

# **ACCOMMODATION OPTIONS FOR RELEASED PRISONERS WITH COMPLEX NEEDS**

By Celia de Winter

Submitted in partial fulfilment of the requirements  
for the Degree of Masters of Criminology and  
Corrections.

In the School of Sociology and Social Work  
University of Tasmania (Hobart)

---

## **DEDICATION**

This thesis is dedicated to my family and friends who have supported me through this process.

## ABSTRACT

The issue of homelessness or inappropriate housing of people with complex needs is a serious problem for individuals who have found themselves frequently in the criminal justice system. Complex needs and challenging behaviours exhibited by those with mental illness, intellectual disability and or acquired brain injury combined with for example, family dysfunction, homelessness, poverty, and drug and alcohol misuse of a cocktail of issues that have been difficult to treat let alone support. Incarceration has been the alternative for the judiciary with the intention of protecting the individual offender as well as the community. However it is argued that proper support in the community may avert the need to seek incarceration as the only option for 'released prisoners' with complex needs.

This thesis seeks to contribute to the understanding of what it means to be a person with complex needs and the effect of a short term sentence on the ability to seek stable accommodation once released from prison. It draws on the extensive literature in the field for example, with regard to people with disabilities in the criminal justice system and the housing experiences of ex-prisoners in general and those with complex needs.

Through a number of in depth discussions with stakeholders from both state government and non-government representative agencies, a critical analysis was undertaken of the available accommodation options for this cohort in Tasmania. From these discussions it is evident that, current services either must embrace the needs of this cohort or a new dedicated service should be developed. However, the new Whole of Government and Community Sector housing initiative 'Housing Connect', commencing 1 July 2013, may offer the required support for this group of people with complex needs.

## ACKNOWLEDGEMENTS

I would like to thank my supervisor, Dr Max Travers for his guidance, constructive comments and overall support in the completion of this thesis. I would also like to thank Associate Professor Roberta Julian and Professor Anne Coleman for their support and academic guidance throughout this process. Finally, I would like to thank the following agencies without whom, I would not have been able to undertake this research:

- The Salvation Army
- Centre care
- Anglicare
- The Tasmanian Department of Health, Human Services
- The Tasmanian Department of Justice
- Headway Inc.
- Brain Injury Association of Tasmania
- Richmond Fellowship
- Advocacy Tasmania
- Lifestyle Solutions
- Colony 47
- St Vincent de Paul
- Common Ground Pty Ltd

**STATEMENT OF AUTHORITY OF ACCESS**

This thesis may not be made available for loan or copying.

Celia de Winter .....

**DECLARATION OF AUTHORSHIP**

To the best of my knowledge and belief, the thesis contains no material previously published or written by myself except where reference is made as footnotes within this thesis.

Celia de Winter .....

**TABLE OF CONTENTS**

<b>CHAPTER</b>	<b>TITLE</b>	<b>PAGE NUMBER</b>
1	INTRODUCTION	12
2	METHODOLOGY	17
	<b>PART ONE:</b>	18
	<b>LITERATURE REVIEW</b>	
3	RELEASED PRISONERS WITH COMPLEX NEEDS AND THE CRIMINAL JUSTICE SYSTEM	19
4	THE PRISON EXPERIENCE OF SHORT TERM PRISONERS AND THE INFLUENCE OF DE- INSTITUTIONALISATION	34
	<b>PART TWO:</b>	54
	<b>QUALITATIVE RESEARCH AND ANALYSIS</b>	
5	PRE- ARRANGED ACCOMMODATION AND INTENSIVE SUPPORT	55

6	ACCOMMODATION SOUGHT ONCE RELEASED	68
7	ACCOMMODATION OPTIONS FOR 'RELEASED PRISONERS' WITH SEVERE COMPLEX NEEDS	78
	<b>PART THREE: POLICY IMPLICATIONS</b>	87
8	POLICY IMPLICATIONS FROM THE FINDINGS OF THIS THESIS	88
9	CONCLUSION	96
	BIBLIOGRAPHY	99

**LIST OF  
TABLES**

3.10.1	DISADVANTAGE, DISTINCTION AND VULNERABILITY	31
4.2.1	ASSESSMENT TIERS: TASMANIAN PRISONER SERVICE	39
5.1.1	POST RELEASE ACCOMMODATION SERVICES	57
5.2.2	DIFFERENCES BETWEEN TASMANIA'S TWO POST RELEASE ACCOMMODATION SERVICES	59
6.4.1	HAVE EX-PRISONERS APPLIED TO YOUR COMPANY FOR A RENTAL PROPERTY?	74
6.4.2	WHAT PROCEDURE WOULD YOU USE TO APPROVE A LEASE?	74
6.4.3.	HAVE YOU EVER REFUSED A TENANCY TO	75

AN EX-PRISONER?

6.4.4	HAVE THEY BEEN GOOD TENANTS?	75
-------	---------------------------------	----

## **FIGURES**

3.2.1	DEFINITION OF MENTAL ILLNESS- SECTION 4 TASMANIAN MENTAL HEALTH ACT 1996	21
3.3.1	AREAS OF DEFICIT FOR A PERSON WITH AN INTELLECTUAL DISABILITY	22
3.3.2	AREAS OF DEFICIT FOR A PERSON WITH A DEVELOPMENTAL DISABILITY	23
4.1.1	OFFENCES UNDERTAKEN BY PEOPLE WITH COGNITIVE IMPAIRMENTS AND COMPLEX NEEDS	35
4.2.1	GOFFMAN'S DESCRIPTION OF AN INSTITUTION	47
4.5.1	HOMELESSNESS FACTORS FOR A PERSON WITH COMPLEX NEEDS	51
5.3.2.1	ELIGIBILITY REQUIREMENTS	61
6.1.1	SERVICES OFFERED BY S.H. SERVICES TASMANIA	68
8.1.1	ELIGIBILITY REQUIREMENTS FOR LINK OUT PROGRAM – CORRECTIONS VICTORIA	90

## CHAPTER ONE: INTRODUCTION

A disability is seen by the general community as external and not intrinsic to the individual. It is important to understand the person with a disability in their totality as an equal member of the Tasmanian Community. This has been noted by stakeholders interviewed and supported by academic research as discussed in the following thesis. This dissertation discusses the issues of a small but resource intensive cohort of 'released prisoners' with complex needs that present as various combinations of experiences initially from having a cognitive impairment<sup>1</sup> which may include mental illness/ intellectual disability/acquired brain injury,<sup>2</sup> combined inter alia with possible challenging and or offending behaviours, family dysfunction, social exclusion and isolation, homelessness, and drug or alcohol abuse.<sup>3</sup> These issues are exacerbated by the fact that services are reluctant to support people with complex needs relegating them to the 'too hard basket.'<sup>4</sup> Added to this complexity is the fact that members of the cohort of this thesis are also 'released prisoners', making re-integration almost impossible to achieve as the community and some service providers are stigmatised and discriminate against them.

People with complex needs are, according to Douse et.al, "caught in a cycle of social exclusion and criminalisation resulting in their incarceration and re-incarceration in the criminal justice system."<sup>5</sup> Homelessness and the need for survival<sup>6</sup> are more realistic reasons for incarceration than premeditated serious criminal behaviour, as discussed in Chapter Three of this thesis. However, from a cost benefit analysis it could be argued that, if the cohorts' needs were addressed proactively they would then break the cycle by having stable accommodation, thus reducing the rates of recidivism and re-occurring

---

<sup>1</sup> C. Puplick *"Issues for People with Cognitive Disability in the Corrections System"* Report for the Office of the Public Advocate, Queensland. May 2005 at p.6

<sup>2</sup> M. Hamilton *"People with Complex needs and the Criminal Justice System"* Current Issues in Criminal Justice Volume 22 Issue 2010-2011, at p. 307

<sup>3</sup> *ibid*

<sup>4</sup> J. Keane *Clients with Complex Needs: Inter-professional Practice*, Oxford, Blackwell Science, 2001 at p.52

<sup>5</sup> L. Douse et.al. *"Disabling Criminology: Conceptualising the intersections of critical disability studies and critical criminology for people with mental health and cognitive disabilities in the criminal justice system."* Australian Journal for Human Rights, Volume 15, Issue No. 1, at p. 29

<sup>6</sup> *Supra* at 1 at p 11.

cost to the Tasmanian State Government of re-incarceration. A second argument is that offenders with complex needs could be re-directed to a therapeutic jurisprudence alternative as in the Mental Health, Cognitive Impairment, or Drug and Alcohol Magistrates Court Lists, as opposed to serving a sentence or a period of remand which could prevent recidivism and homelessness. This alternative has been available to people with complex needs in Tasmania since early January 2013. However, as there is insufficient data to form a reasoned opinion as to the success of the therapeutic alternative it will not be included in the discussion of this thesis. Therefore the statement posited by this thesis is as follows:

That current pre-release rehabilitation programs and post release and supported accommodation services are not capable of effectively supporting 'released prisoners' with complex needs enabling them to break the cycle caused by homelessness and recidivist criminal behaviour. This thesis is broken up into three parts as follows:

Part One of this thesis is a Literature Review that critically investigates a person with complex needs and the criminal justice system, initially through defining and discussing a selection of complex needs and secondly through an investigation into short term sentences for prisoners with complex needs in Tasmania which is supported by Literature Review and finally a discussion with regard the effect of de-institutionalisation on homelessness and re-incarceration for this cohort. Part Two, is an extensive but not exhaustive qualitative study, of the accommodation options available to 'released prisoners' with complex needs and released prisoners generally in Tasmania. Part Three of this thesis examines the policy implications of the issues identified in this thesis.

There are no statistics in Australia, specifically establishing the number of prisoners or 'released prisoners' with complex needs. However several organisations have collated issue specific statistics that collectively, allow one to develop a useful picture of the released prisoner with complex needs. A brief collection of these statistics are highlighted below and will be referred to throughout this dissertation.

## 1.1 Relevant Statistics

### 1.1.1 Recidivism

In December 2012 the Australian Bureau of Statistics (ABS) found that 61.1% of prisoners in Tasmanian Prisons were recidivists<sup>7</sup>. That is 285 men and 17 women of a total of 494 inmates in Tasmanian Prisons in 2012.<sup>8</sup>

### 1.1.2 Intellectual Disability

The NSW Corrections Service found that of the 26,803 offenders in NSW in 2010, 1067 were recidivists with intellectual disabilities seen as having a mild to moderate IQ of less than 70% and 1389 had a borderline IQ between 70-79%.<sup>9</sup>

### 1.1.3 Acquired Brain Injury

There is very limited statistical data relating to prisoners with acquired brain injury (ABI) and no data with regard to this sub-cohort after release. However in a recent study by Jackson et.al of 110 male and 86 female sentenced prisoners in Corrections Victoria, of whom, 64% of male and 73% of female prisoners stated that they had at least one ABI.<sup>10</sup> Throughout their screening it was found that 42% of males had a confirmed ABI that was an alcohol related or traumatic related brain injury and 33% of females had a confirmed ABI that related to substance abuse like that of benzodiazepine.<sup>11</sup>

---

<sup>7</sup> ABS Statistics

<sup>8</sup> *ibid*

<sup>9</sup> NSW Prisoner Statistics, 2010

<sup>10</sup> M. Jackson et.al. *Acquired Brain Injury. Screening, Identification and Validation in the Victorian Correctional System*, arbias Ltd and La Trobe University 2010 at p. 6

<sup>11</sup> *ibid*

### 1.1.4 Mental Illness

The Australian Institute of Health and Welfare (AIHW) in 2010 found that 31% of those sentenced to Australian Prisons had ongoing mental illness including co-morbidity.<sup>12</sup> For example the Australian Bureau of Statistics (ABS), found that 63% of inmates misused drugs and also had a mental health disorder 16% were on medication and 14% experienced high levels of distress.<sup>13</sup> The National Inmate Survey 2010 found that 49 % had head injuries causing blackouts and unconsciousness.<sup>14</sup> The AIHW, found that prisoners with mental illness had poorer socio-economic and health characteristics. 2 out of 3 did not complete year 10, were unemployed or unable to work due to their disability, age or mental condition. They had extensive criminal histories 1 in 3 having been incarcerated 5 or more times in an adult prison.

### 1.1.5 Specialist Homelessness Services.

The Specialist Homelessness Services (S.H. Services) Statistics for 2011-2012 found that, the total number of 'released prisoners' in Australia was 4993. 83% of whom claimed that they were homeless with 17% at risk of becoming homeless'.<sup>15</sup> The "central reason why the S.H. Services were contacted was as a result of prisoners transitioning from prison back into the community, 56% came directly from prison ."<sup>16</sup> '80% were single males between the ages of 20 - 35 years of age; 95% independently sought these services; with 51% needing crisis accommodation 36% requiring

---

<sup>12</sup> Australian Institute of Health and Welfare "The Mental Health of Prison Entrants in Australia- National Prisoner Health Census" Bulletin 104, June 2012 at p.6

<sup>13</sup> *ibid*

<sup>14</sup> *ibid*

<sup>15</sup> Australian Institute of Health and Welfare "Specialist Homelessness Services- Annual Report 2011-2012" Australian Government, Canberra, 18 December 2012 at p.66

<sup>16</sup> *Ibid* at p. 69

transitional and 39% requiring medium term accommodation.’<sup>17</sup> People with mental illness were also in the S.H. Services Data set for this period.

---

<sup>17</sup> ibid

## CHAPTER TWO: METHODOLOGY

A Literature Review was undertaken with regard to the elements of complex need for people with cognitive impairments, their relationship to the Criminal Justice System and the Tasmanian Prison Service Strategic Plan with regard to prisoners with complex needs and short term sentences including remand. Finally a discussion surrounding the argument posed by the Law Reform Commission of New South Wales (NSW) that the over-representation of people with complex needs in prisons is in part because of de-institutionalisation that leads to a lack of services for people with complex needs, homelessness and ultimately potential re-incarceration.<sup>18</sup>

Qualitative research methods were utilised in the formulation of the study for this thesis. In depth discussions were held with a number of stakeholders from both state government and non-government agencies. It was found however, that the issue of 'released prisoners' with complex needs was not part of the purview of most of those interviewed in both state government and non-government agencies. This thesis clarified the fact that there is a representative group of 'released prisoners' who as a result of their disabilities and attached unmet needs who don't or can't access appropriate services have been unable to find suitable accommodation upon release from prison.

As a subsequent line of enquiry for this thesis a small questionnaire was undertaken with 11 Real Estate Agencies throughout Tasmania with regard to their experiences of renting to 'released prisoners'. There were minimal results with most companies either having not rented to 'released prisoners', or the interviewed staff were inexperienced with limited corporate memory. There were few Agencies with examples of renting to this group. However it has been a worthwhile exercise to establish a variety of rental experiences and to compare it with international literature on the subject.

---

<sup>18</sup> Supra at 1 and Law Reform Commission of New South Wales Report on, *"People with Intellectual Disabilities in the Criminal Justice System- Report 80."* NSW State Government, 1994

## **PART ONE: LITERATURE REVIEW**

### CHAPTER THREE: RELEASED PRISONERS WITH COMPLEX NEEDS AND THE CRIMINAL JUSTICE SYSTEM

A lack of stable accommodation for 'released prisoners' with complex needs, is caused according to researchers in this field<sup>19</sup>, in part by an inability of the prison system to adequately provide rehabilitative services to this cohort while in prison, enabling them to 'survive on the outside.'<sup>20</sup> As re-integration in the community becomes more difficult, French argues that "people with cognitive disability, living in unsupported and deprived conditions in the community ... may re-offend in order to go back into custody where they can at least be assured of regular meals, shelter, and some protection from violence and abuse."<sup>21</sup> Problems of re-integration in the community may arise because of the interaction of the elements of an individual's complex needs that force them into exclusion and isolation, homelessness, unemployment and thus poverty compelling them to revert to their previous criminal behaviour.<sup>22</sup> It is difficult not to dissect the stereotypical person or released prisoner with complex needs purely from a medical or diagnostic basis but it is also important to view these 'labels' so to speak, from both a sociological and a critical disability studies and critical criminological perspective.<sup>23</sup> This was highlighted in recent research undertaken by Douse et.al and Baldry et.al.

---

<sup>19</sup> Op cit

<sup>20</sup> ibid

<sup>21</sup> P. French Disability Justice: The Barriers to justice for persons with disability in Queensland Disability Studies and Research Institute for Queensland Advocacy Incorporated, May 2007 at p 38

<sup>22</sup> ibid

<sup>23</sup> Supra at 5

They argue that there needs to be an integration of the two perspectives of critical disability studies and critical criminology, enabling 'disability' to be "at the centre of analysis"<sup>24</sup> to suggest "a new way to make visible material structures, ideological discourses and experiences of impairment that fundamentally and differentially structure an individuals' pathway in two and are often back into the criminal justice system. They argue that the offending behaviours of a person with complex needs, as defined below, is not "excused or dismissed but is resituated"<sup>25</sup> within the "individual and social systemic contexts, opening up new ways to identify conceptualisations, structure and interventions that enable the support and development of new individual, systemic and political levels of engagement."<sup>26</sup>

This chapter initially defines and discusses the cognitive impairments<sup>27</sup> of an singular, dual or multi diagnosis of a mental illnesses, intellectual disabilities and or acquired brain injuries of the cohort of this thesis followed by sociological analysis of a selection of needs that would make the lives of members of this cohort, extremely complex and difficult for any one service to support as Hamilton and Keene<sup>28</sup> stated. Secondly it identifies the risk factors and vulnerabilities experienced by people with complex needs resulting in an interaction with the Criminal Justice System.

---

<sup>24</sup> Ibid at p.39 and E. Baldry et.al. Background Paper: *"People with Mental Health and Cognitive Disability: pathways into and out of the criminal justice system,"* National Legal Aid Conference Darwin 2011

<sup>25</sup> ibid

<sup>26</sup> ibid

<sup>27</sup> Supra at 1 and Supra at 26

<sup>28</sup> Supra at 1 and Supra at 3

### 3.1 Who is a Person with Complex Needs?

Thus far this thesis has established a statistical picture of a released prisoner with complex needs as someone who may have numerous life issues for example that of being homeless and having a cognitive impairment<sup>29</sup>, which may be a singular, dual, or multi diagnosis of a mental illness, intellectual disability and or acquired brain injury at the time of incarceration. Once released, they may also access S.H. Services for long term or emergency accommodation and for general support services like that of financial support, or counselling. The three main types of cognitive impairment or disability are defined and discussed as follows:

### 3.2 Mental Illness

A person with a mental illness would have the following presentations and symptoms according to the definition for mental illness from section 4 of the *Tasmanian Mental Health Act 1996*.

**Figure 3.2.1 Definition of Mental Illness- Section 4 Tasmanian Mental Health Act 1996**

(1)	A mental illness is a mental condition resulting in-
a)	a serious distortion of perception or thought; or
b)	serious impairment or disturbance of the capacity for rational thought; or
c)	serious mood disorder; or
d)	involuntary behaviour or serious impairment of the capacity to control behaviour.
(2)	A diagnosis of mental illness may not only be based solely on-
	Anti-social behaviour; or
a)	Intellectual or behavioural nonconformity; or
b)	Intellectual disability;
c)	Intoxication by reason of alcohol or a drug

<sup>29</sup> Supra at 20

An offender with mental illness may frequently present with schizophrenia and associated with comorbidity issues of drug and alcohol abuse. There is also evidence of dual diagnosis which includes offenders with intellectual disabilities or developmental disabilities and acquired brain injuries as discussed below.<sup>30</sup>

### 3.3 Intellectual Disability

A person with an intellectual disability would be someone who has an IQ range from “50 to 70.”<sup>31</sup> Though some specialists in this area, consider 80 to be the cut off and not 70.

A person with an intellectual disability would have a deficit in at least two”<sup>32</sup> or “three”<sup>33</sup> of the following areas:

**Figure 3.3.1 Areas of Deficit for a person with an Intellectual Disability**

- |    |                                               |
|----|-----------------------------------------------|
| a) | Adaptive behaviour                            |
| b) | communication                                 |
| c) | self- care                                    |
| d) | home living, and                              |
| e) | learning – “receptive and expressive language |
| f) | mobility                                      |
| g) | economic self-sufficiency”                    |

A person with a mild intellectual disability may be someone who “would try cover up their limitation but who would have great difficulty understanding what was happening in a court setting and what was required of them without assistance.”<sup>34</sup> An example of

<sup>30</sup> Ibid and C. de Winter “*Risk and Protective Factors for Offenders with Mental illness and Intellectual Disabilities-Offenders with Mental Illness and Intellectual Disabilities; An Analysis of “Comments on Passing Sentence” by the Tasmanian Supreme Court*” (Unpublished Field Project Report for Masters of Criminology and Corrections, UTAS)

<sup>31</sup> [http://www.idrs.org.au/\\_pdf/IDRS\\_%20Introduction\\_intellectual%20disability\\_17Feb09.pdf](http://www.idrs.org.au/_pdf/IDRS_%20Introduction_intellectual%20disability_17Feb09.pdf) , ibid

<sup>32</sup> ibid

<sup>33</sup> ibid

<sup>34</sup> [http://www.idrs.org.au/\\_pdf/IDRS\\_%20Introduction\\_intellectual%20disability\\_17Feb09.pdf](http://www.idrs.org.au/_pdf/IDRS_%20Introduction_intellectual%20disability_17Feb09.pdf)

covering up ones intellectual disability was made by an interviewee for this thesis who stated:

An external caseworker contacted the prison to ask how her client with an intellectual disability was going? According to the prison that person didn't have an intellectual disability. This prisoner was a recidivist who upon re admission to the prison, didn't declare that he had an intellectual disability. He knew from past experiences that the only way to survive in prison was to fly below the radar.

The Intellectual Disability Rights Service (IDRS), argues that the effect of the disability or capacity of the person is a function not only of the disability but also a function of their environment and the support they receive. The IDRS offers a broader definition of Developmental Disability which includes Intellectual Disability. The definition includes people who have the following:

**Figure 3.3.2 Areas of Deficit for a Person with a Developmental Disability**

- a) Autism and Asperger's disorder
  - b) Attention deficit hyperactivity disorder
  - c) Cerebral palsy
  - d) Intellectual disability and
  - e) Learning and communication disorders”<sup>35</sup>

**3.4 Acquired Brain Injury**

An Acquired Brain Injury, may be caused by an “assault, stroke, road related accident, brain tumor, sporting activity, drug or alcohol abuse or medical misadventure. Such an injury affects a person's everyday memory functions as well as their ability to

<sup>35</sup> Supra at 26

concentrate. A person with a brain injury may lack motivation become self- centred and have reduced tolerance to stress.”<sup>36</sup> Headway Inc., state that the “effects of brain injury can be devastating on a person’s thinking, senses, appearance, physical ability and personality. Adverse behaviours that develop after brain injury can seriously affect social and family relationships to such a degree that individuals often become socially isolated.”<sup>37</sup> The AIHW data set on people with acquired brain injury, found that “four out of five people with ABI had a physical or diverse disability which included neurological, or cardiovascular disease, cerebral palsy or arthritis.”<sup>38</sup> Of the disability data set collected 42% also had psychiatric disabilities and 39% had sensory and speech disability.<sup>39</sup> What is of particular interest here is the fact that people with ABI had reported to have multiple disabilities and health conditions as opposed to those people with singular disabilities<sup>40</sup> like that of an intellectual disability.

### 3.5 Co-morbidity- Drug and Alcohol Misuse

“Co-morbidity,” according to Todd et. al. “was often used interchangeably with the term ‘dual diagnosis’.”<sup>41</sup> A “dual diagnosis can be that of a mental illness with substance abuse”<sup>42</sup> or with other cognitive impairments. Todd argues that “co-morbidity more realistically reflects the variety and severity of conditions which in combination with a substance misuse can have wide ranging clinical, social and legal

---

<sup>36</sup> [http://headwaytas.net.au/index.php?option=com\\_content&view=category&layout=blog&id=39&Itemid=29](http://headwaytas.net.au/index.php?option=com_content&view=category&layout=blog&id=39&Itemid=29)

<sup>37</sup> ibid

<sup>38</sup> Australian Institute of Health and Welfare “*Disability in Australia-Acquired Brain Injury*” Bulletin 55, December 2007 at p. 8

<sup>39</sup> ibid

<sup>40</sup> ibid

<sup>41</sup> J. Todd et.al. “*Social Exclusion in clients with co-morbid mental health and substance misuse problems*” Social Psychiatry and Psychiatric Epidemiology, 2004, Volume 39 at 581-587

<sup>42</sup> ibid

implications.”<sup>43</sup> This client group has problems relating to initial diagnosis, focus of intervention and a general management issues, risk of violence and self- harm, risks of homelessness, and possibly poorer prognosis.”<sup>44</sup>

### 3.6 Challenging Behaviour

Carter defines challenging behaviour as culturally abnormal behaviour of such intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of, or result in the person being <sup>45</sup> denied access to, ordinary community facilities. Publick argues that the typology given to people with challenging behaviours conflicts with the stereotypical norms of the care for people with disabilities particularly those with intellectual disabilities.<sup>46</sup> It is clearly difficult for services to support those with challenging behaviours. Many people with these behaviours, as exemplified by case study 4, require resource intensive and costly support to reside effectively in the broader community.<sup>47</sup> The Criminal Justice System may at the extreme, opt for incarceration in a general prison population or restrict an offender with complex needs to a psychiatric facility as the ultimate recourse to protect the individual from themselves’ and to protect the community.<sup>48</sup> There is a fundamental question that must be addressed, are these people misunderstood?

Publick argues that yes people with challenging behaviours are clearly misjudged. He argues that a person with a challenging behaviour loses community sympathy when they become frustrated and angry.<sup>49</sup> However such behaviour is a reaction to an inability of service providers

---

<sup>43</sup> ibid

<sup>44</sup> Supra at 45

<sup>45</sup> W.C. Carter. QC Challenging Behaviour and Disability Report to the Hon. W. Pitt M.P. Minister for Communities Disability Services and Seniors, 2007

<sup>46</sup> Supra at 18

<sup>47</sup> ibid

<sup>48</sup> ibid

<sup>49</sup> ibid p.19

and the community to understand the relevant issue that has beset the individual.<sup>50</sup> Clearly this has exacerbated issues of social exclusion and isolation which reside at the heart of the issues for people with complex needs.

### 3.7 Social Exclusion and Isolation

Social Exclusion and isolation is a central issue experienced by 'released prisoners' with disabilities. It was found that 'loneliness was a common experience with individuals returning to prison if they were homeless or transient, did not have accommodation support or felt that it was unhelpful or increased their drug and alcohol addiction.'<sup>51</sup> Gojkovic et.al. stated that 'a lot of female prisoners are used to the routine in prison and they don't know how to behave outside,'<sup>52</sup> they gave the case example of 'a young woman who on her first day after having been released from prison was overwhelmed in the supermarket, and felt thoroughly alone.'<sup>53</sup>

Robinson defines social exclusion to mean the "complex compound of disadvantages which act to marginalise a person in terms of their access to resources and the capacity to be involved in the community."<sup>54</sup> 'Social exclusion experienced by a person with mental disorders for example may result in homelessness.'<sup>55</sup> She argues that the importance of "cohesion, belonging and place, addresses the issues that are faced by

---

<sup>50</sup> ibid

<sup>51</sup> E. Baldry *"Recidivism and the role of Social Factors Post Release"* Precedent, 2007, Volume 81, at pp.4-7

<sup>52</sup> D. Gojkovic et.al. *"Accommodation for ex-offenders: Third Sector Housing advice and provision"* Third Sector Research Centre, Working Paper 77, March 2012, University of Birmingham at p.16

<sup>53</sup> ibid

<sup>54</sup> C. Robinson *"Understanding Iterative Homelessness: the case of people with mental disorders"* Final Report, Australian Housing and Urban Research Institute UNSW-UWS Research Centre, July 2003 at p. 6

<sup>55</sup> ibid

mentally disordered homeless people.”<sup>56</sup> Such isolation and exclusion may also be the result of stigma, labelling and discrimination.<sup>57</sup>

Although the issue of stigma is not discussed at length in this thesis it is important to understand the social disadvantage that results when people with disabilities are stigmatised and become victims of labelling and discrimination. Research on these subjects has been widely undertaken. The most seminal, being the work of Goffman, with regard to the stigma created by the community. He stated:

“ By definition, we believe the person with a stigma is not quite human. On this assumption we exercise varieties of discrimination, through which we effectively if often unthinkingly reduce his life chances. We construct a stigma theory and ideology to explain his inferiority and account for the danger he represents. We tend to impute a wide range of imperfections on the basis of the original one... Further, we may perceive his defensive response to his situation as a direct expression of his defect, and then see both a defect and response as just retribution for something he or his parents or try did, and hence a justification for how we treat him.”<sup>58</sup>

Goffman established the separation of the “us” and the “them” concept which is also discussed by Link et.al who argue that such “segregation results in status loss and discrimination leading to unequal outcomes and establishes negative stereotypes.”<sup>59</sup> Publick vehemently argues that ‘segregation for this cohort in special management or crisis support units in prisons should be condemned.’<sup>60</sup>

‘Prisoners and remandees with complex needs may be separated from the general population preventing them from receiving rehabilitative services, and isolating

<sup>56</sup> ibid

<sup>57</sup> S. P. Hinshaw The Mark of Shame: Stigma of Mental Illness and an Agenda for Change, Oxford, Oxford University Press, 2008 at p.8

<sup>58</sup> E. Goffman Stigma: Notes on the Management of Spoiled Identity New Jersey, Prentice Hall, 1963 at p.1

<sup>59</sup> B. Link et.al. “*Conceptualising Stigma*”, Annual Review of Sociology 2001, Volume 27, at p. 367

<sup>60</sup> Supra at 18 at p. 6

them in confined hospital settings. Inmates residing in these units are often those with cognitive impairments who present with challenging behaviours.’<sup>61</sup>

These issues are discussed further in the following chapter. It will become apparent throughout this thesis that social exclusion, stigma and discrimination continue throughout the lives of people with complex needs causing severe existential problems both within the prison environment, and in the broader community. Once released other complexities arise for the ex-prisoner particularly with regard to family dysfunction.

### 3.8 Family Dysfunction

In some cases of mental illness or challenging behaviours, ‘families have’ according to Robinson been ‘unable to support or understand the difficulties experienced by the individual’.<sup>62</sup> Visher, argues, that ‘families may provide strong support systems for returning prisoners, but families may also be victims and not want anything to do with them.’<sup>63</sup> The ‘individual with mental illness may also be a victim of abuse which is another reason for the reluctance to return to the familial environment.’<sup>64</sup> In a study of Australian Prison entrants “family dysfunction and parental psychiatric illness”<sup>65</sup> were seen as seen as possible “causes of an individual developing a mental illness and a co-morbid substance abuse disorder.”<sup>66</sup>

---

<sup>61</sup> Supra at 19 at p.24

<sup>62</sup> Supra at 57at p.14

<sup>63</sup> C. Visher et.al “Transitions From Prison to Community: Understanding Individual Pathways” Annual Review Sociology Volume 29, 2003 at p. 89

<sup>64</sup> ibid

<sup>65</sup> ibid

<sup>66</sup> Australian Institute of Health and Welfare “The Mental Health of Prison Entrants in Australia- National Prisoner Health Census” Bulletin 104, June 2012 at p.11

La Vigne stated, that 'prisoners expectations of their families were met once released and exceeded expectations more often than not'.<sup>67</sup> However Naser and Bradley argue, "families were under great strain"<sup>68</sup> "especially if the individual was a destabilising influence"<sup>69</sup> and "continued with the same criminogenic crowd and perpetuated their addiction that had them arrested in the first place".<sup>70</sup> Naser states that, "most simply, did not want to stay in touch, some saying that they were upset or disappointed and others were "tired of seeing him going to jail".<sup>71</sup> Robinson also argues that there "needs to be more research undertaken into the needs of families of returned prisoners, with more broad based support given to them."<sup>72</sup> Homelessness therefore is a serious issue for individuals released from prison with no family or friends to rely on. Homelessness is defined as follows:

### 3.9 Homelessness

Chamberlain et.al developed the now standard definition of homelessness where according to Baldry et.al. 'primary homelessness refers to being without conventional accommodation for example living on the streets, in cars and squats essentially that they had not proper shelter. Other levels of homelessness, that of secondary or tertiary according to Chamberlain et.al were frequent itinerancy and unsatisfactory and unsustainable accommodation.'<sup>73</sup> The term chronic homelessness is a common term that like primary and secondary homelessness, means years of long periods of homelessness or unsatisfactory accommodation combined with serious illness and

---

<sup>67</sup> N. La Vigne *"Chicago Prisoners Experiences Returning Home"* , Urban Institute Report, December 2004, at p.18

<sup>68</sup> R. Naser et.al *"Family Members' Experience with Incarceration and Re-entry"* Western Criminological Review, Volume 7, Issue 2, 2006 at p.26; *ibid*

<sup>69</sup> *Supra* at 168

<sup>70</sup> *Op.cit.*

<sup>71</sup> *ibid*

<sup>72</sup> *Supra* at 57

<sup>73</sup> Baldry E. et.al. " Ex-prisoners and accommodation : what bearing do different forms of housing have on social reintegration" AHURI Final Report No. 46, August 2003 at p.11

disability.<sup>74</sup> This term is used by Common Ground Tasmania, an organisation attempting to address the homelessness crisis in Hobart and is discussed at Chapter Two of this thesis.

The definition of a homeless person as defined in section 4 of the Supported Accommodation and Assistance Act, 1994 (C'th), defines a homeless person as "Someone who has inadequate access to safe and secure housing". Tamara Walsh argued that this definition recognised the fact that "not feeling at home is an important feature of homelessness"<sup>75</sup> Robinson provides a useful alternative definition and the definition of choice for this chapter, regarding chronic, and primary homelessness.

Robinson argues that "most homeless people do not sleep rough on the streets though they may do so at times."<sup>76</sup> Many remain "tenuously housed and at continuous risk of street homelessness in their cycle through many different forms of tenuous and unacceptable forms of accommodation such as hostels, licenced and un-licenced boarding houses, caravan parks, and staying with friends etc."<sup>77</sup> The issue of homelessness and recidivism with regard to people with complex needs is discussed in Chapters 3.2 and 4.2 of this thesis.

### **3.10 People with Cognitive impairments and Complex Needs and the Criminal Justice System**

A person with cognitive impairments may be disadvantaged in the criminal justice system because among other things they would have a "reduced capacity to understand laws, and societal norms, have reduced planning skills and impulse control, be eager to please and be easily led by criminal forces"<sup>78</sup>. With reduced communication skills<sup>79</sup> and an increased vulnerability they can incriminate themselves unwittingly with an

---

<sup>74</sup> [http://www.commongroundtas.com.au/index.php?option=com\\_content&view=article](http://www.commongroundtas.com.au/index.php?option=com_content&view=article) " 50 Lives 50 Homes"

<sup>75</sup> *ibid*

<sup>76</sup> *Supra* at 57

<sup>77</sup> *ibid*

<sup>78</sup> Brain Injury Association of Tasmania "Acquired Brain Injury and the Criminal Justice System: Tasmanian Issues August 2007 at p.13

<sup>79</sup> *ibid*

inability to explain their actions to the police or subsequent magistrate.<sup>80</sup> Table 3.10.1 below, has been extrapolated from Publicks' Report for the Office of the Public Advocate Queensland titled "Issues for People with Cognitive Disability and the Corrections System". The following three lists identify risk factors experienced by the cohort of this thesis with regard to the criminal justice system that may aggravate an individual's already complex needs.

**Table 3.10.1: Disadvantage, Distinction and Vulnerability**

<b>Marker for social disadvantage</b>	<b>Distinction from the rest of the prison population</b>	<b>Vulnerability in Prison</b>
<ul style="list-style-type: none"> <li>Being institutionalised in childhood</li> </ul>	<ul style="list-style-type: none"> <li>They tend to be in their twenties</li> </ul>	<ul style="list-style-type: none"> <li>Vulnerability of this group is: "They are subject to abuse and exploitation and are seen as more susceptible to the negative influences of the prison thus having criminal behaviours is reinforced rather than reduced by their period of incarceration."</li> </ul>
<ul style="list-style-type: none"> <li>Experiencing disruption in their families</li> </ul>	<ul style="list-style-type: none"> <li>Have high recidivism rates</li> </ul>	<ul style="list-style-type: none"> <li>They are at risk of harm due to their susceptibility in the correctional system of abuse, harassments, exploitation and manipulation.</li> </ul>
<ul style="list-style-type: none"> <li>For segregation in special schools or classes</li> </ul>	<ul style="list-style-type: none"> <li>More likely not to have been given their rights by the police</li> </ul>	<ul style="list-style-type: none"> <li>They find it more difficult to conform to prison routines</li> </ul>
<ul style="list-style-type: none"> <li>Homelessness or housed in a supported accommodation or boarding houses</li> </ul>	<ul style="list-style-type: none"> <li>less likely to receive that legal representation</li> </ul>	<ul style="list-style-type: none"> <li>They must understand what is expected of them and as a result may be – victimised by staff and other inmates –face more disciplinary violations</li> </ul>

<sup>80</sup> Ibid

		<ul style="list-style-type: none"> <li>• -face greater loss of privileges</li> </ul>
<ul style="list-style-type: none"> <li>• Drug and alcohol problems</li> </ul>	<ul style="list-style-type: none"> <li>• Less likely to be involved in violent crimes ( although some are )</li> </ul>	<ul style="list-style-type: none"> <li>• Rehabilitative programs are not available or inaccessible.<sup>81</sup></li> </ul>
<ul style="list-style-type: none"> <li>• Torture and trauma or other stresses</li> </ul>	<ul style="list-style-type: none"> <li>• More likely to be involved in crimes such as arson and sexual offending</li> </ul>	
<ul style="list-style-type: none"> <li>• Domestic violence</li> </ul>	<ul style="list-style-type: none"> <li>• Less capable of understanding what goes on in court or even why they were arrested</li> </ul>	
<ul style="list-style-type: none"> <li>• Addictions</li> </ul>	<ul style="list-style-type: none"> <li>• More likely to be denied bail</li> </ul>	
<ul style="list-style-type: none"> <li>• Financial management problems</li> </ul>	<ul style="list-style-type: none"> <li>• Serve longer sentences</li> </ul>	
<ul style="list-style-type: none"> <li>• Social isolation and alienation</li> </ul>	<ul style="list-style-type: none"> <li>• Are less likely to appeal sentences</li> </ul>	
<ul style="list-style-type: none"> <li>• Poor communication &amp; language skills</li> </ul>	<ul style="list-style-type: none"> <li>• Less likely to receive parole</li> </ul>	

### 3.11 Summary

Chapter One, drew a sketch of a person with complex needs and his/her relationship to the Criminal Justice System having established the existence of the cohort statistically in the Introduction to this thesis. It has been seen that a member of this cohort is disadvantaged for many reasons, for example because of their distinctive challenging behaviours, or their family situation that may cause homelessness, social exclusion and isolation and their vulnerability both within the Criminal Justice System and while trying to manage to re-integrate themselves back into the community. Douse et.al argue that social exclusion is the reason that members of this cohort are caught in the cycle of re-incarceration. It can be argued that this chapter has clearly identified, that yes, social exclusion is one of a number of central elements or issues that make up the complexity of issues experienced by individuals with cognitive impairments /disabilities. However it is the issue of homelessness and a lack of stable accommodation that arguably must be seen as the essential element for any successful reintegration. People with complex

<sup>81</sup> Supra at 1 at pp.11-13 and Supra at 18

needs are usually sentenced to short term sentences that in Tasmania prohibits them from the benefit of rehabilitative or pre- release programs and support. This and the effect of de-institutionalisation on homelessness and recidivism are discussed in the following chapter.

## CHAPTER FOUR: THE PRISON EXPERIENCE FOR SHORT TERM PRISONERS AND THE INFLUENCE OF DE-INSTITUTIONALISATION

The latest statistics on Prisoners in Tasmania, found that inter alia, prisoners came from low socio-economic backgrounds<sup>82</sup>. These could also be described as ‘disadvantaged communities.’<sup>83</sup> They may have been exposed to ‘physical or sexual violence particularly in their formative years’.<sup>84</sup> The offenders may also ‘present developmental disabilities with Attention Deficit Hyperactivity Disorder, intellectual and learning disabilities, mental illness, and associated substance and alcohol abuse.’<sup>85</sup> These were defined in the previous chapter. Female offenders may “display mental health problems including personality disorders, psychosis, mood disorders and deliberate self- harm.”<sup>86</sup> Fisher et al, Baldry et.al, Douse et.al, Publick, and the Law Reform Commission of NSW, found that ‘prisoners with complex needs were over represented in Australian Prisons’.<sup>87</sup> Initially this chapter evaluates the offending behaviour of prisoners with complex needs to ascertain the reasons for such over- representation, secondly it will critically analyse the experiences of short term, remand and prisoners with disabilities in the Tasmanian Prison system with a supporting Literature Review. Finally this chapter will discuss the statement presented by the Law Reform Commission of NSW, stating

---

<sup>82</sup> Breaking the Cycle Tasmanian Corrections Plan ( 2010-2020) at p16;Background Paper Breaking the Cycle Tasmanian Corrections Plan ( 2010-2020) at pp.2-4

<sup>83</sup> ibid

<sup>84</sup> ibid

<sup>85</sup> ibid

<sup>86</sup> ibid

<sup>87</sup> Supra at 1, Supra at 5, Supra at 22, Supra at 71,. D. Fisher et.al. *“Cohort Report- People with Problematic Alcohol Use, Mental Health Disorders and Cognitive impairments in the Criminal Justice System.”* Canberra, FARE, 2012

that homelessness and recidivism is caused by de-institutionalisation and a lack of suitable community services?

#### 4.1 Offending Behaviour

Offenders with cognitive impairments/complex needs commit a range of crimes but are usually summary in nature as outlined at Figure 4.1.1 below:

**Figure 4.1.1 Offences undertaken by people with cognitive impairments and complex needs.**

- “High incidences of survival crimes for example stealing food or failing to pay for transport which is often associated with an inability to manage the demands of daily life.
- A high incidence of addiction related crimes for example theft of money or property to sell to generate cash to purchase alcohol or drugs.
- Offences arising from minor anti-social behaviours exhibited in public spaces for example drunkenness urinating in public and smoking.
- Compliance related offences often associated with an inability to understand or act in accordance with legal obligations.
- Offences including those that may involve serious personal violence and sexual assault and major property damage committed on impulse without premeditation.
- Situational offences resulting from environmental stressors.
- Relatively low incidence is of offences of mid-range seriousness particularly with these are crimes requiring planning.”<sup>88</sup>

Fisher et.al, Baldry et.al, Douse et.al, French, Publick and the Law Reform Commission of NSW are among a plethora of researchers in this area, who’ve argued that there is an over-representation of offenders with intellectual disabilities and cognitive impairments in general in the criminal justice system.<sup>89</sup> This has been exemplified by the cited statistics for prisoners with intellectual disabilities in NSW Prisons in 2010, to found in the Introduction to this thesis. The Commission postulated three possible hypotheses for this, with academic support as discussed below:

<sup>88</sup> ibid

<sup>89</sup> Supra at 19; Supra at 92 ; ibid; and Supra at 5

### 1. The susceptibility hypothesis-

Considers, 'that people with intellectual disabilities are more likely to engage in criminal behaviour because of their impairment.'<sup>90</sup> This suggests a vulnerability for this sub-cohort. Publick includes those with acquired brain injuries having a similar vulnerability<sup>91</sup>. Contiguous with this is for example; "a greater propensity for minimal impulse behaviour; less ability to manage extreme emotions such as anger; greater suggestibility; limited intellectual ability, to learn, comprehend, retain and apply information. Poor problem solving and memory skills and distorted perceptions of reality are manifested by those experiencing acute mental illness."<sup>92</sup> 'A person with an acquired brain injury may have little insight into the effect of their behaviour on others as they don't tend to have physical manifestations to their injuries,'<sup>93</sup> This will affect their 'process through the criminal justice system'<sup>94</sup> and in the wider community once released. According to Corrections Victoria more people with ABI are incarcerated because both judges and juries are "unable to confirm that their injury is the precipitator for the offending action."<sup>95</sup>

### 2. The different treatment hypothesis

'States that people with intellectual disabilities are no more likely to commit crimes than the rest of the community. However it is suggested that this cohort are more likely to be arrested or detained for minor infringements such as public law and order. With regard to their suggestibility, they may be persuaded to confess to a crime that they have not committed. They are more likely to receive a custodial sentence because of a lack

---

<sup>90</sup> ibid

<sup>91</sup> Supra at 1 at p.16

<sup>92</sup> Supra 86

<sup>93</sup> ibid

<sup>94</sup> Victorian Department of Justice "Acquired Brain Injury in the Victorian Prison System" Corrections Research Paper Series Paper No. 04 April 2011 at p. 9

<sup>95</sup> Ibid

of alternative placement in the community. They tend to serve longer sentences or a greater percentage of the sentence before being released on parole<sup>96</sup> and finally as noted by Publick, ‘they may require maximum security facilities for segregation and protection needs within the prison.’<sup>97</sup> The commission found that these experiences were not exclusive to those with intellectual disabilities and were found by persons from other impairment groups for example those with psychosocial impairments and acquired brain injuries.<sup>98</sup>

### 3. **The psychological and socio-economic disadvantage hypothesis-**

This postulates that ‘persons with intellectual disabilities ( which could also include other impairments), are more likely than others to be exposed to environmental factors where they can become involved in or suspected of committing crimes.’<sup>99</sup> This theory suggested that “each impairment is really just a marker to identify an individual’s overwhelming array of psychosocial disadvantages or (complex needs,) in addition to major educational disadvantages, and childhood institutionalisation, frequent contact with psychiatric services, disrupted and disturbed family life, alcoholism and drug addiction and poor social skills.”<sup>100</sup>

Psychological and environmental factors may also affect an individuals’ offending behaviour. As noted at Figure 4.1.1 above, individuals may commit survival crimes which exhibit an inability to manage their daily life. Serious consequences may result when an individual with cognitive impairments finds it difficult to maintain compliance for example with Centerlink requirements resulting in a termination or suspension of

---

<sup>96</sup> Supra at 86

<sup>97</sup> Supra at 18

<sup>98</sup> Supra at 86

<sup>99</sup> ibid

<sup>100</sup> ibid

their income support. They may also spend their income support impulsively and impractically, resulting in the need to steal food to eat and evade transport fares in order to get home,<sup>101</sup> as discussed at Figure 4.1.1. Typical offences committed by those with ABI, have been found to be more violence related crimes for men and theft, robbery and illicit drug offences for women. In a study on this sub-cohort in Victoria it was found that over 50 % were under the influence of drugs or alcohol when then committed their offences.<sup>102</sup> Mullen found that those with mental illnesses particularly those with schizophrenia had committed homicides and more serious crimes,<sup>103</sup> as opposed to the more summary crimes committed by people with intellectual disabilities or ABI<sup>104</sup>. However there is evidence from the Tasmanian Supreme Court Comments on Sentencing of offenders with intellectual disabilities having committed more serious sex related crimes, and been found to be unfit to plead.<sup>105</sup> There are four reasons for the over-representation of people with complex needs in Australian prisons according to the Queensland Office of the Public Advocate (QPAI) and the Law Reform Commission of New South Wales.

Firstly, that “deinstitutionalisation leads to more people with complex support needs not receiving services. This in turn leads to homelessness, behaviour that attracts police attention and ultimately criminal charges and conviction”<sup>106</sup>; Secondly, that “people

---

<sup>101</sup> Ibid

<sup>102</sup> arbias Pty. Ltd. et.al. “Acquired Brain Injury Screening Identification and Validation in the Victorian Correctional System” Melbourne 2010 at p. 62

<sup>103</sup> Mullen P. “Mental Health and Criminal Justice – A Review of the Relationship Between Mental Disorders and Offending Behaviours and on the Management of Mentally Abnormal Offenders in the Health and Criminal Justice Services” Criminology Research Council, August 2001 at pp. 9-11

<sup>104</sup> Ibid

<sup>105</sup> de Winter C. “Risk and Protective Factors for Offenders with Mental illness and Intellectual Disabilities-Offenders with Mental Illness and Intellectual Disabilities; An Analysis of “Comments on Passing Sentence” by the Tasmanian Supreme Court” ( Unpublished Field Project Report for Masters of Criminology and Corrections, UTAS)

<sup>106</sup> Supra at 18

with cognitive impairments while no more criminal in nature than other people, may have traits that lead to their apprehension. These traits include impulsivity, eagerness to please and an inability to plan and execute a strategy to avoid detection”.<sup>107</sup> Thirdly they “lack an understanding of social norms and rules and may have poor impulse control and lack inhibition”<sup>108</sup>; finally, “they have difficulty with their expression and comprehension and may have memory gaps and short attention spans.”<sup>109</sup> A persons’ disability is not always identifiable and if not identified upon admission to the prison will ‘generally be ignored within the Tasmanian Prison Service’ as per a stakeholders comment supported by research undertaken by Walsh with regard to other Australian Correctional Centres.<sup>110</sup>

4.2 Prisoner Assessment in the Tasmanian Prison System

In Tasmania there are three periods during a persons’ prison term where individual needs can be assessed and assistance provided if appropriate. The following periodic assessments are in line with the length of sentence exemplified by the following Tiers, at Table 4.2.1 below:

Table 4.2.1: Assessment Tiers: Tasmanian Prison Service

Tier 1	‘The offender received an induction assessment on admission. This tier collects personal information, and identifies immediate needs and health status.’ <sup>111</sup>
Tier 2	Undertaken within one week of admission to ascertain the

<sup>107</sup> ibid

<sup>108</sup> Ibid at p.24

<sup>109</sup> Ibid and Supra at 18

<sup>110</sup> T. Walsh “ INCORRECTIONS: Investigating Prison release practice and policy in Queensland and its impact on community safety” at p.2

<sup>111</sup> Supra at 62 at p.25

	prisoner's needs upon release. <sup>112</sup>  (if the prisoner is serving a 6 month or greater sentence.)
Tier 3	Undertaken within three months- Longer term prisoner as in Tier 2 completes a LS and CMI to ascertain inter alia, criminogenic and non-criminogenic needs. <sup>113</sup>

The Tier 1 assessment is intended to assess the health needs of prisoners upon admission as stated above. It has been noted by the Brain Injury Association of Tasmania that no health questions relating to ABI are included in this initial assessment.<sup>114</sup> However it has also been noted by a key stakeholder that there are questions relating to disabilities on the induction documentation that are not asked to during this first assessment. This has been supported by comments made by an interviewee from Risdon Prison who stated that if a disability was not initially noticeable it would go undetected.

#### 4.3 Short Term Sentences

'Prisoners serving short term sentences are more likely to reoffend,'<sup>115</sup> argues Publick. This proclivity for recidivism is inter alia, a result of an inability to access sentence planning<sup>116</sup> services and pre- release programs<sup>117</sup>. Therefore prisoners in the Tasmanian Prison Setting, on short term sentences (outlined at Tier one above), have only been required to give their 'general demographics in the admission interview which is of no real rehabilitative use' as outlined by a stakeholder. Those on 'short term sentences are

<sup>112</sup> Opcit

<sup>113</sup> Supra at 18 and Brain Injury Association of Tasmania "Acquired Brain Injury and the Criminal Justice System: Tasmanian Issues August 2007

<sup>114</sup> Ibid at p.26

<sup>115</sup> Supra at 85

<sup>116</sup> Social Exclusion Unit "Reducing Re-offending by Ex-prisoners" Report for the Office of the Deputy Prime Minister, London, 2002 at page 9.

<sup>117</sup> Ibid

released’<sup>118</sup> “without being subject to any formal supervision”<sup>119</sup>, unlike that required by Parolees’. Parolees will not be discussed in this thesis. The Social Inclusion Unit in the United Kingdom undertook insightful research in the area of the recidivism of short term prisoners.

According to the Social Exclusion Unit, these prisoners have the highest recidivism rates.<sup>120</sup> In the United Kingdom it was argued that “short term prisoners were unable to make any progress regarding courses and general education in their prison term”<sup>121</sup>. It can be argued that there should be a priority to offer rehabilitative assistance to short term prisoners thus reducing the risk of recidivism. For example, Kinner and the Social Exclusion Unit shared the same experiences in both Queensland and the United Kingdom respectively, where short term prisoners were not allocated a Drug Treatment Plan because they are part of a Sentence Plan,<sup>122</sup> ‘that is only available to longer term prisoners’<sup>123</sup>. This experience correlates with the services provided by the Tasmanian Prison Service and the Integrated Offender Management Program.<sup>124</sup> The Social Exclusion Unit stated that “in the United Kingdom significant efforts are being made to tackle the causes of offending behaviour with dedicated programs but many prisoners are currently unable to take part in such programmes including many short-term prisoners, those most likely to re-offend.”<sup>125</sup> Borzycki argues “that it is those on short term sentences who have unmet needs including poor mental health, financial and

---

<sup>118</sup> M. Borzycki et.al “*Promoting Integration: The Provision of Prisoner Post-release Services*” Trends and Issues in Crime and Criminal Justice September 2003, Australian Institute of Criminology at p.2

<sup>119</sup> *ibid*

<sup>120</sup> *Supra* 112 at 140

<sup>121</sup> *Ibid* at 112 p. 65

<sup>122</sup> *ibid*

<sup>123</sup> *Ibid* and S. Kinner “*The Post-release Experience of Prisoners in Queensland.*” Trends and Issues in Crime and Criminal Justice, No. 325 September 2006 at p.5

<sup>124</sup> *Supra* at 112 and a discussion with the representative interviewee

<sup>125</sup> *Ibid* at p. 78

housing issues and alcohol and drug problems with no statutory requirement for correctional authorities to assist them in their transition back into the community.”<sup>126</sup>

She also advocates for the development of programs such as the ‘continuity of therapeutic programs within the prison system, addressing the specific risks and needs of short term prisoners that may reduce the cycle of offending.’<sup>127</sup>

To this end, Baldry et.al argue that one of the central policy implications of their study was that “each and every prisoner has a trained case worker for housing, personal and advocacy support prior to and post-release.”<sup>128</sup> However in the Tasmanian reality, the ‘continuity’ certainly exists, but it could be argued that it is a continuity of neglect, and of social exclusion for prisoners with complex needs serving any length of sentence.

#### **4.4 Tasmanian Prison Service Strategic Plan 2011-2016: Prisoners with Complex Needs**

The intentions of the Tasmanian Prison Service, seems to be in complete opposites to the services actual ‘care’ of prisoners with complex needs. Walsh argues that ‘correctional policy changes are not undertaken in reality.’<sup>129</sup> The Tasmanian Corrections Service is to be congratulated, as the Corrections Strategy Discussion Paper, states that the state government realised that there needed to be “increased programs and services for offenders with disabilities and that there needed to be an

---

<sup>126</sup> *ibid*

<sup>127</sup> *ibid*

<sup>128</sup> E. Baldry et.al. “ Ex-prisoners and accommodation : what bearing do different forms of housing have on social reintegration” AHURI Final Report No. 46, August 2003 at p. ii

<sup>129</sup> *Supra* at 138 at p. 105

expansion of mental health services to offenders.”<sup>130</sup> However in the same document they state the following:

“Offenders with intellectual disabilities or acquired brain injuries are not able to participate in programmes with the other offenders due to their reduced cognitive functioning. Additionally, it is argued that these offenders are less able to carry skills learned in prison programs to the community setting. These offenders may be in-eligible for some services as a result of the complex needs and co-morbidity issues.”<sup>131</sup>

The interviewee from Risdon Prison, highlighted the fact that prisoners with complex needs do not have access to any prison programs or services apart from the regular services. Hamilton argues that ‘prisoners with complex needs are too higher a risk and too difficult to support in the criminal justice system.’<sup>132</sup> However isn’t the intention of the Risk Needs Responsivity Principle (RNR) as stated by the Tasmanian Prison Service Strategy plan<sup>133</sup>, to support prisoners who are a high risk of re-offending? Clearly those on short term sentences who regularly re-offend are a high risk? It was cited in the above document that “it may be difficult to source and provide programs suitable for offenders with intellectual disabilities and acquired brain injuries.”<sup>134</sup>. However key stakeholders in the community cited earlier overtures to the Prison Service to attempt to provide training to staff and to provide in-house program support. This has not been supported by the Prison Service as at the date of submission of this thesis.

<sup>130</sup> Tasmanian Department of Justice- Breaking the Cycle: Tasmanian Prison Service Discussion Paper 2011-2016 at p. 97

<sup>131</sup> Ibid at p. 43

<sup>132</sup> Supra at 10 at p 308

<sup>133</sup> Tasmanian Department of Justice- Breaking the Cycle: Tasmanian Prison Service Strategic Plan 2011-2016

<sup>134</sup> Ibid

#### 4.5 Remand for Prisoners with Complex Needs

This is also the case of people with complex needs on remand as seen by the following example:

“A person with complex needs who may be on remand for an escalating challenging behaviour... that may have caused them to be homeless due to the inability of his/her family to care for them , and may not be associated with any service for support. The Magistrate puts the person on remand in prison as opposed to being released on bail as there is nowhere for the person to go...Releasing them could precipitate further offending and harm to the individual.”<sup>135</sup>

However, a person may be found unfit to plead and may stay on remand in a Special Needs Unit in Prison or be sent to a Centre’ such as the Wilfred Lopez Centre. ‘In some instances in Queensland’, ‘these people are kept in the barely furnished Suicide Cells because there is no other accommodation for them away from the general population. Such accommodation is indicative of a lack of resources but also of a substantial lack of understanding of the cohort of people with complex needs.’<sup>136</sup> Two key stakeholders highlighted the examples of two offenders with complex needs who until recently for one , and currently for the other, reside in the Risdon Prison Special Needs Unit, isolated from the general prison population. Both of these gentlemen are discussed as Case Studies 4 and 5 in chapter five of this Thesis.

It is also unfortunate to understand that according to the prison/ or just the attitude of the Risdon Prison interviewee, a disability or a complex need is seen as a ‘transitional issue’ and not one that is fundamental to the individuals’ rehabilitation. This attitude

---

<sup>135</sup> Supra at 1 at p.22

<sup>136</sup> ibid

was also cited by Fisher, and Douse et.al, who've found that disability had a "peripheral status"<sup>137</sup> as opposed to the 'central'<sup>138</sup> "organising principle in the constructions of an individuals' identity."<sup>139</sup> If this is the case for the prison staff in general and not just for the interviewee concerned, then it is no wonder why nothing has been achieved in prison for the cohort of this thesis.

The tendency to reoffend is, in part, linked to how effectively an offender has been rehabilitated while in custody and how easily he or she has made the transition back into the community following release.<sup>140</sup> Kinner<sup>141</sup>, Borzycki and Baldry<sup>142</sup> and Borzycki<sup>143</sup> state that most prisoners are highly likely to reoffend once released, as established by the statistics outlined in the Introduction to this thesis. The final discussion picks up on the point made earlier at section 4.1 of this chapter, by the Law Reform Commission of NSW, that the over-representation of people with complex needs in prisons is in part, because of deinstitutionalisation that leads to a lack of services for people with complex needs, homelessness and ultimately potential re-incarceration<sup>144</sup>.

Thus far this chapter has identified the issue that prisoners with complex needs are seen as vulnerable and are either isolated from the general prison population in segregated units or in the general prison prevented from attending programs to assist them once released. People with cognitive impairments also seen as decision making disabilities<sup>145</sup>,

---

<sup>137</sup> Supra at 5 at p.1, and Supra at 87, D Fisher et.al at p. 84

<sup>138</sup> *ibid*

<sup>139</sup> *ibid*

<sup>140</sup> *Ibid* at 1

<sup>141</sup> *Op.cit*

<sup>142</sup> Supra 67 at p 1

<sup>143</sup> Supra at 123 at pp. 7 and 8

<sup>144</sup> Supra at 1 and Supra at 18 and Supra at 83

<sup>145</sup> *ibid*

need to be ‘creatures of habit’<sup>146</sup>. They are unable in many cases for example, to correctly read no-verbal communication which in prison, often results in further punitive measures and in the community may lead to altercations with police potential resulting in criminal charges.<sup>147</sup> This need for regularity in the lives of this cohort comes from the experience of institutionalisation.

#### 4.6 Deinstitutionalisation (or micro- institutionalisation)

Historically, for example as in the Industrial Revolution, people with disabilities were socially excluded from society in their homes, institutions, asylums or pauper houses. They were found to be “unproductive and hindered the development of capital wealth.”<sup>148</sup> Dramatically Scull stated that those people who were ‘not so violent so as to be manageable were confined to their beds in straightjackets and considered to be lunatics.’<sup>149</sup> Such segregation seems quite familiar to the current accommodations for prisoners with complex needs as discussed earlier in this chapter.<sup>150</sup> Clearly not all prisoners with complex needs are segregated in such a draconian manner as exemplified above. However it has been established that there are distinct similarities to institutional environment for both a residential home for people with disabilities and a prison environment. This is exemplified by Goffman’s general description of an institution as cited by Johnson et.al, outlined at Figure 4.2.1 below.

---

<sup>146</sup> Supra at 116

<sup>147</sup> Supra at 109

<sup>148</sup> *ibid*

<sup>149</sup> *ibid*

<sup>150</sup> Supra at 18

**Figure 4.2.1 Goffman's Description of an Institution.**

1. "Everything is conducted at the same place and manage by the same authority:
2. Each phase of a persons' daily activity was carried out in front of and replicated by a large group of people who were all treated the same:
3. The daily activities were scheduled:
4. All activities were designed as part of the official aims of the institution."<sup>151</sup>

Institutionalisation was replaced by De-institutionalisation which idealistically became the prominent policy for the emancipation of people with disabilities from residential institutions to take up their role as equal members of the broader community.<sup>152</sup> The theory of normalisation and social role valorisation as it is now called, was developed by Wolfensberger, and became the impetus for this extreme policy restructure.

Wolfensberger, argued that "highest goal of normalisation must be the creation, support, and defence of valued social roles for people who are at risk of social devaluation."<sup>153</sup> "Devaluation"<sup>154</sup> he argues 'can be seen when a person is badly treated in ways' that "tend to diminish their dignity, ...competence, health... and lifespan." It is also seen

---

<sup>151</sup> M. Johnson et.al. "Institutionalisation: A Theory of Human Behaviour and the Social Environment" *Advances in Social Work* Volume 8, Number 1, (Spring 2007) at p. 222

<sup>152</sup> J. Mansell et.al "Deinstitutionalisation and community living: position statement of the Comparative Policy and Practice Special Interest Research Group of the International Association for the Scientific Study of Intellectual Disability" *Journal of Intellectual Disability Research*, 2010, Volume 54, Part 2, at p. 140

<sup>153</sup> W. Wolfensberger "Social Role Valorisation: A Proposed new term for the Principle of Normalisation." *Intellectual and Developmental Disabilities* Volume 49, Issue 6, December 2011 at p.431; M. Simpson "The Roots of Normalisation" *Journal of Intellectual Disability Research*, 1998, Volume 42, Issue 1, at 1

<sup>154</sup> *ibid*

when “deviance is acted out due to the devalued expectation of the community, resulting in the segregation of those with disabilities behind either physical”<sup>155</sup> or metaphorical ‘gates.’<sup>156</sup> It is important to address the fundamental theories behind current disability policy. What is clearly identified here is the intentions of Wolfensberger were to prevent deviant/criminal behaviour with social role valorisation but this has had questionable success. Critics of de-institutionalisation argue that in reality it is an abject failure.

De-institutionalisation is seen as the “creation of ghettos”<sup>157</sup> and micro institutions. Davis argues that “de-institutionalism is a liberal term that can be translated into moral ghettoization, a kind of isolation and segregation of lifestyles that further contribute to political de-collectivelisation.”<sup>158</sup> Mansell et.al, supports Davis stating that the “move from institutions to community living is not suitable for all people with disabilities”<sup>159</sup> especially those with “complex needs where community based services do not provide sufficiently skilled staff.”<sup>160</sup> “Implementation lags behind research and development... many people with complex needs do not yet receive the help they need to live a good life.”<sup>161</sup> Stakeholders with professional experience in the transition from institutional to de-institutional care stated that ‘group homes were just like small wards in residential institutions.’ The only progress is that ‘there is a focus on the needs of the individual, more so now than in previous incarnations of disability policy.’ It could be argued however, that considering the needs of the individual now is too late for many people especially those who are members of this cohort.

---

<sup>155</sup> ibid

<sup>156</sup> ibid

<sup>157</sup> Supra at 100

<sup>158</sup> N. Davis Sociological Construction of Deviance Perspectives and Issues in the Field Dubuque, Wm C. Brown Company Publishers, 1975 at p. 225

<sup>159</sup> Supra at 157

<sup>160</sup> ibid

<sup>161</sup> ibid

A key stakeholder stated that social exclusion and isolation is a major issue for example, 'now the individual with a disability living the community may be forgotten due to lack of appropriate services and an inability of the individual to access community support.' This is certainly the case stated the stakeholder, where a 'person is released from prison in the care of elderly parents who pass away and the individual resorts to homelessness and re-offending purely for survival.' The lack of appropriate services is exemplified by a recent Summary and Comment on the Passing of sentence for a man with mental illness and co-morbidity who was found guilty of arson.<sup>162</sup>

The Defence Counsel requested a discontinuance of a fully served Supervision Order. This request was refused by the Judge on the grounds that the specific community services supporting the 'released offender' would finish once the order was concluded. Therefore the continuation of the Supervision Order was for maintenance the community service and not the offender who had successfully reintegrated in to the community on his release from prison.<sup>163</sup> The experiences of stakeholders as outlined above clearly establish that yes as the Law Reform Commission of NSW posited, de-institutionalisation and the lack of suitable community services does play a major role in the 'life experiences'<sup>164</sup> of some 'released prisoners' with complex needs who have found themselves homeless and ultimately re-incarcerated.

Baldry argues that people with complex needs are "cycling through a liminal, marginalised, community/criminal justice space in which housing/homelessness is a key

---

<sup>162</sup> Supra at 34

<sup>163</sup> *ibid*

<sup>164</sup> Supra at 5

factor.” These people are “funnelled through a life space that straddles community and criminal justice institutions creating a confluence of personal, systemic and institutional circumstances that are currently poorly understood.” Johnson clearly supports both Baldry and the Law Reform Commission of NSW, arguing that ‘de-institutionalisation is evidenced by the numbers of people with mental illness in prisons as opposed to those receiving proper services in the community thus preventing recidivism and re-incarceration.’<sup>165</sup> Therefore, before concluding this chapter it is important to briefly review selected literature on the issue of homelessness and re-incarceration.

#### 4.7 Homelessness and Re-incarceration- A Literature Perspective

Robinson argues that there is a “range of dimensions of homelessness”.<sup>166</sup> This is evident from the broad definitions of Homelessness as established in chapter one of this thesis. This discussion however, focusses the literature evidencing the relationship of ‘released prisoners’ with complex needs, and the issue of homelessness, resulting in re-incarceration. In Robinson’s study of ‘185 people with mental illness she found that 62% had been imprisoned,’<sup>167</sup> and stated that “towards the end of their sentence no-one asked them about where they would be staying once they were released.”<sup>168</sup> “At the completion of their sentence 20% of her subjects, went straight onto the streets at discharge.”<sup>169</sup> Baldry et.al found a number of factors that were responsible for the homelessness of people with complex needs as follows:

---

<sup>165</sup> M. Johnson et.al. *“Institutionalisation: A Theory of Human Behaviour and the Social Environment”* Advances in Social Work Volume 8, Number 1, (Spring 2007) at pp. 219-236

<sup>166</sup> Supra at 53 at 24

<sup>167</sup> ibid

<sup>168</sup> ibid

<sup>169</sup> ibid

### Figure 4.5.1 Homelessness Factors for People with Complex Needs

- “Those with complex needs experienced greater homeless’ and housing disadvantage than those with a single or no diagnosis.
- A high proportion of those with complex needs assisted with housing but almost ½ were evicted due to imprisonment or reimprisonment.
- Those with complex needs experiencing homelessness have: higher rates of police contact; higher rates of episodes of custody.
- Those with cognitive disabilities combined with any other disability or disorder and homelessness have higher rates of police and custody episodes than other complex needs and those without complex needs.”<sup>170</sup>

‘Many in this cohort, may never have lived in a mainstream house in the community and may have cycled from an early age through government and non-government social control agencies.’<sup>171</sup> Metraux et.al. citing Gowan argues that “homelessness is an indication of the difficulty of a released prisoner relating to community re-entry as it represents an outcome that is typically preceded by inadequate resources, social, economic, and individual with regard to housing, employment and psychosocial problems.”<sup>172</sup> It is important to assess the strong relationship between homelessness and incarceration with regard to the cohort.

As noted earlier in this chapter, most offenses committed by homeless people and those with complex needs are generally for survival which may result in a “misdemeanour for trespass, rabble rousing , or panhandling.”<sup>173</sup> However these crimes may escalate, as Solomon et.al. argued that “trespass for example, may lead to burglary incurring a prison sentence.”<sup>174</sup> Metraux et. al, argued that “<sup>175</sup>people with mental illness

---

<sup>170</sup> Baldry E et.al. Background Paper: *“People with Mental Health and Cognitive Disability: pathways into and out of the criminal justice system,”* National Legal Aid Conference Darwin 2011 at p.11

<sup>171</sup> *ibid*

<sup>172</sup> Metraux S. et.al. *“Homeless Shelter Use and Re-incarceration Following Prison Release”* Criminology and Public Policy, Volume 3, Issue 2, March 2004 at pp.149

<sup>173</sup> *ibid*

<sup>174</sup> *ibid*

<sup>175</sup> *Op cit*

who are incarcerated are more likely than other groups to find themselves homeless and subsequently<sup>176</sup> according to Draine as cited in Fisher become “repeatedly re-incarcerated.”<sup>177</sup> This crossover according to Gowan may become a “longer term pattern of social exclusion of either homelessness or incarceration.”<sup>178</sup> This incarceration is extremely costly to people with complex needs and specifically those with mental illness.<sup>179</sup> Metraux et.al. suggest from a policy perspective, that the criminal justice system in the United States should be responsible for re-housing ‘released prisoners’ with mental illness.<sup>180</sup> This is clearly not feasible in Tasmania. However other Australian jurisdictions have embarked on measures in this direction particularly with Corrections Victoria with the instigation of a Transitional Housing Project for release prisoners which is their second transitional housing project for this jurisdiction<sup>181</sup>.

#### 4.8 Summary

The above discussion has evidenced that this cohort is made up of socially excluded vulnerable people who have complex lives that as a result of issues such as family dysfunction, challenging and offending behaviour, and homelessness and find that they rotate through the criminal justice system and residential itinerancy throughout their lives unless a more stable option is found. Baldry eloquently sums up this issue ‘stating the people with cognitive disabilities and mental illness should be able to receive support and care structures outside of the criminal justice system’<sup>182</sup>. Although for this

---

<sup>176</sup> *ibid*

<sup>177</sup> *Supra* at 92

<sup>178</sup> *Op cit*

<sup>179</sup> *Op cit*

<sup>180</sup> *ibid*

<sup>181</sup> Victorian Department of Justice *“Addressing the Barriers –Corrections Victoria Disability Framework – 2010-2012*

<sup>182</sup> Baldry E. *Navigating Complex Pathways: People with Mental Health Disorders and Cognitive Disability in the Criminal Justice System in NSW*, HIV Australia, Volume 9, Issue No. 1 at p.2

cohort this chapter has shown that they should also receive support and care structures within the criminal justice system as well.

Prisoners on short term sentences and those with mental illness as Metraux et.al argued, established that there is a clear need to create appropriate accommodation and general services for this cohort to reduce recidivism, and in turn prevent homelessness by providing stable housing once released.<sup>183</sup> The next chapter presents a critical analysis of the in depth discussions undertaken with key stakeholders from post release accommodation and specialist homelessness services, independent rental agencies, and disability specific stakeholders with regard to the accommodation options and support services actually available to 'released prisoners' and those with complex needs in Tasmania, 2013.

---

<sup>183</sup> Supra at 175

## **PART TWO: QUALITATIVE RESEARCH AND ANALYSIS**

## CHAPTER FIVE: ACCOMMODATION OPTIONS FOR 'RELEASED PRISONERS' WITH COMPLEX NEEDS

Seeking accommodation in the community is fraught with controversies for all ex-prisoners upon release. Bradley states that the search for 'permanent housing is a daunting challenge for ex-prisoners.'<sup>184</sup> One such controversy, as outlined in the previous chapter is that of extreme stigma emanating from both the community and the service sectors. For example, one key stakeholder stated that 'ex-prisoners should not be receiving favourable treatment or be prioritised for housing when there are those who have been waiting for years and have been law abiding citizens.' Apart from the question of deserving accommodation one could objectively argue that economically, recidivism could be effectively reduced by supporting the community sector to provide suitable services to this cohort, resulting in a substantial reduction in the cyclical cost of housing and re-housing the same prisoners within the states correctional centres.

As stated previously, obtaining stable accommodation is an essential foundation enabling any individual to regain their self-esteem, thus reducing the potential to re-offend. This is a burgeoning field of academic study, with limited Australian empirical data,<sup>185</sup> raising a need for current research in the area. As Baldry et.al stated, 'there is growing policy and practice interest as a result of the increasing incarceration rate in Australia.'<sup>186</sup> However all researchers have 'found that there is a dearth of empirical data with regard to accommodation options for former prisoners.'<sup>187</sup> This is indicative of the lack of required information at Tier One (as mentioned in the previous chapter).

In Australia there is no mandatory requirement to supply a forwarding address, thus limiting the collection of statistics in this area. Meehan highlighted the specific issue

---

<sup>184</sup> K. Bradley et.al. "No Place Like Home: Housing and the Ex-prisoner" Policy Brief November 2001, Community Resources for Justice Inc. at p.1

<sup>185</sup> Supra at 21 and 145

<sup>186</sup> E. Baldry . et.al. "Ex-prisoners and accommodation : what bearing do different forms of housing have on social reintegration" AHURI Final Report No. 46, August 2003 at p.i

<sup>187</sup> D. Meehan *Report on Pre and Post -Release Housing Services for Prisoners in NSW*, Redfern Legal Centre, NSW 2003 at p.3

for those on short term sentences with “no identification of a prisoners housing situation upon admission.”<sup>188</sup> Baldry et.al presented the urgent need to have a prisoners post release housing plans outlined at reception to the Prison.<sup>189</sup> A forwarding address is essential though only for prisoners prior to securing supervised release on parole<sup>190</sup>.

As a result of in depth discussions with both government and non-government organisations three distinct themes have arisen. This chapter: Pre-arranged Accommodation and Intensive Support, discusses the findings of this study enabling a comparison between the two post- release accommodation services provided in Tasmania.

## 5.1 Background

As outlined in the previous chapter ex-prisoners came from environments that experienced “poverty, homelessness, drug abuse, mental illness, intellectual disability and learning disability and debt, unemployment and lack of education and poor social skills and social isolation.”<sup>191</sup> International studies found that these factors were overly represented amongst ex-prisoners who were homeless.<sup>192</sup> This has been supported by the statistics outlined in the Introduction to this thesis. Meehan argues that the groups that find it most difficult to attain stable accommodation are, those with mental illness (this should also include complex needs), single women and children and young males serving short term sentences.<sup>193</sup>

Women prisoners were found to have high levels of mental illness, depression and anxiety disorders.<sup>194</sup> It is understandable these maladies continue especially for women with children who “find themselves in a catch 22 situation where... to access the Supported Accommodation Assistance Program now called the Specialist Homelessness

---

<sup>188</sup> *ibid* at p.7

<sup>189</sup> *Supra* at 88 at p.4

<sup>190</sup> *Ibid* at p.2

<sup>191</sup> T. Craig et.al. “Homeless Youth in London II. Accommodation, employment and health outcomes at Year 1” *Psychological Medicine*; Volume 30, Number 1, at p. 2 ; Baldry E. et.al. “Australian Prisoners’ Post-release Housing”, *Current Issues in Criminal Justice* Volume 15 Issue 2003-2004 at p.155

<sup>192</sup> *ibid*

<sup>193</sup> *Supra* at 172 at p.3

<sup>194</sup> *Supra* Corrections Strategy

Services (S.H. Services), they need to have their children with them but they can't have their children with them until they have suitable housing.”<sup>195</sup> Baldry et.al. found in their ‘pre-release interviews with women prisoners in Victoria and NSW that 50% were sole parents in short term public housing; 20% were in priority public housing;50% in long term public housing; and 67% of the women were homeless prior to imprisonment.’ “They expected to this to be the same post release.”<sup>196</sup> The ‘catch 22’ situation so to speak, continues with ex-prisoners being released without funds and far from home.<sup>197</sup> This the case for example of Tasmanian prisoners from the North-West serving sentences in Hobart, released with no money to return home and end up homeless, as stated by stakeholders. Though there is no quantitative data on the numbers of people in this situation.

There is minimal specialised post release accommodation support available for ‘released prisoners’ in Tasmania. These organisations are critically discussed below. As this discussion unfolds, it will be realised that there is a distinct discrepancy between those prisoners who, while serving a minimum sentence of two years accessed both internal rehabilitative and external post-release accommodation services as opposed those ‘released prisoners’ who have obtained accommodation independently with great difficulty, in the majority of cases, as outlined in the statistics presented in the Introduction.<sup>198</sup> Table 5.1.1, outlines a range of potential accommodations for a released prisoner and for those with complex needs.

**Table 5.1.1 Post Release Accommodation**

Family and Friends	As mentioned above the majority of prisoners state that they will be returning home immediately post release. This can be quite traumatic resulting in homelessness. (As discussed in chapter one.)
Specialised Post Release Accommodation Services	These offer specialised programs of intensive case management and accommodation for a limited

<sup>195</sup> Ibid at p.4  
<sup>196</sup> Ibid  
<sup>197</sup> Supra at 115 at p.2

<sup>198</sup> Supra at 21

	number of ex-prisoners, as discussed below.
Specialist Homeless Services	Previously titled, "Supported Accommodation Assistance Program." There are 36 non-government organisations in Tasmania offering services ranging from crisis accommodation to financial and social welfare support, discussed below.
Public Housing	Applications to be made to Housing Tasmania- This is very difficult to obtain as such is not discussed at any length in this thesis.
Private Rental	Application made to private individuals who have flats or rooms in their houses available for lease.
Rental through Property Management Agencies	This is rare but does occur, as discussed below.
Supported Accommodation for High and Complex Needs.	These organisations will accommodate individuals with all forms of complex needs and offer intensive case management and accommodation. This is also available to those on specific Supervision Orders upon release,- they must have attached funding packages. as discussed below

## 5.2 Pre-arranged Accommodation and Intensive Support

For a select number of prisoners homelessness or risk of homelessness can be averted by entering the programs of either of the two dedicated post release prisoner specific accommodation services in Tasmania. These organisations offer quite different services as exemplified by Table 5.2.1 below.

**Table 5.2.1: Differences between Tasmania's Two Post Release Accommodation Services**

Transitional Accommodation Program (transitional program)	Same House Different Landlord Program (second program)
<p><b>TARGET GROUP</b></p> <p>Low risk parolees and those on remand, with no specific disabilities noted.</p>	<p><b>TARGET GROUP</b></p> <p>People with high and complex needs, who have a reasonable level of literacy and cognitive ability to be responsible for their tenancy.</p>
<p><b>REFERRALS</b></p> <p>Receives referral 3 months prior to release from the Prison</p>	<p><b>REFERRALS</b></p> <p>Receives referral 2 weeks prior to release from the Prison or the Magistrates Court Alternative Court Lists.</p>
<p><b>MOTIVATION</b></p> <p>Meets with potential client in prison and uses Motivational Interviewing to determine commitment to the program 3 months prior to release.</p>	<p><b>MOTIVATION</b></p> <p>Uses Motivational Interviewing to determine the potential clients commitment once their released.</p>
<p><b>ELIGIBILITY</b></p> <p>Eligibility is not formally assessed, and is determined prior to release.</p>	<p><b>ELIGIBILITY</b></p> <p>Eligibility is formal and is determined post release, with substantial assessment requirements.</p>
<p><b>CASE MANAGEMENT</b></p> <p>Intensive Case Management- A 1 year commitment</p>	<p><b>CASE MANAGEMENT</b></p> <p>Intensive Case Management- A 2 year commitment</p>
<p><b>ACCOMMODATION PROGRAM AVAILABILITY</b></p> <p>There is a max. of 16 houses for the program. Currently 14 are being used with 50 prisoners on the waiting list.</p>	<p><b>ACCOMMODATION PROGRAM AVAILABILITY</b></p> <p>There are 20 places in the program for 'released prisoners'. The program has a maximum of 100 places with biannual entry apart from emergencies. They have had 300 referrals generally from the social services and criminal justice sectors.</p>

Accommodation is managed by the “Keys for the Future Program”.	Accommodation is managed by the “Keys for the Future Program”.
----------------------------------------------------------------	----------------------------------------------------------------

5.3 Critical Analyses of Both Programs

5.3.1 Target Group

Transitional Housing Models have the potential for success as seen by the Tasmanian transitional program, dedicated to prisoner re-integration. This non- government organisation works proactively with the prison to support the re-integration of parolees back into the community. In discussing the services with a key stakeholder it was noted that its high level of success can be seen by the low rate of recidivism, with approximately 10% re-offending in the past 12 months. All clients are referrals from the prison who are parolees or on remand. The program was developed as a result of two pilot accommodation programs one for parolees and the other for prisoners released after the end of their sentence. Unfortunately for Tasmania the latter program was not funded and was the only program of its kind Tasmania. It could be argued that such an action lacks foresight by the state government. The clients of this funded program are classified as low to medium level of risk with no specific disabilities noted. The target group for the second program aims to support those with high and complex needs who’ve been cycling through the criminal justice and homelessness systems. This program offers a maximum of 20 places in their generalist service for post release-prisoners.

5.3.2 Eligibility

Potential clients for both programs are sentenced prisoners who are a high risk of becoming homeless and according to the Transition Program, are a high risk of reoffending upon release. Acceptance to this program is undertaken informally during a

series of meetings over a three month period prior to release. The second program undertakes a more formal approach to eligibility approvals.

The second program is a “two year intensive case management support program for people who have had a history of homelessness with high and complex needs. They must have been cycling through the Criminal Justice System and the ‘Special Homeless Services’,<sup>199</sup> and/or Mental Health facilities. The potential client would have had to be serving at least a two year sentence to come to the attention of the prisons Integrated Offender Management Program to be offered a referral (to either program). According to the key stakeholder of the second program: “ A typical client is somebody who has had repeated stays in prison and who upon release has been accommodated in either Boarding Houses or Specialist Homeless Services or cycling between them.” The process for eligibility for this program is of great interest when thinking that the potential clientele are those with high and complex needs and mainly those with mental illness and possibly dually or multiply diagnosed with and intellectual disability or Acquired Brain Injury and commonly with a comorbidity of an alcohol or drug addiction. The basic assessment process is as follows:

‘The case workers will undertake a series of assessments to ascertain eligibility. A bio-psycho-social assessment is undertaken to establish the following:

#### **Figure 5.3.2.1 Eligibility Requirements**

- His/her offending history,
- His/her mental and general health issues.
- His/her past housing history is outlined in detail. Assess housing need.
- Does he or she have a history of homelessness or cycling through the system?
- They don’t own a home.
- Are they earning less than \$35,000 annually?
- Finally do they have high and complex needs?’

<sup>199</sup> The Specialist Homelessness Services is a list of Tasmanian Crisis Accommodation Services offering transitional accommodation. Currently Anglicare, Centre-Care, The Salvation Army and Colony 47 provide such services.

This organisation uses the 'Outcomes Star' Assessment Tool<sup>200</sup> that is used widely in the homelessness sector in the United Kingdom and is finding success in Australia. This tool is used by the second program and by the largest S. H. Service in Tasmania. However in the case of the second program, the tool given to a potential client who is able to understand the requirements of the process is clearly beneficial. However, individuals with a variety of complex needs indicators including potential literacy issues may be able to learn to manage their accommodation with support but may not be able to understand the Assessment tool.

Unfortunately there was no consideration of this issue by the key stakeholder, who stated that, they tend to leave the assessment tool for potential clients to fill out. The stakeholder also stated that the clients must be able to understand the terms of a Tenancy Agreement to secure eligibility and that the program would not support individuals who require more intensive support and were not seen as having the potential to live independently after the end of the program. Clearly this would then limit the ability of this service to assist people with severe complex needs.

### 5.3.3 Referrals

Both programs receive referrals from the Prison Service with the second program also receiving referrals from the Magistrates Court, Community Corrections and Child Support that may involve the support of 'released prisoners' and or their families. Each program undertakes their referral processes quite differently. The transition program works proactively with the potential client while in prison to ascertain their needs and their motivation to join the program. This program receives a referral from the Re-integration Officer at the Prison at least three months prior to the prisoner's release. It is the intention of the program to establish a relationship with the individual to ensure an effective support process once he is released. The second program however works in the opposite mode.

---

<sup>200</sup> J. MacKeith et.al. The Outcomes Star- Supporting Change in homelessness and related services  
London, Homeless Link, 2008

Its intention is to work reactively not proactively. The key stakeholder for the second program stated that “they could not do much with the person in prison as they are quite different once released.” They would be contacted by the Prison Re-integration Officer, approximately two weeks prior to release to seek admission into the program. In comparison, however, it is clear that the transition program offers an immediate opportunity for their new client to seamlessly transition from the prison environment to a home in the community, without the need to find emergency accommodation in the interim. In contrast, the second program clearly requires the individual to reside in emergency accommodation while they’re undergoing program approval. In this environment there is distinct risk of homelessness and recidivism as discussed in the previous chapter. A potential client must prove their motivation for change to be eligible for either program, this is undertaken through motivational interviewing.

### 5.3.4 Motivation

Motivational Interviewing is utilised by both the prison and post release programs. Hettema states that “Motivational Interviewing was developed as a way to help people work through ambivalence and commit to change... utilising a supportive and empathic counselling style”<sup>201</sup> Motivation or ‘change readiness’<sup>202</sup> has been determined by both programs as crucial eligibility criteria with regard to the potential clients desire to return home to their criminogenic relationships.

During the assessment period, the motivation of the individual to be actively involved is questioned, particularly with regard to the issue of the released prisoner returning to his/her original criminogenic environment. A number of stakeholders cited this as a major trigger and risk factor for recidivism. If the potential client responds to the question of where they would like to live, it is common for them to say they wanted to return to where they came from. If they were intransigent they were found to be ineligible to participate in either program. However it has been cited in both the literature argued Bradley et.al. and exemplified in this study, that such a return would perpetuate an individuals’ drug and alcohol addiction for example, and re-kindle the

---

<sup>201</sup> Hettema J. et.al. “*Motivational Interviewing*” Annual Review of Clinical Psychology 2005 Volume 1 at p. 92

<sup>202</sup> *ibid*

negative relationships previously made<sup>203</sup>. Bradley argues that “It is not uncommon that the domestic arrangement left behind was a contributing factor leading to criminal behaviour.”<sup>204</sup> Galston cited in Pawson et.al, supports Bradley et.al’s argument, stating that a recent review of the United Kingdom and the United States made the convincing case, that disadvantaged individuals are significantly harmed by the presence of sizeable disadvantaged groups in their neighbourhood, which is likely due to negative peer/role modelling, weak social/norms, and limited resource-networks and stigmatisation mechanisms.”<sup>205</sup> The following two Tasmanian examples provided by the second program are cases on point.

### Case Study 1:

A young woman from a low socio-economic area is released from prison was accepted into the second program as outlined above. She was motivated to change and start afresh and agreed to move away from her original suburb. However her ‘cronies’ found her and trashed her new accommodation. This was clearly not her fault. She has been re-housed quite a distance away from this group and settled back into the community with great success.

### Case Study 2:

An older man released from prison with an alcohol addiction was accepted to the second program as outlined above. He was found to be quite a difficult client as his alcoholism resulted in his being taken advantage of by outsiders who also trashed his accommodation. Instead of taking direct responsibility for it he left the property and the program and relocated to a Boarding House which resulted in his subsequent re-incarceration. He has since been released and is currently undergoing another assessment to enter the program.

---

<sup>203</sup> Supra at 168

<sup>204</sup> Ibid at p.4

<sup>205</sup> Galster, G 2009, *Neighbourhood social mix: Theory, evidence and implications for policy and planning*, Paper presented at International Workshop at Technion University ‘Planning For/with People’, Haifa, Israel, June 2009. Cited in Pawson H. et.al. “*Addressing Concentrations of disadvantage: policy practice*”

### 5.3.5 Case Management

Both programs undertake intensive case management. The transition program stakeholder stated that his program is a holistic case management model that “works with the individual to develop independence, personal mentoring and life coaching that affords the stakeholder a greater opportunity for successful transition back into the community.”<sup>206</sup>

The intensive program is for one year having supported 43 people since commencing in 2011 with another 50 people on the waiting list. The second program also offers an intensive case management model working in parallel with a ‘Same House Different Landlord’ program,<sup>207</sup> for the period of 2 years. The clients with high and complex needs require according to the Program Guidelines (that cannot be cited due to confidentiality constraints).

“Multiple and intensive support services to enable development of housing, personal and social care skills and management of their psychosocial issues and environment over a substantial period of time. Eligible clients will be people without living skills to sustain and independent tenancy but who with support and skill development have the capacity to live independently”. ( Program Guidelines for the second program)

### 5.3.6 Accommodation Services

Property management for both programs is undertaken by Colony 47 as part of the “Keys for the Future” Program. The transitional program, as outlined above has current accommodation of 14 houses with a maximum allocation of 16 houses and assists individuals to move to more permanent accommodation at the end of the program as outlined above. Clearly the program continues to assist former residents once they’ve moved to permanent accommodation. The second program, currently with 100 properties state-wide, supporting approximately 130 people due to the fact that they are

<sup>206</sup> D. McCrae “*Reintegration for Ex-offenders*” Parity Volume 24 Issue 10 November 2011 at p.77

<sup>207</sup> Department of Health and Human Services “Same House Different Landlord Program” Brochure, 2010

[http://www.dhhs.tas.gov.au/\\_\\_data/assets/pdf\\_file/0005/61493/Same\\_House\\_Different\\_Landlord\\_brochure.pdf](http://www.dhhs.tas.gov.au/__data/assets/pdf_file/0005/61493/Same_House_Different_Landlord_brochure.pdf)

case managing couples with high and complex needs and those with children. After the two year program is complete, the long term property management automatically reverts to Housing Tasmania and the client has no need to move. However, when a participant from the transition program is ready to move to more long term housing the program staff liaise with Housing Tasmania to find suitable accommodation or work with the client to find private or public rental.

### 5.3.7 Discussion

The second program offers potentially, a more stable option to that of the transitional program which aims to support their clients to enter into permanent accommodation in with only a change of landlord at the end of their intensive support program. The representative stakeholder stated that their program 'was developed to capture this group ( that is people high and complex needs) to accommodate them into a long term property that is matched to their particular needs. In comparison though the transition program offers the only proactive approach to working with prisoners prior to release that is sustainable and clearly successful in supporting released prisoners to sustain stable housing. Both programs have worked effectively with Housing Tasmania and the 'Keys to the Future' program to enable released prisoners to find accommodation in suburbs that are not indicative of their previous criminogenic environments. However both programs are unable to support released prisoners with severe complex needs.

Baldry et.al. stated, that at least "half of the people with complex needs in rental accommodation were evicted due to their challenging behaviours."<sup>208</sup> It has also been seen by the two case studies above that due to their vulnerability or addiction they may become "innocent victims to negative external events."<sup>209</sup> Cain cited the extreme example of the exploitation of such innocents in the "One Strike Your Out Policy"<sup>210</sup> in the United States.

---

<sup>208</sup> Supra at 71

<sup>209</sup> *ibid*

<sup>210</sup> Cain H. Comment: *"Housing our Criminals: Finding Housing for the Ex-offender in the Twenty-first Century"* Golden Gate University Law Review Volume 33, 2003 at p 138-140

Cain argued for the injustice of this policy. She stated that this strict liability law “compelling the removal of a tenants lease interest if the public housing authority discovers alleged criminal activity.”<sup>211</sup> The injustice though, is when innocent people are severely disadvantaged as in the two case studies cited above. Cain cites an example ‘where the innocent tenant may be evicted by association with a known criminal if they are a house guest and committing crime away from the premises.’<sup>212</sup> Cain argues that ‘Congress permitted the eviction of a tenant who has no knowledge or connection to the criminal activity and that there no remedy or defence for the tenant under the “One Strike Your Out Policy”<sup>213</sup> Clearly there is as greater difficulty in retaining public accommodation in the United States as there is for former prisoners to independently obtain public or private accommodation in Tasmania.

---

<sup>211</sup> *ibid*

<sup>212</sup> *ibid*

<sup>213</sup> *ibid*

**CHAPTER SIX: ACCOMMODATION SOUGHT ONCE RELEASED.**

This chapter analyses accommodation that is sought by former prisoners upon release. Initially this chapter reviews two distinctly different programs offered in Tasmania that are dedicated to those who are homeless or are at risk of becoming homeless. It will finally provide a critical analysis of a brief questionnaire undertaken with 11 Tasmanian Property Management Agencies with regard to renting to ex-prisoners. The Specialist Homelessness Services provide the majority of emergency to long term accommodation to Tasmania’s disadvantaged members of the community.

**6.1 Specialist Homelessness Services**

The Tasmanian Specialist Homeless Services (S.H. Services) offer a wide variety of services. According to Housing Tasmania there are 36 S.H. Services which are non-government organisations spread throughout Tasmania offering some or all of the following services.

**Figure 6.1.1 Services offered by S.H. Services in Tasmania**

- Case Planning and Support Services- manage Emergency Accommodation
  - Immediate Emergency Accommodation ( including Shelters)
  - Supervised Accommodation and Placement and Support Services for Young People
  - Transitional Support Services for homeless people to establish themselves in independent living (including financial counselling and personal support)
  - Other Specialist Homelessness Services funded services (including Sexual Assault Support Services and Domestic and Family Violence Counselling and Support Services)<sup>214</sup>

A stakeholder from the largest Tasmanian SH Service stated that assistance can range from providing general services that might last a day, to assisting people requiring crisis accommodation for the maximum period of three months, though some people stay on for longer. An example of this service is where the second program discussed above,

<sup>214</sup> Department of Health and Human Services *“Tasmanian Homelessness Plan 2010-2020,”* Tasmanian State Government Publishing Service, Published 2010

had 300 people referred to them but could only accept 100, this organisation would endeavour to support the other 200 who were ineligible, stated the key stakeholder. When asked specifically about their level of support to former prisoners and those with complex needs there seemed to be little experience.

The stakeholder stated that 'they would contact disability specific organisations or support organisations for co-morbidity but they probably wouldn't be able to assist them'. Woodland et.al stated that the 'SAAP services (now the S.H. Services) in Tasmania have been unable to assist people with complex needs, especially those with challenging behaviours, mental illness and intellectual disabilities and other co-morbid limitations'<sup>215</sup>.

They stated 'that it was the intention of the SAAP IV.'<sup>216</sup> to develop a program to support 'released prisoners' but to date this has not occurred'<sup>217</sup>. The stakeholder gave the example of an individual who had a severe bi-polar disorder and had been blacklisted from all accommodation agencies in Hobart. They were unable to assist him. He was put on a three year waiting list for public housing and was not given an option for emergency accommodation.

There is evidence that other S.H. Services in Australia now assist 'released prisoners', and those with mental illness. As noted in the Introduction to this thesis, the latest SHS Data Collection for 2011-2012 has relevant data with regard to both of these groups. The Australian Institute of Health and Welfare also developed a relevant data collection, the National Prisoner Health Census of 2010 in relation to prisoner incarceration also outlined in the Introduction of this thesis.<sup>218</sup> Unfortunately, the Health Census for 2012 regarding 'released prisoners' is embargoed until July 2013.

There are substantial limitations to this data,<sup>219</sup> with regard to the cohort of this discussion. The definition of mental illness for the data collection is very general

---

<sup>215</sup> Woodland J. "Barriers to Access to SAAP Services in Australia: Focussing on Tasmania" Parity Volume 21, Issue 4, May 2008 at pp 1-2

<sup>216</sup> The SAAP IV was the National Evaluation of the Supported Accommodation Assistance Program- The final Report was prepared by Erebus Consulting Partners for the SAAP National Coordinating and Development Committee, May 2004

<sup>217</sup> *ibid*

<sup>218</sup> *Supra* at 21

<sup>219</sup> *ibid*

requiring inter alia, the individual to volunteer the information, or to have come from a psychiatric institution, or to have an episode while receiving support. There is no data in relation to the other elements of 'complex needs'. The most predominant analysis of this information is that there are large numbers of former prisoners who are homeless upon release and if they have a mental illness they may require intensive case management as well as accommodation support for longer than the maximum period of 180 days allocated. These data collections evidence, that the need for further support services for the cohort of this thesis is clearly apparent as Woodland argues the 'SAAP (S.H. Services), should not be the only support for people with complex needs who are homeless'.<sup>220</sup> Homelessness programs according to Flanagan et.al. "produce positive outcomes for clients."<sup>221</sup> Flateau states that "quality of life improves through the support period, but remains well below Australian norm levels."<sup>222</sup> The second homeless accommodation program is Common Ground Pty. Ltd., that has two sites in Hobart. This noticeably different service, has similarities to the Housing First program as will be discussed below.

## 6.2 Common Ground Pty. Ltd.

Common Ground commenced in earnest in November 2011, and offers a service in keeping with the intentions of both state and federal government for the future of homelessness services. It offers affordable permanent rental to individuals who are on lower incomes as well as permanent rental to those who are chronically homeless. The term chronically homeless as defined by the U.S. Department of Housing and Urban Development means :

"an unaccompanied adult with a disabling condition most commonly serious mental illness, substance abuse related disorders, developmental disability or chronic physical illness or

---

<sup>220</sup> ibid

<sup>221</sup> Flanagan K. et.al. *"An Evaluation of the Specialist Intervention Tenancy Support Service- Literature and Policy Support Service"* Housing and Community Research Unit, UTAS

<sup>222</sup> Flateau P. et.al. *"The Cost-Effectiveness of Homelessness Programs: A First Assessment"* Volume 1, AHURI, Melbourne, 2008 at p. 12

disability- who has been continuously homeless for one year or longer, or had at least four homeless episodes during the last 3 years.”<sup>223</sup>

The stakeholder from this organisation gave two examples of individuals being chronically homeless, one for 22 years and another for 44 years. The rental is substantially reduced for both groups with those initially homeless paying 40% of their ‘pension or allowance’. Common Ground according to the State Government is, “the future of homeless accommodation services in Tasmania.”<sup>224</sup> However it is not without its critics.

The 50 Lives 50 Homes vulnerability index<sup>225</sup>, was utilised to identify the neediest ‘rough sleepers’. Over the course of one year, 149 people classified as chronically homeless, were interviewed in the early hours of the morning<sup>226</sup>. Anecdotally, as stated by stakeholders but not officially reported by the key stakeholder, that a number of them were told that they would be accommodated in the new Common Ground Service. The key stakeholder stated that those initially selected were found to have life threatening health conditions, potentially causing death within 5 years. Flanagan et.al. citing Crawley in a Hobart Mercury article titled “ New Homes Half Empty”<sup>227</sup> stated that a “<sup>228</sup>number of those interviewed and considered eligible applicants were subsequently rejected due to concerns regarding risk management.” The key stakeholder was asked if they had received any applications from former prisoners or from those with complex needs and responded that there were none to his/her knowledge. “Anyone who may be seen to be disruptive would not be accepted” stated the key stakeholder.

<sup>223</sup> Pearson C. “Housing Stability Among Homeless Individuals with Serious Mental Illness Participating in Housing First Programs.” *Journal of Community Psychology* Volume 37, Issue No. 3 at p. 404

<sup>224</sup> Department of Health and Human Services “*Tasmanian Homelessness Plan 2010-2013*,” Tasmanian State Government Publishing Service, Published 2010

<sup>225</sup> [www.commongroundtas.com.au](http://www.commongroundtas.com.au)

<sup>226</sup> *ibid*

<sup>227</sup> Crawley “*New Homes Half Empty*” Hobart Mercury 16 August 2012 cited in Flanagan K. et.al “*An Evaluation of the Specialist Intervention Tenancy Support Service- Literature and Policy Support Service*” Housing and Community Research Unit, UTAS at p.11

<sup>228</sup> *ibid*

### 6.3 Discussion

This is an admirable concept. However the state government highlighted the fact that it was very similar to the Housing First Program.<sup>229</sup> It seems that the similarities are minimal. Common Ground clearly does not intentionally cater to those with complex needs. What of the 130 people who were told they would be housed and later were found to be too greater a risk?<sup>230</sup> It is these people who have the complex needs, some of whom are no doubt 'released prisoners' who need proper support. The Housing First Program is similar in that it offers the 'same type of permanent accommodation but to individuals who are homeless, and have mental illness, and co-morbidity concerns.'<sup>231</sup> The support services like that of Common Ground are separate to the accommodation service. However stakeholders have argued that tenants of Common Ground Tasmania, have been selected from the perspective of securing further federal funding and not from an individual needs basis. There has been a great success in the development of Common Ground Tasmania. The Street to Home (Assertive Outreach) Program for example is run by the Salvation Army in part for Common Ground Tasmania.

The program works directly with individuals and families who are homeless in Hobart. "It places great importance on the long term positive health outcomes for the homeless"<sup>232</sup>, states Tsemberis, with regard to assertive outreach in the United States.<sup>233</sup> Stakeholders have supported this program as it is the most successful contact, services and families have had with the homeless in the region. The Hobart program, is funded by Common Ground Tasmania, for a Salvation Army Community Nurse to spend an evening a week identifying potential residents for their Accommodation Service. A report is prepared and approved by the Common Ground Board who reviewed the applicants (with tight parameters) on a monthly basis. It could be argued that such irregular reviews may not meet the needs of the homeless especially the cohort of this thesis. Neither service offers the accommodation or service support assistance necessary to assist the cohort of this thesis. However as will be discussed in Chapter 8

---

<sup>229</sup> *ibid*

<sup>230</sup> *ibid*

<sup>231</sup> Supra at 230, and Tsemberis S. "Housing First, Consumer Choice & Harm Reduction, For Homeless Individuals with a Dual Diagnosis" *American Journal of Public Health* 2004 Volume 94, Issue (4), at pp. 651-656

<sup>232</sup> *ibid*

<sup>233</sup> *ibid* at p. 237

of this thesis the new whole of government and community service program called “Housing Connect” may provide the necessary services for this cohort.

## **6.4 Rental Accommodation**

### **6.4.1 Public Housing**

Public Housing is problematic for any ex-prisoner to obtain. The issue of debt in some cases has been a contributing factor. An individual will find it quite difficult to successfully re-gain public housing if they left a debt behind before they were incarcerated as noted by several stakeholders. Once a person is released, several non-government organisations may try to negotiate with Housing Tasmania for accommodation, usually with great difficulty considering the three year waiting list. A prisoner is able to apply for housing from 6 weeks prior to release but such an application will not be activated until release. Certainly this hiatus is discriminatory and should be part of a government policy review. As the possibility of public housing is extremely difficult to realise, it is not discussed further in this thesis.

### **6.4.2 Private Rental**

There is limited information regarding private rental for former prisoners. However, one stakeholder stated that in his experience there is evidence of ex-prisoners obtaining private rentals in flats below landlords’ houses as a result of successful responses to requests for accommodation through the local Tasmanian newspapers.

### **6.4.3 Real Estate Agency Questionnaire**

With regard, to obtaining accommodation through a Real Estate agency a small informal questionnaire was conducted with 11 agencies throughout Tasmania. The results were quite limited in scope yet provided some interesting points and possibilities for future research.

**Table 6.4.3.1 Question:** Have ex-prisoners applied to your company for rental properties?

Company ( Comp.) /Location	Answer
Hobart	Yes
Launceston	Yes
Sorell	Not that they were aware of.
Glenorchy	No
Smithton	No
Huonville	Yes
King Island	No
Devonport	Yes
St Helens	Yes
Launceston	No
Launceston	No
Derwent Valley	Yes

**Table 6.4.3.2: Question:** What procedures would you use to approve the Lease?

Comp./Location	Answer
Hobart	Colony 47/C-care assistance with owners approval-also normal procedures are followed
Launceston	Normal procedures are followed
Sorell	N/A
Glenorchy	N/A
Smithton	N/A
Huonville	Already a tenant
King Island	N/A but Normal procedures would be followed
Devonport	Normal procedures are followed
St Helens	Normal procedures are followed- Anglicare/C-care assistance- (low socio-economic area normal process re bonds etc)

Launceston	N/A but Normal procedures would be followed
Launceston	N/A but Normal procedures would be followed
Derwent Valley	Off the street- given 3mth lease with opportunity for extension

**Table 6.4.3.3: Question: Have you ever refused a tenancy from an ex-prisoner?**

Comp./Location	Answer
Hobart	Yes
Launceston	Yes
Sorell	N/A
Glenorchy	N/A
Smithton	N/A
Huonville	No ( took over tenancy)
King Island	N/A but Normal procedures would be followed
Devonport	Yes
St Helens	Yes
Launceston	N/A
Launceston	N/A
Derwent Valley	No (new owner) but would be on basis of breach of the Tenancy Act.

**Table 6.4.4 Question: Have they been good tenants?**

Comp./Location	Answer
Hobart	Sometimes- they reoffend and abandon accomm. Others are open and

	honest excellent tenants.
Launceston	Yes
Sorell	N/A
Glenorchy	N/A
Smithton	N/A
Huonville	No- always in arrears
King Island	N/A
Devonport	Yes
St Helens	Yes-No concerns
Launceston	N/A
Launceston	N/A
Derwent Valley	Yes

Three of the 11 agencies questioned gave ex-prisoners the chance of proving themselves through a lease for a rental property. Derwent Valley provided the most positive response in saying that the person had the opportunity of an extension once the initial three month lease was successfully completed. The agent in St Helens stated that it was generally a low socio-economic community and as such they had connections with Centacare and Anglicare as a regular matter of course. These NGO's provided bond for people in need as well as financial management and support. The other agencies stated that they would not discriminate, but the individual would have to go through the normal procedures. This would clearly limit an ex-prisoners ability to apply for a flat through a property management agency because they don't have a job, references, nor a regular income apart from Centerlink support. Similarly, as Clark cites the 'landlords in Ohio, required that a person be seen as trustworthy through having a solid rental and employment history'<sup>234</sup>. What was interesting though, was in a study undertaken by Helfgott as cited by Clark of the 197 landlords interviewed '67% asked about the applicants' criminal history, and 43% would be inclined to reject the application on the grounds of the criminal history'<sup>235</sup>.

The Tasmanian agencies all said that they would not ask for a criminal history. However, some of them stated that they would look favourably upon the applicant if he/she volunteered that information. One did mistakenly admit to being discriminating

<sup>234</sup> L. Clark "Landlord Attitudes Towards Renting to Released Offenders" Federal Probation, June 2007, Volume 71, Issue 1 at pp. 20-31

<sup>235</sup> *ibid*

even though it was illegal to do so. Clarke also stated that “landlords in Ohio would consider an ex-prisoner who had undertaken rehabilitative programs in prison as a positive sign of trust in their application for accommodation.”<sup>236</sup> This would clearly be difficult for prisoners on short term sentences in Tasmania as discussed in chapter four, and as such would be a missed opportunity for re-integration if Tasmanian Rental Agencies thought the same way. More Property Management Agencies in Tasmania need to consider how best to assist ex-prisoners to give them another chance maybe in cooperation with non- government organisations.

---

<sup>236</sup> ibid

## **Chapter Seven: Accommodation Options for 'released prisoners' with severe complex needs.**

### **7.1 Supported Accommodation for High and Complex Needs**

This chapter critically examines the accommodation options and issues for members of this cohort who are seen to be of high and complex needs requiring more substantial support than that offered by the second program analysed at chapter five of this thesis. In a number of cases individuals with complex needs (usually with challenging behaviours as a result of intellectual disability, acquired brain injuries, and various mental illnesses), who've committed a crime for example, indecent sexual assault, or damage to property, may be found unfit to plead due to a lack of capacity. If this is the case upon committal they will most certainly be sent to the Wilfred Lopez Psychiatric Centre or if their behaviour is quite severe they may be sent to Taenna in New Norfolk. Is the Wilfred Lopez Centre the most appropriate housing option for those with intellectual disabilities directly after being sentenced? This is a contentious question. (It is currently being discussed interdepartmentally in confidence, which is why the current discussion remains quite general in nature.)

Certainly those individuals with intellectual disabilities who've committed crimes such as sexual offences should be incarcerated like any other prisoner but the Centre is barely suitable for that purpose. As several stakeholders emotively stated 'the Centre does not have dedicated facilities for individuals with intellectual disabilities'. It could be seen as discriminatory that prisoners in the General Housing at the prison, having committed the same crime as those with intellectual disabilities on Restriction Orders at the Centre, will be released many years earlier. The Aboriginal Disability Justice Campaign has worked with both state and federal governments to prevent aboriginal people with complex needs who've committed summary offences to be released from indefinite detention. Suitable accommodation or family support would need to be developed to

enable effective release.<sup>237</sup> In Tasmania though, the problem is not just an indigenous issue. One stakeholder stated that she had ‘advocated for five years for one inmate to be released on Supervision Orders’. A new service for Tasmania was established to accommodate two gentlemen with this background.

This organisation is an example of supported accommodation for ex-prisoners with intellectual disabilities and complex needs. Such a service is not without external criticism. The service is extremely resource intensive, supporting these men on a 24 hour/ 7 day a week program. The breach of which would result in a return to the Wilfred Lopez Centre. They both work on a gardening program as part of a Day Service with individual support as well as support while at home. The criticism is a strongly felt resource issue, posed by a stakeholder, stating that resources could have been better directed to providing services from the Wilfred Lopes Centre as opposed to the expensive support program for two individuals where the funds could be re-directed to assist more people with intellectual disabilities. Though there is general conjecture that this would work, the current service at the Centre is directed specifically towards those with Mental Illness even though there are people with intellectual disabilities in residence. As a point of comparison, there are non-government organisations that support people with complex needs with a predominant mental illness but not those released from Prison.

One organisation as outlined by a key stakeholder does not have a dedicated prisoner release program. However it may be able to offer services if requested. This organisation offers five residential accommodation programs throughout Tasmania, an outreach program in the north and a drop-in service in Hobart. The drop in service is for people with mental illness (or multiple diagnoses eg: intellectual disability, acquired brain injury or co-morbidity) to connect with other services (eg: Centrelink, or the Bridge Program) and for those who are homeless to receive meals at either breakfast time or lunchtime. The ‘residential programs are dry sites which may cause a problem for residents with co-morbidity issues’.

---

<sup>237</sup> The student is a member of the Aboriginal Disability Justice Campaign. A Report was researched by members and then presented to the Federal Attorney General in October 2011

If this is the case there are a number of options according to the representative stakeholder. Firstly 'upon arrival to the residence they would then liaise with external Drug and Alcohol Programs or if it became apparent that the issue was occurring while in residence a new program would be negotiated or if they were found to be dealing drugs they would be asked to leave'. This organisation also uses the 'Outcomes Star'<sup>238</sup> program discussed earlier in this chapter to work with their clients with success according to the representative stakeholder. The restrictions posed by this service may be difficult for members of this cohort to adhere to. However the service offers a positive option for the cohort that should be addressed from a government funding perspective. This is discussed more fully in the next chapter regarding the policy implications stemming from this thesis.

## **7.2 Homelessness and the Released Prisoner with Severe Complex Needs**

Thus far this thesis established that there are many reasons why people with complex needs are found to reoffend and to become homeless. The trauma experienced by families and rejected individuals has been established.<sup>239</sup> It has also been established that criminal gangs may be the only avenue for acceptance for a person with complex needs, but that invariably leads to re-conviction due to their agreeability, suggestibility, vulnerability and inability to communicate effectively.<sup>240</sup> The fact that those with challenging behaviours are frequently evicted restricts their opportunities for stable accommodation.<sup>241</sup>

It has also been established that it is this specific group that will be an economic drain in funding support for services that have unsuccessfully resulted in individuals returning

---

<sup>238</sup> Supra at 205

<sup>239</sup> Supra at 54

<sup>240</sup> Supra at 86

<sup>241</sup> Op cit

to prison only to be released and forced back on the streets.<sup>242</sup> De-institutionalisation is a failure for many people with disabilities who've experienced extreme isolation and social exclusion most commonly, having been forced to reside in group accommodation with individuals with similar disabilities creating extreme disharmony.<sup>243</sup> This has been noted by People with Disability Australia Inc. arguing a 'right to live independently equally in the community... and not in group homes'<sup>244</sup>. Individuals in this environment are used to an institutionalised reliability to their lives that is inaccessible once they become homeless. It is these people with moderate to severe cognitive impairments and complex needs who may find themselves on the streets and in the criminal justice system. The following example is on point with regard to this issue.

"We've got so many here that are just in and out of prison constantly... Mainly because they've got a mental health issues, drug issues, alcohol issues and that they had never been out of prison not long enough to sustain any stable accommodation or address any of these needs. There are a lot of people that because they've been around the system so many times, there are now excluded from so many housing projects, because of their behaviour, or because they haven't to engage with staff and they won't attend appointments. Every time they come back in, the options are limited further and then they just get cut down, and cut down, until they had no options left."<sup>245</sup>

The issue of the potential for homelessness and then recidivism is clearly outlined in the following two case studies provided by stakeholders. It is important to note that several stakeholders voluntarily and independently, gave their version of the issues surrounding

<sup>242</sup> This comment has been made by several study participants of an example where over \$200,000 was spent on one person with complex needs only to have him re-offend and lose all subsequent funding and future accommodation.

<sup>243</sup> Supra at 50

<sup>244</sup> People with Disability Australia " *Accommodation Human Rights: A Human Rights Perspective on Housing, and Housing and Support, For Persons with Disability*" 2010 at p. 25

<sup>245</sup> Supra at 112

each of these individuals. Secondly they are both cases on point as this thesis wants to obviate the fact that 'released prisoners' and recidivists with complex needs may find themselves in situations of primary or chronic homelessness as suggested by the example just above.

### Case Study 3

A young man of 20 years with a developmental disability, physically infirm, moved into group homes only to be educated in the school of criminogenic behaviour earning him various sojourns at the Ashleigh Detention Centre. He progressed into committing petty property crimes for example breaking into an unlocked car and stealing a purse that was left on the front seat, as he justified. Due to the fact that the Magistrate did not consider therapeutic jurisprudence to be working for this young man after several episodes in Ashley or on Community Orders, he chose the punishment model as the alternative, according to the relevant stakeholder. This young man has almost completed his sentence of nearly two years at Risdon Prison where he received no rehabilitative training or services or even literacy classes to assist him once released. While serving his sentence he resided in the Special Needs Unit away from the General Prison Population.

In his last matter, he was assessed, and found unable to plead and was given a Community Supervision Order (CSO), to be activated upon his release early 2013. The young man is acculturated into using marijuana and alcohol to blot out the 'hopelessness', stated the key stakeholder. If he is found to have breached his CSO for not having abstained from all alcohol or substances he will be sent to the Wilfred Lopez Centre. It has been noted earlier in this chapter and supported by this stakeholder that the Wilfred Lopez Centre is not a suitable place for people with intellectual

/developmental disabilities to reside. He is to be released shortly and has been found to be not suitable for any service at the time of the discussion with the stakeholder. Like a number of people he may become a “gapper” according to the stakeholder, being one who falls through the gaps in the system, and is forgotten.

This is again an example of the fact that, no department will take responsibility to assist him to find stable accommodation and support. However, there is a conflict in that the Justice Department is obligated to find this young man accommodation as per the requirements of the CSO. If there is nowhere for him to go after his release however, he will become a member of the primary homeless, the rough sleepers. He has been observed to show a superficial level of street wisdom but is essentially naïve. He is physically slight and potentially infirm. He has threatened to go it alone but cannot even understand the procedure of obtaining Centrelink payments for his survival. The stakeholder stated that it is his/her belief that this young man will last a day once released and will commit a small crime to enable him to return to prison. As discussed previously in this thesis, such a response is quite common in the research regarding ‘released prisoners’ who are unable to find a foothold back in society.

A serious question arises when one discusses the risks a former prisoner with complex needs may have, to him/herself or to the society once released. Does this justify the re-institutionalisation of the individual in a ‘group home’ or ‘individual segregated accommodation’, or the need for an individually designed support system? If supports are not found, what are the ramifications of primary homelessness for this individual with extremely complex needs? The following case study is of a gentleman who is currently on remand for re-offending, Baldry stated that individuals may spend an entire

sentence on remand.<sup>246</sup> It is felt by several key stakeholder's involved in this case, that he will not be released for quite a while. But once released may find himself a member of the rough sleepers, the primary homeless, as he has burnt his bridges with other services. Currently he is staying at the Special Needs Unit of Risdon Prison isolated from the general prison population and any possibly suitable rehabilitative programs.

#### Case Study 4

This gentleman perpetually reacts to life's difficulties by starting fires. His challenging behaviour can be identified as coming from his disabilities. They have been difficult to define, though elements of mental illness and intellectual disability are both apparent to some degree. This particular case was independently cited by several stakeholders as his needs are extremely complex. This gentleman is again similar to Case Study 3 in that he also falls into the 'too hard basket'. He is unable to comply with the typical models of the Community Service sector and in one of numerous instances was presented with accommodation through the Disability model telling him that he should be grateful for what he had. There are two instances of challenging behaviour that can be cited. Firstly, his support staff arrived late to work when he was expecting her. As a result of her non-arrival he put some telephone books up on the stove top and lit them. The Fire Brigade arrived at the same time as the staff member and the Police. Instead of the staff member staying with this gentleman or taking him with her to the Police Station, she went to make a statement on her own. Leaving him alone again as noted by several stakeholders. He was incredibly angry and proceeded to burn the entire flat. Secondly, while in prison and in general population he 'acted up' and was sent to Maximum Prison. There he got in with the wrong crowd who held a sit in saying that the food was poison. Indicative of his level of intellectual disability his

---

<sup>246</sup> Supra at 151

suggestibility and vulnerability he then told his external support person (a stakeholder) that all the food was actually poison and that it was going to kill him.

This case in particular highlights a major flaw in the methodology of community services in general and specifically that of disability services. Clearly this gentleman was crying out for someone to respect him and then to communicate with him in a manner in which he understood. Arentz supports this observation and states that “There is a well-recognised link between a person’s treatment and his or her own offending behaviour.”<sup>247</sup> This therefore begs the question of the provision of proper services for individuals like the two cases studies above in order to prevent regular recidivism and potential homelessness that has been suggested by key stakeholders.

### 7.3 Summary

It is important to establish the voids that are identified by the discussions with key stakeholders from accommodation and homelessness service organisations. Services are unable to effectively support this cohort or have tried and are no longer willing or able to support them. One key stakeholder representing the most recent organisation to endeavour to care for the gentlemen discussed as Case Study 4, commented ‘that if he had a funding package attached to him from Disability Services then they ‘might’ reconsider supporting him.’ The problem is that he may not receive another funding package, according a key stakeholder from another organisation involved in his matter. These are but two examples that have required intensive resources from a number of state government and non-government agencies, there are other people in the general

---

<sup>247</sup> K Arentz “*Accommodating Offenders with disabilities post release in Victoria*” cited in Supra at 85 at p 19

population of the prison that according to the prison interviewee, are just in the too hard basket, despite their best efforts to provide assistance.

The following chapter is the culmination of this thesis presenting policy implications for state government consideration in light of domestic and international experiences.

## **PART THREE: POLICY IMPLICATIONS AND CONCLUSION**

## **Chapter Eight: Policy Implications from the findings of this Thesis.**

This thesis has identified that the accommodation options available to this cohort, to build renewed stability, thus reducing homelessness and recidivism, are extremely limited in Tasmania. The Tasmanian State Government as part of its obligations to the National Partnership Agreements on Homelessness and Social Housing has undertaken a new direction in policy and programming with regard to a Whole of Government and Community Sector response to these issues. This brief discussion prohibits an exhaustive evaluation of the policy implications of this new strategic approach. Firstly the state government has developed a state of the art interagency system to support clients across all government and non-government agencies. Housing Tasmania's "New Accommodation and Support Knowledge Base (Ask) and the Common Assessment Framework are similar to that of the Tracking Project in the United Kingdom enabling a useful comparison to be made. Secondly, at the other end of the spectrum, is a potential problem with regard to assisting the cohort of this thesis through the new "Housing Connect" Program that is to be the focal point for all referrals to S.H. Services and other generic support services. Before embarking on this brief analysis however, it is important to reflect on the effect of a previously canvassed policy issue of this thesis, with regard to the perpetuation of crime and homelessness by prisoners with disabilities serving short term sentences due to the lack of relevant rehabilitative services. This is compared to the developments made by Corrections Victoria in this area.

### 8.1: Tasmanian Prison Service Education and Training Strategic Plans 2011-2016

The Prison Services' Education and Training Strategic Plan, states that it saw the development of programs for this cohort as challenging because for example, of 'short sentences,' and the "significant personal challenges in areas such as mental illness, substance dependency, and or psychological or physical disabilities, and the existing levels of education of prisoners on entry into the prison."<sup>248</sup> It is important to note here that the Prison Service found the challenges regarding this cohort related to the needs of the prisoners and the "workplace culture"<sup>249</sup> of the prison staff. It could be surmised anecdotally that such attitudes prevented the cohort of this thesis from accessing necessary transitional programs. Baldry, Borzycki, Publick and ors, argued for the need for therapeutic programs<sup>250</sup> and proper assessment of prisoners on first admission. It is evident that Corrections Victoria is a leader in the field of disability support for prisoners as such there are many policies that the Tasmanian Prison Service should emulate.

The intention of the Corrections Victoria Disability Framework is to ensure that prisoners with disabilities have access to the services provided to non-disabled prisoners in Victorian Prisons.<sup>251</sup> Certainly the Corrections Victoria Housing Project and the Link Out Programs are well worth the Tasmanian Prison Service evaluating and emulating if possible.

---

<sup>248</sup> <sup>248</sup> Tasmanian Department of Justice- *Tasmanian Prison Service Education and Training Strategic Plan 2011-2016* at p.11

<sup>249</sup> <sup>249</sup> *ibid*

<sup>250</sup> <sup>250</sup> *Supra* at 123

<sup>251</sup> <sup>251</sup> Victorian Department of Justice "*Addressing the Barriers –Corrections Victoria Disability Framework – 2010-2012*

## 8.2: Corrections Victoria Housing Project

The ‘Corrections Victoria Housing Project’ offers , “ an integrated housing and support response to individuals who are at risk of homelessness upon release from prison. This Project has access to transitional housing placements through arrangements with Registered Housing Agencies.”<sup>252</sup> The ‘Corrective Services Brokerage Outcomes’ program, offers financial assistance to ‘released prisoners’ to enable them to secure long term accommodation. Eligible Applicants must be engaged with Intensive Transitional Support Programs.<sup>253</sup> One such program, the Link Out Program, offers intensive support to men with complex needs leaving prison.<sup>254</sup>

## 8.3: Link Out Program- Corrections Victoria

The eligibility requirements are similar to the Tasmanian transitional and second programs discussed at chapter five of this thesis. They are:

**Figure 8.1.1 Eligibility Requirements for the Link Out Program- Corrections Victoria**

1. To be serving a sentence (not on remand);
2. be at increased risk of re-offending;
3. have multiple and complex transitional needs;
4. be willing to participate voluntarily and be actively involved.

Each approved applicant is given a support package and is assigned a support worker who assists them pre and post release to develop a case plan and address their re-integration needs.

Clearly the Tasmanian Prison Service is not financially able to undertake such a large scale program but as Metraux asks should the ‘Criminal Justice Service be actively

<sup>252</sup> ibid

<sup>253</sup> ibid

<sup>254</sup> ibid

involved in the transitional housing needs of ‘released prisoners’?<sup>255</sup> This is a question for consideration by the Tasmanian Prison Service and Housing Tasmania. It would however be in keeping with the new ‘Whole of Government’ approach to homelessness and social housing, undertaken in collaboration with the S.H. Services, Peak Bodies and other related Tasmanian non-government organisations. The Whole of Government Approach is exemplified by The Service Coordination and Improvement Program (Ask) and the Common Assessment Framework.

#### **8.4 Service Coordination and Improvement Program (Ask) and the Common Assessment Framework.**

This information management program is designed to be a tracking system to share, intake, assessment, planning and referral/ applications for people with housing and support needs. This enables people to be connected to a range of housing and support options from a central database. It operates across government and non-government partner organisations “linking preventative, early intervention, crisis intervention and long term housing and support services.”<sup>256</sup> This approach is from a ‘no wrong door’ policy which critically may not be suitable to the cohort of this thesis as discussed below. The policy objectives of this program, is to.

“enable a more holistic, client centred approach which focusses on the individual circumstances of each client, rather than any particular areas of service specialisation or expertise. It recognises that shelter is often one part of an overall solution, and additional support is sometimes required to help the client maintain their tenancy and improve their circumstances.”<sup>257</sup>

---

<sup>255</sup> Supra at 162 at p. 140

<sup>256</sup> [www.dhhs.tas.gov.au](http://www.dhhs.tas.gov.au). (Housing Tasmania, Housing Strategy)

<sup>257</sup> ibid

This program surpasses the UK Tracking Program, in that it aims to have a “common approach to assessment with greater information about shared clients and improved collaboration between mainstream, housing and homelessness services.” There are two elements to this tracking system worthy of mentioning. The first is similar to the ‘Ask Program’ in that it is able to “track clients with complex needs who access to multiple services measuring the level of need necessary for a service to be provided.”<sup>258</sup> The second is a screening process that the Ask Program does not have. This tool enables screening for complex needs in the Criminal Justice System to show which inmates have had contact with the mental health system or emergency services to enable services to identify repeat service users. This tool may be a valuable asset for Tasmania from a whole of government and agency perspective. The second issue is strategically complex.

In essence the Housing Connect Program, the flagship of the new policy approach will have difficulty supporting the cohort of this thesis when the central agencies of Housing Connect are unable to do so. Therefore the policy implication in this instance is that the new Housing Connect Program will be, like all other homelessness programs before it, not able to support those who according to a stakeholder are in the ‘too hard basket.’

### **8.5 Housing Connect**

Essentially there are five peak organisations that make up the S.H. Services in Tasmania. These organisations were all contributors to the in depth discussions as discussed in Chapter five of this Thesis. They have successfully collaborated to manage the Housing Connect Program for Housing Tasmania with Colony 47 in the south and

---

<sup>258</sup> Supra at 1 at p. 59

Anglicare in the north as the lead key stakeholders. The other organisations involved are Centacare, the Salvation Army and Hobart City Mission. There are distinct issues both for and against this policy for the cohort of this thesis.

Firstly the policy aims are to give the best outcomes for clients through service collaboration. Specifically to “connect Tasmanians on low incomes and in crisis, with long-term stable housing and support where it is needed.”<sup>259</sup> This new program will provide a ‘front door for homelessness and social housing services as well as specialist support services.’<sup>260</sup> What is of interest is that it intends to ‘offer referrals for intensive support services for people who require specialist support.’<sup>261</sup> ‘Assessments and referrals are meant to be addressed through the one front door visit’.<sup>262</sup> However is this mandate broad enough to include the members of the cohort of this thesis? Unfortunately this Program may not be able to provide the required support and accommodation.

These potential limitations are identified by the barriers to S.H. services as self-identified. They stated that ‘people with mental illness and challenging behaviours were unable to be supported though the service.’<sup>263</sup> As discussed earlier, the S.H. Service is able to support those with manageable mental illnesses. The most common complaint from this Service and other stakeholders is the ‘difficulty of engaging the state Mental Health Service to take on new clients or to proactively or reactively support clients.’<sup>264</sup>

This is a major issue that will prevent any potential “Whole of Government” approach

---

<sup>259</sup> Housing Connect Newsletter November 2012, Housing Tasmania, Tasmanian Department of Health and Human Services

<sup>260</sup> *ibid*

<sup>261</sup> *ibid*

<sup>262</sup> *ibid*

<sup>263</sup> Department of Health and Human Services , Housing Tasmania, Barriers to Access to SAAP Services, December 2007 at p.8

<sup>264</sup> *ibid*

in the future. Unfortunately this issue extends to other state government social service funding agencies, resulting in people with complex needs becoming homeless, waiting for a financial resolution between bickering agencies. This issue is a common issue amongst key stakeholders' supporting people with complex needs. The barriers to the S.H. Services and thus Housing Connect extend to the issue of disabilities.

The S.H. Services state that Disability Services overstate the abilities of their clients to obtain accommodation.<sup>265</sup> Rightly, the S.H. Services staff are not trained to support this cohort but if the intention of Housing Connect is to have intensive support services and case management per client, the objective may not be attainable in the short term. Other elements of complex needs are found to be barriers to S.H. Services.

The issues of Drug and Alcohol abuse and co-morbidity are also seen as barriers. It has been noted that S.H. Services staff are ill equipped to work with people who present affected with drugs or alcohol.<sup>266</sup> The Service suggests working with dedicated staff from specialist organisations (such as the Salvation Army Bridge Program) within the one service support program. This may be possible in the new Housing Connect structure, but there are issues regarding the number, availability and experience of support workers per client. The issue of the increased number of clients has already been identified by a key stakeholder from Housing Tasmania. Another potential solution is the development of a new service as suggested by a number of key stakeholders in the discussions of this thesis.

It was suggested that a specific service be established for people who are homeless inclusive of those former prisoners with complex needs. This service would provide a

---

<sup>265</sup> *ibid* at.p. 11

<sup>266</sup> *ibid*

broad range of services from providing general legal advice, or individual support as required, to providing accommodation and support services. The stakeholders identified the need for a service to cater to the needs of high and complex needs and homeless who have fallen through the 'gaps'. This may be due to a lack of availability of current services or staff that are not appropriately qualified to manage the current needs of homeless people with complex needs. A second service has been suggested by one of the stakeholders.

This service would be dedicated specifically to former prisoners with complex needs in particular those with multiple disabilities like that of intellectual disability and co-morbidity as an example. This one service would enable the development of a stable, highly skilled staff that through their consistent work with the clients would enable them to resist reoffending thus reducing the cost of recidivism. Currently the decentralised nature of generic services that attempt to assist this cohort in parts of Tasmania have found that support is stretched quite thinly and that the qualifications of the staff are inadequate to effectively support their clients' needs and challenging behaviours.

### **8.6: Summary**

Clearly Tasmanian State Government departments and other dedicated non-government agencies, need to work proactively in support of current and potential clients. A person with complex needs who is homeless or at risk of homelessness requires all services to work in unison. This is the intention of the Housing Connect Program. However, as noted earlier S.H. Services described 'many times the difficulty of getting one of the services to take responsibility for supporting a client.'<sup>267</sup> Is this issue the precursor to future problems for the Housing Connect Program? Will the released prisoner with

---

<sup>267</sup> Barriers to SAAP Services at p.10

complex needs be not seen as requiring priority assistance and be left in the void of homelessness? There is evidence that this may be the case if the Prison Service does not link with Housing Connect to provide streamlined access to the new combined housing and intensive support services. Currently according to the prison interviewee to this thesis, the Prison Staff consider that 'their job is finished, after the prisoner leaves the threshold of the prison'. Earlier in this thesis it was noted that prisoners with disabilities were not receiving services in part because of the culture and attitudes of the prison staff, maybe further research will uncover that this is the place where change needs to commence.

## CHAPTER NINE: CONCLUSION

“To the politician community care is a useful piece of rhetoric; to the sociologist it is stick to beat institutional care with; to a civil servant it is a cheap alternative to institutional care, which can be passed to the local authorities for action – or inaction; to the visionary, it is the dream of a new society in which people really do care; to social service departments, it is a nightmare of heightened public expectations and inadequate resources to meet them.”<sup>268</sup>

Jones et.al identified the reality of the social service and criminal justice systems in Tasmania today. The intention of this thesis was to identify the existence of a small group of people with disabilities, those offenders with cognitive impairments and complex needs and their struggle to break away from homelessness and crime and find long term housing as the first step in developing stability in the community, once released from prison. It also audited the current services available to this cohort and established that there was a need to address the issue of homelessness or inappropriate accommodation through the new Housing Connect initiative or the development of a new dedicated service.

Clearly this cohort is fraught with issues of challenging and offending behaviour that may escalate from a misdemeanour to a more serious offence because of their disability or mental illness. But it is because of these limitations that the community, and the Criminal Justice System need to reconsider giving punitive sentences to this cohort and instead work therapeutically assisting them to rebuild their lives. This group may be

---

<sup>268</sup> Supra at p.58

small in Tasmania but as evidenced by case studies and case discussions in earlier chapters it is resource intensive with stakeholders criticising the cost effectiveness of 24/7 intensive support. This is an area that clearly requires further research. However, as discussed earlier there have been benefits for some clients' receiving this level of service. Those in receipt in two out of three cases have not re-offended which leads one to believe that this or a similar level of service may prevent homelessness and recidivism of the cohort of this thesis.

Comment was passed by stakeholders that this cohort should not receive preferential treatment ahead of other people with disabilities. However, it must be argued that according to the United Nations Convention on Persons with Disabilities and the National Disability Strategy prepared by the Council of Australian Governments (COAG) of which Tasmania is a signatory, stipulates that people with disabilities coming out of prisons have just as much right to find stable accommodation as any other person be they with a disability or not. For example, the Policy Direction at Chapter 2 of the National Disability Strategy states the COAG should ensure that they have, "more effective responses from the criminal justice system to people with disability who have complex needs and heightened vulnerabilities."<sup>269</sup> That they should, "ensure that people with disability leaving custodial facilities have improved access to support in order to reduce recidivism."<sup>270</sup> This is particularly with regard to "accommodation and income."<sup>271</sup> There should also be greater support provided 'for people with disabilities with heightened vulnerabilities to participate in legal processes on an equal basis with others.'<sup>272</sup> Finally, the COAG agreed to "improve access to

---

<sup>269</sup> 2010-2020 National Disability Strategy- Summary Document- an initiative of the Council of Australian Governments, Attorney General's Department, Commonwealth of Australia, 2011- Chapter 2 Policy Directions

<sup>270</sup> Ibid at Chapter 2.10

<sup>271</sup> ibid

<sup>272</sup> Ibid at Chapter 2.7

housing options that are affordable and provide security of tenure,”<sup>273</sup> and to be “responsive to the particular needs and circumstances of people with complex and high needs for support.”<sup>274</sup>

Such a commitment combined with the potential of the new Tasmanian Whole of Government Agenda, in particular the ‘Housing Connect’ Program gives an observer hope that ‘released prisoners’ with complex needs will be respected, and not socially excluded from obtaining stable supported accommodation in the community thus reducing homelessness, recidivism and re-incarceration. It is hoped that future research will be undertaken with regard to the complexity of needs of this almost forgotten group of people as identified in this thesis, and that this research may lead to dedicated support and care programs both within the criminal justice system and in the broader community in Tasmania.

---

<sup>273</sup> Ibid at Chapter 3 Policy Directions

<sup>274</sup> Ibid at Chapter 4 Policy Directions

## Bibliography

AHURI *"Do Community Housing Organisation Strengthen Communities?"* AHURI Research and Policy Bulletin, Issue Number 25, September 2003

Australian Institute of Health and Welfare *"Disability in Australia-Acquired Brain Injury"* December 2007, Bulletin 55,

Australian Institute of Health and Welfare *"Specialist Homelessness Services- Annual Report 2011-2012"* 18 December 2012, Australian Government, Canberra,

Australian Institute of Health and Welfare *"The Mental Health of Prison Entrants in Australia- National Prisoner Health Census"* June 2012, Bulletin 104,

Baldry E. et.al. *" Australian Prisoners' Post-release Housing"*, Current Issues in Criminal Justice Volume 15, 2003-2004, at pp. 155-166

Baldry E. et.al. *"Ex-prisoners Homeless and the State in Australia"* Australian and New Zealand Journal of Criminology, Volume 39, 2006

Baldry E. *"Recidivism and the role of Social Factors Post Release"* Precedent, Volume 81, 2007, at pp.4-7

Baldry E. et.al. *"Ex-prisoners and accommodation : what bearing do different forms of housing have on social re-integration"* AHURI Final Report No. 46, August 2003

Baldry E. et.al. *" Ex-prisoners and accommodation : what bearing do different forms of housing have on social re-integration"* AHURI Positioning Paper No. 27, March 2002

Baldry E et.al. Background Paper: *"People with Mental Health and Cognitive Disability: pathways into and out of the criminal justice system."* National Legal Aid Conference Darwin 2011

Baldry E. *Navigating Complex Pathways: People with Mental Health Disorders and Cognitive Disability in the Criminal Justice System in NSW*, HIV Australia, Volume 9, Issue No. 1.

Baldry E et.al *"Ex-prisoners and Accommodation: What bearing do different forms of housing have on Social Re-integration of ex-prisoners?"* Paper presented at the Housing, Crime and Stronger Communities Conference convened by the Australian Institute of Criminology and the Australian Housing and Urban Research Institute, Melbourne 6-7 May 2002

Baldry E. et.al. *"Reducing Vulnerability to harm in adults with cognitive disabilities in the Australian Criminal Justice System."* JIPPID, 2012

Baliro M. *"The Milestones Project: How Ex-offenders May collectively Negotiate Re-entry Barriers"* (Thesis)

Bartholomew T. et.al. *"Final Report of the Implementation of Victoria's pilot Transitional Housing Management-Corrections Housing Pathways Initiative (THM-CHPI)"* A Joined-Up Initiative of Corrections Victoria and the Office of Housing, June 2004

Birgden A. et.al. *"Jurisprudential Considerations: Pragmatic Psychology Through a Therapeutic Jurisprudence Lens: Psycholegal Soft Spots in the Criminal Justice System"* Journal of Psychology Public Policy and Law, Volume 9, September 2003, at p.334

Black C. *"Evidence for improving access to homelessness services"* AHURI Research Synthesis Services, July 2011

Borzycki M. *"Interventions for Prisoners Returning to the Community."* A Report prepared by the Australian Institute of Criminology for the Community Safety and Justice Branch of the Australian Government, Attorney Generals Department, February 2005

Borzycki M. et.al *"Promoting Integration: The Provision of Prisoner Post-release Services"* Trends and Issues in Crime and Criminal Justice, Australian Institute of Criminology, September 2003

Bottoms A. et.al. *"Towards Desistance: Theoretical Underpinnings for an Empirical Study"* The Howard Journal, Volume 43, Issue Number 4, September 2004, at pp.368-389

Bradley K. et.al. *"No Place Like Home: Housing and the Ex-prisoner"* Policy Brief November 2001

Brain Injury Association of Tasmania *"Acquired Brain Injury and the Criminal Justice System: Tasmanian Issues"*, August 2007

Cain H. Comment: *"Housing our Criminals: Finding Housing for the Ex-offender in the Twenty-first Century"* Golden Gate University Law Review, Volume 33, 2003, at pp. 131- 171

Caputo N. *"Narrative Processing of Entertainment Media and Mental Illness Stigma"* Journal of Health Communication, Volume 26, 2011, at pp.595-604

Carter W.C. QC Challenging Behaviour and Disability Report to the Hon. W. Pitt M.P. Minister for Communities Disability Services and Seniors, 2007

Clark L. *"Landlord Attitudes Toward Renting to Released Offenders"* Federal Probation Volume 71, Issue Number 1, June 2007, at pp. 20-31

Cleary M. et.al. "*Views of Australian mental health stakeholders on clients' problematic drug and alcohol use*" *Drug and Alcohol Review*, Volume 28, 2009, at pp. 122-128.

Craig T. et.al. "*Homeless Youth in London II. Accommodation, employment and health outcomes at Year 1*" *Psychological Medicine*, Volume 30, Issue Number 1, at 187-194

Creative Sparks Inc. "*Homelessness Persons Court-Diversionary Program Pilot-Evaluation*" November 2007

Crocker J. et.al. "*Social Stigma*" in D Gilbert et.al, eds. The Handbook of Social Psychology, Boston, McGraw-Hill Publishing, 1998

Daicoff S. "*Therapeutic Jurisprudence/Preventative Law and the lawyering Process*" *Journal of Psychology, Public Policy and Law*, Volume 5, December 1999, at p. 811

Davis N. Sociological Construction of Deviance Perspectives and Issues in the Field Dubuque, Wm C. Brown Company Publishers, 1975

Department of Health and Human Services "*Tasmanian Homelessness Plan-Mid Term Report April 2012*" Tasmanian State Government Publishing Service, Published 2012

Department of Health and Human Services "*Tasmanian Homelessness Plan 2010-2013*," Tasmanian State Government Publishing Service, Published 2010

Department of Health and Human Services "Same House Different Landlord Program" Brochure, 2010 [http://www.dhhs.tas.gov.au/\\_\\_data/assets/pdf\\_file/0005/61493/Same\\_House\\_Different\\_Landlord\\_brochure.pdf](http://www.dhhs.tas.gov.au/__data/assets/pdf_file/0005/61493/Same_House_Different_Landlord_brochure.pdf)

de Winter C. "*Risk and Protective Factors for Offenders with Mental illness and Intellectual Disabilities-Offenders with Mental Illness and Intellectual Disabilities; An Analysis of "Comments on Passing Sentence" by the Tasmanian Supreme Court*" 2012, (Unpublished Field Project Report for Masters of Criminology and Corrections, UTAS),

Dodge M. et.al *“Collateral Costs of Imprisonment for Women: Complications of Re-integration”* The Prison Journal, Volume 81, Issue Number. 1, March 2001, at pp. 42-44

Douse L.et.al. *“Disabling Criminology: Conceptualising the intersections of critical disability studies and critical criminology for people with mental health and cognitive disabilities in the criminal justice system.”* Australian Journal for Human Rights, Volume 15, Issue Number 1, at pp. 29-45

Eardley T. et.al. *“The role of community housing organisations in meeting the housing and support needs of people who are homeless.”* AHURI and UNSW-UWS Research Centre, AHURI Positioning Paper, No. 147

Fawcett B. et.al. Social Policy for Social Change ,Melbourne, Palgrave MacMillan, 2010

Fisher D. et.al. *“Cohort Report- People with Problematic Alcohol Use, Mental Health Disorders and Cognitive impairments in the Criminal Justice System.”* Canberra, FARE, 2012

Fiske S. *“ Stereotyping, Prejudice and Discrimination”* in D Gilbert et.al, eds. The Handbook of Social Psychology, Boston, McGraw-Hill Publishing, 1998

Flanagan K. et.al *“An Evaluation of the Specialist Intervention Tenancy Support Service- Literature and Policy Support Service”* Housing and Community Research Unit, UTAS

Flateau P. et.al. *“The Cost-Effectiveness of Homelessness Programs: A First Assessment”* Volume 1, AHURI, Melbourne, 2008

Fox A. et.al. *“Through care and aftercare: approaches and promising practice in service delivery for clients released from prison or leaving residential rehabilitation”* Home Office Online Report 01/05

French P. Disability Justice: The Barriers to justice for persons with disability in Queensland Disability Studies and Research Institute for Queensland Advocacy Incorporated, May 2007.

Glazer W. *"Therapeutic Jurisprudence: an Ethical Paradigm for Therapists in Sex Offender Treatment Programs"* Western Criminological Review, Volume 4, Issue 2, 2003, at pp. 143-154

Gleeson B. *"Counterpoints of Care"* Journal of Intellectual Disability Research, Volume 54, Supplement 1, April 2010, at pp.5-15

Goffman E. Stigma: Notes on the Management of Spoiled Identity New Jersey, Prentice Hall, 1963

Gojkovic D et.al. *"Accommodation for ex-offenders: Third Sector Housing advice and provision"* Third Sector Research Centre, Working Paper 77, March 2012, University of Birmingham

Graham S. *"Improving Re-integration Services for Prisoners: Policy and Practice in Tasmania"* 2008 (unpublished)

Gronda H. *"Evidence to inform NSW homelessness action priorities 2009-2010"* AHURI Research Synthesis Service, May 2009

Gronda H. *"What makes case management work for people experiencing homelessness? Evidence for practice"* AHURI Final Report No. 127, January 2009

Hamilton M. *"People with Complex needs and the Criminal Justice System"* Current Issues in Criminal Justice Volume 22 Issue 2010-2011, at pp. 307-234

Hardcastle L. *"Legislation and Community Support for Offender Re-integration in Victoria"*, Deakin University Law Review Volume 16, Issue Number 1, at pp.111-132

Hettema J. et.al. "*Motivational Interviewing*" Annual Review of Clinical Psychology Volume 1, 2005, at pp. 91-111

Hinshaw S. P. The Mark of Shame: Stigma of Mental Illness and an Agenda for Change, Oxford, Oxford University Press, 2008

Hinton T. "*Housing Needs of Ex-Prisoners-The Role of the Supported Accommodation Assistance Program*" Salvation Army, August 2004

Hora P. ( Hon.) et.al. "*Therapeutic Jurisprudence and the Drug Treatment Court Movement: Revolutionizing the Criminal Justice System's Response to Drug Abuse and Crime in America*" Notre Dame Law Review, January 1999

Hucklesby A. et.al. ed. Prisoner Resettlement Devon U.K., Willan Publishing 2007

Jackson M. et.al. *Acquired Brain Injury. Screening, Identification and Validation in the Victorian Correctional System*, arbias Ltd and La Trobe University, 2010

Justice Policy Institute "*For Immediate Release: How to safely reduce prison populations and support people returning to their communities*" June 2010, Washington

Johnson M. et.al. "*Institutionalisation: A Theory of Human Behaviour and the Social Environment*" Advances in Social Work, Volume 8, Issue Number 1, Spring 2007, at pp. 219-236

Jones K. et.al. Issues in Social Policy London, Routledge & Keegan Paul, 1983

Keane J. Clients with Complex Needs: Inter-professional Practice, Oxford, Blackwell Science, 2001

Kinner S. "*The Post-release Experience of Prisoners in Queensland.*" Trends and Issues in Crime and Criminal Justice, Issue Number 325, September 2006

Kitchen R. "*Out of Place', Knowing One's Place: Space, Power and the exclusion of disabled people,*" *Disability and Society*, Volume 13, Issue Number 3, at pp. 343-356

Lackner M. "Prisoner Re-entry and Re-integration: Perspectives of the Women Involved in Outcare's St John of God Women's Program" 2012 Masters' Thesis, Edith Cowan University

Law Reform Commission of NSW "*People with Intellectual Disabilities in two Local Courts –Research Report 4*" NSW State Government, 1993

Law Reform Commission of New South Wales Report on, "*People with Intellectual Disabilities in the Criminal Justice System- Report 80.*" NSW State Government, 1994

La Vigne N. "*Chicago Prisoners Experiences Returning Home*" Urban Institute Report, December 2004, at pp. 1-20

Lewis S. et. al. "*The resettlement of short-term prisoners: an evaluation of seven Pathfinders*" 2003 RDS Occasional Paper No. 83

Link B. et.al. "*Conceptualising Stigma*", *Annual Review of Sociology* 2001, Volume 27, at pp. 363-385

Link B. et. al. *Measuring Mental Illness Stigma* *Schizophrenia Bulletin*, Volume 30, Issue Number 30, 2004, at pp. 511-543

Listwan S.J. "*Re-entry for Serious and Violent Offenders: An Analysis of Program Attrition*" *Criminal Justice Policy Review* Volume 20, 2009, at pp. 1-17

McCrae D. "*Re-integration for Ex-offenders*" *Parity*, Volume 24, Issue 10, November 2011, at p.77

MacKeith J. et.al. The Outcomes Star- Supporting Change in Homelessness and Related Services London, Homeless Link, 2008

McNiel D. et.al. *"Incarceration Associated with homelessness, mental disorder, and co-occurring substance abuse,"* Psychiatric Services, Volume. 56, 2005, pp. 840-46.

McNeill F. *"A Desistance paradigm for offender management"* Crime and Criminal Justice, Volume 6, Issue Number 1, 2006, at pp. 39-62

McSweeney T. et.al. *"Supporting Offenders with multiple needs- Lessons for the mixed economy model of service provision"* Crime and Criminal Justice, Volume 6, 2006, at pp. 107-127

Maguire M. et. al. *"How the resettlement of prisoners promotes desistence from crime: Or does it?"* Crime and Criminal Justice, 2006, Volume 6, Issue Number 1, at pp.19-38

Maguire M. et.al. *"The Revival of Through care: Rhetoric and Reality in Automatic Conditional Release"* British Journal of Criminology, Volume 37, Issue Number 1, Winter 1997, at pp. 1-14

Maguire M. et. al. *"Accommodation for Ex-prisoners in the South West Region"* Final Report, Government Office for the South West, United Kingdom, May 2007

Mansell J. et.al *"Deinstitutionalisation and community living: position statement of the Comparative Policy and Practice Special Interest Research Group of the International Association for the Scientific Study of Intellectual Disability"* Journal of Intellectual Disability Research, Volume 54, Part 2, 2010, at pp. 104-112

Mason C et.al. *"Pathways for People with a disability in the Criminal Justice System"* Queensland Advocacy Incorporated, November 2007

Matson J.L. et.al. *"Psychopathology and Intellectual Disability",* Current Opinion in Psychiatry, Volume 24, 2011, at pp. 367-371

Meehan D. *"Report on Pre and Post -Release Housing Services for Prisoners in NSW",* Redfern Legal Centre, NSW 2003

Metraux S. et.al. *"Homeless Shelter Use and Re-incarceration Following Prison Release"* Criminology and Public Policy, Volume 3, Issue Number 2, March 2004, at pp.139-160

Mossing - Caputo N. et.al. *"Narrative Processing of Entertainment Media and Mental Illness Stigma"*, Health Communication, Volume 26, Issue Number 7, 2011, at pp. 595-604

Minnery J. et.al. *"Approaches to Homelessness Policy in Europe, the United States, and Australia"* Journal of Social Issues, Volume 63, Issue Number 3, 2007, at pp. 641-655

Mullen P. *"Mental Health and Criminal Justice – A Review of the Relationship Between Mental Disorders and Offending Behaviours and on the Management of Mentally Abnormal Offenders in the Health and Criminal Justice Services"* Criminology Research Council, August 2001

Naser R et.al *"Family Members' Experience with Incarceration and Re-entry"* Western Criminological Review, Volume 7, Issue Number 2, 2006, at pp. 20-31,

Newitt E. et.al. Mental Health Diversion list Evaluation Report Tasmanian Magistrates Court, May 2009

Oliver M. et.al. The New Politics of Disablement Basingstoke, Palgrave Macmillan, 2012

O' Driscoll C. et.al." *The Impact of personality disorders, substance use and other mental illness on reoffending*" Journal of Forensic Psychiatry and Psychology, Volume 23, Issue Number 3, at p.382

O'Toole S. et.al ed. Corrections Criminology Annandale, Federation Press/Hawkins Press 2005

Palmer S. Deviance and Conformity New Haven, College and University Press Services, Inc. 1970

Pawson H. et.al. "Addressing concentrations of disadvantage: policy, practice and literature review." UNSW-UWS Research Centre, AHURI Final Report No. 190, June 2012

Pearson C. "*Housing Stability Among Homeless Individuals with Serious Mental Illness Participating in Housing First Programs.*" Journal of Community Psychology Volume 37, Issue No. 3, 2009, at pp. 403-417

People with Disability Australia "*Accommodation Human Rights: A Human Rights Perspective on Housing, and Housing and Support, For Persons with Disability*" 2010

Perlin M. et.al. "*Therapeutic Jurisprudence and the Civil Rights of Institutionalised Mentally Disabled Persons: Hopeless Oxymoron or Path to Redemption*" Journal of Psychology, Public Policy and Law, March 1995, at p 80

Puplick C. "*Issues for People with Cognitive Disability in the Corrections System*" Report for the Office of the Public Advocate, Queensland, May 2005

Petersilla J. "*Hard Time: Ex-offenders Returning Home After Prison*" Corrections Today, Volume 25, Issue Number 67(2), April 2005,

Roman C. et.al. "*Taking Stock: Housing, Homelessness and Prisoner Re-entry*" Final Report, The Fannie Mae Foundation, March 2004

Robinson C. "*Understanding Iterative Homelessness: the case of people with mental disorders*" Final Report, Australian Housing and Urban Research Institute UNSW-UWS Research Centre, July 2003

Rubington E. et.al. Deviance: The Interactionist Perspective Seventh Edition, Boston, Allyn and Bacon, 1999

Simpson M. *"The Roots of Normalisation"* Journal of Intellectual Disability Research, Volume 42, Issue Number 1, 1998, at pp.1-7

Social Exclusion Unit *"Reducing Re-offending by Ex-prisoners" Report for the Office of the Deputy Prime Minister, London, 2002*

St. Vincent's Mental Health Service (Melbourne) et.al. *"Homelessness and Mental Health"* Report for the Australian Department of Health and Ageing, May 2005

Taxman F. *"Research and Relevance: Lessons from the Past, Thoughts for the Future"* Criminology and Public Policy, Volume 3, Issue 2, March 2004, at pp.169-180

Todd J et.al. *"Social Exclusion in clients with co-morbid mental health and substance misuse problems"* Social Psychiatry and Psychiatric Epidemiology, 2004, Volume 39 at 581-587

Tasmanian Department of Justice- *Breaking the Cycle: Tasmanian Prison Service Strategic Plan 2011-2016*

Tasmanian Department of Justice- *Tasmanian Prison Service Education and Training Strategic Plan 2011-2016*

Tasmanian Department of Justice- *Breaking the Cycle: Tasmanian Prison Service Discussion Paper 2011-2016*

Tsemberis S. *"Housing First, Consumer Choice & Harm Reduction, For Homeless Individuals with a Dual Diagnosis"* American Journal of Public Health, Volume 94, Issue Number (4), 2004, at pp. 651-656

2010-2020 National Disability Strategy- Summary Document- an initiative of the Council of Australian Governments, Attorney General's Department, Commonwealth of Australia, 2011

United Nations Convention on the Rights of Persons with Disabilities-Ratified 2006 signed by Australia June 2007

VACRO "*Getting Started : Housing*" Corrections Victoria, September 2010

Victorian Department of Justice "*Acquired Brain Injury in the Victorian Prison System*" Corrections Research Paper Series Paper No. 04, April 2011

Victorian Department of Justice "*Addressing the Barriers –Corrections Victoria Disability Framework – 2007-2009*"

Victorian Department of Justice "*Addressing the Barriers –Corrections Victoria Disability Framework – 2010-2012*"

Visher C. et.al "*Transitions From Prison to Community: Understanding Individual Pathways*" Annual Review Sociology, Volume 29, 2003, at p. 89-113

Wahl O. Media Madness : Public Images of Mental Illness , New Jersey, Rutgers University Press, 1995

Walsh T. "*INCORRECTIONS: Investigating Prison release practice and policy in Queensland and its impact on community safety*" for the Queensland University of Technology, 2004, at pp. 1-161

Wexler D.B." *Therapeutic Jurisprudence: An Overview*" Arizona Law Review Symposium Presentation, October 1999, at pp. 1-10

Wexler D.B. "*Therapeutic Jurisprudence and the Criminal Courts*" William and Mary Law Review, Volume 35, 1993-1994, at p. 279

Winick B. "*The Jurisprudence of Therapeutic Jurisprudence*" Journal of Psychology Public Policy and Law, Volume 3, March 1997, at p. 184

White J. et. al. "*Diversion Court Project: Mental and Cognitive Incapacity*" Social Justice Research Institute, 27 October 2011

Wolfensberger W. "*Social Role Valorisation: A Proposed new term for the Principle of Normalisation.*" Intellectual and Developmental Disabilities Volume 49, Issue Number 6, December 2011, at pp. 431-40

Woodland J. "*Barriers to Access to SAAP Services in Australia: Focussing on Tasmania*" Parity Volume 21, Issue 4, May 2008