put together a 'pre-release kit' which includes identification documents, a tax file number, education transcripts, certificates, bank account application forms, referral letters to medical practitioners, and a list of contact details for and individualised referrals to social services (O'Loingsigh 2004; Ward 2001; Elborn and Nankivell 1992). Program modules are presented by community-based service providers and representatives from relevant government departments (Ross and Ryan 2003). For example, officials from the Department of Social Security and Department of Housing (or equivalents) should assist prisoners to complete application forms for benefits and public/community housing (Baldry, McDonnell, Maplestone and Peeters 2003; Elborn and Nankivell 1992). Further, successful programs run sessions on parenting and family relationships, often with the participation of prisoners' family members. Practical life skills training is offered, and prisoners are encouraged to develop goals and plans for the future (Aboriginal and Torres Strait Islander Social Justice Commissioner 2002; McCollum 1999).

If prisoners' immediate concerns are addressed through a transitional program, their capacity to function effectively upon their release may be enhanced and community safety will be promoted.

4. A preference for gradual release

The best way of assisting prisoners to reintegrate into the community is to release them gradually, providing them with less supervision and less support over time so they may become progressively acquainted with community life.

Best practice suggests that gradual release should be based on an accurate classification system which rates prisoners according to the extent to which they pose a safety threat to the community (Levinson 1988). However, any classification instrument used for this purpose must be shown to be reliable and valid, and appropriately adapted to the particular prisoner groups it is applied to (Austin and Hardyman 2004; Brown 2002; MacKenzie, Fossey and Rapaport 1988; Kane 1986). Further, decisions related to release should be made by bodies independent of the responsible Minister, and retain the

integrity of the sentencing process. Indeed, re-entry courts are currently being trialled in the US whereby release decisions are made by a judge in consultation with service providers (US General Accounting Office 2001).

Forms of gradual release may include parole, home detention, furlough (or temporary release) and/or release to community residential facilities ('halfway houses'). Graduated release schemes may incorporate more than one of these release options, to facilitate progressive release to freedom and independence. Prisoners may be monitored in a number of ways while they progress to liberty, however best practice suggests that they should be personally supervised by a community corrections officer, who also provides them with emotional and practical support. A positive working relationship between the prisoner and the officer is vital (US General Accounting Office 2001; Broadhurst 1991). Mere supervision without support will not lead to reduced recidivism rates; in fact, it may increase them (Travis, Solomon and Waul 2001; Meisel 2001; Larivee 2001).

Research suggests that recidivism rates are lower for those prisoners who have participated in either parole (Baldry, McDonnell, Maplestone and Peeters 2003; Ellis and Marshall 2000; NSW Select Committee on the Increase in Prisoner Population 2000; Yeboah 2000; Vennard and Hedderman 1998; Broadhurst 1991; Pearson 1998), temporary release (Ward 2001; May 1999; Grant and Beal 1998; Turner and Petersilia 1997) or release to halfway houses (MacKenzie 2002; Latessa and Travis 1992; Dowell, Klein and Krichmar 1985; Latessa and Allen 1982). They successfully facilitate prisoners' re-entry into the community, and are much less expensive than housing prisoners in custodial facilities until the expiration of their full-term.

5. Addressing the special needs of specific groups

Certain prisoner groups experience greater difficulties in reintegrating into the community than others. For example, young prisoners have generally come from extremely disadvantaged backgrounds. Many are homeless and have lost their parents either through death or abandonment, which may have resulted in them shifting their reliance onto their peer group (see NACRO 2003; Gill 1997).

Women prisoners also tend to be extremely disadvantaged. Many suffer from mental illness or drug addiction, and are survivors of sexual or physical abuse. They are also more likely to be carers of dependent children, and separation from them is a source of deep distress (see Sisters Inside 2004; Canadian Human Rights Commission 2003; Pereira 1999; Baldry 1997). Also, women are more likely to be serving short sentences for non-violent offences and thus they may successfully be managed in low security facilities or in the community.

Indigenous prisoners have often come from marginalised communities, and many have been significantly traumatised as a result of their own personal, and their ancestors', experiences of colonisation. Any attempt to 'correct' such

offenders must acknowledge their common heritage, and their individual capacities and concerns.

Persons with impaired capacity have often ended up in prison as a result of the fact that they have not been successfully treated and supervised in the community. They require specialist mental health treatment in prison and intensive aftercare if they are to be successfully released.

The disparate needs of these groups mean that their threat to the community and their capacity to function successfully upon release varies widely. Their special needs must be acknowledged and addressed if they are to be 'corrected' and if the safety of the community is to be ensured.

Prisoner needs

Prisoners face many hardships upon their release. If their needs are not met, their ability to function as a responsible citizen will be affected, and community safety will be compromised. The key needs of prisoners once they are released into the community fall into three categories:

1. Welfare needs

Prisoners often leave prison with no permanent housing options, despite the fact that lack of housing, or unstable housing, is a significant predictor of recidivism (Baldry, McDonnell, Maplestone and Peeters 2003; Ward 2001). Prisoners are generally released with no, or very little, money, which means they are unable to enter into a tenancy agreement, or even provide themselves with the necessities of life.

It is extremely important that prisoners' immediate welfare needs are met upon their release. Best practice suggests that prisoners should be provided with sufficient money upon their release to enable them to purchase clothes, food, household items and medication, and to cover the cost of telephone calls and transportation home. In some jurisdictions, prisoners are entitled to a special social security payment upon their release (UK Social Exclusion Unit 2002), while in others, prisoners are able to save for their release by participating in prison work for reasonable remuneration (Koh 2002).

Best practice suggests that the best way of providing practical assistance to prisoners after their release is to provide them with supported accommodation, where they can receive food, shelter and emotional support while they re-establish their lives. In the US, many 'halfway houses' exist, providing a halfway point between prison and community life for released prisoners (see Calathes 1991 for a best practice example). In Scotland and Victoria, a number of public housing properties have been set aside for prisoners, where they can receive emotional support, and practical assistance with budgeting and cooking as well as accommodation (Atkepe and Lake 2003; Meehan 2002; Scottish Executive Justice Department 2001). It is well-established that halfway houses and other targeted supported

accommodation facilities are extremely successful in facilitating ex-prisoners' reintegration into the community.

In addition, some prisons employ Housing Support Workers to assist prisoners to retain their existing housing, or to organise accommodation in preparation for their release. In Victoria, such workers are provided by the Office of Housing (Atkepe and Lake 2003), while in one English prison, a serving prisoner with appropriate expertise has acted in this role (UK Social Exclusion Unit 2002).

In order for ex-prisoners to achieve financial independence, they require secure paid employment. Best practice suggests that prisoners should have access to vocational training in areas where there is a labour shortage, and that prisoners should be able to engage in educational programs, ranging from general to tertiary level, to improve their post-release employment prospects.

Prison work or education alone will not increase a prisoner's chances of obtaining employment upon their release (Wirth 1998; Gerber and Fritsch 1995; Sickles, Schmidt and Witte 1979). Rather, they must receive recognised formal qualifications, and assistance in job search, if they are to secure employment post-release. Many jurisdictions around the world have established innovative programs aimed at equipping prisoners for post-release employment. Some prisons have developed partnerships with private industry, whereby prisoners receive training and employment while in prison, and (based on their performance) may be guaranteed employment in that industry on release (Buckley 2004; McCall 1998; Henson 1991). Others have established databases of employers who are willing to employ ex-prisoners, or databases which match prisoners approaching their release date to recent job advertisements (UK Social Exclusion Unit 2002; Peach 1999; Wirth 1998; Henson 1991). Still others provide prisoners with intensive training in job skills, including job search, resume preparation, interview technique and job retention (Ward 2001; McCollum 1999; Finn 1998; Ward 1998).

It is critical that prisoners be assisted to develop marketable skills while in prison with a view to finding stable, fulfilling employment on release, since prisoners who are gainfully employed are far less likely to re-offend (US Social Exclusion Unit 2002; Peach 1999; Finn 1998; Vennard and Hedderman 1998; Gerber and Fritsch 1995).

2. Health needs

Prisoners have a wide variety of health-related needs which will affect their capacity to lead a productive life in the community once they are released.

For example, up to 50% of prisoners suffer from a diagnosable mental illness (Hockings et al 2002; NSW Chief Health Officer 2002), and prison may result in an exacerbation of their symptoms. Also, as many as one third of prisoners may have an intellectual disability (NSW Select Committee on the Increase in Prisoner Population 2001). Best practice suggests that prisoners with

impaired capacity should have a care plan created for them, and should receive treatment as soon as possible after their admission to prison. Ideally, such treatment should be provided in a separate unit by a multidisciplinary team of specialist staff, at least some of whom are based in the community so that prisoners may receive continuity of care after they are released (UK Social Exclusion Unit 2002; Lurigio, Fallon and Dincin 2000; Ogloff et al 1991).

Up to 60% of prisoners suffer from addiction to alcohol or other drugs (Australian Institute of Health and Welfare 2004; Hockings et al 2002; Butler 1997; Keast 1991). Such prisoners require specialist drug treatment in a separate unit, including detoxification, stabilisation and relapse prevention planning, followed by a substantial period of aftercare in the community (Inciardi, Martin and Butzin 2004; Vaughn, Deng and Lee 2003; Arvantes 2000; Hiller, Knight and Simpson 1999). At the very least, they should be linked with treatment providers prior to their release (O'Loingsigh 2004). Further, a harm minimisation rather than a zero tolerance approach represents best practice in drug treatment (Hamilton, King and Ritter 2004).

Many prisoners also suffer from physical health problems. Risk-taking behaviours that prisoners engaged in prior to their incarceration, and may have continued while in prison, result in higher than average rates of infectious diseases, including Hepatitis C and HIV amongst prisoners (NSW Chief Health Officer 2002; Australian Institute of Health and Welfare 2001). Prisoners also often suffer from poor general health and poor oral health (Hockings et al 2002; NSW Chief Health Officer 2002; Australian Institute of Health and Welfare 2001; Petersilia 2001). Prisoners therefore require quality, confidential, consensual health care while in prison.

Untreated mental illness and drug addiction are significant predictors of recidivism, and if prisoners' physical health needs are not met, they will cause a health risk to the community, and may be unable to address other criminogenic factors. Thus, it is important that prisoners' health needs are addressed during the period of their incarceration and after release.

3. Psychosocial needs

Prisoners experience high levels of depression and anxiety, and low levels of self-esteem and empowerment (Castellano and Soderstrom 1997). This may affect their release outcomes, since it may render them less able to respond to programs aimed at bringing about their 'correction', and it may manifest itself in impulsivity and anti-social attitudes which have been identified as direct causes of offending behaviour (Vennard, Sugg and Hedderman 1997).

Cognitive behavioural therapy has proven effective in challenging negative thought processes; successful methods include role play, rehearsal, self-talk training and modelling (Cullen and Gendreau 2000; Vennard, Sugg and Hedderman 1997). Also, prisoners require access to confidential counselling to work through the trauma, grief and abuse they have experienced (Carlos 2003; Ward 2001).

Further, prisoners should be assisted to maintain relationships with their families, as it is well-established that supportive family relationships significantly reduce the chance that a prisoner will re-offend upon release (O’Loingsigh 2004; UK Social Exclusion Unit 2002; Travis, Solomon and Waul 2001; Ward 2001). Access to telephone calls should be as unrestricted as possible and visiting should be encouraged.

3. Prison Release in Queensland: Legislation and Policy

Best practice principles

Overall, the official Department of Corrective Services’ documents establish a system which is consistent with international best practice principles, albeit with a few exceptions.

1. Throughcare, aftercare and pre-release programs

Corrective services legislation and procedures ostensibly establish a throughcare approach to prisoner management. The *Corrective Services Act 2000* states that one of the purposes of corrective services is ‘rehabilitation’ (s3), and that the chief executive must establish services or programs aimed at helping prisoners to become integrated into the community after release (s190). The procedures state that prisoners must be assessed upon their admission to prison and that a case plan, outlining the prisoner’s program requirements, should be developed based on this assessment in consultation with the prisoner. However, only prisoners serving sentences of more than 12 months have access to case management services and programs. This is clearly inconsistent with best practice which suggests that all prisoners should receive case management.

Further, prisoners serving 12 month sentences or more are to have an exit plan generated for them. Departmental procedures state that this plan should consider the extent to which the prisoner has been rehabilitated and make recommendations for future intervention, providing referrals where required. This policy facilitates the availability of aftercare however it, also, is not available to those serving short sentences.

A transitional program is currently being trialled in Queensland’s prisons to provide prisoners with information regarding a number of post-release issues including income, housing and family relationships. On its face, the availability of such a program is consistent with best practice. However, the capacity of prisoners to prepare for their release is inhibited by a number of factors. First, a prisoner’s exact release date and time may never be certain. Under the legislation, prisoners may be released up to 14 days prior to their formal release date, and may be released at any time of the day (ss82, 83). This means that prisoners may not know when they are to be released, and thus may not be able to organise accommodation or transport in advance. Further,

prisoners are only able to have 10 approved numbers programmed into their telephone at any one time. This makes ringing around to find services prior to release virtually impossible.

Thus, although on its face the legislation and procedures seem to establish a throughcare system, facilitate aftercare and provide pre-release assistance via a transitional program, access to case management services and programs is limited to only a small number of prisoners, and prisoners are severely restricted in their ability to prepare for their release.

2. Graduated release and classification

The *Corrective Services Act 2000* provides for a number of forms of graduated release, including leave of absence, community work orders, post-prison community-based release (PPCBR) orders, conditional release and remission. One or more of these release options may be granted in the form of a gradual release program whereby prisoners progressively move from one form of release to another.

Under s58 of the *Corrective Services Act 2000*, prisoners may be granted leave of absence to engage in education, work, community service and resettlement, or for compassionate reasons. More than one leave of absence may be granted as part of a program aimed at reintegrating the prisoner back into the community. Prisoners may also be able to apply for a community work order under s56 and s57 of the Act, which enables them to work in the community in designated facilities for four out of every five weeks. During the fifth week, prisoners may return home. This enables prisoners to develop new skills and to re-establish themselves as members of the community. It is therefore consistent with international best practice. However, many prisoners are excluded from the program including sex offenders and violent offenders, even those who have committed burglary. This seems unduly restrictive.

PPCBR includes one or more of the following supervised release options:

- release to work, whereby a prisoner undertakes work in the community under community corrective services surveillance which involves a minimum of one phone check per week and one physical check per month;
- home detention; and
- parole.

PPCBR allows prisoners to reintegrate into the community prior to the expiration of their full-term, and to this extent accords with international best practice. However, only prisoners serving sentences of two years or more are eligible for PPCBR. Also, the Queensland Community Corrections Board (QCCB) is not bound by the recommendations of the sentencing judge in deciding whether to grant PPCBR. Further, PPCBR is restricted to those prisoners who can demonstrate that they have a 'suitable residence' available to them upon their release; this means that prisoners who are homeless will

not be able to access PPCBR. To the extent that these factors prevent the gradual release of prisoners, they are inconsistent with best practice.

For those prisoners serving sentences of less than two years, the only early release option available to them is conditional release. Under s76, prisoners serving short sentences may be released after the expiration of two thirds of their sentence, subject to any conditions considered necessary to facilitate their reintegration and prevent their recidivism. This is not consistent with best practice, as prisoners who are granted conditional release are not subject to community corrections supervision. Similarly, those prisoners who were sentenced prior to the introduction of the current *Corrective Services Act 2000* may be entitled to receive remission of one third of their sentence. They are not subject to supervision upon their release, and thus this release option is not consistent with best practice.

To be eligible for a PPCBR order, prisoners must be classified as either low or open security. Prisoners' classification status must be reviewed every six months. Section 12 of the *Corrective Services Act 2000* lists all the factors that should be considered when deciding a prisoner's classification. Two of these are the prisoner's psychological/psychiatric history (s12(3)(k)) and the nature of the prisoner's family relationships (s12(3)(l)). The inclusion of these two dimensions suggests that the classification instrument applied in Queensland may not be valid and reliable, as they convert need and disadvantage into risk.

Thus, the official documents establish a best practice system of graduated release. However, there are a number of shortcomings including restricted eligibility, and the questionable validity of the classification instrument.

3. Special needs of specific groups

Corrective services legislation and procedures make a number of provisions for the special needs of certain prisoner groups. For example, Indigenous prisoners' needs are addressed by allowing them to receive additional visits from elders, providing for them to be accommodated in facilities close to their communities, allowing them to attend the funerals of members of their kin (not just immediate family members), involving Indigenous persons in their classification decisions and providing access to videoconferencing to facilitate their reintegration into their communities. The special needs of women prisoners are recognised by allowing mothers to receive extra visits to maintain a relationship with their children, and by providing that strip searches of women ought only be conducted and viewed by women staff. The special needs of prisoners with mental illness are addressed by providing for their segregation in the event that they are engaging in self-harming behaviour, and the needs of young prisoners are recognised by providing for the separate accommodation of minor prisoners.

Thus, the official documents make some provision for the special needs of certain offender groups.

Prisoner needs

1. Welfare needs

Departmental procedures demonstrate that some attempt has been made to ensure that prisoners have access to money and housing upon their release. A memorandum of understanding exists with Centrelink whereby prisons inform Centrelink of newly arrived prisoners so that their payments can be cancelled and the accrual of debt avoided. Some prisons have made arrangements with their local Department of Housing office for prisoners to receive assistance in completing public housing application forms while they are still in prison in preparation for release. Further, prisoners who have served a custodial sentence of 12 months or more may be eligible to receive a once-off grant of two weeks' rent from the Department of Housing upon their release. In addition to this, the chief executive may provide a prisoner with 'help' when they are released, which according to the procedures is generally restricted to the provision of money for transportation home.

Prisoners have the opportunity to engage in prison work throughout the course of their sentence. However, they receive extremely low rates of pay (a maximum of only \$4.11 per hour). Little attempt is made to ensure that the work undertaken by prisoners will assist them to develop marketable skills, and no attempt is made to link prisoners to jobs in the community prior to their release. To this extent, prison work in Queensland deviates from best practice.

Further, while prisoners have the opportunity to engage in educational courses, only those prisoners serving sentences of 12 months or more have their educational needs assessed. There are also a number of financial disincentives to engaging in education in prison. Income that could have been derived from prison work is foregone and thus they may be unable to cover the costs of books, university union fees and other required materials. Thus, the Queensland correctional services policies in relation to prisoner work and education fall far short of best practice.

2. Health needs

The *Corrective Services Act 2000* and Departmental procedures make a number of provisions for prisoners with mental illness. Prisoners are to be assessed with regard to their mental health needs on admission, referrals for treatment are to be made immediately, and intervention is to commence as soon as is practicable. Prisoners with mental illness are ordinarily managed within the general prison population, however they may be removed to a crisis support unit under a crisis support order if they exhibit suicidal or self-harming behaviour, or they may be placed in a separate cell under a special treatment order if their segregation is considered necessary for their safety or the safety of others. Presuming that such units and cells provide a therapeutic environment for distressed prisoners, and are staffed by a multidisciplinary team of mental health professionals, this may be consistent with best practice.

When a prisoner exhibits suicidal or self-harming behaviour, immediate measures must be taken including allocating them a 'buddy', increasing observation, dressing them in a suicide resistant gown and/or placing them in a sterile room. Yet this does not equate to best practice in the treatment of persons with mental illness. Further, constant strip searching places prisoners with a history of abuse at risk of re-traumatisation, and is far from consistent with best practice care and treatment of survivors of abuse.

Also inconsistent with best practice is the approach the Department of Corrective Services takes to drug use in prisons. A zero tolerance approach is taken whereby the possession of alcohol, drugs and syringes by prisoners is considered a breach of discipline, as is consuming an intoxicating substance. Breaches of discipline may result in separate confinement, the withdrawal of privileges and may affect a prisoner's classification and PPCBR date. Yet, prisoners do not have access to best practice drug treatment in prison.

As noted, prisoners generally suffer from poor physical health, and they require consensual confidential treatment of their illnesses. Yet under the legislation, medical care is depicted as a passive activity for a prisoner. Under s15 of the *Corrective Services Act 2000* prisoners must submit to medical examinations and treatment if the doctor considers that this is required – this removes all informed consent from prisoners. Further, private medical examinations are only available to prisoners at their own expense.

3. Psychosocial needs

Chaplains are the only staff members external to the Department with whom prisoners have a legislative entitlement to confidential contact. Since the literature suggests that prisoners have often suffered severe trauma and grief in their past, their lack of access to confidential counselling would appear to be inconsistent with best practice.

The official documents suggest that prisoners will be able to maintain meaningful contact with their family members. For example, mothers can apply to the person in charge of a prison to have their young children accommodated with them in prison, and prisoners may post letters, make telephone calls and receive contact visits. However, the legislation and procedures disclose a number of reasons why prisoners might be discouraged from maintaining close familial contact. For example, mail may be searched and censored, telephone calls may be monitored and recorded, visits are only permitted once per week, and prisoners may be subjected to a strip search after a contact visit. All of these may prevent frank and intimate communication between prisoners and their families. Most worrying is the fact that correctional officers may restrict prisoners' access to phone calls as a form of discipline. This is inconsistent with best practice which suggests that maintaining family relationships is vital to prisoners' 'correction' and successful release.

4. The Realities of Prison Release in Queensland

In order to ascertain the realities of prison release in Queensland, consultations were conducted with ex-prisoners, prisoner service providers and past Departmental staff. A total of 20 prisoners and 18 service providers and past staff were consulted with, via focus groups and written submissions. In addition, statistical evidence and judicial review decisions were examined. Unfortunately under s100 of the *Corrective Services Act 2000*, statements cannot be obtained from current prisoners without the consent of the chief executive, and under the *Department of Corrective Services Code of Ethics*, current staff are not permitted to comment publicly on the corrective services system without official permission. Permission to obtain input from both these key stakeholder groups was requested from the Department but denied.

The consultations with ex-prisoners, prisoner service providers, and past staff indicated that despite the pretence of best practice in the official documents, in reality it is best practice in appearance alone.

Best practice principles

1. Throughcare

The Department does offer a number of programs to prisoners, including substance abuse education, anger management, cognitive skills and sex offender treatment. However, prison programs were strongly criticised by the respondents to this study for a number of reasons.

First, respondents claimed that the programs offered to prisoners are not adapted to prisoners' individual needs. The programs are designed for white male prisoners; there are no programs aimed specifically at young offenders; and prisoners with mental or cognitive impairment or low literacy may be excluded from, or fail, programs as a direct result of their disability.

Second, the effectiveness of many of these programs in 'correcting' prisoners was questioned. The programs are delivered via groupwork, yet this is extremely inappropriate for prisoners who are reluctant to render themselves vulnerable to other prisoners, or to confide in the corrections officers who also supervise and discipline them. Further, many respondents reported that prisoners frequently complete programs but are still assessed as having 'unmet treatment needs' which would appear to indicate that the programs are proving ineffective in 'correcting' their participants.

Third, many programs are impossible for prisoners to access. Waiting lists are often long, and prisoners are generally only permitted to commence programs towards the end of their sentence.

Often, prisoners have not yet accessed the programs they have been instructed to complete until their PPCBR eligibility date has passed.

Perhaps of greatest concern is the fact that ex-prisoners report prison to be a brutal, humiliating, traumatising place. Several respondents, particularly women and young ex-prisoners, alleged that they had been raped by correctional officers in prison. Other respondents alleged they had been assaulted by corrections officers. Respondents reported that strip searches are used excessively; they are experienced by both men and women as degrading and humiliating, and for women who are survivors of sexual assault, strip searches may result in significant trauma. Some even alleged that babies and young children who are accommodated with female prisoners are strip searched, contrary to the legislation.

2. Aftercare and pre-release programs

Respondents reported that prisoners in Queensland are often released with nothing – no home, no money and no support. The Department of Corrective Services provides a small amount of money to some community organisations to provide services to newly released prisoners. However, demand outstrips supply, and some released prisoners inevitably miss out on services. This is particularly worrying in view of the fact that many respondents to this study remarked that they are certain they would either have re-offended or committed suicide had they not had the support of their aftercare worker.

Of further concern is the fact that aftercare service providers report resistance on the part of corrections staff in allowing them to link up with prisoners while they are still in custody. This is despite the fact that it is well-established that newly released prisoners are more likely to access aftercare services if they already have a trusting relationship with a particular worker.

As noted above, a new transitional program is currently being trialled in Queensland prisons which is aimed at providing prisoners with information on services which will be available to them in the community upon their release. However, the community organisations involved in presenting modules of the program are not those which will provide aftercare services to prisoners upon their release. Further, while the provision of information to prisoners in preparation for their release is welcome, prisoners require personalised pre-release planning, and intensive assistance and support from a case worker they trust upon their release for outcomes to be optimised.

3. Graduated release and classification

Despite Queensland's official system of graduated release, ex-prisoners and their service providers report that the vast majority of prisoners are released to liberty from high or medium security facilities at the expiration of their full-term. Very few prisoners are released gradually, and very few are subject to supervision by a community corrections officer after their release. Indeed, Catholic Prison Ministry reports that 85% of their current clients were released

at the expiration of their full-term from medium or high security facilities and are not subject to supervision by community corrections.

This decline in the number of prisoners being released gradually is demonstrated by the statistics. The number of community corrections orders issued fell by 11% between 2001/02 and 2002/03 despite an 11% increase in the prison population. In 1998/99, 70% of all prisoners were in secure custody, 13% were in open custody and 8% were in community custody. By 2002/03, 83% were in secure custody, 11% were in open custody and only 5% were in community custody (Queensland Department of Corrective Services 2004).

According to prisoners and their service providers, one of the main reasons why gradual release has declined is that it is becoming more and more difficult for prisoners to progress through the classification system; many prisoners are still classified as high or medium security when their PPCBR eligibility date arrives. There are a number of possible reasons for this. First, the instrument used to classify prisoners may be invalid and unreliable. The Offender Risk-Needs Inventory (ORNI) assesses prisoners' security risk based on a number of static needs including criminal history, education and employment history, literacy and language barriers,¹ relationship status, socio-economic status, some forms of mental and cognitive impairment,² and alcohol and other drug use. Clearly, the ORNI equates need with risk, so those prisoners who are most disadvantaged will be classified as a higher risk to the community than those who are less marginalised. This impacts particularly adversely on Indigenous prisoners and female prisoners, who generally come from extremely disadvantaged backgrounds. Indeed, the ORNI is based on a Canadian classification instrument which has been held to discriminate against women and Indigenous prisoners by the Canadian Human Rights Commission.

Second, as noted above, prisoners often find it difficult to access programs before their PPCBR eligibility date has arrived, and even if they do participate in programs, they may still be assessed as having 'unmet treatment needs'. This may lead prisoners to decide not to even attempt programs because they believe it will make no difference to their ultimate release date.

Third, prisoners report that administrative delays and mistakes are common. Classification reviews are sometimes not conducted within six months (see *Bartz v DCS* [2000] QSC 336), prisoners' release and remission eligibility dates are sometimes miscalculated, and recommendations by corrections officers to reduce prisoners' classification are sometimes not endorsed by the Office of Sentence Management. Further, legal assistance to deal with such complaints is extremely difficult to access. Prisoners' Legal Service reports that it has the same number of staff now as it did 15 years ago when the prison population was one third of what it is now, and that it misses up to 1000 calls from prisoners per month due to lack of resources. Unfortunately,

¹ This dimension has been removed in ORNI-R (a revised version of ORNI), which is not yet in operation.

² These considerations have been removed in ORNI-R, which is not yet in operation.

prisoners are not able to rely on the official visitor scheme to assist them in such matters; ex-prisoners report official visitors to be 'part of the system', a fact which is reflected in the statistics. The number of grievances dealt with by official visitors fell by 19% between 2001/02 and 2002/03.

Fourth, for those who are able to progress through the classification system to low or open security, there is no guarantee that they will be transferred to low or open security facilities. This may be because there are so few beds in low and open security facilities, but ironically these facilities are not nearly operating at capacity. Further resources must be devoted to community-based release options if the policy of graduated release is to be borne out in practice.

Fifth, many stakeholders have reported that the QCCB has historically not been sufficiently independent of the Minister or Department, and that the QCCB has, in the past, been pressured to make conservative decisions on a political rather than discretionary basis. Such comments are supported by the fact that the previous Minister for Corrective Services issued Ministerial Guidelines in relation to graduated release in November 2002 which significantly curtailed the discretion of the QCCB to grant prisoners PPCBR. Also, some members of the QCCB have been dismissed for reasons related to decisions they have made.

4. Special needs of specific offender groups

Based on statements obtained from key stakeholders, it seems that the majority of prisoners suffer from at least one form of disadvantage which impacts upon their experience of imprisonment and eventual release. However, for certain prisoner groups, their prison and release experiences are particularly traumatic.

Queensland's prisons do not provide an environment in which persons with mental illness may receive appropriate and necessary treatment. They are often excluded from programs, which impedes their progression through the classification system, and some have been explicitly informed that they will not be recommended for release while they have active symptoms of mental illness. People with mental illness require care and treatment in a therapeutic environment. They can be successfully managed in the community if they receive the level of supervision and support they require. Unless they receive such care, they will not be 'corrected' and they will continue to pose a safety threat to the community.

Women prisoners also experience prison as particularly brutal and traumatising. Up to 89% of women in prison are survivors of sexual assault, and strip searches often result in re-traumatisation for them (Sisters Inside 2004). Further, women ex-prisoners who responded to this study reported that merely crying may result in their being transferred to an observation cell. As a result, women prisoners must quickly learn to disengage from their emotions. They are also forced to confide in each other rather than trained professionals

as they fear that their concerns will be reported to corrections officers by psychologists.

Respondents reported that despite the high Indigenous incarceration rate, the special needs of Indigenous prisoners in Queensland are not adequately met. While provision is made for Indigenous prisoners to receive extra visits from elders, elders are no longer paid to visit, nor are their expenses reimbursed. Further, the Aboriginal and Torres Strait Islander Legal Service reports that corrections officers do not receive sufficient cross-cultural training to enable them to communicate with, let alone help 'correct', Indigenous prisoners. Indigenous prisoners are also discriminated against in the release process, as many of them are ineligible for PPCBR because the accommodation which they intend to return to is not considered 'suitable' according to the white middle-class standards it is measured against.

Young prisoners also suffer from distinct disadvantages within the prison system. Many young ex-prisoners who responded to this study alleged that they had been brutalised and sodomised by corrections officers and older prisoners. Further, of the young prisoners who attended a focus group for this research, all had lost their parents at a young age, all had been either a ward of the state or in foster care, and they were all parents themselves. Young prisoners require specialist care. Yet, past Departmental staff report that they are insufficiently trained to treat and assist young prisoners.

Prisoner needs

1. Welfare needs

Lack of income and housing were consistently reported by ex-prisoners and service providers to be among the most pressing issues confronting prisoners upon release, and two of the key contributors to recidivism.

Ex-prisoner respondents to this study consistently reported being given no opportunity to arrange for their belongings to be stored or their housing to be retained prior to their incarceration. Prisoners' post-release expenses are thus often considerable because they must rebuild their lives from nothing. Yet, some ex-prisoner respondents reported that they left prison with no money. Some had access to an advance payment from Centrelink on their release, however they are then only entitled to receive a half-payment the following fortnight. This is simply not enough money to enable prisoners to pay for food, clothing, medication, phone calls and transport, let alone the costs associated with entering into a tenancy arrangement.

For those who do have sufficient resources to become a private tenant, additional barriers, including the stigma attached to being an ex-prisoner, the gap in their tenancy history occasioned by their incarceration, and their lack of references, may prevent them from obtaining housing.

The Department of Corrective Services does not fund any post-release housing for ex-prisoners. Thus, prisoners are forced to compete with other

disadvantaged people for budget accommodation in hostels and boarding houses. Unfortunately, most budget accommodation services are located in the inner-city, in close proximity to the drug and sex-trade subcultures which ex-prisoners are often trying to avoid. As one ex-prisoner said:

‘The Valley is not the place to start a new life. If you are a drug addict or an alcoholic, that’s the worst place to put you. But it’s the only accommodation you get.’

For women ex-prisoners, an inability to find suitable housing may render them unable to regain parental responsibility for their children.

The lack of crisis accommodation in Queensland is at crisis level. Waiting lists may be up to 18 months long, and newly released prisoners are often forced to move many times until they find appropriate and affordable semi-permanent accommodation. Aftercare service providers report constantly having to pay for hotel accommodation for newly released prisoners until alternative accommodation becomes available.

The impact that lack of housing and income can have on an ex-prisoners’ chances of re-offending have clearly been underestimated by the Department. As one ex-prisoner said:

‘[A]fter a day or so, you have no money left, no job prospects and possibly no food or shelter. So what is left for you to do?.. If you have no family then the other option is to steal money or property to sell to get food and shelter.’

Ex-prisoners’ capacity to rebuild their lives is also affected by their employment prospects. As noted, best practice suggests that prisoners should engage in prison work which will improve their chances of obtaining employment after release. However, in Queensland, the prisoner employment rate is only 75%, well below the national average of 80% (Productivity Commission 2004; Queensland Department of Corrective Services 2004). Further, prison work rarely results in credible training. Some useful pursuits were mentioned by respondents (for example prisoners may obtain a forklift drivers’ license), however without job search assistance, such training may not benefit prisoners. Prison work should be directed at assisting prisoners to obtain skills in areas of labour supply shortage. Partnerships with private industry should be developed to this end, and prisoners should be assisted in job search prior to their release.

Further, best practice suggests that prisoners should be reasonably remunerated for their work. However ex-prisoners who responded to this study reported that the average income for a week’s work in prison is around \$30. This is not reasonable pay, and respondents reported that it is insufficient to enable prisoners to cover the costs of tobacco, coffee and toiletries, let alone save for their release. Places in release to work programs are hard to come by, so prisoners generally have no choice but to engage in monotonous work for very little money.

Best practice also suggests that prisoners should have access to educational programs to improve their vocational opportunities. However, there are many barriers to obtaining an education in Queensland's prisons. Respondents to this study reported that there are an insufficient number of courses on offer and only a limited number of prisoners are permitted to engage in full-time education at any one time. Also, there are significant financial barriers associated with engaging in education. Potential income from prison work is foregone, and the educational allowance is only \$13 which is not enough to cover the costs of union fees and/or required books and materials. Further, the prison environment is not conducive to learning; ex-prisoners report that there is disruption in the classroom, limited access to computers and the library, and that educational officers are not always encouraging or helpful.

2. Health needs

Queensland's correctional officers do not appear to be sufficiently trained to deal with the high number of mentally and cognitively disordered persons entering the prison system. Neither is the legislation consistent with best practice in the treatment of persons with impaired capacity. As noted above, prisoners with mental illness may be removed from the general prison population to either a crisis support unit or a separate cell. However neither crisis support units, nor 'observation cells' in which suicidal prisoners are accommodated provide distressed or disturbed prisoners with a therapeutic environment in which they may receive care and treatment for their illness. Crisis support units are reportedly used as a 'behaviour management tool' to house difficult as well as disturbed prisoners. Women prisoners do not have access to a crisis support unit, but rather have a unit named 'S4' which houses a broad range of prisoners including 17 year old prisoners, prisoners who have received a disciplinary breach and women with 'discipline problems', in addition to prisoners with mental illness. One ex-prisoner described the S4 unit:

'I've heard the screams and the bellows, and I've heard the stories, and I've seen a few things. They treat them like monkeys in a cage.'

Observation cells seem equally non-therapeutic. Respondents reported that these cells are barren rubber rooms where prisoners are subjected to 24 hour a day lighting, stripped down and dressed in a suicide gown, and often physically restrained. They have no privacy and may be force-fed antipsychotic medication. Ex-prisoners described being 'on obs':

'I would wake up, all hours of the morning, thinking it was sunny, and I'd look out my window and it was still pitch black. It plays games with you, and it sends you mad. I heard some women kicking and punching the doors, and wanting to smash their TV and stuff like that.'

'You've got a camera on you all night, and people looking at you for having a shower, or having a piss or something like that... No privacy.'

Professional staff report that such management is counter-productive, and that it is impossible to provide treatment to prisoners accommodated in such cells.

The treatment of drug and alcohol addicted prisoners in Queensland is also inconsistent with best practice. A zero tolerance approach is taken to drug use, whereby prisoners caught with drugs receive a disciplinary breach. Yet, ex-prisoners report that detoxification is not available to those who are addicted to drugs. Prisoners are expected to go 'cold turkey' without any assistance. This is unrealistic as well as inconsistent with best practice; prisoners should be provided with holistic drug treatment including detoxification, stabilisation and relapse prevention in a separate facility, and should receive aftercare for as long as is required to enable them to live drug-free.

Ex-prisoners also reported that their physical health difficulties were not adequately treated in prison. Women ex-prisoners reported that they witnessed women miscarrying in the toilet blocks, and seriously ill women being told to 'take two panadol'. Further, many prisoners were critical of the dental care provided in prison. Indeed Boystown reported that at least two of its clients have had to have remedial surgery to repair the damage caused by prison dentists.

If prisoners are to be assisted to function effectively in the community upon their release, their health needs cannot be ignored.

3. Psychosocial needs

As noted above, many prisoners are in desperate need of confidential counselling to assist them to work through the traumas they have experienced in the past, and/or to help them deal with the direct causes of their offending behaviour. Yet individual counselling is extremely hard to come by in Queensland prisons. In fact, many ex-prisoners who participated in focus groups for this study reported that participating in this group was the first time they had had the opportunity to discuss some aspects of their prison experience with another person. Many ex-prisoners reported chaplains to be a significant source of support, however chaplain services are restricted to certain Christian religions.

For those prisoners with families, it might be expected that support would be found in them. However, ex-prisoners and their service providers reported that relationships between prisoners and their families are often extremely precarious throughout the period of their incarceration and upon their release. Many prisoners have only limited contact with their family members while they are in prison due to the prohibitive cost of phone calls, and the discouraging effect that searches have on visits. Some families can not afford to visit their loved one in prison as they are incarcerated a long distance from home, and visiting areas are not family-friendly, nor do they facilitate privacy or intimacy. Family relationships must be re-established upon prisoners' release and for prisoners with children, re-bonding must occur.

The legislation and procedures allow for leave of absence to maintain certain family relationships, however respondents to this study reported that such leave is almost never granted. Ex-prisoners and their service providers report that leave of absence is only granted for funerals of close family members, or visits to terminally ill relatives, and even then, the prisoner must be able to bear the associated costs (including the costs of having correctional officers accompany them). Further, ex-prisoners and service providers reported that prisoners' families find it impossible to access information regarding the well-being of their loved one, provide input into the 'correction' process, or find out when the prisoner is due to be released.

Thus, despite the rhetoric, Queensland's corrective services system does not adequately meet the welfare, health or psychosocial needs of prisoners.

5. List of recommendations

There is a significant gulf between best practice and the official documents on one hand, and actual practice on the other. Based on the findings of this research, 50 recommendations for reform are listed below. It is hoped that these will be carefully considered by the Queensland Government.

Recommendation 1

That a large-scale, public inquiry into corrective services be undertaken by an independent person or body, with an emphasis on actual practice rather than the legislation or policy documents.

Recommendation 2

That prisoners, and their family members, be viewed by the Department of Corrective Services as stakeholders, and that they be consulted when changes to legislation, policy or practice are proposed.

Recommendation 3

That the Department of Corrective Services endeavour to educate the public with regard to best practice in corrections so that media debates and policy discussions may be evidence-based rather than grounded in ill-informed, emotional rhetoric.

Recommendation 4

That the Minister for Corrective Services and the Director-General of Corrective Services foster a culture of transparency and openness throughout the Department. This may involve:

- repealing s100 of the *Corrective Services Act 2000* (Qld) which prevents members of the community, including researchers, from obtaining statements from prisoners;
- making all statistical information in relation to corrective services available to the public, either online or at their request;
- requiring the QCCB to compile a publicly available annual report;

- making all policy documents (including the ORNI, Ministerial Guidelines and program evaluations) available to the public, either online or at their request; and
- ensuring that independent reviews of the corrective services system are conducted on a regular basis.

Recommendation 5

That the Department of Corrective Services establish three Mothers' and Children's Units, one in south-east Queensland, one in central Queensland and one in north Queensland, in which imprisoned mothers may be accommodated with their children. They should be separate facilities, which are family-friendly and staffed by specially trained corrections officers.

Recommendation 6

That the definition of 'child' under the *Juvenile Justice Act 1992* be extended to include all persons aged less than 18 years, so that no child under 18 years of age is accommodated in a Queensland prison.

Recommendation 7

That specialist units be established for prisoners aged 18-24 years. These units should be staffed by youth workers, teachers and specially trained custodial officers. Visiting arrangements and leave of absence programs should be generous, and all residents should be provided with an opportunity to engage in recreational activities, education and/or vocational training.

Recommendation 8

That the Department of Justice and the Attorney-General fund compulsory continuing education programs for magistrates and judges regarding alternative sentencing options and their appropriateness for certain offender groups.

Recommendation 9

That the range of community-based sentencing options available to judges and magistrates be broadened, ie.

- that the Director-General of Corrective Services utilise his power under s194 of the *Corrective Services Act 2000* to extend the definition of community work under a community service order to include attendance at approved programs; and/or
- that the Attorney-General introduce some additional community-based sentencing options by amending the *Penalties and Sentences Act 1992*.

Increased funding to community corrections will be required to facilitate offenders' access to such programs.

Recommendation 10

That custodial sentences of six months or less be abolished, and that the Crime and Misconduct Commission be instructed to conduct a review of the effect of this in terms of net-widening after 12 months.

Recommendation 11

That case management and programs be available to all prisoners, regardless of the length of their sentence.

Recommendation 12

That prisoners' program needs be timetabled in such a way that makes progression to low classification status achievable within the time limits set by the sentencing judge, and that the Department of Corrective Services ensure that all prisoners have sufficient access to programs to enable their treatment needs to be met prior to their PPCBR eligibility date. This may require the recruitment of additional program staff.

Recommendation 13

That the ORNI and ORNI-R be independently evaluated to determine whether they:

- are reliable and accurate instruments for measuring risk; and/or
- result in the over-classification of certain prisoner groups including women and Indigenous prisoners.

Recommendation 14

That case management and supervisory functions of correctional officers be split, so that true case management may occur in the context of a trusting and open relationship.

Recommendation 15

That a thorough, independent evaluation of all prison programs take place as a matter of urgency, and that the Department of Corrective Services commit to meaningful consultation with prisoners, their families and their service providers when developing new programs aimed at prisoner rehabilitation.

Recommendation 16

That additional programs which address the special needs of specific prisoner groups be developed in consultation with those prisoner groups, and that:

- programs aimed at Indigenous offenders be developed and delivered by Indigenous people;
- new programs delivered to women prisoners be developed specifically for women with their special needs in mind; and
- new programs aimed at young prisoners be developed by youth workers, incorporating peer support and mentoring.

Recommendation 17

That s134 of the *Corrective Services Act* be amended to require that all prisoners be subject to an appropriate gradual release program to facilitate their reintegration into the community, and to promote rehabilitation.

Recommendation 18

That gradual release become the true backbone of corrections policy and practice in Queensland; that is, that gradual release occur in accordance with

judges' recommendations, and in a manner which will truly promote reintegration and rehabilitation. It should not be granted at the very end of a prisoner's sentence, nor should it be applied in a merely tokenistic way.

Recommendation 19

That a review of Queensland Community Corrections be undertaken with a view to ensuring that:

- the system is able to support an increased number of prisoners receiving PPCBR; and
- prisoners subject to PPCBR receive case management services, in addition to supervision.

Recommendation 20

That:

- s139 of the *Corrective Services Act 2000* be repealed; and
- the Department of Corrective Services make a commitment to respecting the integrity of a prisoner's sentence and facilitating the implementation of that sentence in a manner consistent with the remarks of the sentencing judge, in the absence of exceptional circumstances and/or the application of valid legislation; and
- the Department of Corrective Services conduct a review of the QCCB with a view to determining whether a Re-Entry Court might be a more just and efficient way of dealing with PPCBR applications and other release decisions.

Recommendation 21

That all Ministerial Guidelines directed at the QCCB be abolished in favour of giving the Board unfettered discretion in the exercise of its powers.

Recommendation 22

That recurrent funding be made available to community organisations providing aftercare services to prisoners at a level proportionate to the number of prisoners released each year, and sufficient to ensure that all prisoners who require post-release support may receive it.

Recommendation 23

That the Transitional Program be made available to all prisoners and incorporate an opportunity for prisoners to receive one-on-one assistance from community-based aftercare workers to plan for their release, including linkage with and referral to specific services and workers.

Recommendation 24

That the telephone numbers of community organisations which provide aftercare, crisis accommodation, counselling, drug treatment and other key social services be made automatically available to all prisoners on the prisoner telephone system, in addition to prisoners' own 10 approved numbers.

Recommendation 25

That the Department of Corrective Services facilitate community aftercare workers' access to prisoners throughout the course of their sentence to enable them to build a trusting relationship in preparation for release, and that regular meetings be scheduled between aftercare workers, corrections officers and case managers.

Recommendation 26

That the Department of Corrective Services and the Department of Communities jointly fund and establish a number of 'drop in centres' around Queensland for newly released prisoners which provide services including confidential counselling, referral, practical assistance, housing advice, job search assistance and general emotional support.

Recommendation 27

That the Department of Corrective Services ensure that all prisons have an agreement with Centrelink to organise for prisoners to be able to access their advance payment from their bank account immediately upon release. No prisoner should be released with no money.

Recommendation 28

That the Department of Corrective Services lobby the Commonwealth Department of Family and Community Services to increase the amount of the advance payment which is available to prisoners upon their release.

Recommendation 29

That a partnership be formed between the Department of Corrective Services and the Department of Housing, and an arrangement be made for all prisons to be visited by Department of Housing staff to assist prisoners to apply for public housing prior to their release from prison.

Recommendation 30

That the Department of Corrective Services and the Department of Housing set aside a number of supported accommodation properties for released prisoners where ex-prisoners can be accommodated until they are able to live independently. These properties should be located in suburban areas, close to mental health, drug treatment and general health services.

Recommendation 31

That the Department of Corrective Services and the Department of Housing jointly fund the placement of Housing Support Workers (who are not correctional officers) in each prison to assist prisoners to retain their existing housing or to arrange alternative accommodation in preparation for their release.

Recommendation 32

That the Department of Corrective Services and individual prisons, in partnership with the Department of Employment and Training, strategically seek out industry partners who are willing to provide training and employment

to prisoners while they are incarcerated, and to provide employment opportunities to prisoners upon their release.

Recommendation 33

That the Department of Corrective Services review the rate of remuneration paid to prisoners who undertake industry work in prison, and the allowance paid to prisoners who are unable to work for reasons beyond their control.

Recommendation 34

That the Department of Corrective Services, in partnership and consultation with the Department of Employment and Training and Job Network providers:

- launch a campaign educating employers of the benefits to both themselves and society in general of employing ex-prisoners; and
- fund and establish a database of employers who are willing to employ ex-prisoners. Prior to their release, prisoners should be matched with, and able to contact, potential employers to inquire about job opportunities.

Recommendation 35

That prisoner education be made an explicit priority of the Department of Corrective Services. This will require:

- that no caps be placed on the number of prisoners who can engage in full-time study at any one time;
- that additional shifts of education be scheduled at night and on weekends so that prisoners have the opportunity to engage in both work and study;
- that additional education officers be recruited;
- that education officers be instructed to provide support as required to all prisoners undertaking education courses including liaising with university staff, posting assignments, obtaining required materials and providing general guidance and advice;
- that additional funds be committed to better equipping and updating prison libraries to cater both for tertiary students and prisoners with low literacy levels;
- that prisoners undertaking full-time study receive an educational allowance which is sufficient to enable them to meet their study expenses.

Some of these initiatives may be jointly established and implemented with the Department of Employment and Training and Education Queensland.

Recommendation 36

That all crisis support units be refurbished as a matter of priority to convert them into therapeutic facilities. Crisis support units should only accommodate persons with impaired capacity; they should not accommodate prisoners who are otherwise difficult to manage.

Recommendation 37

That all crisis support units be staffed by a multidisciplinary team of mental health providers and throughcare workers, most of whom are external to corrective services, and at least some of whom are based in the community. This team should meet regularly for supervision, and should have regular meetings with the person in charge of their prison. Further, a group of representatives from each team should meet regularly with the chief executive. This initiative will require a joint funding arrangement between the Department of Corrective Services, the Department of Health and the Department of Communities.

Recommendation 38

That the S4 be closed down and replaced with a therapeutic crisis support unit for women prisoners.

Recommendation 39

That community organisations that provide services to ex-prisoners in the community be given a legislative entitlement to provide confidential counselling services to prisoners while they are in custody. They should receive additional recurrent funding to this end.

Recommendation 40

That, as a matter of urgency, the use of observation cells be independently reviewed, and that, in the interim, the Minister release clear procedures regarding the use of observation cells in prisons. The procedures should, inter alia, clearly state that mere crying in the absence of other suicidal or self-harming behaviour is not sufficient to warrant confinement in an observation cell.

Recommendation 41

That the use of strip searches in Queensland's prisons (including the alleged strip searching of children) be reviewed by an independent external reviewer.

Recommendation 42

That prisoners who suffer from drug addiction be given access to comprehensive drug treatment, including detoxification, stabilisation and relapse prevention, in a designated unit which houses only prisoners receiving such treatment. The length of the prisoner's sentence should not prevent them from accessing treatment.

Recommendation 43

That a harm minimisation approach be taken to drug use in prison, incorporating a treatment-oriented rather than a punitive response to positive drug tests – drug treatment should be available to all prisoners, and prisoners who test positive to drugs should only be disciplined if they refuse such treatment.

Recommendation 44

That prison staff and incoming deliveries be searched to restrict the supply of drugs entering prisons.

Recommendation 45

That service agreements with appropriate community organisations be established to provide throughcare drug treatment to prisoners, including a significant period of aftercare after the prisoners' release.

Recommendation 46

That a best practice approach be taken to blood borne disease control in prisons by, for example:

- providing needle exchange facilities in all prisons; and
- providing prisoners with condoms.

Recommendation 47

That Aboriginal elders be encouraged to visit Indigenous prisoners by providing them with reasonable remuneration and/or reimbursing their related expenses.

Recommendation 48

That Aboriginal Liaison Officers be recruited and at least one placed in each prison. These officers should liaise between prisoners, their families and communities, the prison and the Department.

Recommendation 49

That the importance of family members in facilitating a prisoner's rehabilitation and reintegration into the community be formally recognised by the Department of Corrective Services by:

- making visits available to prisoners as of right, rather than as a privilege, and ensuring that restricting visits as a means of discipline does not occur;
- making visiting areas more family-friendly, keeping in mind the importance of making prisoners' children feel comfortable, and the need for visits to be as intimate and private as possible;
- providing family members with information regarding the well-being of their loved one in prison on request (this should be the responsibility of prisoners' case managers);
- including family members in sentence and program planning for prisoners if the prisoner consents, in recognition of the fact that family members are well-placed to judge what will enable a prisoner to be rehabilitated and reintegrated into the community; and
- contacting family members as a matter of course to inform them of their loved one's release date and time.

Recommendation 50

That the Department of Corrective Services work in partnership with the Department of Communities and the Department of Child Safety to fund the following initiatives:

- an increase in the amount of assistance provided to families of incarcerated persons, including travel assistance for visits, counselling services and aftercare support services;

- an increase in funding to those organisations which provide support services to prisoners' families to enable them to meet the demand for practical assistance and emotional support from prisoners' family members.

1. Introduction

'To reduce offending behaviour, every aspect of an inmate or offender's contact with the Department must consistently focus on returning the offender back into the community successfully.'
- Leo Keliher (2001)

1.1 Queensland corrections and community safety

The *Corrective Services Act 2000* (Qld) lists a number of purposes of corrective services, including community safety, crime prevention, humane containment, supervision, rehabilitation and recognition of the special needs associated with culture, age and disability. However, throughout the Department's procedures, Ministerial Guidelines and Queensland Community Corrections Board (QCCB) rulings, the goal of community safety is emphasised over and above all the others.

To this end, the Department of Corrective Services often announces expenditure on improved technologies and infrastructure to maintain physical security in Queensland's prisons. The Department's Annual Reports proudly boast of reduced escape attempts and assault rates. However, physical containment alone will not achieve the goal of community safety. Since the vast majority of prisoners will be released back into the community at some point, sufficient resources must be devoted to the care and treatment of prisoners if they are to re-enter the community with the capacity to live independently and in a law-abiding manner.

This report provides an examination of whether the goal of community safety is being met by current practices associated with prison release. Since the perspectives of the Minister and the Department are well-documented, this report will aim to give a voice to the true experts on this topic, ex-prisoners and their service providers.

Based on discussions with and written submissions by ex-prisoners and their service providers, this report will demonstrate that a prisoner's overall experience within the system impacts on the extent to which the goal of community safety is met upon their release. If prisoners do not receive the care and treatment they require in prison, they will not be in any better position to function in the community than prior to their incarceration. Further, if they are not assisted to reintegrate into the community after their release, their incarceration may serve to alienate them even further from the community which they have offended against.

1.2 Queensland corrections: a short history

In 1988, the Queensland Government established a Commission of Review into Corrective Services in Queensland (hereafter the 'Kennedy Review'). The review was extremely large in scale; nothing like it had been attempted before, and nothing like it has been conducted since. The Review Committee visited all prisons, received 1000 submissions, both written and on cassette. Indeed, at least one third of all prisoners provided a submission to the review. As Kennedy (1988:2) put it:

'We made a commitment that we would be prepared to talk to anyone, anywhere, any time. I believe we have managed to honour that commitment.'

The review described the system as it stood to be almost completely ineffective in implementing its agreed goals. It noted that Queensland prisons were a place of violence and terror and that any attempt at rehabilitating prisoners was tokenistic only. It stated that access to drugs was a growing problem in Queensland's prisons, recidivism rates were high (at around 57%), and that many offenders who were being imprisoned might instead have received community-based sentences. With regard to prisoner release, the review noted that many prisoners who were eligible for parole were remaining in prison, as result of the inefficiencies and lack of due process within the parole system.

Most importantly, the Kennedy Review posed the question 'what business are we in?' Kennedy strongly criticised the use of 'corrections' terminology in a context where no actual correction was taking place. He noted that unless prisoners were truly being rehabilitated or, more accurately, habilitated for the first time, community safety would not be secured. As he put it (Kennedy 1988:101):

'I am concerned that people are rotting in our prisons, being sodomised, assaulted, brutalised, and criminalised, but not corrected.'

The Kennedy Report recommended a complete overhaul of the prison system. It recommended that new legislation be drafted, a new organisational structure be established, and a policies and procedures manual be created. All these recommendations were implemented, and between 1989 and 1998, significant changes were made to the way in which corrections operated in Queensland. The *Corrective Services Act 1988* was passed and the *Penalties and Sentences Act 1992* was introduced. The Queensland Corrective Services Commission, immune from political interference, was established and given carriage of the new Act, and the Parole Board was replaced by the Queensland Community Corrections Board (QCCB) and its regional counterparts. The emphasis of the new system was on 'corrections', including both the rehabilitation of prisoners and the diversion of offenders away from the prison system via sentencing alternatives and a graduated scheme of release. Over this period of time, recidivism rates fell, the proportion of

prisoners subject to community corrections (as opposed to secure custody) increased, and prisoners in secure custody had access to a number of rehabilitative and educational programs (Criminal Justice Commission 2000; Public Sector Management Commission 1993).

In 1999, a Commission of Inquiry into Corrective Services was established to conduct a review of the new system (see Peach 1999). The inquiry recommended that carriage of the legislation be transferred from the Queensland Corrective Services Commission back to a Government Department, but that stakeholder consultation be maintained via an Advisory Council and regular stakeholder meetings. The inquiry noted that there were still too few 'front-end' sentencing alternatives, and that the needs of specific prisoner groups including Indigenous prisoners and prisoners with mental illness and intellectual disability were still not being adequately met. Yet, it concluded that accountability mechanisms were sufficient to justify the abolition of the Commission-structure. This inquiry culminated in the passing of the *Corrective Services Act 2000* which is still in operation today.

Unfortunately, since the organisational re-structure in 2000, many of the deficiencies in the system identified by Kennedy have re-surfaced. Ministerial interference with the discretion of the QCCB, in the form of Ministerial Guidelines, has led to increased conservatism in release decisions, consultation with community stakeholders is at an all-time low, and physical security and confinement have been prioritised over rehabilitation.

As in 1988, the 'corrections' system does not seem to be doing very much correcting; recidivism rates have returned to their previously high rates, and prisoners' access to programs has been significantly curtailed. Further, stakeholders report that the prison environment is rife with brutality, sodomy and violence, almost to the same extent as that depicted in the Kennedy Report. The findings of this report demonstrate that a large-scale review, in the nature of that conducted by Kennedy in 1988, is required as a matter of urgency.

1.3 Queensland corrections: statistical overview

Queensland's imprisonment rate has more than doubled over the last ten years, increasing from 88 (per 100,000 head of population) in 1993 to 181 in 2003 (ABS 2003). Indeed, between 2002 and 2003, Queensland's prisoner population increased by 11%, the highest proportionate increase in prisoner population in Australia (ABS 2003).

In 2002/03, there were 5067 people in prison in Queensland at any given time (Productivity Commission 2004), however the flow-through is around three to four times that amount. Queensland has the third highest rate of imprisonment in Australia and the fourth highest rate of community corrections orders.

Queensland has the fourth highest rate of Indigenous imprisonment in Australia (Productivity Commission 2004). The Indigenous imprisonment rate

increased dramatically over the last 10 years, from 971 to 1697 (ABS 2003). It is now 12 times the rate of non-Indigenous imprisonment (ABS 2004). Indigenous people comprise 22.7% of the prisoner population, compared with 20.6% ten years ago (ABS 2003). Aboriginal women comprise 28% of all women in prison.

Women comprise 6.6% of the Queensland prisoner population, compared with only 3.8% ten years ago (ABS 2003). Women prisoners are more likely to have been incarcerated for drug offences and deception-related offences, while men are more likely to have been incarcerated for sex offences and violent offences (ABS 2003). Further, when women do commit violent offences, it is much more likely to be in self-defence; men are less likely to kill immediate family members or friends, and are more likely to kill someone during the commission of another criminal act (Sisters Inside 2004). Most Aboriginal women in prison have been incarcerated for minor offences such as public order offences (Sisters Inside 2004).

Recidivism rates are high, with 58% of men, 49% of women and 77% of Indigenous people in prison in Australia having been imprisoned before (ABS 2003). At any one time in Queensland, up to 90% of prisoners are serving short sentences (Sisters Inside 2004; Walker 1989). On 30 June 2000, 16% of men and 26% of women in prison were serving sentences of less than one year, and 27% of men and 38% of women in prison were serving sentences of less than two years.

Also worthy of note is the fact that Queensland has a high number of prisoners serving indeterminate sentences; 6.4% of Queensland prisoners are serving indeterminate sentences compared with an Australian average of 4.1% (ABS 2004). This is likely to increase now that the *Dangerous Prisoners (Sexual Offenders) Act 2003* has been passed, which allows for the preventative detention of sex offenders beyond the expiration of their sentence.³

1.4 Towards 'correction' in corrections

Since the 1988 Kennedy Report, many improvements have been made to corrective services in Queensland. Current legislation and procedures documents are largely consistent with best practice principles, and the physical conditions and infrastructure of Queensland's prisons has greatly improved.

However, in many ways, the system has deteriorated in recent years, and many of the ideals enshrined in legislation and policy documents are no longer borne out in practice. Queensland's high rate of imprisonment and high recidivism rate alone indicates that its current release practices are inadequate to fulfil its key goal of community safety.

³ The validity of this legislation was recently upheld in *Fardon v Attorney-General for the State of Queensland* [2004] HCA 46.

This report will begin by outlining what best practice is in relation to prison release. National and international literature will be drawn upon in this analysis. Part 3 of this report will examine the extent to which the legislation and policy documents in Queensland reflect best practice principles, and Part 4 will examine actual release practice, based on the observations of ex-prisoners, prisoner service providers and past corrections staff. Part 5 will outline the report's conclusions and put forward a series of recommendations for reform.

2. Best Practice in Prison Release

‘Virtually all prisoners return to the community. It must be our aim to return them better equipped to cope with the demands of living in society and abiding by its rules.’
- J.J. Kennedy (1988)

2.1 Introduction

In the interests of community safety, prisoners must be assisted to remain crime-free upon their release from prison. The majority of those in prison will eventually be released back into the community. Thus, the best possible use must be made of their time in prison, and efforts must be made to prevent their recidivism after release.

Transition management of prisoners upon release has become a focus in national and international corrections literature and corrections policy over the last few years (Productivity Commission 2004). Rising prisoner numbers and high recidivism rates have led academics and governments around the world to investigate the ways in which prisoners might be better supported and assisted upon their release. At the same time, prisoner service providers and advocates, who have watched their clients struggle through the prison and post-prison experience, have advocated for a more compassionate response to the needs of newly released prisoners, based particularly on human rights discourse. The result has been a significant upsurge in the amount of research, evaluation and innovation literature being produced on the topic of prison release both nationally and internationally over the last decade.

Despite the divergence in their motivations and objectives, recommendations coming out of both camps have been remarkably consistent. There is widespread international agreement on best practice principles. Common patterns and conditions have been observed across jurisdictions, which has allowed them to borrow and build on each other’s ideas.

Key findings regarding what works to prevent prisoners from re-offending may be distilled into five key principles. They are:

1. the importance of throughcare, that is, a consistent and progressive case management approach which begins with a person’s entry into prison and ends some time after release, once the person is able to live independently in the community;
2. the need for holistic aftercare services;
3. the need for pre-release transitional programs;
4. a preference for gradual release based on assessment via an objective and accurate classification instrument; and

5. the need for specific programs and services to meet the special needs of differing offender groups.

In addition to these overarching principles, there is general agreement on the main needs of, and difficulties experienced by, prisoners upon their release. They may be divided into three main categories:

1. welfare needs, including income, housing, education and employment;
2. health needs, including physical and mental health, and substance addiction; and
3. psychosocial needs, including assistance to re-establish connections with family members, counselling, and attitudinal, motivational and life skills training.

Each of the key principles must in turn address each of the three need dimensions. When these principles and needs dimensions are combined, cohesive and comprehensive recommendations for dealing with prisoner release are yielded. As already noted, the strength of these recommendations is that they engage with the objectives of all key stakeholders: government, the community (including victims of crime), the private sector, the families of prisoners and prisoners themselves. Their common goal is community safety.

Each of these principles and need dimensions will be discussed in turn. The ways in which these principles and needs dimensions interact in practice will be examined, and a number of examples of existing programs around the world will be cited.

2.2 Key Principles

2.2.1 Throughcare

It is well established that the majority of prisoners come from extremely disadvantaged backgrounds. They are generally poor or homeless, poorly educated or illiterate, and chronically under- or unemployed. They are likely to be Indigenous or from ethnic minority groups, they tend to experience poor physical and mental health, and they often use alcohol or other drugs (see for example Ross 2003; UK Social Exclusion Unit 2002; Boryzycki and Baldry 2002; Larivee 2001; Petersilia 2001). As a result, prisoners tend to have high treatment needs when they enter prison. Unfortunately, the prison experience generally exacerbates these elements of disadvantage and may create new ones (Boryzycki and Baldry 2002; Ogilvie 2001; Larivee 2001; NSW Select Committee on the Increase in Prisoner Population 2000).

Hence the need for throughcare, which requires that prisoners receive the treatment and support they require in prison, right through to release and beyond, to prepare them for eventual release, and to facilitate their

independent living in the community (Meehan 2002; NSW Department of Corrective Services 2001).

The term 'throughcare' recognises the need for prisoners to be working towards successful release from the very day they enter the prison system. Since the majority of prisoners will be released back into the community, it is important to both prisoners themselves and the broader community that they are able to reintegrate successfully. Incarceration should be viewed as presenting an opportunity to address the needs of prisoners to ensure that they are restored and prepared for life in the community (Borzycki and Baldry 2002; Larivee 2001; Travis, Solomon and Waul 2001; US General Accounting Office 2001; Ward 2001; NSW Standing Committee on Law and Justice 2000). If this approach is not taken, the 'correctional' process will inevitably fail to correct, and will not meet expectations for community safety (Kidney 1991).

The key to throughcare is case management, that is, prisoners should be allocated a specific worker who is dedicated to ensuring that they receive the treatment or services they require while in custody and upon release (Lightfoot 2002; NSW Department of Corrective Services 2001). Best practice suggests that, ideally, the same worker should work with the prisoner and his/her family throughout the process, so that rapport and trust may be developed. The case manager should be the central contact point for prisoners (and their families), providing service brokerage and personal support (Borzycki and Baldry 2002; Victorian Homelessness Strategy 2001a).

The literature identifies a number of key ingredients to a successful case management system. First, the case management process should be as long and comprehensive as is necessary in the circumstances. It should extend beyond the individual prisoner to his/her family, and should continue beyond the prisoner's release date so that resettlement and reintegration may be facilitated (Borzycki and Baldry 2002; Ogilvie 2001; Victorian Homelessness Strategy 2001a). Of course, the precise content of case management will vary depending on individual prisoners' circumstances. For example the case management of young prisoners is likely to be longer and more intensive as young prisoners experience particularly high levels of social exclusion and disadvantage. And the case management of female prisoners is likely to involve more substantial liaison with family members since the majority of women in prison are primary carers of dependent children (UK Social Exclusion Unit 2002). Further, prisoners serving long sentences will often require case management services on an intensive basis for a lengthy period of time post-release due to institutionalisation (NSW Standing Committee on Law and Justice 2000). Thus, the intensity and goals of the case management process will vary between prisoners; the key is individualisation.

Second, an effective and thorough assessment process is vital, as prisoners' needs (both criminogenic needs and broader personal needs) must be accurately identified so that treatment and service provision can be targeted at them (Lightfoot 2002; McCall 1998). Best practice suggests that

assessment should occur as soon as possible after reception into prison (Victorian Homelessness Strategy 2001b).

Third, a case plan should be developed for each prisoner based on the outcomes of the assessment process, which outlines the programs and services that the prisoner should receive while in prison in order to prepare them for release (Her Majesty's Prison Service 2002; NSW Select Committee on the Increase in Prisoner Population 2001; Ashford and Cox 2000; NSW Select Committee on the Increase in Prisoner Population 2000; Walters 1998). Case plans should be developed by case managers in partnership with the prisoner, so that prisoners have detailed knowledge of the contents of their case plan (UK Social Exclusion Unit 2002; NSW Select Committee on the Increase in Prisoner Population 2001). Ideally, prisoners' case plans should be entered on a computerised database so that their progress may be monitored (UK Social Exclusion Unit 2002; NSW Department of Corrective Services 2001). Also, prior to release, a thorough exit plan should be developed (Taxman et al 2002; Victorian Homelessness Strategy 2001b; Ashford and Cox 2000).

Fourth, treatment and other services should be made available to prisoners, delivered within the framework of the prisoner's overall case plan (Her Majesty's Prison Service 2002). Prisoners should have access to programs which address their criminogenic needs, as identified through the assessment process, including drug and alcohol treatment, life skills training and anger management (Lightfoot 2002; Travis, Solomon and Maul 2001; McCall 1998). Programs should also be available which address those aspects of prisoners' lives which have indirectly contributed to their offending behaviour, and which, if addressed, might provide a level of inoculation against future offending behaviour. Such programs might include job skills training (for example interview technique, resume writing and job retention skills), parenting skills, vocational training and educational courses (Vennard and Hedderman 1998). The most successful programs tend to be those that are participatory rather than passive; practical and skills-based rather than theoretical; and which comprise role play, positive reinforcement, and attitude and behaviour modification (Vennard and Hedderman 1998). Case managers must be well-trained, and have full knowledge of the programs and services available to prisoners both within the prison and in the community (UK Social Exclusion Unit 2002; Vennard and Hedderman 1998).

Fifth, best practice prison programs are collaborative; a 'joined up' or whole-of-government approach should be taken to the delivery of services to prisoners, however corrective services should take a lead agency role (NSW Standing Committee on Law and Justice 2000; NSW Select Committee on the Increase in Prisoner Population 2000). Partnerships should be developed between prisons, government agencies and non-government services. This is necessary in light of prisoners' diverse and unique needs, and to ensure continuity of care upon release (Boryzycki and Baldry 2002; Ogilvie 2001; Ward 2001; McCall 1998).

Sixth, case workers should not undertake supervisory roles within the prison. If these roles are not separated, the nature of the relationship between the case manager and the prisoner will lack the clarity and openness required to facilitate real change (Kennedy 1988). Further, their case loads should not be so heavy that their case work becomes tokenistic (Travis, Solomon and Maul 2001). Case managers must be available enough to engage with the needs of prisoners, and provide personal support throughout their prison experience. Their role should not be restricted to mere administration (Boryzycki and Baldry 2002).

Seventh, best practice stresses the importance of case managing all prisoners, even those who are subject to short sentences. While it is recognised that addressing the needs of prisoners on short sentences (particularly those serving sentences of six months or less) is difficult, it is generally agreed that the problems are not insurmountable, particularly if strong partnerships with agencies in the community are formed (Lightfoot 2002). Ideally, all prisoners regardless of the length of their sentence, should have a case plan (Boryzycki and Baldry 2002) particularly if they have special needs such as mental illness (Ogloff et al 1991). If this is not possible, the utility of their being within the 'corrections' system might be questioned (NSW Select Committee on the Increase in Prisoner Population 2001).

According to best practice, a throughcare model should form the backbone of any correctional system seeking to optimise release outcomes. A prisoner's period of incarceration should be used to address the causes (both direct and indirect) of their offending behaviour in an attempt to bring about 'correction', and send them back out into the community as resourceful, law-abiding citizens.

2.2.2 Aftercare

It is well established that imprisonment is an extremely stressful experience and that prisoners require a lengthy period of recovery, readjustment and reestablishment after release. During this post-release period, ex-prisoners often need intensive assistance to help them reintegrate into community life (Hiller, Knight and Simpson 1999; Kidney 1991). This is graphically demonstrated by the fact that newly released prisoners are more than six times more likely to die than incarcerated prisoners and the general population. The majority of deaths are the result of suicide and/or drug or alcohol usage (Biles, Harding and Walker 1999; see also Graham 2003; Ogilvie 2001; Pereira 1999; Davies and Cook 1998).

The immediate period prior to release is a time of acute stress for prisoners (Castellano and Soderstrom 1997). Prisoners who have no immediate family or other supports available to them are released into a void, forced to start their lives again often from nothing (Anscombe 1999). Indeed, many prisoners suffer from 'gate fever' prior to their release which can manifest itself in severe anxiety and depression (Castellano and Soderstrom 1997; Mabli et al 1985).

The most immediate needs faced by prisoners upon release are income, shelter, clothing, and accessing health services (Anscombe 1999). In addition, upon their release, prisoners will need a Medicare card, a tax file number and their birth certificate or some other means of identification (Anscombe 1999). They will go through a substantial period of readjustment, which may include reconnecting with their spouse, children and other family members, dealing with the stigma attached to being an ex-prisoner, and relearning how to live as a member of society (Ross and Ryan 2003; Anscombe 1999; Castellano and Soderstrom 1997). For those who have been in prison for an extended period of time, certain aspects of community life may be new and foreign to them and ordinary daily activities, such as catching public transport or using a mobile phone, may be daunting. Newly released prisoners must also learn how to operate within the job market, and for those who choose to move away from the social networks they were once a part of because they place them at risk of re-offending, extreme isolation and loneliness must be dealt with (Ross and Ryan 2003; Lightfoot 2002; Anscombe 1999). Aftercare services are particularly important for prisoners who have been incarcerated for a long period of time, those who have been incarcerated a long way from home, young offenders and those with mental illness or intellectual disability (US General Accounting Office 2001; Lurigio, Fallon and Dincin 2000; NSW Standing Committee on Law and Justice 2000).

Aftercare services are most needed in the initial period after release, particularly in the first 30-60 days (Larivee 2001; Meisal 2001), however sustained intervention may be required for two years or more, depending on the support mechanisms available to the individual (Taxman et al 2002).

It is generally agreed that the most effective way of delivering aftercare services to ex-prisoners is to create a central point of contact, in the form of a 'drop-in' centre or toll-free telephone number (see particularly Wignall 2002), which prisoners can access upon their release to receive advice and assistance in relation to finding emergency accommodation; completing rental applications; obtaining food, financial support, welfare support, and household items; searching for a job; enrolling in education courses; and linking up with treatment and social services. 'Drop-in' centres for prisoners exist in many jurisdictions throughout the world (see Fretz 2002; Victorian Homelessness Strategy 2001a; Ashford and Cox 2000; Wiebush, McNalty and Le 2000; Josi and Sechrest 1999; Walters 1998). They generally offer weekly group meetings and evening programs on topics such as life skills, family dynamics and living life crime- and drug-free, and some also offer support and programs to family members (Fretz 2002; Josi and Sechrest 1999; Walters 1998).

It is extremely important that aftercare services take a holistic approach to the care of ex-prisoners, addressing criminogenic, health, welfare and psychosocial needs. Clearly, immediate practical issues (such as housing, income support and drug treatment) must be dealt with first (Carlos 2003; Taxman et al 2002; Ward 2001; Walters 1998); indeed, it has been found that aftercare services tend to spend most of their time organising emergency housing (Ross 2003). If newly released prisoners' immediate welfare needs

are not met, they will be unable to address their criminogenic needs, and may be more likely to re-offend (Ross and Ryan 2003).

As with throughcare, the relationship between the worker and the ex-prisoner is central to the success of an aftercare program; relationships which promote honesty and trust are far more likely to lead to improved outcomes (NACRO 2003; Ross 2003; Meisel 2001). Ideally, prisoners should have the opportunity to meet their aftercare case worker prior to their release so that a trusting relationship may be established in preparation for release (Ashford and Cox 2000; Lurigio, Fallon and Dincin 2000).

Most often, aftercare services are provided by non-government organisations, however demand commonly outstrips supply (NACRO 2001) and often, few services are available in the community to provide the long-term support required by ex-prisoners, particularly those with high needs (Lurigio, Fallon and Dincin 2000; NSW Standing Committee on Law and Justice 2000). In order to lift some of the burden of high case loads from poorly-funded community services, a number of schemes have been established around the world whereby volunteer community members, or local church groups, provide social and practical support to recently released prisoners (O'Loingsigh 2004; Celinska 2000; NSW Standing Committee on Law and Justice 2000; Yeboah 2000; Nishikawa 1994; Henson 1991; Kidney 1991). This has the added benefits of facilitating prisoner reintegration in the community and breaking down the stigma and stereotypes associated with being an ex-prisoner.

One example of a best practice aftercare facility is the Offenders Aid and Rehabilitation Service (OARS) in South Australia (see Kidney 1991). OARS addresses three key areas in the lives of ex-prisoners: relationships, accommodation and employment. It runs marriage re-establishing seminars for prisoners and their spouses three to 12 months prior to their release; it runs a number of post-release houses which accommodate and provide meals to newly released prisoners; it runs a day centre for ex-prisoners as well as a hobby farm for recreational purposes; and it runs 'living skill work camps' where ex-prisoners engage in four days of life skills training and recreation.

There is some evidence that aftercare services contribute to lower re-offending rates (Ross 2003; Josi and Sechrest 1999; Walters 1998). For example, one evaluation of an intensive aftercare service for young offenders found that 73% of those who did not maintain contact with their post-release worker for an extended period of time were reconvicted, compared with only 39% of those who did maintain such contact (NACRO 2003). Thus, holistic and extensive aftercare services are critical to a prisoner's rehabilitation and reintegration into the community.

2.2.3 Pre-release programs

As part of their aftercare and/or throughcare, best practice suggests that prisoners should have access to a program aimed at preparing them for

release. Successful 'transitional' programs include a number of short sessions dealing with discrete release issues (Yeboah 2000; Anscombe 1999; Western Australia Ministry of Justice 1998), and include the following components:

- Assisting prisoners to put together a release kit which contains all the documentation they will require on release, such as a Medicare card, birth certificate, tax file number, education transcripts, certificates, bank account application forms, up to date contact details for key social services, and referral letters to medical practitioners and other service providers if required (O'Loingsigh 2004; Baldry et al 2003; Anonymous 2002; Meehan 2002; NACRO 2001; Victorian Homelessness Strategy 2001b; Ward 2001; NSW Standing Committee on Law and Justice 2000; McCollum 1999; Elborn and Nankivell 1992).
- Attendance by representatives from the Department of Social Security (or equivalent) to assist prisoners to apply for benefits while they are still in prison so that funds will be available to them immediately upon their release (Anonymous 2002; Victorian Homelessness Strategy 2001b; Elborn and Nankivell 1992).
- Assisting prisoners to find accommodation by organising transitional accommodation, assisting them to apply for public housing from prison, or pursuing options such as returning to the family home or living with friends (Baldry et al 2003; Ross and Ryan 2003; Wignall 2002).
- Sessions related to family reunification and positive parenting, where the participation of family members is encouraged (Elborn and Nankivell 1992).
- Practical life skills training including completing employment forms, preparing a budget, finding transport, searching for jobs (particularly over the internet), practicing job interviews, and practicing interacting with police and other authority figures (Wignall 2002; McCollum 1999; Tunney and Farebrother 1982).
- Development of goals and plans for the future, both short-term and long-term (Aboriginal and Torres Strait Islander Social Justice Commissioner 2002).

Meeting immediate needs, such as income and housing, should be prioritised in pre-release programs. Further, programs should be tailored to the needs of individual participants (Ward 2001); they should be skills-oriented and include games and role play activities to provide prisoners with an opportunity to learn and practice appropriate responses to certain situations and obtain feedback from one another (Anscombe 1999; Vennard and Hedderman 1998; Vennard, Sugg and Hedderman 1997; Caldwell and Richards 1982; Tunney and Farebrother 1982).

Ideally, such programs should be completed at a separate facility located in the community, so that prisoners may access services and speak with workers and officers as required (Lightfoot 2002; Taxman et al 2002). At the very least, representatives from key community organisations should be invited to facilitate or attend program sessions and provide assistance and advice as needed (Ross and Ryan 2003). While transitional programs should not be aimed at satisfying long-term psychological or counselling needs, the

high levels of stress associated with release must be acknowledged by program facilitators, and feelings of depression and anxiety may have to be dealt with through counselling or other forms of intervention first if the program is to be worthwhile (Western Australia Ministry of Justice 1998; Castellano and Soderstrom 1997).

There is strong evidence that pre-release programs assist prisoners to return successfully to the community and prevent recidivism (Ward 2001). Thus, in addition to the other programs offered as part of their case management, international best practice suggests that a discrete program aimed at preparing prisoners for release should be available to all prisoners.

2.2.4 Graduated release and classification

In addition to assisting prisoners to prepare for release through case management, practical assistance and programs, best practice suggests that prisoners should be released in a graduated fashion, rather than being released directly from high security facilities at the expiration of their full-term, to enable them to become progressively acquainted with, and thus prepared for, community life.

2.2.4.1 Best practice in classification

The international literature suggests that prisoners should be progressively moved, over time, to less and less restrictive environments, based on an objective and accurate system of classification (see for example Levinson 1988). Classification instruments should rate prisoners according to their dangerousness, escape risk, and risk of re-offending, and should be proven to be valid and reliable (Austin and Hardyman 2004; Brown 2002; Brown 2000; Dallao 1997). While the use of a classification system is best practice, it is important that the efficacy of such systems is demonstrated; classification instruments should be appropriately adapted to the particular prisoner groups they are applied to, and they should be constantly evaluated with regard to their predictive capacity (MacKenzie, Fosey and Rapaport 1988; Kane 1986).

Concerns have been raised in a number of jurisdictions around the world that instruments designed for male prisoners are being used to classify female prisoners, for whom they are inappropriate and inaccurate (Hardyman and Van Voorhis 2004; Webster and Doob 2004; Canadian Human Rights Commission 2003). Similarly, Indigenous prisoners may require a separate instrument to take account of structural disadvantages faced by them (Canadian Human Rights Commission 2003). Thus, best practice suggests that classification instruments should underpin gradual release programs, as long as they are reliable and valid with regard to the prisoner group in question.⁴

⁴ Research conducted by Bench and Allen (2003) suggests that offenders classified as medium-security are not less likely than offenders classified as maximum-security to commit breaches of discipline. However these findings may demonstrate inefficacy of the classification instrument in use, rather than the impotence of classification in general.

2.2.4.2 Forms of graduated release

Best practice suggests that graduated release is integral to the throughcare model, and that reintegration release schemes should be implemented as part of prisoners' case management and/or exit plans (Ward 2001; Hill 2000). Gradual release programs vary between jurisdictions, however they most commonly include one or more of the following.

A. Parole

The most common example of gradual release around the world is parole. Parole involves releasing the offender into the community prior to the expiration of their full-term, subject to probation-style supervision. Parole officers should provide support to ex-prisoners including practical help in finding accommodation, employment and access to rehabilitative programs, while meeting the public's expectations for protection through supervision and monitoring (Petersilia 2001; Ellis and Marshall 2000; Hann, Harman and Pease 1991).

There is some evidence to suggest that prisoners released on parole are less likely to be reconvicted than those released absolutely, particularly prisoners who are serving time for serious offences, such as violent offences and sexual offences (Baldry et al 2003; Ellis and Marshall 2000; NSW Select Committee on the Increase in Prisoner Population 2000; Yeboah 2000; Vennard and Hedderman 1998; Broadhurst 1991; Pearson 1988).

However, some important concerns have been raised with regard to parole. First, parole officers are commonly overloaded with cases. In most corrections departments throughout the western world, funds have primarily been directed at prison infrastructure rather than community corrections. The result is that parole officers may not have the time or resources to offer prisoners the intensive support they need to re-establish their lives (Petersilia 2001; Travis, Solomon, Waul 2001). Second, it is now generally accepted that parole which focuses on supervision at the expense of support and rehabilitation can do more harm than good. High levels of supervision expose ex-prisoners to the risk of breaches, often for trivial behaviours, which may result in their return to prison. Indeed, there is no evidence at all that mere supervision upon release reduces recidivism rates; it may even increase them (Travis, Solomon and Waul 2001; Meisel 2001; Larivee 2001).

If parole is to yield the best outcomes, supervision must be complemented with the provision of support and assistance to prisoners; providing emotional support and brokering required services should be the key roles of parole officers (US General Accounting Office 2001; Meisel 2001; Broadhurst 1991; Pearson 1988). A positive and supportive working relationship between the parolee and the parole officer will be critical to achieving successful release outcomes (Meisel 2001).

B. Home detention and furlough

Prisoners in many jurisdictions may apply for release (or furlough) on a short-term basis intermittently for a number of purposes, including to work, to participate in educational and other programs, to reconnect with their families, or to perform community service or restitution (Hill 2000). Some jurisdictions allow for low-risk prisoners to be released to an open security facility, usually in an agricultural setting, where they participate in farm work during the day and return to a corrections facility each night (Hill 2000). Other jurisdictions have release to home detention as a 'back-end' sentencing option (see NSW Select Committee on the Increase in Prisoner Population 2001). These forms of release provide prisoners with an opportunity to reintegrate into the community on a progressive basis while still serving their sentence. Significant restrictions are placed on their liberty initially, but these are generally gradually reduced closer to their final release date (see Ward 2001).

Each of these forms of release enable prisoners to become active participants in community life – they can live at home, attend work, education and other programs, receive treatment, and undertake other tasks within the community, albeit on a restricted and tightly controlled basis (Turner and Petersilia 1996). Supervision may take many forms, including electronic monitoring, curfews, drug and alcohol testing, and regular visits or telephone calls from community corrections officials.

The vast majority of prisoners who participate in these forms of release successfully complete their program without being returned to prison (Grant and Beal 1998). Research indicates that recidivism rates are lower for those who have had the opportunity to participate in controlled forms of release, and release to work programs have been found to increase prisoners' post-release employment prospects; they are also much less costly than incarceration (Ward 2001; May 1999; Grant and Beal 1998; Turner and Petersilia 1997).

C. Release to community residential facilities

Another form of graduated release is release to community residential settings known as 'halfway houses'. These facilities provide a halfway point between prison and community living, enabling prisoners to become gradually accustomed to life on the outside (Yeboah 2000). Halfway houses are generally staffed 24 hours a day, seven days a week, and staff members provide practical assistance and emotional support to prisoners while they reintegrate into society. During the day, prisoners may undertake tasks in the community such as work, education and programs, and at night they may participate in individual and group programs held at the facility (Ward 2001). Best practice suggests that prisoners, in particular those without strong supports in the community, should have access to halfway houses as part of the process of gradual release (Feldman 2003; Keast 1991; Latessa and Allen 1982). Halfway houses will be discussed further in Part 2.3.1.1 below.

2.2.4.3 Decision-making bodies

Generally, decisions on when a prisoner is to be released and what form that release should take are made by parole boards, or an equivalent. Best practice suggests that such boards should comprise representatives from corrective services, but also social service providers, who work together to develop re-entry plans (US General Accounting Office 2001).

However, concerns have been raised regarding this model. These bodies are part of the executive arm of government, and thus, their decisions may be viewed as lacking independence and unjustly compromising the integrity of sentences imposed by the judiciary (Stace 1982).

In the US, an innovative alternative to the parole board, the 're-entry court', is currently being trialled. Re-entry courts represent another manifestation of the therapeutic jurisprudence movement which recognises that courts may, and should, offer more to those coming before them than adjudication and punishment; rather, the opportunity to make a positive, therapeutic difference in the lives of those who come before the court should be taken advantage of (see particularly Hora, Schma and Rosenthal 1999). Re-entry courts are based on the drug court model, whereby the judge acts as case manager, in partnership with social service professionals. Professionals such as psychologists, counsellors, social workers and drug treatment professionals develop a re-entry plan in partnership with the judge, and the court monitors ex-prisoners' progress through regular court appearances, sanctions and rewards (see particularly Travis 2003; US General Accounting Office 2001). This model for implementing gradual release schemes enhances the integrity of sentencing. It may also appear more legitimate to prisoners and thus may lead to improved outcomes in terms of recidivism.

This model might also go some way towards addressing the main shortcoming of gradual release, that is, the effect that the 'promise' of gradual release prior to the expiry of their full-term can have on prisoners who are subsequently refused that release. The psychological and motivational consequences are self-evident, but in addition to this, there is some evidence that prisoners who are refused gradual release may be more likely to re-offend when they are eventually released (Hann, Harman and Pease 1991). If all decision-making was conducted by the court, less frustration and fewer legal challenges may be brought in relation to release decisions. Instead of setting a parole eligibility date, sentencing courts could set a re-appearance date when the progress of the prisoner could be examined and options for community-based release considered.

2.2.5 Addressing the special needs of specific groups

The final best practice principle in relation to prison release which may be distilled from the literature is that the special needs of specific groups must be addressed in the management of prisoners. If this key principle is not upheld, all efforts made at rehabilitation will be thwarted; a 'one size fits all' approach to corrections policy is inappropriate.

Programs and practices in correctional settings must be gender-, culture- and age-specific (Yeboah 2000). They must also recognise and take account of the fact that many prisoners have impaired capacity, as a result of a mental illness, acquired brain injury, or cognitive or intellectual disability. The special needs of some key prisoner groups are worthy of note.

2.2.5.1 Prisoners with impaired capacity

Extremely high numbers of prisoners suffer from impaired capacity. It is generally agreed that this is the result of the policy of deinstitutionalisation which began around 20 years ago; those persons who would previously have been housed in public institutions are now residing in the community, with very few supports available to them. Many are homeless and untreated, and many attempt to self-medicate through alcohol and other drug use. As a result, many of them are ultimately incarcerated (Lurigio, Fallon and Dincin 2000).

If community safety is to be promoted, prison mental health services must be professional, holistic and genuinely therapeutic, and there must be continuity of care between prison and the community. Best practice suggests that services provided to people with impaired capacity within prison should include screening for mental illness, assessment and treatment, preferably in a therapeutic setting separate from the general prison population. Treatment teams should be multidisciplinary, including psychiatrists, psychologists, social workers, occupational therapists and nurses, at least some of whom are based in the community to ensure continuity of care after release. Correctional officers should receive training in relation to the detection of mental illness and appropriate responses to psychotic or otherwise disturbed behaviour, and long-term linkages with community mental health services should be established (see Lurigio, Fallon and Dincin 2000; Ogloff et al 1991).

One best practice program which operates in the US is the 'Thresholds, State, County Collaborative Jail Linkage Project' in Chicago. This project assists prisoners with mental illness to reintegrate into the community after release by providing them with a range of services to meet their daily needs. A multidisciplinary team of staff assist the person to obtain accommodation, and then visit the person regularly to monitor medication compliance and provide case management. Staff develop close relationships with landlords, local police and community organisations, as well as with clients themselves, and they are available on-call 24 hours a day, seven days a week, to respond to the needs of their clients. Team responsibility for clients ensures a holistic approach to their needs and risks, continuity of care, and around-the-clock availability. The program costs less than 40% of the cost of incarceration (at \$26US per client per day), and boasts many success stories (see Fujioka 2001). The success of such a program provides sound proof for the claim that prisoners with mental illness may be successfully maintained in the community, and that continuing detention on the sole grounds of mental illness cannot be justified.

2.2.5.2 Women prisoners

The characteristics of women prisoners, and the reasons behind their offending behaviour, are very different to those of their male counterparts (Sisters Inside 2004; Canadian Human Rights Commission 2003). Most women prisoners come from disadvantaged backgrounds, most use alcohol or other drugs, many have been victims of physical and sexual abuse and many suffer from mental illness (Sisters Inside 2004; Canadian Human Rights Commission 2003; Pereira 1999). They are also more likely to be serving short sentences, and to be less of a threat to community safety and institutional good order (Sisters Inside 2004; Canadian Human Rights Commission 2003; Baldry 1997). Further, women prisoners are far more likely to be the primary carer of children which means they are likely to be deeply distressed as a result of their separation from them, lack of contact with them, and lack of assurance of their well-being (Pereira 1999; Davies and Cook 1998).

These factors mean that women prisoners' experiences of release are very different to those of men, and thus their program requirements differ substantially. Women are more likely to report being in need of parenting skills training, substance abuse treatment and personal development programs than male prisoners (Canadian Human Rights Commission 2003; Yeboah 2000; Baldry 1997; Gill 1997). They may also be in more dire need of housing upon release if they have dependent children in their care, or if they need to be in housing for their children to be returned to them (UK Social Exclusion Report 2002). The best placements for released women prisoners are in independent apartments or houses, in areas removed from the influence of the drug and sex-trade sub-cultures (Canadian Human Rights Commission 2003). The support of peers is also valued highly, and should feature in programs aimed at women prisoners (Canadian Human Rights Commission 2003).

Thus, the high level of disadvantage suffered by women prisoners, in addition to their low safety threat, must be considered when developing policies and procedures related to their release.

2.2.5.3 Prisoners who identify as Indigenous

It is well-established that Indigenous people are disproportionately represented amongst prison populations throughout the world, however this is particularly the case in Australia; Australian Indigenous people are considered to be one of the most imprisoned populations in the world (Aboriginal and Torres Strait Islander Social Justice Commission 2002; Hazlehurst 1985).

The vast majority of Indigenous prisoners are serving short sentences (generally for trivial offences such as drunk and disorderly behaviour and property offences), which means they are less likely to receive case management services (Broadhurst and Muller 1990). They are also less likely to reside in urban areas, which results in reduced access to family members during the period of their incarceration, and community services upon their

release. Tight-knit Indigenous communities may also experience greater difficulty in accepting certain offenders back, so concerted efforts may need to be made to ensure an Indigenous prisoner is successfully returned to their community after release.

Programs directed at Indigenous prisoners must be grounded in their own cultural values, beliefs and realities, or at the very least, they must have a cultural component; otherwise, they will not have a 'corrective' effect. In Australia, this must include a genuine acknowledgement of Indigenous persons' experience of colonisation. There must be recognition of the fact that for sound historical reasons, many Indigenous people distrust government agencies, particularly corrections officers. And the importance of kin and loyalty must be considered (Thompson 2000; Alexander 1987; Hazlehurst 1985). Programs for Indigenous prisoners should be developed in consultation with, and preferably by, Indigenous people, and run by Indigenous people (see Thompson 2000; Yeboah 2000; Munro and Jauncey 1991; Alexander 1987; Hazlehurst 1985). Further, it may not be appropriate to treat Indigenous people as a homogenous group. Sub-groups may differ in their level of urbanisation, their living conditions, and the extent of their access to opportunities and resources (Bonta, LaPrairie and Wallace-Capretta 1997).

A number of innovative programs targeted at Indigenous offenders have been developed in Australia and around the world. For example, in Western Australia, a number of Aboriginal Welfare Officers have been recruited by corrective services to mediate between prisoners and government departments, the corrective services system, and their families/communities. Aboriginal Welfare Officers act as advocates, counsellors and cultural brokers for Indigenous prisoners and most are themselves Indigenous (Hazlehurst 1985). In New Zealand, volunteers from local Maori communities visit Maori prisoners and transport them to local cultural events so that their spiritual and ancestral ties may be retained throughout the period of their incarceration (Yeboah 2000).

The special needs of Indigenous prisoners must be recognised and accommodated in corrections settings if release outcomes are to be optimised (Bonta, LaPrairie and Wallace-Capretta 1997).

2.2.5.4 Young prisoners

Young prisoners, usually defined as those under 25 years of age, are perhaps the most marginalised of all prisoners. They have generally come from dysfunctional homes and many of them have lost parents either through death or abandonment. As a result, many young prisoners have lacked positive adult role models, and thus have been without guidance in relation to both life skills and vocational options (Gill 1997). Often, their reliance has shifted to their peer group, whose influence may have contributed to their offending behaviour.

In addressing the offending behaviour of young prisoners, a multi-systemic approach is vital. Each of the influences on their behaviour, and each of the

systems they interact with (including school, home and the peer group), must be the subject of intervention (NACRO 2003). Further, building supportive, trusting and open relationships is crucial. Mentoring, modelling and peer support are among the most effective methods of rehabilitating young offenders (NACRO 2003).

Young prisoners have unique needs and influences which must be addressed if true rehabilitation is to occur.

2.2.5.5 Other special needs

Other important special needs groups include prisoners from culturally and linguistically diverse backgrounds and prisoners serving life sentences. Unfortunately, time and resource limitations have necessitated a focus on the four special needs groups outlined above, however it is acknowledged that these two additional groups have unique needs and experiences both while in prison and upon release.

In addition to these more obvious special needs groups, there are a number of other individual needs which must be addressed if prison programs and other initiatives are to prove successful in promoting positive release outcomes and thus community safety. For example, the particular learning styles of offenders must be catered for, taking into account their attention span, coping capacity, level of intellectual functioning, and level of motivation (Western Australia Ministry of Justice 1998). Also, prisoners may have unique program needs related to the nature of their offending behaviour, and it may be counter-productive for prisoners who have committed different types offences, or offences of varying gravity, to be combined in one treatment group (Western Australia Ministry of Justice). Further, prisoners vary in the level of support they will have access to upon release; those who are most isolated should be provided with more intensive support (Ogilvie 2001; Western Australia Ministry of Justice 1998).

In order to ensure that the special needs of specific prisoner groups are met, it is vital that members of those groups and their advocates are involved in the process of developing and implementing those programs and other initiatives which are targeted at them (Baldry 1997). If the special needs of prisoners are not catered for, attempts at their rehabilitation will be unsuccessful and community safety will be jeopardised.

2.3 Needs of prisoners upon release

2.3.1 Welfare needs

The national and international literature focuses on four key needs related to the welfare of prisoners upon release. They are housing, income, employment and education (Alexander 1987).

2.3.1.1 Income

Ex-prisoners require an immediate source of income. Resettlement will be impossible without financial stability; otherwise ex-prisoners may be forced to return to crime to provide themselves with the necessities of life (Ross and Ryan 2003; UK Social Exclusion Unit 2002; NSW Standing Committee on Law and Justice 2000). Prisoners need access to money upon their release to cover the costs of food, medication, phone calls, travel and household expenses. Clothing is another immediate expense often faced by prisoners, as many prisoners possess only the clothes they came into prison wearing. Others will have gained weight whilst in prison and have nothing to wear on the outside other than their prison uniform (O'Loingsigh 2004; Rowlington 1997).

International best practice suggests that prisoners should have access to money immediately upon release. This means that they should be given the opportunity to complete social security application forms prior to their release date, so they do not experience a period without income while their application is being processed (O'Loingsigh 2004; Ward 2001; Rowlington 1997).

In the UK, prisoners are entitled to a discharge grant upon their release from prison, however the Social Exclusion Unit as argued that the grant is inadequate in comparison with the costs incurred by prisoners immediately after their release (UK Social Exclusion Unit 2002). In Australia, prisoners are eligible to receive an advance payment from Centrelink upon their release from prison, however the following fortnight, they are only eligible to receive a half payment. Thus, for their first two fortnights after release, the most prisoners will receive is only one and a half payments. It has consistently been argued that this is inadequate to meet expenses incurred by prisoners post-release (VACRO 2003; NSW Standing Committee on Law and Justice 2000).

Another potential source of income for newly released prisoners is the savings they have accumulated from payment received for prison work. Best practice suggests that prisoners should be reasonably remunerated for their prison work, and that some money should be put into a bank account on trust so the prisoner can save for their release (Koh 2002).

Thus, prisoners must have immediate access to money upon their release. Community safety will not be achieved if prisoners are forced to engage in illegal acts to pay for the necessities of life.

2.3.1.2 Housing

Lack of housing has been consistently shown to be a predictor of recidivism amongst ex-prisoners (Aktepe and Lake 2003; Baldry, McDonnell, Mapleston and Peeters 2003; Meehan 2002; Ward 2001; May 1999; Cowan and Fionda 1994). Indeed, the UK Social Exclusion Unit (2002) reported that

stable housing may reduce recidivism amongst ex-prisoners by up to 20%. Yet prisoners throughout the world often lack secure accommodation upon their release, and they generally find it extremely difficult to secure permanent accommodation for some time afterwards.

There are a number of reasons for this. First, as noted above, prisoners are generally released with very little money and thus cannot secure accommodation in the private rental market; more often than not, they do not have sufficient funds available to them to pay for a bond, one month's rent, and utility connection fees (Ogilvie 2001).

Second, there is a serious shortage of supported and emergency accommodation in the general community; prisoners must compete with all other homeless and marginally housed people for places in shelters (UK Social Exclusion Unit 2002). The lack of supported accommodation is compounded for ex-prisoners who have special needs, such as those with drug or alcohol addiction, mental illness or dependent children, as many shelters will not accommodate them (Sisters Inside 2004). Third, and relatedly, the stigma attached to being an ex-prisoner often results in their exclusion from accommodation (Sisters Inside 2004). In the competitive struggle for supported accommodation, prisoners may lose out against other groups, and private landlords may actively discriminate against ex-prisoners (Cowan and Fionda 1994).

Fourth, ex-prisoners may have strong reservations about accessing mainstream budget accommodation services. The majority of hostels are located in inner-city areas; for an ex-prisoner who wishes to remain drug- and crime-free, this may not provide an ideal environment in which to begin life afresh (O'Loingsigh 2004; Walters 1998).

Fifth, references are often requested by real estate agents offering tenancies and prisoners, particularly those who have been incarcerated for a long time, generally lack such references. Even if they choose not to disclose the fact that they are an ex-prisoner, the gap in their accommodation history may generate suspicion.

Finally, pre-release support and case management/exit plans often do not include a comprehensive assessment of housing needs, let alone attempt to address them (Baldry et al 2003). This is compounded by the fact that many prisoners are informed of their release date at the last minute, which means they may not have sufficient time to organise accommodation prior to their release. In addition, they may be released late in the evening when services are closed (O'Loingsigh 2004).

The irony of the situation is that in many cases, the fact of their imprisonment is what rendered ex-prisoners homeless in the first place. Many prisoners lose their housing when they are incarcerated because they are not given an opportunity to provide notice to their landlord. They may end up in arrears, their possessions may be disposed of, and they may leave prison with substantial tenancy-related debts and possibly a black-listing on tenancy

databases (UK Social Exclusion Unit 2002). Other ex-prisoners may wish to move away from their homes after release to escape the criminogenic influences that are there (O’Loingsigh 2004; Walters 1998). Thus, the very fact of their desire to be rehabilitated may leave them with no where to go.

Further, for many prisoners, lack of accommodation will compromise their prospects of release. In many instances, prisoners will not be released on parole unless they have secure accommodation available to them, and those who would otherwise be eligible for home detention are automatically ineligible if they have no home to go to (Begg 1991).

Jurisdictions around the world vary widely in their response to the problem of accommodating prisoners upon their release. Some corrections departments do not consider this issue to be within their field of responsibility however others, both within Australia and around the world, have initiated some extremely innovative collaborative programs. A key theme which emerges from evaluations of such initiatives is that the provision of mere accommodation will not bring about the best outcomes in terms of rehabilitation and recidivism. Instead, post-release accommodation for ex-prisoners must be holistic in nature, addressing the wide range of difficulties faced by prisoners upon their release (Ward 2001; Kidney 1991).

A. Halfway houses and other targeted supported accommodation options

Halfway houses represent international best practice for the provision of housing to ex-prisoners, and they have been running in the US, England and Ireland since the mid-1800s (Latessa and Travis 1992). Halfway houses provide an environment in which ex-prisoners may recover from their prison experience and rebuild their lives without having to worry about providing themselves with the basic necessities of life (Aboriginal and Torres Strait Islander Social Justice Commissioner 2002; Keast 1991). They are provided with practical and emotional support, they can engage in work or education in the community, and take part in personal development and life skills programs, often run by facility staff (Feldman 2003; Victorian Homelessness Strategy 2001a; Wozner and Arad-Davidson 1994; Begg 1991; Dowell, Klein and Krichmar 1985; Latessa and Allen 1982).

In the US, around 45% of released prisoners go to a halfway house upon their release from prison. During the six months that they are accommodated there, ex-prisoners are assisted to obtain employment, participate in treatment programs and develop positive living and relationship skills. Around 90% of them complete the program successfully (US General Accounting Office 2001).

One such facility in the US is Project Green Hope (see Calathes 1991). This is a 24 bed facility for women which offers accommodation, practical assistance and emotional support to female ex-prisoners for six months after their release, as well as aftercare for a further six months. The program is comprised of three phases:

- the orientation phase, during which the women receive intensive individual counselling, and assistance in locating employment and accessing relevant treatment programs;
- the intermediate phase, during which the women engage in employment, education or training and work with staff to develop living skills and work skills; and
- the discharge phase, during which the women prepare to move out of the facility by developing a housing plan, exploring vocational goals and setting up social supports.

The holistic nature of a program such as this, in addressing ex-prisoners' needs for treatment, vocational assistance, emotional support and practical assistance, provides an apt example of best practice in post-release accommodation.

In Scotland, a number of supported accommodation options based on the halfway house model are available to newly released prisoners. These include hostel accommodation, as well as separate 'cluster' units, located close to the hostels, which allow prisoners to move towards independence gradually, while retaining the support of hostel staff. Supported tenancies are also available to ex-prisoners; living either alone or with other ex-prisoners, they are provided with both accommodation and ongoing general support, including assistance with cooking and budgeting, which is gradually withdrawn as they become re-settled (Scottish Executive Justice Department 2001).

In Victoria, as part of the Transitional Housing Management/Corrections Housing Pathways initiative, 61 transitional housing properties have been set aside by the Office of Housing for ex-prisoners. They are managed by community housing providers who provide ongoing support to prisoners whilst they remain in the program (see Atkepe and Lake 2003; Meehan 2002).

It is well-established that halfway houses are more effective than other alternatives in facilitating ex-prisoners' reintegration into the community (MacKenzie 2002; Latessa and Travis 1992; Dowell, Klein and Krichmar 1985; Latessa and Allen 1982). Also, the provision of specialist housing is cheaper than maintaining prisoners in custodial settings. The cost of housing an ex-prisoner in supported accommodation in the community per year is between \$20,000 and \$35,000, compared with around \$45,000 for minimum security prisoners and up to \$100,000 for maximum security prisoners (Baldry, McDonnell, Maplestone and Peeters 2003; Latessa and Travis 1992; Latessa and Allen 1982).

B. Prison-based housing support workers

Another response to the accommodation difficulties faced by ex-prisoners has been the placement of housing support workers within prisons. These workers liaise with housing providers in the community to ensure that prisoners have somewhere to go immediately upon their release. Such workers may also assist prisoners with rental applications, provide financial assistance to cover initial tenancy expenses and maintain a database of rental options for ex-

prisoners (Ward 2001). Key features of a successful housing support program are early assessment and intervention, consideration of short-, medium- and long-term housing needs, the provision of sufficient information on housing options pre-release, and retaining access to the same worker both in prison and after release (Ward 2001).

As part of the Transitional Housing Management/Corrections Housing Pathways initiative in Victoria, the Office of Housing has provided funding for three housing placement workers in prisons to assist prisoners in maintaining their current housing or formulating a workable pre-release housing plan. The workers assist prisoners to complete public housing applications, liaise with community housing providers, organise placement in appropriate housing and complete bond assistance applications. This approach has been identified as international best practice (see Atkepe and Lake 2003; Meehan 2002; Ward 2001).

Similarly, in England, a housing advice centre was established at one prison by a serving prisoner and a prison officer. The centre provides advice and assistance to prisoners to retain their existing accommodation, or find accommodation upon release. Centre workers meet with prisoners immediately upon their reception and maintain contact with them throughout the period of their incarceration (UK Social Exclusion Unit 2002).

Thus, a number of innovative programs exist in jurisdictions around Australia and the world to address the post-release housing needs of prisoners. Such programs are crucial if community safety is to be promoted, as stable housing is directly related to lower rates of recidivism amongst ex-prisoners (UK Social Exclusion Unit 2002).

2.3.1.3 Employment

It is well-established that ex-prisoners who are unable to secure employment post-release are more likely to re-offend and return to prison (NSW Select Committee on the Increase in Prisoner Population 2001; Peach 1999; Finn 1998; Vennard and Hedderman 1998; Berk, Lenihan and Rossi 1980). Employment may provide a distraction from criminogenic influences, as well as a stabilising influence both economically and psychologically (O'Loingsigh 2004; Aboriginal and Torres Strait Islander Social Justice Commissioner 2002; Heinrich 2000; Alexander 1987). Thus, in the interests of community safety, correctional services should aim to ensure that prisoners are job-ready upon their release (NSW Select Committee on the Increase in Prisoner Population 2001; NSW Standing Committee on Law and Justice 2000).

The main way in which prisons around the world have sought to do this is to provide opportunities for prisoners to undertake work whilst in prison. However, prison work alone will not necessarily increase a prisoner's chances of obtaining employment upon release, or their chances of remaining crime-free (Sickles, Schmidt and Witte 1979). Preventing recidivism is dependent upon ex-prisoners finding fulfilling work, and achieving economic independence through their employment (Travis, Solomon and Waud 2001;

Heinrich 2000; Finn 1999; Gill 1997; Henson 1991; Sickles, Schmidt and Witte 1979). To achieve this, prison work should be meaningful, likely to lead to a job upon release, and part of a holistic array of services provided to the prisoner to assist them to prepare for successful release.

Different prisoners will consider different kinds of work to be meaningful, thus the experience, qualifications and goals of prisoners should be assessed and taken into account prior to their allocation to prison work or vocational programs (European Social Fund 2002; Hamlyn and Lewis 2000; Finn 1999; Ward 1998; Gill 1997). That is, prison work should be considered a feature of prisoners' case management. For those prisoners who possess skills which may allow them to start their own business, development of such skills should be encouraged as a form of work, and if possible, they should be linked to a business mentor upon their release (UK Social Exclusion Unit 2002; Ward 1998; Henson 1991).

There are a number of possible ways of ensuring that prison work will lead to post-release employment for prisoners. First, interagency collaboration is extremely important. Prison work coordinators should establish links with recruitment and referral agencies, and should liaise with employers and employer associations to assist prisoners to obtain employment immediately prior to or after their release (European Social Fund 2002; Koh 2002; UK Social Exclusion Unit 2002; Vennard and Hedderman 1998; Ward 2001; Walters 1998; Henson 1991). In some jurisdictions, computer databases have been established which match the skills of prisoners nearing release to current job advertisements, or which match prisoners to employers who are willing to recruit ex-prisoners, so they may apply for employment whilst still in prison (eg. New York State and the Victorian 'Second Chance Business Registry', see Henson 1991, Peach 1999; HMP Hull in the UK, see UK Social Exclusion Unit 2002; the MABiS Project in Germany, see Wirth 1998).

Community liaison should also aim to dispel the myths associated with employing ex-prisoners and to promote equal opportunity recruitment policies (European Social Fund 2002; Koh 2002; UK Social Exclusion Unit 2002; Ward 2001; McCall 1998; Gill 1997; Henson 1991). Ex-prisoners have been found to have a good work ethic and immense loyalty to their employers, and these merits should be articulated to employers (Heinrich 2000; Wirth 1998; Gill 1997). Job placement programs for ex-prisoners should also include follow-up and mentoring after employment has been secured to ensure that any problems faced by the ex-prisoner or employer may be addressed before the situation progresses to termination (Travis, Solomon and Waud 2001; Ward 2001; Walters 1998).

Second, prison work and training programs should aim to address skill shortages in the community. Prison work should not involve only low-skill based, repetitive activities but instead should aim to assist individuals to develop marketable skills which will enable them to obtain employment upon release (O'Loingsigh 2004; Her Majesty's Prison Service 2002; UK Social Exclusion Unit 2002; Hamlyn and Lewis 2000; Ward 1998; Wirth 1998; Gill 1997; Henson 1991). In the US, partnerships between private industries and

prisons have been established whereby private employers faced with labour shortages hire, train and employ prisoners while they are still in prison, and also offer the possibility of employment on release (eg. Free Venture Program in California, see Henson 1991; Inside-Out program in Holland, see McCall 1998). One best practice program is the Californian Youth Authority program for young offenders (see Buckley 2004), whereby partnerships are sought with private industry through a Correctional Industries Consultative Council. The Council is comprised of representatives from local businesses and trade unions who provide an informed, independent perspective on partnership opportunities, and facilitate rapport with the local business community.

Prison work should not be offered to prisoners in isolation; rather it should be one element of an array of services and programs aimed at preparing prisoners for release and assisting them after release (Walters 1998; Gill 1997). Prisoners should have access to a wide range of personal development and other programs, in fact, many prisons around the world have established purpose-built pre-release work facilities within or next to the prison complex so that prisoners undertaking work can still attend their usual programs within the prison (Koh 2002). It should be remembered that, upon release, prisoners' immediate needs, particularly housing and drug and alcohol treatment, should be addressed before tackling the issue of employment (European Social Fund 2002; Heinrich 2000; McCall 1998).

Further, international best practice suggests that prison work should be supplemented by training in job search, job retention and job readiness (Ward 2001; McCollum 1999; Finn 1998; Ward 1998). This may include holding mock job-fairs, assisting prisoners to complete employment applications and providing practice at job interviews (Heinrich 2000; McCollum 1999; Home Office 1998). Some prisons have established employment resource centres in prisons to assist prisoners to obtain employment prior to their release (McCollum 1999). Many prisoners also report that a key barrier to obtaining employment is their criminal record and the stigma attached to it (Travis, Solomon and Waud 2001; Heinrich 2000; Finn 1998). Various reports from around the world have recommended that governments revisit laws regarding criminal history reporting requirements by, for example, abolishing mandatory reporting for some crimes, and reducing the time period for disclosure (O'Loingsigh 2004; UK Social Exclusion Unit 2002; Finn 1998; Walters 1998).

The special needs of vulnerable groups, such as those with impaired capacity and alcohol and other drug addiction, should be recognised and catered for in any prison work program (European Social Fund 2002; Finn 1999). For example, there is evidence to suggest that female prisoners may not benefit, or may benefit less, from prison work and job-readiness training (Miller 2001). Many women prisoners may never have worked, or may only have worked casually in low-skill, short-term jobs (Hamlyn and Lewis 2000). They also tend to be more worried about the stigma attached to being an ex-prisoner, and are more likely to seek out personal development programs rather than employment programs (Gill 1997). Also, young people may not be as motivated as older people to find and keep a job, as their vocational aspirations and plans may not yet be sufficiently well-developed (Gill 1997).

Thus gender and age differences must be taken into account when designing and implementing prison work programs.

Prisoners who participate in prison work have been found to have lower recidivism rates, as long as they find a reasonably paid job upon release (Sickles, Schmidt and Witte 1979). Many studies have found that participation in prison work increases prisoners' chances of finding and staying in employment post-release (Saylor and Gaes 1992). However, prison work alone may not lead to positive release outcomes. Rather, prison work should enable prisoners to develop marketable skills with a view to finding employment upon release. Prisons should aim to develop strategic partnerships with local industry to enable prisoners to move from prison work to post-release employment, and prisoners should be supported in job search activities while still in prison. If prisoners are able to find fulfilling remunerated work on release, their chances of re-offending will be greatly reduced, and community safety will be enhanced.

2.3.1.4 Education and vocational training

Education and training may serve two functions for prisoners. First, and most obviously, they may provide increased opportunities for employment post-release (Henson 1991). Secondly, they may contribute to personal development, the enhancement of self-esteem, and provide a distraction from criminogenic influences (UK Social Exclusion Unit 2002). However, unfortunately, the vast majority of prisoners are educationally disadvantaged (NSW Select Committee on the Increase in Prisoner Population 2001; Hamlyn and Lewis 2000). Many are reluctant to participate in education programs in prison because they are subject to peer pressure, they have had negative learning experiences in the past, or because the pressures associated with being in prison prevent them from concentrating (Dower 1992; Johnson 1992). Notably, research has shown that prison education programs may be most effective when intensive efforts are focused on those prisoners who are most educationally disadvantaged (Adams et al 1994).

Best practice suggests that there are three key ingredients of successful prison-based educational programs. First, education programs offered in prison should enable prisoners to achieve formal qualifications (Wignall 2002; McCollum 1999; Ward 1998; Gerber and Fritsch 1995). As is the case with prison work, vocational training should provide skills relevant to the contemporary job market (Gerber and Fritsch 1995).

Second, vocational training should incorporate job skills training, including job search and job retention (McCollum 1999). Prisoners who receive education or vocational training but are unable to secure employment after their release may have higher recidivism rates than those who receive no education or training at all (Wirth 1998). Education programs should therefore be linked to job placement programs (see Part 2.3.1.3 above).

Third, the special needs of certain prisoner groups must be catered for in the range and nature of programs offered (Ward 1998). For prisoners who are not

literate, literacy training should be prioritised (Bennett and Wright 1992; Henson 1991). Indeed in some US prisons it is mandatory (McCollum 1999). Best practice suggests that all prisoners should at least be screened for literacy and numeracy deficiencies (Bennett and Wright 1992). Similarly, vocational skills training should be appropriately adapted to meet the special needs of educationally disadvantaged prisoners so that literacy and numeracy are taught in conjunction with practical skills (Kett 2001). For example in Western Australia, prisoners may complete an introductory carpentry course which includes modules on measurement, decimals and using a calculator (Thompson 1992). For those who have been in prison for an extended period of time, skills in using certain technologies, particularly computers and the internet, should be developed as a priority (McCollum 1999). And for those with learning difficulties, less traditional classes such as drama, art and craft may prove more appropriate (UK Social Exclusion Unit 2002; Kett 2001).

Best practice suggests that education should be available to all prisoners as of right, including those in medical and special detention units (Ross 1994), and those on short sentences (Ward 1998). Further, education should be seen as having equal status with work, and this should be reflected in equal wages being paid for education as for work (Kett 2001; NSW Select Committee on the Increase in Prisoner Population 2000). In some prisons around the world, educational classes are compulsory (UK Social Exclusion Unit 2002), and evening classes are run for those who work during the day (Ross 1994).

Many prison education programs around the world utilise the skills of prisoners in teaching, either in partnership with another educator, or independently if they have special skills to impart. For example, at Junee Correctional Centre in NSW, a prisoner who was a former ambulance officer held a course in first aid, and other prisoners have run programs on computers and communications (Ross 1994). Peer tutors may also be enlisted to assist with reading and literacy classes (UK Social Exclusion Unit 2002; Grinstead et al 1999).

Studies have shown that prisoners who participate in education or vocational training are easier to manage, more likely to obtain and retain employment post-release, and more likely to earn higher wages (Gerber and Fritsch 1995; Adams et al 1994; Saylor and Gaes 1992). They may also be less likely to re-offend (UK Social Exclusion Unit 2002; Gerber and Fritsch 1995; Adams et al 1994).⁵ Thus, when viewed in conjunction with prisoners' other needs, education may provide prisoners with increased opportunities for personal development and post-release employment.

2.3.2 Health-related needs

Prisoners have a wide variety of health-related needs which will affect their capacity to lead a productive life in the community once they are released.

⁵ Although it seems that this association may be less strong for women (Miller 2001; Hamlyn and Lewis 2000).

2.3.2.1 Mental and cognitive impairment

Perhaps the most serious health difficulty affecting prisoners and ex-prisoners is mental illness. Around 30% of male prisoners and 50% of female prisoners suffer from diagnosable mental illnesses, and incarceration often results in an exacerbation of their symptoms (Hockings et al 2002; NSW Chief Health Officer 2002; NSW Select Committee on the Increase in Prisoner Population 2001; UK Social Exclusion Report 2002). Also, as many as one third of prisoners may have an intellectual disability (NSW Select Committee on the Increase in Prisoner Population 2001).

The literature reports that there is often widespread misunderstanding about mental illness and disability amongst correctional staff, and prisoners who require specialist treatment often do not receive it (Carlos 2003; UK Social Exclusion Report 2002). Best practice suggests that those prisoners who suffer from mental illness should receive individual care which is therapeutic and tailored to their individual needs (UK Social Exclusion Unit 2002; Lurigio, Fallon and Dincin 2000). Prisoners should be assessed for mental health problems upon reception, a care plan should be developed immediately, and the prisoner should receive required treatment as soon as possible (Ogloff et al 1991). Ideally, such treatment should be provided in a separate unit by a multidisciplinary team of specialist staff, at least some of whom are based in the community, so that prisoners may receive continuity of care upon release (UK Social Exclusion Unit 2002; Lurigio, Fallon and Dincin 2000; Ogloff et al 1991).

A number of innovative re-entry programs exist throughout the world to assist prisoners with mental illness to reintegrate into the community after their release. In each of these programs, the key feature is a solid partnership between prisons and community mental health providers (Lurigio, Fallon and Dincin 2000). For example, in Lucas County, Ohio, a partnership has been developed with community mental health agencies to provide treatment, case management and re-entry planning for prisoners prior to their release, so the same professionals provide treatment and support to prisoners while they are in prison and also after they are released (Anonymous 2002).

If prisoners' mental health needs are not addressed while they are in prison, they may pose a safety threat to the community upon their release.

2.3.2.2 Alcohol and other drug use

Prisoners report extremely high rates of alcohol and other drug use. Around 40% of women prisoners report having had problems with alcohol prior to their incarceration, and around 60% used illicit drugs. The rate of illicit drug use is comparable for men, while the rate of alcohol use is likely to be higher, at around 50%. The rate of alcohol use prior to incarceration is extremely high amongst Indigenous prisoners, at around 70% (see Australian Institute of Health and Welfare 2004; Hockings et al 2002; Butler 1997; Keast 1991).

Drug and alcohol use is a significant predictor of recidivism; indeed many criminal offences are committed as a direct result of alcohol or drug use, either because the person was intoxicated, or because the offence was committed with a view to enabling the person to maintain their habit (Inciardi, Martin and Butzin 2004; O’Loingsigh 2004; Vaughn, Deng and Lee 2003; May 1999; Bonta, LaPrairie and Wallace-Capretta 1997; Westmore and Walter 1993; Sickles, Schmidt and Witte 1979). It has been found that the provision of drug treatment in prison is associated with lower levels of recidivism, particularly if aftercare services are provided upon release (Inciardi, Martin and Butzin 2004; Vaughn, Deng and Lee 2003; UK Social Exclusion Unit 2002; Arvantes 2000; Hiller, Knight and Simpson 1999). Thus, the provision of drug treatment should be a priority for all prisoners who require it (Hiller, Knight and Simpson 1999).

Best practice suggests that a harm minimisation approach, rather than zero tolerance, should ordinarily be taken to drug use (Hamilton, King and Ritter 2004). Drug treatment in prison should be provided in units separate from the general prison population (in ‘therapeutic communities’), for a substantial period of time (around 3-4 months), and should include detoxification, education on drug withdrawal and relapse prevention planning, as well as psychosocial counselling (Inciardi, Martin and Butzin 2004; O’Loingsigh 2004; Vaughn, Deng and Lee 2003; Arvantes 2000; Hiller, Knight and Simpson 1999). This should be followed by a significant period of aftercare in the community (Inciardi, Martin and Butzin 2004; Vaughn, Deng and Lee 2003; UK Social Exclusion Unit 2002; Arvantes 2000; Hiller, Knight and Simpson 1999). At the very least, prisoners should be linked up with drug treatment services in the community, and/or a doctor who will provide prescriptions for methadone, prior to their release (O’Loingsigh 2004).

If drug and alcohol problems of prisoners are treated, their chances of leading a productive life after their release are greatly increased, and community safety is thereby enhanced.

2.3.2.3 Physical health problems

Prisoners and ex-prisoners also report a much higher rate of physical health problems than the general population (Petersilia 2001). Since prisoners and ex-prisoners are more likely to have engaged in behaviour such as drug use and prostitution prior to their release, and because many of them share needles whilst in prison, they are more likely to suffer from HIV and Hepatitis C (O’Loingsigh 2004; Aboriginal and Torres Strait Islander Social Justice Commissioner 2002; NSW Chief Health Officer 2002; Australian Institute of Health and Welfare 2001; Grinstead et al 1999). Prisoners also tend to suffer from more general health problems including respiratory conditions (which is probably related to the high rate of tobacco use amongst prisoners) and poor oral health (Hockings et al 2002; NSW Chief Health Officer 2002; Australian Institute of Health and Welfare 2001; Butler 1997). Women prisoners have higher than average rates of pregnancy and gynaecological difficulties, and Indigenous prisoners have very high rates of general illness (Hockings et al

2002; Aboriginal and Torres Strait Islander Social Justice Commissioner 2002; Australian Institute of Health and Welfare 2001).

It is extremely important, therefore, that prisoners receive quality, confidential, consensual treatment while in prison. They should also be linked with a general practitioner, provided with prescriptions for required medication, and referred to specialist medical practitioners upon their release to ensure that they receive the treatment and care they require once they are living in the community (O'Loingsigh 2004; UK Social Exclusion Report 2002).

Although health problems have not been found to directly predict recidivism, they will impact upon an ex-prisoner's capacity to obtain and retain employment and participate in personal development programs which have the capacity to decrease their chances of re-offending (Grinstead et al 1999; May 1999).

2.3.3 Psychosocial needs

Prisoners' psychosocial well-being has also been found to affect their capacity to remain crime-free upon release.

2.3.3.1 Social and emotional support

As noted above, an extremely high proportion of prisoners suffer from mental illness, however the statistics generally quoted may be an underestimate. Many more prisoners experience high levels of depression and anxiety, but are not diagnosed as having a mental illness. Surveys have found that prisoners have extremely low levels of self-esteem, are very depressed and highly anxious (Castellano and Soderstrom 1997). Attempts must be made to deal with prisoners' emotional state if programs aimed at their 'correction', are to have their desired impact (Castellano and Soderstrom 1997). Further, emotional malady may manifest itself in anti-social attitudes, impulsivity, and rigid, concrete thinking, all of which have been identified as direct causes of offending behaviour (Vennard, Sugg and Hedderman 1997).

The importance of individual counselling cannot be over-emphasised. Prisoners have often experienced a great deal of trauma and abuse in their past, and those who need to work through these issues should have access to counsellors who can provide them with emotional and psychological support on a confidential basis (Carlos 2003; Ward 2001). In particular, certain prisoner groups, including women and young people, may require more long-term, intensive support (Carlos 2003).

Cognitive behavioural therapy has been found to be extremely effective in challenging negative thought patterns and assisting prisoners to develop new coping strategies and ways of controlling their behaviour. Successful methods include modelling, role play, rehearsal, and training in self-talk (Cullen and Gendreau 2000; Vennard, Sugg and Hedderman 1997). In particular, multi-systemic therapy where both cognitive and social factors are addressed, has

been successfully applied with respect to young offenders (Cullen and Gendreau 2000; Vennard, Sugg and Hedderman 1997).

The tendency of prisons to dehumanise individuals must be resisted to avoid prisoners' developing a sense of learned helplessness. Prisoners must be encouraged and empowered to develop new life skills and, if possible, to work through their problems while in prison, rather than simply biding their time until release (UK Social Exclusion Unit 2002).

If a prisoner's life is merely put on hold whilst they are incarcerated, the community will be protected from them only during the period of their containment. Once they are released, they may be less able to cope with life in the community than before their imprisonment.

2.3.3.2 Maintaining contact with family members

Access to strong, supportive family relationships upon release significantly reduces the chance that an ex-prisoner will re-offend (O'Loingsigh 2004; UK Social Exclusion Unit 2002; Travis, Solomon and Waul 2001; Ward 2001; NSW Select Committee on Law and Justice 2000). Thus, maintaining prisoners' family ties should be considered a priority if positive release outcomes are to be achieved.

Unfortunately, in practice, prisoners' access to members of their family is often extremely restricted. Telephone calls into prisons are often prohibited and prisoners' opportunities to make telephone calls are minimal. Keeping in contact via written correspondence may be difficult or impossible in the case of illiteracy, and the remote location of certain prisons may prevent family members from visiting (UK Social Exclusion Report).

The well-being of their family members is a source of great stress for prisoners, particularly women prisoners who are the primary carers of children (Sisters Inside 2004; Aboriginal and Torres Strait Islander Social Justice Commissioner 2002; Travis, Solomon and Waul 2001; Davies and Cook 1998). Best practice suggests that prisoners should be assisted to maintain consistent, meaningful relationships with family members while in prison (Carlos 2003; Petersilia 2001; Victorian Homelessness Strategy 2001a). They should have reasonable access to their family members via the telephone, and through frequent visits. This is particularly the case for prisoners who are parents, as frequent contact may be necessary to maintain their parenting role (Aboriginal and Torres Strait Islander Social Justice Commissioner 2002; UK Social Exclusion Report 2002; Petersilia 2001; Butler 1994). Also, visiting areas should foster an environment conducive to intimacy; visiting areas should be family-friendly rather than sterile, and should be large enough for both privacy and security to be maintained (O'Loingsigh 2004; UK Social Exclusion Report 2002; Butler 1994). Reduced access to visits should not be used as a means of discipline, but should be available as of right, particularly for women with children (Davies and Cook 1998; Butler 1994). Also, the trauma caused to prisoners by visits (as a result of frequent and invasive

searches, for example) should be minimised (Aboriginal and Torres Strait Islander Social Justice Commissioner 2002).

A number of mothers' and babies' units have been established around Australia and the world to enable mothers to have their young children with them during all or some of the period of their incarceration (Loy 2000; Lynch 2000). These units allow mothers to maintain their parenting role, and eliminate the trauma of separation for both the mother and the child. Best practice suggests that these units should be separate from the general prisoner population and should create an environment which is as normal as possible for the child (Clay and Burfitt 2000; Loy 2000; Lynch 2000; Butler 1994).

Further, family members may be an important source of information on what will assist a prisoner to stop offending (O'Loingsigh 2004; UK Social Exclusion Unit 2002; Travis, Solomon and Waul 2001; Ward 2001; NSW Standing Committee on Law and Justice 2000). Best practice suggests that information and advice from family members regarding a prisoner's rehabilitation and program requirements should be sought when assessments and plans are being made, if the prisoner consents. Also, their input on prison policy and practice should be obtained, through visitor/family committees (NSW Standing Committee on Law and Justice 2000).

Upon release, assistance with family reintegration may be necessary. This is particularly the case for prisoners (most often women) who are primary carers of children. Their children may have become attached to other adults, and they may be angry and traumatised as a result of the separation from their parent. Further, the ex-prisoner may have become affected by the prison routine, and may find it difficult to re-assume their role as parent. Such support should begin pre-release and continue for some time post-release (see Butler 1994).

Families and children of prisoners are the forgotten victims of the use of incarceration as a sentencing option (Travis, Solomon and Waul 2001; Brown 1995). Best practice suggests that they should be supported, both materially and emotionally (Brown 1995; Butler 1994). In particular, they should be assisted with the costs of visiting the prison, and the experience of visiting the prison should be enriching rather than intimidating or frightening (Aboriginal and Torres Strait Islander Commissioner 2002; UK Social Exclusion Unit 2002; NSW Standing Committee on Law and Justice 2000). In Norwich Prison in the UK, a visitors' reception centre has been established outside the prison; visitors obtain security clearance there prior to entering the prison, and information is available and programs are run especially for family members of prisoners (UK Social Exclusion Unit 2002).

Family members should also have access to a contact person from whom they can obtain information regarding the health and well-being of their loved one who is in prison (Aboriginal and Torres Strait Islander Social Justice Commissioner 2002; UK Social Exclusion Unit 2002). It has also been

recommended that prisoners' children be able to phone them at any time (Butler 1994).

Since supportive relationships with family members may inoculate a prisoner against re-offending, maintaining family relationships should be a priority in relation to all prisoners.

2.4 Conclusion

The national and international literature, regardless of its source, is remarkably consistent in its recommendations in relation to the 'correction' of prisoners and the promotion of community safety. Best practice clearly indicates that a prisoner's time in prison should, as far as possible, be directed at addressing the causes underlying his/her offending behaviour. Research around the world indicates that successful outcomes in terms of prisoner release are most likely to be achieved if a throughcare model, incorporating case management and individualised program plans, is implemented. Aftercare, prefaced by a pre-release program, is considered essential in assisting prisoners to reintegrate into the community. The importance of graduated release is stressed, as is the need to address the special needs of specific offender groups, including particularly young prisoners, women prisoners, prisoners with mental or cognitive impairment and Indigenous prisoners. Further, prisoners' needs which directly or indirectly contributed to their offending behaviour or dysfunctional lifestyle must be addressed to prevent recidivism. Such needs include welfare needs, health needs and psychosocial needs.

Of course, the realities of public perceptions cannot be ignored. There is a clear concern amongst researchers that members of the public are ignorant as to what is really required to achieve 'correction' and thus community safety. Clearly, members of the public need to be better educated in relation to the vulnerability of the vast majority of prisoners and the importance of rehabilitation in achieving the goal of community safety. As some commentators have said, governments are doing voters a disservice by failing to implement evidence-based strategies to reduce criminal behaviour just because the public is misinformed (Feldman 2003; Lightfoot 2002).

3. Prison Release in Queensland: Legislation and Policy

‘Corrective Services is committed to the safety of the community through the secure but humane containment of prisoners within corrective services facilities and the effective supervision of offenders in the community.’

- Department of Corrective Services (Queensland) Procedure, Offender Management

3.1 Overview

We now turn our minds to the question of whether Queensland corrective services legislation and procedures accord with best practice principles in relation to prisoner release. The analysis will demonstrate that overall, principles outlined in the official documents are consistent with international best practice, albeit with some exceptions.

3.2 Best practice principles

3.2.1 Throughcare

On their face, Queensland corrective services legislation and procedures establish a throughcare model for the management of prisoners. The principles outlined in the Department’s policies and procedures include a commitment to ‘reducing the incidence of re-offending by targeting interventions according to assessed risks and criminogenic needs’ and a commitment to ‘an offender’s reformation and social rehabilitation through interventions designed to enhance the offender’s sense of dignity and ability to become a productive member of society’.

Section 3 of the *Corrective Services Act 2000* states that one of the purposes of corrective services is ‘rehabilitation’. To this end, under s190(1)(b) and (c), the chief executive must establish services or programs aimed at helping prisoners to be integrated into the community after their release, including by acquiring new skills, and maintaining and strengthening ties with members of their family and community.

As noted above, throughcare requires prisoners to be assessed immediately upon reception in relation to their program and intervention needs, and referred to programs in accordance with these needs as soon as possible. Under Departmental procedures, this is provided for. Newly arrived prisoners are to be assessed as soon as practicable after admission; this assessment is

to comprise an examination of prisoners' criminogenic needs, mental health or other special needs, education needs and employment particulars.⁶ Based on this assessment, an initial sentence plan is to be completed within 21 days.⁷ This does accord with international best practice.

However, under this policy, only prisoners serving sentences of more than 12 months receive such a comprehensive assessment. Prisoners serving short sentences receive only an 'Abridged Placement Assessment', and a sentence plan does not have to be completed for them unless they are identified as having special needs (eg. intellectual disability, limited English, being 'at risk').⁸ Clearly, this is a shortcoming of the policy – best practice suggests that all prisoners should receive a comprehensive assessment and should have a case management plan prepared for them.

For those who are eligible to receive case management, Departmental procedures provide for a comprehensive case management system. An individual officer is to be assigned to each prisoner, who has primary responsibility for ensuring the implementation of the prisoner's individual management plan. This officer must arrange, encourage and facilitate the prisoner's attendance at intervention programs and educational and vocational courses; liaise with staff to ensure that the prisoner's case plan is implemented; and act as a positive role model for the prisoner.⁹ The procedures state that prisoners will have completed their essential intervention programs prior to their date for eligibility for a PPCBR order.¹⁰

'Offender Management' procedures state that a variety of programs should be available to prisoners, including core programs and local programs, aimed at meeting identified needs of prisoners in relation to their offending behaviour and personal development.¹¹ Again, this is consistent with a best practice throughcare model.

The importance of the active participation of prisoners in the development and implementation of programs and services in prisons is widely recognised in the international literature. In Queensland, prisoners have the opportunity to actively participate in the preparation of their sentence plan, and they may also provide input on facility management through Prisoner Advisory Committees, which are comprised of at least six prisoners who meet to raise prisoners' concerns with management personnel.¹²

Thus, Queensland legislation and procedures do establish a throughcare model consistent with best practice, comprising assessment, case management, case plans and prisoner input. The only shortcoming on the

⁶ DCS Procedure – Offender Management – Admission, 30 April 2003; DCS Procedure – Offender Management – Assessment, 28 May 2003.

⁷ DCS Procedure – Offender Management – Planning, 9 December 2002.

⁸ DCS Procedure – Offender Management – Case Management, 24 June 2002.

⁹ DCS Procedure – Offender Management – Case Management, 24 June 2002.

¹⁰ DCS Procedure – Offender Management – Offender Programs, 1 July 2001.

¹¹ DCS Procedure – Offender Management – Offender Programs, 1 July 2001.

¹² DCS Procedure – Prisoner Services – Prisoner Advisory Committees, 1 July 2001.

face of the documents is that case management services are restricted to prisoners serving sentences of over 12 months.

3.2.2 Aftercare and pre-release programs

As noted above, the chief executive is instructed under s190(1) of the *Corrective Services Act 2000* to establish programs to assist prisoners to prepare for their release. Some individual prisons have been running pre-release programs for some time. However, a new Transitional Program is currently being trialled throughout Queensland which aims to provide a consistent approach to pre-release planning across all corrective services facilities. This program offers prisoners the opportunity to participate in sessions on topics such as finding accommodation, obtaining Centrelink payments, relapse, relationships and other post-release issues faced by prisoners. The program sessions are delivered primarily by service providers based in the community. This program is, on its face, consistent with international best practice.

Also, according to the procedures, prior to their release, prisoners serving sentences of more than 12 months have an exit plan generated for them. This plan considers the extent to which their needs and risks have been addressed whilst in prison; it also makes recommendations for future intervention, provides suggestions for preventing re-offending, and provides referrals to community services and support agencies.¹³ This is consistent with international best practice. However those serving sentences of 12 months or less do not have such a plan prepared for them. This is clearly contrary to best practice which suggests that all prisoners should be provided with an exit plan.

Another shortcoming of the legislation and procedures is that there is no certainty for prisoners, their families or their support workers as to when they will be released. Section 83 of the *Corrective Services Act 2000* states that a prisoner may be released up to 14 days prior to their release date. This means that prisoners will often not know in advance the date of their release; it will therefore be impossible for them to plan to be met at the gate, or to arrange accommodation in advance. This is contrary to best practice which suggests that prisoners should be able to plan in advance for their release. Further, under s82, a prisoner may be released at any time of day. This is unfortunate as it is recognised in the literature that if a prisoner is released late at night, required services such as supported accommodation, banks, Centrelink and welfare services are not available. This may leave them with no where to go and with no access to money. Best practice suggests that prisoners should be released in the morning so they may spend the day finding shelter and arranging their finances.

Uncertainty regarding release is made even worse by the availability of indeterminate sentences in Queensland. For example, the *Dangerous Prisoners (Sexual Offenders) Act 2003* (recently upheld by the High Court)

¹³ DCS Procedure – Offender Management – Exit, 1 July 2001.

allows the Queensland Supreme Court to make an order for the preventative detention of a sexual offender who it considers poses an unacceptable risk to the community. If prisoners are unaware of their release date and time, it is impossible for them to plan for the rest of their lives.

The capacity of prisoners to plan for their release is further restricted by the fact that they are only permitted to have 10 telephone numbers registered on their phone system at any one time.¹⁴ While the Department states that the telephone numbers of some key community service agencies are automatically programmed into the telephone system (in addition to prisoners' own 10 numbers), not all accommodation, treatment and other social services are listed. Thus, when prisoners are nearing their release date, it will be impossible for them to 'ring around' in an attempt to obtain accommodation and other social service support.

3.2.3 Graduated release and classification

The *Corrective Services Act 2000* establishes a sophisticated system of graduated release. Prisoners may apply to the QCCB or the chief executive for a number of different kinds of release throughout the course of their sentence including:

- leave of absence;
- a community work order;
- post-prison community-based release (PPCBR);
- conditional release; and/or
- remission.

One or more of these forms of release may be granted in the form of a gradual release program, whereby prisoners move from one form of release to another as they demonstrate the extent of their rehabilitation and their ability to live responsibly in the community.

3.2.3.1 Classification

Prisoners become eligible for graduated release when their security classification is reduced to low or open security. The legislation requires a prisoner's security classification to be reviewed at least once every six months (s12(4)(c)). The policy attempts to ensure that prisoners' release is not held up by the classification review process by requiring that prisoners with a security classification other than low or open security must be assessed for suitability for a reduction in their classification 10 months prior to their PPCBR eligibility date.¹⁵ The review team must include a professional staff member (a psychologist, counsellor or educator) as well as correctional officers.¹⁶ Further, to ensure that prisoners are not disadvantaged by long waiting lists for prison programs, the procedures state that non-completion of programs

¹⁴ DCS Procedure – Safety and Security – Prisoner Telephone System.

¹⁵ DCS Procedure – Offender Management – Assessment, 28 May 2003

¹⁶ DCS Procedure – Offender Management – Review, 23 January 2004.

should not ordinarily form the basis for a decision to refuse a reduction in security classification to open security if the prisoner has otherwise been of good conduct and industry.¹⁷ Thus, assuming the classification instrument utilised is a reliable and valid measure of risk, the legislation and procedures suggest that Queensland's security classification system is consistent with international best practice.

However, there is some evidence in the legislation to suggest that the classification instrument used in Queensland may not actually be reliable and valid. Section 12(3) of the *Corrective Services Act 2000* lists factors which are relevant to classification decisions. They include the prisoner's psychiatric history and the nature of their family relationships. These two factors seem to convert need and vulnerability into risk, and may result in vulnerable prisoners being classified as a higher risk than less disadvantaged prisoners. Thus, on the face of the legislation, there is reason to suggest that classification instrument used in Queensland prisons may discriminate against certain offender groups, compromising its reliability and validity, and thereby its compliance with best practice.

3.2.3.2 Graduated release

A. Leave of absence

The earliest form of release available to prisoners is leave of absence. Under s58 of the *Corrective Services Act 2000*, a prisoner may be granted leave of absence by the chief executive for resettlement purposes, educational or vocational activities, community service and compassionate reasons. If more than one leave of absence is granted for the same purpose, a graduated program of leave may be developed which increases the length of leave over time, taking into account the prisoner's earliest review date.¹⁸ This is particularly relevant to leave of absence for resettlement purposes. Under the Regulations (s13), a prisoner is only eligible for resettlement leave if they are classified as low or open security, and they have served 25% of their sentence, or have six months left to serve of a sentence of less than eight years or one year left to serve of a sentence of eight years or more, whichever is later. The prisoner may or may not be accompanied by a corrective services officer during the leave, however physical surveillance checks must be conducted at least once out of every four occasions of leave.¹⁹ Prisoners who receive leave of absence to perform community work are under the direction of an approved sponsor at all times, who has been trained by, and remains in contact with, a corrective services officer.²⁰ These policies regarding leave of absence are largely consistent with international best practice as they enable a prisoner to gradually reintegrate back into the community while under supervision, thereby not compromising community safety.

¹⁷ DCS Procedure – Offender Management – Review, 23 January 2004.

¹⁸ DCS Procedure – Offender Management – Leave of Absence, 12 December 2002.

¹⁹ DCS Procedure – Offender Management – Leave of Absence, 12 December 2002.

²⁰ DCS Procedure – Offender Management – Community Service Projects, 18 November 2003.

B. WORC and WCCP

Prisoners who are classified as open security can apply for a community work order.²¹ Under ss56 and 57, prisoners may be released to WORC (Western Outreach Camp) or WCCP (Women's Community Custody Program) which enable prisoners to work in the community subject to supervision. They reside within correctional facilities, and must seek permission to go shopping or attend local social functions, for four weeks out of every five. During the fifth week, prisoners can leave the facility to visit family. The rationale for the program is that it provides prisoners with an opportunity to develop work skills and social skills to prepare them for release. These programs are a clear example of best practice, and they have been heralded as such in the literature (see Prenzler and Wortley 1994).

However, there are a number of shortcomings. First, many prisoners are excluded under the legislation from this form of release; prisoners who are serving time for a violent offence (including robbery and burglary) are ineligible to participate. This seems unduly restrictive, particularly in light of the fact that the prisoner must be classified as an extremely low security risk to be eligible. Second, prisoners are remunerated for their work at a maximum rate of only \$8.21 per hour (plus small incentive bonuses).²² To the extent that this amount is lower than ordinary rates of pay for such work, this system does not accord with best practice. Best practice suggests that prisoners should be paid close to award wages for their work to enhance their motivation and enable them to save for their release. Thus, while community work orders appear to accord with best practice, they fall short in these two key ways.

C. Post-prison community-based release (PPCBR)

The key form of gradual release sought by prisoners is PPCBR. The stated aim of a PPCBR order is to provide for the reintegration of prisoners into the community in a safe, efficient and effective manner. There are a number of forms of PPCBR. They are (s141):

- a release to work order – whereby a prisoner undertakes work in the community, not at a community corrective services facility, but under community corrective services surveillance which at a minimum will include one phone check per week and one physical check per month;²³
- home detention; and/or
- parole – whereby a prisoner lives in the community but is under the supervision of a community corrective services facility.²⁴

²¹ DCS Procedure – Offender Management – Community Work Order, 31 July 2003.

²² DCS Procedure – Prisoner Services – Remuneration, 1 July 2001

²³ DCS Procedure – Offender Management – Post-Prison Community-Based Release Orders, 1 July 2001.

²⁴ Note that a prisoner released on any of these PPCBR orders is still to be considered a 'prisoner'; s153.

A prisoner may be released on one or more of these orders, depending on what the QCCB considers is required to ensure the safety of the community.²⁵

Prisoners may apply to the QCCB for a PPCBR order if they are classified as low or open security,²⁶ and have served 50% of their sentence, unless they have been convicted of a serious violent offence (in which case they must have served 80% of their sentence or 15 years, whichever is less), or have been sentenced to life (in which case they must have served 15 or 20 years). The procedures state that prisoners serving sentences of eight years or more should ordinarily have spent nine months in an open custody environment prior to their release on a PPCBR order.²⁷

This system, on its face, accords with international best practice as it provides prisoners with an opportunity to reintegrate back into the community and re-establish their lives gradually, while being supported by community corrections officers. However, there are some shortcomings to this system of graduated release.

First, graduated release is only available to prisoners who are serving a sentence of two years or more. This is inconsistent with international best practice which suggests that all prisoners should be released gradually. Second, in making an order for gradual release, the QCCB is not bound by the remarks of the sentencing judge (s139). This may compromise the integrity of the sentence handed down by the court, and may cause distress and de-motivation to prisoners whose release expectations have been thwarted. Third, release on a PPCBR order is only available to those who can prove they have a 'suitable residence' to go to,²⁸ which means that people who are homeless are automatically excluded. This is inconsistent with best practice which suggests that all prisoners should be eligible for gradual release, regardless of their housing status, and that those prisoners who have no home to go to on release should be assisted to find accommodation, preferably in halfway houses designed for this purpose.

D. Conditional release

For those serving sentences of less than two years, the only early release option is conditional release (under s76), which may become available to prisoners once they have served two thirds of their sentence. If a prisoner is granted conditional release, the chief executive may make this release conditional on anything that he/she considers will help the prisoner reintegrate into the community, secure their good conduct or stop them from committing

²⁵ Ministerial Guidelines to the QCCB for the Release of Prisoners on Post-Prison Community-Based Release Orders, November 2002.

²⁶ In exceptional circumstances, the QCCB may approve PPCBR to a prisoner who is not so classified; DCS Procedure – Offender Management – Review, 24 January 2003; Ministerial Guidelines to the QCCB for the Release of Prisoners on Post-Prison Community-Based Release Orders, November 2002.

²⁷ Ministerial Guidelines to the QCCB for the Release of Prisoners on Post-Prison Community-Based Release Orders, November 2002.

²⁸ DCS Procedure – Offender Management – Post-Prison Community-Based Release Orders, 1 July 2001; Ministerial Guidelines to the QCCB for the Release of Prisoners on Post-Prison Community-Based Release Orders, November 2002.

an offence. However, no formal supervision or assistance is provided to the prisoner after release.²⁹ This is not consistent with best practice, since prisoners are not provided with any assistance or supervision while they reintegrate back into the community.

E. Remission

For those who were sentenced to imprisonment (for two months or more) prior to the commencement of the *Corrective Services Act 2000* who have not been granted any other form of PPCBR, remission of up to one third of the sentence may be granted by the chief executive (s75). This is inconsistent with best practice, and may compromise community safety, as no supervision or support is available to prisoners released on remission.

Thus, while the graduated release scheme in Queensland is generally consistent with best practice, the fact that PPCBR is only available to prisoners serving longer sentences, and that prisoners serving short sentences are only eligible for unsupervised early release, compromises community safety and is inconsistent with best practice.

3.2.4 Special needs of specific groups

Some provision is made for the special needs of specific offender groups in Queensland's corrective services legislation and procedures documents. Section 3(3)(b) of the *Corrective Services Act 2000* notes the importance of recognising the special needs of certain offender groups, by taking into account their age, gender and race, any disability they have, and any special needs they have by virtue of the fact that they are of Aboriginal or Torres Strait Islander descent. Under the *Corrective Services Regulation 2001*, a person performing a function or exercising a power under the Act must take into account the offender's age, gender, race, disability (including illiteracy or language difficulties) and culturally specific needs (s3). Further s190(2) states that any programs or services established by the chief executive must take into account the special needs of offenders.

This commitment to recognising special needs is specifically addressed in a number of sections of the *Corrective Services Act* and the Regulations. For example:

- s11(2) of the Act states that reasonable steps must be taken to explain to illiterate prisoners their entitlements and duties under the Act and the policies and procedures relevant to these entitlements and duties upon their admission to prison;
- s13 of the Act states that prisoners aged under 18 years should be accommodated in a unit separate from prisoners aged 18 years or older;
- s27A of the Act states that strip searches of women prisoners should only be carried out by a female corrective services officer, and s8 of the

²⁹ DCS Procedure – Offender Management – Conditional Release, 1 October 2003.

Regulations states that a corrective services officer who is not the same gender of a prisoner being strip searched should not be able to view the search on a monitor;

- s42 of the Act requires prisoners at risk of harm to be transferred to a crisis support unit to receive special care and treatment;
- s122 of the Act allows for Indigenous prisoners to receive extra visits from elders and for prisoners who are mothers to receive extra visits from their children;
- s5 of the Regulations states that Indigenous prisoners should be accommodated in facilities located as close to their family as practicable;
- s10 of the Regulations states that if an Indigenous prisoner is subject to a crisis support order, an Indigenous health worker should be asked to visit the prisoner and the prisoner's contact person should be notified; and
- s11 of the Regulations states that a maximum security order should not be made against a prisoner who has a psychiatric disorder or an intellectual disability until the prisoner has been assessed by a psychologist and the chief executive has considered that assessment.

This commitment to meeting the special needs of specific offender groups is also addressed in the Department's procedures. For example, a key principle identified by the Department is that 'all communication is to incorporate a culturally appropriate style and pace appropriate to each offender'. The Department's 'Admission' procedure states that the decision as to where to accommodate newly admitted prisoners should be based on their assessed needs, including their age and any intervention requirements.³⁰ Other procedures require staff to be alert, and respond appropriately, to prisoners who are at risk of suicide or self-harm, including sending them to the crisis support unit where they can receive individualised care and treatment.³¹

The special needs of Indigenous prisoners are also recognised in the Department's procedures, for example:

- Indigenous prisoners may apply for compassionate leave to attend the funeral of anyone considered 'kin' rather than just a blood relative;³²
- if an Indigenous prisoner's security classification or leave of absence program is being reviewed, an Indigenous person should be involved in the review where practicable;³³
- corrective services staff are instructed to be aware of the impact that Indigenous culture and history have on their risk of self harm,³⁴ and

³⁰ DCS Procedure – Offender Management – Admission, 30 April 2003.

³¹ DCS Procedure – Offender Management – Crisis Support Units, 1 July 2001; DCS Procedure – Offender Management – Suicide Prevention, 1 August 2002.

³² DCS Procedure – Offender Management – Funeral Attendance by Indigenous Prisoners, 23 July 2001.

³³ DCS Procedure – Offender Management – Review, 24 January 2003; DCS Procedure – Offender Management – Leave of Absence, 12 December 2002.

³⁴ DCS Procedure – Offender Management – Suicide Prevention, 1 August 2002.

- videoconferencing is available to Indigenous prisoners to assist them to prepare for their reintegration back into the remote communities which they are from prior to their release.³⁵

Thus, there are a number of sections in the legislation and a number of instructions in the Department's procedures documents which state that the special needs of specific prisoner groups, particularly women, young, Indigenous, illiterate and mentally ill prisoners, should be recognised and respected.

3.3 Needs dimensions

3.3.1 Welfare needs

3.3.1.1 Income and housing

As noted above, prisoners' access to money and shelter upon their release is vital to the achievement of positive release outcomes. Thus, best practice would suggest that the Department of Corrective Services should ensure, as far as possible, that prisoners are not released without a source of income or a home to go to.

The Department has indicated that this does not come within the ambit of its responsibility. However, to act in a manner consistent with best practice and to achieve their primary goal of community safety, the Department should at least seek partnerships with other Government Departments to ensure that prisoners are not released into a void.

Some examples may be cited where such a partnership does exist, de facto, spontaneous or otherwise:

- Prisoners who have served sentences of 12 months imprisonment or more may be eligible to receive a once only grant of two weeks rent from the Department of Housing upon their release.³⁶
- At some individual correctional facilities, arrangements have been made with local offices of the Department of Housing for workers to visit the prison regularly to provide assistance to prisoners completing public housing applications and applications for bond loan assistance. Unfortunately, the provision of such a service appears to be dependent upon a relationship having been formed between individual facilities and their local Department of Housing office.³⁷
- The Queensland Department of Corrective Services has a memorandum of understanding with Centrelink which includes

³⁵ DCS Procedure – Offender Management – Videoconferencing for Prison Access Project, 1 May 2003

³⁶ The 'Rental Grant' fact sheet and application form are available from the Department of Housing website at http://www.housing.qld.gov.au/renting_a_home/renting/grants/info_rental_grants.htm.

³⁷ There does not appear to be a central policy evidencing a relationship between the Department of Corrective Services and the Department of Housing for this purpose.

protocols for ensuring that prisoners receive income support payments immediately upon their release. Under this arrangement, prisoners should have access to a cash payment on the day they leave prison. However, it appears that as with housing, practices may vary between individual facilities. Also, joint strategies have been established to minimise Centrelink debts acquired by prisoners when they enter custody (Centrelink 2003).

Section 82(3) states that the chief executive may give a prisoner 'help' when he/she is discharged. It appears from the procedures that this may be restricted to bus or train fares.³⁸ Still, the provision of some assistance is welcome, and may go some way towards addressing the difficulties associated with release for prisoners who have no one to meet them at the prison gate.

Despite these best practice systems, there are some shortcomings in relation to the provision of these welfare needs to prisoners. As noted above, prisoners may be released at any time of the day, as determined by the chief executive (s82). Further, prisoners may be released up to 14 days early, at the discretion of the chief executive (s83). This means that prisoners are unable to plan for their release and thus cannot ensure that income, transport and housing will be available to them immediately after they are discharged from the prison. This is not consistent with best practice, which suggests that prisoners' release date should be certain and pre-planned to ensure that they are not released into a void.

3.3.1.2 Employment and education

As noted above, unemployment is a key predictor of recidivism post-release. The *Corrective Services Act 2000*, *Corrective Services Regulation 2001*, and the Department's procedures contain a number of provisions aimed at assisting prisoners to enhance their prospects of obtaining employment upon release.

Consistent with best practice, prisoners have the opportunity of participating in correctional industries. These are approved voluntary activities which are undertaken within the prison and involve the provision of services and/or the production of goods for internal use or external sale. The stated aim of correctional industries is to provide prisoners with meaningful work, and associated vocational, educational and training opportunities, which will assist them to obtain employment upon release.³⁹ Prisoners receive remuneration for their work at a maximum rate of \$4.11 per hour, plus incentive bonuses.⁴⁰

There are quite a number of deviations from best practice principles in relation to prisoner employment in Queensland. First, there is no requirement in the legislation or procedures that prison work be meaningful, related to prisoners' interests or skills, or assist prisoners to develop marketable skills in areas of

³⁸ DCS Procedure – Offender Management – Exit, 1 July 2001.

³⁹ DCS Procedure – Offender Management – Correctional Industries Operation, 18 January 2002.

⁴⁰ DCS Procedure – Prisoner Services – Remuneration, 1 July 2001

labour market shortage. Second, Queensland's prisoners are provided with such a low rate of remuneration that they may lack motivation to participate in correctional industries work, and they will certainly not earn enough money to allow them to support themselves on release. Third, no attempt is made to link prisoners with jobs in the community. As noted above, best practice suggests that prisoner employment programs should include liaison between corrective services and employers in the community, either through the creation of partnerships between prison industries and outside employers, or by networking with employers who are willing to recruit ex-prisoners.

A joint arrangement exists between the Department of Corrective Services and the Department of Education and Training to fund external providers to offer vocational education and language, literacy and numeracy training to prisoners. Departmental procedures state that all prisoners should be assessed on their literacy needs, and that prisoners should be encouraged to improve them if necessary.⁴¹ The procedures also state that a number of educational programs should be available to prisoners, including literacy and numeracy, secondary education, vocational education and training, traineeships and apprenticeships, tertiary courses and personal development courses. As noted above, prisoners may be granted leave of absence to engage in education under s58(1)(c) of the *Corrective Services Act 2000*, although this is only available to prisoners classified as low or open security.⁴²

This appears consistent with international best practice, which states that all prisoners should have access to education programs, particularly literacy, numeracy and secondary schooling. However, there are some shortcomings. For example, educational needs assessments are only completed for prisoners serving sentences of more than 12 months.⁴³ Since prisoners are referred to educational programs based on their assessed needs and their individual management plan, it would follow that prisoners serving sentences of 12 months or less may not be eligible, or at least will be less likely, to receive educational services. Also, the policy indicates that there are financial disincentives associated with participation in educational programs for prisoners. By engaging in study, prisoners miss out on the income they would otherwise have earned from prison industry work. While they will still receive an allowance, incentive bonuses are not payable to prisoners involved in educational programs unless they are working as a tutor or program leader. Further, the allowance received by prisoners is insufficient to ensure they are able to purchase the educational materials they require. This is contrary to best practice which states that all prisoners should have access to education while in prison, and that prisoners engaged in education should receive the same level of remuneration as those in employment to ensure that prisoners are not discouraged from participating in educational programs.

Further, while Departmental policy states that prisoners may be permitted by the person in charge to access a computer for approved educational and

⁴¹ DCS Procedure – Offender Management – Education Services, 1 July 2001.

⁴² DCS Procedure – Offender Management – Leave of Absence, 12 December 2002.

⁴³ DCS Procedure – Offender Management – Assessment, 28 May 2003.

vocational purposes,⁴⁴ and that a prisoner may be permitted to bring a computer into the facility, or to purchase a computer for his/her own use (see s239 of the Act and s30 of the Regulations), such computers are not permitted to contain a modem or other device which would enable direct contact with an outside source.⁴⁵ While the reasons behind such a policy are clear, the rise of the internet as a source of information may make this ruling unduly restrictive, particularly since many prisoners engaging in educational or job search activities may legitimately require access to internet databases.

Thus, although Queensland prisoners are able to engage in prison work and education during the period of their incarceration, the procedures do deviate from best practice in many ways. For example, prison industry work is not linked to prisoner interests, skills or employment prospects; remuneration for prison work is extraordinarily low; and there are clear disincentives associated with engaging in education.

3.3.2 Health-related needs

3.3.2.1 Mental health

Consistent with international best practice, corrective services policy and procedures state that prisoners should be assessed by specially trained staff upon their admission to prison to ascertain their immediate needs and risk of self-harm, that referrals to specialist staff should be immediate, and that any required interventions should commence as soon as practicable after referral.⁴⁶

Departmental procedure states that when it becomes apparent to corrective services officers that a prisoner is at risk of self-harm or suicide, immediate measures should be taken to secure their safety until they can be attended to by a psychiatrist or psychologist. Such measures may include showing them concern, placing them with a 'buddy', increasing observation, using a suicide resistant gown and bedding, and/or placing them in a sterile room.⁴⁷ While some of these measures may not be harmful in and of themselves, they do not accord with international best practice in mental health treatment. Best practice suggests that prisoners who are at risk of self-harm or suicide should receive the care and treatment they require in a separate facility with a therapeutic rather than correctional culture. At the very least, they should be provided with individual, private counselling as soon as is practicable.

Further, under s112(1)(e), corrective services officers are given the authority to use reasonable force to restrain a person who is attempting or preparing to harm themselves. This may include the use of chemical agents, restraining devices and dogs. Best practice in mental health treatment (or indeed

⁴⁴ DCS Procedure – Offender Management – Prisoner Access to Computers, 3 September 2002.

⁴⁵ DCS Procedure – Offender Management – Prisoner Access to Computers, 3 September 2002.

⁴⁶ DCS Procedure – Offender Management – Admission, 30 April 2003; DCS Procedure – Offender Management – Assessment, 28 May 2003.

⁴⁷ DCS Procedure – Offender Management – Suicide Prevention, 1 August 2002.

commonsense) would suggest that this is not the most appropriate way of dealing with a person who is suicidal or attempting to harm themselves.

Under current legislation and policy, prisoners with mental illness are ordinarily maintained in the general prison environment.⁴⁸ This is contrary to best practice which suggests that prisoners with mental illness should be housed separately in a therapeutic environment, where they may be provided with the treatment and support they require.

Having said this, a prisoner with mental illness may be removed from the general prison population if they are the subject of a crisis support order. A crisis support order (s42) may be made by the person in charge as a last resort⁴⁹ if a corrective services officer reasonably believes that there is a risk that a prisoner may harm themselves, or if a doctor or psychologist reasonably believes a prisoner may harm themselves or others. A prisoner subject to such an order will be removed from the general prison population and admitted to a separate unit. A crisis support order may be made for a term of three months or less, however consecutive crisis support orders may be made on the advice of a doctor or psychologist (s43). If the order is for more than two months, the prisoner may ask the person in charge to review the order, in which case the person in charge must refer the order to another doctor or psychologist (s44). A prisoner subject to a crisis support order must be examined by a doctor as soon as the order starts, and then at seven day intervals (s45).

The availability of such an order seems to be approaching best practice, as long as the unit in question is therapeutic rather than sterile or punitive. Unfortunately, there is some evidence that this is not the case. Departmental procedure requires that prisoners subject to crisis support orders be strip searched, placed in physical restraints if necessary, and put in an observation ward until they can be assessed.⁵⁰ This suggests that the crisis support unit may not provide a sufficiently therapeutic environment to be equated with best practice. Further, best practice would suggest that specialised mental health treatment not be limited merely to those who pose a risk of self-harm – all prisoners with severe mental illness should be removed from the general prison population to receive treatment and support in a specialised unit.

A prisoner with mental illness may also be removed from the general prison population if they are the subject of a special treatment order. A special treatment order (s38) may be made by the person in charge of a facility if this is necessary for a prisoner's safety or the good order of the facility. This order may specify that the prisoner receive special treatment (which may include segregation from other prisoners) for seven days, or longer if the chief executive approves. The order should specify any special needs the prisoner has, the amount of property the prisoner may keep and/or access, whether the prisoner may participate in activities and programs, and any conditions regarding visits and phone calls (s9 *Corrective Services Regulation 2001*). If

⁴⁸ DCS Procedure – Offender Management – Suicide Prevention, 1 August 2002.

⁴⁹ DCS Procedure – Offender Management – Suicide Prevention, 1 August 2002.

⁵⁰ DCS Procedure – Offender Management – Crisis Support Units, 1 July 2001.

the order is for more than three days, the prisoner may ask for an official visitor to review the order (s39). Further, a doctor must examine the prisoner as soon as the special treatment order starts, and at seven day intervals thereafter (s40). It certainly is not consistent with best practice to treat prisoners with mental illness in the same way as prisoners who pose a disciplinary problem.

Best practice suggests that treatment of prisoners for mental illness should be provided by a multidisciplinary team of professionals from the community, to ensure continuity of care after the person is released. However, it appears that in Queensland this does not occur. Department of Health psychiatrists are the only external service providers that provide treatment services to prisoners with mental illness in Queensland. Further, the legislation is constructed in a manner which makes this difficult to change. Section 196 allows the chief executive to engage external service providers to perform certain office holders' functions, but this is restricted to the offices of chief executive, the person in charge, a corrective services officer or a doctor. Since psychologists and other mental health workers are not included in this list, it seems that those who treat prisoners with mental illness and are not medical doctors must be, exclusively, corrective services employees rather than workers from the community.

Corrective services legislation and procedures also deviate from best practice in relation to the treatment of survivors of sexual assault. Sections 26A-27A allow corrective services officers to conduct strip searches at any time directed by the chief executive, and at any time directed by the person in charge of a prison if it is 'necessary for the security or good order of the facility' or 'necessary for the safe custody and welfare of prisoners at the facility'. Sisters Inside have estimated that around 89% of women in prison have been victims of sexual assault (Sisters Inside 2004). To be subjected to continual strip searches is far from best practice in terms of treating and supporting victims of sexual abuse. For those who are forced to re-live the abuse as a result of strip searches, further trauma, which may culminate in a diagnosable mental illness, may result.

Therefore, in order for the Queensland Department of Corrective Services' legislation and policy to reflect best practice principles with regard to the treatment of mental illness, significant alterations would need to be made. Prisoners with mental illness should be accommodated in a therapeutic environment, separate from the general prison population, where they may receive holistic treatment from a multidisciplinary team of community mental health providers. Prisoners with mental illness should not ordinarily be physically restrained, stripped down or denied access to their possessions, but rather, they should receive treatment and care.

3.3.2.2 Alcohol and other drug use

The treatment of prisoners with alcohol and other drug problems does not accord with international best practice principles. The legislation and procedures in Queensland adopt a zero tolerance approach to alcohol and

other drug use. In fact, wilfully consuming anything likely to induce an intoxicated state, other than prescribed medication, is considered a breach of discipline under s15(1)(k) of the *Corrective Services Regulation 2001*. Breaches of discipline may result in separate confinement and the withdrawal of privileges (s88). Also, breaches are entered on a register (s90) which is examined when decisions are made relating to a prisoner's eligibility for early release. Further, drugs, syringes and fluids of an intoxicating nature are considered to be 'prohibited things' (s18 *Corrective Services Regulation 2001*), and under s93 of the Act, having possession or attempting to gain possession of a prohibited thing in prison is punishable by a maximum penalty of two years' imprisonment.

Yet, despite this extraordinarily harsh and unrealistic approach, there is no provision in the legislation for prisoners to access detoxification facilities whilst in prison.

A zero tolerance approach to drug use in prisons does not accord with international best practice. Rather, prisoners should receive holistic treatment, including detoxification, stabilisation and aftercare, in a therapeutic community separate from the general prison population. Significant changes to Queensland's legislation and procedures will be required if they are to accord with best practice in relation to this issue.

3.3.2.3 Physical health

With regard to prisoners' physical health needs, ss209-210 of the *Corrective Services Act 2000* state that at least one doctor must be appointed for each prison to examine and treat prisoners as required. However, receiving medical treatment is portrayed in the Act as an extremely passive activity for prisoners; s15 states that prisoners *must* submit to a medical examination or to treatment by a doctor if the *doctor* considers the prisoner requires medical attention. This removes all autonomy from the prisoner, including informed consent, with regard to medical procedures. Further, a private medical examination will only be available to prisoners at the approval of the chief executive, and only if the prisoner is able to pay for the examination, treatment and associated costs (s16).

This is not consistent with best practice, which requires that prisoners' health needs be treated on the basis of need, in confidence, and with the prisoners' informed consent.

3.3.3 Psychosocial needs

3.3.3.1 Social and emotional support

Consultations with psychologists are ordinarily not private; prisoners may apply to the chief executive for a private consultation under s16 but, as noted, in such cases the prisoner must pay for the costs of the consultation. Under Queensland corrective services legislation, the only people external to the prison who prisoners have a legislative entitlement to confidential contact with

are chaplains (s28 of the *Corrective Services Regulation 2001*). Thus, for those prisoners who do not wish to confide in corrective services counsellors, chaplains may be the sole source of emotional support available to them.

Prisoners do have access to official visitors, but official visitors are required to report to the chief executive regarding the kinds of complaints they have received under s216, so they may not be considered by prisoners to be independent of the prison.

This does not accord with best practice, which suggests that prisoners are generally in need of considerable social and emotional support, owing to past traumas and general vulnerability. If they are to be 'corrected', this support must be provided on a confidential basis.

3.3.3.2 Maintaining contact with family members

The Department's procedures outline a number of principles that recognise the importance of prisoners maintaining relationships with family members. For example, the Department states that it is committed to 'encouraging the maintenance and the strengthening of ties between prisoners, their families and the community' and that it recognises that 'the maintenance of a prisoner's family and social relationships' is 'an important factor in the successful rehabilitation and reintegration of prisoners into the community upon their release from custody'. To this end, the *Corrective Services Act 2000* contains a number of provisions aimed at enabling prisoners to maintain contact with their families.

For example, mothers can apply to the person in charge to have their young children accommodated with them in prison, until they reach primary school age (ss20-22). The legislation explicitly states that separation of a child from a prisoner with whom the child is accommodated must not be used as a form of discipline, however the person in charge of the facility does have the power to remove a child accommodated with a prisoner if it is 'in the interests of the good order and management of the facility' (s21). A mother may also apply to have her child temporarily placed with her at the facility as part of a re-integration program for resettlement purposes.⁵¹ This appears to be consistent with best practice.

A number of other forms of contact with family members and friends are available to prisoners. For example, prisoners may post a letter twice per week (s34) and may make phone calls to approved numbers (s36). However, these forms of correspondence must generally be made at prisoners' own expense. Further, their mail may be opened, searched and censored (s35), and phone calls may be monitored and recorded (s37). This may discourage prisoners from engaging in frank personal correspondence. Also, only 10 numbers may be entered onto a prisoner's telephone system at any one time;⁵² the person in charge may determine the length of phone calls; and prisoners are not permitted to receive telephone calls from outside the prison

⁵¹ DCS Procedure – Prisoner Services – Accommodation of Children, 5 September 2002.

⁵² DCS Procedure – Safety and Security – Prisoner Telephone System.

except in an emergency if the person in charge consents (s36). Perhaps most worrying is the fact that corrective service officers may restrict prisoners' access to the telephone system as a form of discipline.⁵³ These restrictions on correspondence between prisoners and their family members fall well short of international best practice, which suggests that the meaningful communication between prisoners and their family members should be encouraged and maintained.

Prisoners in Queensland are entitled to visits from persons external to the prison once a week (s122), however some prisoners may be allowed by the person in charge to receive extra visits if they are, for example, the primary caregiver of a child or an Indigenous person. An unaccompanied child may visit the prison if permission is obtained from the person in charge (s123).

However, the quality of these visits is compromised by a number of provisions in the legislation. First, the length of visits may be determined by the person in charge, and once a week may be considered too infrequent for meaningful relationships with family members to be retained. Further, visits must ordinarily be non-contact visits unless a contact visit has been approved by the person in charge (s124). If a contact visit has been approved, the visitor must submit to a general search; if they refuse, the person in charge may revoke the approval for the visit (s126). All other visitors must submit to a scanning search. Further, under s26A, prisoners may be required to submit to a strip search after a contact visit, which may discourage prisoners (particularly women prisoners) from receiving visitors. Since these provisions discourage contact and communication between prisoners and their family members, they do not accord with best practice.

Prisoners may also be entitled to leave of absence for compassionate reasons. This includes leave to visit a seriously ill relative, attend a relative's funeral, maintain their relationship with a child of whom they were the primary carer, or for a mother to place her child with another carer (s59). However under s63, prisoners may be liable to pay for the expenses incurred while on leave. This may put such leave out of reach for many prisoners.

As noted above, international best practice suggests that family members of prisoners should have the opportunity to provide input in relation to the treatment and management of the prisoner, since they are often in the best position to make judgements on what will and will not be successful. Under the Department's 'Assessment' procedure, if the prisoner consents, information from 'collateral contacts' such as family members, friends and doctors, should be sought and taken into account when the prisoner's initial assessment is being conducted,⁵⁴ and the views of family members may be taken into account when their security classification is being reviewed.⁵⁵ Family members may also provide input into the system through the Community Advisory Committees, which are provided for in Departmental

⁵³ DCS Procedure – Safety and Security – Prisoner Telephone System.

⁵⁴ DCS Procedure – Offender Management – Assessment, 28 May 2003.

⁵⁵ DCS Procedure – Offender Management – Review, 24 January 2003.

procedures.⁵⁶ The role of these committees is to provide information and advice to the Department on community views and concerns. These mechanisms for encouraging family involvement in the lives of prisoners are, on their face, consistent with international best practice.

3.4 Conclusion

On the face of the documents, the release of prisoners into the community in Queensland is conducted in a manner largely consistent with best practice. However, there are some important shortcomings to the procedures outlined in the official documents. For example, case management is restricted to those serving sentences of over 12 months; there is no certainty regarding release dates and thus no capacity to make solid plans for release; gradual release is only available to those serving sentences of two years or more; the treatment of prisoners with mental illness and alcohol and drug addiction is not sufficiently therapeutic; confidential counselling is not generally available; and it is difficult for prisoners to maintain contact with their families. All these things compromise the extent to which prisoners are 'corrected' during their incarceration, and thus jeopardise the safety of the community.

⁵⁶ DCS Procedure – Offender Management – Community Advisory Committees, 10 December 2001.

4. The Realities of Prison Release in Queensland

'It is a curious sight to witness the "law and order" debate raging out there with such a wide cross-section of the community all eager to offer views as to how men like me should do time. Journalists, politicians, lawyers, judges, doctors, academics, psychologists, social workers, prison administrators. It is ironic that the only person not allowed to contribute to that debate is the prisoner him/herself.'

- Bernie Matthews (2003)

4.1 Consultation and methodology

Thus far, this analysis has been restricted to documentary evidence. This section of the report, however, aims to examine the realities of prison release practice from the point of view of key stakeholders, and to compare these realities to the official documents and best practice principles already discussed.

It was initially hoped that this investigation would benefit from the input of prisoners, prisoners' families and current Departmental staff, as well as ex-prisoners, service providers and past staff. However, under s100(1) of the *Corrective Services Act 2000*, a person is prohibited from interviewing a prisoner or taking a statement from a prisoner, without the approval of the chief executive, the maximum penalty for contravention being a \$7500 fine or two years' imprisonment. Under s153, the definition of 'prisoner' is extended to include persons subject to a PPCBR order. Further, under the *Department of Corrective Services Code of Ethics* (2000), any public comment in relation to the work of Departmental staff may only be made 'after an authorised person has given official permission'.

Permission was sought from the chief executive for current prisoners and staff to participate in this investigation, however it was denied. The Department argued that in light of the current review of the legislation being conducted by them, an additional review seemed unnecessary and potentially confusing. As a result of this decision, input from stakeholders was restricted to evidence obtained from ex-prisoners, prisoner service providers, and past staff of the Department.

As will be seen, the realities of prison release practice reported on here were ascertained through data collection from a number of different sources. They are:

1. Reported judicial review decisions in relation to the *Corrective Services Act 2000*;
2. Statistics obtained from the Department of Corrective Services' *Annual Reports* (discrete additional statistics were sought from the Department but not provided);
3. Four focus groups were held with ex-prisoners and their service providers in Brisbane. The focus groups were held at Boystown, Sisters Inside, Catholic Prison Ministry, and at a monthly prison interagency meeting. A total of 10 ex-prisoners and 16 service providers attended the focus groups.
4. Written submissions were accepted from ex-prisoners, prisoner service providers and past corrective services staff in response to the terms of reference (see Appendix A). A total of 10 written submissions were received from ex-prisoners and 12 submissions were received from service providers and past corrective services staff.

This investigation provides merely a snap shot of prison release practice in Queensland. However, comments from ex-prisoners, service providers and past Departmental staff were remarkably consistent, which adds some credibility to the findings. Further, many of the statements made by the respondents are supported by the statistical and case evidence. Thus, although only some voices of ex-prisoners, service providers and past staff members are expressed in this report, the findings have some important insights to offer in relation to prison release practice in Queensland.

4.2 The practice of prison release – key principles

4.2.1 Throughcare

It was noted in Part 3 above that corrective services legislation and policy documents give the impression that a throughcare model of prisoner management is applied in Queensland. Key features of such a system include case management, thorough periodic assessment, the provision of treatment programs to address offending behaviour, a commitment to rehabilitation, and continuity of care.

Submissions from ex-prisoners, service providers, and past Departmental staff indicate that any appearance of a throughcare model being applied in Queensland prisons is merely that – an appearance. Indeed, a number of respondents referred to the Department's case management policy as mere 'window dressing'.

The extent to which the Queensland Department of Corrective Services applies a throughcare model in practice will be evaluated with respect to its delivery of programs, preparation of case management plans, commitment to continuity of care, and its dedication to prisoner rehabilitation

4.2.1.1 Programs

The Department does offer a range of programs to prisoners. They are:

- Anger Management;
- Cognitive Skills;
- Substance Abuse Education;
- Substance Abuse: Preventing and Managing Relapse Program;
- Ending Offending (for Indigenous offenders);
- Ending Family Violence (for Indigenous offenders);
- Violence Intervention Program (VIP);
- Sex Offender Treatment Program (SOTP);
- Sex Offender Intervention Program;
- Preparation for Intervention Program (for sex offenders);
- Indigenous Sex Offender Program;
- Community Corrections Sex Offender Program; and
- Transitions Program (currently being trialled).

Prisoners are assessed upon their admission to prison, and a case plan is drawn up outlining which of these programs the prisoner should participate in to address their offending behaviour. Sentencing judges may also suggest that a prisoner participate in one or more of these programs.

However, a number of shortcomings were identified by respondents to this research in relation to the content of these programs, and the method of their delivery. They will be addressed in turn.

A. Not appropriately adapted to prisoner needs

Ex-prisoners and service providers who responded to this research were unanimous in their opinion that the programs offered to prisoners by corrective services are not sufficiently adapted, nor flexible enough, to meet the special needs of specific prisoner groups including women, young people, Indigenous people, and people with mental or cognitive impairment. As the Prisoners' Legal Service said:

'Departmental practices fail to adequately recognise or understand the social, intellectual and health profiles of people within its care... the system is insensitive to individual needs and therefore cannot hope to properly guide them or encourage them to follow other life paths.'

Prison programs have been designed for white male prisoners. This is clear from the heavy weighting towards violent and sexual offending behaviour. Some of these programs have merely been adapted for women, or in some cases, simply applied in women's prisons without any regard for the unique characteristics of women prisoners. For example, Sisters Inside report that the VIP, which was written for men, was run at Brisbane Women's Correctional Centre with disastrous results; women were asked to recall intricate details of their experiences of sexual assault and, for many, this resulted in re-

traumatisation. The program has since been withdrawn from this prison and is being rewritten for women.

These generic programs are also delivered to Indigenous prisoners with little regard for their special needs. As noted above, Indigenous prisoners are more likely to respond to programs which recognise and incorporate their spiritual and cultural heritage, and are designed and delivered by Indigenous persons. While some programs have been designed with the needs of Indigenous prisoners in mind (see the list above), the mainstream programs are not appropriately adapted to their unique circumstances. Further, respondents reported that those programs which are aimed at Indigenous offenders are not always delivered by Indigenous people.

The special needs of young prisoners are also not recognised in these programs. As noted above, young people are more likely to respond to multi-systemic interventions which have both cognitive and behavioural elements, yet there are no specific programs aimed at addressing the needs of young prisoners in Queensland.

In addition, many prisoners are excluded from participation in programs due to their level of mental, cognitive or emotional functioning and/or their literacy level.⁵⁷ There have been two recent judicial review applications on this point. In one, a prisoner refused to participate in the SOTP because he had been abused as a child and feared that he would be re-traumatised if subjected to the group program (*Gerrits v DCS* [2003] QSC 281). In another, a prisoner's extremely low IQ disqualified him from participating in a program considered necessary to address his offending behaviour (*Saunders v QCCB* [2003] QSC 397).

Some prisoners may be excluded from or fail programs because they refuse to profess guilt (*Batts and Fogarty v DCS* [2002] QSC 207), or cannot do so sufficiently articulately. One ex-prisoner said:

'If you say one word that shows you aren't [articulate] enough to say "I am in remorse", or you use the wrong word, you're gone. They won't pass you in the course simply because you don't know how to say what you feel.'

Clearly, if a prisoner is excluded from a program on the basis of static needs, the case management system being implemented is seriously flawed. Best practice suggests that prison programs should be appropriate for all prisoners, regardless of their sex, age, race, and intellectual or mental functioning.

⁵⁷ Regardless of the reason, non-participation in a program is frequently taken into account by Departmental officials and the QCCB when determining whether a prisoner has unmet treatment needs, and thus whether they should progress to release. The Supreme Court has held that non-participation or failure in programs, even for reasons beyond the prisoner's control, may contribute to a conclusion that the prisoner has unmet treatment needs (see the cases of *Gerrits v DCS* [2003] QSC 281, *Saunders v QCCB* [2003] QSC 397 and *Batts and Fogarty v DCS* [2002] QSC 207).

Otherwise, programs will not address prisoners' offending behaviour and community safety will be compromised upon their release.

B. Effectiveness is questionable

There is some evidence to suggest that many prison programs may be ineffective, even for the white male prisoners who they are designed to 'correct'. Best practice suggests that confidential treatment, tailored to individual needs, is what is required to address prisoners' offending behaviour. Yet in Queensland prisons, confidential, individualised treatment is generally unavailable.

The programs offered to prisoners are delivered via group work. For many, if not all, prisoners, this is an inappropriate method of treatment delivery. Service providers and ex-prisoners report that prisoners are generally reluctant to reveal personal information in group settings as they may be rendered vulnerable to other prisoners. Yet, ex-prisoners report that individual counselling is almost impossible to obtain in prison.

Further, prisoners are generally reluctant to confide in Departmental staff. One reason for this is that prisoners fear reprisal from other prisoners if they are viewed as 'chummy' with a corrections officer. One ex-prisoner said:

'If the inmates see you getting friendly [with a corrections officer], they think you're dobbing on them, so you've gotta be very careful.'

Ex-prisoners also report a belief that nothing said to a member of staff is held in confidence, and that anything said can subsequently be 'used against you.' The fact that prisoners are reluctant to share personal information in group settings, and to confide in Departmental staff, severely limits the success that programs may have in 'correcting' offending behaviour.

The case management system is looked upon with scorn by prisoners. For example, one ex-prisoner said:

'The case manager, all he does is he's got your folder and once a month he has to do a report about how you have been going. But they never do it until the last minute. I've seen them write up stuff that is totally opposite to what is. Actually, they gave me a better thing than I did.'

Further, many ex-prisoners and service providers reported that prisoners frequently complete all their program requirements and yet are still judged to have 'unmet treatment needs' which means they are unable to progress through the system. Respondents reported that prisoners are often instructed to complete additional programs that were not recommended at their initial assessment, and/or to repeat programs that they have already completed. It would seem that if prisoners complete their program requirements and are still considered to have unmet treatment needs, the programs being implemented must be ineffective.

The result of all this is that prisoners may become extremely frustrated and disenchanted with the system, to the point that they may choose not to complete programs because they believe that participation in programs will make no difference to their ultimate release date.

There is a great need for prison programs to be independently evaluated. Many of the programs offered to prisoners have not been evaluated at all, however it should be noted that evaluation tools are currently being developed. For those programs that have been evaluated, the evaluation reports are not publicly available. Arguably, an adverse inference may be drawn from this.

C. Difficulties of access

Many programs are difficult for prisoners to access. Some programs have extremely long waiting lists, for example, the Prisoners' Legal Service reports that the SOTP has a waiting list of up to 12 months in some prisons. Also, respondents reported that the majority of prisoners are not able to start their recommended programs until they are well into their sentence, or even past their PPCBR eligibility date. As one service provider said:

'The prison system cannot hope to provide a holistic approach to release practice unless it addresses the needs of persons in custody from the day they are assessed in prison so that each part of their sentence is about preparing them for release. Instead the comment you most often hear from staff in centres is, "Oh, no, he doesn't need to do that course for years yet, he's no where near his release date.'"

Further, prisoners serving sentences of 12 months or less do not receive a case management plan. This means that prisoners serving short sentences may be unable to access programs.

Once prisoners have been released into the community, they find it even more difficult to access treatment programs. For example, Catholic Prison Ministry reports that only two sex offender treatment programs have been offered by community corrections in Brisbane in the last two years.

Thus, in addition to their lack of appropriateness and questionable effectiveness, many prisoners find it extremely difficult to access treatment programs to begin with. This seems to discredit the Department's pretence of throughcare.

These reflections of ex-prisoners and service providers tend to suggest that the case management system is nominal at best, and is largely ineffective in 'correcting' the offending behaviour of prisoners. This may be the result of insufficient funding. Queensland has the lowest cost per prisoner per day in secure custody in Australia. It costs only \$148 to accommodate a prisoner in a

secure facility per day in Queensland, compared with a national median cost⁵⁸ of \$241 (Productivity Commission 2004). Queensland also has the lowest community corrections costs in Australia at \$7 per prisoner per day compared with a national average of \$10 (Productivity Commission 2004). The Department of Corrective Services presents these cost reductions as an indicator of positive performance. However, if community safety is to be promoted, the Department must devote sufficient resources to the 'correction' of prisoners, both while they are in prison and while they are subject to community corrections.

4.2.1.2 Continuity of care

A cornerstone of the throughcare model is continuity of care between prison and the community. As noted above, best practice suggests that treatment and programs provided to prisoners should be delivered by community-based agencies, to ensure that a trusting, effective working relationship may be built while the prisoner is in custody and continued after release. However, many service providers report experiencing great difficulty in gaining access to prisoners while they are still in custody, despite the fact that they will be responsible for supporting them after release. One mental health service provider said:

'My efforts to initiate transition planning are not encouraged by staff working within corrections. It would appear that the policy of "Partnerships" has no meaning in the working lives of many public servants.'

Another service provider reported that she was told by the programs manager at one Queensland prison 'we look after inmates on the inside and you look after them on the outside'. Clearly, this attitude is not consistent with a throughcare model.

Many service providers do have access to prisoners while they are in custody. However, it seems that this is viewed as a privilege rather than a right by the Department, and their access may be, and frequently is, withdrawn at will. For example, after lodging a complaint with the Anti-Discrimination Commission regarding the treatment of women in prison in July 2004, Sisters Inside were denied access to prisoners in custody by the Department.

The fact that continuity of care is apparently not considered a high priority of the Department of Corrective Services would suggest that their apparent commitment to a throughcare model of prisoner management is not borne out in practice.

4.2.1.3 Rehabilitation and the prison environment

Throughcare relies on the prison environment being one which facilitates rehabilitation. Yet, ex-prisoners and service providers report a level of

⁵⁸ ie. the midpoint between the highest and lowest unit costs in Australia.

violence in prisons that members of the public would be astonished at. Respondents reported that prisoners are routinely exposed to situations which degrade, humiliate and traumatise them.

Prison is not described as a place of rehabilitation or 'correction' by ex-prisoners. One male ex-prisoner said:

'Going to prison is like being put into cryogenics; you are just put on hold... I learnt nothing more than what I taught myself.'

Another ex-prisoner said:

'[Prisoners] are doing time, but they're not getting anything out of it other than getting fed and getting taken care of, and meeting a whole lot of new friends.'

Yet another said:

'There is no amount of anything that remotely resembles rehabilitation. They [corrections officers] treat people like they are second class citizens – even worse than that, they are treated like they are nothing.'

Ex-prisoners reported that they left prison with less faith in people, deep resentment, anger and hatred. They reported that violence is an acceptable norm in prison. Several respondents alleged that they were victims or witnesses of sexual assaults committed by corrections officers. Two ex-prisoners alleged that they had witnessed the death of another prisoner which resulted from the act or omission of a corrections officer but was covered up as a suicide or death from illness. Several allegations of corruption were made against corrections officers by respondents. These included allegations that some corrections officers accept money from family members to provide drugs to prisoners, and accept sexual favours from prisoners in exchange for drugs. Others alleged that corrections officers 'play mind games all the time', swear, 'mouth off to girls' and even rip up confidential letters of complaint.⁵⁹

Young ex-prisoners and women ex-prisoners reported being more afraid of corrections officers than other prisoners. Young ex-prisoners spoke of being raped by corrections officers as though it were a rite of passage. Female ex-prisoners reported that corrections officers flirt with women prisoners, stand in the room while they are receiving medical examinations, physically restrain women who are crying or traumatised, and taunt them, particularly in relation to their physical appearance. One female ex-prisoner said:

⁵⁹ Under s35 of the *Corrective Services Act 2000* and s7 of the *Corrective Services Regulation 2001*, prisoners may write to certain individuals and organisations (including the Ombudsman, Anti-Discrimination Commissioner and the Minister) confidentially. Such letters are classified as 'privileged mail' and are placed in a blue envelope to signify this. However, one ex-prisoner respondent alleged that a corrections officer destroyed such a letter to prevent a complaint from reaching the intended recipient.

‘The screws... there’s something wrong with them... women end up in the DU [detention unit] because they’re cracking up over some arsehole that’s on the other side of the cage.’

Further, strip searches were mentioned at every focus group which was attended by ex-prisoners. Respondents reported that strip searches are conducted extremely frequently, including after all contact visits and when a prisoner is placed in an observation cell. Strip searches are experienced by all prisoners, regardless of gender, to be degrading, embarrassing and unnecessary. One male prisoner explained the process in some detail:

‘Strip right off, and you’ve got two blokes looking. Bend, cough, run your fingers through your hair, lift your balls up. Through your mouth, no false teeth? Bloody embarrassing.’

In addition to abuses occasioned by corrections officers, prisoners report that they are vulnerable to violence from other prisoners. Many ex-prisoners spoke of the intense fear occasioned by the ‘predatory’ gang culture within prison. One male ex-prisoner said:

‘I just kept to myself inside... you never know if you are going to be stabbed or bashed.’

As noted above, in practice, the case management system described in the legislation and procedures documents falls short of the ideals there expressed. But regardless of the gulf between policy and practice, no system will succeed in ‘correcting’ offenders if prisoners are in ‘survival-mode’ for the entire period of their incarceration. As a former corrective services social worker commented:

‘Prisoners are often being brutalised, sexually and emotionally abused. When this occurs, how can we expect these people to return to the community as restored, humane and whole people?’

An ex-prisoner aptly summarised the issue at one of the focus groups:

‘They don’t have to make it like a five star model or anything like that. But they’ve just got to get the prisoners’ minds focused on the future, and the surroundings, and why they’re there.’

4.2.2 Aftercare and pre-release programs

In Queensland, aftercare services provided to ex-prisoners are delivered almost exclusively by non-government organisations, some of whom receive a small amount of money from the Department of Corrective Services to provide services to newly released prisoners including transport, assistance in obtaining identification and practical and emotional support. Prisoners subject to PPCBR orders receive supervision from community corrections officers, however ex-prisoners and service providers report that this rarely translates into emotional or practical support. The consequence of the limited number of

organisations that provide aftercare services, and the modest amount of funds available to them, is that their scope is limited; inevitably, many people will miss out on services because demand cannot be met.

This is particularly worrying in view of the fact that the ex-prisoner respondents in this study expressed the belief that they would have either re-offended or committed suicide were it not for the support they received from their aftercare workers. Some comments along these lines from ex-prisoners include:

‘If you haven’t linked up with Sisters Inside, you virtually have no support networks – there’s nothing... Seriously, if there wasn’t organisations out there like that, I don’t know where I would be right now.’

‘Honestly, you’re dumped out on the street. There’s no back up... the only help was [Catholic Prison Ministry worker]. He picked me up.’

‘I reckon if I didn’t have any help from [Catholic Prison Ministry worker], I would’ve been back in.’

Further, one ex-prisoner reported that a friend of his, who had just been released from gaol and had not been linked with an aftercare service, was literally walking around the streets ‘looking for ways to be thrown back in gaol’ until a cab driver assisted him.

Ex-prisoners and service providers report release to be a highly stressful experience. Respondents reported that prisoners are released with only a garbage bag containing their belongings. One ex-prisoner’s father spoke of the indignity of providing prisoners with a mere garbage bag in which to carry their belongings. He said of his daughter:

‘How could they possibly expect that this young lady... would be leaving with any feeling of self-esteem and self-worth?’

Upon their release, many prisoners are ‘left to their own devices’. In some cases, newly released prisoners are not even provided with enough money to pay for their transportation home. One Indigenous ex-prisoner reported that when her sister was released from prison, she was not provided with money for a train ticket. She had no money, so she boarded a train without a ticket. She was arrested for fare evasion, and was returned to prison.

Ex-prisoners and service providers consistently reported that prisoners are often released with ‘nothing’. Drug addicted, mentally disturbed and physically ill prisoners are often released without prescriptions for the drugs they require, or referrals to doctors or other treatment professionals. Prisoners who have gained weight are released with no clothes other than ‘the shirt on their backs’ which may be their prison uniform. They are released with no money, no home, no job, and without having met, or been linked with, a worker in the community who they can turn to for help. As one service provider said:

‘Corrective services assumes, wrongly, that prisoners take up where they left off before incarceration. Many have no family support or any friends. They have no where to go.’

This compromises the safety of the community as prisoners may feel they have no other option than to commit a crime to provide themselves with the necessities of life. One ex-prisoner said:

‘I still consider doing an armed robbery to get myself on my feet. I also consider going back to prison so that I can forget about trying to fit back into the community, but so far I have resisted those urges. However, they are very real emotions that I battle on a daily basis.’

For some, the practical difficulties faced after their release may be prepared for through a pre-release program which provides information how to access accommodation and social services in the community. As noted above, a program of this nature is currently being trialled in some Queensland prisons. This is a welcome initiative, however it will be insufficient to address the complex needs of many prisoners after their release.

While the provision of information is certainly useful, it will not solve the problem that prisoners cannot prepare for their release because they are uncertain of their release date. Respondents reported that prisoners are often given no notice of when they are to be released, and that many prisoners are released without notice late on Friday afternoon, which means they are unable to access services (including Centrelink and banking facilities) until Monday morning. Many newly released prisoners must survive their first weekend on the outside with no money at all, and many report that they and/or their friends from prison have been forced to sleep on the streets for a period of time immediately after their release.

Also, one service provider reported that most of the community organisations involved in the Transitional Program are not those which provide aftercare services to prisoners, and that prisoners may find that the services they are informed about, particularly accommodation services, will not be able to assist them once they are released, due to lengthy waiting lists. Another raised concerns that the program was not available to all prisoners, including women prisoners, and that it was written for men without the special needs of specific prisoner groups in mind.

Most importantly, the Transitional Program will not alleviate the feelings of fear and isolation which prisoners experience upon their release. Prisoners must often learn new life skills upon their release. Life on the outside is much less regulated than prison life, and it may have changed dramatically during the time a prisoner was incarcerated. For some prisoners, everyday things will be new to them, such as ATMs and mobile phones. In addition, their accommodation, mental health and drug use status may be precarious.

Aftercare workers report that during the post-release period, they need to keep in daily contact with their clients. Once their immediate needs have been met, ex-prisoners have many additional issues to face such as finding permanent accommodation, reuniting with family, regaining contact with, or parental responsibility for, their children, obtaining employment, dealing with addictions, and coping with the stigma attached to being an ex-prisoner.

The importance of emotional support is demonstrated by the results of a recent survey of young ex-prisoners conducted by Boystown. Of the 18 ex-prisoners surveyed, around 80% of men and 30% of women were not met at the gate upon their release from prison. Predictably, those who were not met by someone upon their release had more trouble adjusting to life on the outside; 28% of those not met reported that they coped 'really poorly' after release, while no one who was met agreed with this statement.

Newly released prisoners need more than information on and referral to social services. They need medium-term intensive assistance to help them to rebuild their lives. Many will need regular access to a caseworker who they know and trust, who can provide individualised support, tailored to their unique needs for as long as is necessary until they are able to live independently in the community. As noted above, aftercare workers emphasise the importance of their meeting prisoners while they are still in prison, so that a trusting relationship may be built in anticipation of release.

In practice, the Department of Corrective Services does not facilitate a comprehensive, effective aftercare experience for prisoners. Prisoners are frequently released with no money and no home, and the mere provision of information about, and even referral to, social services will not address this. The majority of prisoners will require personalised pre-release planning; they will need a certain release date and time; and they will need an aftercare worker who can provide intensive assistance to them upon their release. If prisoners do not receive comprehensive aftercare, the safety of the community will be compromised.

4.2.3 Graduated release and classification

As noted above, on the face of the official documents, Queensland's system of graduated release generally accords with best practice principles, the exception being that graduated release is restricted to those serving sentences of two years or more. However, consultations with ex-prisoners and service providers have indicated that there are some additional problems with the system and that gradual release does not occur in practice.

Respondents to this study reported that many, if not most, prisoners are being released straight into the community with little or no preparation in the form of community-based release or leave of absence. Indeed, Catholic Prison Ministry reported that 85% of their current clients were released at their full-time date from medium or high security facilities. Respondents reported that prisoners who do succeed in their application for a PPCBR order generally

only receive it at the very end of their sentence, rendering graduated release somewhat tokenistic.

Departmental statistics demonstrate that in the last four years there has been a significant reduction in the number of prisoners being transferred to open security facilities or released on community corrections orders. In 1998/99, 79% of all prisoners were in secure custody, 13% were in open custody, and 8% were in community custody, while in 2002/03, 83% were in secure custody, 11% were in open custody and 5% were in community custody (Queensland DCS 2004). Indeed, between 2001/02 and 2002/03, the number of community corrections orders issued fell by 11% (Queensland DCS 2004).⁶⁰ Open security facilities in Queensland are only operating at 70% of their capacity, compared with secure facilities which operate at 84% of their capacity (Productivity Commission 2004).

The statistics demonstrate that gradual release to the community occurs much less now than it did four years ago. Respondents reported that there are a number of factors which have contributed to this.

4.2.3.1 Difficulties in progressing through the classification system

It seems that the main reason for the reduced number of prisoners receiving graduated release is that prisoners find it extremely difficult to progress through the classification system. As noted above, in order to be eligible for PPCBR and some leave of absence programs, prisoners must be classified as low or open security. Indeed, according to the Ministerial Guidelines, prisoners serving sentences of eight years or more must spend nine months in an open security environment to be eligible for PPCBR. Prisoners classified as maximum, high or even medium security report finding it impossible get their classification reduced, and many of them are still classified as high or medium security when their PPCBR eligibility date arrives. Ex-prisoners and service providers suggested a number of possible reasons for this.

A. ORNI

The validity and objectivity of the instrument upon which classification and release decisions are based may be questioned. The instrument used to assess a prisoner's level of risk and thus eligibility for reduced classification status and release is the Offender Risk-Needs Inventory (ORNI and ORNI-R (not yet in operation)). Although the ORNI is intended to be used only as one tool in making such determinations, in practice, it is heavily relied upon by the Office of Sentence Management and the QCCB.

The ORNI rates prisoners across seven different dimensions. They are:

⁶⁰ The Queensland government claims that this is due to the impact of the *State Penalties Enforcement Act 1999* (Qld), which provides for a broader range of enforcement options in the event of fine default than was the case previously, thereby reducing the number of offenders subject to a fine option order. However, this downward trend cannot be explained by the operation of this Act. In fact, if fine option orders are removed from the analysis, the number of community corrections orders fell by 21% between 2000/01 and 2002/03 (Queensland DCS 2004).

- Criminal history – ie. prior convictions, arrests, incarcerations, community based orders, community or custodial breaches, and escapes.
- Education/employment – ie. level of education obtained, employment status prior to incarceration, expulsions or suspensions from school, unsatisfactory interactions with employers or fellow employees, and language/literacy considerations (ORNI-R removes the reference to literacy/language considerations).
- Recreational activities – ie. interest in activities and amount of free time.
- Alcohol and Drug Usage – ie. history of problematic usage and its relationship to offending behaviour.
- Relationships – ie. the quality of family relationships and whether friends and family members have been involved in criminal activity.
- Violence (removed in ORNI-R) – ie. diagnosis of psychopathology, anti-social personality disorder, conduct disorder or ADHD; use of weapons; intimidating behaviour; and escapes from custody.
- Criminal attitudes – ie. whether the prisoner thinks their sentence was too harsh, attitude towards supervision, blaming others for the offence, etc. (renamed 'Criminal/antisocial attitudes' in ORNI-R, and expanded to include those elements of the 'Violence' dimension which do not relate to diagnosis of a mental/cognitive/personality disorder).
- Community risk considerations – ie. reliance on government benefits, problems with budgeting and managing money, housing needs, transport needs, employment status, and whether support is available from family/friends who have not committed crimes.

As was pointed out by a number of prisoner service provider respondents, this instrument converts disadvantage into risk. It is those prisoners who are most marginalised (in terms of mental illness, low education and employment, lack of family ties and poverty) who will be considered the highest risk under this instrument. This impacts most adversely on women prisoners and Indigenous prisoners as they are more likely to experience language and literacy difficulties, socio-economic disadvantage, drug and alcohol problems, and educational disadvantage.

The impact of the classification system on Indigenous prisoners is demonstrated by the statistics. Indigenous prisoners are much less likely to be in open or community custody than secure custody. In 2002/03, only 3% of Indigenous male prisoners were in community custody, compared with 6% of non-Indigenous male prisoners, and 6% of Indigenous female prisoners were in community custody compared with 8% of non-Indigenous female prisoners. Further only 20% of Indigenous female prisoners were residing in open security compared with 25% of non-Indigenous female prisoners (Queensland DCS 2004). Indigenous prisoners in Queensland are also less likely to be subject to community corrections orders; in fact, Queensland's Indigenous community corrections rate is the lowest in Australia (Productivity Commission 2004).

**Table 1 – Security classification by Indigenous status as at 30 June 2003
(From Queensland DCS 2004)**

	Indigenous males	Non-Indigenous males	Indigenous females	Non-Indigenous females
Secure custody (total)	78%	75%	74%	67%
High security	35%	38%	45%	33%
Medium security	36%	33%	28%	30%
Low security	5%	7%	2%	3%
Unclassified	5%	3%	5%	8%
Open security (total)	19%	19%	20%	25%
Community custody (total)	3%	6%	6%	8%

As Sisters Inside noted, the ORNI is based on a similar Canadian instrument which has recently been held by the Canadian Human Rights Commission to discriminate against women and Indigenous prisoners.

There is little to no recognition in the ORNI of the impact of dynamic factors, such as motivation and personal development, on a prisoner's risk of re-offending. The result is that prisoners may participate in any number of programs while in prison and still be considered at high risk of re-offending. There is, therefore, a clear contradiction between the aims of prison programs and the classification system. As one service provider said:

‘There appears to be a conflict between prison programs that are based on cognitive/developmentally based philosophies, and a behaviourally based risk needs inventory that determines the likelihood of re-offending... On the one hand there is a philosophy that declares that change and personal growth is [sic] possible and on the other, there is the statement that “past actions are the best indicators for future behaviour.”’

This leads prisoners to become disheartened and many choose to complete their full-term rather than work towards PPCBR which they believe they are unlikely to get. As one ex-prisoner said:

‘Prisoners arrive in prison with an expectation that they will only be in custody until their parole eligibility date, and when they understand the truth of such matters, it seriously impedes their attitude towards rehabilitation’.

Thus, the ORNI may be discriminatory as it equates need with risk and thereby deems prisoners with complex treatment and welfare needs to be a higher risk than more socially and economically privileged prisoners. The result is that many prisoners' efforts to address their treatment needs will not be reflected in their ORNI assessment results, which may in turn decrease their motivation to work towards their rehabilitation. This has obvious implications for the safety of the community.

B. Inability to address treatment needs

As noted above, participation in programs is often vital to a prisoner's progression through the classification system. Non-participation will result in their being assessed as having 'unmet treatment needs' and thus remaining at their current classification level. However, it has been demonstrated that prisoners' ability to access the programs required to reduce their security classification is often extremely limited. Respondents reported that prisoners may not have access to programs until the end of their sentence, waiting lists may be long, and they may be excluded from programs due to factors beyond their control. Thus, prisoners' inability to access programs is another factor which impedes their access to graduated release.

C. Administrative delays and errors and lack of legal assistance

Ex-prisoners and service providers reported that there are continual delays regarding classification and release decisions. Under the legislation, classification reviews are supposed to be conducted at least once every six months. However, ex-prisoners report that this often does not occur. Indeed, one prisoner (unsuccessfully) applied to the court for judicial review of his classification decision on this basis (see *Bartz v DCS* [2000] QSC 336). Similarly, respondents reported that prisoners eligible for remissions are routinely given inadequate or no notice of their eligibility, or opportunity to make submissions in their favour, prior to their remission date (see for example *O'Sullivan v Chief Executive, DCS* [2004] QSC 45). Service providers report that this is due to the backlog of work at the sentence management level.

Also, service providers report that when a breach of discipline is alleged, prisoners may be moved immediately to a secure unit. The prisoner may remain there until the breach has been processed, and often beyond this period of time until their next six monthly review is conducted. Even where it is established that no breach in fact occurred, the breach may remain on the prisoner's record by mistake, and be taken into account in classification and release decisions. These processes may significantly delay graduated release.

Further, Catholic Prison Ministry reports that recommendations by centre staff to reduce a prisoner's classification are often not endorsed centrally by the Office of Sentence Management. They report that the Office has stated in the past that they fear that prison staff may become too close to prisoners and thus lose objectivity. This results in further delays when commonsense would suggest that prison staff are at least in a better position to gauge the appropriateness of reducing a prisoner's classification than the central office.

Ex-prisoners report that sentence management staff are often confused by the complexity of relevant policies and the legislation, and that errors are often made. Ex-prisoners state that these mistakes are only remedied when prisoners write detailed, lengthy submissions to the Office of Sentence Management and/or the Department. For those prisoners who do not have the

skills or resources to undertake such a task, these errors may not be addressed.

Thus, bureaucratic red tape and the delays and errors it engenders reportedly impede prisoners' progression through the classification system and thus reduce their access to graduated release.

Related to the issue of administrative mistakes and delays is the common complaint of ex-prisoners that legal assistance is extremely difficult to access. Ex-prisoners and service providers report that without an advocate, most prisoners will be unable to persuade the relevant authority that an error has occurred in their sentence management.

Very few prisoners' cases reach the stage of judicial review, despite what seems (on this basis of respondents' submissions) to be a culture of excessive workloads and inefficiency within the corrective services system. Ex-prisoners and service providers report that one reason for the small number of cases reaching the stage of judicial review is the lack of funds that are available to the Prisoners' Legal Service and community legal centres in general. Indeed, the Prisoners' Legal Service has the same number of staff now as it did 15 years ago, when the prison population was one third of what it is today. They report that around 1000 calls from prisoners are missed by them every month due to lack of resources. Legal Aid is not available for prisoners' judicial review applications, and since the majority of prisoners do not have the resources to advocate for themselves, it is reported that many prisoners may remain incarcerated for longer periods than they ought.

The official visitor system was created to deal with grievances such as this at the recommendation of Kennedy in 1988. However, ex-prisoners report that official visitors are considered by prisoners to be 'part of the system', or in any event, powerless to help them. This is reflected in the fact that the number of grievances dealt with by the official visitors fell by 19% between 2001/02 and 2002/03 (Queensland DCS 2004).

4.2.3.2 The under-resourcing of community-based release options

For those prisoners who are able to progress through the classification system, access to graduated release is not assured. For example, Sisters Inside reports that many women who are classified as low or open security are still housed in maximum security environments due to the lack of beds available in low and open facilities. There are only 62 beds available for women prisoners in low and open facilities, yet in 2002/03, there were 348 women held in Queensland prisons, the vast majority of whom were serving sentences for non-violent offences and posed no safety threat to the community. Male prisoners report that many men are also eligible for graduated release but there are insufficient places to allow them to access community-based or other release programs.

Further, mental health services are not available at low or open security centres, so a person with mental illness must be transferred back to a high

security centre for treatment. This may lead such persons to hide their illness, and become progressively worse, to avoid being transferred back.

In addition, respondents reported prisoners' opportunities to participate in leave of absence programs to be severely restricted. Often, a condition of leave of absence is that the prisoner be accompanied by an escort, however in facilities which are under-staffed, this is not possible unless the prisoner is able to pay for escorts to accompany them.

Ex-prisoners and their service providers also reported that community corrections offices can only provide the bare necessities of supervision. Intensive reintegration assistance is unavailable, referrals to necessary treatment and support services are rarely provided, and access to programs in the community is extremely limited. As one former prison officer noted 'electronic monitoring is no substitute for personal association and positive influence.'

Thus, Queensland's best practice graduated release policy is compromised by the lack of resources devoted to community-based release, leave of absence programs, and community corrections.

4.2.3.3 Independence of the QCCB questioned

Many service providers and ex-prisoners alleged that the QCCB was not sufficiently independent of the Minister or the Department in its decision-making processes and that the Department, inadvertently or otherwise, may apply pressure to the QCCB to make conservative release decisions. This conservatism means that many prisoners are released straight into the community at the expiration of their full-term because they have been judged unsuitable for PPCBR.

For example, the previous Minister for Corrective Services issued Ministerial Guidelines in relation to graduated release in November 2002 (see Part 3 above). These guidelines significantly curtailed the discretion of the QCCB to make independent decisions on whether a prisoner should be released on a PPCBR order. Of course, the exercise of a discretionary power in accordance with a rule or policy without regard to the merits of the particular case is a ground for judicial review under the *Judicial Review Act 1991* (Qld) s23(f), however the Supreme Court has shown a reluctance to conclude that the guidelines have been slavishly followed (see *Butler v QCCB* [2001] QCA 323).

Further, some members of the QCCB have been dismissed for reasons related to decisions they have made. For example, in 1997, a previous Minister replaced all QCCB members reportedly for reasons related to release decisions made by them (Criminal Justice Commission 2000). As one service provider said:

'When a parolee commits a further offence this can cause considerable grief. Parole boards and the Minister demand certain information... Bureaucrats just want to point the finger at someone. This is a common

occurrence within the correctional system. Always looking for someone to blame.'

Another service provider points out that no one can absolutely predict a prisoner's risk of re-offending:

'If you don't accept this and wind the clock back every time there is a new breach of parole, then parole might as well be abolished, everyone do full-time, and no one can be blamed when ex-prisoners re-offend.'

Thus the lack of independence of the QCCB has, in the past, resulted in conservative decisions regarding release, and thus, prisoners' access to graduated release programs has been reduced.

Ex-prisoners, service providers and previous Departmental staff agree that gradual release should be the backbone of corrections policy and practice. As one service provider said:

'Whilst gradual progression does not negate all aspects of institutionalisation and dislocation created by imprisonment, it at the very least gives prisoners and their families the opportunity to gradually move back into the outside world.'

By making it difficult for prisoners to progress through the system, the objective of community safety is being compromised. As one prison chaplain said:

'The question I would ask is who actually poses the greater risk: prisoners who are supervised and integrated gradually back into society who are not seen as a risk of re-offending to begin with, or prisoners who are seen as a risk who are simply turned out of, in many instances, a high security centre with no support and no supervisory requirements? How does this fulfil the DCS's obligation to provide community safety?'

4.2.4 Special needs of specific offender groups

The focus groups held and written submissions received for this study demonstrated that the vast majority, if not all, prisoners experience at least one form of disadvantage, which might include drug or alcohol addiction, attention deficit and behavioural disorders, illiteracy and other language barriers, not to mention the high incidence of socio-economic marginalisation amongst prisoners in general. However, there are some prisoner groups that experience particular disadvantage within the corrections system. For some prisoner groups, including prisoners with mental or cognitive impairment, women prisoners, Indigenous prisoners and young prisoners, the prison experience is particularly traumatic, and thus their release experience is even more difficult.

4.2.4.1 Prisoners with impaired capacity

Queensland's prisons do not provide an environment in which persons with mental illness may receive appropriate and necessary treatment. Former staff report that the number of prisoners with impairment coming into corrective facilities is growing, yet they are not receiving the care and treatment they require. The treatment of prisoners with mental impairment will be examined in detail in Part 4.3.2.1.

Prisoners with impairment are at a distinct disadvantage compared with other prisoners in terms of release. Some prisoners with impairment are excluded from programs, which impedes their progression through the classification system. Indeed, some prisoners with mental illness have been explicitly informed that they will not be recommended for release until their mental illness is inactive. A letter from the QCCB to a prisoner with mental illness was attached to one submission received for this study. This letter notes that the prisoner in question had completed all necessary programs, and that the prisoner had been of good conduct and industry. However, it goes on to say:

'The Board noted that you have been diagnosed with schizophrenia... Difficulties with managing your psychiatric condition appropriately in open custody have resulted in you moving backwards and forwards between secure and open custody over the past several years... Therefore, the Board is not prepared to approve your application for a post prison community-based release order at this time.'

Unless persons with mental and/or cognitive disabilities receive the care and treatment they require whilst in prison, they will have difficulty progressing through the system and will not receive the benefits of gradual release. Unless they are rehabilitated, when they are ultimately released, they will be at greater risk of re-offending.

4.2.4.2 Women prisoners

For women, the experience of being in prison is depicted as extremely brutal, frightening and degrading. It was reported that women are subjected to excessive strip searches, they are over-medicated and they are restrained and segregated for merely being upset.

As noted above, strip searching was mentioned in all the focus groups held with ex-prisoners. However, strip searches are especially distressing for women, particularly in view of the fact that up to 89% of women prisoners are survivors of sexual assault (Sisters Inside 2004). For these women, strip searches result in re-traumatisation. They may receive flashbacks to abusive situations experienced by them in the past, particularly where the search is conducted, or capable of being viewed, by a man (which contrary to the legislation does reportedly occur). Further, women often refuse to have contact visits due to the strip search requirements associated with them. Ex-prisoners report that women accommodated in the S4 unit are strip searched six or seven times a day, and Sisters Inside states that in 2003, 13,288 strip

searches were conducted at Brisbane Women's Correctional Centre alone. On the face of it, there seems to be no good reason for strip searches to be used as extensively as this. It is indeed, 'sexual assault by the State' (Sisters Inside 2004; George 1993). In addition to this, women ex-prisoners who responded to this survey alleged that incidents of rape by corrections officers, and the trading of sexual favours for drugs and 'privileges', occur in women's prisons.

Also of grave concern is the fact that female ex-prisoners report that mere crying routinely results in their being placed in an observation cell. An unofficial policy of this nature seems to reflect the dominion of men over the prison system. For women, crying is not unusual, particularly when separated from, and worrying about, loved ones. Female ex-prisoners who participated in the focus groups for this study recounted many examples where women prisoners were experiencing distress regarding a loved one, were caught crying, and were stripped down, placed in physical restraints and placed in an observation cell as a result. One ex-prisoner reported that she was placed in an observation cell for two weeks for demonstrating emotional behaviour three weeks after giving birth to, and being separated from, her son.

All this means that women must quickly learn to disengage from their emotions. Indeed, it was reported that women often choose not to see counsellors due to the risk that they will cry. Counsellors are instructed to report instances of crying to corrections officers and while many staff members are reported to have attempted to deal with women's distress in less exaggerated ways, respondents suggested that they are 'bullied' into conforming by custodial officers.

As one service provider said:

'I don't see any reason why women need to be held down and restrained – you can sit with someone and work it through. But the way that they deal with it, straight away, is just smash, bash and crash.'

Women in prison are therefore forced to find comfort in, and receive support from, each other rather than relying on professional assistance from trained therapists. One female ex-prisoner said:

'Girls have to confide in other girls to find comfort and to talk and stuff like that because it [ie. appropriate, confidential counselling] just does not happen.'

In addition to this, women in prison are particularly disadvantaged in their attempts to progress through the system. As noted above, the ORNI equates disadvantage into need and therefore risk. Women in prison tend to experience a broad range of social, economic and psychological deficits, which means they are more likely to be classified as high risk and less likely to successfully achieve low classification status and community-based release.

In order for women to achieve successful outcomes upon their release from prison, the traumas that they experience while in prison must be addressed, and the conditions in women's prisons must be improved. Otherwise, the women who are released from prison into the community will not be 'corrected' but rather will be in a more vulnerable and disturbed state than when they went in.

4.2.4.3 Prisoners who identify as Indigenous

For Indigenous prisoners, being in prison often means being reunited with family members and friends who are also incarcerated. One young Indigenous ex-prisoner who participated in a focus group for this study commented that he received a great deal of support from his older family members with whom he resided in prison. Considering the number of Indigenous people in prison in Queensland, and the widely acknowledged fact that persons of the same culture are in the best place to judge how best to assist one another, one might expect mentoring and peer support to be particularly encouraged. However, the Aboriginal and Torres Strait Islander Legal Service (ATSILS) reports that the Aboriginal elders who visit correctional facilities are no longer remunerated for their work, and there are very few Indigenous staff within the system. ATSILS also reports that corrections officers have not received sufficient cross-cultural training to enable them to communicate appropriately with Indigenous prisoners, and that even those programs which are aimed at Indigenous offenders have not been designed by Indigenous people, and are rarely delivered by Indigenous people.

As noted above, Indigenous prisoners experience particular difficulty in progressing through the classification system and onto community-based release. This may, in part, be attributed to the inherent biases in ORNI (discussed above). However there are a number of other factors which also contribute. For example, in order to be eligible for certain forms of community-based release, prisoners must demonstrate that they have suitable accommodation available to them on the outside. This includes a requirement that they will not be living with other ex-prisoners. This may prove prohibitive for many Indigenous prisoners, as most often, at least one member of their family has been incarcerated in the past. As Sisters Inside's Indigenous Support Worker reports:

'Most of the Murri women, they do their full time because they can't go and live in the same house because there's another ex-prisoner. And for most of the Murri families, their family's been inside.'

ATSILS reports that the suitability of accommodation is assessed according to white middle class standards, and thus, prisoners who ordinarily reside in unconventional accommodation are often denied release.

Greater recognition must be given to the special needs of Indigenous prisoners, and the input of the Indigenous community to the management of prisoners must be supported and increased, if 'correction' is to occur.

4.2.4.4 Young prisoners

As is the case with women, young prisoners report having extremely traumatic prison experiences. Many of the young ex-prisoners who attended the focus groups reported that they had been raped, or an attempt had been made to rape them, by corrections officers and all acknowledged that this was a routine occurrence. Some reported that they were forced to react with violence in self-defence. Indeed, one served extra time in prison for a serious assault he perpetrated on a corrections officer who had raped him and his fellow young prisoners multiple times. To a lesser extent, young prisoners also live in fear of other prisoners. The young ex-prisoners who responded to this research reported that fights and bullying were widespread in the 'boy's yard' (where young prisoners are accommodated until their 18th birthday), and that they were forced to quickly learn to stand up for themselves. Further, when young prisoners move from the boy's yard to the mainstream prison, they are often subjected to violent treatment. There is a 'buddy system' at some prisons, however service providers report that 'the guys on the buddy system are pretty hard core... and are the ones who lead astray the younger blokes.' One ex-corrections officer reported that the closure of the segregation unit at Woodford Correctional Centre has resulted in an increase in the number of rapes and assaults of young prisoners perpetrated by mainstream prisoners. One young ex-prisoner stated:

'The day we turned 18 we were placed into mainstream, with some pretty serious, sex-starved, violent-looking dudes. It was sink or swim time the day we turned 18. If you knew someone in mainstream and you were lucky enough to be housed in the same unit, you had a chance. But you had to expect the worst.'

In addition, young ex-prisoners come from extremely disadvantaged backgrounds, and have had to deal with an inordinate amount of grief and trauma. In a recent survey of young prisoners conducted by Boystown, 62% of respondents identified as Indigenous, 24% reported having a mental illness and as many as 70% were homeless within the Chamberlain and MacKenzie (1992, 2003) definition. All of the young ex-prisoners who attended a focus group had lost their parents at a young age, all had been either a ward of the state or in foster care, and often one or both of their parents had engaged in criminal activity prior to their death. Further, they were all parents themselves, even though the oldest of them was only 24 years old. For most, it was clear that their offending behaviour was directly related to past trauma and grief; many had turned to drugs as an escape, and others had committed violent offences as a result of the intense anger they were struggling to deal with.

Young prisoners require specialised care. However, respondents to this study stated that correctional centre staff, including Department of Health psychiatrists, are not appropriately trained to provide the assistance required. Young ex-prisoners continually expressed a desire for peer support and mentoring. Counselling, provided by someone who has some understanding of what they have been through, and obtaining emotional support from each

other, were considered by them to be critical to their recovery. As one young ex-prisoner said:

‘It’s hard to speak to counsellors. A lot of them have not been there – been in places that we’ve been. They’re just textbook counsellors. They haven’t been in the situations that we’ve been in, so they’re not very helpful.’

Recreational activities were also described by young ex-prisoners as extremely important in helping them ‘keep out of trouble’. Many expressed an interest in art and sports, and they all considered such interests to be important to their ‘correction’.

In a recent survey conducted by Boystown, 72% of young ex-prisoner respondents had been in prison more than once. The issues confronting young prisoners are unique, and perhaps even more pressing, due to the fact that unless the causes of their offending behaviour are addressed, young prisoners may face a lifetime of multiple incarcerations. The special needs of young prisoners must be addressed early if the safety of the community is to be preserved.

4.3 The practice of prison release – meeting the needs of ex-prisoners

4.3.1 Welfare needs

4.3.1.1 Housing and income

Lack of housing and income were consistently reported by ex-prisoners and service providers to be among the most pressing issues confronting prisoners upon release, and two of the key factors leading to recidivism post-release.

For many prisoners, incarceration means losing their home and all of their possessions. Many prisoners reported that they were not given the opportunity to inform their landlord of their arrest or incarceration, and so were unable to make arrangements for their possessions to be stored, or for their housing to be retained. One ex-prisoner describes his experience:

‘I lost everything I ever had – family, furniture, the car was repossessed, everything’s gone... I was picked up at 11 o’clock at night from my house and I never returned. And all the furniture, everything that was there, was either taken by somebody or sold to pay the rent. You just couldn’t organise it.’

As a result, prisoners’ immediate expenses post-release are often considerable. Yet, in this study, ex-prisoners consistently reported that they left prison with no money. Some were fortunate enough to have access to a

Centrelink advance payment (of around \$200) upon release, however this payment only lasted a maximum of three days. Further, as noted above, prisoners who receive an advance payment receive only half the usual amount the following fortnight. Thus, released prisoners must generally start their lives afresh with only three weeks' worth of payments for their first four weeks on the outside. This is insufficient to cover immediate expenses such as food, clothing, medication, phone calls and transport, let alone costs associated with entering into a tenancy arrangement in the private rental market. Prisoner service providers report that the 'help' which, under the legislation, the chief executive may give a prisoner when they are released, is rarely received.

For those few who do have sufficient resources to enter into tenancy agreements upon their release, other barriers must be faced. One ex-prisoner describes his difficulty in finding rental accommodation:

'Before I went to gaol, I had a perfect accommodation record. I never had trouble with an agent, paying the rent. Now I've got a two and a half year gap, and unless I say I've been in prison for that time, I can't place my previous address. So a couple of times, I didn't say anything – they couldn't clarify my old addresses. I have not been able to find accommodation.'

A large proportion, if not the majority, of released prisoners do not have access to permanent accommodation upon their release. Indeed, in a recent survey of young ex-prisoners conducted by Boystown, 70% of respondents did not have any long-term accommodation options available to them upon their release from prison. The Department of Corrective Services does not fund any post-release housing for ex-prisoners.

Due to their lack of income, and the stigma they face, ex-prisoners are often forced to live in boarding houses after their release. Many ex-prisoners and service providers pointed out how inappropriate this kind of accommodation can be for people who are trying to turn away from a life of crime and/or drugs. Most budget accommodation services are located in inner-city areas, and they often share many of characteristics of the prisons which their residents have come from. One ex-prisoner said:

'The Valley is not the place to start a new life. If you are a drug addict or an alcoholic, that's the worst place to put you. But it's the only accommodation you get.'

Further, women who cannot obtain suitable accommodation may be unable to regain parental responsibility for their children. Service providers report that boarding houses, caravan parks and other budget accommodation options have been judged unsuitable for children by the (then) Department of Families.

The lack of available crisis accommodation in Queensland is at crisis level. Service providers report themselves to be constantly bearing the expense of

released prisoners' post-release accommodation needs; they often pay for hotel accommodation for newly released prisoners for a number of days until alternative accommodation becomes available. This is particularly necessary when prisoners are released on a Friday afternoon and are unable to access services until the following Monday.

Waiting lists for more permanent accommodation are months or years long; for example, waiting lists for supported accommodation are generally between three and 18 months, and waiting lists for public housing are up to 10 years long in some areas. Newly released prisoners may be forced to move house many times as they try to find somewhere appropriate, affordable and available on a semi-permanent basis. For some prisoners, the stress of finding permanent housing may prove too great. As one service provider said:

'Moving home is listed as one of the times of highest anxiety in a person's life: setting up home after being in prison is an impossibly difficult task for some prisoners. Prison becomes the preferred housing option.'

One ex-prisoner said of his release experience:

'You are basically in the same environment that you were in many cases... arrested and imprisoned. You have no employment, or no skills to gain employment. So after a day or so you have no money left, no job prospects and possibly no food or shelter. So what is left for you to do?... If you have no family then the other option is to steal money or property to sell to get food and shelter.'

Even those prisoners who return home to their families when released are often no better off. Service providers report that many released prisoners come home to find that their family has been struggling to survive due to the loss of the prisoner's income and legal bills, and many have been evicted and are in debt.

The clear message from ex-prisoners and service providers is that housing and income are critical to rehabilitation; if newly released prisoners have no money and no where to go, they are far more likely to re-offend.

4.3.1.2 Employment

As noted above, best practice requires that meaningful prison work and/or training be available to all prisoners, to increase their chances of finding gainful employment upon release, and in turn reduce their chances of re-offending. In Queensland, the prisoner employment rate has been steadily increasing over the last few years. However it is still only 75%, which is well below the national average of 80% (Productivity Commission 2004; Queensland DCS 2004). Consistent with these figures, ex-prisoners report that work is not available to all prisoners. Further to this, ex-prisoners and their service providers raised a number of concerns regarding the work available in prison.

First, prison work rarely results in credible training which may contribute to prisoners' chances of obtaining work on release. Some useful pursuits were mentioned by ex-prisoners, such as the possibility of obtaining a forklift drivers' license. However, respondents report that the majority of work undertaken in prison is mundane, and includes activities such as cutting up rags and assembling furniture. The skills that are learned rarely translate to employment on the outside. Indeed, the ex-prisoners who responded to this study considered their prison work to be of no value on release. As one ex-prisoner said:

'I mean, it's nice to have a tick to say you're a forklift driver, but when they find out where you got it from...'

Further, ex-prisoners report that there is no opportunity to become involved in work in which one has an interest or existing skills. Work is merely allocated to prisoners, depending on what is available, regardless of an individual's qualifications, potential, or preferences. This lack of individualisation of prison work means that prisoners' chances of finding meaningful work on release are significantly reduced.

Second, ex-prisoners and their service providers report that prison work equates to 'slave labour', and as a result, many lack the incentive to participate. Ex-prisoners report that the average income for a week's work in prison is around \$30. Due to the extraordinarily high cost of items included on the prison 'buy-up' list, this amount is sufficient only to cover the cost of tobacco, coffee and toiletries. A \$9 amenities allowance is provided to prisoners, however this amount has remained unchanged since 1991, and does not account for inflation or the elevated cost of goods on the 'buy-up' list. Ex-prisoners report that their income really only covers one third of the cost of the goods they require. This results in standover tactics being used for cigarettes and other goods, as well as bartering and gambling. The underpayment of prisoners makes little practical sense since it deprives them of the opportunity to save money for their release. It also places continuing education out of prisoners' reach, since it is impossible for prisoners to cover the costs of textbooks and the other educational materials required.

Third, ex-prisoners report that places in release to work and community work programs are extremely hard to come by. Prisoners on release to work orders who are able to gain employment are often very well remunerated. Many are able to save large sums of money which allows them to more easily establish a new life for themselves upon release. In addition, the WORC and WCC programs provide prisoners with an opportunity to undertake meaningful work in the community, and enjoy a higher level of liberty and responsibility. However prisoners report that it is extremely difficult to access these programs.

The difficulties associated with access are, seemingly, not the result of a lack of available places. Ironically, available places are rarely filled. The number of hours work completed by offenders on the WORC and WCC programs have

fallen dramatically in the last four years. In 2002/03, only 60,000 hours of work were completed, compared with over 100,000 in 1999/00. This represents a 40% reduction in three years (Queensland DCS 2004; Queensland DCS 2000). Indeed, Queensland prisons have the lowest rate of community service work in all Australia, with an average of only 11 hours of community service work completed by each prisoner per month (Queensland DCS 2004; Productivity Commission 2004). It seems that prisoners' inability to access release to work and community work programs may be linked with the difficulties in progressing through the classification system discussed above.

Fourth, there is some concern amongst stakeholders that employment is prioritised by the Department without regard for prisoners' broader post-release needs. Many service providers expressed a concern that Government funding initiatives targeted at ex-prisoner employment and training ignored the fact that most prisoners' post-release priorities are accommodation, income and psychosocial restoration. Until these more pressing needs are met, an ex-prisoner will not be able to succeed in a job or training program. As one service provider said:

'The mentality is: "employment and training – get them a job". They don't need anything else – they don't need a place to live, they don't need drug and alcohol support, they don't need support from Centrelink, a Medicare card or anything else! It's drummed into them inside – "you get out there, you get a job and she'll be right, mate". But I mean they might break down in two weeks so they can't work.'

For the male ex-prisoners who contributed to this research, being unable to find work after release was a source of great stress. They were anxious to find work to escape boredom and the confines of their dismal abode. They also expressed a belief that keeping busy would decrease their chances of being re-arrested, both because it would prevent them from engaging in offending behaviour, and because it would remove them from the view of police officers.

However, for female ex-prisoners and young ex-prisoners, employment was not rated as a key concern. For these prisoner groups, psychological and emotional healing was identified as their primary need. They recognised that their experiences in prison, and the grief and trauma they were dealing with from their past, needed to be worked through, and while it was important for them to remain occupied, they recognised that before they could consider stable employment, they needed to get themselves back on their feet. Similarly, for prisoners with mental illness and cognitive and behavioural disabilities, full-time work may never be a realistic option. Thus, the emphasis on the importance of employment post-release must be contextualised; for some, there are more immediate post-release needs which must be addressed before employment may even be contemplated.

4.3.1.3 Education

The provision of education to prisoners, from general education to tertiary education, is important for a variety of reasons. It relieves boredom, thereby

preventing prisoners from resorting to unconstructive behaviours to pass the time. It also has the capacity to provide prisoners with increased vocational opportunities which may in turn contribute to positive release outcomes. Yet, Queensland prisons demonstrate very low levels of prisoner education and training; indeed Queensland has the second lowest rate of prisoner education in Australia. Only 27% of Queensland prisoners are enrolled in educational courses, compared with a national average of 36% (Productivity Commission 2004).

Ex-prisoners and service providers report that there are many barriers to obtaining an education whilst in prison. First, it seems that there is an insufficient number of courses on offer. A number of service providers made submissions to this effect. Uniting Care Centre for Social Justice reported that many stakeholders have told them that there are not enough literacy and numeracy courses to ensure that all prisoners who require them have access to them. Boystown reported that in its recent survey of young ex-prisoners, only 53% reported being offered educational or vocational training while in prison. And Sisters Inside reported that only 10 women in prison are permitted to study full-time at any one time.

Second, there are considerable financial barriers to participating in education programs. Prisoners who study full-time are generally unable to work because of the clash between education and work shifts. They are paid an allowance of only \$13 per week, which is much less than those who work in prison industries. Such a meagre allowance makes it impossible for prisoners to be able to afford textbooks and other resources required to participate in education. Ex-prisoners also reported that the library services in prison are inadequate for those studying at tertiary level; many of the books are out of date or too basic for their needs. Prisoners who wish to enrol in tertiary education must also pay union fees upfront and often a deposit. For the majority of prisoners, this is out of their reach. Some service providers loan money to prisoners to purchase books, however only a few prisoners may be supported in this way each year.

Third, ex-prisoners report that prisoners are largely reliant on the prison education officers for practical assistance in their studies. Education officers control prisoners' access to computers, computer programs and the library, and while some education officers are reported to be extremely helpful, others are not. Ex-prisoners and service providers report that if an education officer chooses not to assist a prisoner in their studies, they will find it impossible to undertake a course. Although leave of absence to participate in educational and vocational activities is available to prisoners under the legislation, ex-prisoners and service providers report that they have not heard of anyone being granted leave of absence for this purpose in many years.

Fourth, ex-prisoners report that the prison environment is not conducive to learning. For those who participate in literacy and numeracy programs, the utility of those programs is diminished by the level of disruption in the classroom. Ex-prisoners also report that access to the library and other education areas is severely restricted, and that peace and quiet are hard to

come by, especially for those who share a cell. Further, it seems that the special needs of some prisoners are not sufficiently catered for. One Indigenous ex-prisoner reported that educational programs including literacy and numeracy are not delivered in a culturally appropriate way, or in a manner appropriate to individual learning styles. Also, some prisoners may be reluctant to participate in education because they have had negative experiences with the education system on the outside, and they fear humiliation and failure. Non-academic, 'hands-on' programs are required to encourage such prisoners to engage in education.

Education has been shown to lead to improved outcomes for ex-prisoners in terms of post-release employment and reduced recidivism. Yet many changes to Queensland's prison education system will be required if more prisoners are to successfully engage in education.

4.3.2 Health needs

4.3.2.1 Mental health

Queensland's correctional officers are not sufficiently trained to deal with the high number of mentally and cognitively disordered persons coming into prisons. This is graphically illustrated through a scenario recounted by one ex-prisoner:

'We were in the holding yard outside the main Indy 1 compound when a screw said "Right. You have all been issued your razors so I'm just telling you that if you have the urge to top yourself, the femoral artery in the leg," (points to the vicinity on himself) "and the jugular vein in the neck," (again indicates location) "will lead to a much quicker death".'

As noted above, the legislation, consistent with best practice, provides for persons with mental illness to be removed from the mainstream prison environment and admitted to a specialised unit, the crisis support unit, to receive the treatment and support they require. Yet, service providers, ex-prisoners and past corrections staff report that crisis support units do not provide a therapeutic environment for disturbed and distressed prisoners. Rather, they tend to be used as a multi-purpose detention facility. Male ex-prisoners report that in the men's prisons, many prisoners with severe psychiatric illness are not segregated but rather are housed within the mainstream prison population. Consistent with this, service providers and past correctional staff report that many beds in crisis support units are actually taken up by prisoners who are difficult to manage, rather than those with acute mental illness. Crisis support units are reportedly used as a 'behavioural management tool'.

This fact is more explicit with respect to women. There is no designated crisis support unit for women, but rather a segregated unit called 'S4'. By calling it this, rather than a crisis support unit, prison staff are able to use it for a multitude of accommodation needs. S4 houses women with mental illness, women who have received a disciplinary breach, women with 'discipline

problems' and women aged 17 who are not permitted under legislation to be housed within the mainstream prison population. The S4 is described by ex-prisoners as a horrific place. One ex-prisoner stated:

'I've heard the screams and the bellows, and I've heard the stories, and I've seen a few things. They treat them like monkeys in a cage. It is pitiful... These women are treated like animals. That part of the gaol needs to be closed down. It's not a nice place.'

Sisters Inside reports that two women have recently been diagnosed with post-traumatic stress disorder as a result of their experiences in the S4 unit.

Prisoners who do not meet the eligibility criteria for a crisis support order, but who are judged to be at risk of suicide or self-harm, are placed under a special treatment order, which generally results in their being placed in an observation cell. Respondents described these cells as barren 'rubber rooms' where prisoners are subjected to 24 hour a day lighting, stripped down and dressed in a suicide gown, and often physically restrained. Prisoners 'on obs' are constantly in the view of corrections officers, including when they shower and go to the toilet. They may also be force-fed anti-psychotic medication. One female prisoner describes being 'on obs':

'I would wake up, all hours of the morning, thinking it was sunny, and I'd look out my window and it was still pitch black. It plays games with you, and it sends you mad. I heard some women kicking and punching the doors, and wanting to smash their TV and stuff like that.'

Similarly, a male prisoner describes his experience in the observation cell.

'You've got a camera on you all night, and people looking at you for having a shower, or having a piss or something like that. And there's women up there too. No privacy.'

Of course, the reason for this intrusive surveillance is ostensibly to prevent suicides from occurring. However, professional staff who work within the prisons, including psychiatrists, report that such treatment is absolutely counter-productive, and many state that they have tried to advocate for change. Some professional staff have ultimately resigned due to the frustration; some even report becoming so disturbed by the conditions that they were forced to resign for their own mental well-being.

As noted above, despite best practice principles which suggest that mental health services in prisons should be provided by treatment specialists from the community to ensure confidentiality and continuity of care upon release, the Department of Health is the only agency external to the Department of Corrective Services which provides mental health services to prisoners in Queensland. Despite repeated assurances to the contrary, prisoners generally do not consider Department of Health psychiatrists to be independent of Corrective Services. One young ex-prisoner remarked:

‘There’s [sic] not many wardens you feel comfortable with. And counsellors, you still see them as wardens.’

Further, the psychiatrists that treat prisoners while they are in prison are not accessible to them once they are released. Sisters Inside has provided some counselling services to women in prison, as well as follow-up care after their release however, as noted above, their access to prisoners has recently been restricted.

Clearly, best practice in the treatment of persons with mental illness is not being applied in Queensland’s prisons, despite the rhetoric contained in the legislation and policy documents. If recidivism is to be prevented, prisoners with impaired capacity require holistic care and treatment, and continuity of care upon release; they need rehabilitation, not re-traumatisation.

4.3.2.2 Drug and alcohol use

Ex-prisoners report that drug use in Queensland prisons is extensive. Yet, rather than addressing prisoners’ addictions, a zero tolerance approach is taken by corrective services. Detoxification is not available to prisoners with drug addictions, and ex-prisoners report that ‘going cold turkey’ sends a lot of prisoners ‘crazy’. There are designated ‘drug-free units’ in some prisons where prisoners may elect to go to abstain from drugs, and voluntarily submit to regular drug testing. However, past staff report that these units are commonly used as an accommodation option for difficult prisoners rather than creating a truly therapeutic environment.

The irony is that, according to ex-prisoners and service providers, drugs reportedly enter the prison via staff members. Strip searches have not reduced the quantity of drugs available in prison, indeed ex-prisoners report that drugs are easier to come by in prison than on the outside. Some service providers suggested that corrections officers do not discourage drug use in prisons because the drugs have a calming effect on prisoners, making them easier to manage. While this is obviously speculative, it would explain why the alleged supply of drugs to prisoners by employees of the Department has not been the subject of a ‘crack down’.

The realities of drug addiction faced by prisoners are not being acknowledged, let alone dealt with. As one young ex-prisoner said:

‘My father was shot by the police when I was four and a half. It’s hard for people like me to get off drugs.’

Another said:

‘[Drugs are] a way for me to get away from this world, and not see this world. I can see beyond the walls with my drugs.’

Drug addiction is widely acknowledged to be a key cause of recidivism upon release. Yet, prisoners are frequently released without being linked to a drug

treatment provider in the community. This is despite the fact that many drug treatment providers have approached prisons indicating their willingness to provide such a service. One parent of an ex-prisoner reported that his drug-using daughter was released from prison with no medication or referral to treatment; she died of a drug overdose soon after her release.

4.3.2.3 Prisoners' physical health

Prisoners' physical health is central to their success on release. If ex-prisoners experience health difficulties after their release, their capacity to engage in activities which will promote their rehabilitation and reintegration into society, such as employment, education and drug treatment, will be significantly reduced.

Ex-prisoners, service providers and past prison staff report that health services available to prisoners are generally inadequate. Ex-prisoners report that it can take weeks to see a doctor, and that many people who require medical attention do not receive it. One female ex-prisoner recounted the story of a woman she encountered in a prison medical centre:

'There was an older lady, she had green mucous pouring out of her chest through her bra and her shirt, and they gave her Panadol.'

As noted above, some ex-prisoners who responded to this research alleged that deaths of sick prisoners caused by negligence of and/or neglect by corrections officials have been covered up as natural deaths.

Female ex-prisoners reported that women in prison do not receive adequate ante-natal and post-natal care. Indeed, female ex-prisoners recalled many incidents of women miscarrying in the toilet block subsequent to substantial vaginal bleeding which was not treated. One female ex-prisoner said:

'Girls have miscarried on the floor of the bathroom and the nurses just treat them like animals. There was a baby born on the floor and they picked it up by the umbilical cord. The girl who that happened to has never been the same since.'

As one ex-prisoner said, 'you would think that you would only come across things like that in third world countries.'

Also, needle sharing is common in Queensland's prisons, and thus the incidence of blood borne diseases amongst prisoners is much higher than the general population. Indeed, the *Queensland Women Prisoners' Health Survey* (2002) reported that close to 50% of women in prison have Hepatitis C. Yet the Hepatitis C Council reports that it has only recently been invited into the prisons to provide training to staff.

In a recent survey of young prisoners conducted by Boystown, 56% of respondents reported leaving prison with an unresolved health issue. Ex-prisoners are particularly critical of dental care provided in prison. In fact, two

respondents to the Boystown survey reported that they had to have remedial surgery done to repair damage caused by prison dentists.

If the Department is serious about promoting positive release outcomes for prisoners, their dire health needs cannot be ignored. Prison provides the State with a unique opportunity to provide treatment to prisoners who require it, and to send them back into the community healthy and drug-free. Prisoner health cannot be ignored in the 'correctional' process.

4.3.3 Psychosocial needs

4.3.3.1 Social and emotional support

For all of the ex-prisoners who participated in the focus groups for this research, access to counselling was considered a critical need. Many reported that they needed counselling to recover from the experience of imprisonment; others stated they needed therapeutic intervention to assist them in dealing with traumas associated with their past; and still others (generally sex offenders) reported needing counselling to help them work through the causes of their offending behaviour in order to prevent future re-offending.

Yet, all ex-prisoners who responded to this study reported that counselling services in prison are inadequate. As noted above, prisoners are generally unwilling to talk openly and honestly in a group situation, and they are reluctant to talk with counsellors who work for the Department because they are not guaranteed confidentiality. Sharing their feelings openly may affect their classification status and place of residence within the prison, so they often choose to remain silent.

Again, on release, prisoners report having no one to talk to in confidence. Some reported that their general practitioner was the only person available to them to provide emotional support. Many ex-prisoners reported that participating a focus group for this study was the first chance they had had to get their concerns 'off their chest'. At the end of the focus groups, ex-prisoners made remarks including:

'I feel a lot lighter in my head, now.'

'Thanks, I'm glad to get it off my chest – I've been dying to say that for ages. Very, very frustrating.'

This lack of counselling is of particular concern where a person desires assistance in dealing with the causes of their offending behaviour, particularly where it is sexual in nature. One such respondent said:

'I just wish there was a place that you could go to where you can just get stuff off your chest privately, otherwise whatever you have said, you could get a charge for it. If you tell the doctor anything, they've

gotta put you in. I've had nothing. I've had no sort of counselling that I can go to, no programs, nothing.'

Some ex-prisoners reported prison chaplains to be a source of support, however many identified shortcomings in the chaplain system. Chaplaincy services are restricted to certain religions – all are Christian denominations. One female ex-prisoner reported that it was up to her to contact the closest Buddhist temple for resources to be made available to other prisoners. Female ex-prisoners also reported that there are no self-help books available in the library.

As noted above, peer support was reported by prisoners to be of supreme importance in recovering from the prison experience and turning away from their past lifestyle. Ex-prisoners continually reported the importance of finding support in one another as they attempted to turn their lives around. However, support groups for ex-prisoners in the community are rare and the majority of prisoners find themselves to be extremely lonely and isolated upon release. For those who are not fortunate enough to have the support of an aftercare worker, the temptation to return to supportive networks which they used to be a part of may be overwhelming, regardless of the destructive activities which might be associated with them.

4.3.3.2 Maintaining contact with family members

For those prisoners with families, it might be expected that family members would be a source of support. However, ex-prisoners and their service providers report that relationships between prisoners and their families upon release are often extremely precarious. Service providers report that a prisoner's family may have learned to cope without them, and their return may cause disruption in routine and lifestyle. Many ex-prisoners have had little contact with their family since their incarceration. There are many reasons for this including limited access to phone calls. The cost of phone calls may be prohibitive, particularly if the prisoner has been incarcerated a long way from his/her family. The prisoner's family may have been unable to visit frequently due to the cost of travel and accommodation, or unwilling to visit because of the distress it causes. Also, the prisoner may have refused contact visits due to the strip search requirements. Service providers consistently commented that prisoners' families are not included in their sentence management, and they are unable to access information regarding the well-being, or even release date, of their loved one. Thus, relationships, like all aspects of the ex-prisoner's life, must be rebuilt upon release.

Further, prisoners who are parents face the often difficult task of re-bonding with their children. Ex-prisoners and service providers report that visiting areas in prisons are sterile and often frightening for children, and children may simply be unable to get to the prison; thus, often parents in prison have seldom seen their children during the period of their incarceration. Service providers report that children may harbour feelings of anger and resentment against their imprisoned parent for abandoning them, and that when parents are released, the trauma of their prison experience may mean that their

personality has been altered. They may not be the same parents they were prior to their incarceration, which makes children feel confused, and fuels further antipathy towards the imprisoned parent. For those prisoners whose children have been cared for by other adults throughout the period of their incarceration, regaining parental responsibility after their release may prove extremely difficult. There are legal and bureaucratic impediments to be dealt with, as well as the fact that the child may have closely bonded with their new carer.

The leave of absence scheme prescribed in legislation is clearly intended to reduce the emotional gulf between imprisoned parents and their children. Under legislation, leave of absence is available to maintain a relationship with a child, and to prepare for resettlement. However, ex-prisoners and their service providers report that prisoners find it extremely difficult, if not impossible, to be granted leave of absence in circumstances other than an extraordinary emergency. They report that leave of absence programs to maintain relationships with family members are simply not granted. It seems that the only time a prisoner may be able to obtain leave of absence is to attend the funeral of a close family member, or to visit a close family member who is terminally ill. Even then, they must have the capacity to pay for corrections officers to accompany them.

As noted above, some women are able to have their children accommodated with them in prison. However, ex-prisoners and service providers report that many women choose not to avail themselves of this option for many reasons. First, they are constantly threatened by corrections officers that the child will be taken away from them. This causes a great deal of stress. Second, unlike in other states, there are no designated mothers' and babies' units in Queensland prisons. Rather, women with children are accommodated in an ordinary cell which is only slightly bigger than usual. Third, although not so empowered by the legislation, corrections officers reportedly strip search children after contact visits. One service provider said:

'They make the women take the nappies off; they make the women strip search the children, and if they don't they say "well, we're going to take the kid out". [One prisoner]'s little boy, and another one of the little girls who have been there for a couple of years take their clothes off themselves. They're automatic. They've learnt, you know? And these are their most important years.'

This is a particularly troubling finding, and should be addressed immediately by the Queensland Government.

If positive release outcomes are to be brought about, prisoners' psychosocial needs and the importance of reintegration with their families and communities must be addressed.

4.4 Conclusion

As was seen in Part 3 of this report, corrective services' legislation and procedures are largely consistent with best practice, particularly as regards case management and graduated release. However, consultations with ex-prisoners, service providers and past correctional staff demonstrate that there is a large gulf between rhetoric and practice. If positive release outcomes, consistent with community safety, are to be achieved, many aspects of prison release practice will need to be reformed. The final part of this report will make a number of recommendations for such reform.

5. Key findings and recommendations

'The primary thing that needs to be addressed is that prisoners must be able to see the light at the end of the tunnel... Helplessness and hopelessness is [sic] rife within the Queensland prison system, and it is a serious problem that is destroying the chances that prisoners need if they want any hope of building a positive life for themselves after they are released from prison.'
- An ex-prisoner (2004)

5.1 Overview

The results of this research demonstrate that the corrections system in Queensland is in need of reform if the 'correction' of prisoners is to occur. The description of the system provided by the ex-prisoners, service providers and past Departmental staff who responded to this study accords closely with that described by Kennedy in his 1988 report. While the legislation and the procedures may appear to be generally in line with best practice principles, actual practice as reported by stakeholders and evidenced by the statistics falls short of the aspirations of the official documents.

On this basis, it is recommended that the Department of Corrective Services fund a large-scale, independent inquiry into the workings of the system, the conditions of prisons and release practices, along the lines of that conducted by Kennedy in 1988. It is acknowledged that a review of the legislation is currently underway. However, it is recommended that an inquiry which looks beyond the legislation and policy documents to actual practice should be undertaken in addition to this.

Recommendation 1

That a large-scale, public inquiry into corrective services be undertaken by an independent person or body, with an emphasis on actual practice rather than the legislation or policy documents.

Further, a greater level of accountability to the community is required by the Department of Corrective Services. Access to prisoners for the purposes of research is difficult to obtain, staff are not authorised to report on their experiences of the system, many statistics are impossible to access, and some key documents (including program evaluations) are kept confidential. The Department of Corrective Services should foster a culture of transparency and information-sharing if it is to gain the trust of the community it seeks to

protect, and if it is serious about bringing about positive outcomes for prisoners in its care.

Recommendation 2

That prisoners, and their family members, be viewed by the Department of Corrective Services as stakeholders, and that they be consulted when changes to legislation, policy or practice are proposed.

Recommendation 3

That the Department of Corrective Services endeavour to educate the public with regard to best practice in corrections so that media debates and policy discussions may be evidence-based rather than grounded in ill-informed, emotional rhetoric.

Recommendation 4

That the Minister for Corrective Services and the Director-General of Corrective Services foster a culture of transparency and openness throughout the Department. This may involve:

- repealing s100 of the *Corrective Services Act 2000* (Qld) which prevents members of the community, including researchers, from obtaining statements from prisoners;
- making all statistical information in relation to corrective services available to the public, either online or at their request;
- requiring the QCCB to compile a publicly available annual report;
- making all policy documents (including the ORNI, Ministerial Guidelines and program evaluations) available to the public, either online or at their request; and
- ensuring that independent reviews of the corrective services system are conducted on a regular basis.

5.2 Sentencing and the accommodation of prisoners

The results of this research support the views of Kennedy that the corrections system cannot be divorced from policing and the courts. The findings of this study clearly demonstrate that there are many people in prison for whom alternative sentencing options would have brought about better 'correctional' outcomes.

All prisoners find life on the outside extremely difficult to cope with after release from prison. Prisoners report losing everything as a result of their incarceration: their home, their possessions, their family and their dignity. In Queensland, legislation requires that imprisonment be used only as a

punishment of last resort (*Penalties and Sentences Act 1992* (Qld) s9(2)(a)). Yet it is clear that prison is not being used in this way. Many people are sentenced to imprisonment even though they do not pose a safety threat to the community.

Alternative sentencing options are required to ensure that the special needs of certain vulnerable prisoner groups are met. For example, women prisoners generally pose little or no safety threat to the community, yet they are often housed in high security complexes. Women in prison suffer from high levels of mental illness and many have been victims of sexual assault. The prison experience merely traumatises them even further. Also, many women prisoners are the primary carer of children. They experience great difficulty in maintaining a relationship with their children while in prison, and re-establishing that relationship upon their release. These difficulties may be somewhat alleviated through the establishment of 'Mothers' and Children's' units, akin to the Mothers' and Babies' Units in NSW, in which mothers sentenced to imprisonment may be accommodated with their children in an appropriate, family-friendly facility, while still being subject to an appropriate level of supervision and security. However, the fact remains that high security complexes are generally not likely to bring about positive outcomes in terms of 'correction' for female offenders.

Recommendation 5

That the Department of Corrective Services establish three Mothers' and Children's Units, one in south-east Queensland, one in central Queensland and one in north Queensland, in which imprisoned mothers may be accommodated with their children. They should be separate facilities, which are family-friendly and staffed by specially trained corrections officers.

Imprisonment also has a disproportionate impact on young people, many of whom come from highly dysfunctional families and are dealing with significant grief and trauma. Service providers have noted that the care of young offenders requires special skills which generalist staff may not possess. Also, young ex-prisoners report that they were subjected to unreasonable levels of violence and intimidation from other prisoners and from corrections officers while in prison. Prisoners aged 17 years are accommodated separately, however ex-prisoners report when they enter the mainstream prison population, they are often subjected to physical and sexual violence. It is therefore recommended that children aged 17 not be accommodated in mainstream prisons at all, and that a separate facility be established to house prisoners aged between 18 and 24 years, staffed by youth workers and specially trained corrections officers. Such facilities should have generous visiting and leave of absence policies and provide abundant opportunities for residents to engage in recreational activities, education and vocational training.

Recommendation 6

That the definition of 'child' in the *Juvenile Justice Act 1992* be extended to include all persons aged less than 18 years, so that no child under 18 years of age is accommodated in a Queensland prison.

Recommendation 7

That specialist units be established for prisoners aged 18 to 24 years. These units should be staffed by youth workers, teachers and specially trained custodial officers. Visiting arrangements and leave of absence programs should be generous, and all residents should be provided with an opportunity to engage in recreational activities, education and/or vocational training.

People with mental illness do not receive the treatment and care they require in prison. Rather, their symptoms are often exacerbated as they must deal with the additional traumas associated with life in prison. Many would be better managed in the community.

Further, for those serving short sentences for trivial offences, imprisonment would appear to have an inordinate impact on their lives in comparison with the offence they have committed. Persons serving short sentences suffer the same losses as those serving longer sentences, including their home, their possessions and their job. By removing such persons from society, and releasing them into a void, the system is merely increasing the chance that they will offend in future, thus placing the community at greater risk. Further, they do not have access to case management or programs due to the length of their sentence, so no attempt is made to rehabilitate them.

Alternatives to imprisonment need to be developed, and applied by judges and magistrates. Jurisdictions throughout Australia and around the world have developed innovative 'front-end' community-based orders for offenders for whom imprisonment is inappropriate. For example, in Victoria and New South Wales, offenders may be sentenced to a 'community-based order' or 'intervention order' respectively, whereby offenders are subject to supervision by community corrections officers while they attend approved programs in the community which are aimed at promoting their rehabilitation. Similarly, in Victoria, South Australia and Western Australia, offenders who receive a community service order are able to attend approved programs (including life skills training, drug education and treatment and psychiatric treatment) as part of their order; these programs come within the statutory definition of community work under a community service order (see Walsh 2004). The range of community-based sentencing options should be similarly extended in Queensland.

Recommendation 8

That the Department of Justice and the Attorney-General fund compulsory continuing education programs for magistrates and judges regarding alternative sentencing options and their appropriateness for certain offender groups.

Recommendation 9

That the range of community-based sentencing options available to judges and magistrates be broadened, ie.

- that the Director-General of Corrective Services utilise his power under s194 of the *Corrective Services Act 2000* to extend the definition of community work under a community service order to include attendance at approved programs; and/or
- that the Attorney-General introduce some additional community-based sentencing options by amending the *Penalties and Sentences Act 1992*.

Increased funding to community corrections will be required to facilitate offenders' access to such programs.

Further, to encourage the use of alternative sentencing options by judges and magistrates, it is recommended that Queensland follow the lead of Western Australia⁶¹ and abolish prison sentences of six months or less.⁶² Such an initiative as this would have to be carefully monitored to ensure that net-widening did not occur. However, it would signal a renewed dedication to the principles in the *Aboriginal and Torres Strait Islander Justice Agreement* (2001) which commits the Queensland Government to halving the Indigenous incarceration rate by 2011.

Recommendation 10

That custodial sentences of six months or less be abolished, and that the Crime and Misconduct Commission be instructed to conduct a review of the effect of this in terms of net-widening after 12 months.

The implementation of these recommendations has the potential to greatly reduce the size of the prison population which would allow for additional resources to be devoted to the 'correction' of offenders.

⁶¹ And, to a lesser extent, NSW, which has introduced a requirement that sentencers provide reasons for not imposing a community-based sentence if they impose a prison sentence of six months or less (see s5(2) of the *Crimes (Criminal Procedure) Act 1999* (NSW)).

⁶² See s86 of the *Sentencing Act 1993* (WA).

5.3 Case management, programs and classification

Ostensibly, Queensland's corrective services legislation implements a throughcare approach to prisoner management. However, in practice, the case management system in Queensland's prisons has many shortcomings. The most obvious is the restriction of case management services and programs to those serving sentences of one year or more. Prisoners subject to short sentences are not eligible to receive case management services or to benefit from programs. No attempt is made to 'correct' them, and they will return to the community in an even more severely disadvantaged position than when they were admitted.

It is therefore recommended that all prisoners receive case management and have access to programs aimed at addressing their offending behaviour in accordance with their individual needs. If sentences of six months or less are abolished in line with the recommendation above, the task will be a less daunting one in terms of resources.

Recommendation 11

That case management and programs be available to all prisoners, regardless of the length of their sentence.

The results of this research demonstrate that significant changes need to be made to the way in which case management is conducted. Prisoners are unable to access programs early in their sentence, which prevents them from progressing through the classification system by the time their PPCBR eligibility date arrives. Clearly, in order to maintain prisoners' motivation to be rehabilitated, clearly-defined, achievable goals must be set early in their sentence which they may work towards in anticipation of graduated release. It is recommended that programs be made available to prisoners in a timely fashion so that judges' recommendations for early release may be implemented, or at the very least, their eligibility dates be met. This will require the commitment of further resources to programs and program staff.

Recommendation 12

That prisoners' program needs be timetabled in such a way that makes progression to low classification status achievable within the time limits set by the sentencing judge, and that the Department of Corrective Services ensure that all prisoners have sufficient access to programs to enable their treatment needs to be met prior to their PPCBR eligibility date. This may require the recruitment of additional program staff.

It may also necessitate changes to the manner in which prisoner 'risk' is assessed. As noted above, the current instrument used to classify prisoners (the ORNI) equates risk with need. This means that prisoners who are most vulnerable in terms of socio-economic status, mental and cognitive

impairment, education and employment status will be classified as being a higher security risk. Of course, in actual fact, one does not necessarily equate to the other. This may result in the misclassification of certain groups, particularly women and Indigenous prisoners, as high risk, based on their marginalisation rather than individual risk factors.

It is therefore recommended that the Department of Corrective Services arrange for the ORNI to be independently evaluated so the extent of its reliability and validity may be ascertained. This is particularly necessary in light of the recent finding of the Canadian Human Rights Commission (2003) that their classification instrument, on which the ORNI is based, over-classifies and thereby violates the human rights of women and Aboriginal prisoners.

Recommendation 13

That the ORNI and ORNI-R be independently evaluated to determine whether they:

- are reliable and accurate instruments for measuring risk; and/or
- result in the over-classification of certain prisoner groups including women and Indigenous prisoners.

The quality of case management received by prisoners is also compromised by the fact that case managers are custodial officers. This creates a situation of role conflict for staff, who must promote a prisoner's rehabilitation at the same time as providing supervision and dispensing discipline. It also makes a mockery of the case management system. Case management is described by ex-prisoners as tokenistic as there is no depth to the case management relationship. For the system to truly implement a throughcare model, case management and supervisory functions of correctional officers should be split, as was recommended by Kennedy in 1988.

Recommendation 14

That case management and supervisory functions of correctional officers be split, so that true case management may occur in the context of a trusting and open relationship.

A thorough evaluation of all prison programs that have not yet been evaluated is also required. Respondents to this study complained that existing programs are often not appropriately adapted to the needs of various prisoner groups, and are not always effective in treating and rehabilitating prisoners. A greater level of consultation with prisoners, their families and their service providers when evaluating and developing new programs is required to ensure that programs will be successful in rehabilitating prisoners. In particular, programs aimed at Indigenous prisoners should be designed and run by Indigenous people; new programs aimed at women prisoners should be designed with the special needs of women prisoners in mind, not merely adapted from men's

programs; and new programs for young prisoners should be developed by youth workers, incorporating elements of peer support and mentoring.

Recommendation 15

That a thorough, independent evaluation of all prison programs take place as a matter of urgency, and that the Department of Corrective Services commit to meaningful consultation with prisoners, their families and their service providers when developing new programs aimed at prisoner rehabilitation.

Recommendation 16

That additional programs which address the special needs of specific prisoner groups be developed in consultation with those prisoner groups, and that:

- programs aimed at Indigenous offenders be developed and delivered by Indigenous people;
- new programs delivered to women prisoners be developed specifically for women with their special needs in mind; and
- new programs aimed at young prisoners be developed by youth workers, incorporating peer support and mentoring.

5.4 Gradual release

The *Corrective Services Act 2000* introduces a sophisticated process of graduated release, based on best practice principles. However, this study has shown that in practice, progressive release of prisoners into the community does not occur. Prisoners find it extremely difficult to progress through the system, and they are generally only granted PPCBR at the very end of their sentence. The majority of prisoners are released directly from high or medium security facilities into the community at the expiration of their full-term with no post-release supervision.

This should be a cause of great concern amongst members of the Queensland public. The community expects prisoners to be successfully reintegrated into the community prior to their release, and they expect ex-prisoners to be subject to supervision after their release to the extent necessary to maintain community safety. This simply does not occur. Indeed, under the legislation, gradual release is not available to prisoners serving sentences of less than two years. This means that up to 85% of prisoners are certain not to be subject to gradual release. Further, for those prisoners who are subject to parole after their release, very little case management or support is offered to assist them to reintegrate into the community. It is well-established that supervision without support is unlikely to lead to reduced offending.

As noted in Part 3, conservative release decisions tend to be made by the QCCB. The QCCB has, in the past, been under considerable pressure from the (former) Minister to 'err on the side of caution' when deciding whether or not to grant PPCBR. The QCCB requires unfettered discretion when making its decisions. It should not be constrained by directives or the threat of dismissal. Nor should it necessarily err on the side of caution. If 'correction' is to occur, prisoners must be given the opportunity to function as a productive member of society; they cannot learn to do this in the prison environment.

Contrary to popular belief, prisoners in Queensland are not seeking early release. They simply desire to be treated in a manner which is consistent with the ruling of the court at their trial. The principle of fair criminal procedure requires sentences of the court to have integrity. Indeed, the separation of powers doctrine requires that sentencing functions be retained by the court and not usurped by the executive.⁶³ Of course, this principle may be compromised by the new *Dangerous Prisoners (Sexual Offenders) Act 2003* which allows for the preventative detention of sex offenders beyond their release date if they are judged by the court to pose an unacceptable safety threat to the community.⁶⁴

The Department of Corrective Services should ensure that all prisoners are released back into the community on a gradual basis, and the Department should make a commitment to maintaining the integrity of sentences in the absence of exceptional circumstances or the application of valid legislation.

Recommendation 17

That s134 of the *Corrective Services Act* be amended to require that all prisoners be subject to an appropriate gradual release program to facilitate their reintegration into the community, and to promote rehabilitation.

Recommendation 18

That gradual release become the true backbone of corrections policy and practice in Queensland; that is, that gradual release occur in accordance with judges' recommendations, and in a manner which will truly promote reintegration and rehabilitation. It should not be granted at the very end of a prisoner's sentence, nor should it be applied in a merely tokenistic way.

⁶³ While the separation of powers doctrine is not enshrined in the Queensland Constitution Acts, it has been held by the High Court that the doctrine applies to the States as a matter of convention, at least with respect to the functions of the State Supreme Courts; see *Kable v DPP* (1996) 189 CLR 51.

⁶⁴ The validity of this legislation was recently upheld by the High Court in *Fardon v Attorney-General for Queensland* [2004] HCA 46.

Recommendation 19

That a review of Queensland Community Corrections be undertaken with a view to ensuring that:

- the system is able to support an increased number of prisoners receiving PPCBR; and
- prisoners subject to PPCBR receive case management services, in addition to supervision.

Recommendation 20

That:

- s139 of the *Corrective Services Act 2000* be repealed; and
- the Department of Corrective Services make a commitment to respecting the integrity of a prisoner's sentence and facilitating the implementation of that sentence in a manner consistent with the remarks of the sentencing judge, in the absence of exceptional circumstances and/or the application of valid legislation; and
- the Department of Corrective Services conduct a review of the QCCB with a view to determining whether a Re-Entry Court might be a more just and efficient way of dealing with PPCBR applications and other release decisions.

Recommendation 21

That all Ministerial Guidelines directed at the QCCB be abolished in favour of giving the Board unfettered discretion in the exercise of its powers.

5.5 Aftercare

When prisoners are released, they require intensive support to successfully re-establish their lives, including locating housing, liaising with Centrelink, utilising banking facilities, reuniting with family, purchasing household items, accessing medical, psychological and drug treatment services, and having someone to rely on for emotional support. If the Department is to persist in not providing these services itself, aftercare services in the community must be sufficiently funded to ensure that all prisoners who require practical assistance and emotional support after their release are able to access it.

Recommendation 22

That recurrent funding be made available to community organisations that provide aftercare services to prisoners at a level proportionate to the number of prisoners released each year, and sufficient to ensure that all prisoners who require post-release support may receive it.

Prisoners who responded to this study complained that they were provided with no information prior to their release regarding services available to them in the community. The Department has gone some way towards addressing these concerns by developing the 'Transitional Program' which is currently being trialled in some Queensland prisons. However, service providers have identified a number of shortcomings of this program. Perhaps the most glaring is that something more than a list of phone numbers is required to ensure positive release outcomes. The Transitional Program might be more valuable if it incorporated a time of one-on-one release planning with prisoners, including linkage with and referral to specific community and treatment workers, so that prisoners' individual circumstances and needs can be addressed.

Recommendation 23

That the Transitional Program be made available to all prisoners and incorporate an opportunity for prisoners to receive one-on-one assistance from community-based aftercare workers to plan for their release, including linkage with and referral to specific services and workers.

Further, prisoners' capacity to prepare for their release is limited due to the fact that few community service agencies are entered on the prisoner telephone system. Since prisoners are otherwise limited to 10 telephone numbers, it will be impossible for them to 'ring around' to find housing and other aftercare services. The telephone system should have a broad range of services already entered to allow the information provided to prisoners at the Transitional Program to be of use to them.

Recommendation 24

That the telephone numbers of community organisations which provide aftercare, crisis accommodation, counselling, drug treatment and other key social services be made automatically available to all prisoners on the prisoner telephone system, in addition to prisoners' own 10 approved numbers.

Service delivery to newly released prisoners is more likely to be accessed by them if they have already had some contact with aftercare staff prior to their incarceration. With respect to prisoners, continuity of care is extremely important. They do not want to have to continually repeat their story, and it is important that they are able to access workers whom they trust and do not feel judged by. Prisoners should have access to aftercare workers while they are still incarcerated so that they may receive assistance in preparing for their release, and to ensure continuity of care. Otherwise, prisoners may choose not to access the community services they require, which may in turn increase their risk of re-offending.

Recommendation 25

That the Department of Corrective Services facilitate community aftercare workers' access to prisoners throughout the course of their sentence to enable them to build a trusting relationship in preparation for release, and that regular meetings be scheduled between aftercare workers, corrections officers and case managers.

In addition, international best practice suggests that newly released prisoners should have access to a central place where they can obtain information and assistance after their release. One ex-prisoner who responded to this research suggested, consistent with this, that 'drop in centres' for newly released prisoners be established, where they may go to receive counselling, assistance in finding accommodation, referral to other services and other forms of practical support. While the difficulties of finding accommodation and appropriate services would remain, prisoners would at least have a place they could go to as a starting point to receive the assistance they require.

Recommendation 26

That the Department of Corrective Services and the Department of Communities jointly fund and establish a number of 'drop in centres' around Queensland for newly released prisoners which provide services including confidential counselling, referral, practical assistance, housing advice, job search assistance and general emotional support.

5.6 Post-release housing and income

Best practice suggests that prisoners should always have access to some money and a place of residence upon their release from prison. Otherwise, prisoners may be forced to engage in criminal activities in order to provide themselves with the necessities of life. Yet, in this study, ex-prisoners routinely reported that they were released from prison with no money and no accommodation. This is particularly problematic for prisoners who are released late on a Friday afternoon, as they will not be able to obtain assistance from most social services until the following Monday.

All prisoners should leave prison with some money to enable them to purchase immediate necessities upon release. To this end, all prisons should be required to liaise with Centrelink to ensure that prisoners are able to access an advance payment immediately upon their release without the need to visit a Centrelink office first.

Recommendation 27

That the Department of Corrective Services ensure that all prisons have an agreement with Centrelink to organise for prisoners to be able to access their advance payment from their bank account immediately upon release. No prisoner should be released with no money.

Recommendation 28

That the Department of Corrective Services lobby the Commonwealth Department of Family and Community Services to increase the amount of the advance payment which is available to prisoners upon their release.

Similarly, all prisons should be required by the Department to liaise with their local Department of Housing office to ensure that prisoners are able to lodge applications for public housing prior to their release.

Recommendation 29

That a partnership be formed between the Department of Corrective Services and the Department of Housing, and an arrangement be made for all prisons to be visited by Department of Housing staff to assist prisoners to apply for public housing prior to their release from prison.

Prisoners who do not have a home to go to and have not become eligible for public housing prior to their release date will be reliant on crisis and budget accommodation services for shelter. Unfortunately, such accommodation is extremely scarce. Prisoners must compete for emergency housing with other vulnerable persons in the community, and they are often not considered a priority for housing. Further, those shelters that are accessed most frequently by ex-prisoners are of such a nature to make them unsuitable for many prisoners.

International best practice principles suggest that the best way to ensure that prisoner's practical and emotional needs are met during the period immediately after release is to house them in supported accommodation, staffed around the clock, where prisoners can stay after their release until they get back on their feet. These properties should ideally be located in suburban areas which are not proximate to the inner-city (and thus the sub-cultures which ex-prisoners are trying to avoid), but are close to medical and social services. It is recommended that the Department establish a number of these properties throughout Queensland.

Recommendation 30

That the Department of Corrective Services and the Department of Housing set aside a number of supported accommodation properties for released prisoners where ex-prisoners can be accommodated until they are able to live independently. These properties should be located in suburban areas, close to mental health, drug treatment and general health services.

In addition, a number of Housing Support Workers could be placed in prisons to provide housing-related assistance to prisoners. This follows the model currently being applied in Victoria under the Victorian Homelessness Strategy. Such workers could liaise with landlords and the Department of Housing to assist prisoners retain their existing housing, and/or arrange for public, community or emergency housing to be available to prisoners upon their release.

Recommendation 31

That the Department of Corrective Services and the Department of Housing jointly fund the placement of Housing Support Workers (who are not correctional officers) in each prison to assist prisoners to retain their existing housing or to arrange alternative accommodation in preparation for their release.

5.7 Employment and education

International best practice suggests that the capacity of prison industry work to translate into job opportunities for prisoners upon their release is dependent upon a number of factors. First, prisoners must be assisted to develop skills in areas where there is a labour market shortage. Second, prisoners should be assisted in job search prior to their release from prison. Third, prisoners should be remunerated at close to award levels, to encourage motivation and to enable them to save money for their release.

The best model for prisoner employment is a partnership between private industry and the prison, whereby prisoners are trained, employed and remunerated at close to award levels by the industry partner during the period of their incarceration, and based on their performance, they may be assured of employment by that industry partner upon their release.

It is recommended that these best practice principles be implemented in Queensland. Until they are, it is unlikely that the work and training undertaken by prisoners will lead to employment opportunities and thereby increased community safety.

Recommendation 32

That the Department of Corrective Services and individual prisons, in partnership with the Department of Employment and Training, strategically seek out industry partners who are willing to provide training and employment to prisoners while they are incarcerated, and to provide employment opportunities to prisoners upon their release.

Recommendation 33

That the Department of Corrective Services review the rate of remuneration paid to prisoners who undertake industry work in prison, and the allowance paid to prisoners who are unable to work for reasons beyond their control.

Another strategy utilised both in international and Australian jurisdictions to increase prisoners' post-release employment prospects is the establishment and maintenance of a database of employers who are willing to employ ex-prisoners, so that prisoners may be matched up with potential employers prior to their release. This may require a campaign to educate employers on the benefits associated with employing ex-prisoners.

Recommendation 34

That the Department of Corrective Services, in partnership and consultation with the Department of Employment and Training and Job Network providers:

- launch a campaign educating employers of the benefits to both themselves and society in general of employing ex-prisoners; and
- fund and establish a database of employers who are willing to employ ex-prisoners. Prior to their release, prisoners should be matched with, and able to contact, potential employers to inquire about job opportunities.

Of course, some prisoners will prioritise education over employment, and this option should be available to them. Indeed, best practice suggests that education both at the general and tertiary level, should be encouraged amongst prisoners. The Department's policies with regard to education will have to be significantly altered to allow for this. First, participation in education should be made available to all prisoners. All prisoners who wish to enrol in TAFE and university degrees should be permitted to do so, and all prisoners who require literacy and numeracy training should have access to it. Second, education officers should be required to assist prisoners undertaking education in any way possible. They should be instructed to liaise with outside institutions where necessary, and ensure that prisoners have access to educational materials, computers and the prison library as required. Third, funds should be directed to updating and better equipping prison libraries. Books required for popular tertiary education courses (such as Law, Social Work, IT, etc.) should be purchased, as should books which are suitable for those with low literacy levels who are engaging in literacy training. Fourth,

educational allowances should be made available to prisoners at a level sufficient to enable them to pay union fees and purchase books and other educational materials.

Recommendation 35

That prisoner education be made an explicit priority of the Department of Corrective Services. This will require:

- that no caps be placed on the number of prisoners who can engage in full-time study at any one time;
- that additional shifts of education be scheduled at night and on weekends so that prisoners have the opportunity to engage in both work and study;
- that additional education officers be recruited;
- that education officers be instructed to provide support as required to all prisoners undertaking education courses including liaising with university staff, posting assignments, obtaining required materials and providing general guidance and advice;
- that additional funds be committed to better equipping and updating prison libraries to cater both for tertiary students and prisoners with low literacy levels;
- that prisoners undertaking full-time study receive an educational allowance which is sufficient to enable them to meet their study expenses.

Some of these initiatives may be jointly established and implemented with the Department of Employment and Training and Education Queensland.

5.8 Mental health services and counselling

Prisoners who participated in focus groups and contributed written submissions to this research all described their prison experience as a time of trauma and brutality. Many reported harbouring anger, frustration and distress regarding their treatment, and the treatment of other prisoners, in prison. For those with pre-existing mental illness, prison often exacerbates their symptoms, and for those with no such predisposition, prison may trigger the onset of such a disorder. If the safety of the community is to be promoted, prisoners with mental illness must have access to effective treatment in prison, and the prison environment must be conducive to positive outcomes in terms of psychosocial adjustment on release.

A number of reforms will be required to achieve this. First, the crisis support units, S4 unit and observation cells must be replaced with best practice facilities where care and treatment may be provided to distressed prisoners. Second, all crisis support units should exclusively accommodate prisoners with impairment in a therapeutic environment, including the S4 unit which should be closed down and replaced with a therapeutic crisis support unit. Third, a range of external service providers forming a multidisciplinary team should provide mental health services to residents of the crisis support units. Many of these treatment providers should be based in the community to

ensure continuity of care. In addition, other non-government agencies which provide counselling services to prisoners in the community should be permitted to provide confidential counselling services to prisoners while they are in custody. This should be a legislative entitlement, for the benefit of prisoners and the community, rather than a privilege which may be withdrawn at any time. Fourth, the use of observation cells should be independently reviewed. In the interim, and as a matter of urgency, the Department should issue procedures setting out the circumstances in which a prisoner may be accommodated in an observation cell and the treatment that they may or may not be subject to while in those cells. The procedures should explicitly state that mere crying, in the absence of any suicidal or self-harming behaviour, is insufficient to warrant a prisoner's confinement in an observation cell.

Recommendation 36

That all crisis support units be refurbished as a matter of priority to convert them into therapeutic facilities. Crisis support units should only accommodate persons with impaired capacity; they should not accommodate prisoners who are otherwise difficult to manage.

Recommendation 37

That all crisis support units be staffed by a multidisciplinary team of mental health providers and throughcare workers, most of whom are external to corrective services, and at least some of whom are based in the community. This team should meet regularly for supervision, and should have regular meetings with the person in charge of their prison. Further, a group of representatives from each team should meet regularly with the chief executive. This initiative will require a joint funding arrangement between the Department of Corrective Services, the Department of Health and the Department of Communities.

Recommendation 38

That the S4 be closed down and replaced with a therapeutic crisis support unit for women prisoners.

Recommendation 39

That community organisations that provide services to ex-prisoners in the community be given a legislative entitlement to provide confidential counselling services to prisoners while they are in custody. They should receive additional recurrent funding to this end.

Recommendation 40

That, as a matter of urgency, the use of observation cells be independently reviewed, and that, in the interim, the Minister release clear procedures regarding the use of observation cells in prisons. The procedures should, inter alia, clearly state that mere crying in the absence of other suicidal or self-harming behaviour is not sufficient to warrant confinement in an observation cell.

Also, the use of strip searches must be independently reviewed. It appears that they are being over-used, and that they are not reducing the amount of contraband coming into prisons. The trauma and degradation associated with strip searches is disproportionate to their stated aims.

Recommendation 41

That the use of strip searches in Queensland prisons (including the alleged strip searching of children) be reviewed by an independent, external reviewer.

5.9 Drug treatment and health

The realities of drug use in prison must be acknowledged. The zero tolerance approach to drug use in prisons should be abandoned due to its inconsistency with best practice. Instead, prisoners who suffer from addiction should have access to holistic drug treatment including detoxification, as well as stabilisation and relapse planning. These prisoners should reside in a specialised unit for a period of months while they receive treatment. Such units should not house any prisoners who are not receiving treatment for drug addiction.

Recommendation 42

That prisoners who suffer from drug addiction be given access to comprehensive drug treatment, including detoxification, stabilisation and relapse prevention, in a designated unit which houses only prisoners receiving such treatment. The length of the prisoner's sentence should not prevent them from accessing treatment.

Further, the response to drug use should not be punitive. Rather, drug treatment should be offered to those who test positive to drugs and they should only be disciplined for drug use if they then refuse treatment. Also, prison staff should be required to submit to searches when they enter prisons to prevent the supply of drugs to prisoners via staff, and incoming deliveries to prisons should also be searched for drugs.

Recommendation 43

That a harm minimisation approach be taken to drug use in prison, incorporating a treatment-oriented rather than a punitive response to positive drug tests – drug treatment should be available to all prisoners, and prisoners who test positive to drugs should only be disciplined if they refuse such treatment.

Recommendation 44

That prison staff and incoming deliveries be searched to restrict the supply of drugs entering prisons.

Since there is solid evidence to suggest that drug treatment in prison is most likely to be effective if followed-up with aftercare services in the community upon release, an agreement should be made with appropriate community organisations to provide aftercare treatment to prisoners who have received drug treatment while in prison.

Recommendation 45

That service agreements with appropriate community organisations be established to provide throughcare drug treatment to prisoners, including a significant period of aftercare after the prisoners' release.

The realities of drug use and sexual contact in prison mean that prisoners are at risk of contracting infectious diseases. This places the community at risk once prisoners are released. It is recommended that a best practice approach be taken to control the spread of blood borne diseases in prison. This may include the provision of needle exchange facilities and condom vending machines

Recommendation 46

That a best practice approach be taken to blood borne disease control in prisons by, for example:

- providing needle exchange facilities in all prisons; and
- providing prisoners with condoms.

5.10 Prisoners' cultures, families and communities

For Indigenous prisoners, maintaining contact with their culture and community is crucial to the achievement of positive release outcomes. The maintenance of ties to family and kin should be encouraged by facilitating prisoners' access to elders, and by employing Aboriginal Liaison Officers in

every prison, whose role it is to maintain communication between Indigenous prisoners, their families and communities, the prison and the Department.

Recommendation 47

That Aboriginal elders be encouraged to visit Indigenous prisoners by providing them with reasonable remuneration and/or reimbursing their related expenses.

Recommendation 48

That Aboriginal Liaison Officers be recruited and at least one placed in each prison. These officers should liaise between prisoners, their families and communities, the prison and the Department.

Families of prisoners require support both during the period of their loved one's incarceration, and after their release as they adjust to having the prisoner back in their daily lives. The importance of family members in facilitating a prisoner's rehabilitation and reintegration into the community is often forgotten. Family members should be involved in the rehabilitation process, both while the prisoner is inside, and upon their release. They should be encouraged to visit prisoners, and to participate in case management and release planning processes.

Recommendation 49

That the importance of family members in facilitating a prisoner's rehabilitation and reintegration into the community be formally recognised by the Department of Corrective Services by:

- making family visits available to prisoners as of right, rather than as a privilege, and ensuring that restricting visits as a means of discipline does not occur;
- making visiting areas more family-friendly, keeping in mind the importance of making prisoners' children feel comfortable, and the need for visits to be as intimate and private as possible;
- providing family members with information regarding the well-being of their loved one in prison on request (this should be the responsibility of prisoners' case managers);
- including family members in sentence and program planning for prisoners if the prisoner consents, in recognition of the fact that family members are well-placed to judge what will enable a prisoner to be rehabilitated and reintegrated into the community; and
- contacting family members as a matter of course to inform them of their loved one's release date and time.

Recommendation 50

That the Department of Corrective Services work in partnership with the Department of Communities and the Department of Child Safety to fund the following initiatives:

- an increase in the amount of assistance provided to families of incarcerated persons, including travel assistance for visits, counselling services and aftercare support services;
- an increase in funding to those organisations which provide support services to prisoners' families to enable them to meet the demand for practical assistance and emotional support from prisoners' family members.

5.11 Conclusion

Prisoners agree that prison should not be a 'five star model'. They acknowledge that they have been sentenced to prison as punishment. However, if prisoners are to be 'corrected' and the safety of the community is to be assured, the causes of prisoners' offending behaviour must be addressed. By placing prisoners into 'cryogenics' and releasing them into the community in such a state that they are less able to function effectively within it than prior to their incarceration, the community is only safe while the person is in prison. When they are released they will, more likely than not, re-offend. Current recidivism statistics demonstrate this.

Prisoners need a clear set of goals which they can aim for to motivate them to change. This requires that they have a certain release date, and set program requirements linked to tangible outcomes such as a progressive increase in liberty and participation in the community. They should be protected from brutality and sodomy, and should have access to drug treatment, medical treatment and counselling. They should be able to increase their vocational opportunities through meaningful work and education. They should be encouraged to address the causes underlying their offending behaviour in the context of an individualised case plan, implemented by a case manager who is understanding and encouraging, and does not perform security or disciplinary functions. Only then will 'correction' truly occur in Queensland's prisons.

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Appendix A

INVESTIGATION INTO PRISON RELEASE POLICY AND PRACTICE IN QUEENSLAND

TERMS OF REFERENCE

1. (a) What is the actual experience of prisoners when they are released into the community following a period of imprisonment?
(b) What are some of the challenges/hardships faced by prisoners upon and after their release from prison?
2. To what extent does prison release practice in Queensland accord with the goals of:
 - community safety
 - crime prevention
 - humane containment
 - supervision
 - rehabilitation
 - recognising and taking into account the special needs of some prisoners, including those of Aboriginal and Torres Strait Islander prisoners.
3. To what extent does prison release practice and policy in Queensland cater for the special needs of the following population groups:
 - (a) Indigenous prisoners;
 - (b) Prisoners with mental illness;
 - (c) Women in prison; and
 - (d) Young prisoners.
4. To what extent does the current treatment and management of prisoners assist/hinder release outcomes?
5. In what ways might prison release practice and/or policy in Queensland be improved?