



Submission to the Australian Social Inclusion Board (DEEWR)

Breaking the Cycle of Disadvantage

Organisation: Australian Community Support Organisation (ACSO)

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The Australian Community Support Organisation (ACSO) welcomes the opportunity to make this submission to the Australian Social Inclusion Board, Breaking the Cycle of Disadvantage consultation process.

About ACSO

ACSO's purpose is to make a difference in the lives of disenfranchised people. Our vision is to contribute to individual and community wellbeing by increasing opportunities for disenfranchised people to positively engage with their communities and by reducing the impact of social disadvantage.

ACSO has a 27-year history of supporting people transitioning from prison to the community, and enhancing services to individuals at critical points in their contact with the criminal justice system. Over the years, ACSO's work has expanded to include specialist mental health services, residential programs for people with an intellectual disability, and employment placement services. ACSO has provided several employment programs that have worked specifically with offenders and as well as generalist Job Services Australia (previously Job Network), Job Capacity and Disability Employment Services. ACSO's client service areas comprise the following:

1. Justice Services
2. Disability Services
3. Specialist Mental Health Services
4. Employment Services

ACSO has a reputation for working mainly with those individuals whose behaviour, presenting issues or offending history mean that they are either not welcomed by community agencies or are unable to be serviced by these agencies. ACSO's programs are delivered state-wide in Victoria, with its operational Head Office located in Richmond. ACSO delivers more than 20 programs to approximately 10,000 disadvantaged clients per annum.

1. What are the different cycles of disadvantage?

1.1 Multiple Disadvantages

Social disadvantage is rarely a discrete event. Typically, multiple cycles of disadvantage occur sequentially or concurrently and operate at various levels, resulting in complex interrelated problems for families and individuals. Put simply, one area of disadvantage begets another. Where disadvantage occurs over an extended period of time, as for

example, in the case of a person experiencing long-term unemployment¹, or a life-long axis one or two mental health diagnoses², it may be said to be entrenched. Entrenched disadvantage, which includes intergenerational disadvantage, is characteristic of most clients accessing ACSO's disability services, justice services and specialist mental health services.

1.2 Disadvantage for ACSO client groups

Predictors of disadvantage that stand out for participants in ACSO's programs are many, varied and highly individualised. Typically, ACSO clients experience a range of physical or cognitive disabilities, axis one or two mental health diagnoses (including bi-polar disorder, schizophrenia, personality disorder, depression, and/or substance abuse disorder; often with two or more co-occurring diagnoses), acquired brain injury (most likely resulting from long-term substance abuse, or physical injury), offending history including sex offending and juvenile offending, low-level education, child sexual and/or physical abuse, and a childhood history of being in State care. For most ACSO clients, opportunities for meaningful employment are restricted as a result.

Examples of different cycles of disadvantage are covered under question 2 below.

2. How do people enter these cycles and become trapped in them?

2.1 Pathways to Disadvantage

ACSO observes that pathways to disadvantage include:

1. Intellectual disability at birth
2. Parental intellectual disability
3. Physical disability
4. Mental illness; especially diagnosis of an axis one or two mental disorder, including substance abuse disorder
5. Parental mental illness; especially diagnosis of an axis one or two mental disorder, including substance abuse disorder
6. Acquired brain injury / ongoing cognitive impairment
7. High level family conflict / dysfunction
8. Family homelessness as a child³
9. Homelessness

¹ The Australian Bureau of Statistics defines long-term unemployment as a period of unemployment spanning 52 weeks or more.

² The Diagnostic and Statistical Manual of Mental Disorders (DSM IV) defines axis one disorders as clinical disorders, including major mental disorders, and learning disorders. Common axis one disorders includes bi-polar disorder and schizophrenia. Axis two disorders include personality disorders, mental retardation and compulsive obsessive disorder.

³ Family homelessness is defined as any circumstance in which a family comprising two or more related persons who ordinarily live together do not have access to accommodation which is safe, secure and affordable.

10. Family joblessness as a child⁴
11. Child physical or sexual abuse and / or neglect
12. Early school leaving
13. Indigenous status
14. Culturally and Linguistically Diverse (CaLD) background, especially, newly arrived refugee status
15. State care history as a child, or parental State care history
16. Juvenile offending
17. Adult offending resulting a criminal record
18. Unemployment and especially long-term or very long-term unemployment⁵
19. Identifying as GLBTI

These factors are often co-occurring, and can trigger descent into cycles of disadvantage. The following case study illustrates how such a cycle might occur, and become self-perpetuating.

2.2(a) Case Study One

XP is a client of ACSO's disability services who was born with an intellectual disability. XP was removed from his mother's care aged two years due to concerns for his mother's parenting capacity. XP's mother was also intellectually disabled and XP was conceived as a consequence of intra-familial rape. Child protection authorities placed XP in an institution where he attended schooling which focused on learning how to undertake 'farming duties' to run the institution. The schooling which XP received was not responsive to his needs or diminished intellectual capacity. Throughout his time in 'care'⁶ XP was physically and sexually assaulted by an alleged 'carer'. XP began offending aged 13 years, concurrent to his experience of being physically and sexually abused.

XP was released from the institution aged 18 years with living skills deficits and no aftercare support. As a child XP developed a pattern of deviant arousal. As an adult XP was convicted of sex offences. XP identifies as a same-sex attracted male, however, no support was offered to him regarding this prior to ACSO involvement, as workers report that disability services do not typically deal with sexuality issues. XP is HIV positive as a result of engagement in high risk behaviour. XP participated in a supported employment environment for a period of time, however, was excluded from the program due to sex offending against a co-worker.

⁴ Family joblessness is defined as a child being raised in a home where no-one aged between 15-65 years is employed.

⁵ Very long term unemployment is defined as a period of three or more years

⁶ The term 'care' is used as a formality; not reflective of the true nature of the relationship.

2.2(b) Discussion

XP's cycle of disadvantage began at the points of both conception and birth. Firstly, XP was the child of a mother with an intellectual disability, secondly, he was conceived as the consequence of intra-familial rape, and thirdly, he was born with an intellectual disability. Compounding complexity began in early childhood at the point of placement in institutional 'care'. Furthermore, XP did not receive a specialist educational response to his learning needs. Lack of human capital (i.e. intellectual capacity, and ensuing low self worth) and social capital (i.e. *opportunity* to participate in mainstream education which may have provided pro-social friendships and role models) set the scene for subsequent social exclusion and lack of economic capital (i.e. restricted access to employment). XP's victimisation (sexual and physical abuse) occurred concurrent to the onset of his offending behaviour, further diminishing his self-concept as a person of worth or value.

XP's criminal record as an adult sex offender is likely to prevent him from participating in some of the limited employment opportunities which may have been previously been available to him (i.e. work as a cleaner at a school or as a school crossing supervisor). Most employers require a clear criminal history check as a condition of employment. Social exclusion is also a significant factor given the level of discrimination against sex offenders, and people with a HIV positive status.

It is difficult enough for an individual to overcome any one of these areas of disadvantage, let alone multiple life-long barriers. Without early intervention to prevent intergenerational transmission of disadvantage, or address disadvantage experienced during and preceding adolescence, these can become predictive of involvement in further factors perpetuating disadvantage. *Protective factors need to be put in place to intervene as soon as possible, when risk factors are identified.*

2.3 Pathways and Cycles of disadvantage prevalent for ACSO clients:

2.3(a) Imprisonment, Homelessness, Low-level Education, and Unemployment

Prisoners are at high risk of losing their housing whilst in prison. This is almost certainly the case for those in private rental accommodation serving sentences longer than a month or two, who are unable to meet rental payments for the duration of their sentence.

For those in public housing prior to incarceration, the Office of Housing (OoH) permits prisoners to retain properties at a reduced cost for a period of up to six months from the commencement of incarceration. However, those convicted of participating in illegal activity in a public housing property may be lawfully evicted from the premises due to transgressing the terms of the tenancy agreement. This may occur where an individual is convicted of drug trafficking from the premises or unlawfully sublets an OoH property whilst incarcerated. The latter generally occurs when a tenant's period of incarceration exceeds the six months

allowable for retaining a public housing property, and therefore they don't actively disclose their imprisonment for risk of losing the tenancy. In these cases, unlawful occupants often leave the premises in rental arrears, robbed, or damaged, and therefore offenders return to no belongings on release and/or face eviction.

Additionally, many have nowhere to store their belongings, no financial means to purchase storage space whilst incarcerated, and minimal social support to enable collection of belongings from current housing, where landlords are not accommodating due to the vacation of premises without notice. ACSO observes that this particularly is the case for rooming houses and private rental accommodation. In addition, very few prisoners own their homes⁷, and the difficulties of servicing a mortgage during incarceration can often lead to foreclosure, and the subsequent financial and social consequences.

ACSO concurs with a key tenet of the *Road Home: A National Approach to Reducing Homelessness*⁸ which is that no person leaving custodial care should exit into homelessness. Also, for those serving sentences exceeding six months, provisions for storage of personal belongings should be made, and a public housing tenancy able to be re-offered at the point of release from prison.

2.3(b) Lack of Rental History, Economic Imperatives, Lack of Family Support, and Crisis Accommodation

Once released back into the community, a lack of rental references for the duration of imprisonment, as well as low income due to being unemployed and possibly unable to work due to disability, combined with the high cost of rental accommodation act as barriers to housing. Those with little, if any, family support are particularly vulnerable. It is widely acknowledged that the impact of growing up with little or no family support is profound, complex and deleterious.⁹

Typically, individuals with a State care history remain unable to return to the family home during periods of life crises as adults, for the same reasons which led to them being placed in State care in the first instance.¹⁰ For others, family relationships have broken down either prior to, or after, the onset of offending behaviour. For reasons of self preservation, some families are forced to withdraw support from the offender due to violence or abuse which has directed toward them; others find themselves simply unable to cope. Consequently, many offenders exit prison with little or no family support, and as a result have nowhere to go once they are released.

⁷ Baldry, E., McDonnell, D., Maplestone, P., & Peeters, M. 2002. *Ex-prisoners and Accommodation: What Bearing Do Different Forms of Housing Have On Social Reintegration For Ex-prisoners?* Positioning paper number 27. Australian Housing and Urban Research Institute, UNSW Research Centre, RIMT University, P 5.

⁸ Commonwealth of Australia. 2008. *The Road Home: A National Approach to Reducing Homelessness*. p x.

⁹ Senator Andrew Murray and Dr Marilyn Rock, 2005. *The Impact of Childhood Trauma Across the Lifespan: Historical Denial – Current Challenges*. Conference Paper.

¹⁰ Senate Community Affairs Reference Committee, 2004. *Forgotten Australians: A report on Australians who experienced institutional or out of home care as children*. Commonwealth of Australia.

These individuals are often forced to access crisis accommodation (including private rooming houses which charge exorbitant rents and do not meet regulation requirements), upon release from prison. These environments are hot beds of anti-social and unlawful activity. Life for the newly released prisoner immediately becomes crisis driven. By necessity, daily survival needs are prioritised; all notion of a planned pro-active approach to re-building one's life in the community, falls by the wayside.

Without safe, secure and affordable housing, maintaining employment becomes near impossible. Unemployment is underpinned by a number of factors. In 2009, year ten was the highest level of educational attainment for 75% of Australia's prisoner population.¹¹ As such, not surprisingly, the employment histories of ACSO's offender client group tends to be concentrated in unskilled areas with low wages, including 'cash in hand' work, which is valued in order to avoid a decline in income support entitlements. Employers can exploit these workers as they know that they are unlikely to lodge complaints with authorities about sub-standard or unsafe work conditions, due to the fear of being 'dobbed in' for non-disclosure of income to Centrelink or the Australian Taxation Office.

Lack of social capital, in terms of pro-social networks, further compounds unemployment through consequential loss of introductions to available work opportunities.

Moreover, most employers require criminal records checks, with risk adverse employers preferring applicants even with an unrelated criminal record. Offenders with a history of imprisonment find it most difficult to find an employer willing to hire them. This barrier is a perpetual one.

Homelessness and inappropriate housing options increase the likelihood of recidivism.¹² Exposure to peers with offending histories and/or substance abuse disorder is heightened through the crisis accommodation environment and further underpinned by isolation, loneliness and a lack of pro-social networks.

2.3(c) Vulnerability Due To Mental Illness

Prisoners with a mental illness are at particular risk of social exclusion due to reduced coping skills in times of crisis, such as exiting prison into homelessness. It is well documented that people with a mental illness are incarcerated at higher rates than the general population¹³ and that prisoners have a higher rate of mental illness than the general population.¹⁴ This difference is particularly pronounced for serious mental illness.¹⁵

¹¹ Australian Government, 2009, *Health of Australia's Prisoners*, Australian Institute of Health and Welfare, p xii

¹² Baldry, E., McDonnell, D., Maplestone, P., & Peeters, M. 2002. *Ex-prisoners and Accommodation: What Bearing Do Different Forms of Housing Have On Social Reintegration For Ex-prisoners?* Positioning paper number 27. Australian Housing and Urban Research Institute, UNSW Research Centre, RMIT University.

¹³ Butler T, Andrews G, Allnut S, Sakashita C, Smith N, Basson J et al. 2006. Mental disorders in Australian prisoners: a comparison with a community sample. *Australian and New Zealand Journal of Psychiatry* 40:272-6.

¹⁴ Commonwealth of Australia, 2006, *A National Approach to Mental Health: From Crisis to Community*. Senate Committee on Mental Health.

¹⁵ Ogloff J, Davis M, Rivers G & Ross S 2006. The identification of mental disorders in the criminal justice system: report to the Criminology Research Council Melbourne: Monash University.

ACSO observes that it is difficult for individuals released from prison into homelessness or crisis accommodation to comply with mental health or drug treatment plans. Despite guidelines to the contrary¹⁶, many are released with insufficient medication to maintain stability until such time as they are able to access appropriate support services. Engagement with services to secure accommodation, mental health support (including alcohol and other drug treatment), or medication is often delayed. This is especially the case for those released from prison on weekends; a time when most support services are closed. ACSO advocates for more notice and/or flexibility to allow for sufficient support planning for an offender's release.

2.3(d) Vulnerability Due to Cognitive Impairment, Intellectual Disability and/or Mental Illness

People with a cognitive impairment, intellectual disability, and/or mental illness (including substance abuse disorder) are especially vulnerable to being waylaid on the journey from the prison gate to engagement with support services. These individuals, (many of whom are 'easily led'), are sometimes robbed of their possessions, including psychiatric medication, by other prisoners released on the same day. The lack of support available to prisoners released on weekends means that it can be weeks before those who are most vulnerable resurface; when they do it is often via renewed contact with the police or crisis mental health services. The practice of releasing prisoners on weekends without support to greet them at the prison gate has the capacity to undermine even the best of intentions to desist offending and/or behaviour associated with the likelihood of reoffending (such as substance abuse).

2.3(e) Centrelink Requirements

A range of Centrelink issues compound social exclusion for prisoners. Assessment for the Disability Support Pension (DSP) to prepare for release is ad-hoc in the Victorian prison system. Some prisons permit these assessments to occur as part of pre-release preparations; others do not. In addition, prisoners often have difficulty providing Centrelink with sufficient identification to meet the 100-point identity check verification requirement, due to identification documents not being on their person at the time of being taken into custody. Many have no-one to retrieve personal property, including important identification documents, after the time of arrest. In this regard, prisoners who do not get bail are at particular disadvantage. For others, identification documents are lost in transit during prison transfers, (which are not uncommon).

Retrieved from <http://www.criminologyresearchcouncil.gov.au/reports/2006-ogloff.html>

¹⁶ See the Standard Guidelines for Corrections in Australia (2004) retrieved from www.nt.gov.au/justice/corrservices/documents/corrservs/Standard_Guidelines_2004.pdf

Prisoners who exit prison into homelessness or crisis accommodation also find it difficult to comply with a range of Centrelink requirements (such as attending job network appointments). To a person with few, if any, personal belongings and no-where to live, needs for accommodation, clothing, bedding, and food become paramount. Basic survival needs take precedence over attending Centrelink appointments.

3. How do people avoid or break out of cycles of disadvantage; what makes a difference for these people?

Housing, employment, protection from discrimination in employment, education and vocational training, and coordinated wrap-around support services to effect behaviour change and meet a range of clinical and psycho-social support needs are critical for offenders to break the cycle of disadvantage. No single aspect of this support on its own will succeed in this endeavour. Rather, a multi-systemic holistic view and response to these inter-related domains of functioning is required.

3.1 Housing and Employment

Housing and employment are critical for offenders to break the cycle of disadvantage. A 2002 study by the Australian Housing and Urban Research Institute found that stable, socially supported housing is clearly associated with staying out of prison and increased social integration, as is living with family, having employment and having access to positive support.¹⁷ Currently, access to long-term public housing via a segment one application can take 12 to 18 months to be approved. Some transitional housing is available for newly released prisoners but the demand for this by far outstrips supply. This accommodation is not long term however and the need for long term housing for offenders remains. The limited availability of public housing stock means that priority is given to groups considered to be most vulnerable, such as families with dependent children. With the exception of females whose infants remain with them whilst incarcerated, newly released prisoners rarely meet this criterion.

Although the role which the provision of appropriate housing plays in breaking the cycle of disadvantage for offenders cannot be overstated, provision of housing alone, is insufficient in this endeavour. It is absolutely critical for housing to be accompanied by accessible support services to meet a range of clinical and psycho-social care needs. High needs offender groups, including those with intellectual disabilities, unattached young males on short sentences, single females, people with a State care history and individuals with mental

¹⁷ Baldry, E., McDonnell, D., Maplestone, P., & Peeters, M. 2002. *Ex-prisoners and Accommodation: What Bearing Do Different Forms of Housing Have on Social Reintegration For Ex-prisoners?* Positioning paper number 27. Australian Housing and Urban Research Institute, UNSW Research Centre, RMIT University.

illness, (including substance abuse disorder), are especially vulnerable to entrenched disadvantage, and require a targeted specialist response.

3.2 Offenders, Discrimination and Employment

Individuals with a criminal record and the capacity to work must be able to gain employment in order to fully participate in society. In order for this to occur, discrimination by employers on the grounds of having a criminal record, particularly where the offence is not related to the area of employment being applied for, must be addressed. ACSO notes the 2008 review of Victoria's Equal Opportunity Laws by the Department of Justice, recommended that discrimination on the grounds of an irrelevant criminal record should be prohibited.¹⁸ The Equal Opportunity Act 2010, however, ignored these recommendations and failed to include any protections for Victorians with a criminal record.¹⁹ This record is static, and cannot be 'worked through'.²⁰ Protection for people experiencing discrimination as a result of homelessness was also not provided.²¹ This is essential as it is widely acknowledged that discrimination on a number of grounds is a key determinant of social exclusion.²²

3.3 Education and Vocational Training

Education and vocational training to enhance employment opportunities is critical to the pursuit of meaningful employment. In Victoria, education providers in prison are limited to the TAFE level, unless a prisoner is accepted to into university to undertake a course by correspondence. In addition, prisons have commercial work contracts for menial work, (such as making ear plugs for airplanes). Prisoners report that pressure is placed upon them to undertake this type of work in preference to education. Barriers which discourage or prevent prisoners from accessing education and vocational training whilst incarcerated need to be addressed, as part of the therapeutic nature of the intervention.

3.4 Coordinated Intensive Support Response Required

Intensive support services which meet a range of clinical and psycho-social support needs for offenders need to be further developed, and provided, in a coordinated manner to prevent perpetuating disadvantage. Housing, life skills training, therapy to address abuse issues and opportunities to develop pro-social networks are all critical to this process. Two examples of what this work might look like follow.

¹⁸ Gardiner, J. 2008. *An Equality Act for a Fairer Victoria: Equal Opportunity Act for a Fairer Victoria*. Department of Justice. pp 99-104

¹⁹ Fitzroy Legal Service, *New Equal Opportunity Laws Fail Thousands of Victorians Who Want to be Working*. Media Release. 9.3.10

²⁰ With the exception of Spent Convictions.

²¹ Ibid.

²² Commonwealth of Australia. 2010. *Social Inclusion in Australia: How Australia is Faring*. Social Inclusion Board

3.5(a) Case Study One - Revisited

ACSO has worked with XP for over 15 years, during which time XP has resided in ACSO supported accommodation. The disability unit in which XP resides is staffed 24 hours a day, seven days a week. XP is subject to a Supervised Treatment Order under the Disability Act (2006) and a Public Health Order by the Department of Health; the latter due to a history of high-risk behaviour and his HIV positive status. XP receives clinical support via fortnightly counselling with a psychologist. His level of risk to the community, and himself is reviewed annually. XP's adaptive behaviour skills are assessed annually to identify areas for further skills development. A quality of life assessment is also administered annually and strategies put in place to enhance XP's quality of life. XP has a clear treatment plan which is revised annually; it is detailed and strictly adhered to. XP's access to the community utilises a 'step-down' model of support which involves a graduated process of reducing supervision within tight parameters to ensure the safety of XP and the community. ACSO coordinates bi-monthly care plan meetings for XP. These are attended by XP, ACSO, XP's psychologist, and the Department of Health. XP has developed connections with the same-sex attracted community and participates in pro-social activities within this community such as the annual Pride March. With this appropriate level of support, XP has not been re-incarcerated.

3.5(b) Discussion

A number of factors are key to breaking the cycle of disadvantage for XP. Firstly, support which has been provided is long-term and ongoing. Where this is needed, it is preferable that support is delivered by the same service provider over time. The more that highly disadvantaged clients change service providers as they move through the justice, mental health, or disability service systems, the less stable they feel. Increased instability increases the risk of reoffending. Seamless service delivery is critical.

Secondly, XP's skills development is enhanced incrementally, closely monitored and adjusted at regular intervals to address any gaps which are identified. Stability of service provider enables this to occur smoothly. Such consistency is critical to the success of work with clients with complex needs.

Thirdly, sufficient resources are available to support XP, such that a range of specialist support services are in place to meet his complex clinical care needs. People with complex care needs require multi-systemic 'wrap-around' support services, which are tailored to meet their specialist support needs.

Fourthly, XP's quality of life is regularly assessed in order to keep him moving in a positive direction toward the fulfilment of attainable self defined goals, rather than only goals set by service providers. In this sense, XP is empowered to develop a sense of self-efficacy and self-esteem underpinned by a holistic strengths-based approach. Such interventions build

upon existing areas of competency, and have regard for the whole person as opposed to only dealing with issues of psychological pathology (such as offending behaviour).

Finally, the level of support provided to XP is highly coordinated between service providers. This intensive coordination occurs at bi-monthly care plans, and is critical for one arm of the service system to converse with and know what other arms are doing. This model of support means that gaps in XP's support needs are able to be quickly identified and responded to effectively by the service system as an integrated whole.

3.6(a) Case Study Two

MH was referred to ACSO by the Dame Phyllis Frost Centre (DPFC) for support to address her long standing drug-related offending history and her significant history of mental health issues.

MH presented with the following issues:

- *Borderline personality disorder*
- *Anti social traits*
- *Post traumatic stress (victim of sexual assault as a child)*
- *Anxiety disorder*
- *Depression*
- *Acquired brain injury (frontal lobe damage manifested as mood swings & violent outbursts)*
- *Substance abuse disorder requiring long term pharmacotherapy*

MH's forensic history included:

- *Multiple assault charges over many years resulting in incarceration in a youth justice centre*
- *Threats to kill*
- *Multiple convictions for drug trafficking and possession, soliciting, welfare and bank fraud, armed robbery, theft, burglary, unlawful possession of weapons*
- *Numerous incarcerations in adult prison system*

At the time of commencing to engage with ACSO MH had never successfully completed a non-custodial sentence.

MH was being considered for parole and required assistance to secure her existing public housing which had been vacant for nearly five months and was therefore at risk of being re-acquired by the OoH. The expected release date for MH was changed several times due to requests by the Adult Parole Board for additional information and assessments; MH's release date was delayed by five months. The OoH were intent on reclaiming MH's property due to the long period of vacancy, rent arrears and complaints of her behaviour in the premises prior to her incarceration.

Support provided by ACSO included:

- *Advocating with the OoH who were unaware of MH's mental health issues*
- *Locating funds to address rental arrears*
- *Provision of reports and support information to Corrections Victoria.*
- *Provision of up-to-date information and letters of support to the Adult Parole Board*
- *Linking MH in with an appropriate mental health service*
- *Meeting with MH several times to impart information in relation to her situation.*

3.6(b) Discussion

Had ACSO not intervened in MH's situation, the property which her eligibility for parole hinged upon would have been lost. This would have resulted in MH being incarcerated for a longer period of time, and in her being released into homelessness at a later date. Upon release, MH returned to her OoH property and was linked into mental health service which typically did not offer a service to individuals with her diagnoses. Although MH's support needs remain complex, she has not re-offended and for the first time ever, successfully completed her parole order. MH has also established a good relationship with local housing services that are now more understanding of her needs.

4. Does personal choice play a role in breaking cycles of disadvantage? If so, how can you help build motivation and aspirations?

The research base strongly indicates that the reasons people offend tend to be multi-faceted and not necessarily able to be reduced to a simple matter of choice.

Although choice does play a role in breaking the cycle of disadvantage, this is only to the extent that individuals have the capacity and resources to direct decisions and maintain action which is consistent with those decisions, over time. Given the co-morbidity of indicators of disadvantage that occurs with criminal behaviour, choices for offenders are severely limited more than for the non-offending population. The concept of 'choice' can be inherently limited by a person's life experience. Moreover, offenders with severe intellectual disabilities, cognitive impairment or mental illness who lack the ability to conceptualise new ways of being in the world, may require life-long support to assist them to navigate life in a way which causes least harm to themselves and others.

The Stages of Change Model²³ is based on the premise that that behaviour change does not happen in one step. Rather, people tend to progress through different stages of change on their way to successful change, at their own rate. This is a more useful way of understanding how offenders might make decisions rather than viewing them as a simple matter of choice.

4.1 Link Out

ACSO's Link Out program provides support for men exiting prison who are at high risk of re-offending. Due in part to the high risk of re-offending eligibility criterion, inevitably, some Link Out clients either re-offend or breach parole conditions resulting in re-incarceration. In fact it is not uncommon for these offenders to be re-incarcerated numerous times. ACSO acknowledges that individuals must take some responsibility for their choices whilst also recognising that change is incremental and occurs over time. Thus, in addition to notions of

²³ Prochaska, J. O., Di Clemente, C.C. 1986. *Towards a comprehensive model of change*. In Miller, U. & Heather N. (Eds.), *Treating Addictive Behaviors*. pp. 3-27. New York: Plenum Press.

personal responsibility and choice, ACSO takes into account the impact of learned behaviour, lack of pro-social support for the change process (including often, a lack of family support), the impact of institutionalisation, and living skills deficits all of which are contributing factors the likelihood of recidivism. The critical aspect of programs such as Link Out is that *support for the opportunity to change is consistently re-presented*. A number of measures of success are also validated including:

1. Extending the periods of time between offending behaviour
2. Assisting individuals to successfully complete their Parole Order
3. Subsequent offending being of a less serious nature i.e. shop-stealing as opposed to assault with a weapon.

Although the overall aim of Link Out is to enhance community safety by lowering the rate of recidivism, acknowledgment of small incremental gains on the journey to a larger change process, is a critical component of ACSO's work with people from backgrounds of entrenched disadvantage.

5. Are there any successful interventions that should be considered?

5.1 It *is* Possible to Break the Cycle of Disadvantage!

Although official statistics might lead one to conclude that the possibility of change for offenders is remote, with support, some people are able to effect long term change. Helen Barnacle is an excellent case in point. Helen commenced studying psychology whilst serving a 15 year term of imprisonment with a 12 year minimum; the longest sentence ever given to a woman in Victoria for a drug-related offence. Helen has been out of prison for over 20 years and has maintained a law-abiding and drug-free lifestyle for all of this time. Helen works as a psychologist and has established *Liminal Lines*, a creative arts group for young women involved in the youth justice system. Key elements which Helen identifies as critical to her breaking the cycle of disadvantage are as follows:

1. Exiting prison into safe, secure and affordable accommodation
2. Commencing study whilst in prison
3. Being a mother to a child who was cared for by family for the latter part of the duration of her sentence and being able to return to her parenting role upon release without intervention by child protective services
4. Family support upon release from prison
5. Pro-social friendships upon release from prison with people who believed in her capacity to change and grow, and who encouraged her to continue her education.

Whilst atypical, Helen's example shows that change is indeed possible. ACSO workers are of the view that such role models are critical to demonstrate to others that long-term change

is possible. This case demonstrates the significance of the support provided during what is understood to be a most vulnerable period for re-offenders; transition back into the community.

5.2 What Works Research

A key factor in reducing disadvantage for offender groups is reducing their re-offending behaviour. Review of the 'what works' research²⁴ to address offending indicates that effective programs are likely to target personal, behavioural, and attitude change, as well as structural factors such as unemployment, limited education and access to support services. Such interventions would include the following:

1. Psychological-based programs²⁵
2. Educational and employment training, particularly in conjunction with other forms of correctional rehabilitation²⁶
3. Reintegrative services such as transitional support for newly released prisoners²⁷
4. A comprehensive approach to rehabilitation with a range of services to address functioning across all key life areas including psychological, educational, employment, and social circumstances²⁸

In addition, Australian research provides strong evidence that adequate supported housing is clearly associated with staying out of prison and increased social integration, as is living with family, having employment and having access to positive support.²⁹

5.3 Success is Incremental

It is helpful to conceptualise measuring success not by where an individual ends up in life, but rather, by charting the journey from where they started. Change for people from backgrounds of entrenched disadvantage is likely to be slow and incremental. It is the small decisions and actions which people take on a daily basis over time that eventuate in breaking the cycle of disadvantage; not some grand master plan, or stroke of sudden monumental gain. Services which operate from this perspective give people from disadvantaged backgrounds hope that change is possible by breaking the change process down into manageable and 'do-able' steps. If the bar is set too high, the task can seem overwhelming, tempting those affected to give up and succumb to life-long disadvantage.

²⁴ Department of Corrections. 2009. *What Works Now? A Review and Update of Research Evidence Relevant To Offender Rehabilitation Practices Within the Department of Corrections*. New Zealand

²⁵ Department of Corrections. 2009. *What Works Now? A Review and Update of Research Evidence Relevant To Offender Rehabilitation Practices Within the Department of Corrections*. New Zealand. p 4.

²⁶ Ibid.

²⁷ Ibid.

²⁸ Ibid.

²⁹ Baldry, E., McDonnell, D., Maplestone, P., & Peeters, M. 2002. *Ex-prisoners and Accommodation: What Bearing Do Different Forms of Housing Have On Social Reintegration For Ex-prisoners?* Positioning paper number 27. Australian Housing and Urban Research Institute, UNSW Research Centre, RMIT University.

5.4 Additional Support Needed for Vulnerable Client Groups

Individuals with disabilities, cognitive impairment, and mental illness require additional supports to undertake the change process. Professional intervention to deal with presenting issues is critical, and sometimes enhanced by involvement in self help groups such as Alcoholics Anonymous, Gamblers Anonymous and GROW. These groups are an adjunct to professional support however and cannot replace it. Moreover, only those who are highly motivated to change are likely to participate in self help groups.

Programs such as those provided by ACSO and other service providers to almost unconditionally support individuals in the change process are critical. The probability of intervening in the cycles of disadvantage is much less likely if sufficient resources and programs to meet basic needs for housing, healthcare, education/vocational training, and employment are not provided.

5.5 Practical Interventions

ACSO believes that two simultaneous approaches are critical to break the cycle of disadvantage for offenders; early intervention to prevent people from becoming entrenched in an offending (or anti-social) lifestyle and interventions targeted at those already involved with the criminal justice system.

5.6 Early Intervention

Early intervention to address key pathways into offending should include:

1. Voluntary family support services which aim to prevent children from ending up in the Child Protection system. Such services should have the capacity to offer in-home support and family therapy to resolve high level family conflict which is a key predictor of adolescent substance abuse and juvenile delinquency
2. Community based programs to identify children at risk of early school leaving with a view to maximising retention in education and vocational training (e.g. Operation Newstart, a youth education initiative of Victoria Police)
3. Diversionary therapeutic programs for youth in the youth justice system to address underlying factors associated with the onset of offending
4. Dip in/out support services for families over the lifespan to address intergenerational transmission of disadvantage
5. Programs to address the risk and protective factors for pathways in problematic substance use and offending.

5.7 Interventions for Adult Offenders

Interventions for adult offenders to break the cycle of disadvantage should include:

1. Access to education which is available at different levels including numeracy and literacy skills development, and secondary and tertiary education
2. Access to vocational training to maximise employment skills
3. Access to employment programs for people with disabilities and/or a criminal record
4. Access to therapeutic programs to engender attitudinal and behaviour change
5. Provision of assessment by Centrelink for DSP in all prisons
6. Availability of high level mental health services in the community and in prisons
7. Provision of timely access to public and social housing options, especially for people transitioning out of prison
8. Positive role models through mentoring and other pro-social initiatives to demonstrate that change for offenders into a non offending lifestyle is possible.

In conclusion, a range of risk and protective factors operate to influence trajectories into and out of offending. Resources and opportunity are critical in both directions. Lack of human capital, social capital and economic capital within families and communities increases the risk of involvement in the criminal justice system. Conversely, development of protective factors including access to stable housing, support services, pro-social networks, education, and employment can provide opportunities to break the cycle of disadvantage at any point across the lifespan. The earlier interventions to break the cycle of disadvantage for offenders are provided, the more effective they are likely to be; this includes adult interventions for the next generation.