

Just Support Project Report

Women's Health Tasmania

Throughcare for women exiting Mary Hutchinson Women's
Prison: towards a gender responsive approach

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About Women's Health Tasmania

Women's Health Tasmania (WHT) is a universal service, available to all women in Tasmania. It seeks to increase the range of services to women vulnerable to inequitable health outcomes. WHT recognises the impact of societal influences such as income, education, gender, sexual orientation, ethnicity, disability and isolation on health outcomes, and seeks to reduce the negative effects of these factors on individual women.

WHT is part of a national network of women's health centres. It is a health promotion charity funded by the Tasmanian Department of Health and Human Services, guided by the World Health Organisation's definition of health – "Health is a state of complete physical, mental and social wellbeing, not merely the absence of disease or infirmity" (2005).

Women's Health Tasmania (WHT) provides a safe, supportive environment for women at the Hobart based centre. It is run by women, for women, and aims to promote positive health outcomes by providing a diverse range of services, taking a holistic approach. This perspective on women's health has seen WHT at the forefront of preventive health in Tasmania.

In recent years, WHT has broadened its service delivery component by undertaking outreach activities, offering a state-wide information telephone line and using electronic technologies. It currently provides services to women from 74 different postcode areas.

WHT continues to provide direct services to individual women and to advocate for, and promote, the health and wellbeing of all Tasmanian women. The knowledge and expertise within WHT is based on 28 years' experience working with, and for, the women of this state.

WHT's vision is for Tasmanian women to be informed, supported and active decision makers in their own health and wellbeing. As a result, WHT has also been a key advocate on issues such as a woman's right to make informed choices about her health. Our leadership has been evident in a wide range of health policy, in social justice and gender equity. WHT consistently advocates on behalf of women with both State and Commonwealth governments, on a range of legislation and policies impacting on women's health. The *Just Support Project* seeks to increase understanding of women who have entered the criminal justice system and to improve service responses to this particularly marginalised group.

Abbreviations

ABI	Acquired Brain Injury
AOD	Alcohol and Other Drugs
CC	Community Corrections
CMD	Court Mandated Diversion
DVCSS	Domestic Violence Crisis Support Service
HWS	Hobart Women's Shelter
IOM	Integrated Offender Management
LEAP	Life Experience and Pathways
MHWP	Mary Hutchinson Women's Prison
NGO	Non-government Organisation
REO	Reintegration for Ex Offenders Program
RNR	Risk Needs Responsivity model
SASS	Sexual Assault Support Service
SHE	Support, Help and Empowerment
TPS	Tasmania Prison System
WHT	Women's Health Tasmania

Glossary of Terms

Criminogenic needs: factors related to an individual's likelihood of offending, including traits, attitudes, behaviours and offending history

Throughcare: continuity of support as offenders exit corrective services or transition between parts of the corrections system

Risk-needs-responsivity model: a widely regarded and popular model for guiding offender assessment and treatment, based on the risk they present, their needs and the environments that might reduce re-offending

Just Support Project Report

Executive Summary

This report is the result of an action research project undertaken to find ways to address the post-release support needs of women exiting Mary Hutchinson Women's Prison (MHWP). The project explored what post-release supports are currently available to women and how women experience accessing these. It is informed by the experiences of women navigating the criminal justice system who are among the most marginalised and stigmatised groups in society. The most critical needs of women exiting prison are identified as well as service provision gaps and barriers to accessing support.

Research shows that without support women are more likely to re-offend and that with support they have a better chance of rebuilding their lives. It is argued that addressing criminogenic needs is likely to reduce recidivism but also that addressing other support needs will improve wellbeing, enabling women not only to stop offending but also to live productive lives. Drawing on recent literature and models of practice for working with women post-release, the project considered possibilities for developing more effective service provision for this cohort in Tasmania. The report presents recommendations for developing a co-ordinated gender responsive approach and proposes a case management model for providing this support.

Key findings

Women are incarcerated at lower rates than men, although the numbers of women incarcerated are increasing. During 2015-16 the daily average number of women in prison in Tasmania was 44 (unpublished Department of Justice statistics) and numbers have risen since then. Currently women comprise 12% of the prison population in Tasmania. Women in prison are one of the most marginalised groups of the population, commonly experiencing multiple disadvantage throughout their lives (Australian Institute for Health and Welfare, 2015). Rebuilding life after incarceration is particularly difficult when women exit to the situations that contributed to their offending with no real alternatives or supports. Recidivism is more likely without support.

The main findings from this research are:

- The Department of Justice is currently moving towards improving throughcare to enable people exiting the justice system to connect with post-release supports. There are services interested in working with inmates pre and post-release but there is currently no co-ordinating mechanism to facilitate throughcare once women exit the justice system (prison and/or community corrections). Service delivery for women post-release is currently fragmented and ad hoc. Tasmania is one of the few states in Australia that has not yet established co-ordinated post-release support programs.
- Recidivism rates are high, with up to 50% of women re-entering the corrections system, indicating that reintegration back into the community is often not successful. On average

during 2016, 5 women have exited MHWP every week needing ongoing support for health, alcohol and drug and mental health needs, in addition to basic needs like income, housing and reconnection with family. Only 1 of every 5 women requests housing support and other women exit to housing situations that are unstable (unpublished Housing Connect statistics).

- In prison women have access to health, mental health, drug and alcohol and case management supports but this ends when they exit prison. Women who have completed their sentence may receive referrals to external support services but their capacity to follow up on these varies and is dependent on their skills, motivation and resources to seek out support. There is no co-ordination of post-release support once women leave the justice system and it is estimated that only half of these women follow up referrals.
- Approximately 20% of women in Tasmania exit on parole and have an Officer from Community Corrections who works with them to ensure they meet parole requirements. While this has been found effective in reducing ongoing offending, it is non-voluntary and can be experienced by women as controlling rather than supportive. When parole is over, there is no ongoing co-ordination of support.
- All other women exit (80%) without any co-ordinated response to address their needs and access to supports is ad hoc and dependent on their knowledge, motivation and resources to seek out support.
- Services are prepared to work with women but find it hard to connect with them on release. It is also hard for services to connect with women pre-release as they are generally in prison for shorter sentences than men and so the window for connection and building a trusting relationship is smaller. Women often have more complex needs.
- Prison can be a good opportunity to address health and AOD issues for a small number of inmates, however, health gains can be lost on release when women face increased difficulties, compounded by the setback of incarceration.
- While a number of services have worked with female inmates pre and post-release, their capacity to sustain this work is compromised by limited resources and short-term funding cycles. Ideally, a co-ordinated service response needs to be state-wide as approximately half of women exiting prison exit to the north of the state.
- There is research emerging of effective gender responsive approaches for working with women post-release and models in other jurisdictions which could be applied in the Tasmanian context

Recommendations

This report recommends the following:

1. That the government establish with clarity who has responsibility for co-ordinating post-release services and how these articulate with the Department of Justice responsibilities to enable co-ordinated throughcare beyond Corrective Services into the community.
2. That the Department of Justice undertake to develop gender responsive correctional policies and strategies that connect to co-ordinated post-release support services. TPS already work with the different needs of women and tailor services to this cohort. The rationale for this should be articulated and strengthened by identifying underpinning gender responsive principles and practices. Work on gender responsive programming undertaken in other states and internationally might usefully inform this development ref.

3. That a framework for practice be developed for working with women post-release, based on a literature review of effective program approaches nationally and internationally and in consultation with services and workers already working with the women. This needs to be a culturally sensitive response in the Tasmanian context.
4. That a state wide service is established to connect with all women pre-release to offer ongoing tailored, intensive, long term post-release support (a proposed model for this is included in the Appendices). This service would provide a case co-ordination worker, located in MHWP, responsible for assessing presenting needs and connecting each woman to a case manager/support worker in their exit location who would then provide long term, tailored, intensive support and referrals to address needs. This needs to link with the current case planning prior to exit undertaken by TPS. This should run as a pilot and be evaluated continuously over the first two years.
5. That state wide delivery of post-release case management support collect de-identified data to build a picture of pathways and ongoing issues for women exiting prison. This will usefully inform program improvements and further targeted program pilots to address identified needs and service gaps.
6. That the potential for developing programs to assist women to deal with the intersecting issues of drug and alcohol, mental health, trauma and family violence issues is researched and explored.
7. That WHT continue to facilitate a consumer advisory group. This should be expanded from the small group of three to ensure a diversity of perspectives and to enable representation of women who have exited prison both more recently and longer ago. The consumer group would have two purposes – to provide opportunities for these women to learn new advocacy and consultation skills, enable peer support and mentoring and to support the women to share their knowledge of the system with other services and the wider community. The consumer advisory group could provide input into the development of the post-release support model (in Recommendation 4), for example. They could be available for services to consult with prior to running information sessions in the prison and could enable services to provide professional development to workers (a project plan for developing the consumer advisory group is included in the Appendices).
8. That housing issues for women exiting prison be addressed including:
 - a) Re-funding previous successful housing first models for service provision to people exiting prison, eg. The REO Housing Program.
 - b) That transitional housing options be developed
 - c) That Housing Connect establish a third specialist housing response stream for people exiting prison
9. There is scope to explore developing an arts and music program facilitating pathways for women exiting prison to build a new identity. This approach can enable women to learn new skills, develop confidence and self-esteem, social networks and provide opportunities for creative expression and collaboration with others.

There is a real opportunity for Tasmania to develop strong evidence based programs for working with women post-release, given the relatively small size of the cohort. The research and pilot programs that have already been done on gender responsive work nationally and internationally with women provide a strong basis for undertaking this work. Keeping one person in prison costs the

government over \$100,000 per year, so investing in services that reduce prison numbers is a cost saving measure. This work would place Tasmania at the forefront of innovative and humane practices in gender responsive work with one of the most marginalised groups of women in the community.

Introduction

Background

There has been a long history of women's services engaging with women in prison in Tasmania (Appendix 5). These services have recognised that women in prison are among the most marginalised population groups prior to incarceration. This disadvantage is compounded by the impact of prison on their lives and they face not only housing, employment and family issues on release, but also health, mental health and alcohol and drug issues. Tasmanian prison health statistics show that the prevalence of mental health and AOD issues for women in prison are higher than for the general population (Wake et al, 2012). Women's services have consistently found that women in prison commonly lack information about support services and that women have difficulty connecting with services post-release. Research shows that without support, women exiting prison will have difficulty transitioning successfully back into the community and are more likely to re-offend. Tasmanian statistics show that between June 2014 and June 2015, 48.3% of female prisoners had a prior sentence (ABS, 2015).

This project developed from work undertaken by Women's Health Tasmania (WHT) with women in MHWP during 2015. Jess Davis, a Health Worker from WHT, ran a series of six group sessions for women in MHWP, delivering the Life Experience and Pathways (LEAP) to the future program. This program supports women to build confidence and explore future pathways for work, study and training in an informal and supportive group context. After the groups women requested follow up support, which Jess was able to provide both pre and post-release. It was clear however, that she could not meet the level of demand and WHT did not have the capacity to increase this support. It was also clear that it was difficult for services to engage with the prison system, as security requirements result in strict protocols for booking visits and entry to visit women. Discussions with other services, including the reintegration team within the Tasmanian Prison System (TPS), led to the idea of addressing reintegration issues. The *Just Support Project* proposal emerged from these discussions.

WHT applied for a grant from Partners in Recovery to explore the issues both for women and for service providers to improve provision of support services for women exiting MHWP. The *Just Support Project* was funded in early 2016 by a Flexible Funding grant with a focus on health and mental health issues for women. WHT employed a part-time Project Officer (0.4 FTE) for 9 months to undertake an action research project from April 2016 till early 2017.

Aims of the Just Support Project

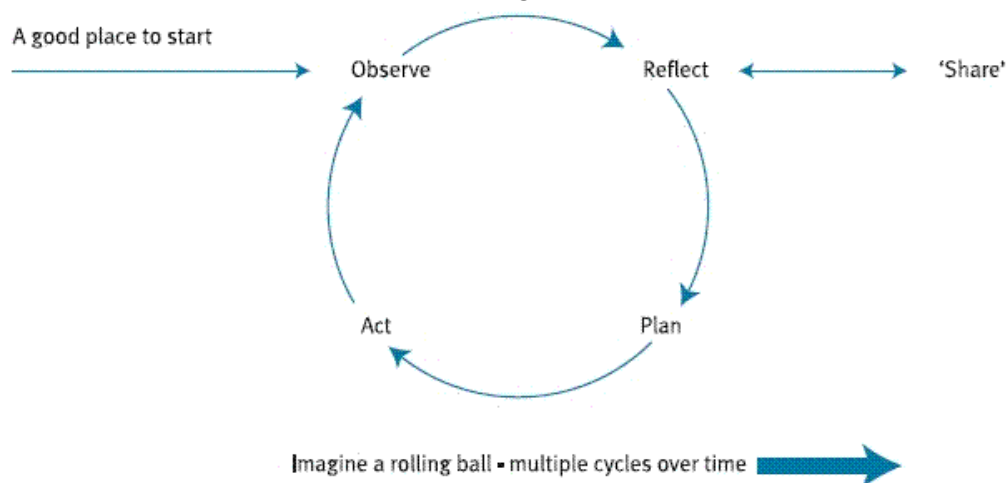
The *Just Support Project* primarily aimed to explore possibilities for improving co-ordination and collaboration between TPS and external statewide services to support the transition and reintegration of women released from prison. Specifically, it aimed to develop referral protocols between MHWP and services external to MHWP to support successful reintegration for women leaving prison. However, it became clear early in the project that developing interagency protocols was unrealistic for several reasons; it was difficult to map the services working with women. The state wide network of services is vast and women access a wide range of these. Additionally, women do not always disclose their recent prison history so not all services know they are working with women exiting prison. While there were several women's services in the south of the state who indicated interest in working with this cohort, they also indicated that they had limited resources available. Most had waiting lists and could not prioritise outreach work to women in prison. Women's Health Tasmania (WHT) itself did not have the capacity to increase service provision to this cohort. Given this wider context, a more realistic aim was to gather information that could inform service delivery in the future.

The project largely focussed on developing a better understanding of the challenges faced by women and by services working with women exiting prison. Research was undertaken to identify the support needs of women on exit, current post-release service provision and barriers for women to accessing services as well as identifying gaps in current supports. Research was undertaken to identify successful models for service provision interstate and best practice principles. This information was analysed to explore ideas for developing a post-release support model for Tasmania. This report presents information gathered during the action research project with recommendations for future service delivery improvements.

Research Methodology

The project employed a participatory action research (PAR) approach, which provides a framework that invites the participation of those affected – both consumers and service providers - to explore the issues. The Project Officer worked with a reference group of service providers and a consumer advisory group of women with lived experience of incarceration who had exited prison recently. The service providers included workers within TPS and several external services working in areas relevant to women’s needs – housing, health, mental health, drug and alcohol, domestic violence. This group provided insight into the service system and difficulties providing support. The perspectives of the consumer advisory group on navigating the system were critical in developing an understanding of the issues, needs and barriers faced by women. The participatory action research approach enabled information sharing between the two groups - members of the consumer advisory group in particular learnt more about the service provider context and provided input into service development ideas as the project progressed.

Participatory Action Research is cyclical, moving through systematic processes of observation, reflection, planning and action. The project moved through several cycles of action and reflection, each with a different focus as understanding of the situation increased.



The project started out with an intention to develop inter-agency protocols. Activity during the initial research cycle focussed on exploring possibilities for this and concluded that this question was too big for the service provider group to address as discussed in the previous section. The second cycle focussed on increasing understanding of the current situation in Tasmania and identifying interstate service delivery models. The last phase involved synthesising this information and developing service delivery recommendations for Tasmania and a proposed service delivery model for the state. This included some exploration of possibilities for state wide service delivery.

During the project, interviews to gather information for the project were conducted with 14 workers within TPS and 34 organisations external to TPS. Information from these interviews built a picture of service provision, including gaps and barriers for women exiting prison. They were also valuable as workers shared ideas about how service provision could be improved.

Research was also undertaken into literature on post-release support and service delivery models interstate to identify successful examples and best practice principles. A wide range of literature was

sourced from national and international research, including literature reviews that had been undertaken into best practices approaches for working with women post-release.

Key steps during the project included:

- Working with the consumer advisory group to identify needs and issues for women exiting prison and barriers to accessing services. This involved individual and group consultation to share learning and to discuss ideas about possible future service designs.
- Consultation with the reference group both individually and as a group to build understanding of service provision and issues faced by services
- Mapping the service system as much as possible to identify pre and post release support services and programs, including gaps and issues that services encounter
- Establishing the policy context – collating information on statistics, government policies and strategies
- Reviewing evidence based best practice approaches to working with this cohort and research into service delivery models inter-state
- Developing a recommended service delivery model, informed by best practice research and understanding of the Tasmanian context
- Exploring possible state wide providers to gauge capacity to run proposed model
- Developing a service directory – collating information on key state wide services
- Formulating recommendations for progressing the work undertaken during the project, presented in a final report

Research literature

The wider context

The United Nations *Standard Minimum Rules for the Treatment of Prisoners (The Mandela Rules)* provide clear guidelines for state and prison authorities on the minimum standards of compliance with international human rights law although these are not a legally binding document in Australia (2015). They include a statement outlining best practice for provision of post-release support: “81. (1) Services and agencies, governmental or otherwise, which assist released prisoners to re-establish themselves in society shall ensure, so far as is possible and necessary, that released prisoners be provided with appropriate documents and identification papers, have suitable homes and work to go to, are suitably and adequately clothed having regard to the climate and season, and have sufficient means to reach their destination and maintain themselves in the period immediately following their release.”

Australia has produced the *Standard Guidelines for Corrections in Australia* (2012), which is based on the UN *Standard Minimum Rules* (2015). The guidelines are also not binding on Australian states, but outline the goals that administrators should aim for and the spirit in which correctional programs should be administered. The intention to assist prisoners to re-establish themselves on release is clear in this document too. People exiting prison should not continue to be punished after they have served their sentences. Addressing disadvantage will help ex-inmates rebuild their lives and reduce recidivism.

In 2007 the Corston report was published in the UK, which highlighted the issues for women entering the criminal justice system and recommending new approaches for working with women. Governments have subsequently implemented gender responsive programming in jurisdictions across the world and it is now possible to review the success of some of these programs.

A gender responsive approach: differences between female and male prisoners

Globally, women are a minority of the imprisoned population. In Australia, 8% of prisoners are women, while in Tasmania, women currently form 12 % of the prison population (ABS, 2016). Prison numbers have been increasing over the last two decades both nationally and in Tasmania. The rise in prison numbers is partly explained by the increase in population, but also by changes in sentencing practices and an increase in more serious crimes. Total prison numbers at Risdon Prison complex doubled between 1997-98 and 2007-08 and have continued to increase since then. In 2015-16 the total number of prisoners was 569. The proportion of women incarcerated has also increased over this time as more women have committed more serious crime. During this time the number of women incarcerated rose from 7 in 1997-98 to 37 in 2007-08 (or from 2.6% to 6.9%). In the last 12 months the percentage of the female Tasmanian prison population has risen dramatically to 12%. In 2014-15, the average daily number of women in prison was 28 (Report on Government Services, 2016). During 2015-16 this rose to 44 and between June and end of October 2016 to 54 (unpublished Department of Justice Tasmania statistics). Mary Hutchinson Women’s Prison

accommodates 46 women and as numbers have increased this facility has proven inadequate. In May 2016, the Department of Justice announced plans for a building expansion to accommodate 20 more beds at MHWP.

According to recent Australian Bureau of Statistics data (2016), nationally, the most common offences committed by women are:

- Acts intended to cause injury 19%
- Illicit drug offences 19%
- Unlawful entry with intent 11%
- Theft 11%

Other common offences include fraud and drink driving.

The context in which women offend differs from men. Women are more likely to commit crimes while using drugs. 60% of women are imprisoned for non-violent, minor offences (Sisters Inside, 2013) commonly for drug or poverty related crimes (Department of Justice, 2010). The recent higher use of ice is however, increasing numbers for more violent crimes. Women are more likely to develop offending behaviours through relationships with family and friends, compared to men, who develop offending through 'peer associates' (Corrections Victoria, 2007). While there are commonalities, women's pathways into crime are different to men's and women also experience prison differently.

Women serve much shorter sentences than men. On average, women are in prison for about 3 months, compared to 2 years for men. Women also have higher rates of recidivism, measured as returning to Corrective Services within 2 years. The recidivism rates for women in Tasmania during 2015-16 were 20.2% returning to prison within 2 years and 33.3% returning to Corrective Services (unpublished Department of Justice Tasmania statistics). The level of service provision to women in prison depends on their status and the length of their sentence. Women on remand (median time on remand is 1.4 months, but can be as little as two weeks) and women on short sentences may not have a chance to access support or information about services. The number of female prisoners on remand, waiting for trial or sentencing was 23.7% in November 2016 (unpublished Department of Justice Tasmania statistics). This difference has a significant impact on how services engage with inmates. Longer-term prisoners have more opportunity for engagement with rehabilitation programs and training courses and establishing access to their children. It is much more difficult to work with someone who is in prison for a short period of time as the window of opportunity for engagement is smaller. The shorter and repeated incarceration periods create disruption to women's lives in different ways and reduce the opportunity for effective service engagement.

In Tasmania, there is no data tracking women's use of services and outcomes and women accessing services will not always disclose their incarceration history. However, the literature shows that women tend to face more emotional chaos and family breakdown on exit. For example, many women tell their children they are going away to work and they do not see their children while in prison. Other women may lose access to their children while they live with their partner's family or because of access conditions when their children are in out of home care. Women may still lose their housing and work and study are jeopardised. Women exit into the same situations which led to

criminal activities with even more challenges - disconnection from children and partners, housing insecurity – and these contribute to repeat offending. These factors make it difficult to follow through on intentions to start fresh and build a new life. Without family support and stable long term accommodation, women commonly find the difficulties they face overwhelming with the result that they give up and return to old habits. There are examples of women deliberately re-offending so that they go back to prison because it is easier than dealing with life outside prison.

Like many men in prison, women commonly come from disadvantaged backgrounds with low education levels and high unemployment and poverty. This has implications for poorer health outcomes. For example, many prisoners have low levels of educational attainment – one third have not completed year ten (AIHW, 2015). However, women are likely to experience higher levels of disadvantage and exclusion. For example, only 21% of women were working prior to incarceration compared to 37% of men. Most prisoners lived in rental accommodation before entering prison and are at high risk of losing this while in prison (AIHW, 2015). 25% of prisoners were homeless in the month prior to imprisonment and 31% expect to be homeless on release. However, women experience homelessness differently as they are more vulnerable to victimisation and abuse (Weiser, 2009). Homelessness is clearly even more problematic when a woman is the primary caretaker of her children.

The social and economic impacts of disadvantage - poverty, unstable housing, social marginalisation, compromised health, education and employment - result in poorer health outcomes for women (AIHW, 2015). For Aboriginal women these issues are further compounded by racial violence. While 3.6% of the Tasmanian population identify as Aboriginal, Aboriginal people comprised 16% of the offender population in 2016 (ABS, 2016). Women entering the prison system across Australia have worse health than other women (AIHW, 2015). Statistics show that they experience much higher rates of drug and alcohol issues and mental health issues than the women in the general population. AIHW Australian Institute for Health and Welfare national statistics (2015) demonstrate the prevalence of health issues of prisoners, which occur at rates higher than the general population:

- 1 in 4 prisoners received medication for mental health related issues while in prison.
- 2 in 5 prison entrants drank alcohol at risky levels before prison.
- More than half of Indigenous entrants drank alcohol at risky levels before prison.
- 2 in 3 prison entrants used illicit drugs in the 12 months prior to prison.
- 3 in 4 prison entrants are smokers, which is over 5 times the rate among the general population.

When considering offender backgrounds and needs, the *Breaking the Cycle: Tasmanian Corrections Plan (2010-2020) Discussion Paper* discusses the higher rates of physical, sexual and psychological abuse that women experience. It is estimated that up to 90% of women in prison have experienced physical, sexual and psychological abuse, which is much higher than for women in the general population (Sisters Inside, 2013). Higher rates of mental health, mood and personality disorders are also noted. Over 60% of women have a history of mental illness, compared to men with almost 50%.

On entry to the TPS around 80% of women have alcohol and drug related health conditions, 37% of women have Hep C and 19% have had Hep B (Wake et al, 2012). Hep B and C are commonly transmitted through risky drug related behaviours. Women with Hep C also have worse mental

health. Women with multiple incarceration histories are more likely to have opiate addictions (Wake et al, 2012).

Research has shown that better access to support services in the lead up to release and post-release is essential for increasing the probability that women will build lives free of drug use, violence and criminal activity in the community resulting in improved health and mental health outcomes (Belcher & Yaman, 2007). Women often have improved access to health and mental health service in prison as it can be an opportunity for women to address dental problems and chronic disease but these issues drop in priority on exit when practical needs become the priority. Post-release needs of women often include finding a safe place to live, addressing addictions and developing new supportive pro-social community networks and a pathway to study or work and personal development. Health is more broadly linked to these socio-economic factors. For example, achieving positive mental health outcomes will be partly dependent on having stable housing and adequate finances. *Rethink Mental Health, Better Mental Health and Wellbeing: a long-term plan for mental health in Tasmania 2016-2020* included a literature review which flagged the need for mental health services to collaborate with the justice sector to address the high rates of mental illness and other complex needs of people who have come into contact with the justice system, prisoners and ex-prisoners (DHHS, 2015, p. 24). Additionally, structural barriers to health access, like transport, need to be addressed as well as addressing personal barriers to accessing health information and services.

There is an intergenerational impact on families of women who end up in the criminal justice system. Children of prisoners are more likely to end up in foster care and experience isolation, disruption, dislocation, poverty and even physical and sexual abuse. Children who enter the Child Protection system as children are more likely to enter the juvenile justice system and many later end up in custody (Sisters Inside, 2013). Women are more likely than men to be released from prison to a broken family and no home and little or no personal or financial support (Grant & Paddick, 2014).

In summary, women's pathways into offending and subsequent experiences of the criminal justice system are different to men's. Disadvantage and gender discrimination impacts on women's lives and health differently too. Building an understanding of how these factors impact on women will help develop a gendered response to inform work with them.

Policy Responses

Historically, women's prisons have been based on models designed for men. Gender responsive programming however, has been developed in recent decades and a significant amount of work has been done in this area both nationally and internationally. The Australian Institute of Criminology produced an important report, *Good practice in women's prisons: A literature review* in 2011. This reviewed practices in both national and international prisons and outlined an approach for working with women in prison.

A number of Australian states and territories have developed policies and plans to address the needs of women. In Western Australia, the Boronia Women's Pre-release Centre has been successfully established with a recidivism rate of one-third the national average (Grant & Paddick, 2014). They

have incorporated an approach that also addresses the needs of Aboriginal women. Queensland developed *Improving Outcomes for Women Offenders: Women Offenders Policy and Action Plan 2008–2012* (Queensland Corrective Services, 2008b), developing gender responsive programs and services and recognising the need for culturally sensitive programming. Victoria's *Better Pathways in Practice: The Women's Correctional Services Framework* (Corrections Victoria 2007), sought to improve the gender responsiveness of Victoria's correctional services system to reduce the risk of reoffending among female offenders. In 2010 the NSW government commissioned the Women's Advisory Council to identify the role of corrections in supporting women with histories of sexual abuse. The resulting report, *Women as offenders, Women as Victims 2010*, provided an evidence-based framework for working with survivors of sexual abuse designed to articulate with throughcare and the risk-needs-responsivity (RNR) model. More recently, South Australia has developed *Strong Foundations and Clear Pathways: Women Offender Framework and Action Plan (2014-2019)*.

The over representation of Aboriginal people in custody continues to be an issue needing targeted strategies. The top two issues for Indigenous women identified in the Social Justice Report (2014) were housing and healing. Most states have operational Aboriginal Justice Agreements, which specifically address post-release support needs, but these have not been developed in Tasmania. The Aboriginal community should have a say in developing and implementing an agreement to ensure it is culturally appropriate.

Criminogenic Needs

The Background Paper on Best Practice for *Breaking the Cycle: Tasmanian Corrections Plan (2010-2020)*, discusses the risk-needs-responsivity (RNR) model, developed by Andrews and Bonta (1994). This approach focuses on reducing re-offending and protecting the community from harm and underpins the TPS model for working with offenders. Risk assessment tools establish an inmate's risk of re-offending and focus intervention on factors directly related to re-offending, ie. criminogenic needs. Some criminogenic risks are not changeable, for example, a history of offending. Other criminogenic needs can be changed. They are "the dynamic attributes of an offender that, when changed, are associated with changes in the probability of recidivism" (Bonta, 1994, 176). These commonly include antisocial attitudes and beliefs, antisocial associates, insecure housing, substance abuse, low educational and employment attainment and a lack of pro-social recreational activities.

Research has shown that there are common criminogenic needs for men and women. Sperber (2016) reviewed recent research, which indicates that women have additional criminogenic needs. Like men, employment has been found to be important for women in order to support themselves and their children. However, antisocial associates for women are usually their partners, while for men these are their peers (Sperber, 2016). Substance abuse is more strongly correlated to re-offending for women and lack of housing compounds safety issues. Their experience of sexual and physical abuse may also be considered a criminogenic need. Depression has been found to correlate to recidivism for women but not for men. Similarly self-efficacy has been found to positively correlate with recidivism for women (Sperber, 2016). Self-efficacy is distinct from self-esteem. It is defined as "a person's belief in their ability to succeed in a particular situation" (Sperber, 2016). Self-efficacy is negatively correlated with substance abuse, antisocial companions and insecure

accommodation. It is also possible to target for change in Cognitive Behavioural Therapy (CBT) programs.

Rodermond et al (2016) found in a literature review of European and US approaches to female desistance that women benefit more from approaches targeting family factors while men were more influenced by employment and peer factors (2016, p. 22). While it is critical to provide support for housing, finances, relationships and drug use, women respond well to assistance for parenting and relationships. When they feel able to take care of their children without being overwhelmed by other demands and they have the opportunity to form new pro-social friendships this helps desistance significantly. Rodermond et al (2016) also found that the sense of agency/self-efficacy for women was significant and should be addressed.

This research indicates important directions for developing programs for working with women. Interventions for women will be more effective in reducing recidivism if they address these gender specific criminogenic risks.

The Tasmanian system

Through-care

As discussed in, *Breaking the Cycle: Tasmanian Corrections Plan (2010-2020)*, "Through-care is of critical importance in easing this transition and reducing the risk of re-offending." Prison can present an opportunity to address health and problem issues and also an opportunity for services to establish connection with women to enable continued support on release. Through-care aims to co-ordinate assistance and interventions between government and non-government agencies to enable reintegration into the community. In order to create effective linkages it is necessary to understand how the system operates. The Justice Department's *Breaking the Cycle – A Safer Community: Strategies for Improving Through-care for Offenders 2016 – 2020*, outlines a through-care approach which applies to people in the Tasmanian Corrective Services system.

Through-care principles are listed in this document as follows:

- Co-ordinated and consistent services are provided in accordance with a person's assessed needs across Corrections and in the community.
- Interventions and reintegration strategies are resourced appropriately, prioritised, targeted and delivered at the right time.
- Relevant information is shared within Corrections, other agencies and service providers to avoid duplication and improve individual outcomes.
- Community and other government agencies are included as partners to enable services delivered pre-release to continue through to reintegration into the community.
- To the greatest extent possible, the same organisations and people work with and build relationships with individuals in prison and in the community following release.
- The individual is involved in planning and decision-making and receives support and services to meet their needs and the needs of their families in appropriate cases.

Responsibility for through-care to post-release services lies with the Department of Justice. TPS have developed a co-ordinated approach with Integrated Offender Management and this has been a significant step forward in developing a planned response to working with offenders. The department continues to work on improving throughcare processes. This focus on improving rehabilitation responses extends to prisoners who exit under supervision – on probation or on the Court Mandated Diversion program. However, once women have completed their sentences or parole orders they are no longer clients of the department. Approximately 20% of women exit on parole or on the CMD program while all other women have no co-ordinated post-release support. Workers in TPS provide women with referrals to community based services but it is estimated that only 50% of women follow these up. Commonly, they experience barriers to accessing services and do not have enough support to make contact and get to appointments. There is ambiguity about whose responsibility it is to ensure co-ordinated post-release support once women are no longer clients of the Department of Justice. Currently, this is provided in a fragmented and ad hoc way. The number of women on remand, awaiting sentencing in November 2016 was 23.7% (unpublished Department of Justice statistic). Some women will be released with no further sentence time and this can be problematic as they may be released into homelessness or into crisis when finally sentenced.

Custodial Corrective Services for women in Tasmania

The services provided by TPS for women in prison include professional counsellors in the Therapeutic Services Unit, drug and alcohol counsellors, a legal advisor and a Planning Officer who provides case management while women are in prison. The Health Department fund provision of health services with a nurse available 24/7 and a female doctor, who runs a sexual and reproductive health clinic once a fortnight. Some programs address criminogenic needs, eg. anger management and drug and alcohol rehabilitation. Correctional staff have a caseload of inmates who they are responsible for and will facilitate referrals to services within the prison where appropriate.

The throughcare model for effective work with offenders aims to provide a co-ordinated approach to service delivery to reduce re-offending and recidivism. When the Just Support grant application was written only women who were serving sentences of over six months received case management within MHWP. This changed in late 2015 and while all women are now eligible for case management to prepare for exit, the need is greater than can be provided for by the TPS Planning Officer allocated to MHWP. The Planning Officer works with women to develop an exit plan and refers women to external services, however, it is estimated that women follow up on about 50% of these referrals.

The Reintegration Consultant and the Family Consultant are responsible for enabling external services to work in the prison, to establish connections that may continue post-release. Services that begin work with women while in prison and continue this post-release are more likely to establish better transition and reintegration back into the community. Women are encouraged to work with support services and are given referrals to services to access on exit. Up to 40 services have a Memorandum of Understanding (MOU) with the TPS to undertake work with inmates. However, many of these focus on work with men. The larger numbers of men and longer sentence periods

makes this easier. Workers have also commented on how much more difficult it is to work with women than men. Women are more open about their needs and emotions, which can be confronting, and the dynamics between women in MHWP can also be difficult to manage in groups.

Centrelink and Housing Connect have MOUs with TPS and make contact with inmates prior to exit to establish income and housing support needs. Centrelink makes contact with women to process applications for income support on exit. Women can apply for a Housing Tasmania house 30 weeks prior to exit, however, most women are in prison for much less time than this and no woman has successfully secured a house since this policy has been established (unpublished Housing Connect data). Women can make an appointment with a Housing Connect worker and will be allocated a housing worker one month prior to exit to establish a case plan for exit.

Another MOU that enables significant support work to be undertaken in MHWP is with Anglican Chaplains. A female chaplain regularly works in MHWP offering practical and emotional support to women and this can continue post-release. The chaplain is closely connected with other services and refers them to other supports if required. The chaplain has run groups, enabled women to maintain contact with their children and provided support in court, for example. Other services working with women pre-release include TasTAFE, Partners in Recovery and some Christian groups. Uniting Care have developed a community service activity for women. A regular group, Hand Made With Pride, runs in MHWP, where women sew items for babies in hospital.

A Family Consultant focuses on establishing parenting supports for inmates, including women. Some parenting support is provided via periodic programming. Every school term holidays a Kids Day is held in prison for children of inmates to come and engage in recreational activities with their parent. The Tasmanian Aboriginal Centre (TAC) ran a support program for people exiting prison to build connection with the Aboriginal community. This is no longer funded or running. TAC workers have subsequently worked with Aboriginal inmates with limited resources pre and post-release. More recently, an Aboriginal Case Planner has been appointed to work with Aboriginal inmates.

Women's Services

The Population Health and Special Projects Coordinator with Correctional Health Services, Mental Health & State-wide Services, has organised and run regular service information sessions in the women's prison over a number of years. Services involved include the Sexual Assault Support Service (SASS), Support, Help and Empowerment (SHE), Hobart Women's Shelter (HWS), Women's Health Tasmania (WHT), Domestic Violence Crisis Support Service (DVCSS) and Women's Legal Service. Two hour information sessions in MHWP are delivered as part of these organisations' funded core activities – focussing on issues like addictions, reproductive and sexual health, legal issues and domestic violence. These are vitally important, providing women with information and opportunities to connect with workers and services, but also enabling services to better understand the situation and issues faced by women in the correctional system. Some services have also provided outreach work in the prison to provide counselling and support. However, outreach work to women in prison is more difficult to resource, involving significant resources to organise professional visits and follow

up work. These types of services have happened occasionally when either the need is critical or when a service can prioritise this activity for a period of time.

Projects run in MHWP have often been dependent on funding available. These include literacy and creative activities as well as health-focused groups (Appendix 7). In 2007, SASS secured a large grant to deliver a 3 year project, *Women in Prison: Health, Art and Education Project*. This enabled delivery of creative and literacy programs to women inside to promote wellbeing and to improve connections with services that could provide support on release. The project included a wide range of services from the community sector, the arts, education and health services. It generated significant interest and several small additional projects ran alongside this, funded from other grant sources. The Steering Committee for the SASS project, developed a funding proposal to run a post-release support group for women at a Community House, but this did not attract funding. More recently, Hobart Women's Shelter secured a Skills Equip grant to run a creative educational project in partnership with TasTAFE to work with women in prison to explore establishing pathways to education. The work done by women's services with women in prison has been important in ensuring that women have access to information, learning and opportunities to think about their preferred future and more confidence to access services post-release.

However, these kinds of projects are typically short term, funding dependent and worker dependent. They have not proven sustainable as services navigate pressures around resourcing and many no longer provide outreach to the prison. The funding landscape in Tasmania has changed in the last six years as services have simultaneously experienced funding restraints but increased demands on services. Funding insecurity has meant that there is increased pressure on services to think carefully about which activities yield the most effective results for resources invested. Grant funding has consequently become more competitive. Waiting lists for women's services have increased so women exiting prison are not always able to access support when they need it most and when they are most vulnerable – in the first few months after exit.

Services for women exiting prison in Tasmania

There are no specialised services or programs that work with women exiting prison in Tasmania and programs that have been developed specifically for those exiting prison have often been linked to housing. Previous housing first programs have commonly offered intensive support linked to maintaining tenancies to ex-prisoners. These have included the STAY Program (2008-13), which ran as part of the National Partnership on Homelessness NAPA funding. This model provided housing first and up to two years of intensive support, targeting high needs groups, including ex-inmates. Case management with low case loads enabled a holistic response to needs.

The Re-Integration for Ex-Offenders (REO) Program is another example of a successful model, which similarly offered housing with intensive support for ex-inmates via a caseworker. The REO Program was evaluated in 2013 by the Housing and Community research Unit, University of Tasmania. This evaluation found that REO had a significant positive impact on ex-offender health and wellbeing and indicated that recidivism rates for participants were low (Lloyd et al, 2013). While it can be considered successful, it was limited in capacity and restricted eligibility to ex-inmates that had been in prison for over six months (which meant few women were eligible). Evaluation recommendations

included increasing the capacity of the service and extending the program to include inmates with sentences of less than six months. However, funding was withdrawn from this program in 2015 and nothing equivalent has replaced it.

There is currently a critical shortage of affordable housing. The recent Rent Affordability Index indicates that Hobart is the second least affordable city after Sydney. The 2016-17 Shelter Budget Submission reports a 28% increase in public housing applications in the last year. Rental housing is out of reach for those on low incomes. For women who need intensive support to access and maintain housing, there are currently no real options. Currently, Housing Connect is the first point of contact for everyone for housing support state wide. They provide housing need assessments and referral to housing support workers. While Housing Connect allocates a housing support worker to women prior to exiting prison, recent figures indicate that only 25% of women apply for this (unpublished Housing Connect data). However, the 2011 WIPAN report on housing needs of women suggest that up to 60 % have insecure or no housing on exit. Housing Connect support workers work with applicants to apply for social housing or to find private rental accommodation. They provide low to medium level support for women to actively find a house themselves and may refer women to other services, for example, family, financial, drug and alcohol supports. Women can apply for social housing 30 weeks prior to exiting prison and they will be listed on the priority list. Most women in prison are in for less than 30 weeks and so are not eligible for this. Since this policy has been established in December 2015, no women have been housed.

One housing option that currently provides support linked with housing is community housing, however this is not intensive support and caseloads tend to be high. Eligibility is based on income and situational need, with two categories, priority and general. People eligible for community housing will be referred via Housing Connect. For people with a debt with Housing Tasmania, who are therefore not able to access public housing, community housing may be an option. However, applicants need 2 weeks rent in advance plus 4 weeks bond which is a significant barrier for women without money. While tenant/resident engagement processes are built in to support tenants maintain their tenancy, address issues that arise and provide referrals to other services if needed, case loads are high. For women with complex needs this level of support may not be enough.

There are several social housing providers who offer community housing around the state. Community Housing Ltd manages 1,366 properties in the north of the state. Mission Australia manages 500 properties at Rokeby & Clarendonvale and provides support to manage tenancies and other issues. Mission also run community development and other services for tenants. Centacare Evolve manage over 265 properties at Bridgewater, Gagebrook and Herdsman's Cove. Housing Choices Tasmania manage 1,400 properties around the state, mainly in the northwest. The Salvation Army manages 120 properties in the south of the state. They also run 37 tenancies for disadvantaged people over 55 years and Salvation Army Supported Housing (SASH) with 22 community housing properties for men and their children. The Intensive Tenancy Support Service for ex-offenders is run by the Salvation Army, providing support and resources to enable people to sustain their tenancies.

The transition from prison back into the community is enormous for women in terms of a shift in expectation around levels of self-efficacy. In prison, women's independence and autonomy is

removed but in the community they need to be motivated to actively seek accommodation and rebuild their life. As resourcing for services has decreased, the need for women to take more responsibility has increased – programs that offered more intensive assistance to obtain and secure housing no longer exist. Housing Connect currently has two specialised service streams for youth and family violence. People exiting prison could be considered a third specialised service stream for people needing tailored intensive support.

What do women need?

While generalisations can be made about women's needs, and figures indicate commonly occurring issues, it is important to remember that individuals are different and support for each woman needs to be tailored. For some women, addressing mental health needs may be pivotal while for others, the most significant and effective intervention may be in drug and alcohol use or education. The length of time spent in prison also influences what women might need. Someone who has only been inside for two weeks may be able to pick up where they left off – consequences may be more about damaged relationships more than practical issues.

The question of what women need has been considered from two perspectives. Firstly, data collected by the WHT Health Worker based on pre and post-release support provided to women during 2015-16 indicates the issues women voluntarily seek help for. Similarly, the information gathered from the consumer advisory group indicates what women are more likely to seek for themselves at different stages post-release. The second perspective is that presented in the literature on criminogenic needs. This links to an understanding of the RNR model, which underpins TPS programming (Department of Justice, 2010). Some of the TPS staff observations of needs echo this viewpoint.

Needs identified by women

Between December 2015 and December 2016, the WHT Health Worker made 29 professional visits and 73 professional phone calls to women in the Mary Hutchinson Women's Prison. Data collected on requests for support show that the top issues for women preparing to exit prison were; legal, housing, drug and alcohol and parenting issues (Appendix 2). Legal issues often related to access and custody of their children. Some women also drew on support from the TPS Case Manager and the prison Chaplain, so this data does not necessarily represent the full range of issues that women seek support for in prison. The figures do indicate that connection to family is a primary issue for women while in prison – working out connection to their children practically and through legal channels and dealing with broken and abusive and relationships. Literature suggests that women commonly identify mental health, drug and alcohol, parenting and family counselling needs while in prison (Spjeldnes et al, 2014).

On exit women face parenting, housing, income and debt, health and mental health issues (Sheehan et al, 2014). The consumer advisory group identified the priority needs for women on exit as; support to manage practical needs, ensuring income and housing support and connecting with their

children and/or family. TPS staff indicated that women’s needs on exit are housing, income and health, including mental and dental health and personal safety.

The needs of women on exit will be immediate and these will also change over time. The immediate period prior to release is often a time of acute stress for prisoners, particularly if they do not have a structured plan or are going into the unknown. Women often talk about feeling like everyone can see they are just out of prison. Needs are urgent at the beginning and this is the time that women are most vulnerable and the first three months are critical. Research shows that this is the time that ex-inmates are most likely to die – commonly by overdose or suicide (Carlton & Segrave, 2011). These figures are not tracked in Tasmania. Practical needs must be addressed first and then health, welfare, criminogenic needs and social needs. Aftercare is most needed in the first 30-60 days, but women may need ongoing support for up to two years. Research indicates that rebuilding life after prison takes at least two years and support should address basic needs, ensure support for ongoing needs and build towards independence.

The following table summarises women’s needs on exit, drawing on information provided by the women’s consumer reference group. For more information, please refer to Appendix 4.

Key Issue	Immediate needs (first 3 weeks)	Short term needs (first 3/4 months)	Longer term needs (3/4 months – 2 years)
Transition support	Practical support to organise and get to appointments and set up basic needs	Ongoing practical assistance Outreach support	Emotional and psychological support for relationships, coping strategies etc.
Income support	Centrelink income support needs to be in place or applied for and first payment available	Emergency relief – food vouchers when money runs out, assistance with uniforms and school expenses	Money to set up house Financial counselling for budgeting and managing debts
Housing	Somewhere safe to go, transitional housing options Application for social housing	If in temporary/insecure/unsafe accommodation – need to find adequate accommodation	Secure long term accommodation needs to be established
Reconnecting with children and family	Children, partner, mother Friends Ex-partner Child care needs to get to appointments	Rebuilding connections Severing connections [due to FV] Finding new connections Parenting support	May be long term issues – Child Protection, custody, access, family violence
Health and mental health	GP appointment Get set up on meds Review MH medication	Counselling support – individual and group	Ongoing counselling Support to manage own mental health issues
Drug and alcohol	GP pharmacology AOD counsellor Harm minimisation info Where to get clean fits	Ongoing AOD counselling Rehabilitation options	Harm minimisation approach - support to maintain choices and avoid triggers for drug use or other addictions
Transport	Often required – public transport not always an adequate option - can be unsafe – may not have	Alternatives to public transport when this is unsafe or lack confidence to travel on bus	May be ongoing if no licence or car

	license		
Family violence, sexual assault, trauma	Information about FV Options/support to deal with FV & keep children safe	Ongoing support to deal with FV and underlying issues related to SA and trauma Info about options	May need FVO and ongoing support
Legal	May be further charges to deal with	Need to sort out access/ custody of children	
Social connection	Gather information on local resources for pro social connections, eg. Neighbourhood houses, community groups etc	Need new positive connections Creative and recreational activities for self and children	Real connections in positive social networks Things to do with kids
Education	Literacy & numeracy, means to access resources for self and children	Think about study options	Start study, address literacy issues when other issues have been addressed
Work	Dependent on having a stable address	Think about work options	May be ready to start work when basic needs have been addressed
Spiritual	Where requested, introduction to appropriate spiritual community	Physical, emotional and spiritual support, pro-social friends, healthy activities	May involve volunteering within the community

Barriers to accessing support

Through-care is about planning and co-ordinating service responses for inmates, linking them with appropriate support pre-release and ensuring this continues post-release. This best practice approach provides those exiting prison with the best chance of breaking the cycle of re-offending. TPS workers provide women with access to services pre release in order to facilitate throughcare into post release, but there is currently no overall co-ordination of this support once people exit prison. Women commonly exit with referrals to several external services but immediately face transport and organisational challenges in setting up appointments and getting to them. Women typically feel overwhelmed at the number of appointments they need to keep just to get started – GP, Centrelink, clothes, Probation Officer appointments, counselling, Child Protection. Getting a phone to manage appointments may be an additional hurdle and expense. Services have limited capacity and the need is greater than can be met. It is not always possible for women to access the services they need even when they actively seek support. It is disheartening for women when the time taken to get an appointment is way too long. Other barriers to accessing services include low literacy making form filling difficult when applying for support.

The women’s advisory group provided further insight into some of the barriers to accessing support, based on their own experiences and also observations of other women they knew exiting prison:

Transition Support

While some women have the opportunity to work with a TPS Planning Officer prior to release, women with sentences over six months have priority. Women who work with the TPS Planning Officer are encouraged to think ahead and plan how they will manage on exit. The Planning Officer works towards ensuring that income and housing support is in place and will provide referrals for women to services on exit. The TPS Planning Officer estimates that women actually follow up these referrals about 50% of the time. The parole or CMD support is limited by the fact that it is involuntary and time limited. Parolees who serve the remainder of their sentence in the community under supervision have strict conditions to comply with. It is not always successful and some will return to prison, not able to meet the mandatory conditions of parole. Currently, there is no mechanism for co-ordinating ongoing support or case management once women exit the prison system or when they finish parole or CMD.

The consumer advisory group clearly identified the need for less services rather than more, as coping with the number of agencies can be overwhelming on exit. Women have many appointments to get to and it is hard to be organised and to find transport. They would prefer to have one worker to work with them, shown to be successful in the REO model, and only one form to fill in. Some women call on family and friends, others take up offers of support from church groups, and some may have a housing worker who can offer practical support. Women with better communication skills are more confident and more likely to find help while others fall through the gaps.

Those transitioning from prison on Probation or Parole have a Community Corrections who provides supervision and support. The Probation Officer will support them to make positive choices and make referrals but does not provide outreach or practical support. Women need to travel to regular appointments with the Community Corrections Officer, often on public transport, which can be difficult and expensive.

It is estimated that 20% of women exit on parole and there may be one or two women on the Court Mandated Drug Program (CMD) program at any one time. Women released on Parole or who enter the CMD program will have a case plan and strict conditions that they must meet. They need to have secure housing prior to exit – this is not always possible for some who are eligible for parole, as a result, these women remain longer in prison. For women who have secured housing, their Community Corrections Officer or CMD worker will meet regularly with them to monitor how they are going and provide support. Because this arrangement is mandated, women do not always feel comfortable to be honest with their worker because of reporting implications.

Finance

Centrelink makes appointments with women while they are still in prison to set up income support. Women usually are given an electronic bank transfer (EBT) card on exit, which can be used at ATMs. The two week advance payment from Centrelink which is currently \$528.70 for a single woman needs to last four weeks and clearly this will barely cover basic expenses over this time. It is difficult to meet basic needs in this situation. For a single woman on a disability pension, this is not much better, \$797.90 pf. Women end up reliant on others to get through these first four weeks and may need emergency food relief. Women need to set themselves up again and everything seems expensive when this is all the money they have for four weeks. Women may also exit with unpaid

finances and debts that compound financial difficulties. Financial counselling to work out repayment plans, which is available pre-release and post release with Anglicare Financial Counselling Service, will be important.

Housing

There can be a huge gap between exiting prison and securing long term housing. Short term housing options are scarce for women on exit. There are no exit points into housing for women exiting prison. Shelters and social housing providers are not usually able to hold a place for a woman exiting prison. Typically women return to previous relationships or stay with family and friends although this may not be their first choice or a stable housing option. Women stay with family or friends to save enough money to establish a rental house and this may not be sustainable over time. Women in abusive relationships often return because there are no real options at this point. It is only after exiting prison that their housing situation may become a crisis. When in housing crisis they may seek emergency accommodation with Housing Connect and will be allocated a housing support worker to help them find accommodation and this also takes time.

For women seeking private rental accommodation, they face high rents, low vacancy rates and high competition for properties. For single women, it is even more difficult to find affordable accommodation. Factors like employment and parenting status, disability and criminal record can make securing a house even more difficult. Women often end up in the metropolitan fringe where housing is cheaper and they are further away from services and opportunities. Anti-social peers can also be an issue with housing location.

Women do not always understand how the housing application system works. A couple of women spoken to during the project also indicated that they had applied for social housing with Housing Tasmania and would just stay with their family until a house came up. They were not aware that they needed to update their details with Housing Connect – this is important so that Housing Connect have current contact details but also because it may change their priority status for housing. For example, if their children are returned or they become pregnant this will change their status on the waiting list. The waiting time on the priority list for a house is lengthy – generally a matter of many months.

Reconnecting with family

Often women have no connection with their children in prison because they don't want them to know they are in prison – women suggest that up to 75% of women tell their children they have gone on a holiday or interstate to work. Some women have lost their children to Child Protection or to other family members or in laws. The result is reduced or no access to their children. A significant number of these women want to sort out access and custody through legal channels. Alternatively, women go home to an abusive partner because that is how they regain access to their children. When a woman has lost custody of her children she may never regain custody over them, and it will be difficult to rebuild her relationship with them. The resulting depression and guilt can be overwhelming.

Other women have broken relationships with their families who do not know they are in prison – these women struggle for support. A couple of the women in the consumer advisory group talked about their relationship with their mothers being important. One of the women rebuilt her

relationship with her mother while in prison and this relationship has been critical in rebuilding life after prison. For another, her relationship with her mother has motivated her to stay on track. This support can make a big difference for women.

Children can be a motivator for getting back on track and rebuilding a healthy life. However, when women do get their children back it can be difficult reconnecting with them, as they are angry and confused and have felt abandoned. Women who do get their children back may benefit from parenting support. Women can be wary of seeking this, as they are afraid of Child Protection involvement.

Drug and Alcohol Addictions

This is a critical issue as a high number of women are in prison on drug related offences. Women with drug addictions go through a period of drying out when they enter prison, which can be a difficult process. Sometimes it is the first time a woman has not been affected by drugs for a long time. This can be an opportunity to think about their lives and make new decisions and plans for the future. Drug and alcohol counsellors are available to work with women to think through how they might deal with triggers and manage their situation on exit. Women are referred to Holyoake and the Salvation Army Bridge program.

The advisory group were realistic about how easy it is to use again on exit as life becomes tough very quickly. Realistically, women need to know where to get clean needles as well as having a connection to an AOD counsellor who will understand the difficulties and not judge them for choices they make. Harm minimisation is a realistic approach. Alarming, newly released prisoners are six times more likely to die post release than the general population through suicide and drug use (Walsh, 2004).

Women talked about trying to stay clean and going through rehabilitation but still going back to using. This was linked to their partner's drug use. They were realistic that it can take several attempts to really change your life enough to stay clean. They emphasised that rehabilitation will be more successful if it is a choice – if women are ready to work through addiction issues.

Health and Mental Health

The prevalence of women with mental health issues in prison is high. The justice system does provide a screening opportunity to connect people with services if they are found to have an untreated mental illness via the Partners in Recovery program, who have a worker providing outreach work in the prison.

Most women in prison are distressed and others are depressed or anxious. Others have diagnosed mental health conditions. Internal referral to services in prison prioritises those in most need. As a result, women say they do not always know about Therapeutics or the possibility of case management support and so do not access these options. This means women may exit without connections or referral to supports.

Minimal pharmacology and prescription medication is allowed in prison. When women come off medications they have been dependent on for years this leaves them vulnerable and can result in

emotional difficulties inside prison. Re-establishing medication and equilibrium on release involves finding a sympathetic doctor who bulk bills in the local area. One woman talked about the GP she visited refusing to work with her because of how she looked and her history.

Health services in prison also create an opportunity for women to address neglected health needs. Women receive their health record on exit and referral to ongoing health supports. The advisory group talked about the difficulty of finding a GP that bulk bills in the area they exit to.

Transport

Some women have no transport on exit and need a bus ticket or someone to pick them up. Generally TPS will provide a bus ticket if needed. However, transport can be an ongoing issue. Women may not have a licence or have lost their licence as a consequence of their offence. They are then reliant on family or friends to get around. This compounds a low sense of personal agency. In prison, they experience a significant loss in autonomy as they have very few choices and no personal freedom. It takes time to rebuild their confidence after prison. Needing transport can force women to rely on people they might not otherwise want to associate with.

Public transport can be a safety issue – they are likely to meet people they are trying to avoid on public transport. One woman told a story of being assaulted by someone who had a grudge against her as a result of a chance meeting on the bus. Relying on buses for transport will mean that it is slow and difficult to get to appointments in different places.

Family violence, sexual assault and trauma

The consumer advisory group identified family violence as a prevalent issue for women in prison. However, they spoke about this often being normal for women in prison as they have grown up with family violence and it is common in their personal networks also. Women do not always recognise this as an issue. One woman described her process of recognising the impact of domestic violence in her life while in prison. This awareness arose from contact and conversations with women's services in MHWP. She began to deal with this as an issue with Therapeutics and also talked about it with other women, which had a flow on effect. It precipitated other women realising their own situations had involved domestic violence. The advisory group spoke about women being receptive to people with lived experience – they will respect and listen to a peer who has shared similar issues. Thus, a worker or presenter may be a barrier to getting information to women if they are not perceived to have authentic knowledge. The advisory group responded positively to the possibility that an ongoing advisory group could be available as lived experience speakers.

Connecting with community

Women on the reference group spoke about how significant the consumer advisory group was for them, as a regular point of social contact and an activity that held meaning. The process of moving away from a life of offending involves finding positive social connections and creating a new identity. The consumer advisory group seemed to be an opportunity for women to see themselves differently – as people with valuable knowledge and insight, which they could use to help others.

Women often feel vulnerable on exit and think that everyone can see that are just out of prison. They feel different to others because of their experience in prison and this makes it harder to

connect with others. It is often a lonely time for women who want to make a break from old networks and stay free of drugs. Even those who still use have people they want to avoid and a need for new connections.

While the consumer group had a strong focus on and much concern for the women still in prison they had as much energy for thinking about the kinds of social activities, which would work for them and others on exit. They had many ideas about other activities they would like to do and they thought others would find useful. The idea of being able to continue with the creative activities they had done in prison was particularly appealing. It was seen to offer a safe space for getting together, continued development of creative skills which had built their confidence previously and an opportunity to continue connections with workers they had already got to know and trust.

Education/literacy

Women exiting prison need to deal with immediate needs and are not generally ready to think about education. Women are often not confident about engaging in large institutions given their experiences with the justice system. For women with low literacy levels, difficulties engaging with systems are compounded and they may have multiple examples of frustrating encounters with services like Centrelink. Women with lower literacy skills may not even consider engaging with education, given previous educational experiences. Learning does not even seem like a possibility for them even – their identity does not include being an active learner. Women in the consumer advisory group talked about lacking confidence and literacy skills, which stopped them from moving into education.

The role of the LINC literacy-tutoring network seems important here, providing opportunities for learning in a safe environment. The LINC literacy program in the prison creates learning opportunities for those with low literacy levels, aiming to connect inmates on release with their local LINC. Again access to training in prison is easier to establish with longer term inmates and harder to establish with short term inmates.

Work

Women coming out of prison can be keen to work as they see this as a way of moving away from ways of making money that have caused trouble in their lives - drugs and sex work. Unless they know someone who can set them up in work, it is very difficult to get started in the working world with little education and a prison record. One of the women in the advisory group spoke of an example of having a job interview but not being called back after she disclosed her prison record. It is difficult to avoid this disclosure when a business asks for a police check. Women face mistrust and discrimination based on their history of offending. It is very disheartening to not even be considered for work.

In Summary

Clearly, there are multiple barriers for women exiting prison to access support. Barriers include gaps in information, gaps in service delivery, complex situations, ruptured relationships and support networks, stigma and layers of disadvantage. The consumer advisory group suggested that having one worker to support them to address issues would be easier. This idea is supported by the literature on best practice principles for working with women post-release.

Principles to guide effective interventions for women post release

In 2016 Trotter & Flynn, based at Monash University, published a literature review of best practice with female offenders. They cite research that indicates that addressing the specific needs of women will help reduce re-offending and improve wellbeing (Trotter & Flynn, 2016, p. 3). Risk assessment tools are likely to work better if adapted to include gender sensitive items such as family, relationships and children and will result in better case planning. Rehabilitation programs based in the community are generally more effective than prison based interventions. However, stronger links between community based organisations and Corrections enable better transition support.

Trotter & Flynn (2016) found that worker skills make a difference in program effectiveness. Service delivery works best when delivered by skilled practitioners. Core skills for practitioners include pro-social modelling, reinforcement of values such as fairness, reliability and modelling a non-criminal lifestyle. Good practice involves respectfully challenging pro-criminal statements and actions. Other core skills include addressing issues to help offenders desist and involve teaching problem solving, setting goals and developing strategies to address goals. A third set of core skills are the use of cognitive techniques that teach offenders to think about behaviours and consequences. Finally, the client/worker relationship is critical – verbal and non-verbal communication skills are linked to lower recidivism rates.

Trotter and Flynn (2016) also found that service delivery works best when programs are delivered with integrity, as intended. Organisational structures, which promote skills and program integrity, include staff training, supervision, management, coaching, staff selection and use of (treatment) manuals. Ongoing audits and evaluation of interventions can help maintain program integrity and identify the most successful strategies and areas for improvement.

Finally, Trotter and Flynn's review of research literature found that more effective service interventions are holistic and focussed on the multiple issues faced by women. Trauma and family focussed interventions are supported in the research. Services work best if they collaborate with women, address offence related problems, link women with mainstream agencies and provide ongoing assistance where required.

In 2015, Program Director of the Community Restorative Centre in Sydney, Mindy Sotiri, published a report on her Churchill Fellowship study; *An Exploration of Best Practice in Community Based Reintegration Programs for People leaving custody in the US and the UK*. Sotiri's findings on best practice for post-release support are summarised as follows:

1. Pathways for people leaving prison focus on creating an identity outside the criminal justice system, rather than addressing specifically offending behaviour.
2. That service delivery incorporates advocacy work to address structural barriers, eg. Access to housing, employment, health etc., and advocates systemically for change when required.
3. Working with inmates pre and post release builds trust and enables better re-entry planning
4. Holistic, long-term casework enables provision of relational support improving engagement and trust

5. Community based outreach is offered so services work in the communities in which ex-offenders live
6. Housing first approaches/ sometimes employment first approaches to ensure a solid base to maximise chances of making changes required to stay out of prison
7. Genuine collaboration with people with lived experience of prison so they have input into design and delivery of community based reintegration programs.

These findings are echoed in earlier research. Walsh's 2004 review of the Queensland prison system included best practice recommendations and made the following points: Throughcare works best with strong case management, pre and post release, with the same person, brokering connections to services (Walsh, 2004). Successful programs include elements like outreach with case management, mentoring, supported housing, women centred approaches and advocacy work. Recommended models generally include ensuring a primary supportive relationship, often case management. Elements of case management include empowerment, developing life skills, problem solving, systems navigation, helping women draw on their own resources, regular contact and a collaborative approach.

The Social Justice Report (2014) recommended developing a relationship with a person from a community organisation prior to a woman's release. This person would then be responsible for assisting the woman to prepare for release and continue that support post-release, including referral to appropriate services. This could be a way of reducing the number of support people involved in a woman's life, improving co-ordination of care and the delivery of support programs provided from the pre-release to the post-release phase.

In terms of addressing the question of agency, the WIPAN project that worked with women with lived experience of prison and domestic violence points to an approach for working with women that engaged them in developing a resources for other women, building self-efficacy (WIPAN, 2012).

Developing a model for post-release support

Women's pathways into crime are different to men's and are characterised by later age at onset of offending, less frequent offending and earlier desistance (Lart et al, 2008). Women have consistently high levels of victimisation and subsequent trauma, higher levels of mental illness and higher levels of substance abuse than male offenders. These factors indicate areas where women have additional needs and where to focus gender-responsive programming. The gender specific criminogenic needs of women are also relevant when considering interventions. Gender responsive approaches emphasise relationships, are strengths based, provide continuity of care, address trauma and are holistic and culturally competent (Stewart & Gobeil, 2015). Services should link with mainstream services, empower women to address their own problems (self-efficacy), address offence related problems, provide ongoing assistance and practical help – addressing transport needs, childcare needs, dealing with relationship issues and protection from abuse (Trotter & Flynn, 2016). Post-release work must be client centred and based on what women identify they need to rebuild their lives. It is important to recognise that not all women will be ready to change and that some may just want support to address practical questions. Case management should include strategies

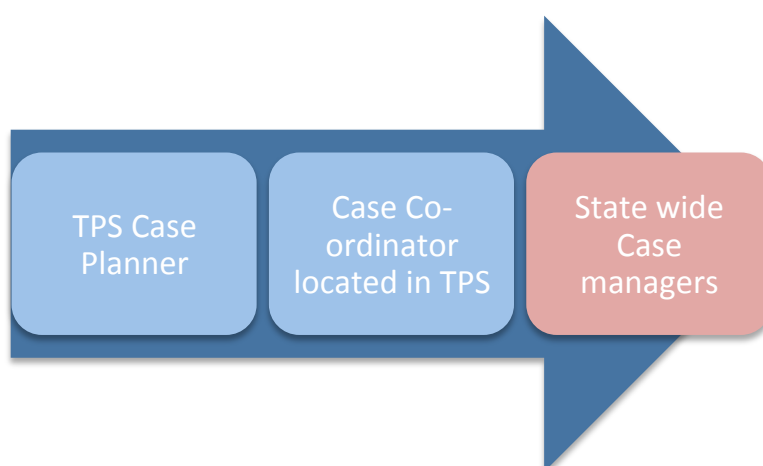
that invite change, for example motivational interviewing and working on facilitating self-efficacy may be an appropriate and effective approach.

Learning from interstate post-release support models

In Adelaide a rehabilitation model is delivered in the women’s prison (Department of Corrections, South Australia, 2015). Programs address a mix of criminogenic needs and life skills. While this is deemed successful, it important to note that this can increase sentencing of women as this is seen as the way to ensure that women get rehabilitation support. This project recommends that co-ordinated holistic post-release support, aligned with throughcare practices, be developed to facilitate community integration and develop skills in a community based and real life context. This is a less expensive option and has been found to be a more effective approach.

Developing a Model of Support

This report makes a number of recommendations for service delivery improvements in Tasmania. A key recommendation is that a state wide post-release support service is established which is appropriate in the Tasmanian geographical and service delivery landscape. Since numbers of women exiting prison each week are relatively low (5 per week during 2016), it is possible to conceive of a system providing strong case management support aligned with existing support structures. Service provision needs to be state wide but co-ordinated pre-release, linking with the current case planning prior to exit undertaken by TPS. This should connect all women pre-release to ongoing tailored, intensive, long-term post-release support. A case co-ordination worker, located in MHWP, would be responsible for assessing presenting needs and connecting each woman to a case manager/support worker in their exit location who would then provide collaborative, long term, tailored, intensive support and referrals to address specific needs. Case managers should be trained in effective intervention approaches as highlighted in Trotter and Flynn’s literature review of effective practice (2016).



This model has a holistic approach, focussing on the multiple needs of women and able to provide trauma and family focussed interventions – approaches identified as best practice. This case management model should be delivered to ensure program integrity and support for case managers, with adequate training, supervision and management provided. This aligns the model with

established effective practices, as described previously. Furthermore, it establishes an opportunity to learn more about the needs of the cohort and to develop specific support programs. Ongoing evaluation should be undertaken to monitor and improve delivery.

Conclusion

The Just Support Project explored women's experiences of exiting prison, researched service response options and identified best practice principles. A proposed model for service delivery for women exiting prison has been developed to fit the Tasmanian context. The holistic, co-ordinated service delivery model is based on best practice principles and includes:

- Locating a worker in the prison to make contact with all women prior to release to offer post release support
- An intake interview to enable this worker to link women pre-release with a case manager in the area they will exit to
- A local case manager to ensure immediate practical support on exit and to continue to work with them to provide support and referrals to meet their needs for up to two years.

This model can be delivered by a state wide service. Anglicare have indicated that they have the capacity to do this within existing services but may seek funding for the additional worker located in the prison.

While the community may perceive ex-prisoners as a threat, they are more likely to re-offend if they are not provided adequate support on release. Without support, many will re-offend and will continue to struggle with disadvantage. The proposed model aims to address the situation for women and aligns with best practice principles for working with this cohort.

There is scope for developing service and system responses beyond this as indicated in the recommendations. Subsequent developments may include specific programs to address women's needs. It may also be useful to extend service provision to all women entering Corrections and those on Community Correction orders, ie. women at risk of ending up in prison.

Recommendations

The Tasmanian Department of Justice has established a best practice approach to working with offenders that aims to provide throughcare – planned and co-ordinated support pre and post release. However, responsibility for women exiting the criminal justice system ends either when they leave prison or finish their parole period. There is currently no co-ordination of support beyond this, leaving women to find their own way through a maze of services to re-establish their lives. Women have served their time while in prison and should not continue to be punished on exit. They need support to overcome disadvantage and personal difficulties in order to create lives in which they stop offending and experience wellbeing.

Recommendations emerging from this research project include:

1. That the government establish with clarity who has responsibility for co-ordinating post-release services and how these articulate with the Department of Justice responsibilities to enable co-ordinated throughcare beyond Corrective Services into the community.
2. That the Department of Justice undertake to develop gender responsive correctional policies and strategies that ensure co-ordinated post-release support services. TPS already work with the different needs of women and tailor services to this cohort. The rationale for this could be articulated and strengthened by identifying underpinning principles and best practice. Work on gender responsive programming undertaken in other states and internationally might usefully inform this development.
3. That a framework for practice be developed for working with women post-release, based on a literature review of effective program approaches nationally and internationally and in consultation with services and workers already working with the women. This needs to be culturally sensitive responsive in the Tasmanian context.
4. That a state wide service is established to connect with all women pre-release to offer ongoing tailored, intensive, long term post-release support (a proposed model for this is included in the Appendices). A case co-ordination worker, located in MHWP, would be responsible for assessing presenting needs and connecting each woman to a case manager/support worker in their exit location who would then provide long term, tailored, intensive support and referrals to address needs. This needs to link with the current case planning prior to exit undertaken by TPS. This should run as a pilot and be evaluated.
5. De-identified data collected by state wide delivery of post-release case management support will help build a picture of pathways and ongoing issues for women exiting prison. This might usefully inform program improvements and further targeted program pilots to address identified needs and service gaps.
6. Indications are that women often face a combination of drug and alcohol, mental health, trauma and family violence issues. There is an opportunity to consider developing programs for women to deal with these intersecting issues.
7. That WHT continue to facilitate a consumer advisory group. This should be expanded from the small group of three to ensure a diversity of perspectives and to enable representation of women who have exited prison both more recently and longer ago. The consumer group would have two purposes – to provide opportunities for these women to learn new advocacy and consultation skills, enable peer support and mentoring and to support the women to share their knowledge of the system with other services and the wider community. The consumer advisory group could provide input into the development of the post-release support model (in Recommendation 4), for example. They could be available for services to consult with prior to running information sessions in the prison and could enable services to provide professional development to workers (a project plan for developing the consumer advisory group is included in the Appendices).
8. That housing issues for women exiting prison be addressed including:
 - a. Re-funding previous successful housing first models for service provision to people exiting prison, eg. The REO Program.
 - b. That transitional housing options be developed

- c. That Housing Connect establish a third specialist housing response stream for people exiting prison
9. There is scope for developing an arts and music program facilitating pathways for women exiting prison to build a new identity, based on work that has been explored by women's services previously. This approach can enable women to learn new skills, develop confidence and self-esteem, social networks and provide opportunities for creative expression and collaboration with others.

There is a real opportunity for Tasmania to develop strong evidence based programs for working with women post-release, given the relatively small size of the cohort. The research and pilot programs that have already been done on gender responsive work nationally and internationally with women provide a strong basis for undertaking this work. Keeping one person in prison costs the government over \$100,000 per year, so investing in services that reduce prison numbers is a cost saving measure. This work would place Tasmania at the forefront of innovative and humane practices in gender responsive work with one of the most marginalised groups of women in the community.

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Appendices

Appendix 1: Research participants

Many thanks to those interviewed during the project who were generous sharing their knowledge and views. Note that input from these informal interviews informs the project, however, the proposed model is not necessarily endorsed by those interviewed.

Interviews with TPS staff include:

Correctional Staff	Superintendent Mary Hutchinson Women’s Prison (MHWP)
	Acting Superintendent MHWP
Reintegration	Reintegration Consultant, Integrated Offender Management
	Team Leader, Planning and Integration
	Planning Officer TPS
Family	Family Consultant, Integrated Offender Management
Drug & alcohol	Program Facilitators, Programs Unit
Admin	Administrative Support Officer
Health	Health Nurse, Correctional Primary Health, DHHS
Mental Health	Psychologist Therapeutic Services
Literacy	LINC Literacy Co-ordinator within TPS
Chaplain	Chaplain working in MHWP, Therapeutic Services
Probation	Probation Officer, Community Corrections

Interviews with external services:

Drug & Alcohol	Holyoake – AOD service
	Excel Program – Salvos AOD service
	Glenorchy Illicit Drug Service (GIDS)
	Team Leader, Court Mandated Diversion Program
	The Drug Education Network (DEN)
	Red Cross, Health Worker
Housing	Housing Connect worker and manager
	Anglicare Housing Services manager
	Hobart Women’s Shelter Community Engagement Officer

	Catholic Care Housing Support worker
	Intensive Tenancy Support Service (Salvation Army)
	Mission Australia worker
	Housing Choices manager
Mental Health	Forensic Clinic psychologist
	Partners in Recovery
	Headspace worker
	Anglicare support services manager
	Mental Health Council of Tasmania Policy Officer
Family/Parenting	Gateway Service worker
	Youth, Family and Community Connections worker (NW Tas)
Aboriginal	Tasmanian Aboriginal Centre worker
Domestic Violence/sexual Assault	SHE – Support, Help and Empowerment (FDV Service)
	Domestic Violence Crisis Support Service (DVCSS) worker
	Sexual Assault Support Service
	Safe Choices (Catholicare)
Health	The Link
	Primary Health Tasmania
	Health Promotion Coordinator, Tasmanian Health Service
Legal	Women’s Legal Service
Literacy	Literacy Co-ordinator, LINC Tasmania
	TasTAFE, VET Co-ordinator
Financial	Anglicare Financial Counsellor
Christian	Senior Pastor, Christian Family Centre
Reintegration	Second Bite, TPS Community Garden

Appendix 2: WHT Outreach Health Worker request data Dec 2015- Nov 2016

The outreach worker made 23 professional visits and 73 professional phone calls and letters to women in prison. The total number of contacts made was 96. Generally several contacts were made with each woman. Women often requested support for more than one issue. The number of support requests for issues is shown in the following table:

Issue request	Number of issue requests via phone calls & letters	Number of issue requests via professional visits	Total
Legal *	31	9	40
Homelessness and housing	29	11	40
Drug and alcohol	8	10	18
Parenting and children's needs	6	8	14
Counselling & support family violence	7	6	13
General counselling support/trauma	9	4	13
Social isolation/ new networks	13		13
General release support/transition	12		12
Dental	7	2	9
Education	4		4
Transport		3	3
Parole	2		2
Literacy		2	2
Total	128	55	183

*Many of the requests for legal support concerned custody and access to their children.

The WHT outreach worker contacted the following agencies for referral and advocacy for issues presented by the women:

TPS reintegration and planning, Partners in Recovery, Housing Connect, Hobart Women's Shelter, Tasmanian Prison Legal service, Small Steps, Catholic care and Evolve Housing, University of Tasmania, TasTAFE, Tasmanian Prison Service Health and Dental Services, GPs, Oral Health, Forensic clinic, Psychology Works, Tas Care Point, Legal Aid, Neighbourhood Houses, transport services, family violence services including SHE, WESNET and women's shelters, Women's Legal Service and legal aid lawyers, Sexual Assault Support Service, Community Corrections, Gateway services including Intensive Family Support, MHWP Prison Chaplain.

Appendix 3: Case Studies

Note that names have been changed to ensure anonymity.

Case study one:

Sarah is in her mid thirties and has been to MHWP 3 times for charges that relate to violence and drug and alcohol use, the last time being the longest – fifteen months for a violent crime. She has children from a twenty year relationship with a man who also has a history of violence and was violent towards her. This was an abusive relationship in which Sarah felt manipulated and controlled, constantly dealing with high levels of stress and experiencing things, like her phone being deliberately broken to prevent her contacting anyone. Her relationships with her family were also broken during this time. She developed a drug habit and did sex work to earn money to support this. Despite this, she always kept the house together for her children and made sure they had good food. During a previous period post-release, Sarah was engaged in the RIO program and her relationship with the support worker was important and useful to her, but when the program was defunded she lost this support and everything went backwards. During the last time in prison she engaged in several programs and worked with a psychologist to deal with her abusive relationship and how this had contributed to her rocky trajectory. She made a decision to end the relationship and to set her life up drug free post release, and has focussed on her children. She began to rebuild her relationship with her mother during her time in prison and stayed with her post-release. Although she applied for public housing, she managed to secure a rental property, found through support from a church. Other post-release supports include the prison chaplain, Women's Health Tasmania and Holyoake. Her children now live with her but have been unsettled and she has focussed strongly on rebuilding her relationship with them. She deals with an underlying mental health issue and has ongoing support from her doctor to deal with this. She would like to study but is not confident about her literacy skills. She is looking for work but has found that employers are not open to employing her once they hear she has a criminal record. She is interested in hospitality work. She discovered her creativity through engaging in arts projects while in prison and this helped her build confidence and self-esteem. In ten years time Sarah would like to be working as a social worker and buying her own house near the beach.

Case study 2:

Anna is in her early thirties and has been to MHWP 4 times, for charges relating to violence and drug use. She exited prison earlier this year and went to a women's shelter, subsequently finding private rental accommodation. She was released onto the Court Mandated Drug (CMD) program, which meant she worked closely with a case manager who supported her to engage in a number of programs on release, including a trauma recovery group and a parenting program at Chigwell Child and Family Centre where she became a group leader. However, her drug use became an issue again and the strict requirements of the CMD program were difficult to maintain. Anna was re-incarcerated to finish her sentence. She has now exited and is on parole for 12 months. She has moved into private rental with a friend and is re-engaging with the parenting program and would like to do the trauma recovery group again. Her children are living with her sister and she thinks they will stay there permanently.

Anna talks about several significant traumas that she experienced over the last 5 years and their impact on her life and drug use. Her family of origin rejected her when she had a child as a teenager. She is good at art and has a passion for music, and would like to create opportunities to sing. She hopes to use her experience to work with others to prevent dangerous drug use. In ten years time she sees herself working in the alcohol and drug sector, perhaps as a manager in rehabilitation.

Case study 3:

Jane is in her late twenties and has been to MHWP for 5 months on charges relating to drink driving. She has been released on probation for 2 years. She lost her rental accommodation and almost all her possessions on entry to prison. On release she stayed with her mother in a one room flat, hoping that her housing application would be successful. After 5 months, she decided to find a private rental. She had debts prior to prison and was not able to get rental housing in her own name so she moved into a place with a friend whose name was on the lease. It took time to get enough money together to afford rent and to furnish a place again. She was also really worried that she would not find work on release with a criminal record. Her mother helped get her catering work and she has maintained that job for eighteen months. She is a hard worker and is highly valued by her workplace. Jane now has no license so is reliant on public transport and friends to get around. She experienced significant abuse and trauma in her childhood. Managing a diagnosis for ADHD and anger issues led to using marijuana and alcohol to cope. She has worked to overcome a marijuana habit and is motivated to stay clean because of the strong connection she has with her mother who has stood by her despite difficulties. Jane continues to work with her probation officer who is encouraging her to seek mental health support. Despite literacy issues she has discovered that she enjoys song writing and writes songs about her experiences. In ten years time she wants to still be working with the same company and would like to be living on a farm with motorbikes, cars and animals.

Appendix 4: Barriers to accessing support – identified by women

What the women's reference group say

Transition

- Get overwhelmed on exit, system is confusing, not knowing how to organise things
- Want to stay clean, need to find new networks but this is hard
- Have lots of appointments to make and keep and getting to appointments is difficult (\$ and transport barriers)
- Women will start to think about what's next about 2 weeks before release, need info then
- Think there is not enough information and support pre and post release
- Want more outreach from services while they are in prison to make connections so they can follow up with them post release
- Want one person to help navigate all the services and systems on release, eg. a case manager. Would be easier to have one form that helped access other services on release
- Need services to be responsive on exit that can actually help practically and in a timely way
- First couple of months are really hard, want support to access options
- Some women come out with nothing, no ID
- If out on parole, need to see Parole Officer on day one; if you also need ID & \$ etc this is too many appointments & too hard without transport
- A mobile phone is critical to make calls to organise appointments, need to learn to use calendar and diary on phone to keep track of all appointments
- Need transport to somewhere to stay on day of release, a bus ticket at least
- Don't have enough money for needs (eg. Meds, transport) on exit, emergency supports used
- Put on weight in prison and clothes don't fit on exit, need clothes

Finance

- Crisis payment from Centrelink is a 2 week advance payment, then need to wait 4 weeks till next payment - the money doesn't last
- Mostly EBT cards from Centrelink are ready on release, but if not you have to go in to Centrelink and wait to sort it out
- ID document with your photo on it stating release - takes 5 days in the mail after release – this is needed for Centrelink identity check
- Needed a bank account for Centrelink - bank accounts are closed if unused after 12 months which can be an issue for anyone in prison longer than 12 months
- Getting a bank account set up means you need ID
- To get an ID card from Service Tas costs \$26 which can be hard to afford – it takes 5/7days to come through - would be good to fill out these forms before release.
- Public transport costs are significant
- Costs of setting up everything is a lot – ID, meds, food, clothes, housing etc – takes ages to afford everything
- Hard to find money for rent for a house when on Centrelink

Housing

- For some women housing is an immediate need and then need longer term housing, for others housing is an issue down the track
- Signed up for Housing Tas house but waiting list is really long – don't feel hopeful about it
- Joined the Housing Tas waiting list and staying at my mum's till house comes up
- When applying for housing, had an expectation of help but don't feel like I was helped
- Don't understand what Housing Connect, Housing Tas and my housing support worker do
- Private rental market competitive and expensive – difficult to find a place – I got all my documents together and made copies so when I went to look at places I had it ready and got in first - I shared a house with someone else so we could afford it and they went on the lease
- Go back to ex to have access to children although it is a bad relationship – don't have other options
- If you lose your house while you're inside, you can lose all your stuff too and that's really hard emotionally – all my stuff was taken out of my house
- Need copies of ID and credit check to apply for a house – this can be difficult and take time
- Prison record can stop you getting housing
- Bad credit rating can stop you getting housing
- Debts make it hard to afford housing
- My housing support worker was helpful
- Going to stay with Mum is common for women but difficult if relationship with her has broken down
- It took me ages to save enough money to begin renting a place
- Church backed me with a real estate agent so I got a place to rent

Reconnecting with family and children

- My children are what's important to me, missed them, sent letters and kept photos of them inside
- Can't get children back without a house
- Children are now with ex's parents and they won't tell me where they are
- Didn't let children know I was in prison, told them I was working on the mainland
- My children now live with my sister permanently – I get to see them when I want
- Children in Child Protection – hard to get them back, have to stay clean
- Children angry and argue with me, hard to feel connected to them
- Children are my focus now – motivate me to stay clean
- I rebuilt my relationship with my mother which was really broken and she has helped heaps
- My relationship with my mother is really important
- My family have helped which means a lot to me
- I have a really solid friend, which helps because I have no contact with my parents. I have some contact with my children

Drug and Alcohol

- I have a counsellor to go to if I feel like using again
- Because it gets hard, it's very easy to feel like drinking/taking drugs again

- Hard to stay clean when my friends still do drugs
- I was self medicating with marijuana, trying to manage depression
- I drink now because that's legal
- The drugs got me into prison, too much trouble
- Did bad stuff to score my next hit
- Rehabilitation should be a choice not mandated
- Hard to wait for days for appointments – need help sooner

Health and mental health

- Need a doctor's appointment straight away to get medication (have 3 days of meds on release)
- GP needs to bulk bill and be sympathetic
- Info about where to get clean needles is important to enable safe injecting
- Don't want to be pressured into doing rehabilitation
- Mental health medication needs reviewing – came off everything while inside
- Would think about connecting with old psychologist
- Scared of seeing psych because I might lose my disability pension
- Connected with youth health service on release who have free meds, S8 program
- Would recommend the trauma recovery group
- Waiting for appointments for days makes me feel like giving up

Transport

- Transport costs money which I don't have
- Buses are unsafe for me because I meet people I am trying to avoid
- Hard to get to appointments in different places on public transport
- No licence/lost licence – reliant on family, friends and public transport to get around
- 50% of women exit to north of the state – prison bus goes weekly, hard to organise everything before getting there

Family violence, sexual assault, trauma

- Prison is high impact and not a safe place emotionally
- Women inside often don't recognise DV as an issue as it is normal in the environments they grew up in and in current networks
- Women will hear info about DV better from other women who have been in prison – once one person starts talking about it, then others get it and want to talk about it too
- Hard to stay with decision to end DV relationship after so many years but recognise it caused so many of my problems
- Lots of us have experienced SA and/or DV
- Work with my psychologist on this but practical stuff comes first
- Waiting lists result in feeling like there is no support available and giving up

Legal issues

- Need to sort out child access issues

- Other charges need sorting out
- Legal support important

Connecting with community

- Need something to focus on, a regular activity, get bored otherwise
- Transport to get to things is an issue
- Want to do sport/art
- Need new networks
- Get lonely when cut off old networks
- Would love it if a bus came and picked us all up and we went on trips to do things

Education

- Want to help other people so they don't have to go through what I went through
- Want to go back to TAFE to do something but not ready yet
- Worried about my literacy skills
- Scared I will feel stupid in a classroom – people used to laugh at my writing
- Want to work on my literacy skills and get ready to study
- I'm not good at reading and writing, I have ADHD and I'm not smart, don't want to do that

Work

- Worried that prison record will stop me getting work
- Doing some volunteering
- Need to work for money
- Did not get called back after job interview when they found out I had a record
- My family helped me get work

Appendix 5: Interstate examples of service delivery models

Interstate post-release services for women:

State	Service	Description of service provided
VIC	Victorian Association for the Care and Resettlement of Offenders (VACRO) Large NFP org for male and female offenders	VACRO Women's Mentoring Program (VWMP): Volunteer mentors to assist reintegration CCATS Program: Practical support for women on Community Correction Orders RELINK Program pre-release; 8 modules intensive group & individual workshops RECONNECT Program post-release; post-release worker to support with their goals & address needs
VIC	Flat Out NFP community organisation supporting women leaving prison	Individual work and advocacy, systemic advocacy & partnerships – work with housing services to create pathway exit to housing, provide support for women in transitional housing, linking women with GPs, lawyers, health services
NSW	Community Restorative Centre (CRC) Large specialist org for men & women	Phone and face to face support post-release AOD counselling & support for men & women – outreach model Community Programs including Jailbreak Radio with health issue focus Women's Transitional & Post-release Service – pre-release support & planning, post-release housing & long term intensive holistic case management Miranda Program for women: Transitional and post-release holistic support for women, drop in centre model
VIC	Australian Community Support Organisation (ACSO) Large community organisation for men & women	Partnership with Community Corrections NOVO Program for women on remand/parole, voluntary engagement – MH,AOD, short term 6 week support, referrals to other services, primary focus is linking to GP, MH and AOD services Consumer advisory group Post release support via case workers: <ul style="list-style-type: none"> • Pre release assessment and planning • Case co-ordination • Outreach support • AOD support, gambling counselling • Family re-unification • Referral and brokerage for housing
SA	Seeds of Affinity Small NFP community group for women	Peer support post-release, social enterprise, lived experience speakers, radio show project teaching women to produce for radio

QLD	Sisters Inside NFP community organisation for women	Systemic advocacy, policy work, direct service programs– individual sexual assault counselling, family support for young people with mums in prison, groups for mums and kids to reconnect after prison with a focus on aboriginal women.
NSW	Women in Prison Advocacy Network (WIPAN) Small grassroots community organisation for women	Mentoring program, systemic advocacy
	Justice Action Advocacy group for men & women	Prison activist group: Mental health information Court support
NSW	Goulburn Family Support Service NFP community organisation for families in crisis	Restorative justice approach underpins family work, parenting, counselling, case work: assistance with other needs – housing, food, health etc.
VIC	Jesuit Social Services Independent Christian charity	ReConnect: support for individuals to transition back into community, targeted support (4 weeks), intensive support (12 months) for reintegration, assertive outreach, case management and establish community network
NT	Mission Australia Post Release Support Program (NT) Large community organisation for men & women	Post-release support: Case management, individual advocacy & referrals to access housing, life skill, relationship, drug and alcohol, social inclusion, education, training, employment services
WA		
ACT	Salvation Army Large NFP organisation	Supporting the parole process, reintegration needs and employment
ACT		
TAS	Salvation Army Large NFP organisation	Excel Program: Supporting the parole process, reintegration needs and employment
Other countries		
NSARAH	Reclaim another Woman (RAW)* Partnerships with charitable org	Incubator houses providing coaching, education, employment and reconnection with children
UK	Evolve	Individual, group, peer, mentoring support

Appendix 6: Guidelines for establishing an MOU with TPS Integrated Services

Key contacts:

- Respective Directors or CEO of agency
- Reintegration or Family Consultant, Integrated Offender Management Team
- Superintendent MHWP
- Population Health and Special Projects Coordinator, Correctional Health Services, Mental Health & State-wide Services

Administrative contacts:

- Administrative Support Officer
- Core Day Support Officer
- Visitor Reception Centre

In order to determine the suitability of a proposed program or service provision for women in prison the Reintegration or Family Consultant should be contacted. This consultation will enable a service to introduce themselves, outline their expertise and discuss their ideas for working with women inside. It is an opportunity to find out what programs are already running and work out if their ideas will meet the needs of women. This is a critical and important step and should be followed by meeting any staff likely to engage with the work. A professional approach that builds good working relationships and good communication with all relevant TPS staff is critical. Once you have firm ideas, organise to meet with the Superintendent to seek final approval. All requests must be signed off by the Superintendent of MHWP before any preliminary work is commenced. To formalise an MOU, a written proposal should be prepared in conjunction with the Reintegration or Family Consultant.

Security Passes:

It is important to understand that running programs in MHWP involves consultation with TPS and careful planning to negotiate the prison system, where security is a priority. Services need approval to run programs in MHWP and need to understand how to set these up to allow enough time for the booking process and security clearance.

If running an occasional session, a gate pass will need to be approved. If running regular activities, a yellow pass will need to be organised. An application form for a yellow pass for approved activities is available from the Reintegration or Family Consultant – this needs to happen well in advance too as it will involve an onsite induction session about security protocols.

The Administrative Support Officer should be contacted in advance to book blocks of time and rooms. Women prisoners do jobs in the mornings so it may be better to schedule activities for the afternoon to maximise attendance.

Service delivery:

To ensure engagement in programs/activities, promotion is critical. Create a poster/information sheet in plain English with details of activity for the notice boards in MHWP. *The Insider*, an internal weekly newsletter, can be another way to promote an activity. Information needs prior approval from the Reintegration Consultant first.

Running information and group sessions in the prison can generate requests for individual follow up case work. WHT ran a one off information session early in 2016 and another 2-week session in April 2016 in MHWP and both of these generated many follow up requests. Strategic scheduling of these to allow time for follow up work can be a way of managing the volume and flow of requests. It is also important to understand that visits, Lawyers, medical appointments and education programs will always take priority over group sessions and there may be last minute changes to participants due to early release, court attendances and other issues.

To schedule a professional visit or phone call to a woman in MHWP

Contact the Administrative Support Officer via email with the name of the woman and a request for a booking with a specified date. These should be organised ideally a week in advance.

Appendix 7: Projects run by women's services and health-related agencies for women in MHWP and post-release

Year Title	Organisation & Funding source	Project	Aims	Outcomes
2016 <i>Information sessions</i>	Women's Health Tasmania – core funding	Stand alone info sessions about health and WHT followed by outreach support to women in MHWP	To provide individual health information, support and access to services pre and post-release	Improved use of WHT outreach service Women accessing more support to address needs
2015 <i>LEAP Program</i>	Women's Health Tasmania – core funding	6 week group, looking at self confidence, self care and opportunities for future work/ study/ training for women in MHWP	To provide an opportunity to think about an optimistic future To explore & develop skills to create preferred future To provide positive learning experiences To create connections with WHT	Improved knowledge of managing self and ideas for creating the future Ongoing access to WHT health worker – outreach work provided following these sessions
2014 <i>From the Inside Out</i>	Hobart Women's Shelter partnership with TasTAFE - Skills Equip grant	Arts and education project ran for 4 months with weekly art and story writing sessions in MHWP, accredited units	To engage women in creative literacy project - skill development To provide positive learning experiences To engage women in thinking about educational opportunities post release To create a pathway to TasTAFE	Printed book of women's work – pride in work achieved Promote wider understanding of issues faced by women Positive learning experience, new experiences of self as creative Positive connections with workers Improved sense of capacity to learn
2011 ongoing <i>Health Information/ education sessions</i>	Population Health & Special Projects Coordinator Correctional Health Services, Mental Health & State-wide Services – core funding	Co-ordinated service information sessions run weekly for 2 hours in MHWP: Women's Legal Service, Hobart Women's Health Centre, SHE, SASS, DVCSS, TasCAHRD, Asthma Foundation etc.	To provide info about relevant health issues and support services to women inside To introduce women to service providers and encourage post-release contact	Improved knowledge of support services Connections created with support services followed up on release Women more confident to seek support post release
2009 <i>Books in Prison</i>	Women's Health Unit Pop Health DHHS for the Women's Prison Steering Group Small grant from Health	Organised purchase and donations of books relating to health & wellbeing for women – the women did not have any access to books in 2009 so this was really	To provide women in prison with health and wellbeing informational resources. To promote positive	Books proved popular and a sought after resource Increased knowledge of health issues

	Promotion Grants Program DHHS (this fund no longer exists)	needed. Also got donations of books resulting in many hundreds of books set up in the rec room unfortunately when Women's Health South DHHS was closed there was no one to monitor this anymore and the books gradually dispersed	health and wellbeing outcomes To contribute to improving literacy levels	
2008 A <i>Women's Prison Creative Experience</i>	Health Promotion Funding DHHS (this source of funding no longer exists)	Delivered musical and theatre projects and a fibre workshop to women in prison	To promote creativity & develop skills To provide positive learning experiences To promote wellbeing for women in prison	Positive learning experience, new experiences of self as creative Positive connections with artists and workers Improved sense of capacity to learn
2007 - 2010 <i>Women in Prison Health, Art and Education Project</i>	SASS co-ordinating services including SASS, SHE, HWS, HWHC, DVCSS, Women's Legal Service - funded by Tasmanian Community Fund	Ran for 3 years, 0.2FTE Project Officer employed to co-ordinate delivery of activities for women in prison, in consultation with the steering committee	To increase access to community, arts & health services To engage women with creative and positive learning opportunities To clarify protocols and access procedures of the prison system To promote post-release connections with organisations to assist and advocate To facilitate collaboration between government and non-government health services and prison services	Improved access to information and services Increased service commitment to continue to work with women exiting prison
2007-2010 <i>Co-ordination of Steering Committee</i>	Women's Health South Population Health DHHS coordinated monthly steering Committees in partnership with SASS – a number of diverse community services participated in	Planning and advice for delivery of projects for women in prison, several successful grant project applications submitted	To increase service engagement with women in prison	Increased service engagement with women in prison through delivery of several grant funded projects

	the Women's Prison Steering Committee as well as staff from DHHS Social Work			
2006-10 <i>Programs for Inmates</i>	Women in Prison: Health, Art and Education Steering Committee, with representatives from the SASS, Community Health Social Work, Family Violence Counselling Service DHHS, Tas Card, Hobart Women's Health Centre and Women's Health South Population South DHHS (no longer exists)	Information sessions run at MHWP between 2 and 4 pm on Thursdays	To provide info about relevant issues and support services to women inside To introduce women to service providers and encourage post-release contact	Improved knowledge of services Better access to and use of services post-release

Appendix 8: Consumer Advisory Group Project Plan

Dates	Milestones	Who
Mar 2017	Finalise grant conditions with PiR, Andrew Davis	EO WHT
	Establish MOU between project partners WHT & SHE	EO WHT, EO SHE
	Project plan and timeline revised	Health Worker WHT, EO SHE
	Contact HWS to work out radio project proposal and who is involved	Health Worker WHT, EO SHE, HWS
Early April 2017	Call for applications for new members	Health Worker WHT, EO SHE
	Select six diverse participants – recent release & at least one woman who has rebuilt her life – ensure good personality mix	Health Worker WHT, EO SHE
Late April 2017	Create Terms of Reference with group Could design the feedback form with the group	Health Worker WHT, EO SHE
	Train participants in advocacy and safe info sharing	Health Worker WHT, EO SHE
	Prepare group for consultation sessions, info on debriefing	Health Worker WHT, EO SHE
	Advertise and book consultation sessions	Health Worker WHT, EO SHE
April – Nov 2017	Create and co-ordinate consumer advisory group sessions	Health Worker WHT, EO SHE
	Run radio project	Health Worker WHT, EO SHE
	Alternate CAG info sessions with training sessions for group	Health Worker WHT, EO SHE
	Set up opportunities for feedback from group	Health Worker WHT, EO SHE
Dec 2017	Plan and manage closure for group	Health Worker WHT, EO SHE
	Acquit PiR grant	Health Worker WHT, EO WHT

Appendix 9: Draft program logic Pilot criteria/goals

GOAL: To ensure that women have opportunities to break cycles of incarceration, family violence and disadvantage by providing long-term, tailored and effective support for women exiting prison to transition successfully back into society

INPUTS	ACTIVITIES	OUTPUTS	SHORT TERM OUTCOMES	MEDIUM TERM OUTCOMES	LONG TERM OUTCOMES
Organisation managers & Program manager	Design, supervise and monitor pilot program Develop protocols/ MOU with TPS & other necessary services Provide staff training/induction	Internal systems in place to run program, Relationship with TPS established, Pilot program designed & monitored, Staff trained Case loads for CCs & CMs monitored	+ organisational capacity to support women exiting prison	+ pilot program evaluation + effective ongoing program established to support women exiting prison	Become leader in service provision for women exiting prison – produce evidence to demonstrate best practice
0.4 FTE Case Co-ordinator (CC)	Establish service networks and referral pathways Establish intake and assessment process (include FV, AOD, MH & other needs screening) Offer program to all women exiting prison Establish process for connecting CMs with women pre-release	Referral protocols established TPS referring women to CC, % of total women exiting prison accessing intake, # intakes, # connections of women with CMs	+ TPS confidence in service, all women exiting referred + intake & assessment system operational	+ intake & referral system optimal	+ co-ordinated throughcare for women exiting prison
Case Managers (CM)	Establish & maintain partnerships with other services to refer women Establish connection with women pre-release, develop exit plan, CM plan and provide intensive, tailored,	# partnership organisations # Case plans begun & finished # referrals made # referrals taken up by women # contacts with CMs Data collected on categories of	+ knowledge of service needs of women + engagement of women with services (AOD, MH, FV, \$\$, parenting, housing, trauma etc) + needs of	+ knowledge of effective interventions + effective CM relationships + women achieving goals	Best practice service delivery model + women reintegrated back into community + safety for women & children + women pro-

	long term support including co-ordinating referrals	needs and interventions	women addressed + women more optimistic about future + women with case plan goals		social connections + women independent living skills + wellbeing + stable living arrangements + access to education/employment - recidivism - exposure to crime/FV
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Appendix 10: Evaluation framework – objectives, criteria, data collection, outcomes

<p>Goal To ensure that women have opportunities to break cycles of incarceration, family violence and disadvantage by providing co-ordinated, long-term, tailored and effective support for women exiting prison to transition successfully back into society</p>		
<p>Objectives</p>	<p>1. To develop organisational capacity to provide best practice support to women exiting prison</p>	<p>2. All women exiting TPS have access to co-ordinated post-release support, established pre-release (throughcare)</p>
<p>Evaluation Questions</p>	<p>Has the organisation established working partnerships with TPS and relevant services? Has the organisation established effective internal systems to run the pilot program? Does the organisation have adequate resources to provide effective case management? Is the program being delivered as intended? How does the program meet best practice standards?</p>	<p>Are all women offered access to the program? In what ways are women engaging in the program? How effective is the support women are offered? Are women achieving improved post-release outcomes? What evidence is there for this? How will this be measured?</p>
<p>Possible process Indicators</p>	<p>MOUs/protocols established Program name and objectives promoted internally and externally Pilot program running Management and monitoring systems of program in place Adequate staffing for the team of state-wide CMs prepared to work with women exiting prison Staff trained/inducted into program Caseloads (CC&CMs) monitored & manageable Feedback & review systems in place</p>	<p>Numbers of women accessing the program, in what ways and for how long? Types of support provided? CC linking women effectively with CM pre-release CM establishing relationship with women pre-release and in immediate release period – exit plans in place Timing of connection and support for women Feedback systems from women in place</p>
<p>Possible impact indicators</p>	<p>TPS workers confidently promoting program to women Partnerships and collaboration with other services established and utilised Workers confidently managing caseloads</p>	<p>Increased numbers of women accessing support services How # and how long do women access CM? Frequency & duration of access? What outcomes are women achieving – social, AOD, MH,</p>

	Ongoing organisational learning about effective service delivery – increasing capacity	education, employment... What are the reasons women end CM? 20% decrease in recidivism – measurement process?
Examples of data type and method	Case co-ordinator and CM feedback reviewing processes and support – what works and what is not working? Meeting minutes Resources developed – intake and assessment forms, internal procedures Statistics gathered – intake, CM plan, needs, referrals, support provided Evaluation report	Feedback gathered from women/ follow up surveys/interviews, verbal and written: what works and what is not working? How do women find the service useful? How satisfied are women with the program? Statistics gathered: intake, CM plan, needs, referrals, support provided, wellbeing indicators, independent stable living outcomes, recidivism rates Evaluation report